

Bundle Finance & Performance Committee 30 September 2019

Agenda attachments

Agenda_Finance_&_Performance_Committee_30_September_2019 final version public session.docx

- 1 09:30 - FP19/213 Apologies for absence and declaration of interests
- 2 09:30 - FP19/214 Draft minutes of the previous meeting held on 22.8.19 and summary action plan
FP19.214a Minutes Finance and Performance Committee 22.8.19 v.04draft public session.docx
FP19.214b Summary Action Log.doc
- 3 For assurance
- 4 09:45 - FP19/215 2019/20 Annual Plan: Monitoring of Progress against Actions for F&P
Corporate Risk Register : CRR17: Rating: 16
Mr Mark Wilkinson
Recommendation:
The Finance & Performance Committee is asked to note the report and to assist in addressing the governance issues raised.
FP19.215a APPMR August 2019 coversheet.docx
FP19.215b Annual Plan Progress Monitoring Report - August 2019 FINAL.pdf
- 5 10:25 - FP19/216 Annual Plan refresh
Corporate Risk Register : CRR17 : Rating: 16
Mr Mark Wilkinson
It is recommended that Finance and Performance Committee:
 1. Receive this 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.
FP19.216a Annual Plan refresh coversheet.docx
FP19.216b Annual Plan refresh paper 23-09-19.docx
- 6.0 FP19/217 Performance
- 6.1 10:40 - FP19/217.1 Performance summary
Corporate Risk Register : CRR11 : Rating: 20
Mr Mark Wilkinson
FP19.217.1b Performance Summary v2.docx
- 6.2 11:00 - FP19/217.2 Integrated Quality and Performance report
Corporate Risk Register : CRR11 : Rating: 20
Mr Mark Wilkinson
In attendance all Performance Executive Director Leads
Recommendation:
The Committee is asked to scrutinise the report, and where concerns are not adequately addressed consider escalation in accordance with the Performance Management Framework of the Board.
FP19.217.2a IQPR coversheet.docx
FP19.217.2b IQPR for FandP - August 2019 finalv2.pdf
- 6.3 11:40 - FP19/217.3 Presentation: Referral to Treatment (RTT)
Corporate Risk Register : CRR11b : Rating: 20
In attendance : Mrs Mags Barnaby, Interim Director Acute Services

FP19.217.3a RTT update coversheet v2.0.docx
FP19.217.3b RTT update_V3.0_Revised.pptx
- 6.4 11:55 - FP19/217.4 Presentation : Unscheduled Care
In attendance : Mrs Deborah Carter, Associate Director of Quality Assurance
FP19.217.4 Presentation Unscheduled Care Final version.pptx
- 7 12:10 - Comfort break
- 8 12:20 - FP19/218 Capital Programme report Month 5

Corporate Risk Register : CRR17 : Rating: 16

Mr Mark Wilkinson

Mr Neil Bradshaw in attendance

Recommendation:

The Committee is asked to receive this report

FP19.218a Capital Programme coversheet Mnth 5.docx

FP19.218b Capital Programme Report Month 05.docx

FP19.218c Capital Report_Appendix 2_YG ED Report Aug 2019.docx

FP19.218d Capital Programme_Appendix 2_YG ED Gateway 4.docx

FP19.218e Capital Programme Monitoring report month 5_Appendix 3.xls

9 12:30 - FP19/219 Financial Recovery Group monthly report

Corporate Risk Register : CRR06 : Rating: 16

Mr Phillip Burns in attendance

Recommendation:

FP19.219a Financial Recovery Update Coversheet Sept 2019.docx

FP19.219b FRG report - Month 5 v2.0.pdf

9.1 13:00 - FP19/220 Financial Recovery Action Plan progress - to note

Corporate Risk Register : CRR06 : Rating: 16

Recommendation:

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

FP19.220a Financial Recovery Action Plan.docx

FP19.220b Summary of FRAP as at 2019.09.19.pptx.pdf

10 13:15 - FP19/221 Finance Report Month Month 5

Corporate Risk Register : CRR06 : Rating: 16

Ms Sue Hill

Recommendation:

It is asked that the report is noted, with particular reference to the forecast position which is of a £35m deficit and the specific actions in progress to improve the expenditure run rate.

FP19.221 Finance Report Month 5 v2.0.docx

11 For information

12 13:45 - FP19/222 Shared Services Partnership Committee quarterly assurance report

Ms Sue Hill

Recommendation:

The Committee is asked to note the report

FP19.222 NHS Wales SSP performance report April_June 2019.docx

13 13:45 - FP19/223 2019/20 Monthly monitoring report

Corporate Risk Register : CRR06 : 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 fifth month of 2019-20

FP19.223a MR Month 5 MR coversheet.docx

FP19.223b MR Month 5 Report Final.doc

14 13:45 - FP19/224 Summary of InCommittee business to be reported in public

Ms Sue Hill

The Committee is asked to note the report

FP19.224 In Committee items reported in public.docx

15 13:45 - FP19/225 Issues of significance to inform the Chair's assurance report

16 13:45 - FP19/226 Date of next meeting 24.10.19 9.30am Boardroom, Carlton Court

16.1 13:45 - Lunch break

17 14:10 - FP19/227 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."

Agenda Finance & Performance Committee

Date 30/09/2019
Time 9:30 – 15:10
Location Boardroom, Carlton Court, St Asaph LL17 0JG
Chair Mr Mark Polin
Description

- | | |
|------------|---|
| 1 | FP19/213 Apologies for absence and declaration of interests |
| 9:30 | |
| 2 | FP19/214 Draft minutes of the previous meeting held on 22.8.19 and summary action plan |
| 9:30 | |
| 3 | For assurance |
| 4 | FP19/215 2019/20 Annual Plan: Monitoring of Progress against Actions for F&P |
| 9:45 | Corporate Risk Register : CRR17: Rating: 16
Mr Mark Wilkinson
Recommendation:
The Finance & Performance Committee is asked to note the report and to assist in addressing the governance issues raised. |
| 5 | FP19/216 Annual Plan refresh |
| 10:25 | Corporate Risk Register : CRR17 : Rating: 16
Mr Mark Wilkinson
It is recommended that Finance and Performance Committee:
1. Receive this 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. |
| 6.0 | FP19/217 Performance |
| 6.1 | FP19/217.1 Performance summary |
| 10:40 | Corporate Risk Register : CRR11 : Rating: 20
Mr Mark Wilkinson |

- 6.2 FP19/217.2 Integrated Quality and Performance report**
 11:00 Corporate Risk Register : CRR11 : Rating: 20
 Mr Mark Wilkinson
 In attendance all Performance Executive Director Leads
 Recommendation:
 The Committee is asked to scrutinise the report, and where concerns are not adequately addressed consider escalation in accordance with the Performance Management Framework of the Board.
- 6.3 FP19/217.3 Presentation: Referral to Treatment (RTT)**
 11:40 Corporate Risk Register : CRR11b : Rating: 20
 In attendance : Mrs Mags Barnaby, Interim Director Acute Services
- 6.4 FP19/217.4 Presentation : Unscheduled Care**
 11:55 In attendance : Mrs Deborah Carter, Associate Director of Quality Assurance
- 7 Comfort break**
 12:10
- 8 FP19/218 Capital Programme report Month 5**
 12:20 Corporate Risk Register : CRR17 : Rating: 16
 Mr Mark Wilkinson
 Mr Neil Bradshaw in attendance
 Recommendation:
 The Committee is asked to receive this report
- 9 FP19/219 Financial Recovery Group monthly report**
 12:30 Corporate Risk Register : CRR06 : Rating: 16
 Mr Phillip Burns in attendance
 Recommendation:
- 9.1 FP19/220 Financial Recovery Action Plan progress – to note**
 13:00 Corporate Risk Register : CRR06 : Rating: 16
 Recommendation:
 The Committee is asked to note the contents of the report.
- 10 FP19/221 Finance Report Month Month 5**
 13:15 Corporate Risk Register : CRR06 : Rating: 16
 Ms Sue Hill

Recommendation:

It is asked that the report is noted, with particular reference to the forecast position which is of a £35m deficit and the specific actions in progress to improve the expenditure run rate.

11 For information

12 FP19/222 Shared Services Partnership Committee quarterly assurance report

13:45 Ms Sue Hill

Recommendation:

The Committee is asked to note the report

13 FP19/223 2019/20 Monthly monitoring report

13:45 Corporate Risk Register : CRR06 : 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 fifth month of 2019–20

14 FP19/224 Summary of InCommittee business to be reported in public

13:45 Ms Sue Hill

The Committee is asked to note the report

15 FP19/225 Issues of significance to inform the Chair's assurance report

13:45

16 FP19/226 Date of next meeting 24.10.19 9.30am Boardroom, Carlton Court

13:45

16.1 Lunch break

13:45

17 FP19/227 Exclusion of the Press and Public

14:10 Resolution to Exclude the Press and Public

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



Finance & Performance Committee
Draft minutes of the meeting held in public on 22.8.19
in Carlton Court, St Asaph

Present:

Mr Mark Polin	BCUHB Chairman
Mr John Cunliffe	Independent Member / Committee Vice Chair
Ms Helen Wilkinson	Independent Member
Mr Eifion Jones	Independent Member

In Attendance:

Mr Neil Bradshaw	Assistant Director Strategy ~ Capital Planning (<i>part meeting</i>)
Mr Phillip Burns	Interim Recovery Director
Ms Deborah Carter	Acting Executive Director Nursing and Midwifery
Mr Simon Dean	Deputy Chief Executive, NHS Wales
Mrs Sue Green	Executive Director Workforce and Organisational Development (OD)
Mr Ian Howard	Assistant Director Strategy & Business Analysis (<i>part meeting</i>)
Mrs Jackie Hughes	Independent Member
Mr Geoff Lang	Head of Value and Savings Programme (<i>part meeting</i>)
Ms Gillian Milne	Head of Contracts (<i>part meeting</i>)
Ms Tracy Pope	Interim Head of Contracting (<i>part meeting</i>)
Mrs Llinos Roberts	Executive Business Manager
Mr Rod Taylor	Director Estates and Facilities (<i>part meeting</i>)
Mr Tony Uttley	Interim Financial Director – Operational Finance
Mr Mark Wilkinson	Executive Director of Planning & Performance
Ms Emma Wilkins	Deputy Director, Financial Delivery Unit, Welsh Government (WG) (<i>part meeting</i>)
Ms Diane Davies	Corporate Governance Manager

Agenda Item	Action By
FP19/179 Declaration of Interests Ms Wilkinson advised that as Chief Officer of Denbighshire Voluntary Services Council, she had an interest in item FP19/187.1 Re-location of Services from Mount Street Clinic, Ruthin – Business Justification Case.	
FP19/180 Apologies for absence Apologies were provided by Ms Sue Hill, Mr Gary Doherty, Mrs Lyn Meadows, Mr Michael Hearty and Dr David Fearnley.	
FP19/181 Draft minutes of the previous meeting held on 29.7.19 and summary action plan	

<p>FP19/181.1 The minutes were approved as an accurate record.</p> <p>FP19/181.2 Updates were provided to the summary action log. The Acting Executive Director Nursing & Midwifery assured that the Vanguard Unit was on schedule. A further update on Endoscopy services was noted to be discussed within the InCommittee agenda.</p> <p>FP19/181.3 The Chairman highlighted concerns around breast services and requested that the Acting Executive Director Nursing & Midwifery provide him with a briefing. <i>The Deputy Director, Financial Delivery Unit, WG joined the meeting.</i></p> <p>FP19/181.4 In relation to FP19/101.4 The Committee discussed the efficacy of action monitoring at Area Finance team meetings and requested that format improvements be addressed. The Interim Recovery Director confirmed that clarity on the East Area savings target would be dealt with through the financial recovery programme.</p> <p>FP19/181.5 The Interim Financial Director – Operational Finance explained the discrepancy with RTT figures and gave assurance this was being addressed.</p> <p>FP19/181.6 The Chairman emphasised that in relation to BCU's developing clinical services strategy, a conversation on Financial Recovery would need to be clearly articulated, including resource where significant tension needed to be addressed. The Deputy Chief Executive NHS Wales commented that a coherent reponse was required with clarity on shaping of services.</p>	<p>DC</p> <p>MW</p>
<p>FP19/182 Integrated Quality and Performance report (IQPR)</p> <p>FP19/182.1 The Chairman observed that the modified format of the IQPR had provided the members with an improved ability to monitor quality and performance, however he shared feedback in a number of areas. This included further quality assurance work, examples of effective reporting processes provided by the police service and the need for a collective picture as well as discreet areas. He welcomed feedback from other members</p> <p>FP19/182.2 Committee feedback included concerns on cut and paste comments to summaries which did not provide a sense of improvement; whilst acknowledging that the new graph format was useful a sense of performance deterioration could not be gained, more attention to narrative detail was required, a need for a more strategic executive summary and prioritisation framework inclusive of performance issues and greater demonstration of successful action plans. The Committee also discussed the density of data and transparency to both public and members, suggesting that an overlaying presentation might be helpful. It was noted that the Independent Financial Advisor had also forwarded comments via the Chairman which included the suggestion that the data rich report was more helpful for the Executive Team whilst other suggested details could provide a more useful report for the Committee.</p>	

<p>FP19/182.3 A discussion ensued on the possible content of a supporting presentation which needed to include deteriorating performance, actions taken as well as positive progress.</p>	
<p>FP19/182.4 It was agreed that the Committee would receive a presentation on progress in reformatting the IQPR at the next meeting with a view to receiving a new and effective format at the October meeting.</p>	MW
<p>FP19/182.5 The Deputy Chief Executive NHS Wales commented that it was important that the organisation was able to demonstrate its current position, where it wished to be, how this would be achieved and by when, whilst also providing context and very importantly, the inclusion of choices (not only actions).</p>	
<p>FP19/182.6 The Chairman invited the Committee to address the report, reminding that Building Better Care programme and RTT would be addressed later in the meeting as well as Endoscopy services within the InCommittee session. The Executive Director of Planning and Performance highlighted particular concern in relation to planned and unscheduled care with increased waiting lists and noted that whilst there was particular deterioration within the East area, managerial changes had been introduced along with Board decisions taken regarding outsourcing to assist in addressing the issues.</p>	MW
<p>FP19/182.7 The Chairman requested that the Executive Director of Planning and Performance provide trajectories by specialty/locality on 6 specialty areas which affected RTT within 2 weeks, including details of ownership. A discussion ensued on trajectories and forecasting in which the Deputy Chief Executive NHS Wales emphasised that it was really important that trajectories were not statements of ambition but predicted performance – which would drive choices to be made.</p>	MW
<p>FP19/182.8 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. In respect of RTT, the Committee was assured that the Treat in Turn process changes had resulted in a positive increase in patient scheduling. The Chairman noted there had been a drop in delivering cancer waiting times within 62 days in June 2019.</p>	MW
<p>FP19/182.9 The Executive Director of Planning and Performance updated the Committee on progress to date with recruitment and other developments in relation to the orthopaedic service business case. It was noted that a further business case was being developed by November 2019 for consideration by WG in respect of further investment.</p>	
<p>FP19/182.10 Following the Chairman's invitation, the Deputy Director NHS Wales commented that the organisation had received in excess of £49m to make performance improvements over the previous 4 years however, unlike other Health Boards, BCU's position had not improved in respect of RTT and diagnostics. He stressed the need for BCU to provide a sustainable and coherent plan to address improvement, emphasising it was really important</p>	

<p>for the Board to demonstrate its comprehension of the scale of the challenge faced and address underperformance. In respect of the orthopaedic plan it would be necessary to also reflect how the solution to invest would fit within BCU's overall framework. The Acting Executive Director of Planning and Performance was requested to ensure the Committee was updated on progress with the orthopaedic plan.</p> <p>FP19/182.11 In respect of Planned Care the Acting Executive Director Nursing and Midwifery advised that a similar form of programme improvement approach would be undertaken as within unscheduled care and provided greater detail of individual elements of the work such as re-profiling and dashboard introduction.</p> <p>FP19/182.12 In response to the Chairman the Executive Director of Planning and Performance advised that a robust business plan would be developed to address ophthalmology. The Deputy Director NHS Wales iterated the need to reflect achievement of a financially sustainable and effective, safe service. He also advised that the Board needed to address low efficiency and provide strategic solutions with choices.</p>	MW
<p>FP19/182.13 The Chairman was assured that there was sufficient resource to address RTT by the Executive Director of Workforce and OD and also the Executive Director of Planning and Performance with the possible exception of vacancy vetting work. It was agreed that the narrative in respect of Eye Care Measure would be reworded for improved clarity.</p> <p>FP19/182.14 The Acting Executive Director Nursing and Midwifery provided an overview of unscheduled care work being undertaken highlighting a continuing 5% improvement within Out of Hours performance as well as improvements within some areas of stroke services. She drew the Committee's attention to the challenges which had presented in July including 30% increase in ambulance conveyances, staff annual leave and sickness. The Acting Executive Director Nursing and Midwifery also shared issues relating to Ysbyty Glan Clwyd (YGC) ambulance handovers which had been shared with the Delivery Unit. The Chairman affirmed his confidence that the Acting Executive Director Nursing and Midwifery had an in-depth knowledge of the key issues and that they were being addressed.</p> <p>FP19/182.15 The financial balance target was noted as <=£25m. In respect of the Workforce measures the Executive Director of Workforce & OD provided an update on deep dive work undertaken and advised that fast track processes required further work. She also highlighted work in addressing sickness absence supportively and provided confidence that if the systematic approach was followed there would be an improvement in meeting the challenging target. The Executive Director of Workforce & OD agreed to clarify the trajectory and target levels within the graphs provided.</p>	MW
<p>It was resolved that the Committee</p> <ul style="list-style-type: none"> noted the report agreed to develop the IQPR and provide an additional report that included 	SG

further detail on issues.	
<p>FP19/183 Annual Plan 2019/20 : Monitoring of Progress against Actions</p> <p>FP19/183.1 The Committee reviewed the document. A discussion ensued regarding the monitoring of actions which were reported as amber on a long term basis and it was noted that peer challenge and dip sampling would be taking place at the end of quarter 2. The Interim Recovery Director agreed that this should be addressed in order to avoid the potential for ambiguity. The Executive Director of Planning and Performance reminded the Committee that the plan was delivering as forecast and provided assurance that monitoring and challenge were being undertaken by the Executive Team. The Chairman suggested that any issues arising should be highlighted by provision of narrative within the report, particularly for red areas.</p> <p>FP19/183.2 In reviewing the ‘red’ status actions it was noted that national procurement work being progressed had placed development of BCU’s robotic surgery business case on hold in respect of urology services. The Committee questioned plans in place in respect of Endoscopy services. It was noted that the Executive Director of Therapies and Health Sciences was disaggregating through a systematic review the business cases required to address diagnostic service sustainability. 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).</p> <p>FP19/183.3 A discussion ensued following the suggestion made by the Deputy Chief Executive NHS Wales to consider moulding the monitoring plan with the IQPR and capturing the organisation’s ambition. The Chairman reflected that not all of the plan would have a linear connection to performance and therefore some nuance might be lost. It was agreed that the annual plan monitoring report would be considered before the IQPR within future agendas. The Executive Director of Workforce and OD agreed to clarify the RAG status of AP048 (Integrated workforce development model).</p> <p>It was resolved that the Committee noted the report</p>	<p>MW</p> <p>SG</p> <p>DD SG</p>
<p>FP19/184 Completed Planning Profiles supporting July Board 2019/20 Annual Plan</p> <p>FP19/184.1 The Executive Director of Planning and Performance advised the Committee of the profiling work undertaken highlighting the financial risk involved and also a £2.5m funding gap which he had confidence could be narrowed as explained within the report. He also drew attention to risks both within and outside of BCU’s control. The Executive Director of Planning and Performance emphasised the fundamental cultural change required to adhere to the treating in turn process change. He clarified the blended solutions which were alluded to within the report and undertook to confirm figures provided within the tables provided following a query being raised.</p>	<p>MW</p>

<p>FP19/184.2 The Chairman recognised the amount of work undertaken however, he questioned whether the trajectory of 5800 patients was ambitious enough. The Executive Director of Planning and Performance confirmed that the plan was ambitious given that it would be less than the previous year and demand was increasing each year. The Acting Director of Nursing and Midwifery believed that the organisational position would be improved for the next year given the improvement in processes being introduced.</p>	DC
<p>FP19/184.3 The Interim Recovery Director reminded that the Improvement Groups required greater alignment and described the refocussing currently being undertaken and the groups' early stages of maturity.</p>	
<p>FP19/184.4 A discussion ensued on the deliverability involved with RTT, Finance and Unscheduled Care. The Executive Director of Workforce provided assurance that the Executive Team were addressing these areas. The Chairman directed that should the Executive Team become aware that any deliverables could not be managed then this would require immediate escalation to the Board. The Chairman shared recent discussions which he had had with the Hospital Managing Directors in respect of trajectories and sought confirmation that activity plans were prepared. It was agreed that the Acting Director of Nursing and Midwifery would clarify the position with the Hospital Managing Director (Centre).</p>	
<p>FP19/184.5 A discussion ensued on system and processes. The Executive Director of Planning and Performance confirmed that previous comments regarding deterioration provided by the Delivery Programme Director WG were being addressed. The Deputy Chief Executive NHS Wales sought clarification on BCU's deteriorating waiting list position and how the subsequent backlog was being treated. He expressed concern regarding the delivery of efficiency gains, especially in respect of change management, outsourcing, backlog and the £2.5m gap solution. He was not confident that the plan could be delivered and stated that further discussion was required. A further discussion ensued on the requirements needing to be addressed. The Deputy Chief Executive NHS Wales undertook to share observations with the Committee.</p>	
<p>It was resolved that the Committee</p> <p>received the report and approved the refreshed planning profiles for 2019/20.</p>	
<p>FP19/185 Unscheduled Care and Building Better Care update</p>	
<p>FP19/185.1 The Acting Executive Director of Nursing and Midwifery presented the report which provided 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 July 2019. It was noted that July had seen an improvement in the 4 hour performance trajectory compared to the previous month and from the</p>	

<p>previous year, whilst performance remained slightly below the internal improvement trajectory.</p> <p>FP19/185.2 Attention was drawn to updates provided on ambulance performance, East, Central and West Health economies as well as demand, flow and discharge updates in respect of the Building Better Care programme. The Acting Executive Director of Nursing and Midwifery advised that the current position was not deteriorating and small improvements were being made. The Deputy Chief Executive NHS Wales stated that there were signs of stabilisation and green shoots, with the exception of Wrexham Maelor hospital – which the Chairman confirmed was to be explored at the following in-committee session.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • noted the unscheduled care performance for July across BCUHB and for each health economy • noted the update from the Building Better Care programme and ongoing work within phase 3 	
<p><i>The Assistant Director Strategy ~ Capital Planning joined the meeting</i></p> <p>FP19/186 Capital Programme report Month 3</p> <p>FP19/186.1 The Assistant Director Strategy ~ Capital Planning presented this report which provided an update on delivery of the approved capital programme and progress on expenditure against the Capital Resource Limit (CRL). He drew the Committee's attention to the delay with the Shotton SMS development and also advised that slippage in relation to the North Denbighshire Community hospital (NDCH) development might result in a decrease of the CRL. In response to the Chairman, he advised that he had briefed an Assembly Member regarding the NDCH slippage following their enquiry.</p> <p>FP19/186.2 The Assistant Director Strategy ~ Capital Planning advised that an appendix had been provided in respect of the Ysbyty Gwynedd Emergency Department scheme as requested at the previous meeting.</p> <p>It was resolved that the Committee received the report.</p>	
<p>FP19/187.1 Re-location of Services from Mount Street Clinic, Ruthin – Business Justification Case</p> <p>The Executive Director of Planning and Performance presented this case which he advised to be a strategic fit with Care Closer to Home and cost neutral. In discussion, committee member Helen Wilkinson advised that as Chief Executive of the Denbighshire Voluntary Services Council she had written to BCUHB to consider that a Third Sector representative also be appointed to the Project Board.</p>	

<p>It was resolved that the Committee</p> <p>agreed this was a good news item and approved the progress of the Business Case to the September meeting of the Health Board.</p> <p>The Chairman requested that all future business cases would require the inclusion of supporting statements provided by the Executive Director of Finance and Recovery Director</p>	<p>MW</p> <p>SH/PB</p>
<p><i>The Director Estates and Facilities and Assistant Director Strategic and Business Analysis joined the meeting</i></p> <p>FP19/187.2 Wrexham Maelor Hospital Continuity Programme Business case</p> <p>FP19/187.2.1 The Director Estates and Facilities presented this item. He advised the Committee that the programme business case had been developed to substantially reduce the risk of physical infrastructure failure at the Wrexham Maelor Hospital over the next decade, and so avoid the consequential impact on patient care. It contained details of a group of projects which would be supported by individual business cases in a 10 year programme of development work. He reported that there were 7 schemes at a total capital cost of between £50 million and £60 million. He also highlighted the provision of detail on risks and their assessments within the report.</p> <p>FP19/187.3 In response to the Chairman, the Director of Estates and Facilities confirmed that there had been no further changes to the documentation since the Board's consideration at a recent workshop session. The Chairman also questioned financial prudence and whether choices would be provided, which the Director of Estates and Facilities confirmed would be taken forward in preparation of the future business cases.</p> <p>It was resolved that the Committee</p> <p>endorsed the Continuity Programme Business Case for consideration by the Health Board to approve submission to Welsh Government.</p>	
<p>FP19/187.3 Redevelopment of the Ablett Unit at Ysbyty Glan Clwyd – Procurement of External Support</p> <p>It was resolved that the Committee</p> <p>supported the tenders recommended for acceptance.</p>	
<p>FP19/187.4 Development of new isolation facilities – Critical Care Unit Wrexham Maelor Hospital</p> <p>It was noted that the business case addressed the issue of lack of adequate isolation facilities within the Critical Care unit of Wrexham Maelor Hospital.</p>	

FP19/187.4.1 The business case outlined two viable options to provide significantly improved facilities together with the recommendation of a preferred option which would achieve compliance against modern isolation suite technical standards at a capital cost of £1,744,000 inclusive of vat and fees. It was noted that savings would also ensue due to repatriation.

FP19/187.4.2 The Chairman was supportive of the development however he sought assurance that appropriate challenge had been undertaken in response to the proposal which had been driven by clinical colleagues. This was confirmed.

It was resolved that the Committee

approved the preferred option ie the provision of 2 isolation suites which meet modern standards in terms of layout and ventilation systems and thus avoid any restriction on the type of patients who can be cared for within that environment.

The Assistant Director Strategy ~ Capital Planning, Director Estates and Facilities and Assistant Director Strategic and Business Analysis left the meeting.

The following item was taken out of order to support operational need.

FP19/192 External Contracts Update

FP19/192.1 The Head of Contracts and Interim Head of Contracting attended for this item only. The report provided an update on the contractual position of external 'Health Care' contracts (excluding primary care contracts) for Quarter 1 2019/20. Attention was drawn to the volume and value of contracts which the Health Care Contracting Team managed as well as the forecast position. The Head of Contracts advised of a spike in expenditure relating to major trauma and also specialist contracts due to a patient requiring major burns treatment to the value of approximately £0.5m. The Interim Head of Contracting drew attention to escalating concerns in respect of quality issues with nursing homes highlighted within the report.

FP19/192.2 The Chairman sought assurance that the contracting team forecast remained in balance and was assured that the Countess of Chester Hospital contracting issues had been resolved. He acknowledged that the Contracting Team had progressed 92% of expenditure covered by a formal contract but enquired whether any of the 8% remaining where of higher risk or required prioritisation. The Interim Head of Contracting advised that premium quality indicators that were being introduced would likely resolve the remaining outstanding contracts. The Committee also discussed the position on outsourcing and the effect on RTT.

It was resolved that the Committee

- noted the introduction of a clinical quality update to the Quality and Safety Group
- noted the financial position on the main external contracts at June 2019

<p>and anticipated pressures</p> <ul style="list-style-type: none"> • noted the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity • noted the challenges faced due to staff turnover • endorsed the uplift to the 2018/19 Domiciliary Care fees as outlined within the report at (5.3) 	
<p>FP19/189 Finance Report Month 4</p> <p>FP19/189.1 The Interim Financial Director – Operational Finance advised that the financial position had deteriorated, with the current actual year to date position as £14.6m deficit ie £3m adverse variance to the plan with a forecast variance position of £10m deficit against the plan of £25m. He stated there was a need to stop spending and deliver savings, and the position underlined the importance of introducing the Financial Recovery Programme by the Board. He advised that there was now stronger reporting in relation to financial recovery provided to the Executive Team.</p> <p>FP19/189.2 The Chairman highlighted the issues with the run rate, especially the worsening expenditure position in Secondary Care and drew particular attention to YGC. The Interim Recovery Director outlined the actions being undertaken in relation to financial planning and confirmed that the link between performance and finance was being fed back into Secondary Care. Following an outline of the meetings taking place by the Interim Recovery Director the Chairman questioned process effectiveness, stating that the same behaviour would result in the same outcomes if not done differently. The Interim Recovery Director outlined confidence in respect of the strong messaging undertaken around grip and control, noting that there had been improvements within schemes moving from red to amber status. He drew the Committee's attention to issues with escalation beds. Discussion ensued regarding the potential forecast and cultural issues being addressed.</p> <p>FP19/189.3 In discussion of increasing pay spend, agency expenditure was noted to be due to demands over the June / July period which were steadily decreasing as was a reduction in Locum spend. In respect of non-pay spending the Interim Recovery Director reported that monitoring of savings plans was being undertaken and would be complete by the end of August. He also advised that high cost areas were linked to Improvement Groups with grip and control actions being developed to address the issues.</p> <p>It was resolved that the Committee</p> <p>noted the report</p>	
<p>FP19/190 Financial Recovery Action Plan</p> <p>FP19/190.1 The Interim Financial Director – Operational Finance presented the report which provided an update on the newly created Financial Recovery Action Plan, which consolidated the two action plans developed as a result of the Price Waterhouse Cooper (PWC) financial review, which concluded in June 2019. The Deputy Director FDU provided a range of comments which</p>	

<p>the Interim Financial Director – Operational Finance undertook to move forward. These included:</p> <ul style="list-style-type: none"> • Finance Delivery Unit had provided comprehensive feedback on the action plans • Key themes were summarised for the Committee • FDU was unclear on the prioritisation approach adopted by the UHB • Concern in respect of timescales – balance between ambition and realism • Some actions were likely to lead to another e.g. a review would imply a follow up action • Plans would benefit from a review and refresh • The Committee might wish to consider how it receives assurance that actions are completed and having the desired impact and could consider whether internal audit have a role to play in this <p>The Interim Recovery Director undertook to ensure that all actions relating to financial recovery would be progressed within the Recovery Programme.</p>	<p>TU</p>
<p>FP19/190.2 The Chairman requested that where any action highlighted work ‘being progressed’ that the action remain open and sought assurance that the planning process had taken on board all the PWC work undertaken.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • noted the report • agreed that a consolidated checklist would be provided, ensuring that the FDU were informed of progress 	<p>PB</p> <p>TU</p> <p>TU/ PB</p>
<p>FP19/191 Financial Recovery Group (FRG) report Month 4 2019/20</p> <p>FP19/191.1 The Interim Recovery Director drew attention to the current position as at month 4 being at £10.758m variance to the target of £35m savings. Whilst £14.456m had been delivered, £1.694m was scheduled to deliver, £0.267m was in development and a further £7.823 savings were in pipeline development. He stated that whilst the FRG had met twice, 90% of the Improvement Groups were operational. He pointed to the savings narrative provided on ‘what we have done well’, ‘where we need to focus’ and ‘key risks, issues and mitigations.’ The Interim Recovery Director advised that the financial recovery programme had progressed within the 6 weeks to date and was now having traction.</p> <p>FP19/191.2 The Chairman voiced concern on the exit transition from PWC and specifically questioned remaining capability within the organisation. A discussion ensued in which the the Interim Recovery Director advised that whilst the structural elements of PWC could be undertaken, there was a risk in relation to the availability of senior programme managers to drive forward improvements. It was noted that he was keen to explore the volume of potential appropriate resource within the organisation. The Executive Director of Workforce and OD commented on work being undertaken to address this issue within the Programme Management Office (PMO) and Delivery</p>	

<p>Management Office (DMO). An update would be provided at the next meeting.</p> <p>FP19/191.3 In response to the Committee's question regarding the longevity of cultural change anticipated, the Interim Recovery Director advised that the building of sustainable change management required a 2/3 year programme, however the Improvement Groups he had introduced would contribute. He also stated his confidence had grown since commencement that the financial recovery programme would meet the control total, however the continuing run rate overspend was of concern.</p> <p>FP19/191.4 The Executive Director of Workforce and OD remarked that it would be essential for the organisation to hold its nerve regarding cultural change as whilst there were financial pinch points ahead she felt it was important to drive the programme through effectively and with fairness.</p> <p>It was resolved that the Committee noted the report</p>	SG / PB
<p>FP19/193 Presentation : Value Based Healthcare</p> <p>FP19/193.1 The Head of Value and Savings Programme joined the meeting to provide the presentation, advising of the need for Value Based Healthcare to be an integral part of the Finance and Performance agenda and outlined its place within 'A Healthier Wales'. It was recognised as an important issue for Health and Social Care in Wales and with alignment to Patient Experience and Value for Money. He drew attention to work undertaken within Aneurin Bevan University Health Board and the increasing benefits over the past 5 years. He highlighted the important messaging that had been undertaken to reinforce language and culture ie that the system was not because of finances per se but about being more effective. He advised that whilst BCU had undertaken VBH work, the ABUHB structured model could be learned from in terms of improved benefits and outcomes for patients – and not solely about finance. The conclusions of the presentation were noted.</p> <p>FP19/193.2 In response to the Committee, the Head of Value and Savings Programme assured that patient and community input had been included within development. Following the Chairman's question regarding how this work would be progressed, the Executive Director of Workforce & OD advised that benefits realisation would need to be effectively captured regarding quality work and that the Quality Improvement Group would be tasked with moving this forward. The Interim Recovery Director advised that some Improvement Groups might have the capacity to also progress this work. The Deputy Director FDU provided further detail on Value Based Healthcare practice available and also national work. The Acting Executive Director of Nursing and Midwifery reflected on the potential savings possible due to the costs involved with areas such as falls and infection prevention and control.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> noted the presentation 	

<ul style="list-style-type: none"> agreed to schedule progress update following discussion with the Acting Executive Director of Finance 	TU
<p>FP19/194 Workforce Quarter 1 2019/20 performance report</p> <p>FP19/194.1 The Executive Director of Workforce and OD presented this report which provided a snapshot of the current position and trend analysis across a number of key workforce performance metrics. She highlighted re-alignment work and progression with the Workforce Strategy.</p> <p>FP19/194.2 In response to the Committee, the Executive Director of Workforce and OD confirmed that work had been done in respect of the correlation between sickness and non-completion of PADRs in high incident areas. The Chairman noted the ongoing work to address increases within vacancy rates and updates on progress provided to address pay spend. The Executive Director of Workforce and OD also confirmed that the resourcing team business case was being progressed.</p> <p>FP19/194.3 The Executive Director of Workforce and OD agreed to arrange a meeting to discuss Medical School progression with herself, the Executive Medical Director and BCUHB's Vice Chair.</p> <p>It was resolved that the Committee noted the report</p>	SG
<p>FP19/195 Retention Update</p> <p>It was resolved that the Committee noted the report</p>	
<p>FP19/199 Welsh Government Monthly Monitoring Return</p> <p>It was resolved that the Committee noted the report</p>	
<p>FP19/200 Summary of InCommittee business to be reported in public</p> <p>It was resolved that the Committee noted the report</p>	
<p>FP19/201 Issues of significance to inform the Chair's assurance report</p> <p>To be agreed with Chair</p>	
<p>FP19/202 Date of next meeting</p> <p>It was noted that the Committee would next meet on 30.9.19 at 9.30am in the Boardroom, Carlton Court</p>	

FP19/203 Exclusion of the Press and Public

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.

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 23.5.19 meeting:				
Executive s [Sue Hill] Tony Uttley Mark Wilkinson	FP19/101.4 Finance M1 Provide assurance that budget holders were being challenged appropriately regarding overspends	25.6.19	5.6.19 Sample of Finance meeting minutes to be shared with Committee members. 14.8.19 Example of minutes circulated. 22.8.19 The Committee discussed the efficacy of action monitoring within minutes at Area Finance team meetings and requested that format improvements be addressed 30.09.19: The examples provided at the last meeting were examples of division's own meeting minutes. All divisions are now heavily engaged in fortnightly recovery meetings which challenge financial performance, and identification and delivery of recovery actions.	Action to be closed
Actions from 25.6.19 meeting:				
Mark Wilkinson	FP19/126.2 Advise Chairman if Specialty level recovery plan could be reported to July Health Board meeting	9.7.19 5.9.19	Site and specialty level planning profiles will be presented to the August Finance and Performance Committee. REOPENED 22.8.19 FP19/182.7 The Chairman requested that the Executive Director of Planning and Performance provide trajectories by specialty/locality on 6 specialty areas which affected RTT within 2 weeks, including details of ownership 24.9.19 Information provided to the Chairman and in large part reflected in papers within this agenda	Action to be closed

Mark Wilkinson (Jill Newman)	FP19/126.5 Ensure future reports are consistent in reporting format of each section	17.7.19 20.9.19	22.7.19 The importance of consistent formatting is emphasised in the training being delivered to narrative writers and is evident in this month's report	Action to be closed
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	Action to be closed
Mark Wilkinson	FP19/154.6 IQPR A discussion ensued on improved ways to demonstrate trends within the report and it was agreed that the Performance team would review the basis of the inclusion of SPC charts by September.	19.9.19	14.8.19 Work is continuing on ensuring where appropriate longitudinal view of performance is provided either through run charts against target and plan or via SPCs. This action is due for completion for the September report. 24.9.19 The use of 3 standard deviations in compiling SPC charts has been confirmed as the (English) NHS standard and therefore will continue to be used in BCU's IQPR.	Action to be closed
Actions from 22.8.19 meeting:				
Deborah Carter	FP19/181.3 IQPR FP19/181.3 IQPR The Chairman highlighted AM concerns around breast services and requested that the Acting Executive Director Nursing & Midwifery liaise in order to respond.	5.9.19	Response provided to the office of the Chairman. Already on the risk register and being monitored through QSG	Action to be closed
Mark Wilkinson	FP19/182.4 IQPR It was agreed that the Committee would receive a presentation on	20.9.19	A new approach has been agreed and will be trialled at the September meeting	Action to be closed


	progress in reformatting the IQPR at the next meeting with a view to receiving a new and effective format at the October 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		
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		
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		
Sue Green	FP19/182.15 IQPR The Executive Director of Workforce & OD agreed to clarify the trajectory and target levels within the graphs provided.	20.9.19	Revised format being developed for the Quarter 3 Workforce Performance Report.	Action to be closed
Mark Wilkinson	FP19/183 Annual Plan 2019/20 : Monitoring of Progress against Actions FP19/183.1 The Chairman suggested that any issues arising should be highlighted by provision of narrative within the report	20.9.19	Agreed – it is proposed to maintain our approach of quarterly random sampling of RAG ratings. In future, this will include 2 ambers in each section and lead directors will be asked to support their scores across all months to date.	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		
Diane Davies	FP19/183 Annual Plan 2019/20 : Monitoring of Progress against Actions FP19/183.3 Ensure annual plan monitoring report considered before IQPR within future agendas.	20.9.19	Complete	Action to be closed
Sue Green	FP19/183 Annual Plan 2019/20 : Monitoring of Progress against Actions FP19/183.3 The Executive Director of Workforce and OD agreed to clarify the RAG status of AP048 (Integrated workforce development model)	20.9.19	The RAG status should have been AMBER	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		
Deborah Carter	FP19/184 Completed Planning Profiles supporting July Board 2019/20 Annual Plan	5.9.19	Agreed and confirmed action with the Chairman	Action to be closed

	FP19/184.4 The Chairman shared recent discussions which he had had with the Hospital Managing Directors in respect of trajectories and sought confirmation that activity plans were prepared. It was agreed that the Acting Director of Nursing and Midwifery would clarify the position with the Hospital Managing Director (Centre).			
Chris Stockport	FP19/187.1 Re-location of Services from Mount Street Clinic, Ruthin – Business Justification Case Progress the Business Case to the September meeting of the Health Board.	5.9.19	Considered at Health Board meeting	Action to be closed
Sue Hill / Philip Burns / Mark Wilkinson	Future Business Cases All future business cases to include supporting statements provided by the Executive Director of Finance and Recovery Director	20.9.19	30.09.19: The Health Board's Policy for Revenue Business Case Development was approved by the Executive Team at its meeting on the 4 th of September, which includes providing supporting statements from the Executive Director of Finance and Recovery Director.	Action to be closed
Tony Uttley	FP19/190 Financial Recovery Action Plan FP19/190.1 Move forward comments provided by Deputy Director FDU	20.9.19	30.09.19: The Financial Recovery Action Plan has been updated since last meeting and is on the agenda for F&P Committee 30 th September 2019.	Action to be closed
Phillip Burns	FP19/190 Financial Recovery Action Plan Ensure that all actions relating to financial recovery would be progressed within the Recovery Programme.	20.9.19	The interim Recovery Director will ensure that all actions relating to Financial Recovery are progressed within the Recovery Programme. A Financial Recovery PMO report is sent on a weekly basis to the Exec Team, FRG and the Chairman.	Action to be closed

Tony Uttley / Phillip Burns	FP19/190 Financial Recovery Action Plan Agreed that a consolidated checklist would be provided, ensuring that the FDU were informed of progress	20.9.19	The consolidated checklist, which is now referred to as the Financial Recovery Action Plan (FRAP), is currently being updated and finalised and will be reviewed on a weekly basis. A summary page of the FRAP will be included in the F&P papers for the next meeting. Regular contact takes place with the FDU and they are kept updated on progress.	Action to be closed
Phillip Burns / Sue Green	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	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.	
Tony Uttley / Sue Hill	FP19/193 Presentation : Value Based Healthcare Schedule progress update following discussion with the Acting Executive Director of Finance	20.9.19 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 arrange a meeting to discuss Medical School progression with herself, the Executive Medical Director and BCUHB's Vice Chair.	5.9.19	The Executive Medical Director is progressing this action	

24.9.19

Finance and Performance Committee	 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care
30.9.19	

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	<i>Public</i>
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 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 presenting clear information on the quality and performance of the care the Health Board provides.			
Equality Impact Assessment This report monitors the delivery of the Health Board's Annual Operating Plan, which has a completed Equality Impact Assessment.			

Disclosure:

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



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WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



August 2019

Cover	1
Content	2
About this Report	3
Our Core Priorities as a Health Board	
Health Improvement & Health Inequalities Matrix	4
Care Closer to Home Matrix	5
Planned Care Matrix	6
Planned Care Exception	7
Unscheduled Care Matrix	8
Our Key Enablers	
Improving Quality and Outcomes	9
Workforce Matrix	10
Digital Health Matrix	11
Estates Matrix	12
Finance	13
Further Information	14

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

August 2019

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.

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.

Where the letter M is blue instead of white in a cell, this indicates a Milestone. The letter P in a purple cell states the Action has been achieved.

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

RAG	Every Month End	By year end	Actions depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: - Please provide some short bullet points explaining why, and what is being done to get back on track.
Amber	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

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

August 2019

Plan Ref	Actions	Executive strategic Lead	Submitted to Committees			Self Assessment and Milestone due indicator (M) from revised outlook report July 2019								
			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP001	Smoking cessation opportunities increased through Help Me Quit programmes	Executive Director of Public Health	G	G	G	G	G							M
AP002	Healthy weight services increased	Executive Director of Public Health	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							M
AP004	Delivery of ICAN campaign promoting mental well-being across North Wales communities	Executive Director of MH & LD	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				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				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							M

Three Year Outlook and 2019/20 Annual Plan
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August 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
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				M			M
AP011	Work through the RPB to deliver Transformational Fund bid	Executive Director of Primary and Community Care	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				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							M
AP016	Plan and deliver digitally enabled transformation of community care	Executive Director of Primary & Community Care	G	G	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							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				M			

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

August 2019

Programme Planned Care Matrix

6

Plan Ref		Actions	Executive strategic Lead	Submitted to Committees			Self Assessment and milestone due indicator (M) from revised outlook report July 2019								
				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
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				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								
AP025	Systematic review and plans developed to address diagnostic service sustainability	Executive Director Health Sciences	G	G	A	R	R							M	
AP025	Systematic review and plans developed to address service sustainability	Executive Director Nursing & Midwifery	G	G	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				M				
AP027	Implement the new Single cancer pathway across North Wales	Executive Director of Therapies & Health Sciences	A	R	A	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							M	

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

August 2019

AP021. Implement preferred model for acute urology services.

The original business case was written as a capital investment and linked with the Urology service plans. Subsequent progress has led to a partnership business case with the potential to contribute to an All Wales Robotic assisted surgical (RAS) programme. This utilises a managed service contract model which would enable greater utilisation of robotic assisted surgery and potentially greater financial efficiencies. A delivery group is being re-established to support this work. Current timescales are to share a draft by end Dec 2019 and to submit an All Wales business case by April 2020. The service delivery model was based on a series of engagement events undertaken in 2017/18. Further work is progressing to determine the detailed service model for delivery of pathways of care across North Wales. Given the interdependencies with other surgical specialties input from these specialties into possible service models is being obtained in contributing to the business case. A review of on call is being undertaken to identify if the current phasing could be managed in an alternative manner to reduce the on-call frequency and maintain site safety.

AP023. Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists

Work is progressing at pace to develop the business case for the clinical pathways of Glaucoma, Cataracts and wet AMD. There is strong clinical engagement from across the multi-disciplinary staff of eye care professionals and support for the shared-care model. The business case will be completed in November. Non-recurrent funding has been received for specific schemes to test sustainable change and reduce the current follow-up backlog.

AP025b. Implement year one plans for Endoscopy

The update on endoscopy was presented to the August F&P committee and is being discussed with colleagues at Welsh Government. Demand and capacity analysis for sustainable services is being completed. Immediate actions have been taken to reduce backlogs while this work is completed.

AP025c. Systematic review and plans developed to address diagnostic service sustainability

Work on our efficiency and productivity is being used to inform the longer-term service requirements and will assist in determining the sustainability of the current service. The output from this work will determine whether a business case for service change is required.

Three Year Outlook and 2019/20 Annual Plan
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August 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
AP029	Demand Improved Urgent care out of hours / 111 service	Executive Director Nursing and Midwifery	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							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							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							

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

August 2019

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

Due to the financial position of the Health Board, the F&P Committee were unable to support the business case for Stroke Care during 2019/20. Work is taking place on continual incremental improvement of services within available resources.

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

August 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
AP040	Implement Year Three of Quality Improvement Strategy	Executive Director of Nursing and Midwifery	G	G	G	G	G							

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

August 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
AP041	Establish an integrated workforce improvement infrastructure to ensure all our work is aligned	Executive Director WOD	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 WOD	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 WOD	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 WOD	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 WOD	A	G	G	G	G	M			M			
AP046	Develop a Strategic Equality Plan for 2020-2024	Executive Director WOD	G	G	A	G	G	M						
AP047	Deliver Year One Leadership Development programme to priority triumvirates	Executive Director WOD	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 WOD	G	G	G	A	A				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 WOD	A	A	A	A	A	M						M
AP050	Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCUIB reputation	Executive Director WOD	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)

August 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							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							M
AP059	Provision of infrastructure and access to support care closer to home	Executive Medical Director	A	A	A	A	A							M
AP060	Support Eye Care Transformation	Executive Medical Director	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						

WCCIS continues as a red with no further prospect of delivering the anticipated original scope of the community nursing pilot in this year. This due to the supplier being unable to deliver the functionality and required development plan. We are however working on two alternative regional prototypes under the wider community integration agenda which will utilise and test the benefits of community resource teams using; a) existing Anglesey and Gwynedd social care WCCIS functionality, b) existing GP systems in Llangollen locality. Both prototypes will help evaluate various facets of the integration agenda with social and primary care.

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

August 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							M
AP063	Primary Care Project Pipeline		G	G	G	G	G							M
AP064	Well-being Hubs		G	G	A	A	A							M
AP066	Ruthin Hospital		G	G	G	G	P							M
AP067	Vale of Clwyd		G	G	G	G	G							M
AP068	Orthopaedic Services		G	G	G	G	G							M
AP069	Ablett Mental Health Unit		G	G	G	G	A							M
AP070	Wrexham Maelor Infrastructure		R	R	R	R	P	M						
AP071	Hospital Redevelopments		G	G	G	G	A							M
AP072	Central Medical Records		G	G	G	G	A							M
AP073	Residencies		G	G	G	G	G							M
AP074	Integrated Care Fund (ICF) Schemes		G	G	G	G	A							

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

August 2019




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

The link to these papers is shown below:

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

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

August 2019

Finance and Performance Committee	 <div>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</div> <p><i>To improve health and provide excellent care</i></p>	
30.9.19		

Report Title:	Annual Plan Refresh
Report Author:	Mr John Darlington, Assistant Director - Corporate Planning
Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance Mrs Deborah Carter, Acting Executive Director of Nursing/ Associate Director of Quality Assurance.
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to update Finance and Performance Committee in respect to the work undertaken to secure support for our 2019/20 annual plan at the November Board.
Approval / Scrutiny Route Prior to Presentation:	<p>Our Three Year Outlook and 2019/20 Annual Plan was presented and approved by Board as an interim plan in March 2019.</p> <p>Further work was agreed to conclude the implementation plan as a result of the financial review and the RTT Taskforce including the results of ongoing discussions with colleagues in Welsh Government and areas where our plan has developed over time.</p> <p>The Board received but did not approve the updated plan which was presented to the Board in July. It was resolved that further work was required by F&P Committee to scrutinise the underpinning planning profiles, specifically around RTT (including diagnostics), unscheduled care alongside the financial plan for 2019/20.</p> <p>This report builds upon the refreshed planning profiles paper presented to F&P committee in August 2019.</p>
Governance issues / risks:	<p>A number of key issues and risks have been identified and set out within the report for consideration by F&P Committee.</p> <p>For the areas identified with greatest risk, specifically RTT, unscheduled care, and finance there will be a continued focus upon testing and refining action plans to improve performance coupled with strengthened command and control arrangements.</p>
Financial Implications:	The refreshed operational plan presented to Board included a summary of the revised 2019/20 financial plan.
Recommendation:	<p>It is recommended that Finance and Performance Committee:</p> <ol style="list-style-type: none"> 1. Receive this report 2. Note the refreshed planning profiles and activity plans for

	<p>2019/20</p> <p>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.</p>
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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 Strategic and Service Planning Financial Strategy			
Equality Impact Assessment An equality impact assessment has been completed to support the development of our plan and is available on request.			

Disclosure:

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

2019/20 Annual Plan Refresh Paper

1. Introduction

The purpose of this report is to update Finance and Performance Committee in respect to the work undertaken to secure support for our 2019/20 annual plan at the November Board.

This report builds upon the refreshed planning profiles paper presented to F&P committee in August 2019.

For the areas identified with greatest risk, specifically RTT, unscheduled care, and finance there will be a continued focus upon testing and refining action plans to improve performance coupled with strengthened command and control arrangements.

2. Background

Our Three Year Outlook and 2019/20 Annual Plan was presented and approved by Board as an interim plan in March 2019.

Further work was agreed to conclude the implementation plan as a result of the financial review including the results of ongoing discussions with colleagues in Welsh Government and areas where our plan has developed over time.

The Board received but did not approve the updated plan which was presented to the Board in July. It was resolved that further work was required by F&P Committee to scrutinise the underpinning planning profiles, specifically around RTT (including diagnostics), unscheduled care alongside the financial plan for 2019/20.

3. Summary of Areas Refreshed

Performance profiles are finalised with performance trajectories from October to 31st March 2020 set out in Appendix 1. These profiles cover performance areas as set out within Annex C of the NHS Wales planning Framework and therefore support the Board's consideration of the entirety of our performance

The aim for 2019/20 is to ensure a cost effective model that delivers safe care and prioritised patient access to treatment as part of a 3-year forward plan. Our plans therefore identify the gains that can be achieved in year by targeting treatment of patients in the backlog (> 36 week wait) after addressing clinically urgent cases.

In total an additional £14,411,665 has been identified as required to reduce the number of patients waiting over 36 weeks to 5,475 at 31st March 2020.

The total costs identified above exceed our identified budget for RTT (£11.85m) by £2.56m. This level of risk will need to be carefully managed through the strengthened arrangements in place to authorise additional RTT expenditure. It is likely that some expenditure attributed to RTT may not meet the definition and / or may take place in specialties without an identified demand and capacity gap.

Plans are centred around the following key areas of work:-

- **Improving Pathways of Care**
- **Robust capacity management**
- **Improving booking process for long waits**

Activity schedules at a health economy level have been developed and approved by respective hospital Managing Directors and Area Directors which detail core activity for 2019/20, and required productivity improvements. The profiling of this activity, by site by month by specialty, is enclosed in **Appendix 2**. Discussions are taking place to finalise the balance of the additional non-recurring work between insourcing, outsourcing and internal waiting list initiatives.

These activity plans will form as accountability agreements for which there will be a continuous process of reviewing effectiveness of actions to improve performance as part of strengthened accountability arrangements introduced.

Orthopaedics remains a significant challenged speciality in terms of delivering RTT and our plan is therefore modelled at ensuring no patients wait longer than 52 weeks at 31st March 2020 as part of our longer term plan to deliver national access targets

Plans to eliminate 8 week waiting times in endoscopy by 31st March 2020 have been factored into the overall diagnostic waiting times monthly profile. The cost of delivering the endoscopy plan (£4m) represents an additional cost pressure to the Health Board.

F&P committee have also received detail in respect to detailed unscheduled care plans which are factored into our performance trajectories for A&E waiting times profiles from November through to 31st March 2020.

4. Recommendations

It is recommended that Finance and Performance Committee:

1. Receive this 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.

Appendix 1: Refreshed Planning Profiles October 2019 to 31st March 2020

NHS Wales Delivery Framework Domain	Measure code	Delivery Measure	Sub Measure - Topic Area	Annex C 19/20	Target set by NHS Wales	Information Source	Reporting Frequency	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
STAYING HEALTHY	DFM002	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Immunisation	YES	95%	Public Health Wales	Q			95%			95%
STAYING HEALTHY	DFM003	Percentage of children who received 2 doses of the MMR vaccine by age 5	Immunisation	YES	95%	Public Health Wales	Q			93%			93%
SAFE CARE	DFM021c	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C.difficile	Infection	YES	Health Board specific target	Public Health Wales	M	14	14	14	14	14	14
SAFE CARE	DFM021b	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S.aureus bacteraemia (MRSA and MSSA)	Infection	YES	Health Board specific target	Public Health Wales	M	12	12	12	12	12	12

SAFE CARE	DFM021a	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli	Infection	YES	Health Board specific target	Public Health Wales	M	39	39	39	39	39	39
SAFE CARE	DFM021d	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: Klebsiella sp	Infection	YES	Health Board specific target	Public Health Wales	M	9	9	9	9	9	9
SAFE CARE	DFM021e	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: Aeruginosa	Infection	YES	Health Board specific target	Public Health Wales	M	3	3	3	3	3	3
SAFE CARE	DFM023	Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	Q&S	YES	90%	Serious Incident Reporting Data Collection (Welsh Government)	M	45%	45%	47%	47%	49%	50%
EFFECTIVE CARE	DFM025	Number of health board mental health delayed transfer of care	DTOC	YES	12 month reduction trend	DToc Database	M	12	12	11	11	11	11

EFFECTIVE CARE	DFM026	Number of health board non mental health delayed transfer of care	DTOC	YES	12 month reduction trend	DToc Database	M	30	28	27	27	26	24
EFFECTIVE CARE	DFM027	Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death	Mortality	YES	95%	Mortality Case Note Review Data Collection (Welsh Government)	M	95%	95%	95%	95%	95%	95%
DIGNIFIED CARE	DFM040	The percentage of concerns that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the concern was first received by the organisation	Patient Satisfaction	YES	75%	Concerns and Complaints Data Collection (Welsh Government)	Q			50%			60%
TIMELY CARE	DFM052	The percentage of patients waiting less than 26 weeks for treatment	Planned Care	YES	95%	Referral to Treatment (combined) Dataset	M	81.8%	81.9%	80.8%	82.1%	84.1%	84.2%

TIMELY CARE	DFM053	The number of patients waiting more than 36 weeks for treatment	Planned Care	YES	0	Referral to Treatment (combined) Dataset	M	7683	7147	6708	7359	6131	5,475
TIMELY CARE	DFM054	The number of patients waiting more than 8 weeks for a specified diagnostic	Diagnostic Care	YES	0	Diagnostic and Therapies Waiting Times Dataset	M	2354	2080	1733	1459	1186	794
TIMELY CARE	DFM055	The number of patients waiting more than 14 weeks for a specified therapy	Therapeutic Care	YES	0	Diagnostic and Therapies Waiting Times Dataset	M	0	0	0	0	0	0
TIMELY CARE	DFM056	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 sub specialities	Planned Care	YES	15% reduction on March 2019 =13,157 to max of 74,555	Outpatient Follow-up Delay Monitoring Return (Welsh Government)	M	83903	81890	79924	78006	76134	74307

TIMELY CARE	DFM063	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)	Cancer Care	YES	98%	Aggregate Cancer Target Monitoring Return (Welsh Government)	M	98%	98%	98%	98%	98%	98%
TIMELY CARE	DFM064	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	Cancer Care	YES	95%	Aggregate Cancer Target Monitoring Return (Welsh Government)	M	85.00%	86.00%	87.00%	83.50%	83.50%	83.50%
TIMELY CARE	DFM071	Number of ambulance handovers over one hour	Ambulances	YES	0	Welsh Ambulance Service NHS Trust (WAST)	M	62	0	0	0	0	0
TIMELY CARE	DFM072	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	A&E	YES	95%	Emergency Department Data Set (EDDS)	M	77%	76%	76%	77%	78%	80%

TIMELY CARE	DFM073	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	A&E	YES	0	Emergency Department Data Set (EDDS)	M	961	960	899	899	841	837
STAFF AND RESOURCES	DFM087	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)	Workforce	YES	85%	Electronic Staff Record (ESR) and Medical Appraisal and Revalidation system (MARS)	M	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
STAFF AND RESOURCES	DFM090	Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	Staff Training	YES	85%	Electronic Staff Record (ESR)	M	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%

Appendix 2: RTT Activity Profile

Stage 1		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Cent	General Surgery	378	422	415	407	353	406	412	407	356	407	391	415	4770
	Urology	153	177	211	205	183	193	194	172	147	154	193	199	2180
	T&O	296	374	372	319	306	363	351	354	313	345	394	439	4226
	ENT	321	355	319	330	336	344	379	373	319	300	308	325	4010
	Ophthalmology	406	428	447	478	422	456	463	502	413	430	514	509	5468
	Max Fax	182	203	211	210	201	199	236	230	184	204	190	180	2430
	Rest Dentistry	1	1	1	0	1	1	1	1	1	1	1	1	10
	Orthodontics	29	38	34	34	41	27	39	39	30	35	36	29	410
	Pain Management	53	59	60	60	66	60	64	67	55	70	74	64	750
	General Medicine	34	85	13	4	8	0	8	42	8	4	8	8	225
	Gastroenterology	78	86	80	116	76	99	102	117	70	104	90	129	1149
	Endocrine	78	78	77	83	81	74	76	72	59	62	71	69	880
	Cardiology	171	203	201	188	176	206	213	220	175	220	201	210	2386
	Dermatology	191	191	179	190	207	223	207	223	188	247	260	257	2563
	Resp Medicine	63	66	65	74	70	70	71	67	59	78	66	78	827
	Nephrology	18	20	20	25	30	27	24	23	20	24	20	21	272
	Rheumatology	62	73	72	72	61	51	77	79	70	73	87	76	853
	Paediatrics	115	114	124	113	94	124	136	122	111	136	115	113	1414
	Care of the Elderly	94	104	91	91	105	111	108	95	83	105	90	96	1173
	Gynaecology	188	231	212	213	199	202	229	211	177	241	243	203	2550
	CAMHS	0	0	0	0	0	0	0	0	0	0	0	0	0
East	General Surgery	520	588	593	575	580	540	600	566	546	611	570	590	6878
	Urology	197	216	230	203	222	227	221	198	220	222	211	222	2588
	T&O	413	457	425	436	351	480	521	525	389	491	452	465	5405
	ENT	387	465	430	478	400	456	488	465	393	442	448	440	5293

	Ophthalmology	338	357	405	393	320	406	439	370	338	434	416	422	4638
	Max Fax	116	149	136	150	151	130	166	161	120	150	154	133	1716
	Rest Dentistry	21	26	24	28	32	28	32	31	19	26	27	26	319
	Orthodontics	26	20	21	32	25	22	28	27	19	23	36	30	309
	Pain Management	33	36	45	45	35	44	49	42	39	50	46	46	510
	General Medicine	12	14	12	13	10	13	11	10	11	12	11	9	139
	Gastroenterology	135	170	156	162	133	170	158	173	151	182	174	208	1971
	Endocrine	52	54	62	57	52	54	63	55	49	59	51	56	665
	Cardiology	208	207	212	214	202	220	229	205	178	218	201	211	2505
	Dermatology	358	386	392	386	351	355	419	422	360	369	301	369	4467
	Resp Medicine	88	124	107	119	110	114	118	117	93	104	112	112	1319
	Nephrology	37	38	39	40	45	41	41	36	38	37	39	39	469
	Rheumatology	82	87	111	109	107	107	107	113	96	111	112	126	1267
	Paediatrics	106	128	114	116	97	109	137	135	103	150	131	145	1471
	Care of the Elderly	136	159	144	142	134	150	160	151	129	139	142	148	1735
	Gynaecology	229	247	285	268	264	258	285	259	237	297	300	324	3253
	CAMHS	0	0	0	0	0	0	0	0	0	0	0	0	0
West	General Surgery	475	539	543	539	468	517	551	543	452	578	533	577	6316
	Urology	208	225	242	215	212	233	262	200	221	237	270	253	2777
	T&O	256	322	355	332	255	301	317	381	284	307	307	374	3790
	ENT	341	403	367	398	352	404	440	421	389	433	382	390	4719
	Ophthalmology	235	273	305	307	251	274	298	262	240	295	291	301	3331
	Max Fax	103	124	140	148	114	145	156	152	112	151	157	156	1659
	Rest Dentistry	0	0	0	0	0	0	0	0	0	0	0	0	0
	Orthodontics	43	25	29	40	41	30	43	43	35	39	54	33	456
	Pain Management	53	72	71	58	64	70	75	68	64	89	86	79	849
	General Medicine	74	72	78	76	69	75	82	64	58	72	64	68	852
	Gastroenterology	99	100	95	117	97	99	107	103	99	91	96	87	1190

	Endocrine	46	47	60	61	57	40	54	54	37	62	72	57	648
	Cardiology	172	198	209	212	201	195	236	229	174	210	190	190	2416
	Dermatology	273	303	278	272	269	289	304	301	254	300	291	267	3401
	Resp Medicine	68	72	79	71	85	86	78	92	79	79	80	80	947
	Nephrology	30	35	35	40	30	39	37	37	30	36	33	33	416
	Rheumatology	63	69	79	83	70	72	77	78	71	76	76	88	901
	Paediatrics	100	103	116	100	84	98	112	118	105	114	123	124	1297
	Care of the Elderly	38	40	40	35	47	37	44	43	29	44	41	41	479
	Gynaecology	273	285	289	292	262	280	314	286	243	300	284	286	3393
	CAMHS	0	0	0	0	0	0	0	0	0	0	0	0	0
Total		9356	10542	10551	10570	9668	10446	11249	10949	9342	10879	10717	11029	125297

Stage 4		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Cent	General Surgery	129	149	119	145	115	146	155	146	128	150	155	172	1709
	Urology	38	44	36	52	39	46	55	50	42	43	52	57	555
	T&O	125	139	125	139	136	132	143	142	126	137	138	159	1641
	ENT	67	72	58	76	63	62	75	76	66	75	71	76	836
	Ophthalmology	203	216	208	250	201	256	256	246	217	239	245	304	2841
	Max Fax	39	48	41	44	35	47	54	52	39	46	45	46	536
	Rest Dentistry	0	0	0	0	0	0	0	0	0	0	0	0	0
	Orthodontics	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pain Management	9	12	10	10	9	11	13	9	7	9	9	9	118
	General Medicine	2	3	3	3	2	2	2	2	2	2	2	2	29
	Gastroenterology	12	13	12	22	15	14	14	18	11	13	10	27	182
	Endocrine	0	0	0	0	0	0	0	0	0	0	0	0	0
	Cardiology	19	22	19	20	19	19	22	22	17	23	20	21	245

	Dermatology	0	0	0	0	0	0	0	0	0	0	0	0	0
	Resp Medicine	15	12	16	27	28	24	26	28	25	27	30	31	288
	Nephrology	8	7	1	4	2	6	5	12	19	13	5	9	90
	Rheumatology	0	0	0	0	0	0	0	0	0	0	0	0	0
	Paediatrics	0	0	0	0	0	0	0	0	0	0	0	0	0
	Care of the Elderly	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gynaecology	55	58	49	59	46	62	63	61	51	54	60	59	677
	CAMHS	0	0	0	0	0	0	0	0	0	0	0	0	0
East	General Surgery	185	220	175	233	178	207	243	222	188	192	215	218	2477
	Urology	113	127	100	125	106	128	134	118	111	117	123	128	1430
	T&O	150	169	137	157	118	159	174	166	149	163	171	207	1919
	ENT	92	111	86	106	91	101	103	105	85	92	94	110	1177
	Ophthalmology	96	96	105	140	119	116	120	123	97	121	123	150	1405
	Max Fax	13	16	14	17	15	12	17	16	9	15	12	14	171
	Rest Dentistry	0	0	0	0	0	0	0	0	0	0	0	0	0
	Orthodontics	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pain Management	14	15	11	16	14	17	15	24	18	35	30	30	239
	General Medicine	0	0	0	0	0	0	0	0	0	0	0	0	1
	Gastroenterology	0	0	0	0	0	0	0	0	0	0	0	0	0
	Endocrine	0	0	0	0	0	0	0	0	0	0	0	0	0
	Cardiology	22	20	16	24	20	19	23	21	21	22	19	22	251
	Dermatology	0	0	0	0	0	0	0	0	0	0	0	0	0
	Resp Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
	Nephrology	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rheumatology	0	0	0	0	0	0	0	0	0	0	0	0	0
	Paediatrics	2	2	2	3	2	2	2	3	2	2	2	3	27
	Care of the Elderly	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gynaecology	60	65	58	68	57	64	66	67	61	65	68	69	769
	CAMHS	0	0	0	0	0	0	0	0	0	0	0	0	0

West	General Surgery	114	138	111	139	110	128	146	131	120	129	146	145	1557
	Urology	96	95	84	105	75	96	116	102	87	98	105	108	1169
	T&O	135	151	132	183	132	145	173	166	143	157	162	186	1866
	ENT	86	95	82	95	73	105	109	95	87	97	102	98	1125
	Ophthalmology	115	121	109	127	127	130	145	140	127	150	147	157	1596
	Max Fax	60	69	59	63	46	69	75	73	47	65	62	68	754
	Rest Dentistry	0	0	0	0	0	0	0	0	0	0	0	0	0
	Orthodontics	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pain Management	26	26	28	27	24	33	30	28	20	27	28	29	324
	General Medicine	7	5	6	5	7	7	8	7	7	5	7	7	77
	Gastroenterology	0	0	0	0	0	0	0	0	0	0	0	0	0
	Endocrine	0	0	0	0	0	0	0	0	0	0	0	0	0
	Cardiology	34	41	30	37	33	35	41	33	35	40	35	37	430
	Dermatology	0	0	0	0	0	0	0	0	0	0	0	0	0
	Resp Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
	Nephrology	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rheumatology	0	0	0	0	0	0	0	0	0	0	0	0	0
	Paediatrics	0	0	0	0	0	0	0	0	0	0	0	0	0
	Care of the Elderly	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gynaecology	75	77	69	87	69	80	86	87	74	72	79	83	937
	CAMHS	0	0	0	0	0	0	0	0	0	0	0	0	0
Total		2214	2454	2111	2609	2127	2482	2710	2589	2241	2496	2572	2842	29446

Betsi Cadwaladr University Health Board
 Executive Summary of the Integrated Quality and Performance Report (IQPR)
 Finance and Performance Committee version
 30 September 2019

Purpose

This paper accompanies the IQPR report and aims to provide an executive summary of the key areas of concern in relation to the health board's performance and explain the current understanding of the reasons for this level of performance.

Unscheduled Care

There are a range of indicators therefore used to assess unscheduled care performance including:

- a) The 4 hour combined Emergency Department and Minor Injury Unit (EDMIU) indicator.
- b) The 12 hour wait within ED. This is a measure of the length of stay within ED and generally reflects delays in admitting patients to the wards due to access to appropriate beds. Delivery of this measure also requires prompt access to diagnostics and to specialty opinions.
- c) 1 hour ambulance handover. Reducing handover time is dependent on adequate space and staffing within the ED to safely take-over the care of the patient.
- d) 8 Minute Category A response time to life-threatening conditions. This is an important measure of community response. By reducing ambulance handover time at hospitals the emergency response team can be released to respond to patient needs.

Although measured within the emergency departments they are temperature gauges for the whole system; reflecting access to alternatives to emergency department (ED), flow through ED and flow out of the hospital system, including partnership working on discharge.

It is noted that we have delivered the national 8 minute Category A ambulance target in all months – a strong performance in 'All Wales' terms; the third best in August.

Positive also, is our August 19 to August 18 performance comparison demonstrating improvement on three out of the four key measures. Year on year improvement has now been sustained in ambulance handovers for some time (up 12%), suggesting changes have been embedded. Performance across Wales has deteriorated by 34%.

We have though failed to deliver levels of performance for 4 and 12 hour indicators in the line with the improvement set out in our annual plan.

The table below demonstrates the performance against compared to the BCU plan for these measures over time:

BCU	Target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
4hr Plan	95%	80.0%	82.0%	85.0%	88.0%	90.0%	85.0%	85.0%	85.0%				74%	75%
4 hr Actual		69.86	69.58	70.62	71.68	67.64	66.94	72.5	71.11	69.48	71.21	71.49	73.72	73.04
12 hour plan	0	900	900	850	850	800	1,000	1,000	900	1500	1395	1290	1209	1085
12 Hr Actual		1900	1817	1849	1404	1553	1989	1430	1635	1743	1660	1444	2044	1786
1 hr Ambulance handover plan	0	700	850	850	1,055	1,100	1,080	1,092	900	540	341	270	248	186
1 hour ambulance actual		785	758	914	404	446	691	358	438	700	616	447	811	694
Cat A 8 min plan	65%	80.9%	81.1%	79.0%	77.0%	74.0%	71.0%	73.0%	75.0%	65%	65%	65%	65%	65%
Cat A 8 min Actual		71.4	69.7	74.2	68.5	74.7	72.2	75	70.4	70	70.2	69	68	69.6
note Amber applied where performance is within 3% of plan														

This section began talking about these measures being a temperature gauge for the whole system.

The overall attendance rate has increased and we expect this increase to continue – up by 2% on plan. In addition to the number of patients attending, the triage category of patients presenting is increasing with a higher proportion of patients attending EDs being classified as major - 460 more patients classified as major in August 2019 compared to 2018 and emergency admissions are up 4%. Work is underway to confirm our use of triage categories.

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. The SiCAT is also making an impressive contribution to signposting of patients to early supporting care, demonstrating avoidance of conveyance to ED and management of care in the community – in July we saw 25 ED attendances for every 1 call to SiCAT.

Planned Care

Planned care includes RTT, Cancer, and diagnostics and follow up as these measures frequently require the same resource to deliver the standards expected.

The performance on all these areas has been challenged for a number of years. The table below shows the performance against the operational plan measures for the last 13months:

BCU	Target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
RTT over 36 wks Plan	0								5714	6838	7465	7961	8846	8021
RTT over 36 week actual		7364	6351	6643	6932	7144	8034	7826	6004	6870	7499	7998	8900	10167
8 wk Diagnostics actual	0	2462	2200	1504	1275	1486	2116	2123	2277	2548	2857	2827	2793	2957
Follow Up Overdue plan	0	75,000	75,000	73,000	73,000	73,000	72,000	71,000	70,000				87712	86835
Follow up overdue actual		85164	85718	82268	80712	84769	83473	82483	87712	88210	88079	88511	88648	91288
Cancer 62 plan	95%	86%	90%	92%	89%	90%	90%	91%	92%	82.00%	83.00%	84.00%	84.00%	84.00%
Cancer 62 day actual		85.3	83	85.8	80.9	87.2	84.4	80.8	87.6	82.2	81.5	80.4	84.9	
Cancer 31 plan	98%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98%	98%	98%	98%	98%
Cancer 31 actual		98.9	100	98.4	99.5	98.1	97.4	98.9	97.2	100%	98.3	98.3	99.5	
Single Cancer Pathway	no target											78%	80%	
Amber is used where performance is within 3% of plan														
There is no plan confirmed for diagnostic 8 week waits														

There is a connection between delivery of the above indicators. Clinical priority is given to cancer patients, reflected in the good performance against the 31 day non urgent suspected cancer target. On cancer, we are one of the best performing health boards in Wales.

Diagnostics is not a single service: each modality or location can compromise the delivery of the 8 week target at BCU level. This has been the case with Endoscopy where capacity (estate and human resources) to deliver cancer, surveillance, screening and routine waits has not been sufficient to meet the combined need leading to priority being given to cancer and surveillance referrals and increased waits for routine procedures.

RTT performance continues to be unacceptable, with 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. This year has also seen an increased pressure on specialties such as dermatology and gastro-enterology 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 to the intended date is also a concern as this represents both very poor patient experience as well as inefficient use of resources as this capacity is not always re-used.

Evidence is starting to emerge of improvement in booking in turn and reduction in the rate of deterioration for volume over 52 weeks in September. In addition, the total number of people waiting over 36 weeks has reduced in each of the last two weeks.

The volume of patients overdue their follow up appointment represents a clinical risk and is a concern for the organisation.

Finance and Performance Committee
30.9.19

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WALES**

 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

**To improve health and provide
excellent care**

Report Title:	Integrated Quality and Performance Report (IQPR)
Report Author:	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 an executive summary of key performance concerns and executive actions being taken to improve performance. The report details the performance, actions, expected outcomes and timescales to deliver improvement for the indicators aligned to the Health Board Operational Plan for which the committee has responsibility for scrutinising.
Approval / Scrutiny Route Prior to Presentation:	This paper has been scrutinised and approved by the Executive Director of Planning and Performance.
Governance issues / risks:	Performance forms part of the governance issues under the special measures framework of the board. The planned care and unscheduled care risks are included on the corporate risk register of the board.
Financial Implications:	Delivery of the RTT and diagnostic improvement is in part resourced through additional allocation made by WG. The follow up improvement and Eye Care measures are in receipt of WG funding awards which have clear performance targets associated with these and the potential for claw back should delivery not be achieved by March 2020.
Recommendation:	The Committee is asked to scrutinise the report, and where concerns are not adequately addressed consider escalation in accordance with the Performance Management Framework of the Board.

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	√	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 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 monitors the delivery of indicators aligned to the Health Board's Annual Operating Plan, which has a completed Equality Impact Assessment.			

Disclosure:

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



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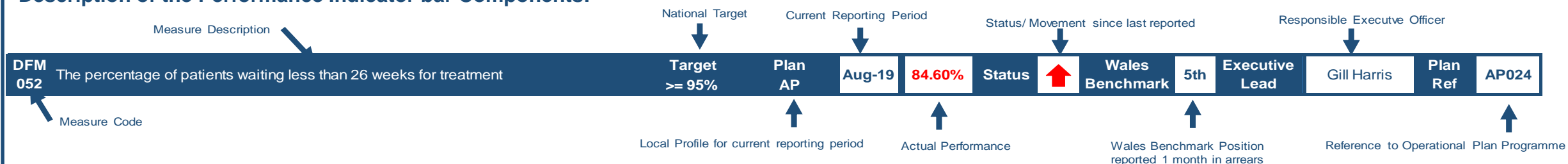
August 2019

Cover Page	1	Out of Hours Report	26
Table of Contents	2	Stroke Care Graphs	27
About this Report: Section 1: Report Structure	3	Stroke Care Report	28
About this Report: Section 2: Report Content	4	Emergency Department inc Minor Injuries Units 4 Hour Waits: Graphs	29
Overall Summary Dashboard	5	Emergency Department inc Minor Injuries Units 4 Hour Waits: Report	30
Introduction	6	Emergency Department: Number of 12 hour breaches: Graphs	31
Chapter 1 – Summary Planned Care	7	Emergency Department: Number of 12 hour breaches: Report	32
Referral to Treatment (RTT) Graphs	8	Ambulance Handover: Number of Breaches over 1 hour: Graphs	33
Referral to Treatment (RTT) Report	9	Ambulance Handover: Number of Breaches over 1 hour: Report	34
Cancer: Graphs	10	Delayed Transfers of Care Graphs	35
Cancer: Report	11	Delayed Transfers of Care Report	36
Diagnostic Waits: Graphs	12	Chapter 3 – Summary Finance & Resources	37
Diagnostic Waits: Report	13	Agency and Locum Spend Graphs	38
Follow up Backlog Graph	14	Agency and Locum Spend Report	39
Follow up Backlog Report	15	Financial Balance Graph	40
Eye Care Measure Report	16	Financial Balance Report	41
Activity v Plan Report Page 1	17	Sickness Absence Graphs	42
Activity v Plan Report Page 2	18	Sickness Absence Report	43
Activity v Plan Report Page 3	19	PADR Graphs	44
Activity v Plan Report Page 4	20	PADR Report	45
Activity v Plan Report Page 5	21	Mandatory Training Graphs	46
Activity v Plan Report Page 6	22	Mandatory Training Report	47
Activity v Plan Report Page 7	23	Chapter 4 – Summary Primary Care	48
Chapter 2 – Summary Unscheduled Care	24	Dental Care Report	49
Out Of Hours Graphs	25	Appendix A: Further Information	50

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 National Target in the first instance, with the colour of the font used to depict whether the performance is better or worse than target. Where a local plan is in place to deliver improved performance overtime the actual performance should also be considered against this plan. To assist with this the national target and the BCU profile are shown on the summary pages.

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, in addition to performance against the national target using both the plan and the target cells for each indicator. 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.

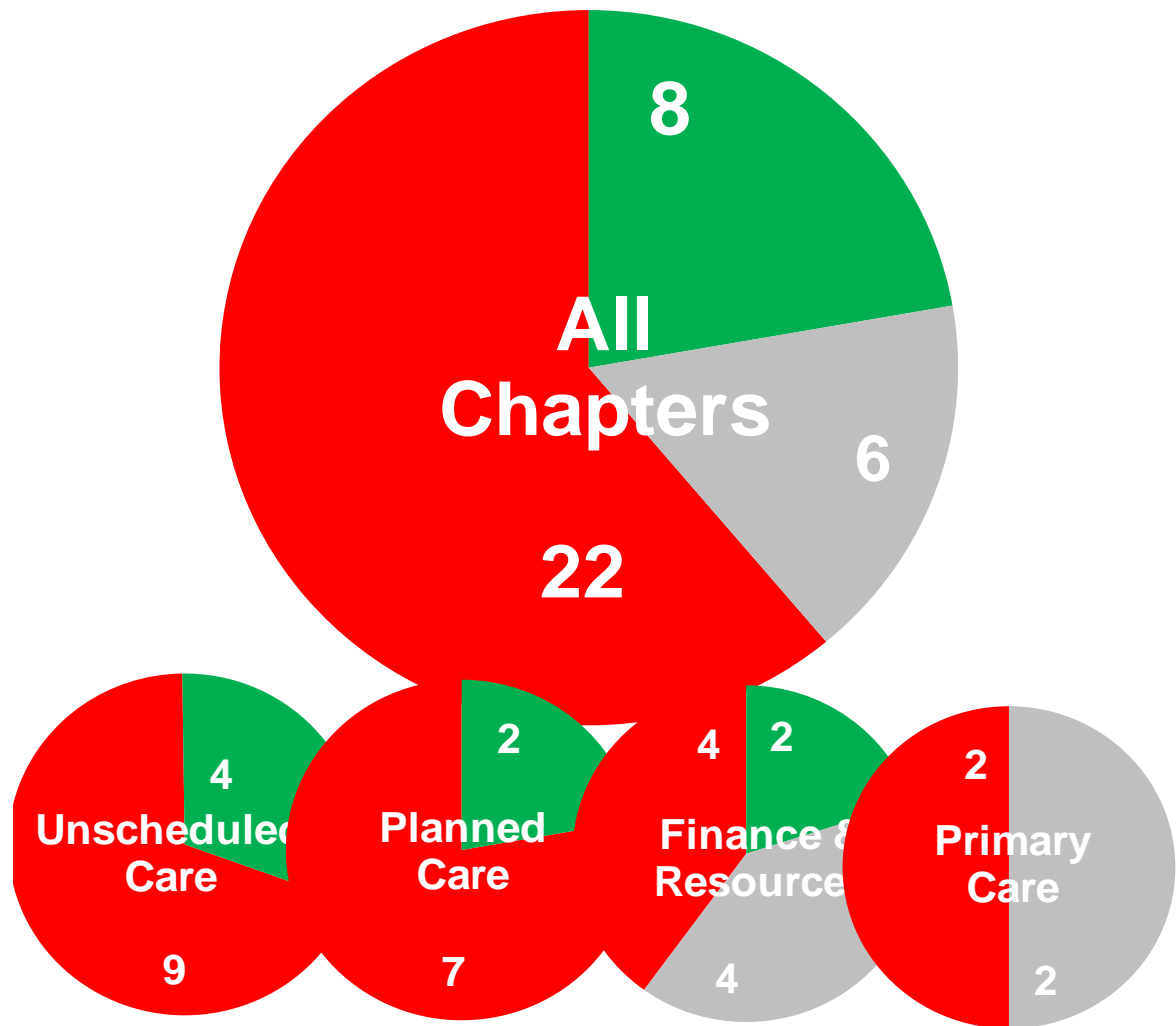
Longitudinal view of performance

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 August 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.

Overall Summary



AP = Awaiting Profile

Integrated Quality and Performance Report
Finance & Performance Committee Version

Most Improved

Measure	Status	Target	Plan
Mandatory Training Rate	85%	>= 85%	>= 85%
PADR Rate	75.0%	>= 85%	>= 82%
Stroke Care: Admission within 4 Hours	59.30%	>= 55.5%	>= 50%
GP Out of Hours Assessment	96.0%	>= 90%	AP

Of Most Concern

Measure	Status	Target	Plan
Emergency Department 4 Hour Waits (inc MIU)	73.04%	>= 95%	>= 75%
Emergency Department 12 Hour Waits	1,708	0	<= 1,085
RTT 36 Weeks	10,167	0	<= 8,021
Diagnostic Waits: Over 8 weeks	2,957	0	<= 2,901
Follow up Backlog	92,067	<= 74,555	<= 86,835
Financial Balance: Cumulative Deficit	£18.2m	<= £25m	<= £14.6m

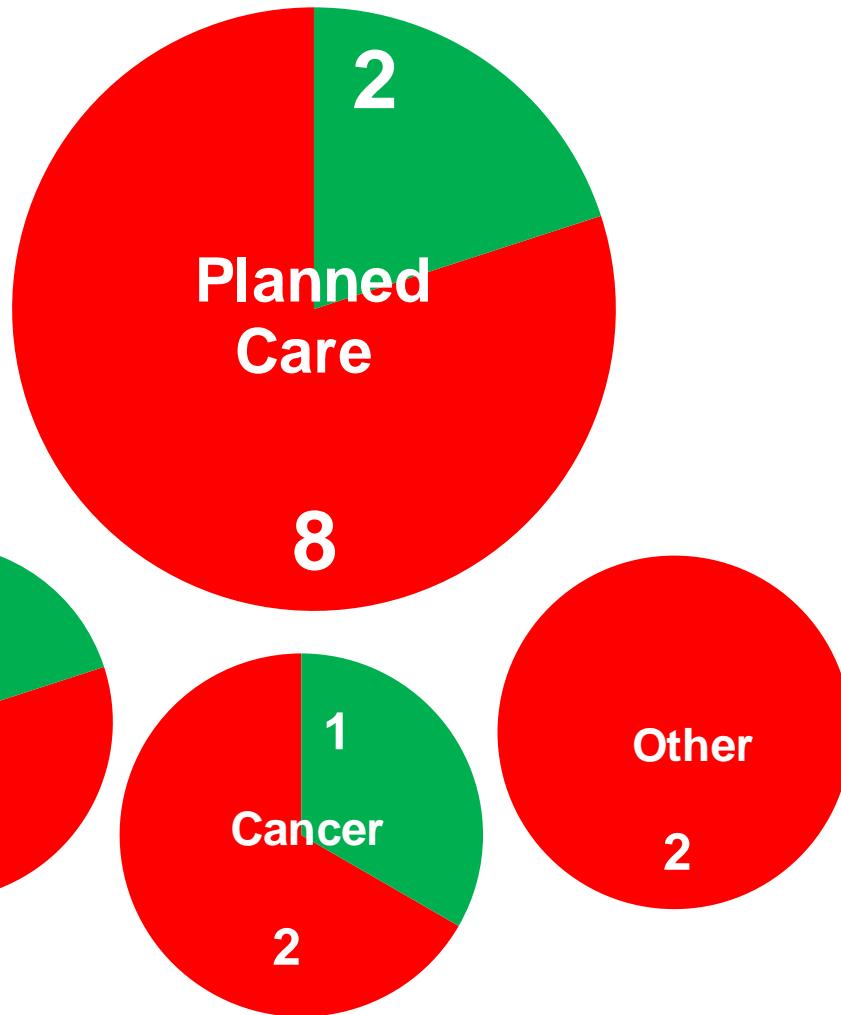
August 2019



Overall summary of performance

A separate over-arching high level report of the key indicators which the Executives have performance concerns is provided to the committee this month. This highlights the issues relating to unscheduled care and planned care performance and the actions that Executives are directing as priority to address these concerns.

In addition to the national delivery measures reported to the Finance and Performance committee, this Integrated Quality and Performance report (IQPR) includes information on overall activity v plan for major areas of activity recorded within secondary care. A further drill down on RTT performance against plan and detail of additional activity and expenditure undertaken to month 5 to support RTT delivery is provided.

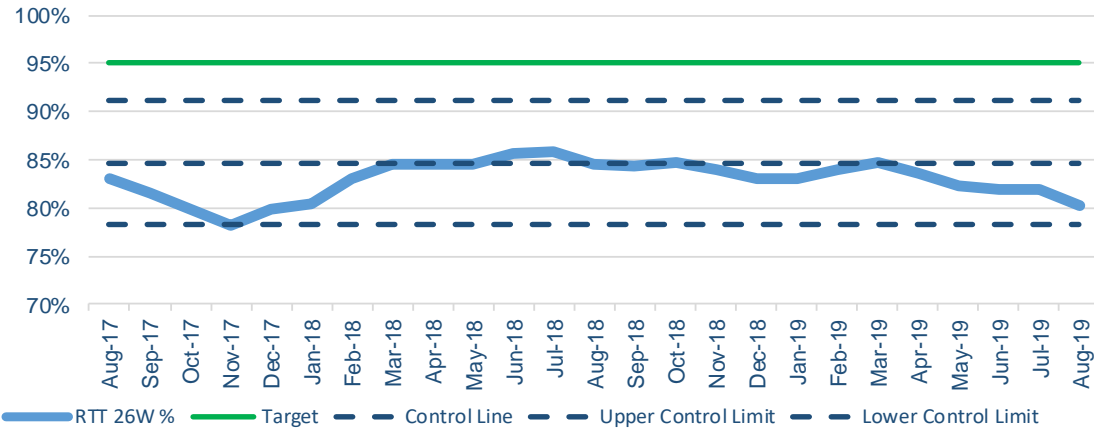


Measure	Status	Target	Plan
Referral to Treatment (RTT): < 26 Weeks	80.24% ↓	>= 95%	>= 81.7%
Referral to Treatment (RTT): > 36 Weeks	10,167 ↓	0	<= 8,021
Referral to Treatment (RTT): > 52 Weeks	2,620 ↓	0	<= 2,517
Diagnostic Waits: > 8 Weeks	2,957 ↓	0	<= 2,901
Therapy Waits: <= 14 Weeks	0 →	0	0
Follow-up Waiting List Backlog	92,067 ↓	<= 74,555	<= 86,835
Ophthalmology-% high risk factor patients waiting more than 25% beyond their target date	65.00% ↑	>= 95%	AP
Cancer: 31 Days (non USC Route)	99.50% ↑	>= 98%	>= 98%
Cancer: 62 Days (USC Route)	84.90% ↑	>= 95%	>= 95%
Cancer: 62 Day Single Pathway (inc Suspensions)	80.00% ↑	Improve	AP

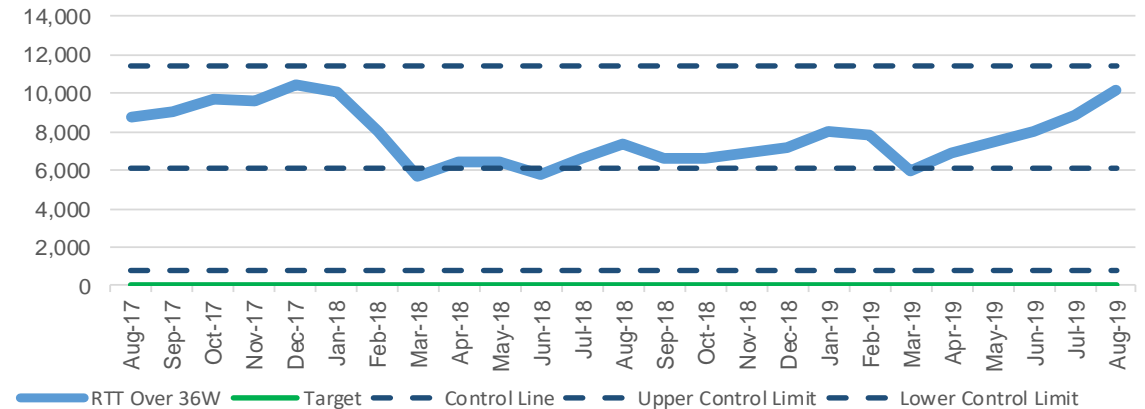
AP = Awaiting Profile

DFM 052	The percentage of patients waiting less than 26 weeks for treatment	Target ≥ 95%	Plan ≥ 81.7%	Aug-19	80.24%	Status	↓	Wales Benchmark	7th	Executive Lead	Gill Harris	Plan Ref	AP024
DFM 053	The number of patients waiting more than 36 weeks for treatment	Target 0	Plan ≤ 8,021	Aug-19	10,167	Status	↓	Wales Benchmark	7th	Executive Lead	Gill Harris	Plan Ref	AP024
LM05 3a	The number of patients waiting more than 52 weeks for treatment	Target 0	Plan ≤ 2,517	Aug-19	2,620	Status	↓	Wales Benchmark	7th	Executive Lead	Gill Harris	Plan Ref	AP024

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



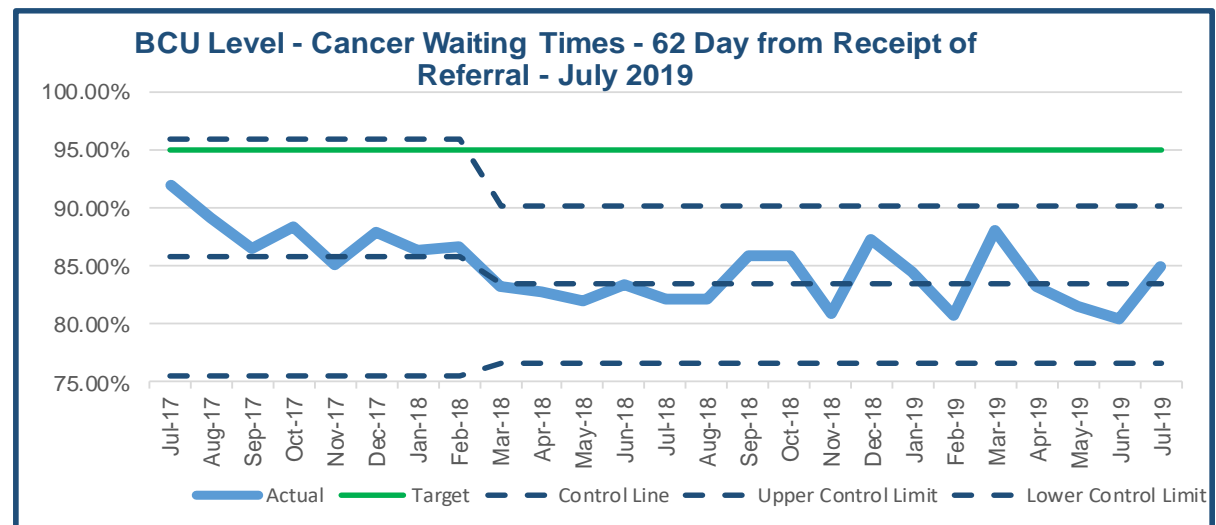
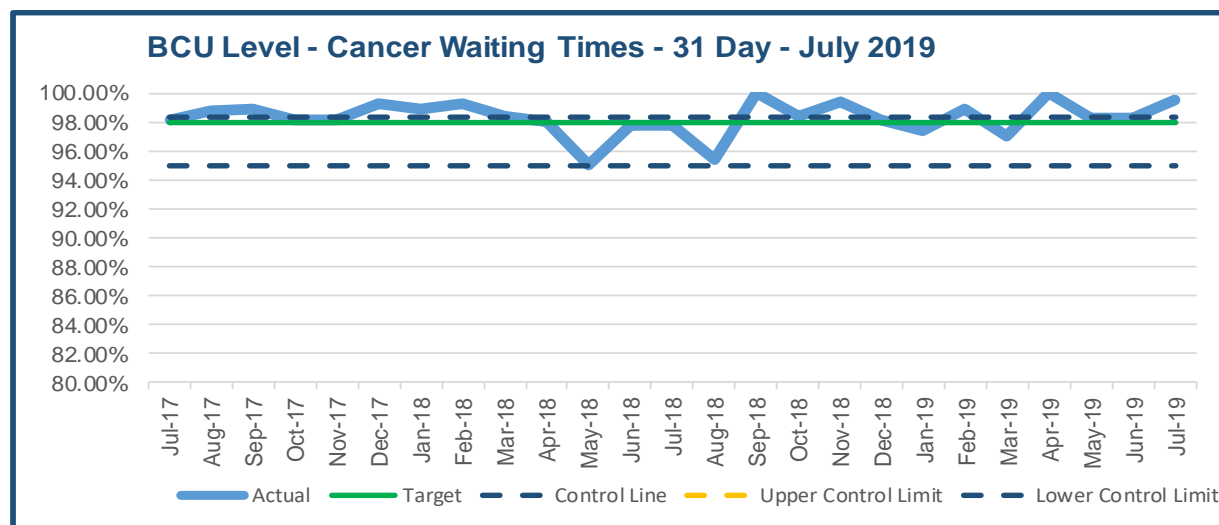
BCU Level - RTT Waits Number > 36 Weeks: August 2019



Why we are where we are: The present performance demonstrates need to improve efficiency gains in line with the plan so as to reduce DNAs and cancelled procedures, increase treat in turn at pace and progress with placing contracts for additional activity with English providers

Actions	Outcomes	Timeline
Development of weekly Patient Target List at site and specialty level. This is now in place.	Maintain current waiting list position by better tracking and management of waiting list.	31/11/2019
Develop a weekly performance report pack, This is now in place.	Exception reporting and recovery action to support waiting list management	31/11/2019
Complete specialty level Demand & Capacity to identify sustainable gap as well as gap for backlog clearance	Demand & capacity match to reduce waiting list backlog	31/01/2020
Improve scheduling based on clinical urgency and waiting time chronology	Chronological booking targeted to reduce backlog	31/01/2020
Use of outsource capacity in orthopaedics and other specialties	Reduction of 750 longest wait in orthopaedics	31/03/2020
Implementation of clinical harm review process for patient >52 week waits	Reduce clinical harm due to longer wait	31/01/2020
Training: assessment of organisational knowledge and Mainstream RTT training programme	Reduction in waiting list due to improved data quality	31/03/2020
Implementation of schemes to free up follow up capacity for services, e.g. Supported Discharge, virtual results review clinics	Reduction in waiting list	31/03/2020
Review and set up systematic validation per specialty across BCUHB	Reduction in backlog due to ROTT (Referral Other Than Treatment)	31/03/2020

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%	Jul-19	99.50%	Status ↑	Wales Benchmark	2nd	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%	Jul-19	84.90%	Status ↑	Wales Benchmark	2nd	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	Jul-19	80.00%	Status ↑	Wales Benchmark	3rd	Executive Lead	Adrian Thomas	Plan Ref	AP026



Why we are where we are: 31 day Non Urgent Suspected Cancer (NUSC) target continues to be delivered – this is the target for patients to commence treatment where a cancer has been found, which was not previously suspected. USC 62 day and SCP targets both improved. The backlog of patients over 62 days has reduced and is being sustained at below 100 patients. Key challenges remain in the sustainability of the endoscopy service, access to urological cancer surgery and challenges in delivery of rapid access breast clinics due to shortage of breast radiologist while awaiting new consultant to take up post later this month. Welsh Government funding to support improvement in the SCP has been received this month and actions are being put in place to deliver the schemes associated with this award of resource.

Actions	Outcomes	Timeline
1. Prioritise endoscopy capacity for 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; appoint consultant breast radiologists	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
≤ 2,731

Aug-19

2,957

Status



Wales
Benchmark

7th

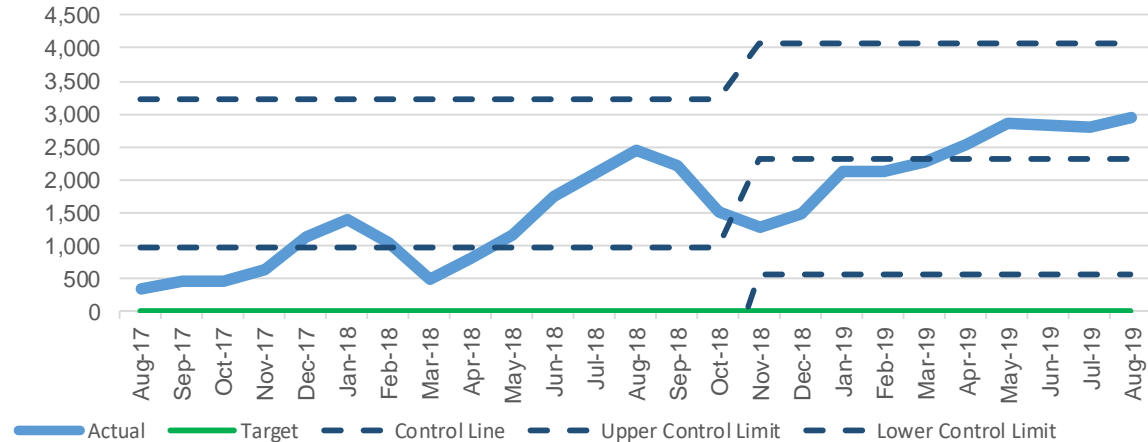
Executive
Lead

Adrian Thomas

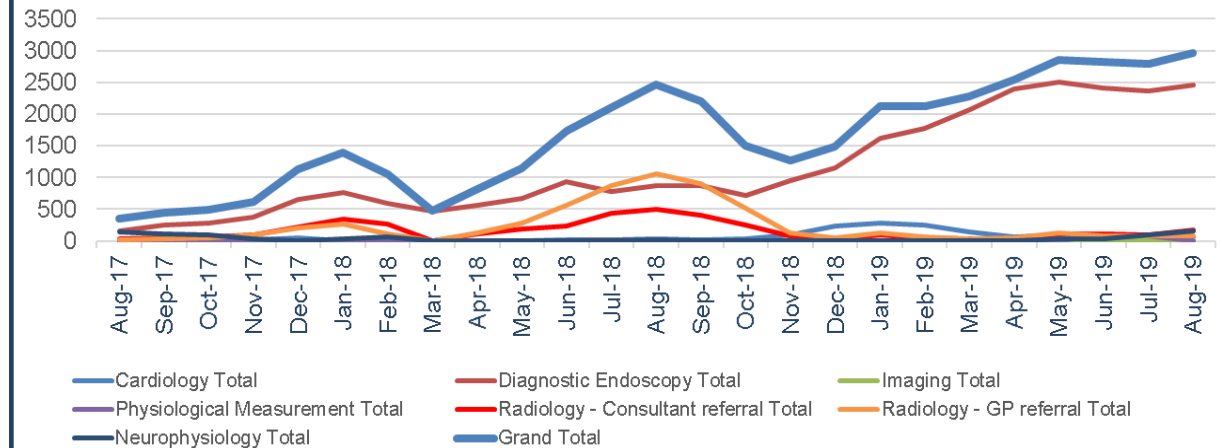
Plan
Ref

AP024

BCU Level - Diagnostic Waits Number of Breaches: August 2019



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



Why we are where we are:

Endoscopy: 83% of breaches relate to the backlog of patients waiting for endoscopic procedures. Breaches in neurophysiology are being addressed by development of capital scheme to create additional clinic capacity for the two consultants to see more patients.

Radiology: The year on year increase in referrals for radiology continue (CT- 5.7%, MR- 2.6% and US-1.8%)- an additional 2,443 referrals in the first 5 months of the year. In addition to demand increases we have struggled with capacity in specific sub-specialities including Breast, Cardiac and Head/Neck due to unplanned consultant absences and reducing consultant sessions because of the tax/pension implications that we have not been able to backfill. Since April 2019, breaches have been maintained at less the 3.8 % of total waiting list volume in spite of these increased pressures.

Actions	Outcomes	Timeline
Endoscopy		
Development of weekly Endoscopy Patient Targeted List for surveillance and elective.	Maintain current waiting list position by better tracking and management of waiting list. Achieve 8 weeks wait time and no overdue Surveillance backlog	October'2019
Appointment of locum Gastroenterology consultant in West	Achieve 8 weeks wait time and no overdue Surveillance backlog in West	November'2019
Complete specialty level Demand & Capacity to identify sustainable gap as well as gap for backlog clearance	Demand & capacity match to reduce waiting list backlog	31 st December 2019
Improve scheduling based on clinical urgency and waiting time chronology	Chronological booking targeted to reduce backlog	31 st December 2019
Additional capacity through a modular unit (Vanguard Mon-Fri)	533 reduction in waiting list by delivering 80 additional sessions at 12 points per session	November'2019
Insourcing additional capacity (Weekend 234 sessions and Weekdays 260)	3,293 additional capacity to achieve 8 weeks standard for routine and no Surveillance backlog	November'2019
Call reminder service in Wrexham	Reduction on DNA	November'2019
Radiology		
Continuing with insourced capacity	Assists in minimising our breaches as much as possible	31 st December 2019
Implementation of additional insourcing capacity for CT/MRI/US	Increased capacity to manage the increase in demand and further minimise breaches as much as possible.	30 th September 2019
Completion of Kendall-Bluck Review of radiology services	Inform the basis for proposal for sustainable radiology services	31 st October 2019
Completion of proposals for sustainable radiology service	2 nd Step to provision of sustainable radiology services for North Wales	31 st December 2019

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
≤ 86,835

Aug-19

92,067

Status



Wales Benchmark

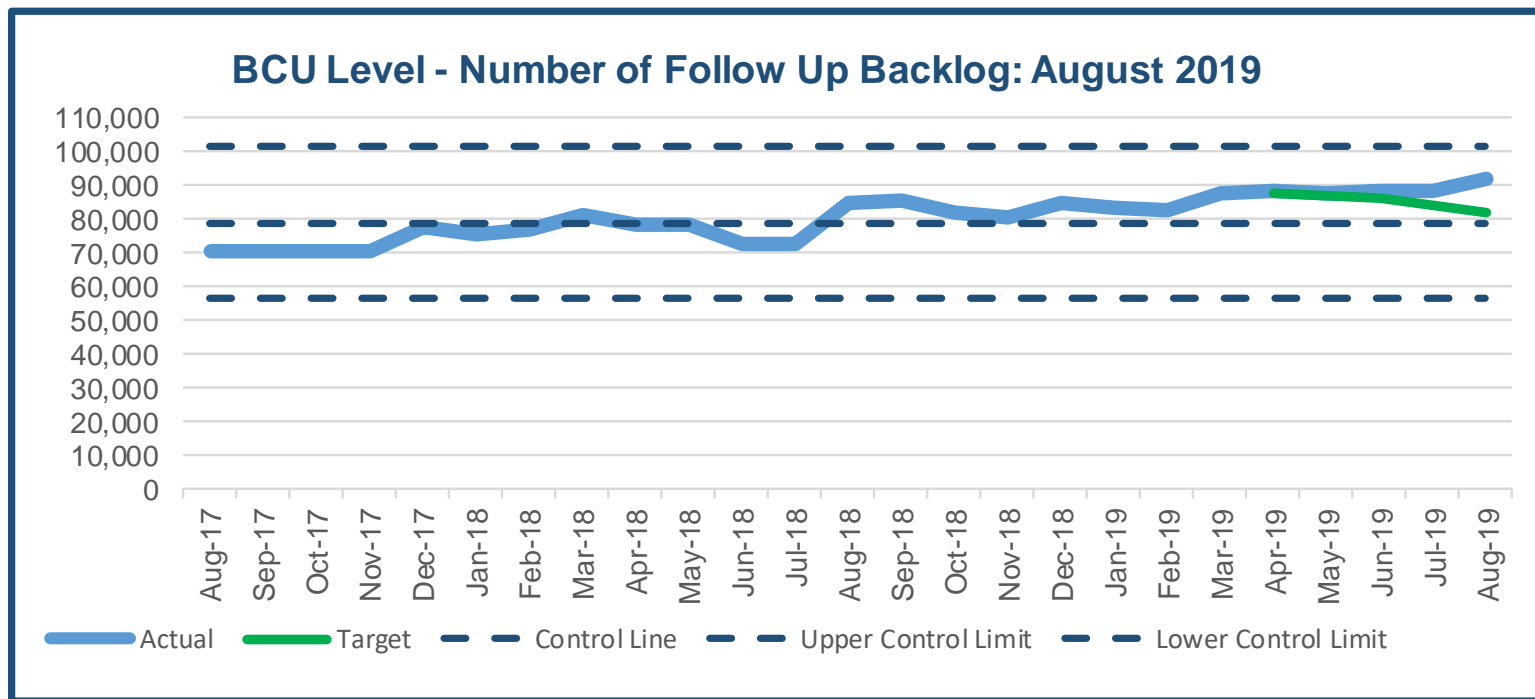
7th

Executive Lead

Gill Harris

Plan Ref

AP024



Why we are where we are: The outpatient capacity to see new and review patients is not sufficient to meet demand. This combined with the need to increase the rate of discharge of patients post treatment, to support new ways of working such as see on systems rather than time-based review and the need to validate the waiting lists post implementation of the new administrative system have resulted in a sizeable backlog of follow up appointments.

Actions	Outcomes	Timeline
Development of weekly Patient Targeted List (PTL) at site and specialty level.	15% reduction on FU backlog	January'2019
Revised Terms of Reference for weekly PTL management to focus on more proactive Waiting List management and follow up management	15% reduction on FU backlog	January'2019
Training: assessment of organisational knowledge and Mainstream RTT training programme	15% reduction on FU backlog	January'2019
Stable Glaucoma Monitoring – Virtual Clinic and increased use of Ophthalmology Diagnostic and Treatment Centres (ODTC)	15% reduction on FU backlog	March 2020
Implementation of Virtual Patient reported outcome measures (PROMs) in Orthopaedics	Reduction in 1400 post op FU appointments in Orthopaedics	December'2019
Ophthalmology Direct to Listing Pathway redesign	15% reduction on FU backlog	October 2019
External company to offer support in data deconstruction for Follow Up waiting list	15% reduction on FU backlog	November'2019

DFM	95% of ophthalmology R1 patients who are waiting within their clinical target date or within	Target	Plan	Aug-19	65.00%	Status	Wales	4th	Executive	Gill Harris	Plan	AP022
057	25% in excess of their clinical target date for care or treatments	>= 95%	AP				Benchmark		Lead		Ref	

Actions	Outcomes	Timeline
1. Scheduling by Risk Factor and Target Date All sites working to a R* value/ target date Patient Treatment List (PTL), validation required and will be supported by funding below; also National event 20 th September to enable shared development and learning of scheduling, demand & capacity models to help booking of patients to R value. 9 delegates attending from across BCU, fully taking up allocated places.	Reduction in volume of R1 patients overdue	March 2020
2. Additional monies awarded to support Follow Up reduction: part a –validation £72k	<ul style="list-style-type: none"> Reduction of the 100% overdue from 8,223 Reduce R1 overdue > 25% by 18% from 10,723 	March 2020
3. Additional monies awarded to support Follow Up reduction: Follow up reduction part b -£215k	<ul style="list-style-type: none"> Reduce the ophthalmology follow up waiting list by at least 20%– this is a reduction of 6,105 from the baseline of 30,527 to 24,442. Reduce the number of ophthalmology patients delayed by over 100% by at least 20% - this is a reduction of 1,645 from 8,223 to 6,578. Reduce glaucoma waiting list backlog by 900 Combined waiting list reduction of 2,925 	March 2020
4. Pathway Re-design – Cataracts 4 step process All unbooked patients on follow up Out patient waiting list for cataract surgery will be moved to day case list by end September 2019	Increased OPD capacity created to see R1 overdue patients in clinic (1 appointment slot created for each cataract patients directly listed) also discharge to Optometrist for follow up saving additional OPD capacity	December 2019
5. Pathway Re-design – Glaucoma First workshop 6 th September successful. Consensus on vision future pathway. Second workshop 19 th September. Business Case coming to F&P November	Improve ratio of times patient needs to attend hospital to a mean of 1 consultant attendance for 3 non-medical reviews. Also reduce number of false positive referrals to Consultant	March 2020

*99% of Ophthalmology patients now have an associated Risk (R) value

Integrated Quality and Performance Report
Finance & Performance Committee Version

August 2019

The information on the next 6 pages relates to the BCU internal and external performance against plan.

The treatment categories on the next page are aggregate totals from within medical specialties for both activity and plan across the three health economies internal to BCU. This is the first time this data has been included in the Finance and Performance committee papers for 2019/20 and first time since the planned care capacity at site and specialty level was re-set as part of the RTT planning process. There remain several areas where the plan and activity shown are not using the same information at site and specialty level and these are reflected in the aggregate reports. This is most apparent with the ophthalmology figures in the West, where minor outpatient procedures are being counted in day case activity but are not part of the day case plan shown.

Information on page 19 relates to our key external providers of services. The timeframe for external providers to report means that this data is only available up to the end of Quarter 1. Contracts for external providers are based on an annual level of delivery, however performance is monitored monthly to ensure these are performing in line with the contract value. The activity reported for follow up outpatients is significantly above plan and may reflect the difference in reporting methodology for English providers.

The information on page 20 related to specialty level stage 1 and 4 planned care performance for RTT specialties. Noting that Ophthalmology is not reported while the data quality issues are resolved. General medicine and paediatrics at stage 1 are also excluded.

Information on pages 21-23 relate to the additional internal cost and activity undertaken for RTT for the first 5 months of 2019/20. Month 5 additional activity is presently being calculated from the number of additional internal waiting list initiatives undertaken during August 2019.

Chapter 3a – Internal BCU Activity v Plan18

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

Patient Type	West				Central				East				BCU			
	Plan	Actual	Diff	% Diff	Plan	Actual	Diff	% Diff	Plan	Actual	Diff	% Diff	Plan	Actual	Diff	% Diff
Emergency Inpatients	11,050	11,339	289	3%	13,321	14,579	1,258	9%	15,408	15,348	-60	0%	39,779	41,266	1,487	4%
Elective Daycases	3,923	4,996	1,073	27%	5,074	5,819	745	15%	3,595	2,738	-857	-24%	12,592	13,553	961	8%
Elective Inpatients	2,242	2,396	154	7%	1,642	2,231	589	36%	1,785	1,877	92	5%	5,669	6,504	835	15%
Endoscopies	2,648	4,630	1,982	75%	1,399	1,483	84	6%	2,428	2,174	-254	-10%	6,475	8,287	1,812	28%
MOPS (Cleansed DC)	493	480	-13	-3%	432	163	-269	-62%	128	147	19	15%	1,053	790	-263	-25%
Regular Day Attenders	4,352	4,509	157	4%	6,944	6,827	-117	-2%	9,243	7,474	-1,769	-19%	20,539	18,810	-1,729	-8%
Well Baby	773	708	-65	-8%	715	665	-50	-7%	821	825	4	0%	2,309	2,198	-111	-5%
New Outpatients	29,951	31,144	1,193	4%	42,228	41,708	-520	-1%	38,612	39,648	1,036	3%	110,792	112,500	1,708	2%
Review Outpatients	59,801	59,848	47	0%	72,405	72,781	376	1%	88,503	90,856	2,353	3%	220,709	223,485	2,776	1%
Pre-Op Assessment	3,925	3,926	1	0%	4,241	3,987	-254	-6%	5,654	5,482	-172	-3%	13,820	13,395	-425	-3%
New ED Attendances	33,718	35,295	1,577	5%	40,897	41,096	199	0%	28,892	28,737	-155	-1%	103,507	105,128	1,621	2%
Review ED Attendances	462	465	3	1%	590	609	19	3%	2,038	1,773	-265	-13%	3,090	2,847	-243	-8%
Grand Total	153,339	159,736	6,397	4%	189,888	191,948	2,060	1%	197,107	197,079	-28	0%	540,334	548,763	8,429	2%

Please note : East's, Nephrology, Regular Day Attenders figures are obtained from a manual source and are one month in arrears - August 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. Contract monitoring is in place to support delivery of activity within the value of these contracts.

Chapter 3a –Planned Care

RTT Core Activity v Plan 20

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

Outpatient Core Activity Against Plan

Specialty	Plan YTD	Actual YTD	Difference from Plan
General Surgery	8,268	8,522	254
Urology	3,501	2,634	-867
Trauma & Orthopaedics	5,853	4,516	-1,337
ENT	6,373	6,177	-196
Maxillo-Facial Surgery	2,664	2,387	-277
Restorative Dentistry	151	110	-41
Orthodontics	542	343	-199
Pain Management	954	632	-322
Gastroenterology	1,971	1,942	-29
Endocrinology	1,039	1,030	-9
Cardiology	3,370	3,673	303
Dermatology	4,700	5,382	682
Respiratory Medicine	1,389	1,546	157
Nephrology	542	450	-92
Rheumatology	1,366	949	-417
Geriatric Medicine	1,563	1,025	-538
Gynaecology	4,212	4,086	-126
Total	48,458	45,404	-3,054

Stage 4 Core Activity Against Plan

Specialty	Plan YTD	RTT Admissions Achieved	Difference from Plan
General Surgery	2,598	2,557	-41
Urology	1,432	1,389	-43
Trauma & Orthopaedics	2,477	2,595	118
ENT	1,429	1,482	53
Maxillo-Facial Surgery	657	593	-64
Pain Management	316	343	27
Total	8,909	8,959	50

NB Ophthalmology is excluded while data inputs for plan and actual are reconciled. Paediatrics and General Medicine are excluded from stage 1 while work is completed on refining the plan in these specialties.

The core activity set with the operational teams for 2019/20 includes improvement in efficiency to deliver no more than 5% DNAs and cancellations. The efficiency gains are not yet being fully realised and contribute to the under-delivery of core activity v plan.

Chapter 3a – Planned Care

RTT additional activity and cost Summary totals ²¹

Actual	Apr-19	May-19	Jun-19	Jul-19	Aug-19	FYTD
Total Cost	£1,090,813	£1,213,202	£1,321,609	£944,768	£1,155,351	£5,731,532
Total Patients	1,093	1,522	1,799	1,730	tbc	tbc

Cost Summary	
Internal Activity	£3,684,887
Outsourced Activity	£586,427
Endoscopy	£1,413,379
Diagnostics (Path/ Rad)	£1,046,839
Total	£5,731,532

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

22

RTT Actuals Month 1 to 5 Stage 1							
Activity	Specialty	Apr-19	May-19	Jun-19	Jul-19	Aug-19	FYTD
	General Surgery	0	0	0	37		37
	Urology	0	0	79	11		90
	Orthopaedics	11	0	0	0		11
	ENT	0	0	0	129		129
	Ophthalmology	0	113	547	177		837
	Max Fax / Oral Surgery	0	100	0	168		268
	Cardiology	0	0	0	0		0
	Dermatololgy						0
	Gastro	114	84	69	231		498
	Endoscopy	0	0	0	0		0
	Pain	0	0	0	0		0
	Total Activity	125	297	695	753		1870

RTT Actuals Month 1 to 5 Stage 2&3					
Apr-19	May-19	Jun-19	Jul-19	Aug-19	FYTD
0	0	0	0		0
35	90	50	71		246
0	0	0	0		0
0	0	0	0		0
0	0	0	0		0
0	0	0	0		0
63	78	0	0		141
0	0	0	0		0
0	0	0	0		0
568	746	730	739		2783
0	0	0	0		0
666	914	780	810		3170

Cost	General Surgery	£0	£0	£0	£2,824	£19,411	£22,235
	Urology	£0	£2,268	£7,166	£840	£21,316	£31,589
	Orthopaedics	£1,034	£0	£0	£0	£0	£1,034
	ENT	£0	£0	£0	£11,667	£10,828	£22,495
	Ophthalmology	£0	£38,377	£47,443	£14,722	£33,675	£134,217
	Max Fax / Oral Surgery	£0	£7,632	£0	£15,253	£3,977	£26,862
	Cardiology	£0	£0	£0	£0	£0	£0
	Dermatology						£0
	Gastro	£55,161	£44,074	£3,366	£19,742	£16,393	£138,736
	Endoscopy	£0	£0	£0	£0	£0	£0
	Pain	£0	£0	£0	£0	£0	£0
	Total Spend	£56,195	£92,350	£57,975	£65,048	£105,599	£377,167

£0	£0	£0	£0	£0	£0
£4,025	£10,027	£6,688	£7,944	£6,164	£34,848
£0	£0	£0	£0	£0	£0
£0	£0	£0	£0	£0	£0
£0	£0	£0	£0	£0	£0
£0	£0	£0	£0	£0	£0
£0	£0	£0	£0	£0	£0
£7,245	£6,075	£0	£0	£673	£13,993
					£0
£0	£0	£0	£0	£0	£0
£226,372	£262,068	£340,876	£308,413	£275,650	£1,413,379
£0	£0	£0	£0	£0	£0
£237,642	£278,170	£347,564	£316,357	£282,487	£1,462,220

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 so are not subject to a separate business case.

Chapter 3a – Planned Care

RTT Additional Activity and Cost Stage 4 & Totals²³

RTT Actuals Month 1 to 5 Stage 4

Specialty	Apr-19	May-19	Jun-19	Jul-19	Aug-19	FYTD
General Surgery	7	21	86	16		114
Urology	77	8	11	10		96
Orthopaedics	65	116	113	77		294
ENT	10	18	23	16		51
Ophthalmology	133	112	86	28		331
Max Fax / Oral Surgery	10	36	4	0		50
Cardiology	0	0	0	0		0
Dermatololgy	0	0	1	0		1
Gastro	0	0	0	0		0
Endoscopy	0	0	0	0		0
Pain	0	0	0	20		0
Total Activity	302	311	324	167		937

General Surgery	£16,232	£43,974	£70,684	£15,037	£83,390	£229,317
Urology	£164,124	£14,967	£52,781	£32,077	£174,617	£438,566
Orthopaedics	£336,226	£396,132	£351,166	£220,826	£79,322	£1,383,672
ENT	£7,057	£13,268	£18,691	£27,247	£53,377	£119,640
Ophthalmology	£72,888	£67,303	£54,899	£25,471	£93,557	£314,118
Max Fax / Oral Surgery	£13,200	£48,470	£5,659	£0	£47,035	£114,364
Cardiology	£0	£0	£0	£0	£0	£0
Dermatology	£0	£0	£658	£545	£0	£113
Gastro	£0	£0	£0	£0	£0	£0
Endoscopy	£0	£0	£0	£0	£0	£0
Pain	£0	£0	£0	£6,782	£0	£6,782
Total Spend	£609,727	£584,114	£554,538	£326,895	£531,298	£2,606,572

Validation (YGC)	£7,249	£7,249	£7,249	£7,249	£7,249	£36,245
Gastro Vanguard	£0	£7,227	£0	£0	£0	£7,227
Other Diagnostics (Pathology / Radiology)	£180,000	£227,599	£177,522	£233,000	£228,718	£1,046,839
Physio			£132,806			£132,806
Optometry		£16,493	£40,174			£56,667
Dietetics			£3,781	£3,781		£0
Transport				£3,846	£1,942	£5,788
Total Cost £	£1,090,813	£1,213,202	£1,321,609	£944,768	£1,155,351	£5,731,532
Total patients	1,093	1,522	1,799	1,730	tbc	

Summary of progress with transfer of patients for treatment in NHS English providers as of 16.9.19. Note a time lag for treatment and payment occurs and therefore the impact of these transfers on the waiting list position will not be seen until treatment commences. The tables show the summary of activity and cost of stage 4 Inpatient and day case for the delivery of RTT and the additional costs incurred in associated services.

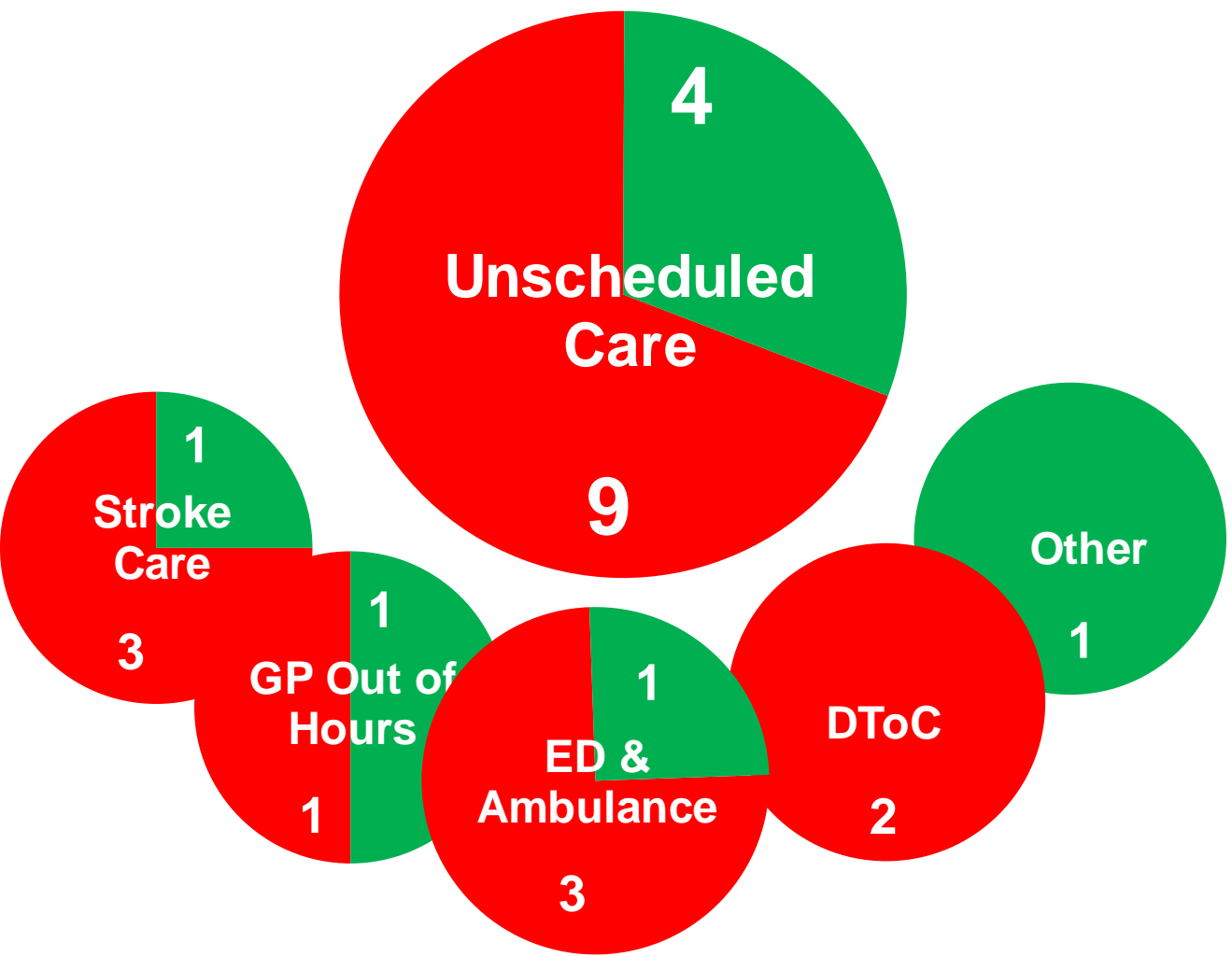
The validity of these costs are being reviewed as a number do not directly relate to RTT challenged areas for investment.

The endoscopy costs will be subject to a separate business case. A summary of progress against the committed additional activity in NHS English providers is included.

Chapter 2 – Summary

Unscheduled Care

24



Measure	Status	Target	Plan
Out of Hours: Assessment 60 Minutes	96.00% ↑	>= 90%	AP
Out of Hours: Very Urgent 60 Minutes	0% ↓	>= 90%	AP
Stroke Care: Admission within 4 Hours	59.30% ↑	>= 55.5%	>= 50%
Stroke Care: Review by consultant 24 Hours	75.90% ↓	>= 84%	>= 85%
Stroke Care: Access to Speech Therapy	62% ↓	Improve	AP
Stroke Care: 6 Month Follow up Assessment	22.30% N/A	Improve	N/A Q
Ambulance Response within 8 minutes	69.60% ↑	>= 65%	>= 65%
Ambulance Handovers within 1 Hour	694 ↑	0	<= 186
Emergency Department 4 Hour Waits (inc MIU)	73.04% ↓	>= 95%	>= 75%
Emergency Department 12 Hour Waits	1,708 ↑	0	<= 1,085
Hip Fracture Survival 30 days	84.00% ↑	Improve	AP
Delayed Transfers of Care (DToC): MH	24 ↓	Reduce	<= 12
Delayed Transfers of Care (DToC): non-MH	74 ↓	Reduce	<= 34

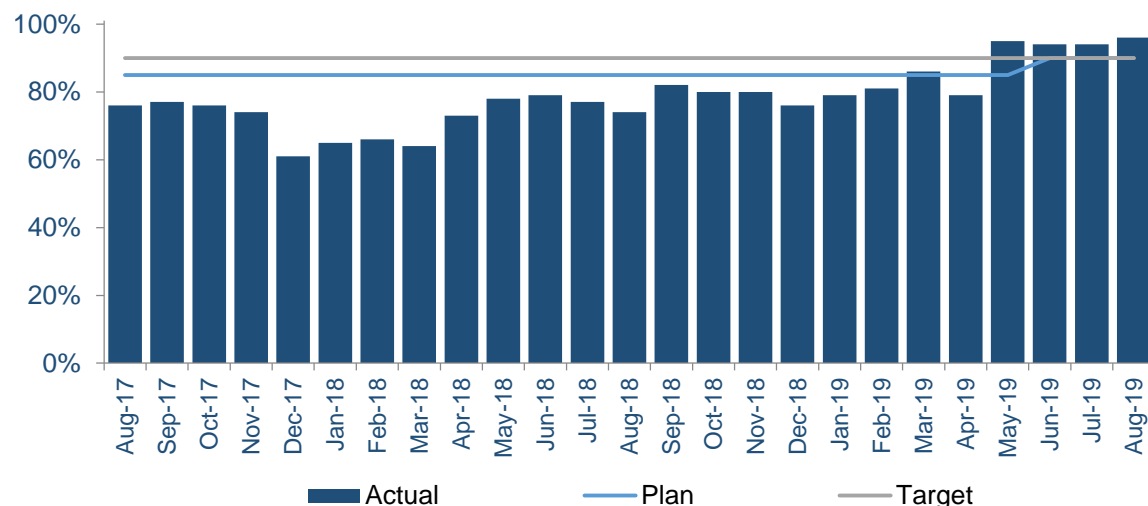
AP = Awaiting Profile

Integrated Quality and Performance Report
Finance & Performance Committee Version

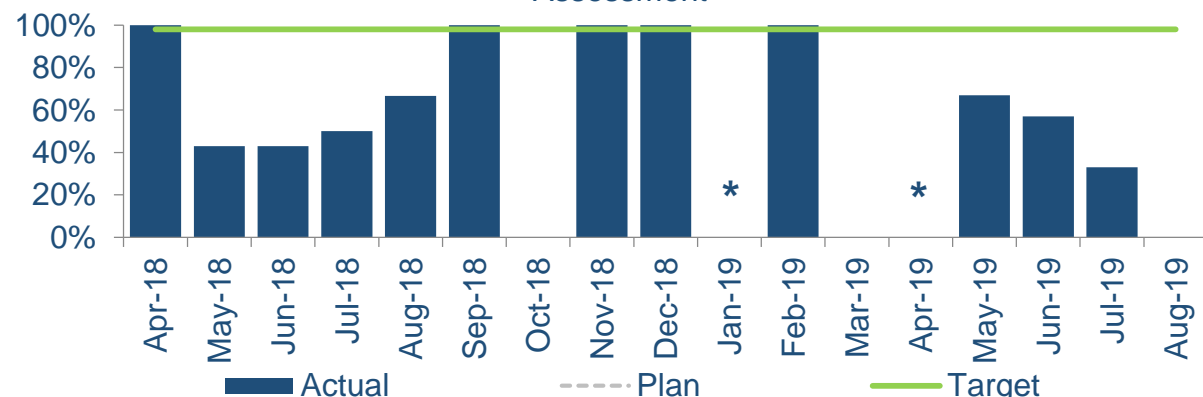
August 2019

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	Aug-19	96%	Status ↑	Wales Benchmark 3rd	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	Aug-19	0%	Status ↓	Wales Benchmark 7th	Executive Lead Chris Stockport	Plan Ref AP028

GP Out of Hours Assessed within 60 Minutes



Out of Hours: Urgent Patients seen within 60 Minutes of Clinical Assessment



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							
Total	0	12	7	3	1							

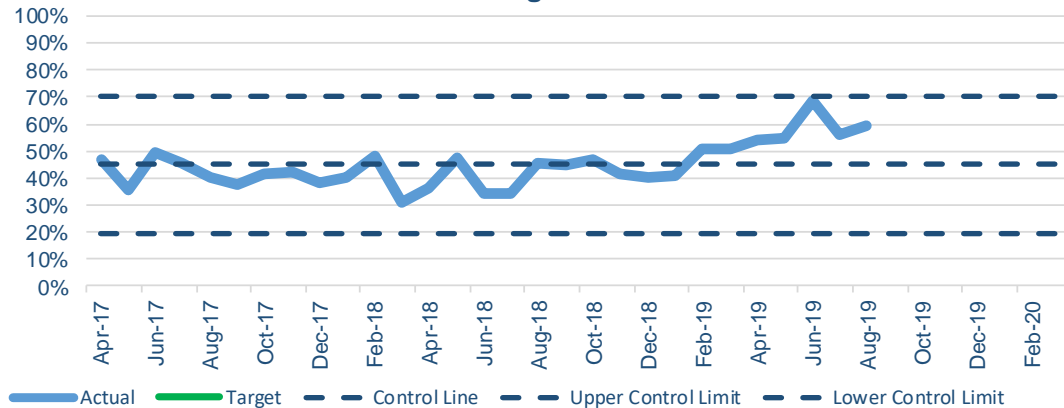
Why we are where we are: The number of urgent patients who are involved in calculation of performance is extremely low and therefore each patient accounts for a high % and this is reflected in the fluctuation of performance reported. In August 2019 one patient was deemed to require a base appointment within 1 hour of the end of their definitive clinical assessment, and as there were no GP appointments available within the hour, there was a breach of 77 minutes. A review of the clinical records confirms that this patient was advised to attend ED but she declined stating that she preferred to wait a little longer to be seen by a GP. Appropriate safety netting and advice was given to this patient.

* No patients triaged as Very Urgent

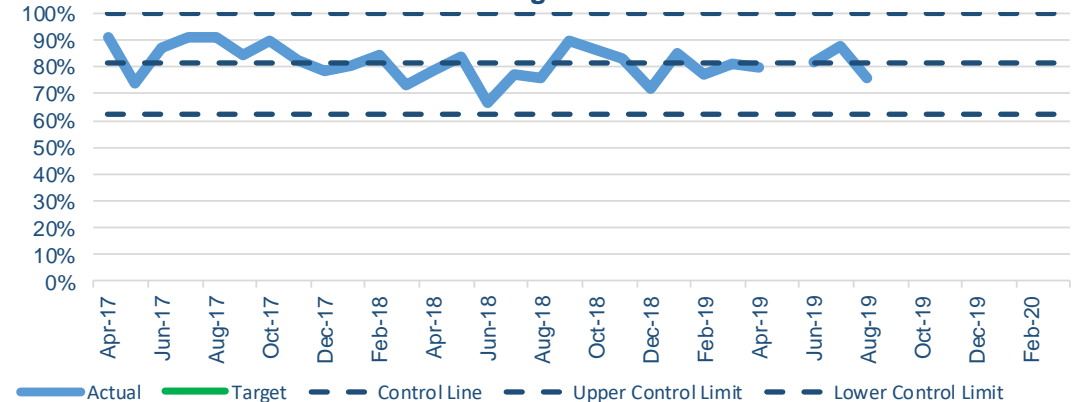
Actions	Outcomes	Timeline
1. A breach analysis is carried out for each patient that is not seen within 60 minutes of being triaged as very urgent. A review of the clinical records for the 1 case that breached in August has been undertaken.	Reassurances that no harm or potential harm came to this patient. We have reviewed the clinical records and as there were no GP appointments available within the hour, the patient was advised to attend ED. They declined stating that they preferred to wait a little longer to see the OOH GP. The clinical record confirms that appropriate advice and safety netting was provided to the patient	Ongoing whilst breaches occur
3. Further communication and Learning Tips regarding 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.	9 th September 2019

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%	Aug-19	59.30%	Status ↑	Wales Benchmark 1st	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%	Aug-19	75.90%	Status ↓	Wales Benchmark 2nd	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	Aug-19	62.30%	Status ↓	Wales Benchmark 1st	Executive Lead Chris Stockport	Plan Ref AP038
DFM 069	Percentage of stroke patients who receive a 6 month follow up assessment	Target Improve	Plan N/A Q	Qtr 1 19/20	22.30%	Status N/A	Wales Benchmark N/A	Executive Lead Chris Stockport	Plan Ref AP038

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



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



Why we are where we are: Stroke performance has improved in the recent national sentinel stroke audit with the scores being C, B and C for West, Central and East respectively. Causes of the present performance include: lack of 7 day cover from a small team of dedicated medical staff, lack of connectivity to facilitate digital working, lack of specialist speech and language therapy and backlog of patients awaiting 6 month post stroke holistic assessment. .

Actions	Outcomes	Timeline
<p>1. While Performance to Acute Stroke Unit continues above target but slight deterioration in Wrexham in month and continuous further improvement is sought by the following actions:</p> <p>a) Continuing to highlight need to retain 2 ring fenced beds at Safety Huddles/bed meetings and with Site Management Teams.</p> <p>b) All wards to agree list of patients at daily Board rounds appropriate to out-lie if required to create Stroke beds</p> <p>c) 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 Safely Huddles and bed meetings. ED awareness ongoing month on month.
2.Consultant Review- Sites to confirm plans for sustainable thrombolysis rota and investigate the use and resourcing of virtual ward rounds	Sustainable thrombolysis rota combined with 7 day review by Stroke Consultants.	Options paper submitted, discussions continue in September.
3.Speech and Language Therapy - 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.	Understanding of reasons for low performance in East and options for improvement.	September and October 2019
4. 6 month follow up - 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 evaluate. Stroke Association in discussion in West and Centre to introduce same support to 6 month reviews as in East	Reduction in backlog and greater compliance with standard	Additional clinics from September. In East Process review for West and Centre in September

Chapter 2 – Unscheduled Care

ED & MIU 4Hour Waits: Graphs

29

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
≥ 75%

Aug-19

73.04%

Status



Wales Benchmark

7th

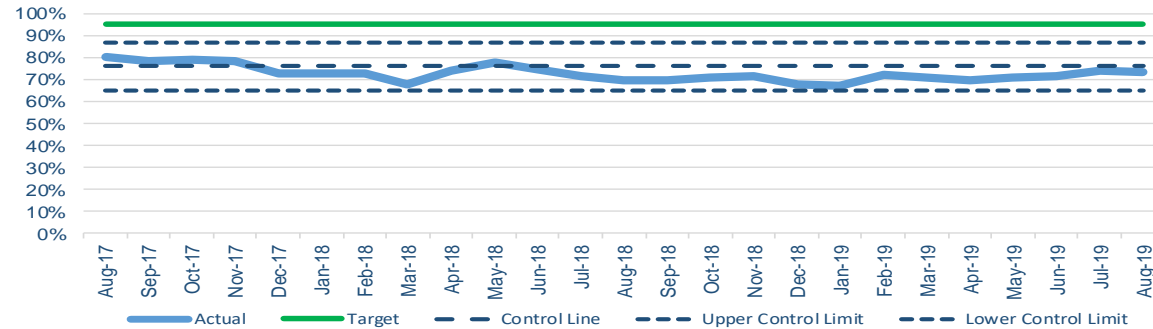
Executive Lead

Gill Harris

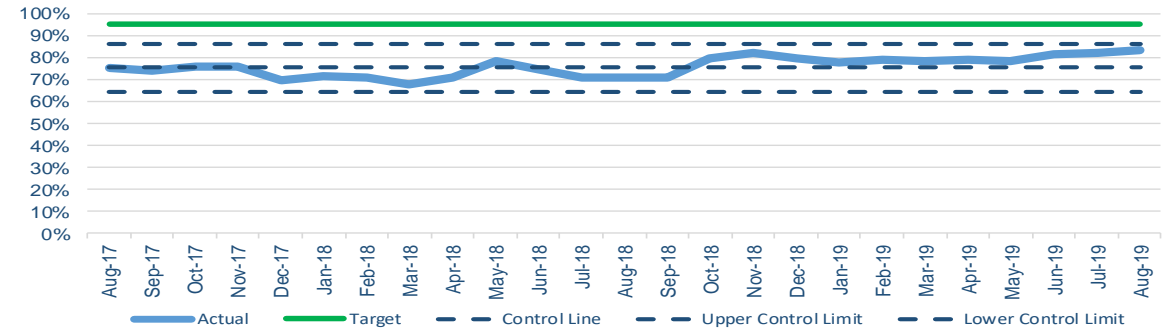
Plan Ref

AP033

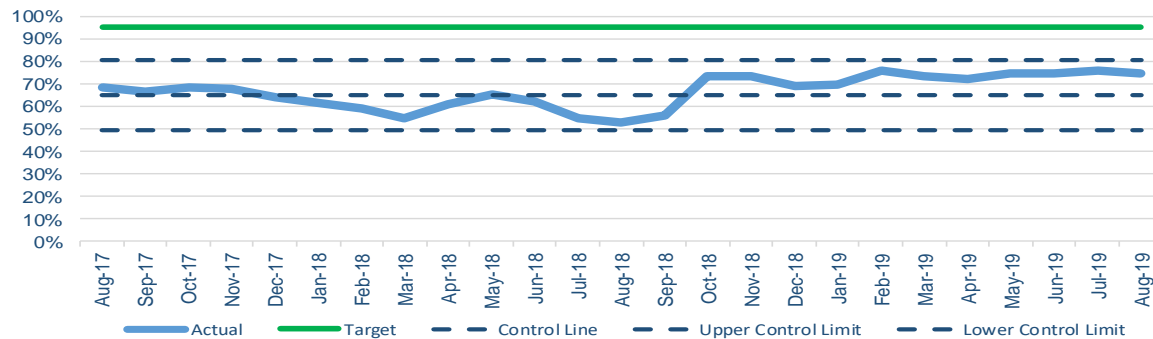
BCU Level - Emergency Department (inc MIU) 4 Hour Waits: August 2019



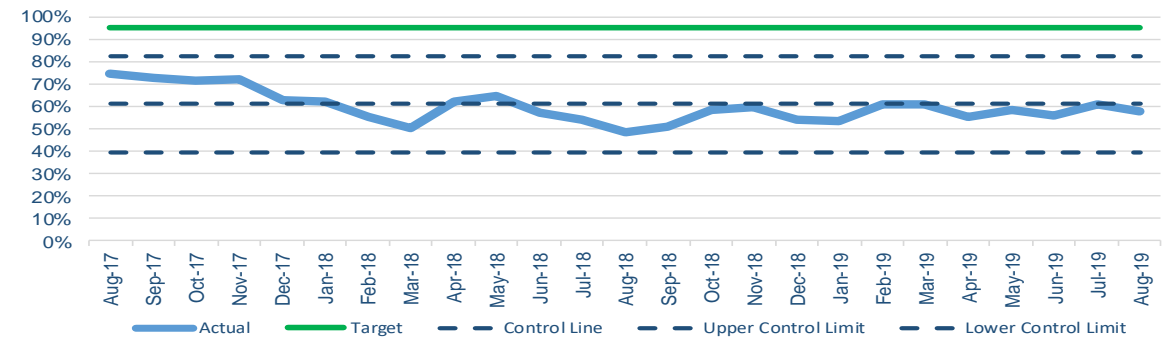
West - Emergency Department (inc MIU) 4 Hour Waits: August 2019



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



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



Why we are where we are: The Unscheduled care system has been under pressure for a considerable time due to mismatches in demand and capacity resulting in bottlenecks to patient flow both outside and within the hospital settings.

Actions	Outcomes	Timeline
Ysbyty Gwynedd:		
1. Implement dashboard displays and screens in clinical areas	Sustain and further improve 4 hour performance by ensuring clinical teams supported with real time visible information.	tbc
2. Extend weekly breach validation to include patients who are recorded as left without being seen, establishing whether or not patients have left without being seen.	Gain understanding of reasons why patients leave without being seen and improve data capture and accuracy	September 2019
3. Seek to secure resource for progress chaser in ED.	Reduce delays over the winter period.	October 2019
Ysbyty Glan Clwyd:		
1. A focus on reviewing the 2 hourly ED safety huddles, along with roles and responsibilities for nurse in charge role and medical team leader.	Greater consistency of application of operational policies and processes, reduced variation and improvements in non-admitted breaches.	Incremental improvements through to March 2020.
2. Review doctors rosters at Consultant, Middle Grade and SHO level.	Reduced reliance on agency in line with the Medical Agency Reduction Spend Project Initiation Document. Improve stability and consistency in clinical management.	
3. Develop a more detailed of ED Floor plan.	Support Grip and Control in line with developments around huddles so as to improve 4 hour performance.	
Ysbyty Wrexham Maelor:		
1. Emergency Department escalation process and response in place. Plan to embed ensuring consistency.	Improved management of patient flows in ED to prevent patient delays in first doctor assessment	30 th November 2019
2. Implement the acute floor (57 spaces) model for medicine through ward reconfiguration ensuring reduced patient delays on the emergency pathway	Improved time to specialty assessment and reduced ED flow pressures	31 st October 2019

Chapter 2 – Unscheduled Care ED 12 Hour Breaches: Graphs 31

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
≤ 1,085

Aug-19

1,708

Status



Wales Benchmark

7th

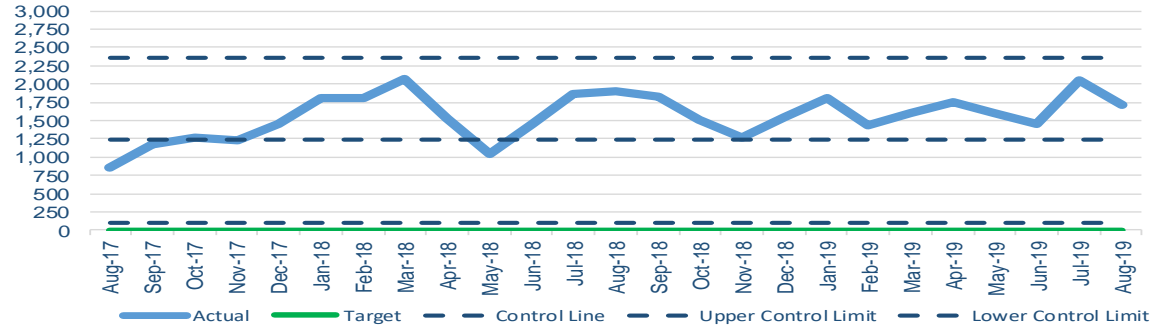
Executive Lead

Gill Harris

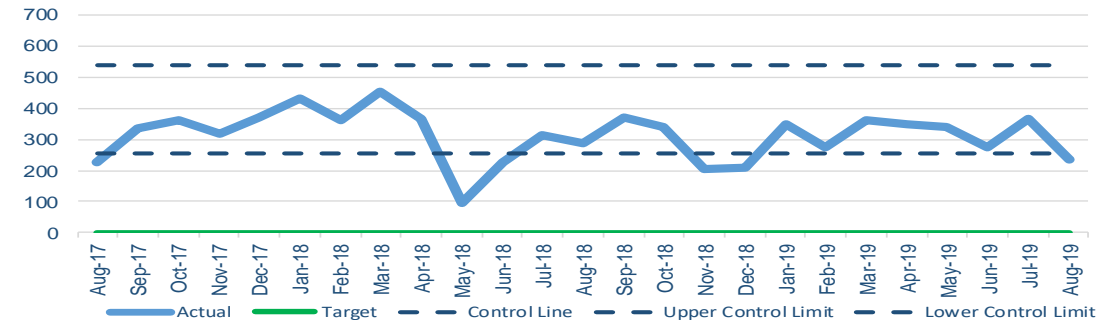
Plan Ref

AP033

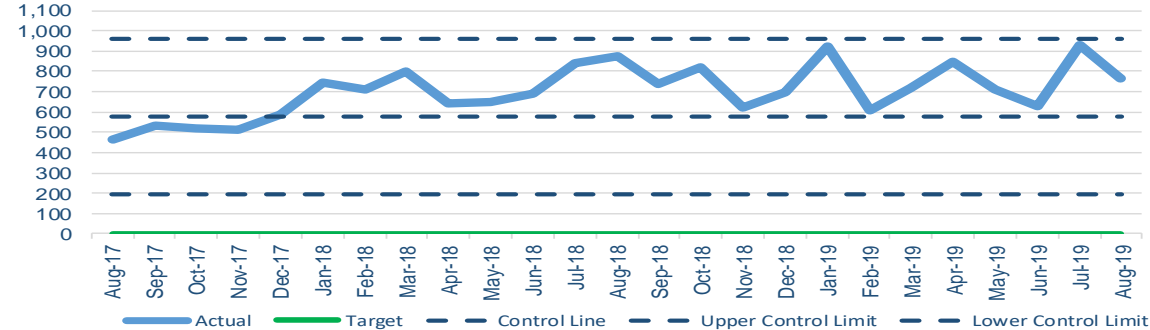
BCU Level - Emergency Department 12 Hour Waits: August 2019



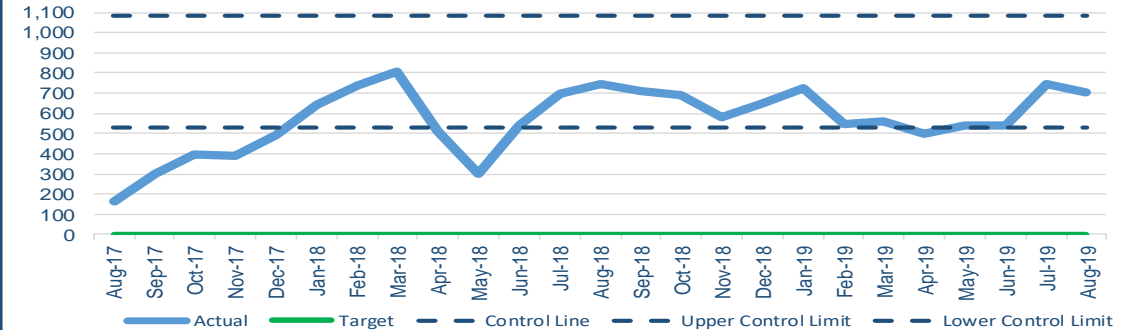
West - Emergency Department 12 Hour Waits: August 2019



Central - Emergency Department 12 Hour Waits: August 2019



East - Emergency Department 12 Hour Waits: August 2019



Why we are where we are: 12 hour breaches in ED arise from the challenges in transferring patients to wards in a timely fashion. This is primarily due to prolonged length of stay and delays in discharging existing patients and clinical workforce capacity.

Actions	Outcomes	Timeline
Ysbyty Gwynedd:		
1. 8hr Escalation trigger process to be embedded and enforced. Mental Health escalation at the 8 hour trigger point to be agreed at next USC meeting.	Reduction in number of 12hr delays with clear communications for escalation.	September 2019
2. Motion time study planned to identify lost hours in the patient journey in relation to handing over.	Use evidence to plan actions to reduce delays in the patient journey	September 2019
3. Learning from 24hr Breaches Root Cause Analysis to be applied.	Eliminate 24 hour breaches.	Ongoing
Ysbyty Glan Clwyd:		
1. To create bed capacity YGC is testing a Community In-reach service to maximise Community Resource Teams.	Reduction LOS in the acute setting, reduced long LOS (greater than 21 days).	Incremental improvements through Q3 and Q4.
2. The Medicine and EQ Divisions are reviewing the medical model to streamline Acute Medical Unit and ensure GP referred pts are admitted direct to specialty for assessment/admission completely avoiding ED.		
Ysbyty Wrexham Maelor:		
1. Establish up to 38 short stay beds (baseline 28 beds) within the current ward reconfiguration for Medicine within the Acute Floor	Improved time to specialty and beds in medicine; Zero tolerance for 12 hour breaches	31 st October 2019
2. Improve the discharge process including site management	Improved discharges by 10 am and 12pm to create flows (35% of discharges)	30 th November 2019
3. Review of the stranded process and implement	Reduce stranded patients by 25% to highest 12 month baseline	15 th December 2019

DFM071 Number of ambulance handovers over one hour

Target
0

Plan
≤ 186

Aug-19

694

Status



Wales
Benchmark

5th

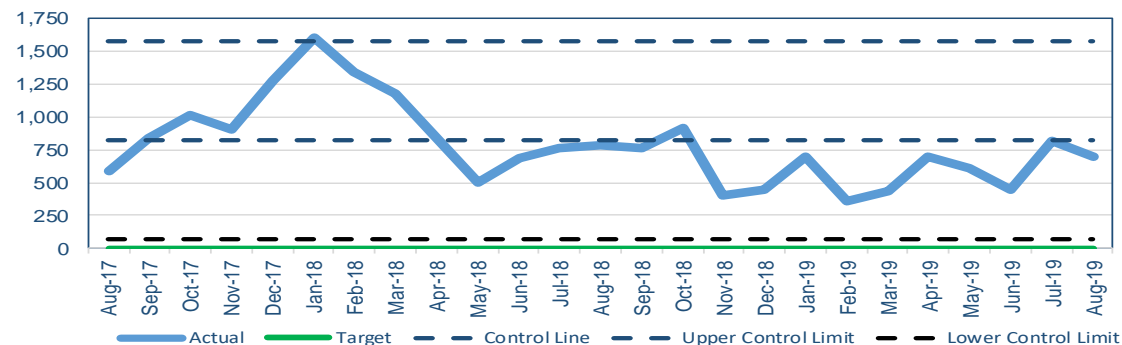
Executive
Lead

Gill Harris

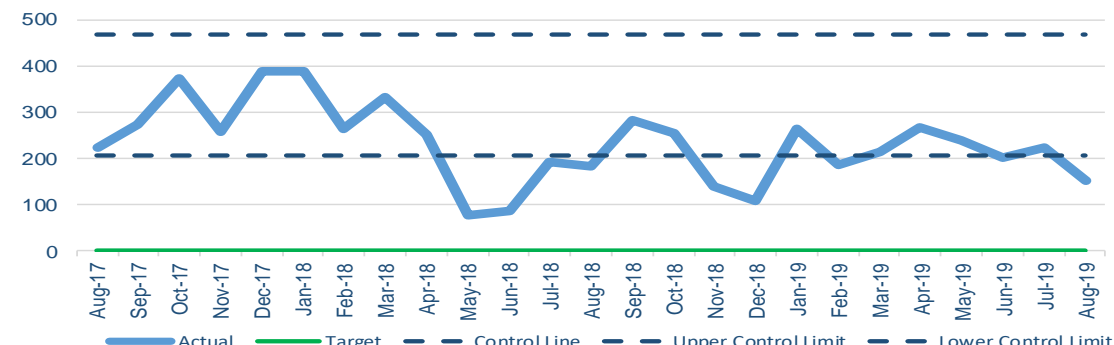
Plan Ref

AP029

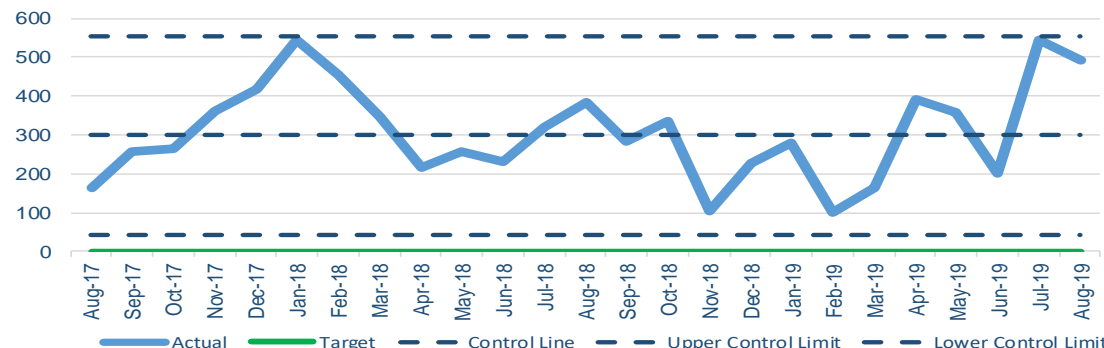
BCU Level - Ambulance Handovers over 1 Hour: August 2019



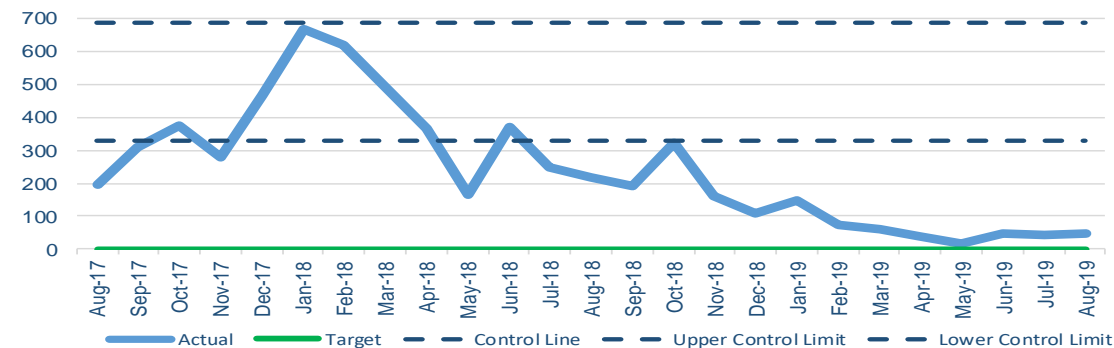
West - Ambulance Handovers over 1 Hour: August 2019



Central - Ambulance Handovers over 1 Hour: August 2019



East - Ambulance Handovers over 1 Hour: August 2019



Why we are where we are:.. Delays to ambulance handover occur when patient occupancy within the ED department is high. This can arise when there are delays in transferring patients from ED to wards or clinical resource being stretched to enable patients to be discharged or can arise when large number of ambulances arrive in close proximity to each other.

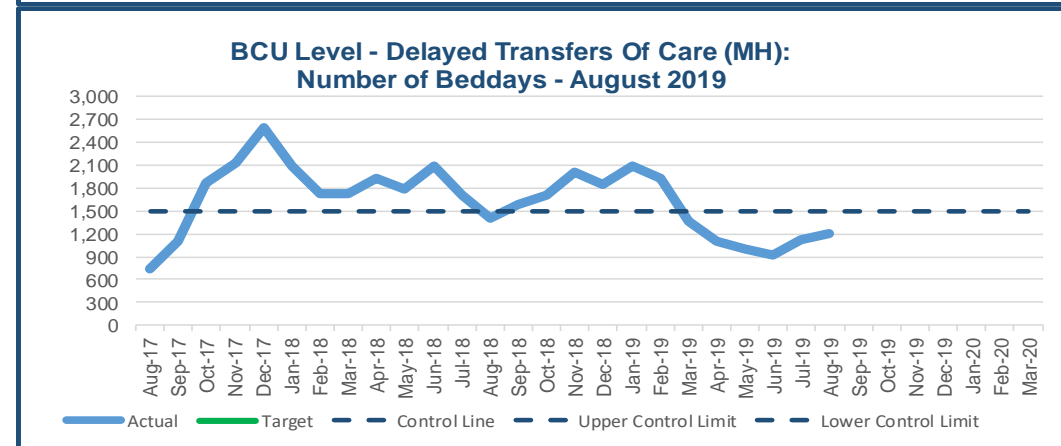
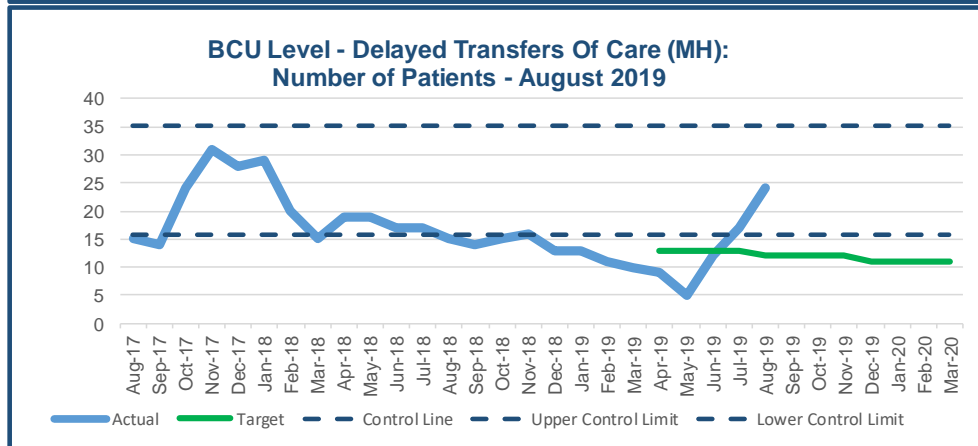
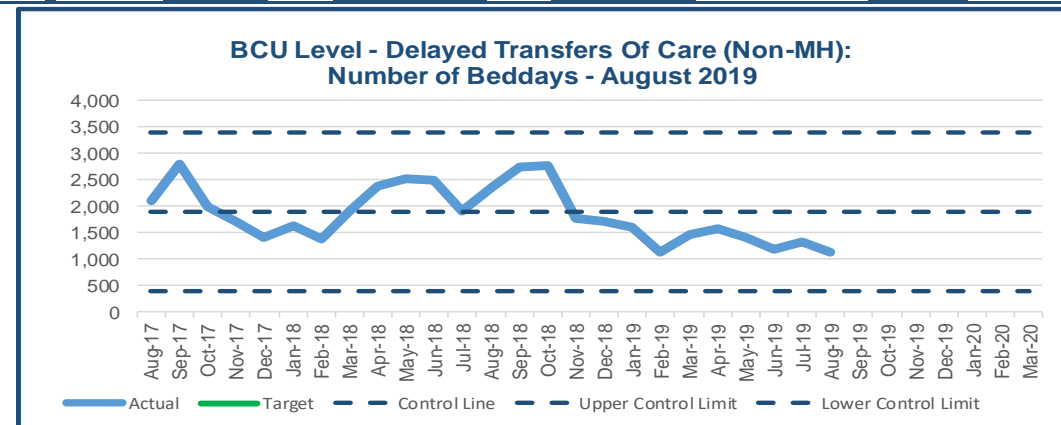
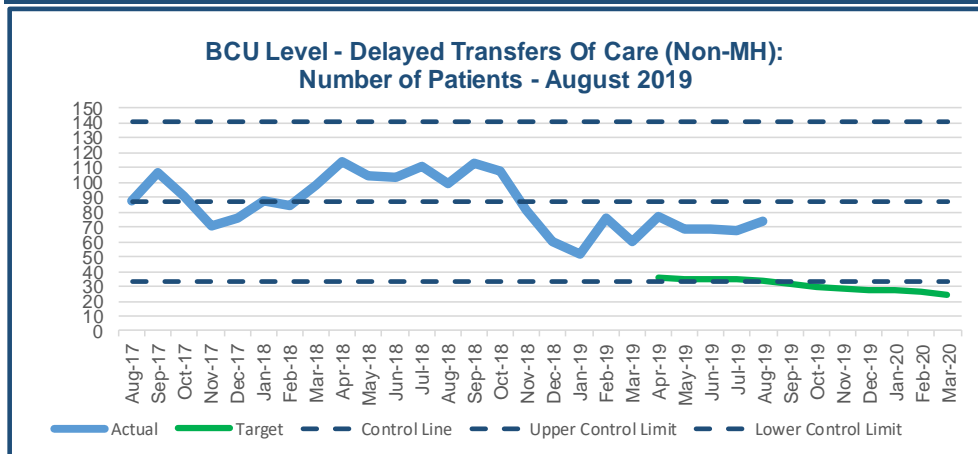
Actions	Outcomes	Timeline
Ysbyty Gwynedd:		
1. Audit of number of diverts/soft border diverts and review patient outcomes/patient harm events.	Improve patient experience and learn from handover delays	October 2019
2. Bi –weekly meetings with Welsh Ambulance Service Trust (WAST) Ongoing	Reviews of periods of increased 60 minutes delays with copies of notes/Patient record’s to identify alternative patient management pathways to reduce delays	Ongoing
3. Audit/Review of all immediate release requests	Review of all immediate release requests and identification of reason for request. Audit of vehicles being released ahead of longest waiting vehicle.	October 2019
Ysbyty Glan Clwyd:		
1. Review of the process in ED, including a time and motion study to understand delays in handover and any process issues, and the development of a joint Standard Operating Procedure with WAST.	Stabilisation of processes with reduced variability. Better early clinical decision making with early identification of patients to be streamed away from ED.	Incremental improvements through Q3 and Q4.
2. Work is ongoing with Estates and WAST to implement additional handover screens that will support early handover.	Improve clinical visibility of performance and reduce handover delays	
Ysbyty Wrexham Maelor:		
1. Sustain the ambulance handover improvement time	Exceptional ambulance handover delays with zero tolerance for 60 minute delays	31 st October 2019

Chapter 2 – Unscheduled Care

Delayed Transfers of Care Graphs 35

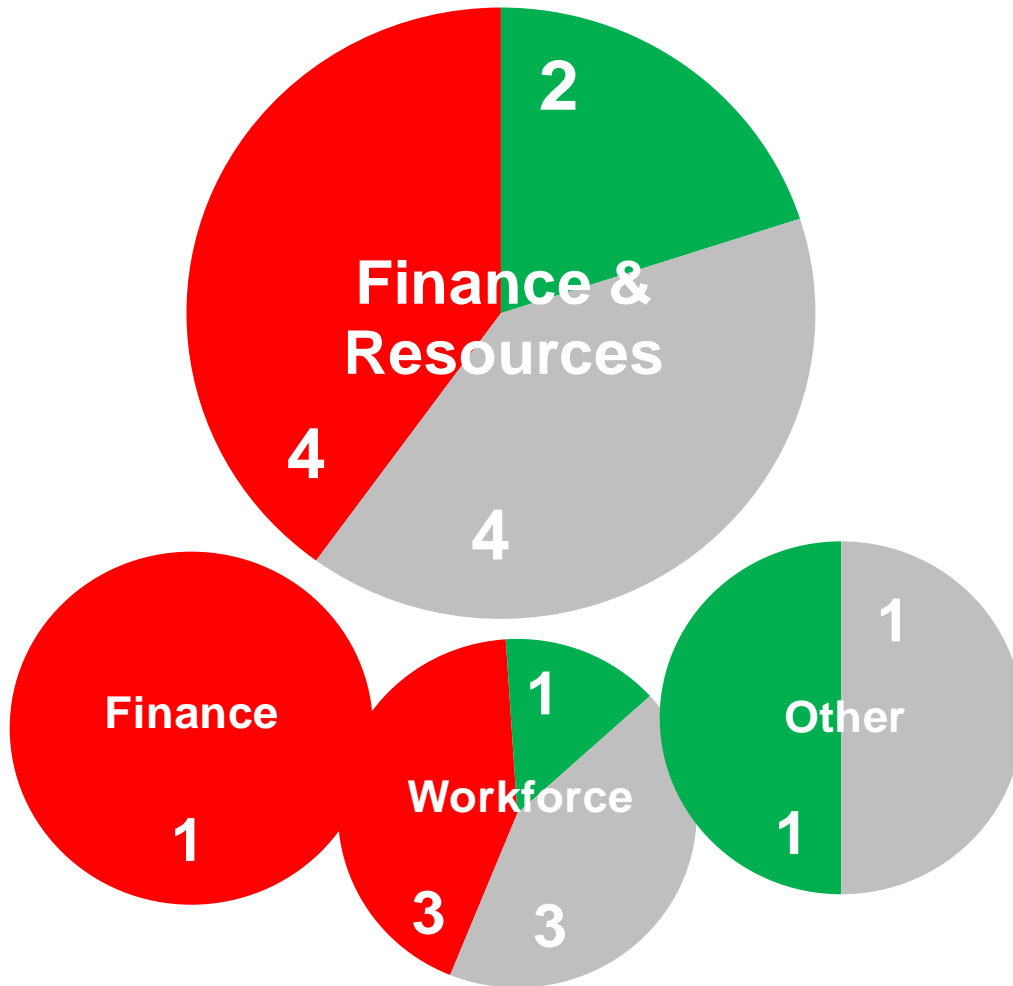
DFM 025	Number of health board mental health delayed transfer of care	Target Reduce	Plan <= 12	Aug-19	24	Status	Wales Benchmark 4th	Executive Lead Andy Roach	Plan Ref AP031
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DFM 026	Number of health board non mental health delayed transfer of care	Target Reduce	Plan <= 34	Aug-19	74	Status	Wales Benchmark 6th	Executive Lead Gill Harris	Plan Ref AP037
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Actions	Outcomes	Timeline
1. Weekly and pre-census DToC meetings where all patients are discussed, monitored and escalated continue.	System wide ownership of patient discharge plans	Ongoing
2. DTOCs are scrutinised daily on site and delays in package of care provision and/or social worker attendance are escalated to Senior management early for further escalation to Directors of Social Care in respective Local Authority.	Timely escalation to senior managers with onward escalation to respective Local Authority	Ongoing
3. Long length of stay review of patients undertaken	Escalation to senior managers of issues which ward staff are unable to resolve	Ongoing



Measure	Status	Target	Plan
Quantity of Biosimilar medicines prescribed	74.00%	Improve	>= 72%
Critical Care Beddays Lost to DToC	10.80% N/A	Improve	AP
PADR Rate (%)	73.0%	>= 85%	>= 82%
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)	5.16%	<= 4.31%	<= 4.66%
Staff happy for BCU to treat Friends/Relatives		Improve	N/A A
Finance: Agency & Locum Spend	£4.2m	TBA	AP
Finance: Position against Financial Balance	£18.2m	<= £25m	<= £14.6m

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

Integrated Quality and Performance Report
Finance & Performance Committee Version

August 2019

LM00
1F Cost of Agency & Locum spend within Month

Target
TBA

Plan
AP

Aug-19

£4.2m

Status



Wales
Benchmark

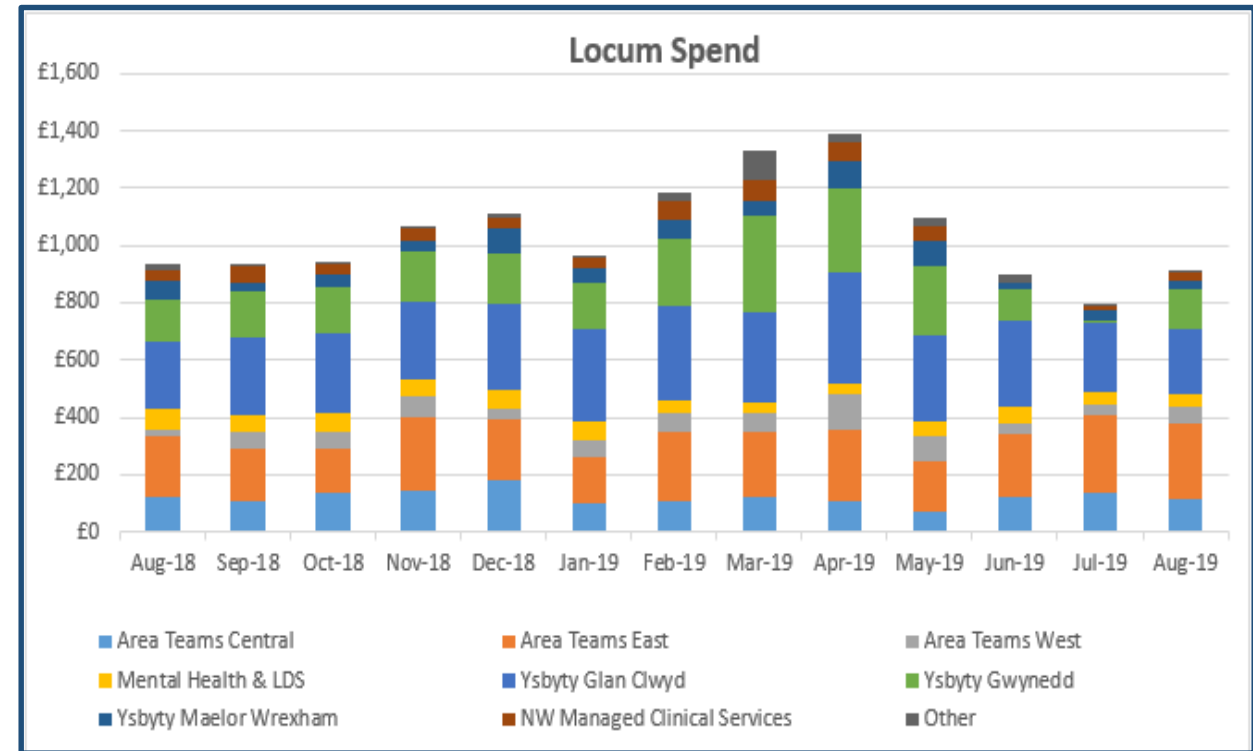
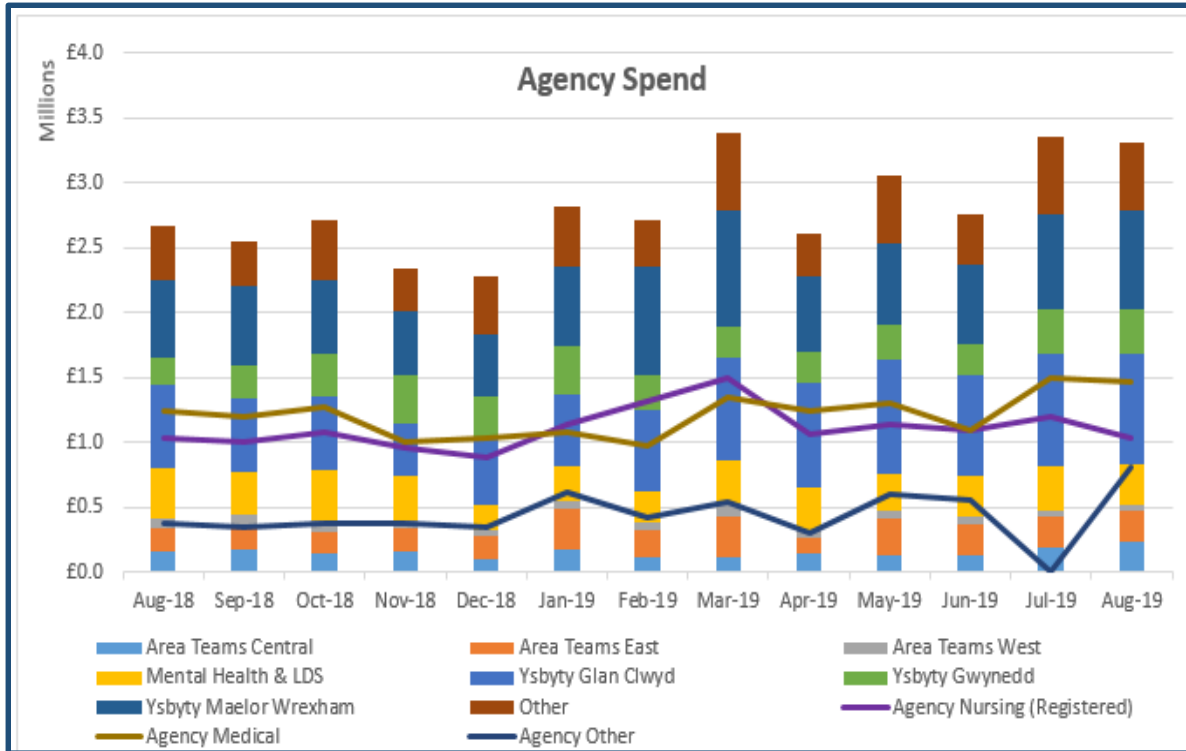
N/A

Executive
Lead

Sue Green

Plan
Ref

NIP



Actions	Outcomes	Timeline
1. The Workforce Optimisation Portfolio will be the overarching mechanism to ensure successful delivery of the 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.	Despite small reductions in agency costs in August 2019, costs are still £650k higher than they were during the same period last year. Agency was 5.2% of total spend in August. Reductions in agency costs between July and August were seen in Women's (£47k), MH&LD (£30k) and YGC (£28k), other areas saw comparable increases; Area Central (£47k) and YMW (£30k).	Detailed timelines are contained in the Workforce optimisation portfolio and accompanying PIDs
2. Focus remains on filling substantive vacancies, reducing sickness absence and increasing pools of internal temporary staff, particularly in nursing, medical and dental and A&C.	Decreases in Nursing agency costs of £162k between July and August can be attributed partly to enforced 1 hour unpaid breaks. In other staff groups Medical and Dental agency spend decreased by £40k and AHPs reduced by £46k, however, Additional Professional Scientific and Technical increased by over £200k from £24k to £232k, a figure significantly higher than any period across the previous 12 months.	Revised attendance improvement plan has detailed actions / timelines around themes of Data Analysis, Sickness Administration, Active Absence Support and Preventative Action
3. Current actions include: Enforced 1 hour unpaid break for N&M Agency staff has been introduced. Introduction of this to substantive nursing staff phase 1 (secondary care) to go live November 2019, Phase 2 (community) and phase 3 (MH&LD) to go live January 2020. Other actions completed / on-going include; Support and Challenge meetings, Roster additional duties and roster efficiency reports highlighting poor performance, Roster guidance reissued, actions to grow bank staff capacity including: revised pay rates introduced September 2019, promotion of bank and easy enrolment of new N&M staff.	Locum costs increased during August 2019 but are generally declining in recent months and are now £28k lower than during the same period last year. Locum was 1.4% of total spend in August. July 2019 had seen unusually low locum costs at just under £800k. Increased locum costs in August 2019 are largely the result of an increase in YG of £126k from £11k to £137k. This increase brings locums costs for YG and BCU closer to levels more typically seen across the 12 month previous.	1 hour break in long shifts introduced for agency nurses July 19. Increased rates of pay for bank staff introduced Sept 19. Subject to consultation 1 hour break / revised shifts for substantive staff to go live in three phases Nov 19 – Jan 20
4. 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.	M&D vacancy rate has dropped considerably month on month and in August 19 was just above the target of 8% at 8.6%, a lower level than the same period last year (M&D Aug 18 – 12.3%).	External support programmes for M&D spend have individual project plans to deliver savings in year 2019/20.
5. Medical recruitment staff have been moved to wider recruitment team to give increased focus on recruitment into key staff groups.	N&M vacancy has increased for three consecutive months and in August 19 was 11.8%, however this is a lower level than the same period last year (N&M Aug 18 – 13.3%).	Recruitment processes are being reviewed and revised Sept – Nov 19. New Head of Resourcing recruited to start Dec 19. Full calendar of recruitment events planned.

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

Target
 <= £25m

Plan
 <= £14.6m

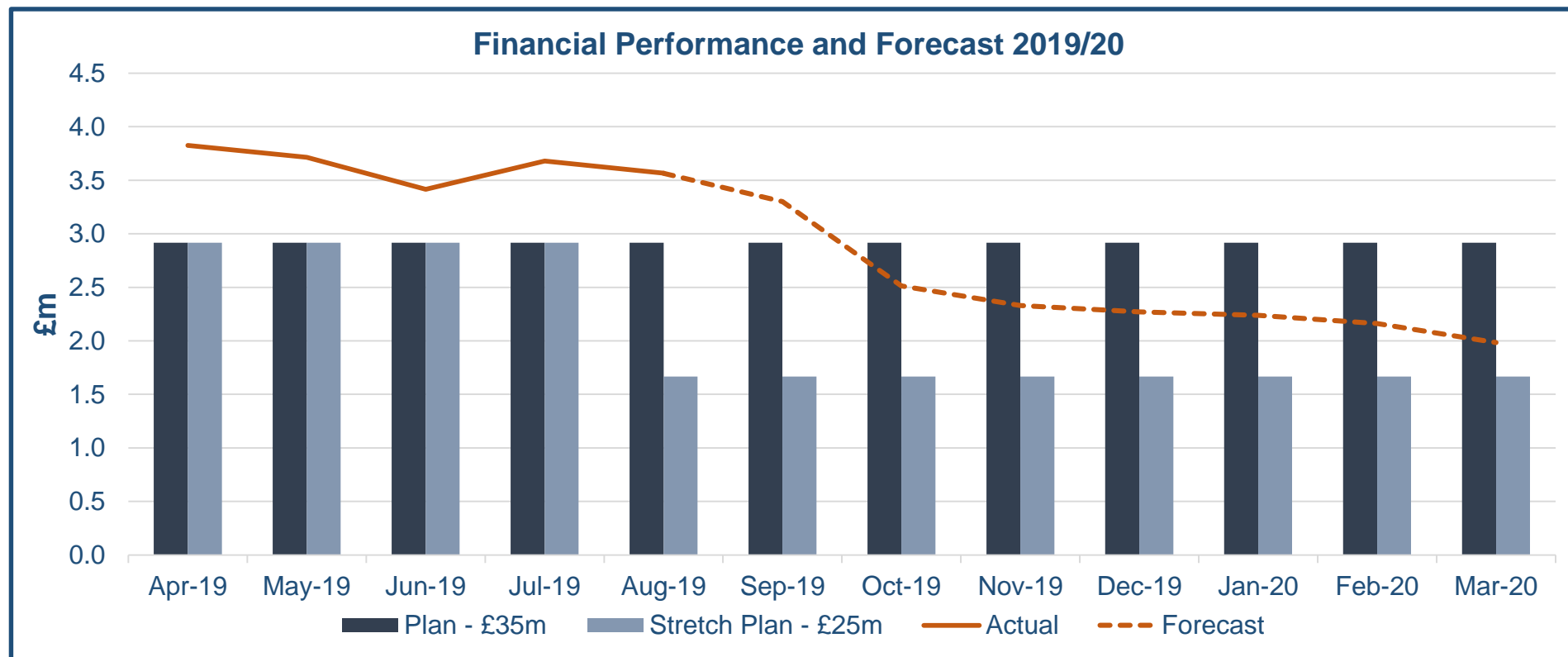
Aug-19
£18.2m



N/A

Sue Hill

NIP



Why we are where we are: Outwardly the Health Board continues to work towards a £35m deficit, but inwardly is striving to meet a £25m deficit. The challenge to ensure only necessary and relevant costs are incurred, and identify sufficient savings to meet this is challenge is significant. With the appointment of the Recovery Director work is gaining pace.

Actions	Outcomes	Timeline
1. Identify the full savings programme to meet the planned savings requirement of £25m.	Proactive management of savings opportunities and the pipeline is taking place and twelve improvement groups have been mobilised in areas of respective expertise.	September
2. Ensure the Health Board implements the full suite of Grip and Control actions to ensure all discretionary expenditure is necessary and supporting clinical services.	Fortnightly Financial Recovery meetings with all divisional and corporate areas are taking place, with a consistent focus on run rate and savings delivery. A robust 'Grip and Control' programme has been established.	Ongoing
3. Ensure identified savings schemes progress at pace and deliver the required savings.	Progress against plan is being monitored in the above meetings, and where schemes are slipping divisions are being held to account and either provide recovery actions or alternative proposals.	Ongoing
4. Identify emerging trends and pressures to ensure informed decisions are taken about how these are managed in the future.	The run rates are being reviewed in the Recovery Meetings, and this together with the 'Grip and Control' will help contain cost pressures and facilitate improved planning and prioritisation of business cases and initiatives.	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.	Ongoing

DFM 091 Percentage of sickness absence rate of staff

Target
≤ 4.31%

Plan
≤ 4.66%

Aug-19

5.16%

Status



Wales
Benchmark

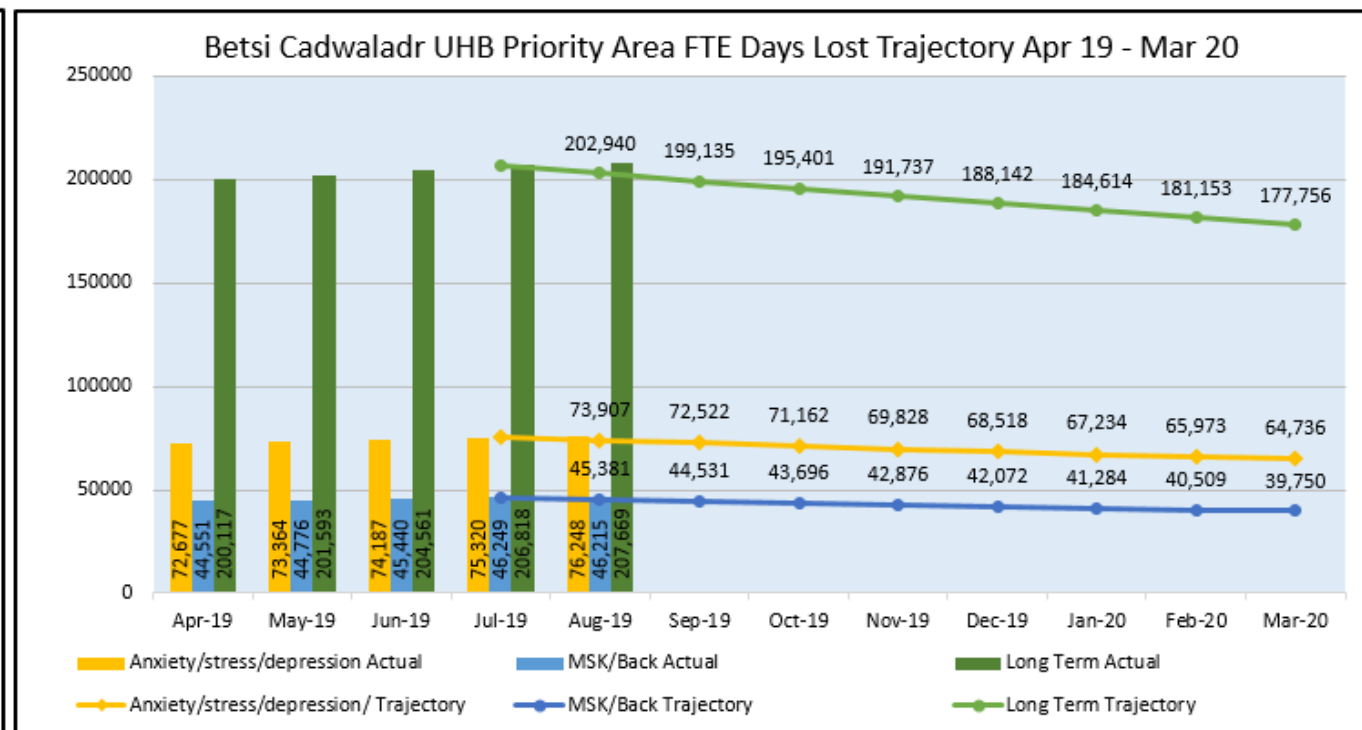
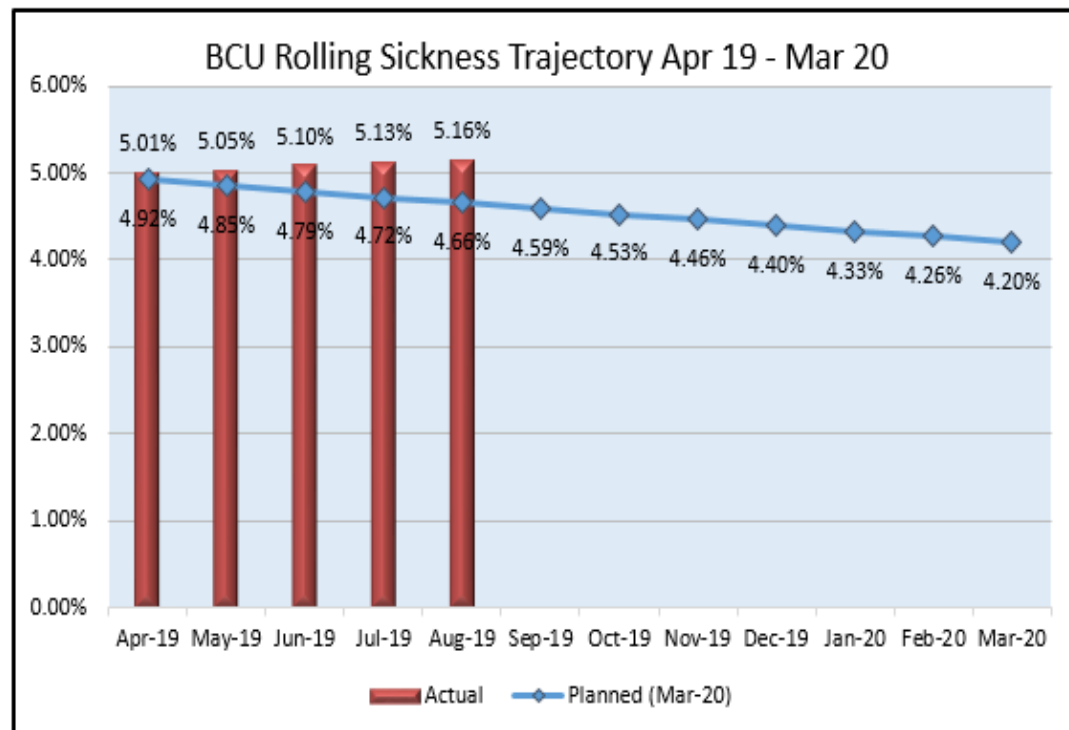
3rd

Executive
Lead

Sue Green

Plan
Ref

AP043



Why we are where we are: Sickness absence has continued to rise despite targeted interventions. The reinstatement of enhancements on sick pay, as part of pay negotiations, appears to have a high correlation to overall performance. Sickness absence reduction actions include: 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. Divisions and departments have individual improvement trajectories and progress is being monitored.	Despite the work undertaken, absence levels across the Health Board have increased to 5.16% in month 5 against an improvement trajectory of 4.59%	The trajectories have been developed to deliver 4.2% by the end of March 2020, performance is relatively poor.
2. Priorities of Long Term / Stress / MSK - new trajectories to focus in on 'days lost' and 'staff off 25+ weeks, with hotspot areas targeted with focussed support (e.g. in case of Stress –stress risk assessment actions, managerial support. Plan to introduce stress management training for managers, welfare sessions for staff & enrol champions.	Hotspot areas in relation to the 'days lost' and 'staff off over 25 weeks' for LT / Stress / MSK will receive focussed support and the above metrics will be monitored to assess the impact of interventions.	LT / Stress / MSK trajectories launched and monitored from August 19. Training, welfare and champions to commence from October.
3. Occupational health to introduce rapid access for staff off work due to MSK or Stress related illness, with Occupational Health and Human Resources meeting monthly and staff who would benefit from a case conference are identified. Specific attention is paid to those who are off due to stress or MSK reasons.	Stress/ Anxiety / Depression and MSK are major reasons for absence so are being prioritised for focused support to reduce levels.	Occupational Health 'fast track' plan for Stress / MSK from September 19 onwards.
4. Staff members who have had consistently had high levels of absence to be identified. Supportive communications on self care, healthy lifestyle, signposting to external advice etc. are being developed to be targeted at these staff to encourage preventative actions and quicker return	Areas of high sickness, have been identified across divisions, and action plans drawn up in conjunction with wards and departments. Targeted interventions are taking place however it is becoming increasingly apparent that the issues are cultural and deep.	Supportive communications to staff with consistently high absence rates in September
5. Revised attendance improvement plan developed	Revised attendance improvement plan has detailed actions / timelines around themes of Data Analysis, Sickness Administration, Active Absence Support and Preventative Action. The reinstatement of enhancements on sick pay, as part of pay negotiations, appears to have a high correlation to overall performance.	Attendance Improvement Plan (August 19) has detailed timeline of actions. In September the Welsh Partnership Forum will be considering whether enhancements on sick pay will be removed on a permanent basis. As the targets for maintaining the payments have been missed across Wales there is a strong possibility that enhancements will be removed.

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
≥ 82%

Aug-19

73.00%

Status



Wales Benchmark

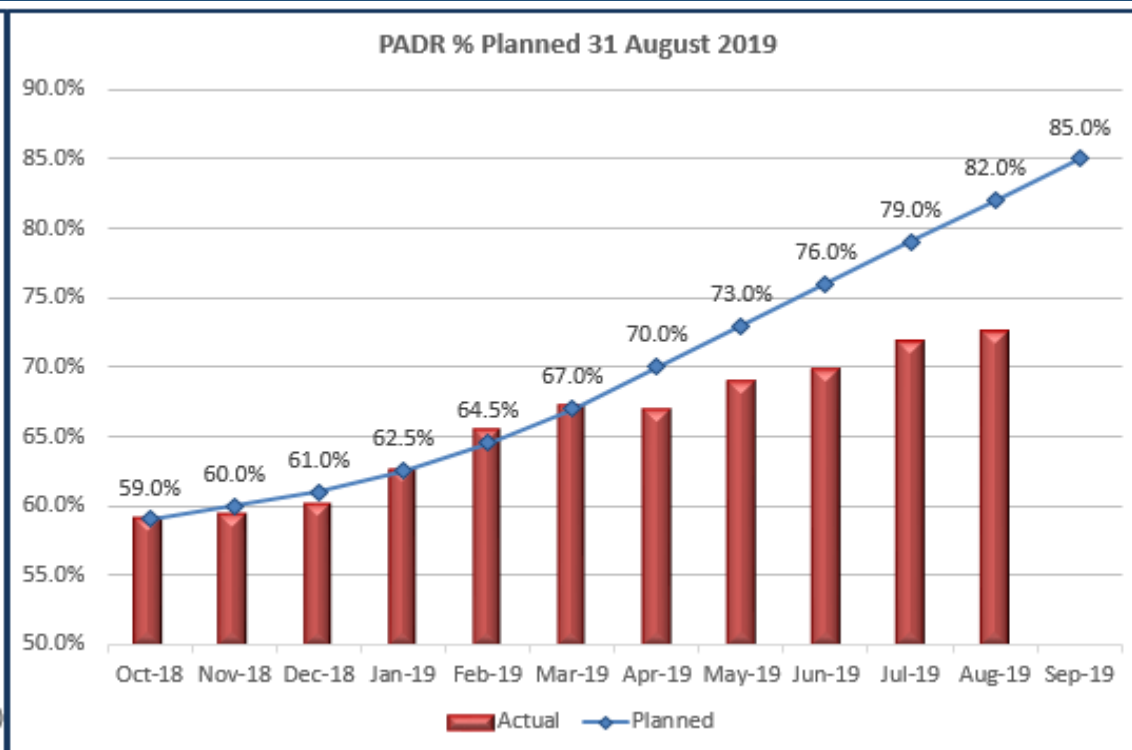
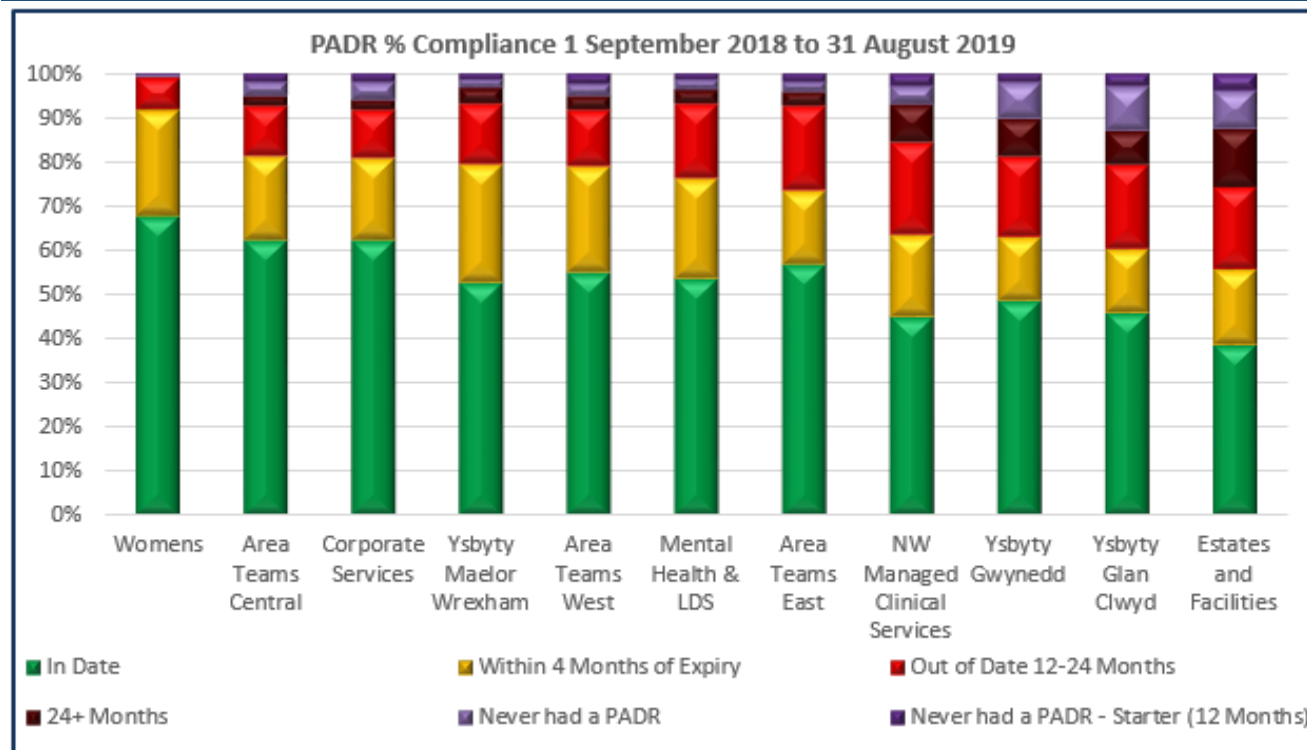
3rd

Executive Lead

Sue Green

Plan Ref

AP046



Why we are where we are: Since the implementation of the PADR Improvement Plan organisational compliance has seen a steady increase of over 13% since November 2018. Divisions with a high proportion of staff and low compliance continue to receive extensive tailored support to identify corrective actions to improve and sustain compliance.

Actions	Outcomes	Timeline
1. Attend Senior Leadership Team meeting in Estates & Facilities to identify areas with little progress over the last few months (domestics, catering and portering staff) and work with those managers to produce meaningful reports and highlight support available	Empowering managers with the support available and accurate reports will allow them to target and monitor progress within their teams	Attend meeting beginning of the month to ensure progress in the identified areas during September
2. Regular attendance at DGM meeting's in YGC to scrutinise data and discuss root cause of low compliance. As a result tailored electronic staff record and PADR session held with Matrons and managers	Upskilling managers will ensure they have the right skills and confidence to conduct, record and monitor PADR and mandatory training compliance for long term sustainability	Attend DGM meetings on a bi-weekly basis and facilitate sessions as and when required
3. All Divisions to receive a breakdown of numbers in each PADR category, (In date, within 4 months of expiry, out of date 12-24 months, out of date 24 months +, never had a PADR) All Divisions who have seen a decrease in compliance during August to receive a detailed report on who is in each category	Providing a breakdown of numbers will allow Divisions to see where they are in comparison to other Divisions and to prioritise categories with high numbers. Providing detailed reports will allow Directors to target specific areas for corrective action	All reports sent out during first week in September allowing Divisions to action during the month

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

Target
≥ 85%

Plan
≥ 85%

Aug-19

85.00%

Status



Wales
Benchmark

1st

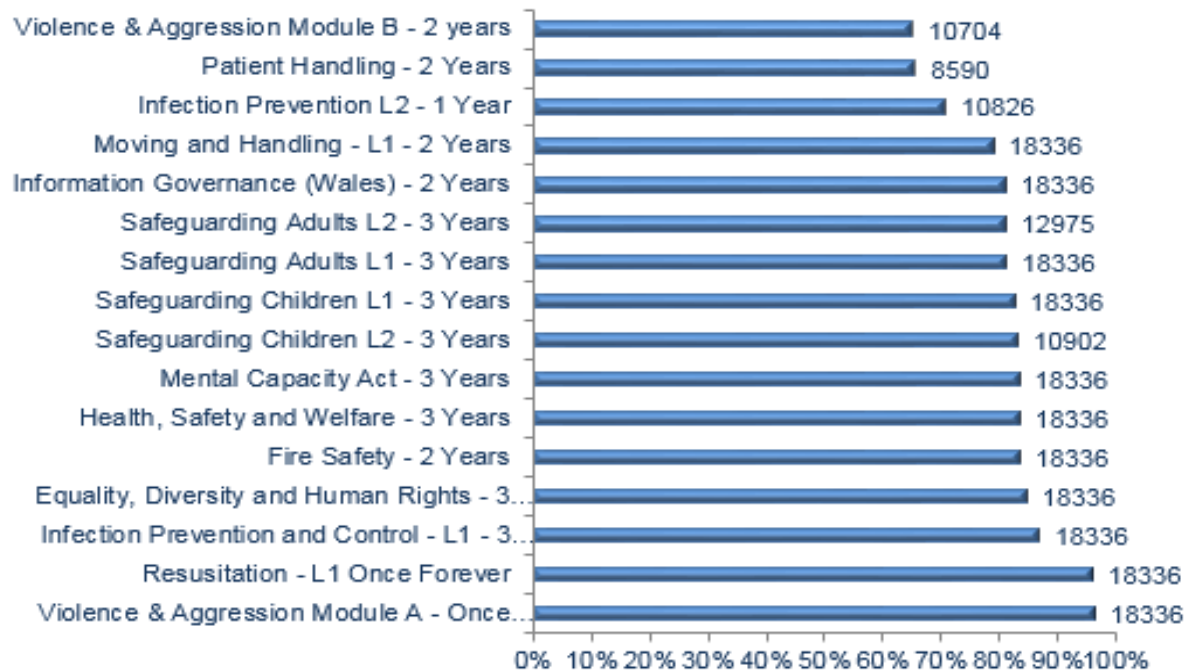
Executive
Lead

Sue Green

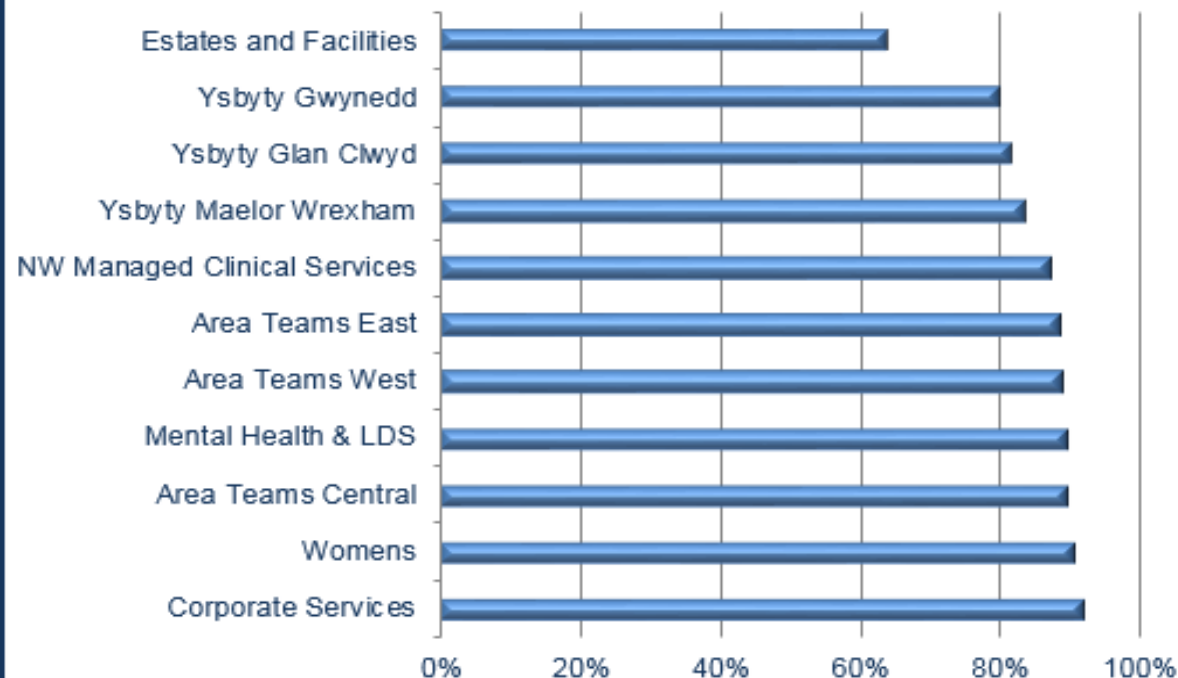
Plan
Ref

AP046

Core Mandatory Training Compliance August 2019



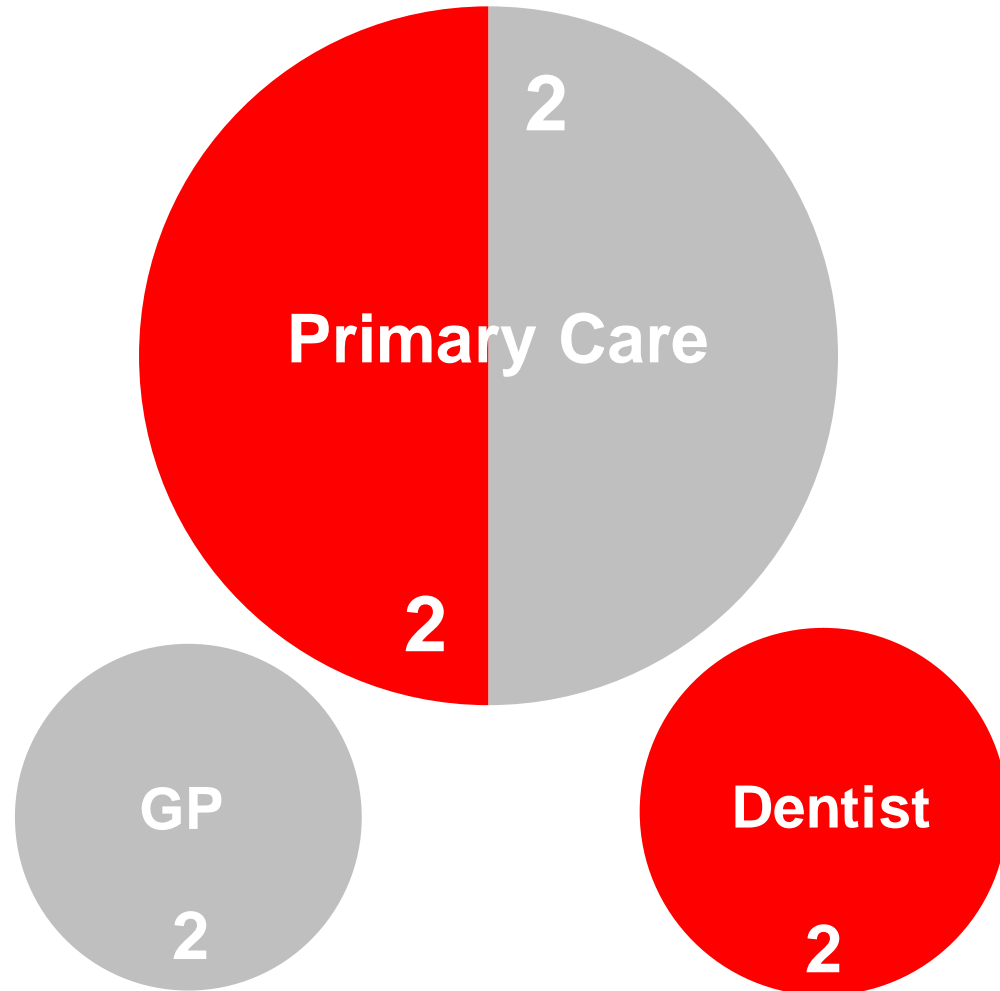
Overall August Compliance by Division



Why we are where we are: Meeting target compliance again.

Following the successful implementation of the Mandatory training policy, Mandatory training improvement plan and detailed analysis of data through the dashboard compliance for level 1 training for the month of August remains for a second month at the national target of 85%

Actions	Outcomes	Timeline
1 Continue to Identify and report projected compliance figures for all Level 1 subjects to highlight particular months of compliance data where a possible reduction in Mandatory compliance is noted due to larger volumes of staff becoming non-compliant	Obtaining projected compliance data for September 2019 along with projected data for months where a larger increase in training is required will allow all subject matter experts opportunity to review and amend forthcoming training schedules.. This will ensure training compliance maintains or increases the current 85% rate.	We anticipate maintaining the target rate of 85% for level 1 training by the end of September 2019
2. Review Non attendance figures and report to areas significant non attendance data	Reviewing and informing areas of significant non-attendance data 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 and will identify any concerns regarding the increase in 'Did not attend' figures by end of September 2019
3. Identify how Patient handling [level 2 training] has reported a 8% reduction in compliance figures from 73% in July to 65% in August	By Reviewing training activity with subject matter experts, exploring data within the dashboard and reviewing the improvement plan for Mandatory training and identifying staff groups where the training compliance had dropped will allow those areas to receive relevant targeted training to increase compliance.	We anticipate increasing the current compliance figure of 65% as agreed within the improvement plan by the end of September 2019



AP = Awaiting Profile



Integrated Quality and Performance Report
Finance & Performance Committee Version

Primary Care

48

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

August 2019

DFM 051	Percentage of the health board population regularly accessing NHS primary dental care	Target Improve	Plan AP	Dec-18	49.30%	Status		Wales Benchmark	6th	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	7th	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

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

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

Further information on our performance can be found online at:

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

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



follow @bcuhb

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

**Finance and
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 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

30.9.19
To improve health and provide excellent care

Report Title:	Referral to Treatment (RTT) update
Report Author:	Pradip Karanjit, Head of Planned Care Improvement (Interim)
Responsible Director:	Mrs Mags Barnaby, Interim Director of Acute Services
Public or In Committee	Public
Purpose of Report:	To update the F&P committee on the delivery approach for RTT and endoscopy performance management
Approval / Scrutiny Route Prior to Presentation:	
Governance issues / risks:	BCUHB has not been compliant with the RTT standard for over 3 years. Mainly due to sustainable gap in challenged specialties. Each year, non-recurrent investment has been provided for reducing the backlog with limited or no sustainable impact. Therefore, there needs to be a strong test in delivery for 2019/20 as a start towards embedding a step change in the management of planned care across. This paper aims to provide an update on the approach towards the test of deliverability by focusing on treat in turn as well as use of non-recurrent resources where it is needed.
Financial Implications:	A position update on RTT spend at month 5 and forecast spend for the rest of the year highlights overspend against RTT spend committed by WG. The report includes summary of financial plan on 2019/20 RTT spend.
Recommendation:	The Committee is asked to note for information and endorse the approach described.

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			
<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

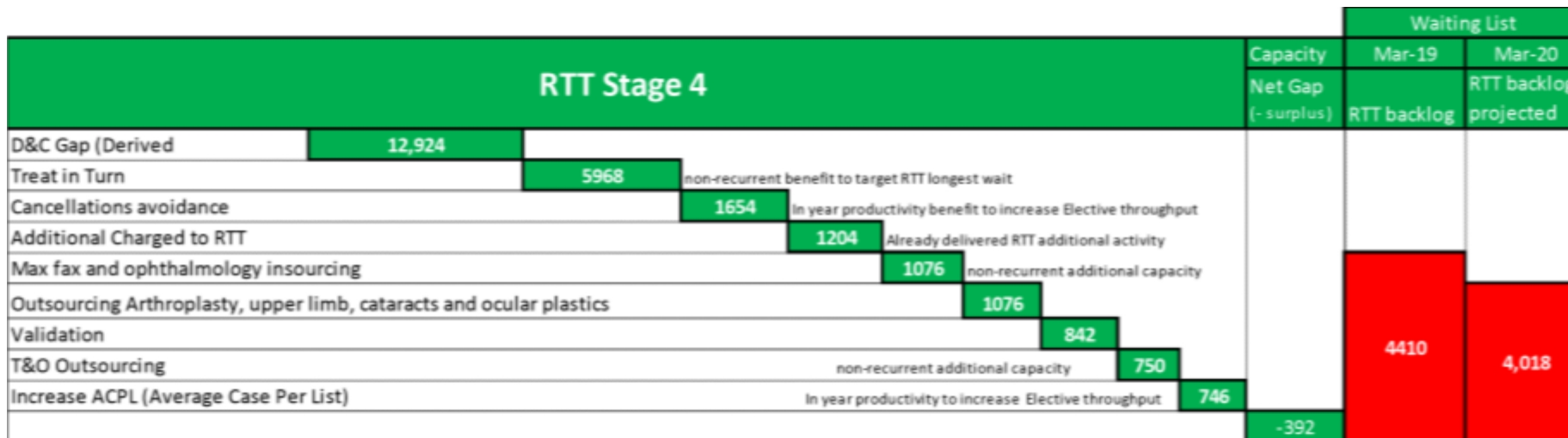
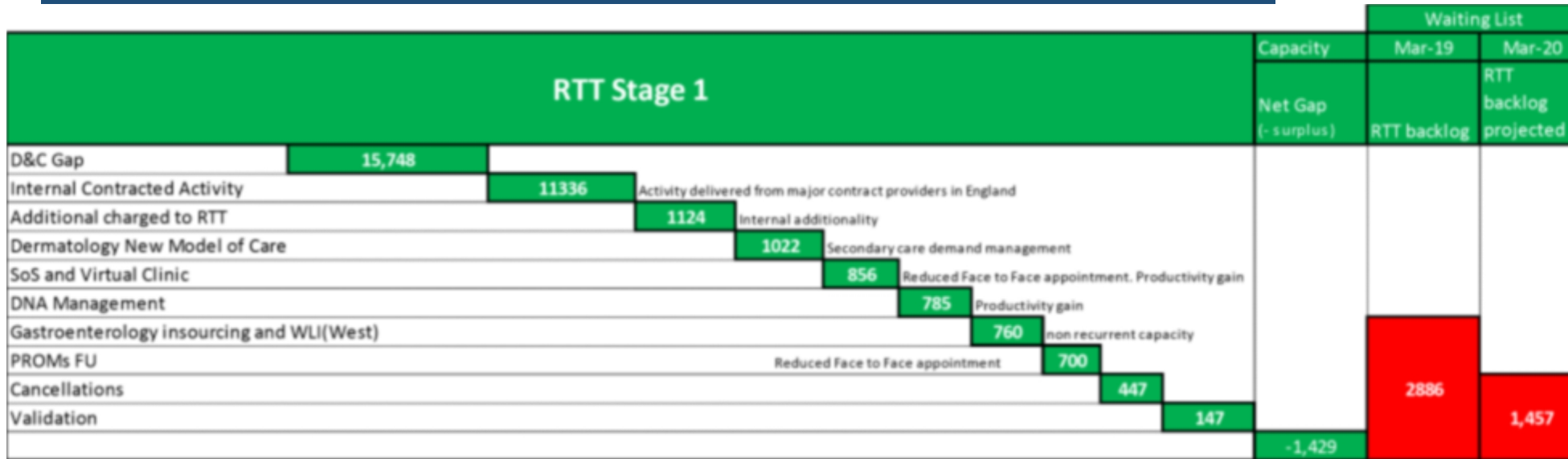
- **No 52 week breaches**
- **A reduction in over 36 week breaches compared to March 2019 (6004)**
- **The report describes RTT backlog by stages. Stage 1 (Outpatient waiting list and Stage 4 (Elective surgery waiting list)**

Financial plan (Includes Diagnostic spend)

- **Year to Date spend @M5= £5.7M**
- **Potential spend M6-M12=£14.8M**
- **Total RTT cost 2019/20= **£20.5M****
- **WG committed funding= £14.1M**

Chapter 3a –Planned Care

Waterfall chart on RTT



The year end forecast

- Total waiting list over 36 weeks= 5475
- Stage 1 over 36 weeks = 1457
- Stage 4 over 36 weeks =4018

Chapter 3a –Planned Care

RTT recovery plan

		Plan							
	RAG	September	October	November	December	January	February	March	Comments
Treat in Turn	Red								Access Policy is being updated to reflect chronological booking. This will be rolled out from October following wider communication.
Cancellations avoidance	Red								SoP developed. Awaiting ratification. Expected to be in place from October.
Additional Charged to RTT	Green	Green							Internal additionally charged to at M5. Revised WLI request process in place.
Max fax and ophthalmology insourcing	Yellow								Speciality specification is in place. Expected to be in place from November.
Outsourcing Arthroplasty, upper limb, cataracts and ocular plastics	Yellow								Speciality specification is in place. Expected to be in place from November.
Validation	Yellow								Ongoing operational validation. Mini tendering for external support closed. To be in place in October.
T&O Outsourcing	Green	Green							Contract in place. Case mix and patient identified. Transfer commenced in September.
Increase ACPL (Average Case Per List)	Yellow								Programme Manager in Place to Manage Theatre Improvement Programme. Theatre PID in place to deliver increase in ACPL.
Internal Contracted Activity	Green								In place.
Dermatology New Model of Care	Green	Green							Commenced in August.
SoS and Virtual Clinic	Yellow								Some SoS clinics are in place. Guideline for SoS is being developed in collaboration with National Planned Care Programme.
DNA Management	Green								Text reminders are in place. Board is exploring opportunity to overbook clinics to compensate for DNA.
Gastroenterology Insourcing and WLI(West)	Yellow								Locum consultant appointed. Activity to be delivered from October
PROMs FU	Green	Green							Commenced in August.
Hospital Initiated Cancellations	Green	Green							On going work. This is being managed through Outpatient Improvement group.

- Improved information management and governance including tools to positively impact operational performance. ***PTL- RTT, FU and Endoscopy-*** (In place)
- Revised Patient Access Policy to reinforce ***chronological booking-*** (Sign off due WC 23/09)
- ***Clinical Engagement*** at site level to review clinical urgency- (Commenced in September)
- Strengthened grip and control around ***scheduling process***. Frontline engagement to influence booking practice in order to optimise capacity (***Treat in Turn***)- Benefit realisation in October
- Maximise booking process(6 weeks advance) to start clearing backlog. Target booking list at specialty and site level. Pilot 6 weeks booking in Urology in WMH to start WC 23/09
- Targeted approach to more challenged areas. Such as ***Orthopaedics & Endoscopy***
- Command & Control meeting structure

Weekly endoscopy PTL meeting:

- Performance managed and tracked weekly by the Head of Elective Access.
- Each site is provided with a list of patients that they must get booked, all in date order, and accommodating clinical priority. The actions are being monitored weekly.

IMAS Capacity and demand planning will be complete by 26/09/2019.

- To optimise core capacity & productivity.

Vanguard Unit:

- Water test failure has now been resolved.
- Contract for services are being negotiated.
- Consideration to be given to staffing being provided by insourcing teams

3rd Room WMH

- Signed off fit for use, 16th September 2019.
- Awaiting insourcing contracts to commence.

Insourcing

- Bids have been chosen and we are awaiting sign off. Service to commence in October.

- Orthopaedic services - November board
- Eye care services - November finance and performance committee
- Urology services - November Board

Unscheduled Care
Performance Update to Finance & Performance
Committee
August 2019

Wrexham – actions

Actions	Expected outcomes
<ul style="list-style-type: none"> Acute floor reconfiguration – 57 medical assessment and treatment areas (dedicated assessment area for clinical need, Ambulatory and short stay (including frailty) by 4th November 	<ul style="list-style-type: none"> Improved time to specialty assessment and reduced ED flow pressure, ensuring patients are treated in line with their presenting condition, in an appropriate environment
<ul style="list-style-type: none"> Improved process for managing stranded patient – both acute and community 	<ul style="list-style-type: none"> Reduce the number of stranded patients by 25% to against the previous 12 month baseline
<ul style="list-style-type: none"> Community in-reach to improve home first offering 	<ul style="list-style-type: none"> Reduce LOS in acute setting and LOS >21 days
<ul style="list-style-type: none"> Series of rapid improvement weeks, each building on learning and testing changes 	<ul style="list-style-type: none"> Next week planned for week commencing 30th September, focus will be on embedding standards and processes for managing stranded patients in both acute and community
<ul style="list-style-type: none"> Continue with work to support ambulance handover improvements 	<ul style="list-style-type: none"> Improvements to be sustained with a zero tolerance for 60 minute delays
<ul style="list-style-type: none"> Improve discharge process including site management 	<ul style="list-style-type: none"> Improved patient discharges by 10am and 12pm to create flow (35% of discharges)

Actions	Expected outcomes
<ul style="list-style-type: none"> Working with Area Team to test community in-reach service to maximise Community Resource Teams (CRT's), 	<ul style="list-style-type: none"> Reduce LOS in acute setting and reduce LLOS >21 days, improving flow
<ul style="list-style-type: none"> Same Day Emergency Care (SDEC) was operational from beginning of July with 15 ambulatory conditions in the inclusion criteria from ED and GP referrals. Next phase of development to include more conditions and improve streaming from ED/GP's 	<ul style="list-style-type: none"> Reduce demand in ED and improve access to more appropriate care pathways and commensurate reduction in length of stay. Analysis of July data demonstrated that for patients seen in SDEC there was a 3 day reduction in LOS than for the patients with the 15 conditions seen in ED
<ul style="list-style-type: none"> Stabilising medical rosters and staffing to provide more consistency of clinical decision making in ED 	<ul style="list-style-type: none"> Reduced reliance on agency in line with the medical agency reduction spend PID. Greater stability and consistency in clinical management
<ul style="list-style-type: none"> Continued nurse recruitment drives for ED and across the site 	<ul style="list-style-type: none"> Ensure consistency in safe staffing and provide performance gains through ability to provide the streaming service more consistently (7 new trained nurse appointments this month)
<ul style="list-style-type: none"> Review and refine ED safety huddles, roles and responsibilities for nursing and medical teams leaders to focus on streaming and progressing patients through their pathway 	<ul style="list-style-type: none"> Greater consistency of application of operational policies and processes, reduced variation and improvements in non-admitted breaches
<ul style="list-style-type: none"> Review of ED Streaming, Triage, Assessment & Rapid Treatment (START) process in ED including time & motion study to understand handover delays and any process issues 	<ul style="list-style-type: none"> Better early clinical decision making with early identification of patients to be streamed away from ED and to SDEC Development of improved joint operating processes with WAST

Actions	Expected outcomes
<ul style="list-style-type: none"> New ED department opened 17th Sept providing additional capacity in minors, and takes majors back up to 8 spaces, assessment area will open in the next few weeks 	<ul style="list-style-type: none"> Improved flow and patient management within the ED footprint
<ul style="list-style-type: none"> Breach validation process embedded and developing to encompass speciality breach reviews and specialty accountability Validation process now encompasses patients left without being seen (LWBS) 	<ul style="list-style-type: none"> Improve accuracy in recording when patients have been redirected or managed at the point of care Understand risks and trends associated with patients who leave ED without being seen
<ul style="list-style-type: none"> 8 hour escalation process for breaches embedded and enforced. 24 hour breaches viewed as never events and full RCA undertaken 	<ul style="list-style-type: none"> Continued reduction in the number of 12 hour delays. (In August 5 patients were in ED for greater than 24 hours compared to 26 in July)
<ul style="list-style-type: none"> Continuation of long stay Wednesday work for stranded patients 	<ul style="list-style-type: none"> Reduce length of stay with a focus on longer length of stay patients >21 days
<ul style="list-style-type: none"> Community in-reach with CRT and Local Authority 	<ul style="list-style-type: none"> Improved discharge processes and reduced length of stay Pathways updated and continue to develop as CRT's mature
<ul style="list-style-type: none"> Bi-weekly meetings with WAST in place 	<ul style="list-style-type: none"> Review of periods of increased >60 minute delays and review of patient pathways

SiCAT and MIU activity

- SiCAT success continues with a total of 3411 ambulance calls taken and 2276 saved ED attendances as at end August
- A trial with Health Visitors providing support to SiCAT for 999 calls relating to children under 5 continues
- ICAN project support within SiCAT commencing in September
- July and August saw the highest number of patients attending MIU's in both West and Central Areas, where they maintained 100% 4 hour performance. These numbers have reduced in line with plan in September. The number of patients accessing MIUs: Central 3,283 patients, West 3,266 patients and East 779 patients

Performance

- Compared to the same period last year 4 hour waits have improved in both July and August – an improvement of circa 3% points in August – however our target profile for August was not met
- Compared to August 2018, 12hr waits fell by 6% in August 2019 – but are still too high
- Compared to August 2018, >1hr ambulance delays fell by 12% in August 2019 – but remain too high
- Sites have consistently met the performance standard for Category A ambulance response times – BCUHB were the 3rd best in Wales in August 2019
- Consistent improvements in Delayed Transfers of Care – comparing August this year to August last year shows improvements of 13% on the number of patients and 37% improvement on the bed days lost

**Finance and
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 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

30th September 2019
To improve health and provide excellent care

Report Title:	Capital Programme Report Month 5
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 05 August 2019

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

Betsi Cadwaladr University Health Board

Table of Contents

1	Introduction
1.1	Purpose of the Report
1.2	Capital Programme 2019/20
2	Capital Programme
2.1	Introduction
2.2	All Wales Schemes
2.3	Discretionary Capital Programme
2.4	Alternative Funding
3	Finance Report
3.1	Overview
3.2	Capital Resource Limit
3.3	Expenditure and Forecasts at month 5
4	Conclusion and Recommendations
4.1	Conclusion
4.2	Recommendations

Appendix

- 1 Summary of Expenditure Against Resource Limit Approvals
- 2 Ysbyty Gwynedd Emergency Department report
Ysbyty Gwynedd Emergency Department – briefing Gateway Review 4
- 3 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	9,238
Discretionary Capital	12,921
Total Welsh Government CRL	22,159
Capital Receipts	356
Donated Funding	1,578
Grant Funding	0
TOTAL	24,093

The CRL as at month 5 is unchanged from Month 4, £22,159m. Welsh Government will be reviewing the CRL position in month 6 with the intention of freezing the budget for the 2019/20 financial year. All adjustments to the CRL will be reflected in the revised forecast expenditure profiles from month 6 onwards.

It is anticipated that we will secure other sources of funding including capital receipts, donated funding and Welsh Government grants (Integrated Capital Fund) in this financial year. Separate monitoring reports have been developed and incorporated within this report as appropriate.

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

A separate report has been provided in Appendix 2 together with a briefing on the recent Gateway Review 4.

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

The Discretionary Capital Programme Monitoring report is provided at Appendix 3.

The Capital Programme Management Team are undertaking a detailed review of the programme to completion to support the Welsh Governments freezing of the CRL at the end of Month 6. The outcome of the review, and our assessment of any changes to the CRL, will be reported next month.

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
Blaenua Ffestiniog Health Centre	168		168
Brymbo Health Centre	50		50
Ala Road, Pwylheli	100		100
Total	356	0	356

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

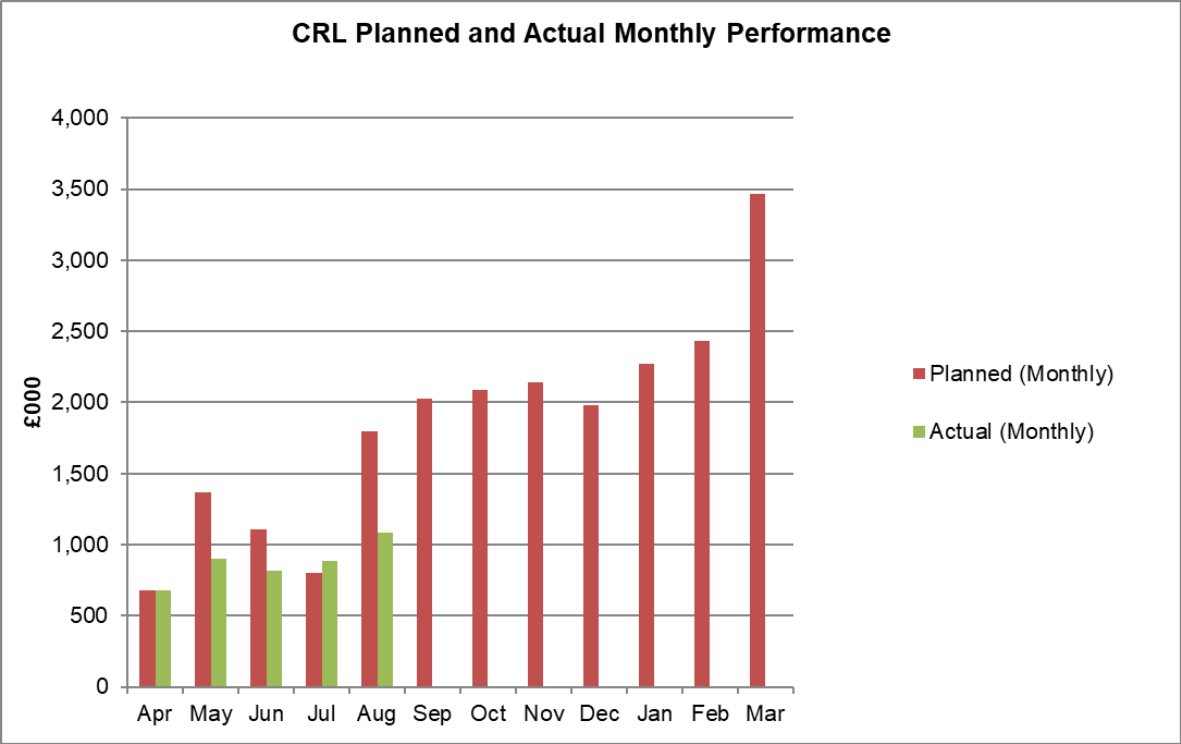
3.1 FINANCE OVERVIEW

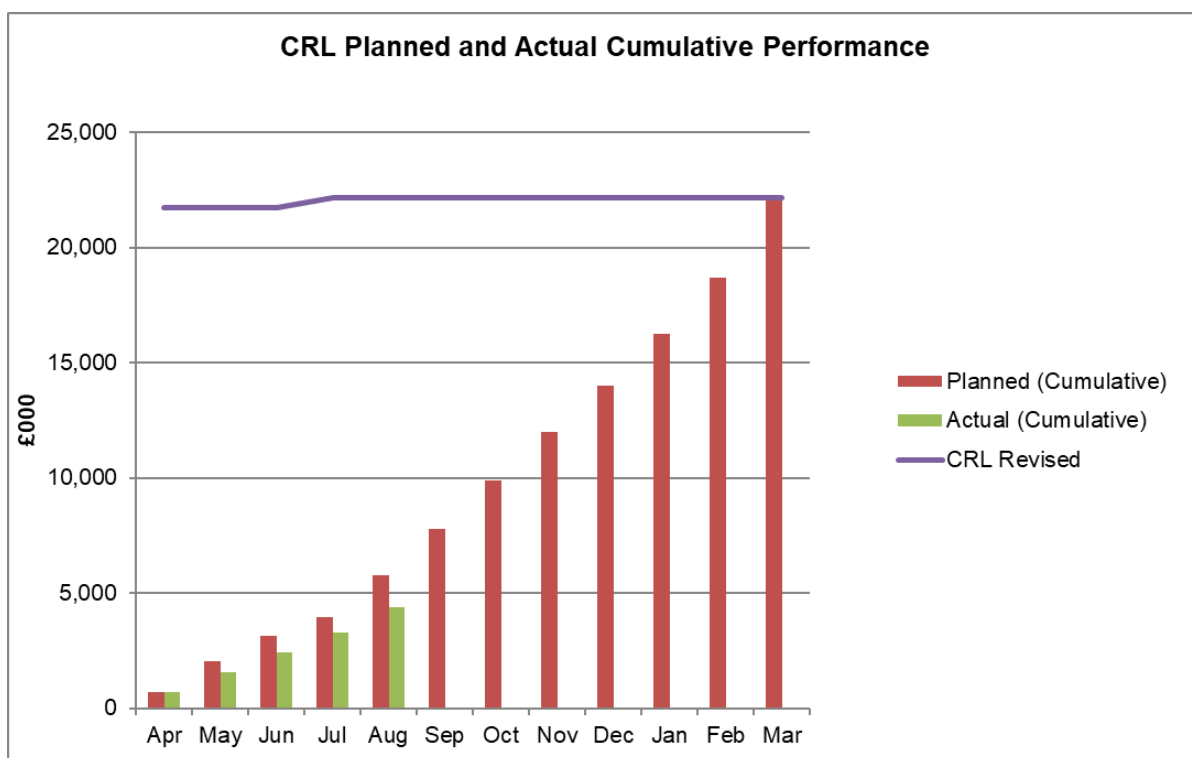
The expenditure in Month 5 reflects a net spend of £1.081m.

The forecast capital profiles for the All Wales schemes are currently being reviewed by project managers and cost advisors to ensure we have accurate profiles for each scheme by month.

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.

	CRL 2019/20 £'000	2019/20 Expenditure M5 £'000	2019/20 Forecast Out- turn £'000	Variance £'000
All Wales Schemes				
Capital Projects Approved Funding				
SuRNICC - FBC works	350	135	574	224
PAS System	830	166	1,089	259
Substance Misuse - The Elms Development	265	460	625	360
Substance Misuse - Holyhead, Anglesey	418	2	676	258
Substance Misuse - Shotton, Flintshire	1,325	4	1,340	15
Emergency Department System	701	0	701	0
Ysbyty Gwynedd - Emergency Department	1,496	1,581	2,526	1,030
North Denbighshire Community Hospital	2,404	4	2,404	0
Progress Redevelopment of Ablett Unit @ YGC from SOC	849	15	849	0
Orthopaedic Plan Fees to BJC	600	0	600	0
Sub-total	9,238	2,367	11,384	2,146
All Wales CRL Total	9,238			
Discretionary Schemes				
YGC Brokerage	(1,500)	0	0	1,500
IM&T	3,000	138	2,775	(225)
Med Devices	1,768	549	1,768	0
Estates	9,653	1,309	6,232	(3,421)
Discretionary CRL Total	12,921	1,996	10,775	(2,146)
TOTAL CRL ALLOCATION 2018/19	22,159			
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	24,093	4,850	24,093	0

3.3 Expenditure and Forecasts at Month 5

The expenditure reflected in the Month 5 position includes estimates based on the forecast profile of project valuations for August 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	9,238	2,367	26%	Green	
Discretionary	12,921	1,996	15%	Green	
Subtotal CRL	22,159	4,363	20%	Green	
Capital Receipts	356	0	0%	Green	
Donated Capital	1,578	487	31%	Green	
Grant Capital	0	0	0%	Green	
Total capital resource available	24,093	4,850	20%	Green	

Ysbyty Gwynedd Emergency Department report – August 2019

1. Purpose of report

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

2. Introduction

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

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

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

3. Summary of performance

Programme

The Supply Chain Partner, Interserve is working to revised programme Rv23.

Phase 3 is expected to be handed over on the 9th September, the isolation suite and ambulance support room are due for completion early October with validation to follow. The team continue review the programme with weekly meetings now focusing on outstanding defect and snagging issues together with the works associated with the Isolation suite.

Cost

The latest financial report has again indicated a small increase in cost however the Cost Advisor has noted this is in line with the financial mitigation of overspend plan as noted in the March report. The cost advisors have reviewed the gain share proposed and currently anticipate the scheme completing with a potential £30k overspend, this can be managed within the total resources available to the Health Board with no adverse impact upon the overall capital programme.

4. Recommendations

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

Ysbyty Gwynedd Emergency Department – Gateway 4 Review

1. Purpose of report

The purpose of this report is to provide a briefing to the committee on the recent Gateway review of the project.

2. Introduction

The OGC Gateway process examines programmes and projects at key decision points in their lifecycle. The review process is intended to provide assurance to the Senior Responsible Officer (SRO), the organisation and Welsh Government as to the status of a project and its readiness to proceed to the next stage. The reviews are funded by Welsh Government. The primary purposes of an OGC Gateway Review 4: Readiness for service is to confirm that contractual arrangements are up to date, that necessary testing has been done and that the project board is ready to approve implementation.

This is the second Gateway review of this project, the previous Gateway 3: Investment Decision was assessed as Amber/Green and confirmed assurance to proceed to construction.

3. Summary of the review

The scope of the review, as agreed with the SRO, sought to examine the following aspects of the project:

- Business Case and Stakeholders
- Risk Management
- Current Phase
- Next Phase
- Benefits and lessons learned

The review was undertaken by a team of three external assessors facilitated by the Welsh Governments Integrated Assurance Hub. It comprised a review and analysis of relevant documentation together with structured interviews of key stakeholders to interrogate, test and triangulate evidence in support of each of the lines of enquiry.

The review team determined the Delivery Confidence Assessment as Green, i.e. successful delivery of the project to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.

The team concluded that:

“ Completion of construction (bar the work on the Isolation Unit) and handover to the client is expected on 9th (September). To get to that point the project and all involved have had to manage continuing operations, and some early implementation of new care pathways (albeit in a sub-optimal environment), without deterioration in ED performance throughout the construction period. Risks have been managed, spend controlled and appropriate resourcing maintained. This has been achieved through strong project leadership and the commitment and engagement of key clinical and nursing leads and others. Project governance has

provided effective oversight and management of project performance. The careful phasing of the work has helped to mitigate the operational risks and the approach that is being taken to phasing in the 'New Front Door' resources also seeks to reduce risk.

There are still risks, including to time and spend, to be managed over the next few weeks but the SRO and Project Director will be given weekly updates and there is detailed planning, revised as necessary, in place for the period between now and go live on 20 September. The plan includes validation by Shared Services and provision to stress test the new facility with a major incident exercise.

Based on the achievement to date, and notwithstanding the need for the risks and timescale between now and completion to be very tightly managed, our RAG rating above reflects confidence in successful delivery of the construction phase.

Although the refurbished and extended accommodation is an essential first step, it will not in itself deliver the objectives set out in the FBC for the provision of accessible good quality care through closer integration of services and improved patient flows. Nor will the objectives for reducing the number of patients presenting to ED and reducing admissions be met through the changes in ED alone. The next phase of work will be challenging. The operating model will need to be finalised and the programme of cultural change it implies defined and managed. Benefits will need to be revisited and actively managed. There will need to be close alignment between the ED service and those managing care pathways in the community and this will require joint working and sharing of data, not just between the different disciplines within the department but more widely. Continued development of the model supported by robust data will ensure that the service is better placed to respond to changes in demand in future. Empowered leadership, clear accountability and effective governance will still be critical.

The report identified a series of recommendations to address the challenges outlined above and support the successful delivery of the next stage. An action plan has been prepared to address the recommendations, with timescales and owners (see attached appendix). A further Gateway Review 5: Operations Review and Benefits Realisation will be commissioned towards the end of 2020, i.e. 12 months after the roll-out of the new operating model.

4. Recommendations

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

APPENDIX – Summary of report recommendations

Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Response
1.	The benefits table should be revisited and updated on completion of the work on the operating model and a benefits realisation plan produced.	E-Essential	End 2019	Lead: Geraint Farr Revisit/update the benefits table to incorporate the new front door model, EDQFs etc. To include: establishment of baselines, performance targets, more comprehensive informatics to form the basis of revisiting the benefits work. Include descriptions of the new patient journeys, building upon the vignettes within the FBC, to support internal and external communications and buy in.
2.	The Project Director should ensure that guidance is provided on the messages that need to be reflected in internal and external project communications for the next phase.	E-Essential	October 2019	Lead: Kathryn Cummings Communications in relation to the final phase of the project will include a focus upon the differences between the old and the new models of care as outlined in the work to describe the new patient journeys (as noted above). This will help to manage patient expectations and clarify the range of services that will be delivered – and those that are delivered elsewhere in a primary care or community care setting.
3.	The Project Director should formalise the structure and authority for agreeing sign off of the new model together with plans for its implementation.	E-Essential	October 2019	Lead: Meinir Williams The paper regarding proposed pathways for the new front door model of care will be approved by the Hospital Directors i.e. Managing Director, Hospital Director, Medical Director and Nurse Director.
4.	The Project Director should commission a focussed post project evaluation on the construction phase and lessons learnt.	E-Essential	October 2019	Lead: Daniel Eyre The Senior Project Manager will liaise with NWSSP – Specialist Estates Services to arrange post project evaluation on construction phase and lessons learnt.

Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Response
5.	The Project Director should formalise the approach to change management in the implementation phase and consider how it should be structured and resourced.	E-Essential	October 2019	Lead: Meinir Williams/Siobhan Duffy The Emergency Department Implementation Board will change focus from construction to service change/benefits realisation and revised terms of reference and governance arrangements will be agreed at the October Project Implementation Board meeting. Work streams will review: Clinical implementation – including cultural challenges Signage and messaging Violence and aggression IT
6.	The SRO should review the governance arrangements to ensure that they are appropriate for the next phase.	E-Essential	October 2019	Lead: Sue Hill Revised governance arrangements to be agreed at October Project Implementation Board meeting.
7.	The Project Director should ensure that the risk register is updated to reflect the risks of this next phase.	E-Essential	October 2019	Lead: Meinir Williams/Helena Blower Risk register will be worked through and risks removed/amended/added as appropriate.

Critical (Do Now) – To increase the likelihood of a successful outcome it is of the greatest importance that the programme should take action immediately

Essential (Do By) – To increase the likelihood of a successful outcome the programme/ project should take action in the near future.

Recommended – The programme should benefit from the uptake of this recommendation.

[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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Infection isolation facility		G	G	G	G	G	347,000	347000		15/05/19	20/21	Planned																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	

Estates Schemes											2019/20									
DISCRETIONARY CAPITAL PROGRAMME 2019/20 - CONTROL PLAN											Q1				Q2			Q3		
			Q	T	C	R	B	Approved Budget £	Estimated Outturn 2019 - 2020 £	Variance £	S = Project Start D = Design P = Procurement I = Implementation C = Project Close Planned/Actual Prog	April 2019	May 2019	June 2019	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019
East Area											Planned/Actual Prog									
											ACTUAL									
Wrexham Maelor Hospital	HV Cable Phase 2 to Renal		G	G	G	G	G	56,527	56,527	0	Planned	I	C							
											ACTUAL	G	C							
Wrexham Maelor Hospital	HV Cable Phase 2 to Residences		G	G	R	R	G	0	90,000	-90,000	Planned			C						
											ACTUAL	G	C							
Wrexham Maelor Hospital	Upgrade Main Fire Alarm System - Carried Forward		G	G	G	G	G	190,000	190,000	0	Planned	S	D	D	D	D	P	P	I	I
											ACTUAL	G	G	G	G	G				
Wrexham Maelor Hospital	Medical Gas Manifolds		G	G	G		G	20,000	20,000	0	Planned	S	D	D	D	D	P	I	I	I
											ACTUAL		G	G	G	G				
Mold Electrical Distribution	Electrical infrastructure		G	G	G		G	20,000	20,000	0	Planned			S	D	D	P	P	I	I
											ACTUAL			G	G	G				
Deeside Hospital floor replacement	Replacement floor coverings		G	G	G		G	10,000	10,000	0	Planned			S	D	D	P	P	I	I
											ACTUAL			G	G	D				
Wrexham Maelor Hospital	Replacement floor coverings		G	G	G		G	8,140	8,140	0	Planned			S	D	D	P	P	I	I
											ACTUAL			G	G	G				
Wrexham Maelor Hospital	Site water infrastructure repair		G	G	G		G	15,000	15,000	0	Planned	S	D	D	D	P	P	I	I	C
											ACTUAL	G	G	G	G	A				
Wrexham Maelor Hospital	Medical Gas site alarm		G	G	G		G	60,000	60,000	0	Planned	S	D	D	P	P	I	I	I	I
											ACTUAL	G	G	G	G	A				
Wrexham Maelor Hospital	Pathology Decentralisation of services		G	G	G		G	200,000	200,000	0	Planned	S	D	D	D	P	P	I	I	I
											ACTUAL		G	G	G	A				
Wrexham Maelor Hospital	EMS Generator		G	G	G		G	110,000	110,000	0	Planned	S	D	D	P	P	P	I	I	I
											ACTUAL		G	G	G	G				
Wrexham Maelor Hospital	EMS Mechanical Services Decentralisation		G	G	G		G	177,000	177,000	0	Planned		S	D	D	D	D	P	P	P
											ACTUAL			G	G	G				
Additional Schemes																				
Wrexham Maelor Hospital	Electrical infrastructure		G	G	G		G	0	0	0	Planned									
											ACTUAL									
Wrexham Maelor Hospital	Phase 2 water chiller replacement		G	G	G		G	0	0	0	Planned									
											ACTUAL									
East	Salaries Capitalisation		G	G	G		G	33,333	33,333	0										
								£ 900,000	£ 990,000	-£ 90,000										
Central Area																				
											ACTUAL									
Nant Y Glyn	Upgradde Building Fabric	OEC079	G	G	G		G	16,558	24,622	-8,064	Planned	I	I	C						
											ACTUAL	G	G	C						
Ablett Unit	Boiler Replacement	OEC037	G	G	G		G	36,717	36,717	0	Planned	I	I	I	I		C			
											ACTUAL	G	G	G	G	C				
Ysbyty Glan Clwyd	Replace Oncology Boilers and Pumps	OEC068	G	G	G		G	11,149	13,356	-2,207	Planned	I	I	I	C					
											ACTUAL	G	G	G	C					
Ruthin Hospital	Building and Electrical Infrastructure Upgrade	OEC075	G	G	G		G	4,708	3,923	785	Planned	I	C							
											ACTUAL	G	C							
Bodnant	Upgrade of Building Fabric	OEC052	G	G	G		G	13,960	13,960	0	Planned	I	C							
											ACTUAL	G	C							
Ysbyty Glan Clwyd	CHP Upgrade Project	OEC107	G	G	G		G	5,000	5,000	0	Planned	I	C							
											ACTUAL	G	C							
Ysbyty Glab Clwyd	Nurse Call System Upgrade - Ward 14	OEC031	G	G	G		G	35,000	42,958	-7,958	Planned	S	D	D	P	P	I	I	I	C
											ACTUAL	G	D	G	G	G				
Ysbyty Glab Clwyd	Nurse Call System Upgrade - Maternity	OEC031	G	G	G		G	35,000	35,000		Planned			S	D	D	P	P	I	I
											ACTUAL			G	G	G				
Hafod	Upgradde Building Fabric	OEC077	G	G	G		G	17,500	17,500	0	Planned	S	D	D	P	P	I	I	I	C
											ACTUAL		G	G	G	A				
Ysbyty Glab Clwyd	Upgrade Building Fabric - Estates	OEC057	G	G	G		G	30,000	30,000	0	Planned	S	D	D	D	P	P	I	I	C
											ACTUAL		G	G	G	A				
Colwyn Bay Hospital	Upgrade Electrical Infrastructure and Generator - Design Fees	OEC067	G	G	G		G			0	Planned									
											ACTUAL									
Bodnant	Upgradde Building Fabric	OEC052	G	G	G		G	30,000	30,000	0	Planned	S	D	D	D	P	P	I	I	C
											ACTUAL	G	A	A	A					
Denbigh Hospital	Upgradde Building Fabric	OEC076	G	G	G		G	30,000	30,000	0	Planned	S	D	D	P	P	I	I	I	C
											ACTUAL		G	G	G	A				
Denbigh Hospital	Upgrade Water Systems	OEC088	G	G	G		G	7,500	7,500	0	Planned	S	D	D	D	P	P	C		
											ACTUAL	G	G	G	G	A				
Colwyn Bay Hospital	Upgrade Water Systems	OEC097	G	G	G		G	7,500	7,500	0	Planned	S	D	D	D	P	P	C		
											ACTUAL		G	G	G	A				
Ysbyty Glan Clwyd	UPS upgrade	OEC095	G	G	G		G	34,000	34,000	0	Planned	S	D	D	P	I	C			
											ACTUAL	G	G	G	G					
Abergele Hospital	UPS upgrade	OEC095	G	G	G		G	6,000	6,000		Planned	S	D	D	P	I	C			
											ACTUAL	G	G	G	G					
Ysbyty Glan Clwyd	Upgrade Lifts (Oncology No1 + No2)	OEC100	G	G	G		G	74,004	73,628	376	Planned	S	D	D	P	I	I	I	C	
											ACTUAL		G	G	G	G				
Ysbyty Glan Clwyd	Upgrade Medical Gas Systems	OEC096	G	G	G		G	60,000	60,000	0	Planned	S	D	D	D	P	P	I	I	I
											ACTUAL		G	G	G	A				
Ysbyty Glan Clwyd	Upgrade Roads and Footpaths	OEC038	G	G	G		G	40,000	40,000	0	Planned	S	D	D	D	P	P	I	I	C
											ACTUAL		G	G	G	G				
Ysbyty Glan Clwyd	Upgrade Dali Emergency Light Ssystem	OEC027	G	G	G		G	25,000	25,000	0	Planned	S	D	D	P	P	I	I	I	C
											ACTUAL		G	G	A	A				
Ysbyty Glan Clwyd	Upgrade Street Lighting	OEC069	G	G	G		G	10,000	10,000	0	Planned	I	I	I	C					
											ACTUAL	G	G	G	C					
Bodnant	Upgrade Roads and Footpaths	OEC087	G	G	G		G	10,000	10,000	0	Planned	S	D	D	D	P	P	I	I	C

[illegible]

Identified Priority Sites	Fire Precaution Works		G	G	G	G	G	98,667	98,667	0	Planned				S	D	D	D	P	P	I
											ACTUAL				G	G	G				
								£ 248,667	£ 248,667	£ -											
								£ 2,777,932	£ 2,891,181	£ 113,250											
Additional Schemes rolled forward from 2018 - 2019																					
											ACTUAL										
Ysbytu Gwynedd	Catering Works - YG		G	G	G	G	G	187,272	187,272	0	Planned		I	I	I	C					
Unallocated funding								184,796		0	184,796										
TOTAL								3,150,000	£ 3,078,453	£ 71,546	ACTUAL		G	G	G	C					

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											
												Q1			Q2			Q3			Q4		
												30 April 2019	31 May 2019	30 June 2019	31 July 2019	31 August 2019	30 September 2019	31 October 2019	30 November 2019	31 December 2019	31 January 2020	28 February 2020	31 March 2020
Scheme	RAG Rating					Budget			Scheme Duration		Programme												
	Q	T	C	R	B	Approved Budget £	Estimated Outturn £	Variance £	Start Date	End SPEND Date	S = Project Start = Design Procurement Implementation Project Close D = P = I = C =												
DIGITAL ROADMAP											Planned/Actual Prog												
Welsh Patient Administration System - Phase 3 of 4 Re-provision of funding to all Wales project.	G	G	G	G	G	£225,000	£225,000	£0	01.04.19	31.03.20	Planned		S	C									
Digital Health Record Project	G	A	G	G	G	£300,000	£300,000	£0			Actual		G	G									
											Planned		BC Consultation						TBA				
											Actual		G	G	G	G	A						
DATA DRIVEN DECISION MAKING																							
Auditbase - Clinical Outcomes	G	G	G	G	G	£16,000	£16,000	£0	TBA	TBA	Planned												
											Actual												
UNDERPINNING SERVICE TRANSFORMATION																							
VC Unit Abergelle Hospital	G	G	G	G	G	£0	£6,000	-\$6,000	01.09.19														
DIGITAL INFRASTRUCTURE																							
Hardware Replacement Programme	G	G	G	G	G	£486,500	£483,500	£3,000		01.03.20	Planned										P		
											Actual												
Single Sign On Expansion	G	G	G	G	G	£60,000	£60,000	£0	01.09.19	28.02.20	Planned		I	I	I	I	I	I	I	I	C		
											Actual		G	G	G	G	G						
Core Telephony Systems Replacement (Yr. 3 of 7)	G	A	A	G	G	£390,000	£390,000	£0	01.04.19	28.02.20	Planned		I	I	D	P	I	I	I	D	P	C	
											Actual		G	G	G	A	A						
FMS Critical Monitoring Systems (Pharmacy)						£7,500	£7,500	£0	01.04.19	30.6.19	Planned		G	G	G	A	A						
											Actual												
Access Control System Replacement (User and device authentication)	G	G	G	G	G	£225,000	£225,000	£0	01.12.19	01.01.20	Planned								S	D	D	I/C	
											Actual												
Perimeter Security Upgrade (firewalls). Phase 2 of 2	G	G	G	G	G	£60,000	£57,000	£3,000	01.05.19	31.01.20	Planned		D	D/P	I	C							
											Actual		G	G	G	G							
Resilient Server Loads Balancers	G	A	G	G	G	£20,000	£20,000	£0	01.07.19	31.09.20	Planned				P	I							
											Actual				G	A							
Server Virtualisation Expansion and Refresh (Inc. migration from Windows 2003 servers)	G	G	G	G	G	£150,000	£178,000	-\$28,000	01.06.19	28.02.20	Planned			S	D	D	P	P	I	I	C		
											Actual			A	G	G							
YG Radiology Network Cabinet refresh and comms room build	G	G	G	G	G	£55,000	£55,000	£0	TBA	TBA	Planned					P							
											Actual				G								
Preswylfa site Network Infrastructure replacement	G	G	G	G	G	£60,000	£60,000	£0	01.07.19	31.10.19	Planned				D/P	I	C						
											Actual				G	G							
Wireless Network Capacity Expansion	G	G	G	G	G	£50,000	£50,000	£0	01.04.19	28.02.20	Planned		I	I	D	P	I	I	I	D	P	C	
											Actual		G	G	G	A							
Completion of Data Centre 1 YGC build (Secondary UPS and Cooling resilience)	G	G	G	G	G	£200,000	£200,000	£0	01.06.19	TBA	Planned				P	I	P			I			
											Actual				G	G	G						
Wide Area Network Data Circuit Upgrades	G	G	G	G	G	£40,000	£40,000	£0	01.07.19	28.02.20	Planned				S	I	P	P	I	P	I	C	
											Actual				G	G							
Paging System Replacement (Bangor)	G	G	G	G	G	£180,000	£0	£180,000	01.11.19	28.02.20	Planned								S	D	P	I	
											Actual												
Data Centre & Hub room(s) UPS and AirCon Maintenece and replacement	G	G	G	G	G	£25,000	£25,000	£0			Planned												
											Actual												
Local Area Network Switch Upgrades (DGH & Community sites)	G	G	G	G	G	£450,000	£525,500	-\$75,500		28.02.20	Planned		I	I	D	P	I	I	I	D	P	C	
											Actual		G	G	G	G							
Web Filtering - Late Recept							£6,000	-\$6,000		01.05.19				C									
Backup Portable Air Conditioning Units							£7,500																
													G										
UNDERPINNING SERVICE TRANSFORMATION																							
Health Records Library Infrastructure East	G	G	G	G	G	£0	£37,000	-\$37,000															
Health Records Library Infrastructure East	G	G	G	G	G	£0	£26,000	-\$26,000															
TOTAL						£3,000,000	£3,000,000	£0															

TODAY'S DATE:

Betsi Cadwaladr University Health Board v

DISCRETIONARY CAPITAL PROGRAMME 2019/20 - CONTROL PLAN

(From: April 2019)

Safe Clean Care Schemes

2019/20

Betsi Cadwaladr University Health Board v											Safe Clean Care Schemes											April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
DISCRETIONARY CAPITAL PROGRAMME 2019/20 - CONTROL PLAN																																	
(From: April 2019)																																	
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 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: _____

Betsi Cadwaladr University Health Board DISCRETIONARY CAPITAL PROGRAMME 2019/20 - CONTROL PLAN (From: April 2019)												2019/20																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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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 and Performance Committee
30.9.19

**GIG
CYMRU
NHS
WALES**

 Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

**To improve health and provide
excellent care**

Report Title:	Financial Recovery Group Report – Month 5 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 – 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 relates to all areas of the Special Measures Improvement Framework.			
Equality Impact Assessment			

Disclosure:

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Financial Recovery Group report to Finance & Performance Committee

Month 5

(data as at 05 September 2019)

Section	Page
Cost savings update	
BCUHB recovery programme development summary as at M5	3
Month 5 performance of projects in delivery by Area *	4
Cost savings narrative	5
Update on M5 vacancy sweep and Medicines Management	7
Update on No PO:No pay policy	8
Improvement Groups update	9
Appendices.	
Appendix 1- BCU wide schemes allocation.	11
Appendix 2 - Financial Recovery Action Plan summary	12
Appendix 3 – Draft comms on No PO:No pay	13

BCUHB recovery programme development summary as at M5

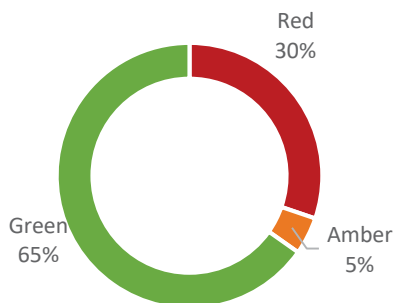
Source: BCUHB PMO tracker

Cash releasing (£000)	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total	Target	Programme variance to target	Green schemes variance to target
Last position (as at 31/07/19)	7,823	267	1,694	14,459	24,242	35,000	(10,758)	(18,847)
Current position (as at 30/08/19)	7,609	1,147	1,515	14,908	25,179	35,000	(9,821)	(18,577)
<i>Movement</i>	<i>(214)</i>	<i>880</i>	<i>179</i>	<i>449</i>	<i>937</i>	<i>0</i>	<i>923</i>	<i>270</i>

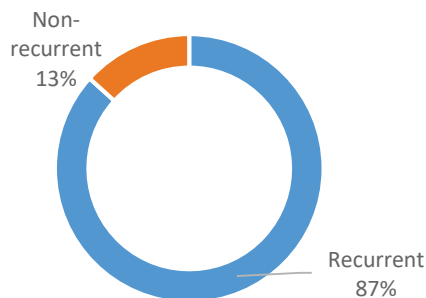
Run rate and cost avoidance schemes (£000)	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total
Last position (as at 31/07/19)	2,783	5	522	4,411	7,722
Current position (as at 30/08/19)	6,683	948	290	6,421	14,342
<i>Movement</i>	<i>3,900</i>	<i>944</i>	<i>-232</i>	<i>2,010</i>	<i>6,620</i>

Note: Cost avoidance and non-cash releasing productivity gains included however the remainder of this report will only focus on cash releasing projects.

Savings risk assessment



Recurrent / non recurrent



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

M5 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	1,340	1,564	223	304	400	96	3,592	3,693	4,940	(1,348)
Area - East	1,427	1,601	174	243	306	63	3,335	3,195	4,920	(1,585)
Area - Other	61	61	0	12	12	0	148	148	320	(172)
Area - West	801	1,058	257	203	226	24	2,212	2,201	3,260	(1,048)
Contracts	57	57	0	15	15	0	91	91	510	(419)
Corporate	972	943	(29)	216	199	(16)	2,222	2,154	4,340	(2,118)
MHLD	223	160	(63)	93	72	(21)	1,324	1,233	3,630	(2,306)
Provider - NW	238	271	32	95	99	4	770	719	2,630	(1,860)
Provider - YG	275	278	3	77	81	4	812	845	2,940	(2,128)
Provider - YGC	162	201	40	47	46	(1)	611	616	3,810	(3,199)
Provider - YMW	244	288	44	62	64	2	1,052	1,162	2,640	(1,588)
Women's	75	160	86	15	4	(10)	252	392	1,060	(808)
Grand Total	5,875	6,643	768	1,381	1,524	143	16,423	16,451	35,000	(18,577)

*includes schemes "Scheduled to deliver" and "In delivery / delivered" (i.e.. all schemes rated "Green" in the development stage)

Recovery programme narrative

What have we done well

- M5 savings figures show an over delivery of savings of £143k in month and £768k over delivery in the year to date.
- FY19 FOT for green schemes is in line with plan values for those schemes at £16.5m. PMO have reviewing YTD variances versus FOT for any potential under/over forecasting and feedback has been provided to the DDoF to discuss with Finance team.
- £7.6m net increase in overall programme in month.
 - £0.9m cash releasing; and
 - £6.6m currently assessed as run rate/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.
- Run rate/cost avoidance schemes added in week require Finance validation. Once the savings type has been confirmed some may convert into cash releasing where appropriate.
- Financial Recovery Action Plan consolidation has completed and 1:1 meetings on a fortnightly basis between Executive action owners and the Recovery Director are in place to ensure timely progression of all outstanding actions.
- 'Stretch' £10m cash releasing target allocated and communicated to all Divisions. All parties now focused on a £35m cash releasing target and reporting against this in fortnightly reporting packs.
- E-voting system operational, ensuring auditable approval by project team, Finance, Executive lead plus Executive review of QIA, EQIA and DPIA.
- Improvement Groups now in place and starting to develop PIDs (see "Improvement Group update" page).

Where we need to focus

- Progression, at pace, of projects in the pipeline 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 BCU wide and Corporate Red projects, and link in with owners leads to update on progress, once confirmed.
- 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 5 financial performance for any additional true over performances which can be captured against targets.
- Continued rapid increase in pipeline to fill the shortfall in cash releasing schemes. Actions:
 - Follow up with Divisions/Areas on producing plans aimed at closing their current gaps (cost savings and reduction in run rate).
 - Review of Recovery plan ideas received from Divisions into tangible opportunities and PIDs.
 - Assess current non cash-releasing schemes for opportunities to re-design to make them cash releasing.
- Continue close scrutiny of the progression of actions on the FRAP to ensure all actions are fully addressed.
- Continue retrospective completion of QIA/EQIA/DPIA for 144 schemes to ensure compliance with BCU policy.
- Integrate new members of the PMO team into the role and key tasks as they are identified.

Recovery programme narrative

Support required

- BCU wide and corporate schemes required an allocation of owners / Project Leads to ensure the opportunities are pursued and PIDs scoped and drafted - This was discussed at FRG on 4 Sep 19 and Executive owners have now been assigned to all BCU wide schemes. A list of these schemes can be found in the appendices.
- The organisation needs to plan for the replacement of the current short term external support with a more sustainable resource into PMO and divisional support roles. (see key risks)

Key risks, issues and mitigations

- Risk that Divisions/Areas fail to identify, develop and deliver the additional £9.8m required in-year at pace.
- As raised at FRG on 4 September completion of the establishment of the Improvement Groups is critical. An email was issued in week from the CEO setting clear deadline for agreement of targets and scheduling of meetings to kick start IGs.
- Risk that Divisions/Areas are limited in their ability to identify opportunities and there are capacity constraints to progress PIDs at the required pace. Discussions at divisional review meetings will support the scoping of ideas and their progression. Divisions are working on a number of mitigating actions, as well as clear Executive expectations and accountability will help to mitigate this.
- Transition and handover. A number of BCU staff were identified to work alongside PwC in divisional support and PMO roles. Whilst some have been working side-by-side, and further staff expecting to begin next week, there is a risk of insufficient time for an effective handover. This has been escalated via Phillip Burns and Darren Hargreaves.

Update on M5 vacancy sweep and Medicines management

Vacancy sweep

- As part of the ongoing work to further improve financial grip and control, the Finance team is currently undertaking a vacancy sweep exercise to identify and remove any appropriate vacancies from the establishment. In particular, this will target long standing vacancies that have not been back filled.
- This process is designed to prevent budget holders managing overspends by holding vacancies, thus increasing transparency of performance in pay budgets and forcing action to address any underlying issues.

- The exercise is being based on a detailed line by line review of the establishment by respective CFOs to identify suitable vacancies for sweeping.
- Results from the line by line review are being collated early in week commencing 23 September 2019.
- Following this, Divisional leadership teams will be challenged to remove all suitable vacancies with appropriate budgetary changes reflected on the ledger before the end of the current financial month.
- Challenge will be provided by the Recovery Director via Divisional challenge sessions and in FRG.

Medicines management

Consolidation – very good delivery on plans in year currently delivering £4.5m cash release prescribing savings versus a target of £5.04m. Plan in place to recover the balance of £583k in year.

NICE & high cost drugs including cancer – planning and effectiveness of NICE drugs, unwarranted variation, clinical engagement to build consensus thought established clinical networks (commitment rather than compliance).

Primary care volatility – £2.3m in year cost pressure to to impact of Cat

M and No Cheaper Stock Obtainable (NCSO) tariff increases and supply shortages. Plans identified to target unwarranted variation.

Med. Mgmt. Improvement Group – latest benchmarking shows BCUHB lowest prescribing cost per patient across Wales. Quality is driving value not finance.

Update on No PO:No pay policy

No Purchase Order (PO), No payment

Background: In line with BCU Standing Financial Instructions (SFIs) and All Wales “No PO No Pay policy”, expenditure can only be committed after approval by those with authority.

Discretionary non-pay review panel: As part of BCU’s financial recovery programme, we have instituted a weekly panel to review all requests for non-pay expenditure of a discretionary nature. The purpose of the panel is to identify and stop expenditure that need not be incurred.

Non-compliant commitment of expenditure: The panel has identified approximately 20% of expenditure requests being raised after invoices have already been issued by suppliers.

This means that goods and services have already been delivered for these items, and the panel has therefore been unable to consider stopping this expenditure.

These retrospective POs are non-compliant breaches because expenditure commitments have already been given without demonstrable approval by those with authority.

A significant proportion of expenditure has also been identified where requests for expenditure are being raised late in the day.

Lack of timeliness or lateness means that:

- The panel is being partially inhibited in achieving its purpose in these cases
- For necessary expenditure, opportunities for BCU to secure value for money are being missed

- There may be damage being done to relationships with BCU’s suppliers.

Expenditure outside budgetary provision: BCU is currently in financial deficit and special measures, and is generally operating outside its overall financial objectives. The initiation of any expenditure, and compliance with BCU SFIs and financial policies needs to be seriously considered in this light.

Actions being taken:

- Oracle users have been advised to stop raising requisitions in arrears, to start raising them in advance and to raise them on a timely basis.
- Recovery meetings are challenging the basis of expenditure being incurred outside of budgetary envelopes.
- All Executives, Budget-holders and staff are being reminded to comply with BCU SFIs and financial policies.
- All Executives, Budget-holders and staff are also being reminded that, notwithstanding normal expenditure authority, no expenditure outside budgetary envelopes is authorised unless it has specific separate funding that can be applied.
- Breaches are being monitored, and further escalation actions will be taken if required.
- Draft communication to the organisation can be found in appendix 3

Improvement Groups update

What have we done well

- Throughout the M5 efforts have focused on concluding the establishment of the Improvement Groups ("IGs"). As a consequence:
 - 11 of 12 IGs are now fully established with initial meetings held throughout September. TORs and new memberships plus the focus and frequency of meeting have been agreed.
 - All IGs have now scheduled fortnightly meetings going forward.
 - IG challenge sessions with the Recovery Director and Head of IGs are in place, supported by fortnightly IG reporting packs.
- Weekly updates are provided to FRG members.
- An IG benchmarking review was completed in August to help IGs frame and agree an appropriately challenging but realistic target value and point towards areas of opportunity. As consequence of this IGs have been tasked with finding and delivering £10m of in year value.

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 into October to ensure that all of the IGs are contributing to one or more of the 3 key recovery areas: RTT, efficiency and the acute pathway.

Where we need to focus

- IGs are now in the process of developing programme PIDs that are expected to deliver additional financial benefits in 2019-20. An overarching Workforce IG PID has been drafted with a view to replacing 8 existing, but static red schemes on the tracker. Additionally, we have IG programme PIDs drafted for CHC, Procurement, Planned Care & Health Improvement.
- An exercise is underway to ensure this does not create any double count with values currently being validated by the PMO. Implementation is expected from Q3.
- It is currently anticipated that the opportunities being developed by the IGs in combination with that of the Areas and Divisions should see the closing of the current gap to the year end control total.

Key risks, issues and mitigations

- There remains a risk that the IGs lack the capability and capacity to develop and deliver plans in a rapid and robust manner. As the IGs have started to develop their plans it has identified potential capacity and capability issues. These are being tackled as they emerge with additional support being established where needed.
- This process is closely scrutinised by the Lead for Improvement Group development prior to FRG endorsement with all requests for additional support going through the formal VAP/WAP process.
- Additional resources are only endorsed where there is a clear evidence of an expected return on investment.



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Appendices

Appendix 1: BCU wide cash releasing schemes *(Indicative value £4.35m as at June 2019)*

* Estimated in year values may reduce given two months have passed.

Exec and IG group allocated to all but one of the BCU wide schemes.

The indicative values will need to be validated against schemes that have been developed and added to the tracker in the intervening period to ensure there is no double count.

PMO will meet with Exec lead and project lead identified to validate the schemes against schemes already in the tracker

Following this schemes will need scoping with savings validated

Project Title	Area	R / NR	Original estimated 19/20 value (June) *	IG allocation	Exec Lead / Lead
A&C Grip and Control	BCU Wide	R	250,000	Workforce	Dir. of Workforce and OD
Booking/contact centres	BCU Wide	R	100,000	Digital	Medical Director
Clinical Nurse specialist Review	BCU Wide	R	250,000	Workforce	Dir. of Workforce and OD
Corporate Review	BCU Wide	R	460,000	Workforce	Dir. of Workforce and OD
Corporate Review (non-pay)	BCU Wide	R	120,000	Procurement	Dir. of Therapies and Health Science
Diabetes Pathway	BCU Wide	R	250,000	Care Closer to Home	Dir. Of Primary and Community Services
Medical Workforce Optimisation	BCU Wide	R	800,000	Workforce	Dir. of Workforce and OD
Nurse Ward Staffing (Benchmarking)	BCU Wide	R	250,000	Workforce	Dir. of Workforce and OD
Nursing Workforce Optimisation	BCU Wide	R	600,000	Workforce	Dir. of Workforce and OD
Outpatients - Nursing and midwifery Establishment reviews	BCU Wide	R	320,000	Workforce	Dir. of Workforce and OD
Pharmacy Outpatient dispensing	BCU Wide	R	146,000	Meds Man.	Medical Director
Procurement - Balance to central Workplan	BCU Wide	R	806,000	Procurement	Dir. of Therapies and Health Science
BCU wide schemes - total			4,352,000		

Appendix 2 – Draft comms on No PO:No pay

DRAFT COMMUNICATION TO ALL STAFF

Background

In line with BCU Standing Financial Instructions (SFIs) and All Wales “No PO No Pay policy”, expenditure can only be committed after approval by those with authority.

The Oracle Purchase Ordering (PO) system is how we evidence the prior approval of most non-pay expenditure commitments. Requisitions are requests to spend which, once approved, are converted to POs and sent to suppliers to commit expenditure for goods and services that they will supply.

Non-compliant commitment of expenditure

A significant proportion of expenditure has been identified where requests for expenditure are being raised after invoices have already been issued by suppliers. This means that goods and services have already been delivered to BCU for these items.

These retrospective POs are non-compliant breaches because expenditure commitments have already been given and fulfilled by our suppliers without demonstrable approval by those with authority.

A significant proportion of expenditure has also been identified where requests for expenditure are being raised late in the day.

Lack of timeliness or lateness means that:

- Effective procurement of necessary goods and services may be undermined;
- Opportunities for BCU to secure value for money may be missed; and
- Relationships with BCU's suppliers may be damaged.

Oracle users have been advised to stop raising requisitions in arrears, to start raising them in advance and to raise them on a timely basis.

All Executives, Budget-holders and other staff are reminded to comply with BCU SFIs and financial policies.

Breaches are being monitored, and further action will be taken if required.

Expenditure outside budgetary provision

All Executives, Budget-holders and other staff are also reminded that, notwithstanding normal expenditure authority, no expenditure outside budgetary envelopes is authorised unless it has specific separate funding that can be applied.

BCU is currently in financial deficit and special measures, and is generally operating outside its overall financial objectives. The initiation of any BCU expenditure and compliance with BCU SFIs and financial policies needs to be very seriously considered in this light.

**Finance and Performance
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 Bwrdd Iechyd Prifysgol
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University Health Board

30.9.19
To improve health and provide excellent care

Report Title:	Financial Recovery Action Plan 2019/20 (FRAP)
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 the organisation's progress in addressing the financial recovery actions.
Approval / Scrutiny Route Prior to Presentation:	Action plan is scrutinised by the Financial Recovery Group.
Governance issues / risks:	This paper does not give rise to Governance issues or risks. The FRAP supports good governance and risk management.
Financial Implications:	<p>The Health Board has developed the FRAP as part of its Recovery Programme.</p> <p>The plan incorporates the existing action plans covering financial baseline and financial grip and control and has been extended to include those actions identified from the NHSI Checklist.</p>
Recommendation:	The Committee is 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 – individuals, families, carers, communities - to		4.Putting resources into preventing problems occurring or getting worse	√

achieve their own well-being			
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			

Special Measures Improvement Framework Theme/Expectation addressed by this paper

This paper supports recovery, good governance and risk management

Equality Impact Assessment

Non-applicable – no impact of equality.

Executive Summary

Purpose:

The purpose of this paper is to provide an update on the newly consolidated Financial Recovery Action Plan (FRAP) which consolidates:

- Financial Base line report actions
- Grip and Control report actions; and
- Best practice grip and control actions

Update:

The detailed action plan consolidation have been completed, incorporating all of the actions from the above to create a 334 point action plan of which 199 are considered complete (18 subject to further validation).

An initial review has been completed by the relevant executive/area leads and fortnightly meetings between the Recovery Director and Executive leads are in place to hold leads accountable for timely completion of all outstanding actions.

An update of overall FRAP status has been incorporated into the FRG weekly reporting and will be provided to F&P committee on a monthly basis.

Recommendation:

It is asked that the revised FRAP and surrounding governance is noted.

Disclosure:

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

Financial Recovery Action Plan

20 September 2019

Financial Recovery Action Plan as at 20 Sept 2019

The Financial Recovery Action Plan ("FRAP") list has 334 actions and incorporates all of the specific actions arising from:

- PWC Financial baseline report (31)
- PWC Grip and Control report (77); and
- NHSi Grip and Control best practice checklist (226): added August 2019
- **195 actions are marked complete** (with 18 of these subject to validation)
- **139 actions are not complete** (of which 128 are in progress)
- No schemes have been deleted.

Accountability

- All actions have been assigned a to a relevant department with an executive lead (see next page for breakdown) and, where appropriate a prime supporting department.
- Actions are scrutinised via the existing Monthly Executive Challenge sessions between Recovery Director and Executive leads plus an additional FRAP meeting per month to provide fortnightly progress updates and challenge.
- On top of this a weekly FRAP review meeting is held by the Recovery Director, supported by DDoF and Head of PMO.
- Progression is reported into FRG; F&P and Board.

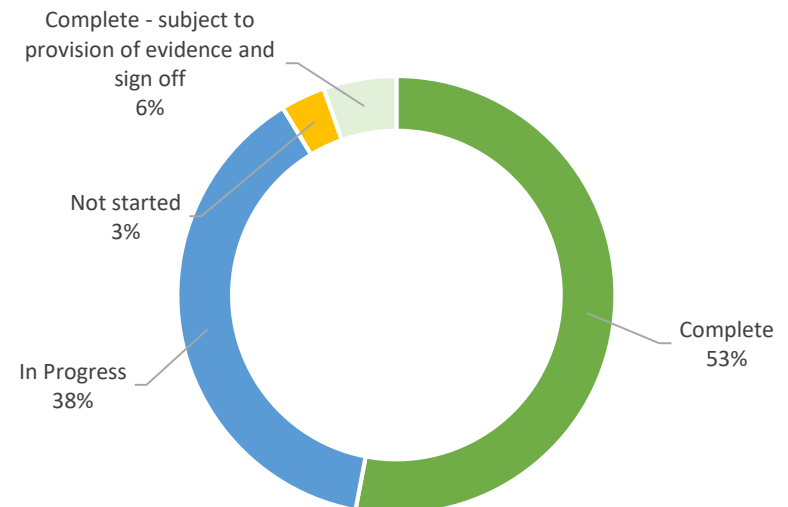
The list is held centrally by the PMO who are monitoring and reporting on the progression of actions.

Each functional lead has received the revised action list and work is ongoing to complete all actions.

The 11 items which have not yet started relate to items recently added from the Grip and control best practice checklist.

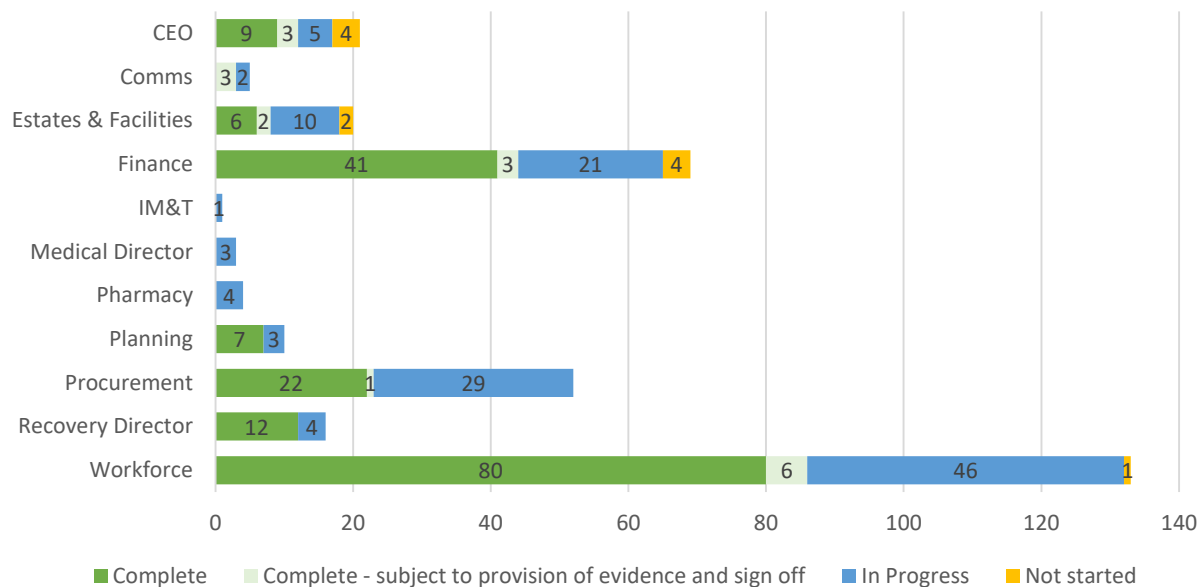
	Complete	Complete - subject to provision of evidence and sign off	In Progress	Not started	Grand Total
Actions	177	18	128	11	334

Overall Financial Recovery Action Plan status

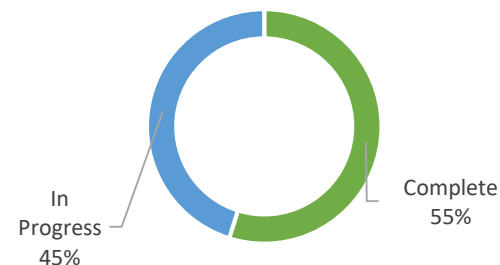


Financial Recovery Action Plan as at 20 Sept 2019

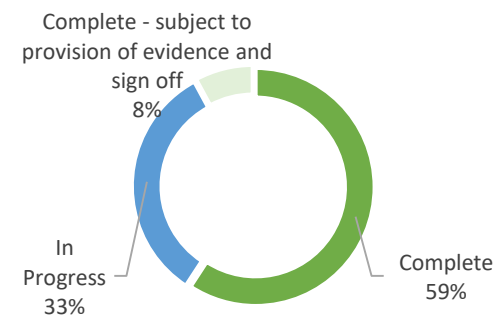
Status by lead dept.



Financial baseline report actions



Original grip and control report actions



All items not yet started relate to items recently added from the Grip and Control best practice checklist.

Note: Most of the not yet started actions sit within Estates and Facilities and the operational lead was on annual leave when the actions were added to the FRAP; those actions are now being reviewed and updated.

Financial Recovery Action Plan as at 20 Sept 2019

Next steps:

- Complete validation exercise to ensure all actions outstanding have a due date and person responsible for delivery.
- Ongoing scrutiny, monitoring and reporting of progress.



Report Title:	Finance Report Month 5 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 August 2019, together with actions being undertaken to manage the financial challenge and mitigate the risks.
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 an additional £10m savings, as compared to the draft financial plan, which required £25m cash releasing savings in year. • At the end of Month 5 the Health Board is overspent by £18.2m, which is £4.9m worse than the year to date control total profile (of £13.3m). • The key reason for the year to date shortfall is that the savings target has not been fully identified or delivered. Total cash releasing savings delivered by Month 5 are £6.7m, a shortfall of £3.6m against plan. • Other key areas of cost pressure are Secondary Care drugs and Primary Care drugs (Prescribing). • The control total plan for Month 5 required a £1.6m deficit. The actual position was £3.5m, £1.9m in excess of this plan.
Recommendation:	It is asked that the report is noted, with particular reference to the forecast position which is of a £35m deficit and the specific actions in progress to improve the expenditure run rate.

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



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FINANCE REPORT

MONTH 5 2019/20

Sue Hill

Acting Executive Director of Finance

Betsi Cadwaladr University Health Board

1. Executive Summary

1.1

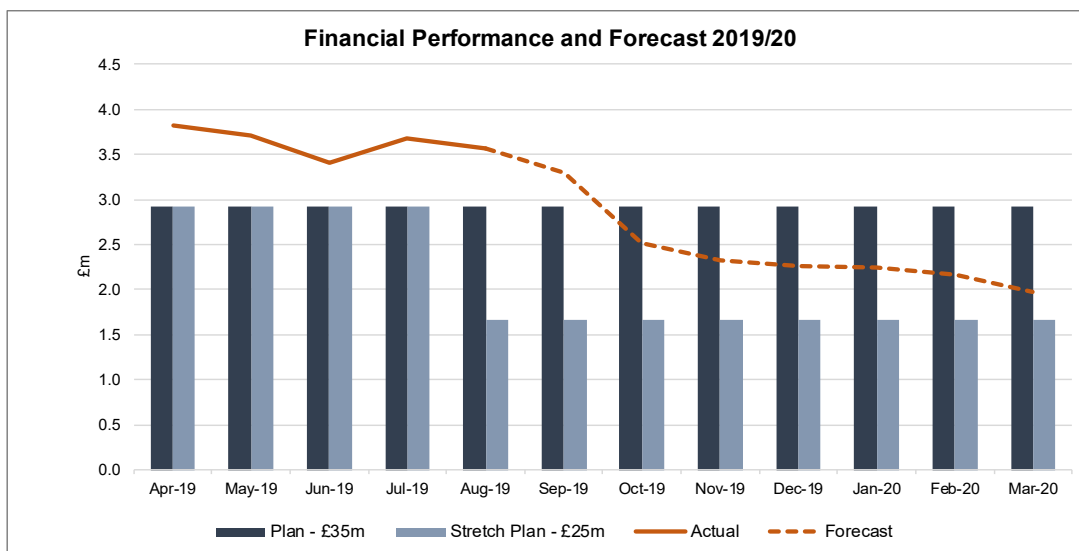
Current Month

Year to Date

Full Year Forecast

Executive Summary

Original Plan	£2.9m Deficit	Original Plan	£14.6m Deficit	Original Plan	£35.0m Deficit
Control Total	£1.6m Deficit	Control Total	£13.3m Deficit	Control Total	£25.0m Deficit
Actual	£3.5m Deficit	Actual	£18.2m Deficit	Forecast	£35.0m Deficit
Plan Variance	£0.6m Adverse	Plan Variance	£3.6m Adverse	Plan Variance	Nil
Stretch Variance	£1.9m Adverse	Stretch Variance	£4.9m Adverse	Stretch Variance	£10.0m Deficit



At the end of Month 5 the Health Board is overspent by £18.2 m, £4.9m higher than the year to date control total plan of £13.3m. Total cash releasing savings delivered by Month 5 are £6.7m against planned savings of £10.3m, a shortfall of £3.6m.

Achievement against Key Targets

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

1.

Executive Summary

Capital Resource Limit

✓

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	Total	YTD Variance
	£m	£m	£m	£m	£m	£m	£m
Revenue Resource Limit	(124.9)	(123.2)	(124.1)	(129.3)	(124.7)	(626.2)	0.0
Miscellaneous Income	(10.6)	(11.9)	(11.1)	(11.1)	(12.1)	(56.8)	(2.4)
Health Board Pay Expenditure	64.6	61.9	62.0	62.3	62.2	313.0	(0.5)
Non-Pay Expenditure	74.8	76.9	76.6	81.8	78.1	388.2	7.8
Health Board Total Against Stretch Plan	3.9	3.7	3.4	3.7	3.5	18.2	4.9
Stretch Target Offset							(1.3)
Health Board Total Against Original Plan							3.6

- In month: The Health Board delivered a £3.5m deficit, £0.2m improvement against July. However this month we have included an adjustment in the ledger to reflect the £1.25m reduction in spend, which is equivalent to the additional savings required to deliver the £25m control total, which were not delivered in month.
- Year to date: The Health Board is overspent by £18.2 m, £4.9m higher than that required to achieve the control total – a plan of £13.3m. The key over spending division is Secondary Care, where the non-delivery of savings and high drugs costs are the main causes of the overspend.
- Planned income for the Health Board is forecast at £1,559m for the year, all of which is reflected within the current forecast. Welsh Government allocations form the majority of the Health Board's funding. Confirmed allocations total £1,494m year to date, with further anticipated allocations in year of £65m.

2.2 Forecast Position

- The Health Board has a forecast outturn for 2019/20 of £35m, in line with the initial plan, but £10m behind the control total of £25m. While the extrapolation of the year to date position equates to a £43.7m deficit, the forecast reflects the expected impact of the specific actions which are being managed through the Recovery Programme, around Grip and Control and the identification and delivery of savings. There is also an increased level of pipeline schemes identified across the Health Board.
- A plan has been developed to move towards the control total set by Welsh Government. The Health Board's financial ledger has been updated to include the additional £10.0m of savings targets, to enable effective oversight for the remainder of the financial year. Welsh Government reporting continues to reflect the initial plan deficit of £35.0m, in line with their requirements.
- The following table reflects the three forecast scenarios, based on the current status of the Savings pipeline, the Grip and Control Action plan and an expectation that the Health Board may need to invest in additional resources in order to accelerate some of the schemes currently in development. The best case scenario includes £2m of recovery costs, which would include both PMO and Service Improvement capability to secure cash releasing savings.

2. Current & Forecast Position

- The biggest risk remains the no of schemes which are red rated and the identification of cost avoidance rather than cash releasing schemes:

Financial recovery programme as at Month 5				Worst Case	Likely Case <i>Red from M10</i>	Best Case 100% delivery
	Green	Amber	Red	Total	<i>No red 0%</i>	<i>50% 100%</i>
Savings	16,423	515	8,242	25,179	16,938	21,058
Grip & Control	6,314	943	4,009	11,267	7,257	9,262
Grip & Control	400	5	2,673	3,079	405	1,742
	23,137	1,463	14,925	39,524	24,600	32,062

Month 5 YTD extrapolation	YTD	1. Do Nothing	2. Worst Case	3. Likely Case	4. Best Case	Total
Underlying Deficit	-27,638	-66,331	-43,680	-42,231	-35,519	
Savings	6,676	16,022	915	4,121	4,121	25,179
Grip & Control	2,762	6,629	1,034	3,341	3,341	14,345
Total	9,438	22,651	1,949	7,462	7,462	39,524
Indicative Recovery Costs			-500	-750	-750	-2,000
Deficit	-18,200	-43,680	-42,231	-35,519	-28,807	

<i>Savings delivered:</i>	<i>Savings</i>	16,022	16,938	21,058	25,179
	<i>Grip & Control</i>	6,629	7,662	11,004	14,345
	Total	22,651	24,600	32,062	39,524

2.3 Underlying Position

- A key risk to the Health Board is its underlying deficit. The underlying deficit brought forward from 2018/19 was £56.4m. The underlying position being carried forward into 2020/21 is currently £40.7m, subject to all savings schemes in the pipeline delivering.

2.4 Financial Governance and Control

The recommendations from PWC relating to financial governance and control were also reflected in the Welsh Audit Office' Structured Assessment of the Health Board in 2017. As part of the Financial Recovery Programme, the Health Board is addressing some specific issues, which are described below, along with actions being taken to address them:

Financial deficit and budgetary over-spends

A number of divisions are spending significantly ahead of budget and forecast to continue doing so.

Standing Financial Instructions (SFIs) state that the Chief Executive, Director of Finance and delegated budget holders must not exceed the budgetary total or virement

2. Current & Forecast Position

limits set by the Board. Authorities delegated to budget-holders (included within the Health Board's Scheme of Financial Delegation) are subject to expenditure approval being within funding limits of approved budgets.

Actions taken:

- A new business case process has been agreed with Executives with all projects being subject to the requirements of the new process.
- A reminder is being sent to all Executives, divisional senior management and budget-holders of their financial obligations under the Health Board's SFIs and accountability framework.
- All divisions and their respective senior managers and budget-holders are being challenged to find actions that will ensure financial recovery through fortnightly meetings.
- The finance function is currently completing a list of cost pressures. This will be used to inform any additional actions being required, and budget-setting for 2020/21.

Establishment control

The Health Board has a number of unfunded posts and associated cost pressures and risks within the establishment and related budgets (e.g. when the Health Board takes on a managed practice posts previously funded through the GMS contracts are often converted to established posts within the Health Board).

Actions being taken:

- Finance is currently carrying out a stocktake of unfunded posts. This will identify the full range of explanations, and relevant follow-up actions.
- Finance is also currently reviewing the Health Board's use of interim staff and its conformance with establishment control and HMRC IR35 requirements.

No PO no Pay Policy conformance

Expenditure should be properly approved using our Oracle ledger before being committed. It has been identified that a significant proportion of expenditure is being requisitioned retrospectively.

Actions being taken:

- Oracle users have been reminded that requests for expenditure should be prospective.
- Additional training is being offered to Oracle users and weekly emails will be issued describing areas of noncompliance and reviews will take place to ensure compliance improves

2. Current & Forecast Position

2.5 Financial Performance by Division

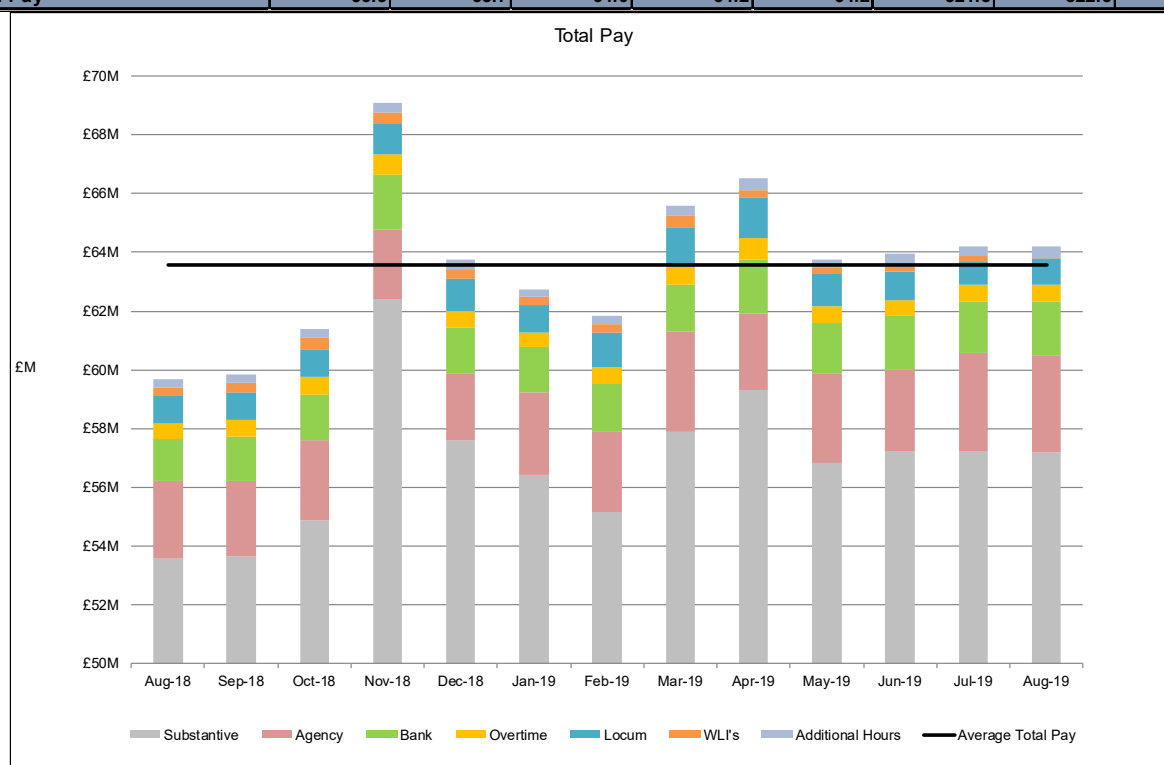
	Month 1 ACTUAL £000	Month 2 ACTUAL £000	Month 3 ACTUAL £000	Month 4 ACTUAL £000	Month 5 ACTUAL £000	CUMULATIVE BUDGET £000	CUMULATIVE ACTUAL £000	VARIANCE £000
WG RESOURCE ALLOCATION	(124,954)	(123,186)	(124,111)	(129,295)	(124,695)	(626,241)	(626,241)	0
AREA TEAMS								
West Area	13,278	12,998	13,066	14,339	13,470	67,005	67,152	147
Central Area	17,294	17,075	17,051	18,030	17,448	86,990	86,899	(91)
East Area	19,050	18,928	18,905	20,129	19,420	95,789	96,432	643
Other North Wales	834	1,072	1,206	864	1,224	5,531	5,200	(331)
Commissioner Contracts	16,206	16,191	16,647	18,154	19,319	86,602	86,516	(85)
Provider Income	(1,601)	(1,768)	(1,859)	(2,268)	(2,154)	(8,817)	(9,650)	(833)
Total Area Teams	65,062	64,496	65,017	69,248	68,727	333,099	332,549	(550)
SECONDARY CARE								
Ysbyty Gwynedd	8,712	8,444	8,392	8,371	8,158	41,276	42,077	800
Ysbyty Glan Clwyd	10,392	10,281	10,259	10,469	10,285	49,271	51,686	2,415
Ysbyty Maelor Wrexham	8,908	8,700	8,530	8,773	8,650	42,809	43,562	753
North Wales Hospital Services	8,994	8,647	8,584	9,429	6,647	41,596	42,301	704
Womens	3,370	3,282	3,066	3,258	3,294	16,210	16,270	60
Total Secondary Care	40,375	39,354	38,831	40,301	37,034	191,162	195,895	4,733
Total Mental Health & LDS	10,682	10,156	10,145	10,088	10,268	50,991	51,335	344
Total Corporate & Other Budgets (Reserves)	12,660	12,895	13,533	13,339	12,233	64,322	64,664	342
TOTAL - STRETCH PLAN (£25.0m)	3,825	3,716	3,414	3,681	3,566	13,333	18,202	4,869
Stretch Target Offset						1,250	0	(1,250)
TOTAL - ORIGINAL PLAN (£35.0m)						14,583	18,202	3,619

MAIN COST PRESSURES								
Secondary Care drugs								1,834
Primary Care drugs								1,012
Travel								515
Unallocated savings - original target plus brought forward								3,082
Unallocated savings - stretch target								1,250

3. Expenditure

3.1 Pay

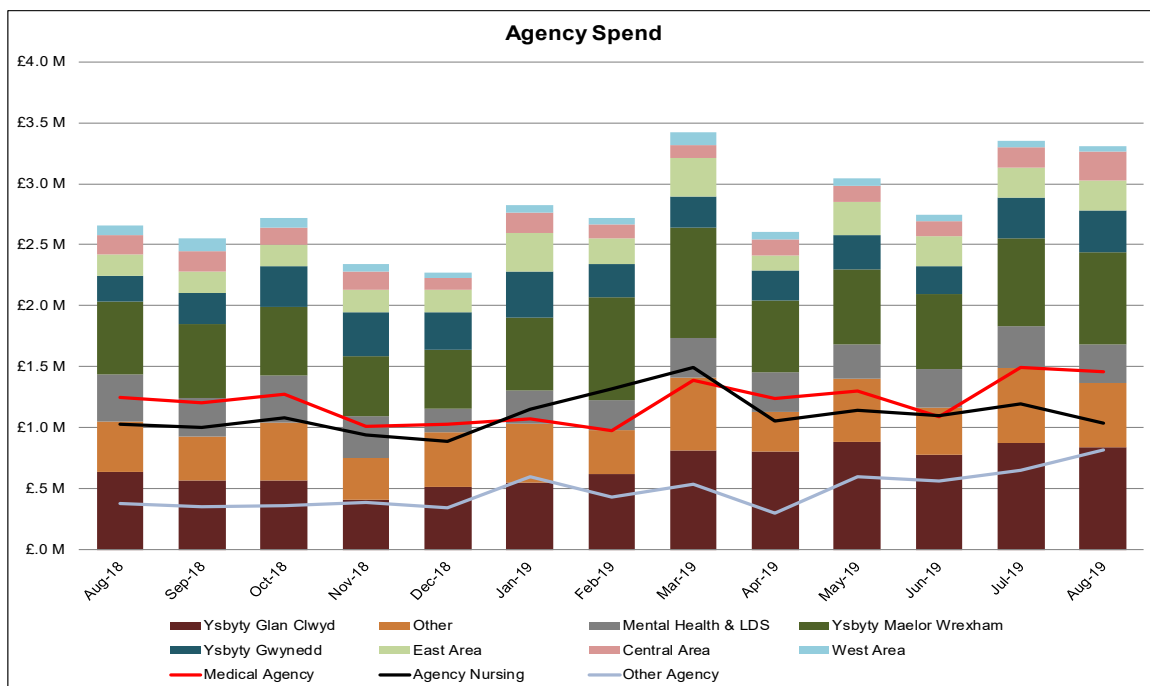
	Actuals					Cumulative		
	Month 1 2019/120	Month 2 2019/120	Month 3 2019/120	Month 4 2019/120	Month 5 2019/120	YTD Budget	YTD Actual	YTD Variance
	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	8.4	8.1	8.1	8.0	8.1	43.6	40.7	(2.9)
Medical & Dental	14.3	14.0	14.3	14.7	14.7	68.8	72.0	3.2
Nursing & Midwifery Registered	21.3	20.1	20.1	20.2	19.7	106.1	101.4	(4.7)
Additional Clinical Services	10.0	9.2	9.3	9.3	9.0	43.2	46.8	3.6
Add Prof Scientific & Technical	2.5	2.6	2.3	2.4	2.8	13.3	12.6	(0.7)
Allied Health Professionals	3.7	3.7	3.7	3.7	3.7	18.5	18.5	0.0
Healthcare Scientists	1.2	1.2	1.1	1.1	1.1	5.6	5.7	0.1
Estates & Ancillary	3.2	3.0	3.1	2.9	3.1	15.4	15.3	(0.1)
Savings to be allocated						(1.0)		1.0
Health Board Total	64.6	61.9	62.0	62.3	62.2	313.5	313.0	(0.5)
Primary care	1.9	1.8	2.0	1.9	2.0	8.0	9.6	1.6
Total Pay	66.5	63.7	64.0	64.2	64.2	321.5	322.6	1.1



- Included in the year to date Health Board total pay costs is £2.1m relating to RTT.
- Little movement in pay costs from Month 4. A data cleanse of staff positions during August has led to the transfer of some staff between staffing groups. In particular, staff have moved from Nursing & Midwifery and Additional Clinical Services to the Add Prof Scientific & Technical category, to ensure Pharmacy and Operating Department Practitioners (ODP) staff were reported in the correct staff group.
- 10.9% (£7.0m) of total pay for Month 5 (10.8% / £34.8m year to date) related to variable pay; agency, bank, overtime, locum, WLI and additional hours, which is in line with July costs.

3. Expenditure

3.2 Agency and Locum Costs



- Expenditure on agency staff for Month 5 is £3.3m, 5.2% of total pay. Medical agency costs remained static at £1.5m. Nurse agency costs totalled £1.0m for the month, a decrease of £0.2m from the prior month.
- Expenditure on locum staff for Month 5 is £0.9m, an increase of £0.1m on July. This is the second lowest level since October 2018 and it is not yet understood whether this is the impact of controls or reluctance to undertake additional work due to pension/tax changes. The Health Board has started to implement Medic on Line and this will continue to be rolled out across the organisation. This will ensure that locum expenditure is captured in 'real time', improving the timeliness of cost reporting.

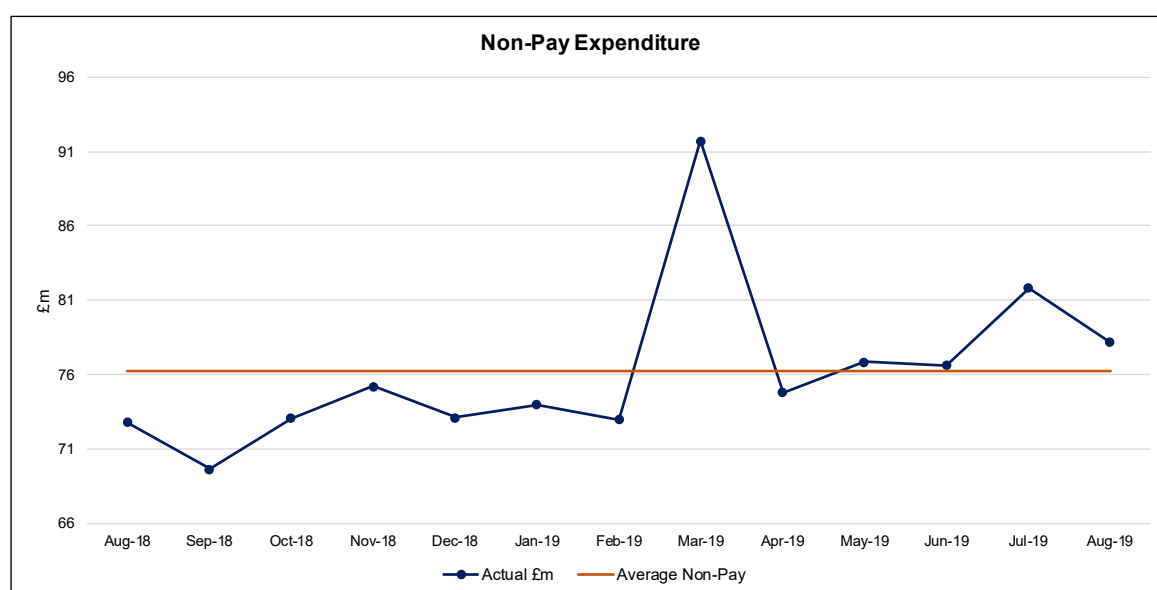
3.3 Pay Actions

- The Establishment Control process continues to enable grip and control of pay costs. The Vacancy Authorisation Panel (VAP) / Workforce Authorisation Panel (WAP) give greater scrutiny of any increased substantive wage spend and there needs to be wide scale compliance with the new procedures to improve financial management across the Health Board.
- The Workforce Improvement Group leads the Workforce Optimisation Portfolio, which will be the overarching mechanism to ensure successful delivery of the BCU wide workforce initiatives.
- External consultancy services are analysing Medical spend and advising areas of potential improvement. Additionally, focus remains on filling substantive vacancies, reducing sickness absence and increasing pools of internal temporary staff, particularly in Nursing, Medical & Dental and Admin & Clerical.

3. Expenditure

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	YTD Budget £m	YTD Actual £m	YTD Variance £m
Primary Care	16.7	17.0	17.3	16.9	17.3	86.9	85.2	(1.7)
Primary Care Drugs	8.2	8.2	8.2	8.2	8.6	40.4	41.4	1.0
Secondary Care Drugs	5.9	6.0	5.6	6.3	5.8	27.8	29.6	1.8
Clinical Supplies	5.3	5.6	5.5	5.9	5.6	27.7	27.9	0.2
General Supplies	1.8	2.3	1.3	5.3	2.6	13.1	13.3	0.2
Healthcare Services Provided by Other NHS Bodies	21.1	21.0	21.5	23.1	22.2	109.3	108.9	(0.4)
Continuing Care and Funded Nursing Care	8.3	8.3	8.1	8.0	8.2	40.0	40.9	0.9
Other	5.1	5.9	5.6	5.2	5.0	21.0	26.8	5.8
Capital	2.4	2.6	3.5	2.9	2.8	14.2	14.2	0.0
Total	74.8	76.9	76.6	81.8	78.1	380.4	388.2	7.8



- June 2019 Prescribing data, received in Month 5, indicated a further increase in Primary Care drugs costs due to a growth in prices, as opposed to activity. Therefore additional Prescribing costs of £0.4m have been recognised in the month, increasing the year to date over spend to £1.0m. There is further risk in relation to Category M drugs which are expected to increase in price, potentially impacting on future months.
- Secondary Care drugs costs have reduced by £0.5m from Month 4, to a cost of £5.8m. However overspends continue, particularly in Dermatology (£0.5m), Oncology (£0.4m), Diabetes (£0.4m) and Mental Health (£0.4m). Aside from savings delivery, this is currently the largest over spend area for the Health Board.
- Continuing Healthcare (CHC) continues to over spend, at an average rate of almost £0.2m a month. In August the main issues related to Children's CHC, which is being closely monitored on a case by case basis.
- Unallocated savings schemes are contributing £4.3m to the over spend. This includes unallocated savings from the original £25.0m target (£2.4m), savings targets brought forward from prior years that did not have recurrent schemes attached to them (£0.7m)

3. Expenditure

and the year to date share of the £10.0m additional savings for which schemes have not yet been confirmed (£1.2m).

- Travel is over budget by approximately £100k each month. The key area of pressure is the Non-Emergency Patient Travel Service (NEPTS). Discussions continue with the Welsh Ambulance Service (WAST) around transferring NEPTS, with a focus on analysis of data to define the service needs. There is likely to be a short delay to the initial transfer date of October 2019, but it is anticipated that it will still transition to WAST in 2019.

3.5 Non-Pay Actions

- A robust 'Grip & Control' programme has been established for reducing non-pay costs. This includes a discretionary non-pay weekly review panel to scrutinise orders and the deployment of a Grip & Control checklist, which consolidates actions from previous plans. A Task and Finish group has also been established to target areas where Grip & Control can be improved. Relevant areas for improvement are being shared with Executives to action and report back.
- A number of actions are focused on the reduction of Secondary Care drugs costs, including switching drugs to cheaper alternatives and benchmarking against other organisations.
- All divisions are required to produce and progress recovery plans at pace, through the identification of cost savings and reductions in the run rate. The Recovery Director will monitor this through divisional review meetings. Recovery plan ideas will be reviewed and converted into tangible opportunities, so increasing savings identification.

3.6 RTT Costs

- At the end of August the Health Board has spent £5.7m on additional activity to reduce the long waiting lists. Welsh Government have confirmed funding of £11.85m for RTT and a further £2.25m to support Orthopaedic performance, MSK services and improvement with follow ups.

3. Expenditure

The following table highlights expenditure to date by service and expenditure category:

Expenditure Category		YG £000	YGC £000	YWM £000	Other £000	Support Services £000	Outsource £000	Total £000
Medical Costs		571	498	94		82		1,245
Theatre Staff		135	103	10				248
Theatre Non Pay		147	122	57				327
Other Staffing		6	99	-	132	168		405
Other Non Pay		302	472	-	57	797		1,627
Ward / Outpatients		165		9				174
Outsourced Activity				-			592	592
Insourcing		654	240	219				1,114
Total Expenditure		1,980	1,534	389	189	1,047	592	5,732
Diagnostics	Cardiology	1		14				15
	Gastro / Endoscopy	948	397	184				1,529
	Ophthalmology	71		-				71
	Radiology			-		1,047		1,047
	Urology			33				33
Sub Total		1,019	397	231	-	1,047	-	2,695
Inpatients Daycases Outpatients	Anaesthetics	7		1	18			26
	ENT	36	106	-				142
	General Surgery	144	104	-			4	252
	Gen Med	2		-				2
	Max Fax		90	-			2	92
	Oral	49						49
	Ophthalmology	121	180	69			19	389
	Orthopaedics	510	465	87	114		353	1,529
	Other			-	57			57
	Urology	93	155	-			214	462
WPAS Validators			36	-				36
Sub Total		961	1,137	158	189	-	592	3,037
Total Expenditure		1,980	1,534	389	189	1,047	592	5,732

5. Savings

5.1 Savings Delivery

- Forecast for cash releasing savings for the year total £17.8m against a target of £35.0m, giving a shortfall of £17.2m, and is discussed in the Financial recovery Programme Report.
- Cost avoidance and efficiency savings of £8.258 are forecast for the year, which will be used to offset cost pressures arising in year.
- Year to date cash releasing savings achieved are £6.7m against a plan of £10.3m, giving a shortfall of £3.6m. In addition, cost avoidance savings and efficiency gains totalling £2.8m have been delivered to date. These are used to offset cost pressures arising in year such as agency staff costs and continuing healthcare.

5.2 Savings Programme

The overall savings programme at Month 5 stands at £39.5m, an increase of £6.1m compared to the position at month 4. This reflects significant work undertaken as part of the Financial Recovery Programme. A summary of the programme and risk status of savings is shown in the table below -

Savings Category	Red £m	Amber £m	Green £m	Total £m
Cash Releasing	8.242	0.515	16.423	25.179
Cost Avoidance	4.010	0.943	6.311	11.264
Efficiency	2.673	0.005	0.400	3.079
Total	14.925	1.463	23.134	39.522

As may be seen from the above, cash releasing savings plans now stand at £25.2m which is an increase of £1m over month 4. There is however a significant balance within the red risk category, reflecting schemes which still require considerable work to move them into delivery. BCU wide savings schemes form the most significant element of this red risk category, most notable workforce (£2.5m), procurement (£1.7m)

5. Savings

and the corporate review (£0.6m). The newly established Improvement Groups are addressing these schemes and project documents are expected during September to enable movement in these schemes. Ensuring movement in these areas is a priority for the PMO and the Improvement Team in supporting this work. There are also significant red risk scheme values in Divisional plans, most notably Area East, Mental Health and Wrexham Maelor Hospital. Moving these schemes to amber and green is being driven through the Divisional Recovery Meetings with support from the PMO.

The most significant growth in savings plan since month 4 is in the cost avoidance category, with an increase of £5.1m. Significant movements here include recovery plans developed by Area East and Mental Health. Whilst the identification of recovery actions is positive, these are largely replacing planned cash releasing savings, which places further pressure on the Board's financial position moving forward. There is also pan Health Board work regarding care packages and medical agency / locum costs which is adding significantly to the cost avoidance savings plan. 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 financial performance of those divisions from month 6 onwards.

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.

Key actions required -

- The work of Improvement Groups needs to drive movement in the BCU wide red risk schemes to ensure delivery
- Work to develop further medical agency / locum savings must progress to move schemes from red risk during September
- Divisional schemes which are currently rated red require urgent action to ensure delivery plans can be implemented and risk reduced
- Divisions, through their Recovery Meetings, need to evidence the impact of cost avoidance savings on the run rate from month 6 onwards
- 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

6. Balance Sheet

6.1 Balance Sheet

Balance sheet as at Month 5 2019/20			
	Opening balance £000	M5 2019/20 £000	Movement £000
Non Current Assets:			
Fixed Assets	627,406	618,044	(9,362)
Other Non Current Assets	69,363	69,363	0
Current Assets:			0
Inventories	16,077	16,486	409
Trade and other receivables	66,441	37,084	(29,357)
Cash - Revenue	307	1,546	1,239
Cash - Capital	3,665	2,444	(1,221)
Total Assets	779,594	742,523	(37,071)
Liabilities:			
Trade and other payables	142,428	119,353	(23,075)
Provisions	110,432	105,917	(4,515)
Total Liabilities	252,860	225,270	(27,590)
	526,734	517,253	(9,481)
Financed by:			
General Fund	402,323	391,621	(10,702)
Revaluation Reserve	128,076	128,076	0
Total Funding	530,399	519,697	(10,702)

- Movement in balance sheet categories since the opening audited position is as expected.
- It is currently anticipated that £35.0m of strategic cash support and £10.0m of working capital balances support will be required by the Health Board in 2019/20. These figures will be finalised later in the year and a formal request submitted to Welsh Government following agreement from the Board.
- The Capital Resource Limit at Month 5 is £22.2m. Year to date expenditure is £4.4m against a plan of £5.1m. The year to date slippage of £0.7m will be recovered throughout the remainder of the year.

7. Risks and Opportunities

7.1 Risks and Opportunities

	Issue	Description	£m	Key Decision Point & Summary Mitigation	Risk Owner
1	Risk: Prescribing	<ul style="list-style-type: none"> Lowest forecast methodology is used, giving rise to a possible financial risk. Does not include any potential growth in the number of drug items added to the No Cheaper Stock Obtainable (NCSO) price list nor the emerging potential risk in relation to a National Category M drug price increase. 	(2.3)	<ul style="list-style-type: none"> 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
2	Risk: Continuing Healthcare (CHC)	<ul style="list-style-type: none"> 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 (OPMH) CHC. 	(1.8)	<ul style="list-style-type: none"> Divisions are developing cost avoidance schemes to mitigate against this impact. 	Rob Nolan, Finance Director –Commissioning & Strategy
3	Risk: Under-performance of savings plans	<ul style="list-style-type: none"> Cash releasing savings identified totalled £16.8m, a shortfall of £8.2m against the original target of £25.0m. Cost avoidance savings identified totalled £7.0m against an expected requirement of £9.5m, a shortfall of £2.5m. Therefore total savings risk is £10.7m. 	(10.7)	<ul style="list-style-type: none"> Work continues on the development of further resource utilisation schemes, which will form an important part of the Health Board's efficiency programme for 2019/20. 	Sue Hill, Executive Director of Finance
4	Risk: Hallett v Derby Hospitals NHS Foundation Trust	<ul style="list-style-type: none"> A significant test case for the NHS. The court, found that three Department Of Health publications that prescribed how NHS organisations should address monitoring had not been incorporated. There will be a significant potential for other doctors to bring claims against organisations that use Allocate software. 		<ul style="list-style-type: none"> 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. Workforce & Organisational Development are conducting further investigations. 	Sue Green, Executive Director of Workforce & Organisational Development
5	Risk: Welsh Risk Pool Pressure	<ul style="list-style-type: none"> 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. 		<ul style="list-style-type: none"> The risk has not yet been quantified and discussions continue around potential mitigations. 	Tony Uttley, Interim Finance Director – Operational Finance
6	Opportunity: Stretch Target	<ul style="list-style-type: none"> Control total of £25.0m set by the Welsh Government requires a further £10.0m of savings to be made. Once identified, these schemes have the potential to reduce the year end position below the £35.0m currently forecast. 		<ul style="list-style-type: none"> 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			(14.75)		

8. Summary

8.1 Key Actions

- Additional stretch savings targets totaling £10.0m have been allocated to Divisions and included in the financial ledger to move the Health Board towards delivering its plan and control total. Savings plans are being developed and implemented to meet these targets.
- The Health Board initiated recovery programme has been put in place with the following key objectives:
 - Controlling expenditure run rate.
 - Identifying and converting savings opportunities (in year and ongoing).
- Divisional Recovery meetings, led by the Recovery Director, with all divisional and corporate areas are taking place, with a consistent focus on expenditure run rate and savings delivery.
- The twelve Improvement Groups are executive led and are focusing on specific short-term financial recovery opportunities as well as longer term transformational and service improvement schemes.
- An organisation wide communication and staff engagement plan, 'Better Care, Spending Well', has been launched.
- A robust 'Grip & Control' programme has been established, incorporating:
 - Non-pay weekly review panel.
 - Workforce and vacancy weekly scrutiny panel.
 - Grip & Control checklist deployed, consolidating actions from previous action plans.

8.2 Conclusions

- The Health Board's planned forecast for 2019/20 is £35m. This is based on an underlying brought forward deficit of £56.4m. The Month 5 position is a deficit of £18.2m, giving a year to date position which is £4.9m higher than the position required to meet the control total of £25m.
- A plan has been developed to move towards achievement of the £25m control total set by Welsh Government. The key aspect of this is that additional stretch savings targets have been allocated out to services; £10m beyond those allocated out within the initial plan and budgets and this is being pro-actively challenged and managed through the Financial Recovery Group (FRG), as part of the Financial Recovery Programme.
- The key areas of over spend are unachieved savings, Secondary Care drugs and Primary Care drugs (Prescribing).

8.3 Recommendation

- It is asked that the report is noted, including the forecast outturn of £35.0m and recognising the significant risks to the financial position.

NHS WALES SHARED SERVICES PARTNERSHIP SUMMARY PERFORMANCE REPORT BETSI CADWALADR UNIVERSITY HEALTH BOARD Period 1st April 2019 – 30th June 2019

Introduction

The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 30th June 2019.

The report provides end of quarter detail for the Health Board for the rolling twelve-month period to 30th June 2019 (Appendix 1/2) and further detail of the June 2019 position for all health organisations (Appendix 3).

Performance Summary

Financial Information

NWSSP plans to generate £0.750m direct savings for NHS Wales. As agreed previously BCU's share of this has been used to fund additional Procurement resource. In addition, professional influence benefits generated for Wales totals £25m for the year to June. This is made up of £15m Procurement Savings, £0.5m of savings relating to Specialist Estates Services and £10m of Legal and Risk savings. This includes £4.9m that can be attributed to BCU.

Employment Services – Payroll

The performance accuracy data produced for payroll services provides detail regarding the performance after accounting for the supplementary payroll. This reflects amendments and payments made in the period which would otherwise have been missed and represents benefits for organisations and employees. For BCU the reported payroll accuracy prior to the supplementary payroll was reported as 99.28%, this increased to 99.64% following the supplementary payroll. This was in line with the position reported in the previous quarter and represents continuing strong performance against the target of 99%.

Employment Services – Recruitment

For June KPI performance driven by BCU showed the organisation missing time to shortlist with 5.8 days reported against the target of 3 days, this was an improvement on the quarter 4 performance which was reported as 6.3 days. Time to approve vacancies missed the target with 17.7 days reported against the 10 day target, this was again a deterioration on the quarter 4 performance of 17.6 days. 38.2% of Vacancies were approved within the 10 day target. Notification of outcome KPI achieved the target with 2.5 days reported against a target of 2 days.

For KPI performance driven by NWSSP recruitment team all performance targets were met. For time to place adverts 1.8 days was reported against a target of 2 days. For time to send applications to manager 1 days was reported against a target of 2 days and for time to send conditional offer letter 3.8 days was reported against a target of 4 days.

The majority of Recruitment related calls are handled on behalf of All Wales in the South East region The Calls Answered percentage KPI achieved the 95% target for the quarter with 98.70%.

Procurement Services

For the year to June 2019 procurement savings for Wales were reported as £15m, against a target of £15m. This included savings of £2.155m for BCU, compared to a target of £2.859m.

The volume of invoice lines on hold greater than 30 days increased from 4,122 in March 2019 to 4,125 in June 2019. Within this, the invoice lines on hold greater than 30 days marked as disputed was reported as 50.9%.

The level of automated invoicing represents a key area for the efficiency of the Accounts Payable system and BCU achieved the target of 83%, reported as 90.8% for the month of June.

The Public Sector payment target of 95% was achieved for the Health Board with reported compliance of 96.4% for the year to date.

Invoice Turnaround within 4 days is reported as 83.2% against a 90% target.

Internal Audit

To the end of June 6% of audits were reported against the target of 6%, with further audits in progress.

Primary Care Services

The published KPIs for contractor services relate to services provided to contractors. For the quarter ending June 2019 the indicators provided for BCU demonstrated full achievement against all indicators relating to payments made, cascade alerts, engagement and transfers.

The All Wales key performance indicator for Prescribing Services for keying accuracy rates has been consistently met with 99.53% reported for March, against the target of 99%. For the year to March 2019 a total of 81.333m prescriptions were processed. This represents a slight increase compared to the 80.891m processed at this point of the previous year.

Welsh Risk Pool

The KPIs reported for Welsh Risk Pool relate to the management of claims processed through bimonthly committee meetings. For the 1st quarter 100% performance has been achieved for acknowledgement and processing and paid.

Legal and Risk Services

The KPIs for acknowledgement within 1 day and response to advice within 3 days are consistently reported as achieving the 90% target. Achievement of the KPI related to time to raise invoices for the 1st quarter is reported at 95% achieving the 90% target.

Conclusion

Reported performance for June 2019 was good. However, NWSSP will continue to work with BCU to continue to improve performance against recruitment times and invoice turnaround within 4 days.

Organisation specific KPIs April 2019 – June 2019

BCU High Level - KPIs June 2019		Health Org Position	Health Org Position	Health Org Position	Health Org Position
	Target	30/09/2018	31/12/2018	31/03/2019	30/06/2019
Financial Information					
Direct Savings Notified - YTD	£90k	£210k	£240k	£240k	£90k
Professional Influence Savings - YTD		£15.909m	£18.36m	£19.69m	£4.9m
Employment Services					
Payroll services					
Payroll accuracy rate prior to Supp	99%	99.58%	99.52%	99.43%	99.28%
Payroll accuracy rate post Supp	99%	99.79%	99.76%	99.72%	99.64%
Organisation KPIs Recruitment					
Resignation to Vacancy Approval date	5 days	45.1 days	46.6 days	48.7 days	66.1 days
Time to Approve Vacancies	10 days	9.1 days	10.9 days	17.6 days	17.7 days
Time to Shortlist by Managers	3 days	7.2 days	7.9 days	6.3 days	5.8 days
Time to notify Recruitment of Interview Outcome	3 days	4.7 days	5 days	2.3 days	2.5 days
NWSSP KPIs Recruitment					
Time to Place Adverts	2 days	1.8 days	1.6 days	1.7 days	1.8 days
Time to Send Applications to Manager	2 days	1.3 days	1 days	1 days	1 days
Time to send Conditional Offer Letter	4 days	3.7 days	3.6 days	3.4 days	3.8 days
Calls Answered % Quarterly Average	95%	96.10%	97.90%	99.13%	98.70%
Procurement Services					
Procurement savings - YTD	£2.859m	£4.874m	£5.704m	£6.399m	£2.155m
Invoices on Hold > 30 days		5,219	5,264	4,122	4,125
% Invoices as being in dispute >30 days		31.80%	37.37%	43.70%	50.90%
E Enablement invoices	83%	81.10%	84.00%	85.10%	Not Reported
Invoice Turnaround within 4 Days	90%	82.50%	69.90%	83.60%	83.20%
PSPP Compliance non NHS - YTD	95%	95.30%	95.10%	95%	96.4%
Primary Care Services					
Primary Care payments made accurately and to timescale	100%	100%	100%	100%	100%
Patient assignments actioned within 24 hours	100%	100%	100%	100%	100%
Medical record transfers to/from GPs and other primary care agencies within 6 weeks	95%	93%	97%	96%	96%
Urgent medical record transfers to/from GPs and other primary care agencies within 2 working days	100%	100%	100%	100%	100%
Cascade Alerts issued within timescale	100%	100%	100%	100%	100%
Bi annual SLA meetings with LHBs	100%	100%	100%	100%	100%
Internal audit					
Audits reported % of planned audits - YTD	6%	34%	50%	77%	6%
Report turnaround management response to Draft report - YTD	80%	63%	82%	78%	n/a
Report turnaround draft response-final- YTD	80%	100%	100%	100%	n/a


All Wales KPIs April 2019 – June 2019

ALL WALES KPIs		30/09/2018	31/12/2018	31/03/2019	30/06/2019
Primary Care Services					
Prescription - keying Accuracy rates (March)	99%	99.69%	99.77%	99.55%	99.55%
Prescriptions processed (Apr-Mar)	80.891m	26.947m	47.530m	68.351m	81.333m
Welsh Risk Pool					
Acknowledgement of receipt of claim	100%	100%	100%	100%	100%
Valid claims processed in time for next WRP committee	100%	100%	100%	100%	100%
Claims agreed paid within 10 day	100%	100%	100%	100%	100%
Legal and risk					
Advice acknowledgement- 24 hrs	90%	99%	99%	99%	99%
Advice response – within 3 days	90%	98%	99%	99%	99%
Invoices requested within 21 day	90%	94%	95%	96%	95%

All Health Organisation KPIs June 2019

KPIs June 2019	Target	SB	AB	BCU	C&V	CTM	HD	PHW	POW	VEL	WAST	HEIW
HEALTH ORG KPIs												
Financial Information												
Direct Savings Notified - YTD		Target £93k Actual £93k	Target £74k Actual £74k	Target £90k Actual £90k	Target £79k Actual £79k	Target £51k Actual £51k	Target £58k Actual £58k	Target £6k Actual £6k	Target £14k Actual £14k	Target £9k Actual £9k	Target £9k Actual £9k	n/a
Professional Influence Savings- YTD	£110m	£7.6m	£4.4m	£4.9m	£2.9m	£1.3m	£2.8m	£0.3m	£0.3m	£0.2m	£0.1m	£0.02m
Employment Services												
Payroll services												
Payroll accuracy rate prior to Supp	99%	99.46%	99.48%	99.28%	99.40%	99.45%	99.71%	99.68%	99.47%	99.51%	99.47%	100.00%
Payroll accuracy rate post Supp	99%	99.73%	99.74%	99.64%	99.70%	99.72%	99.86%	99.84%	99.78%	99.76%	99.74%	100.00%
Organisation KPIs Recruitment												
Resignation to Vacancy Approval date	5 days	47.5 days	41.4 days	66.1 days	38.5 days	64.7 days	32.1 days	51.1 days	56.4 days		60.9 days	
Time to Approve Vacancies	10 days	5.5 days	8.2 days	17.7 days	17.8 days	14.7 days	18.4 days	5.7 days	8.2 days	4.5 days	8.3 days	1.6 days
Time to Shortlist by Managers	3 days	6.1 days	7.3 days	5.8 days	9.0 days	7.9 days	3.7 days	6.4 days	6.1 days	7.3 days	10.6 days	19.8 days
Time to notify Recruitment of Interview Outcome	3 days	5.2 days	3.6 days	2.5 days	4.9 days	5.6 days	4.2 days	3.8 days	1.2 days	2 days	30.1 days	13.3 days
NWSSP KPIs Recruitment												
Time to Place Adverts	2 days	1.6 days	1.8 days	1.8 days	1.5 days	1.6 days	1.2 days	1.1 days	1.2 days	0.5 days	1.0 days	1.4 days
Time to Send Applications to Manager	2 days	1 day	1 day	1 day	1 day	1 day	1 day	1 day	1 day	1 day	1.1 days	1 day
Time to send Conditional Offer Letter	4 days	3.7 days	3.5 days	3.8 days	3.5 days	3.2 days	3.3 days	3.7 days	2.8 days	4 days	5.6 days	2.3 days
Calls Answered % Quarterly Average	95%	98.70%	98.70%	98.70%	98.70%	98.70%	98.70%	98.70%	98.70%	98.70%	98.70%	98.70%
Procurement Services												
Procurement savings- YTD		Target £2.809m Actual £2.717m	Target £3.142m Actual £3.670m	Target £2.859m Actual £2.155m	Target £2.729m Actual £2.372m	Target £2.044m Actual £1.990m	Target £1.427m Actual £1.512m	Target £0.009m Actual £0.009m	Target £0.041m Actual £0.063m	Target £0.117m Actual £0.115m	Target £0.000m Actual £0.013m	Target £0.000m Actual £0.014m

KPIs June 2019	Target	SB	AB	BCU	C&V	CTM	HD	PHW	POW	VEL	WAST	HEIW
Invoices on Hold > 30 days		3,905	3,619	4,125	7,521	2,697	1,631	336	702	980	323	113
% Invoices as being in dispute >30 days		63.9%	52.5%	50.9%	49.9%	42.3%	72.0%	39.9%	34.3%	64.0%	26.0%	45.1%
E Enablement invoices - YTD	83%	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Invoice Turnaround within 4 Days	90%	78.10%	73.30%	83.20%	89.40%	77.70%	85.20%	92.60%	81.30%	91.70%	82.40%	90.90%
Accounts Payable Call Handling %	95%	98.40%	98.40%	Not Available	98.40%	98.40%	98.40%	98.40%	Not Available	98.40%	Not Available	98.40%
PSPF Compliance non NHS- YTD	95%	95.8%	96.9%	96.40%	96.2%	95.8%	95.4%	97.0%	96.50%	97.50%	96.40%	86.00%
Internal audit												
Audits reported % of planned audits - YTD		Target 18% Actual 16%	Target 8% Actual 8%	Target 6% Actual 6%	Target 11% Actual 4%	Target 4% Actual 14%	Target 8% Actual 6%	Target 21% Actual 16%	Target 15% Actual 8%	Target 13% Actual 13%	Target 7% Actual 4%	Target 17% Actual 8%
Report turnaround (15 days) management response to Draft report - YTD	80%	100%	100%	N/A	100%	100%	N/A	0%	0%	50%	100%	N/A
Report turnaround (10 days) draft response-final- YTD	80%	100%	100%	N/A	100%	100%	N/A	100%	100%	100%	100%	N/A
Primary Care Services												
Primary Care payments made accurately and to timescale	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A
Patient assignments actioned within 24 hours	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A
Medical record transfers to/from GPs and other primary care agencies within 6 weeks	95%	96%	48%	96%	82%	82%	84%	N/A	84%	N/A	N/A	N/A
Urgent medical record transfers to/from GPs and other primary care agencies within 2 working days	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A
Cascade Alerts issued within timescale	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A
Bi annual SLA meetings with LHBs	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A

Finance and Performance Committee		GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
30.9.19	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 5 of 2019-20
Approval / Scrutiny Route Prior to Presentation:	The submission made to Welsh Government was required to have CEO and CFO 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 fifth 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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

MONITORING RETURN

MONTH 5 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 £35.0m whilst the recovery programme is actively progressing opportunities to deliver the additional £10.0m of savings required to meet the control total.

1.1.2 Year to date position

- At the end of Month 5 the Health Board is overspent by £18.2m. This is £3.6m higher than the year to date deficit of £14.6m as reflected in the initial plan.
- The key reason for the year to date over spend relates to savings schemes across divisions that have not yet been delivered.
- The monitoring return includes a comprehensive narrative around the actions and governance which are being delivered by the recovery programme (section 6).

1.1.3 In-month position

- The plan for Month 5 was a £2.9m deficit. The actual position was £3.5m, a £0.6m shortfall against plan. This shortfall is £0.2m lower than the Month 4 shortfall.

1. The main area of additional expenditure is within Primary Care Drugs, which is related to a price variance rather than additional activity

1.2 Forecast Position

- The Health Board continues to forecast a full-year deficit of £35.0m at Month 5.
 - The basis of this forecast is the level of confidence in the savings pipeline and the ability to convert that into actual savings. The rate of identifying pipeline schemes is increasing consistently. On the basis of reasonable delivery of the total current savings pipeline being delivered, then the £35.0m forecast deficit is considered reasonable.
 - Slippage against the plan for the first five months of the year is planned to be recovered over the remainder of the year. The forecast for the rest of 2019/20 has been adjusted to reflect this.
-

1. FINANCIAL POSITION & FORECAST

1.3 Income (Table B)

- Income has been forecasted in line with the original plan plus new income that has been identified since.
 - Miscellaneous income has increased in Month 5. This is primarily due to the work undertaken by the All Wales Invest 2 Save project supported the Health Board in identifying and claiming back retrospective rebates for a number of Haematology drugs. A settlement figure of £0.4m has been reported in Month 5 for one rebate.
 - The Health Board has received RTT income of £13.5m for the full year. This includes the £0.5m for outpatients received in August. £5.7m of this funding has been spent up to Month 5.
 - 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 identified priorities, which they had previously notified. There has also been agreement from Welsh Government for the utilisation of any in year slippage due to recruitment timelines to be used to assist with the achievement of Welsh Government Measure Targets and priorities as outlined in our IMTP. The response has been received from Welsh Government relating to the bid submissions for 2019/20 and recruitment and expenditure will be progressed in line with the bids proposals.
-

1. FINANCIAL POSITION & FORECAST

1.4 Non-pay (Table B)

- Non-pay costs total £388.3m, giving a year to date over spend of £6.5m against the planned budget.

Primary Care	<ul style="list-style-type: none">– Within GMS, an increase in expected GP rates rebates reduced spend for July. This has not been replicated in August and so costs in Month 5 have increased.– The forecast for General Dental Services (GDS) continues to be a breakeven position for 2019/20, as the Health Board remains committed to delivering a balanced position this year against the GDS ring-fence and is moving ahead with the next stage of the Dental Reform programme in North Wales with potentially 11 new practices expressing an interest on joining in October. We understand that the DDRB uplift will be in the order of 2.5% which is not currently reflected in our position as we anticipate will be funded by Welsh Government this year as we are not planning to underspend the ring fence allocation. Other risks to the forecast; the potential GDS contract handbooks and increased underperformance and achieving sufficient patient charge revenue against the increased Welsh Government target (particularly following the expansion of the Reform programme, which tends to reduce patient income).– The General Medical Services (GMS) expenditure was slightly underspent in month but the Health Board continues to see cost pressures within Managed Practices particularly in relation to locum GP costs. As at the 31st August the Health Board is Managing 16 practices.
Primary Care Drugs	<ul style="list-style-type: none">– Prescribing data is received two months in arrears. There are a range of forecasting options used to estimate this two months accrual and BCU uses the lowest forecast methodology in its monthly reported position. June 2019 data was received in Month 5 and indicated a further increase in costs due to a growth in prices, rather than activity. Therefore additional Prescribing costs of £0.4m have been recognised in the month.– There is further risk for the rest of the year that has not been brought into the position. Additionally, Category M drugs are expected to increase in price, which may impact on future months.
Provider Services Non-Pay	<ul style="list-style-type: none">– The spike in General Supplies costs in July primarily related to Intermediate Care Fund (ICF) expenditure (£3.2m), which was recognised in Month 4 for the first four months of the year, with

1. FINANCIAL POSITION & FORECAST

	<p>corresponding funding within income. Expenditure in Month 5 has now returned to average levels.</p> <ul style="list-style-type: none"> – There has been a decrease in Clinical Services costs, which is primarily attributable to a fall in Medical and Surgical Equipment (M&S), particularly in Theatres within Secondary Care which were not working to capacity in August. – 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 reduced by £0.5m from Month 4, to a cost of £5.8m, which is in line with the average for the year. – However overspends continue, particularly in Dermatology (£0.5m), Oncology (£0.4m), Diabetes (£0.4m) and Mental Health (£0.4m). The total year to date over spend is £1.8m, £0.4m in the month.
Healthcare Services provided by other NHS Bodies	<ul style="list-style-type: none"> – Costs increased from July as English contracts began to be paid on the new tariffs. These increases are funded and so there is nil impact on the position. – There has been additional activity during Month 5 relating to the WHSCC contract, relating to Walton and Alder Hey Hospitals and IPFR.
Continuing Health Care (CHC) and Funded Nursing Care (FNC)	<ul style="list-style-type: none"> – Spend on CHC has increased by £0.2m in August, half of which relates to Children's CHC. The remaining £0.1m increase relates to the Area Teams, with Mental Health spend remaining static. – Overspends continue in all areas, with a total of £0.9m for the year to date. – Backdated inflation payments are included within the Month 10 forecast.
Other Private and Voluntary Sector	<ul style="list-style-type: none"> – There has been a reduction in spend in the month, primarily relating to non-NHS Integrated Personal Commissioning (IPC).
Capital	<ul style="list-style-type: none"> – Capital costs include depreciation and impairment costs, which are fully funded. – The capital charges in the Month 5 position reflect the non-cash submission presented in August 2019. – The cash flows for the capital schemes have been reviewed in Month 5 to reflect all relevant changes to schemes e.g. some minor delays.

1. FINANCIAL POSITION & FORECAST

1.5 Reserves (Table B)

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

1.6 Accountancy Gains (Table B)

- There were no accountancy gains reported in the month. Some of our savings schemes have elements of potential accountancy gains within them but we have not separated these elements out in the tracker at this stage. We will consider separately re-classifying these elements next month.
- We are continuously assessing opportunities for accountancy gains 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.

1.7 Pay (Table B2)

- Total Health Board pay (excluding Primary Care functions) is £313.0m, which is an under spend against plan of £0.5m. Total pay including Primary Care is £322.6m, a year to date over spend of £1.1m.
 - 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 broadly similar to Month 4. There has been a data cleanse of staff positions during August which has led to the movement of some staff between staffing groups. In particular, staff have moved from Nursing & Midwifery and Additional Clinical Services to Add Prof Scientific & Technical, so there has been a movement in costs between these staffing 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.
 - There has been a significant increase in the full year effect of savings reported this month, which have resulted in a notable improvement in next year's position.
 - A further review of table A1, Section B and C will be carried out for next month's return, with a view to refining the information.
-

3. RING FENCED ALLOCATIONS

3.1 Ring Fenced Allocations

- GMS – The estimated forecast under spend for the year end has increased in Month 5, however this will need to reassessed in light of the recently announced GMS contract changes and the level of additional Welsh Government funding provided to cover the financial implications of the negotiated changes.
 - 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 5 is £3.3m, representing 5.2% of total pay, at the same level as in July.
 - Medical agency costs remained static at an in-month spend of £1.5m. The areas primarily responsible for the Month 5 costs are Ysbyty Glan Clywd (£0.5m), Ysbyty Gwynedd (£0.3m), Mental Health (£0.3m) and Womens (£0.2m) accounting for 81.4% of the in-month cost.
 - Nurse agency costs totalled £1.0m for the month, a decrease of £0.2m from the prior month. Agency nurses continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care. The use of agency nurses is particularly an issue for Wrexham (£0.6m in-month) and Ysbyty Glan Clwyd (£0.4m in-month), which together account for 97.0% of these costs in August.
 - Other agency costs have increased by £0.2m to £0.8m in the month and mainly arise from Allied Health Professionals (£0.3m), Admin and Clerical (£0.3m) and Professional Scientific and Technical (£0.2m).
-

6. RECOVERY AND SAVINGS

6.1 Recovery Actions

- The Health Board has initiated a detailed recovery programme. Key elements of this programme, which have been put in place and whose impact is building, are:
 - The Recovery Director has been in post since July 2019 and the Recovery Programme is underway with the following key objectives:
 - Controlling expenditure run rate.
 - Identifying and converting savings opportunities (in year and ongoing).
 - Additional savings targets of £10m have been issued to both divisions and Improvement Groups, to drive towards the £25.0m control total. The profile of this is:

	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
Stretch savings	0	0	0	0	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	10,000

- Fortnightly Financial Recovery meetings with all divisional and corporate areas are taking place, with a consistent focus on expenditure run rate and savings delivery.
- Twelve Improvement Groups have been mobilised in areas of respective expertise.
- An organisation wide communication and staff engagement plan, 'Better Care, Spending Well', has been launched.
- A robust 'Grip & Control' programme has been established, incorporating:
 - Non-pay weekly review panel.
 - Workforce and vacancy weekly scrutiny panel.
 - Grip & Control checklist deployed, consolidating actions from previous action plans.
- Proactive management of savings opportunities and pipeline is taking place.
- The Health Board is leveraging shared services where possible and identifying new partners where necessary.

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

- To deliver the Health Board's initial plan of £35.0m requires £25.0m of cash releasing savings.

6. RECOVERY AND SAVINGS

- 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.

6.3 Identified Savings / Plans

- At Month 5, savings identified totalled £23.8m, a shortfall against the combined cash releasing and cost avoidance target.
- Cash releasing savings identified at Month 5 total £16.8m against the £25.0m target, a shortfall of £8.2m.
- Cost avoidance savings identified at Month 5 total £7.0m.
- 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 pipeline are £36.5m, before additional efficiency opportunities, which might yield further savings.
- This is higher than those recorded in the Monitoring Return tracker due to the inclusion of red rated schemes. 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 5 are £9.1m. This includes £6.6m cash releasing savings and £2.5m cost avoidance.
 - Savings delivered of £9.1m are £2.7m ahead of the year to date plan profile, as submitted in the Monitoring Return at the start of the year.
 - The main areas where under-performance is forecast in Month 5 are summarised below, along with actions ongoing to address these:
-

6. RECOVERY AND SAVINGS

- Medicines Management - additional schemes have been identified in Month 5 and further benefit is expected in terms of stretch in Month 6 to ensure the medicines programme delivers overall.
 - CHC and packages of care - we have a pipeline programme under the recovery work which will ensure recovery of this balance and further significant savings being added to the programme. This involves accessing support from the Commissioning Collaborative.
 - 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 (MHLD) – alternative schemes are being identified as part of the Division's recovery programme to meet any shortfall in this scheme.
-

7. INCOME ASSUMPTIONS

7.1 Income Assumptions (Tables D & E)

- At the end of August the Health Board has spent £5.7m on additional activity to reduce the long waiting lists. Welsh Government RTT income received to fund this activity is included in the position.
 - Non-contracted income figures in Table D are based on the 2018/19 outturn. The HEIW figure is an estimate for the full year.
-

8. HEALTH CARE AGREEMENTS AND MAJOR CONTRACTS

8.1 Contract Approvals

- All of the Health Board's Welsh Expenditure and Income LTA's/SLA's were agreed before the deadline of 31st May 2019.

8.2 Contract Performance

- Commissioner Contracts are reporting an under spend up to Month 5 of £0.1m, with a year to date underspend of £0.2m relating to the WHSCC contracts.
-

9. RISK MANAGEMENT

9.1 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 £35.0m, which aligns with the Health Board's initial plan deficit of £35.0m.
- The table below outlines the outstanding key risks relative to initial plan.

	£m	Level	Explanation
Risks			
Primary Care Prescribing	(2.25)		<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. June 2019 data was received in August and showed increase in costs. This increase, as it is only 3 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>The estimated risk does not include any potential growth in the number of drug items added to the No Cheaper Stock Obtainable (NCSO) price list, which therefore represents an additional (unquantified) risk. There is also an emerging potential risk in relation to a National Category M drug price increase (historically has been a price reduction) that may be set in place from Month 6.</p>

9. RISK MANAGEMENT

	£m	Level	Explanation
Continuing Healthcare (CHC)	(1.8)		<p>The financial plan approved by the Board explicitly excluded providing growth funding for CHC.</p> <p>The risk on CHC is primarily in relation to OPMH CHC. There has been a significant increase in growth/no of cases, some high cost, within recent months.</p> <p>We are working to try to resolve the issue but there is a growing trend in dementia patients with a pressure on available bed capacity.</p>
Unidentified savings – cash releasing	(8.2)		<p>At Month 5, cash releasing savings identified totalled £16.8m, a shortfall of £8.2m 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>
Unidentified savings – cost avoidance	(2.5)		<p>Cost avoidance savings identified at Month 5 total £7.0m against an expected requirement of £9.5m target, a shortfall of £2.5m.</p>
Hallett v Derby Hospitals NHS Foundation Trust [2018] EWHC 796 QB			<p>This was a significant test case for the NHS. The court examined provisions in F1 doctor employment contracts obliging their employers to monitor working hours and natural breaks. It examined the extent to which certain documents had been incorporated into their contracts, finding that three Department Of Health publications that prescribed how NHS organisations should address monitoring had not been incorporated. Court also considered how NHS might exercise discretion to adopt rational monitoring methodology.</p> <p>The court found in favour of the claimant. There will be a significant potential for other doctors to bring claims against organisations that use Allocate software.</p> <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.</p>
Welsh Risk Pool pressure			<p>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. The risk has not yet been quantified and will be explored further over the next month.</p>

9. RISK MANAGEMENT

	£m	Level	Explanation
Opportunities			
Additional savings to meet control total			The control total of £25.0m set by the Welsh Government requires a further £10.0m of savings to be made, in addition to those allocated out within the original plan budgets. Additional stretch targets to meet this £10.0m 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 £35.0m currently forecast.

10. STATEMENT OF FINANCIAL POSITION & WELSH NHS DEBTORS

10.1 Statement of Financial Position (Table G)

- Key movements during August 2019 included:
 - Non-current assets - Property, plant and equipment: Depreciation on non-current assets less newly capitalised additions.
 - Trade and other receivables: £0.9m decrease in Welsh Risk Pool debtors, plus £0.6m decrease Accounts Receivable balance. The balance relates to Revenue Resource Limit (RRL) drawn ahead of profile for the deficit and working capital, plus RRL phasing adjustments
 - Trade and other payables: Reduction in Month 5 due to two primary care pharmacy payments in the month as the 1st of September was on a weekend and so payments were made at the end of August. The full year movement consists of a reduction in Accounts Payable (£4.7m), commissioning (£3.6m), CHC (£1.5m) and capital (£4.3m).
 - Provisions: Increase in Medical Negligence (MN) and Personal Injury (PI) provisions in Month 4, plus year to date reduction in CHC provisions. Decrease in Medical Negligence and Personal Injury provisions (£1.7m) and CHC Provisions (£1.1m) in Month 5. Year to date reduction in MN and PI provisions (£1.6m) and CHC provisions (£2.8m).
 - General Fund: Capital drawdown (£7.5m) less year to date deficit (£18.2m).

10.2 Welsh NHS Debtors (Table M)

- The Health Board had eight invoices which were over 12 weeks old at the end of Month 5 and which are being escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales. The amount outstanding totals £575,807.
 - Two of these invoices have been paid prior to the Monitoring Return submission date with a further three invoices authorised and payment expected shortly. Invoice 402403 to Welsh Government will be cancelled as funding will now be received through the Revenue Resource Allocation.
-

11. CASH FLOW FORECAST

11.1 Cash Flow Forecast (Table H)

- The closing cash balance as at 31st August 2019 was £4.0m which included £2.4m of cash held for capital expenditure. The revenue cash balance of £1.6m was within the internal target set by the Health Board.
- Table H – Monthly cash flow forecast is currently reporting a forecast shortfall of £46.108m as at 31st March 2020, with a total cash requirement of £46.415m in order to maintain the opening revenue balance of £0.307m.
- The Health Board is currently assuming that both the opening capital cash balance of £3.665m and all in-year capital funding will be fully utilised during 2019/20.
- The total forecast cash requirement of £46.415m consists of £35.0m to support the forecast deficit position as per Table B, £10.0m in respect of revenue working capital balances and £1.415m in respect of capital resource allocations that were not drawn in 2018/19.
- Revenue working capital balances relate to a general reduction in Accounts Payable balances in 2019/20 due to cash management actions towards the end of the 2018/19 financial year and in-year spend relating to resource only allocations received during March 2019.

Revenue cash requirements 2019/20	£'000
Opening revenue balance	307
Forecast revenue deficit	(35,000)
Working capital balances	(10,000)
Underlying forecast revenue cash shortfall	(44,693)
Anticipated Funding requests	
Strategic cash assistance	35,000
Working capital balances support	10,000
Forecast closing revenue cash balance	307

11. CASH FLOW FORECAST

Capital cash requirements 2019/20	£'000
Forecast cash spend	
Approved Capital Resource limit	(22,159)
Donated asset income	(1,578)
Disposal proceeds	(356)
Anticipated working capital balances support	(1,415)
Utilisation of opening balance	(3,665)
Total cash requirements	(29,173)
Forecast cash funding	
Opening capital balance	3,665
Approved Capital Resource limit	22,159
Donated asset income	1,578
Disposal proceeds	356
Anticipated working capital balances support	1,415
Forecast capital cash funding	29,173
Forecast closing capital cash balance	0

12. PUBLIC SECTOR PAYMENT COMPLIANCE

12.1 Non-NHS Invoices (Table I)

- Not required in Month 5.

12.1 NHS Invoices (Table I)

- Not required in Month 5.
-

13. CAPITAL SCHEMES AND OTHER DEVELOPMENTS

13.1 Capital Resource Limit (Table J)

- The Capital Resource Limit at Month 5 is £22.2m. Year to date expenditure is £4.4m against a plan of £5.1m. The year to date slippage of £0.7m will be recovered throughout the remainder of the year.

13.2 Capital Programme (Table K)

- The Capital Programme update is reported in Table K. There are no points to note this month.
-

14. SUMMARY

14.1 Summary

- The figures contained within this report are consistent with the financial ledgers and internal reports of the Health Board.
- The Month 5 Monitoring Return will be received by the Health Board's Finance and Performance Committee on the 30th September 2019.

Gary Doherty
Chief Executive

Sue Hill
Acting Executive Director of Finance

APPENDIX - MONTH 4 MONITORING RETURN RESPONSES

Month 4 Monitoring Return Responses

Action Point 4.1

I note the year to date deficit of £14.636m as at Month 4, being £2.969m above a straight line plan of a £35.000m outturn. I also note that the in-month deficit has increased by £0.266m on Month 3 and that your forecast outturn is still reliant on £5.303m of unidentified savings, as per your Tables.

You will be aware that organisations were required to identify all savings plans assumed in their outturn positions by Month 1, bringing forward the previous requirement from Month 3. It is disappointing that your Health Board continues to report a savings gap at Month 4; it is therefore expected that this gap be fully eliminated before your Month 5 submission. To be clear, in the first instance, this is the gap required to achieve your current forecast outturn of £35m deficit.

Response

We have included detailed narrative about the key elements of our recovery programme and progress with our savings pipeline.

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 4.2

I acknowledge the revised Table A to bring the Opening Plan Section in line with the recent draft plan; including, £68m of Opening Cost Pressure. However, I note you are still reporting further “Cost Pressures b/fwd from a Previous Year” of £2.408m on line 12. I had expected this item to have been removed at M4, as it relates to a previous months submission adjustment when the items reported on lines 1 to 10 were still being corrected. Given that lines 1 to 10 now reflect the recent draft plan, please explain what these additional pressures relate to as they are currently being reported in addition to the draft plan.

Response

Please see current return and narrative. We have included costs pressures from our initial plan workings and detailed narrative about our recovery programme (including cash releasing and cost avoidance schemes).

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 4.3

APPENDIX - MONTH 4 MONITORING RETURN RESPONSES

I would also be grateful if you could explain what the item described as “Offsets” in Table A, which has no in-year effect but a recurring FYE of £0.180m, relates to.

Response

This related to income generating schemes.

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 4.4

I note your assessment that the current unidentified savings gap of £5.303m (as per your Table A) will reflect recurring actions, yet currently has no FYE adjustment. I will look to your next submission, when I trust this gap will be replaced with identified actions, to see the new schemes being incorporated into the savings tracker; and that any recurring schemes include an assessment of the FYE. Please note that I am expecting this to have a positive impact on your underlying position c/f into 2020/21.

Response

See updated presentation of our recovery and our full savings programmes.

Underlying Position (Table A1) – Action Point 4.5

I acknowledge the revisions made to sections B&C of Table A1. It is unclear however, why negative savings (albeit small values) have been reporting against a number of categories (lines 7, 8 & 21 on section B).

Response

These have been reviewed and revised for M05 return.

Monthly Positions/Net Expenditure Analysis (Table B/B1/B2) – Action Point 4.6

I note you are continuing to report that your YTD overspend is due to non identification of savings compared to plan; yet that plan value is the stretch target of £34.5m (I note you have provided a plan profile), rather than the profile of required savings to achieve your forecast outturn of £35m deficit. Please can you action the following for Month 5 :

- Provide a plan profile of the £25m required savings (at Month 5, I assume these will be fully identified)
- Only refer to your YTD actual performance against the £25m savings plan, when describing your YTD variance against the planned £35m forecast outturn

APPENDIX - MONTH 4 MONITORING RETURN RESPONSES

- Provide a plan profile of the £10m additional savings, that are currently only reported as opportunities to produce the best case outturn\control total of £25m deficit

Response

The narrative has been updated to fully explain the savings position.

Monthly Positions/Net Expenditure Analysis (Table B/B1/B2) – Action Point 3.6

Thank you for clarifying the reasons behind your Month 10 increase in CHC expenditure. I would expect however, that the RRL would be phased in line with the anticipated spend. Yet, the Month 10 RRL does not appear to increase by a similar amount, which is causing the higher in month deficit. I would be grateful if you could review your phasing for your next submission.

Response

This has been reviewed and the phasing of the RRL has been adjusted for in M05.

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

Also in relation to the RRL; last year you provided a useful monthly reconciliation to support the profile of the RRL. I would be grateful if this could be provided going forward as part of the main submission, but extend the format to show the full year profile.

Response

This will be provided as part of the main submission going forward, but as an exception for Month 5, due to changes to process and timing, the reconciliation will follow very shortly.

Monthly Positions/Net Expenditure Analysis (Table B/B1/B2) – Action Point 4.8

Your narrative confirms that there were no Accountancy Gains reported in the month. Please extend your narrative to describe the actions taken to identify any of these opportunities and the outcome.

APPENDIX - MONTH 4 MONITORING RETURN RESPONSES

Response

The narrative has been updated to reflect this.

Monthly Positions/Net Expenditure Analysis (Table B/B1/B2) – Action Point 3.8

I note your revisions and comments on the reporting of expenditure associated with your reserves this month; however, I note you are still reporting negative reserves and negative monthly amounts against positive total reserves. I would be grateful if you could again review and amend these in your next submission.

Response

Please see current submission.

Monthly Positions/Net Expenditure Analysis (Table B/B1/B2) – Action Point 2.8

I note that combined Net annual variances on Table B1 at Month 1 were nil, were revised to show £35.0m at Month 3, mirroring the current forecast deficit, and now £34.982m at Month 4. As previously advised, I would expect combined annual Net variances (lines 21, 36, 51, 66, 80 & 97), to be nil as they should be against planned *spend* (the deficit was planned) and you have no mitigating items reported outside of six sections mentioned (e.g. in year profit of sale of assets) that would be offsetting the NET expenditure variances.

Please therefore review the gross expenditure plans for Month 4, taking into account any increased income, and eliminating the combined net annual variances of £34.982m (i.e. predominantly, annual net variances on the categories, when combined, should equal nil).

Response

Please see current submission.

Underlying position (Table A1) – Action Point 4.9

I acknowledge the revisions to Section A, Table A1. The validation errors are caused by the inclusion of items on the incorrect lines. However, these may be resolved via AP 4.3 (if you remove the £0.180m from Table A line 10) and if your n/r savings gap of £0.588m (line 20 on Table A), is replaced with identified schemes at Month 4. This would only leave the FYE adjustment of income (£0.026m) to show on either line 10 or line 6 of Table A1. We have previously advised that whichever line you report this item on, it will create a validation error, which you can ignore.

Response

APPENDIX - MONTH 4 MONITORING RETURN RESPONSES

Please see current submission.

Savings (Table C, C1, C2, C3) – Action Point 2.10

I note your revisions relating to AE012 & AE013; however, scheme AW015 is still included within the tracker with a FYE of £0.008m, yet is not expected to deliver any savings in year. If the forecast delivery is correct at nil, then it is premature to include a FYE for 19/20; instead this will become a new scheme in 2020/21. Please can this be reviewed and corrected as necessary.

Response

Noted.

Risks (Table F) – Action Point 4.10

The table and narrative refers to a risk of £9.0m relating to savings plans, analysed as £1.2m risk of non-delivery of identified schemes and £7.8m unidentified savings. However, the savings gap reported on Table A is £5.303m. Your narrative on section 6.2 refers to a gap of £12.4m and my assessment is that your gap is lower at £2.9m, due to cost pressures of £2.408m (Table A) which I am querying. This lack of clarity in your narrative needs to be addressed by Month 5. To assist :

Please only report the risk of non-delivery of your identified schemes on line 1, which according to your narrative is currently £1.2m. **(Action Point 4.10)**

Response

The narrative has been updated to fully explain the savings position.

Risks (Table F) – Action Point 4.11

The savings gap, according to Table A, is £5.303m. This is the difference between your identified saving to date (£21.926) and your required savings (£27.229) in order to achieve the forecast £35m deficit (this figures will reduce by £2.9m if the additional cost pressures referenced in AP 4.2 are confirmed to be incorrect, as the pressure will be removed). If you still have a gap (between £0 - £5.3m) at Month 5, it is only that value that should be shown on Table F (on a free text line). Please do not include the gap to your £34.5m stretch savings target in Table F (as this does form part of the £35m deficit outturn).

Response

APPENDIX - MONTH 4 MONITORING RETURN RESPONSES

The narrative has been updated to fully explain the savings position.

Risks (Table F) – Action Point 4.12

I would also be grateful if you could report the opportunities value relating to the £10 million you are seeking in order to deliver a best case outturn of £25m deficit, on a separate line within the opportunities on Table F (with an equal value in both the worst & best case outturn columns).

Response

This has been included as an opportunity in the report.

Risks (Table F) – Action Point 4.13

Any further opportunities, to mitigate the potential risks included in Table F (Drugs, CHC, non delivery of identified schemes, savings gap to achieve £35m deficit), should be shown on a separate line to the £10m mentioned above (with an equal value in the worst & best case outturn columns).

Response

Noted.

Capital (Table J & K) – Action Point 4.14

I note that the Max Value for Donated Assets is less than the forecast value on Table K. I would be grateful if this could be reviewed for the next submission.

Response

The maximum forecast value for capital spend on donated assets has been corrected in the Month 5 submission so that it is consistent with the monthly profile on Table K and the Capital RLM on Table J.

Other – Action Point 3.16

Thank you for the information regarding utilisation of the Transformation Fund. I would be grateful if you could ensure these details are submitted with all future submissions, in the main body of the narrative. Your comments have been shared with the policy lead.

Response

Thank you, we will continue to provide commentary on the Transformation fund in the main body of the narrative as the year progresses.


APPENDIX - MONTH 4 MONITORING RETURN RESPONSES

Other – Action Point 4.15

NWSSP are forecasting that the Welsh Risk Pool annual expenditure will exceed the 2019.20 budget by £3.700m; all organisations are being requested to confirm the treatment of their share of this pressure within their future submissions i.e. Risk item. Please also consider, and report, any potential mitigating actions as opportunities.

Response

This has been included as a risk in the report.

Finance and Performance Committee	 GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care
30.9.19	

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 22.8.19 <ul style="list-style-type: none"> • Monthly Medical and Dental Agency Locum report • Contractor request for BCUHB to recommission dental services • Wrexham Maelor hospital (WMH) performance report • Progress on the development of early supported discharge services, specialist community in-patient rehabilitation and hyper acute stroke care as part of the stroke service review • Progress in record storage in respect of national infected blood inquiry ~embargo on destruction • North Wales endoscopy service progress
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	✓	2.Working together with other partners to	✓

greatest needs and reduce inequalities		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