

Bundle Health Board 10 October 2019

Joint Meeting with Community Health Council

10.00am St David's Room, Venue Cymru, Llandudno LL30 1BB

- 1 10:00 - B19/1 Joint Chairs' Welcome and Introductions
- 2 B19/2 Apologies for Absence
- 3 B19/3 Declarations of Interest
- 4 10:05 - B19/4 Draft Minutes of the Joint Meeting held on 15.10.18 for accuracy and review of Actions
B19.4 Minutes CHC Board to Board 15.10.18 V0.05.doc
- 4.1 10:15 - Matter Arising - Staff Retention - Mr Lawrence Osgood
B19.4b Matter Arising Retention_Report_v3-final.docx
- 5 10:20 - B19/5 Special Measures - Mr Mark Polin
Verbal update
- 6 10:30 - B19/6 Executive Team Changes - Mrs Gill Harris
Verbal update
- 7 10:35 - B19/7 A Digitally Enabled Clinical Strategy - Professor Arpan Guha / Mrs Gill Harris
Presentation
- 8 10:55 - B19/8 Financial Recovery Programme - Ms Sue Hill
B19.8a Finance Report Month 5 v2.0.docx
B19.8b Financial Recovery Update Coversheet.docx
B19.8c FRG report - Month 5 v2.0.pdf
- 9 11:15 - B19/9 Mental Health Update - Mr Andy Roach
Verbal update
- 10 11:25 - B19/10 Performance - Mr Mark Wilkinson
B19.10 IQPR for CHC - August 2019 FINAL v1.0.pdf
- 11 11:45 - B19/11 Diagnostics - Mrs Gill Harris
See IQPR report above
- 12 11:50 - B19/12 Primary Care Update - Dr Chris Stockport
B19.12a Primary Care coversheet.docx
B19.12b Primary Care.docx
- 13 12:10 - B19/13 Changes to Nursing Rotas - Mrs Gill Harris
Verbal
- 14 B19/14 Date of Next Meeting
To be arranged - May 2020



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Betsi Cadwaladr University Health Board (BCU)
and
North Wales Community Health Council (NWCHC)

Joint Board Meeting

Minutes of the meeting held on 15.10.18 in Venue Cymru, Llandudno

Present:

Health Board

Mr Mark Polin, Chair
Mr Gary Doherty, Chief Executive
Mrs Sally Baxter, Interim Executive Director of Strategy
Cllr Cheryl Carlisle, Independent Member
Mr John Cunliffe, Independent Member
Mrs Morwena Edwards, Associate Board Member
Mr Russell Favager, Executive Director of Finance
Mrs Sue Green, Executive Director of Workforce & Organisational Development
Mrs Jackie Hughes, Independent Member
Mrs Marian Wyn Jones, Vice Chair
Mrs Grace Lewis-Parry, Board Secretary
Mrs Lyn Meadows, Independent Member
Dr Evan Moore, Executive Medical Director
Miss Teresa Owen, Executive Director of Public Health
Prof Michael Rees, Chair of Healthcare Professionals Forum
Mr Andy Roach, Director of Mental Health & Learning Disabilities
Mrs Bethan Russell-Williams, Independent Member
Dr Chris Stockport, Executive Director of Primary Care & Community Services
Mr Adrian Thomas, Executive Director of Therapies & Health Science
Mr Ffrancon Williams, Chair of Stakeholder Reference Group

In Attendance:

Mrs Reena Cartmell, Deputy Director of Nursing
Mrs Kate Dunn, Head of Corporate Affairs

Community Health Council

Mr Mark Thornton, Chair
Mr Geoff Ryall-Harvey, Chief Officer
Mrs Jackie Allen, Wrexham Local Committee
Ms Joy Baker, Conwy Local Committee
Mrs Kelly Benton, Denbighshire Local Committee
Mr Andy Burgen, Flintshire Local Committee
Ms Eleanor Burnham, Wrexham Local Committee
Mr Phil Capper, Conwy Local Committee
Miss Christine Evans, Denbighshire Local Committee
Mrs Di Gill, Flintshire Local Committee
Ms Linda Harper, Flintshire Local Committee
Mrs Celia Hayward, Wrexham Local Committee
Dr Garth Higginbotham, Vice Chair
Mrs Stella Howard, Flintshire Local Committee
Mr Michael Lloyd-Williams, Gwynedd Local Committee
Mrs Lynn Pike, Flintshire Local Committee
Mrs Sian Ramessur, Conwy Local Committee
Mr Peter Rendle, Ynys Môn Local Committee
Mrs Carol Williams, Deputy Chief Officer
Mrs Niki Tabern Price, Wrexham Local Committee

Agenda Item	Action
<p>B18/11 Welcome</p> <p>Mr M Thornton and Mr M Polin opened the meeting and welcomed those present. Mr Polin apologised for the slightly late start.</p>	
<p>B18/12 Apologies</p> <p>B18/12.1 Apologies were received on behalf of the Health Board from Mrs Gill Harris, Cllr Medwyn Hughes, Mrs Lucy Reid, Mrs Helen Wilkinson and Prof Jo Rycroft-Malone.</p> <p>B18/12.2 Apologies were received on behalf of the Community Health Council from Mrs Janet Hilton.</p>	
<p>B18/13 Declarations of Interest</p> <p>None declared.</p>	
<p>B18/14 Minutes of the previous meeting held on 10.4.18</p> <p>B18/14.1 The draft minutes were approved as a correct record.</p> <p>B18/14.2 The actions arising from the last meeting were reviewed and it was noted that all had been completed.</p>	
<p>B18/15 HASCAS Independent Investigation and Ockenden Governance Review Progress Report</p> <p>B18/15.1 Mrs R Cartmell presented a paper which provided the current position of the Improvement Group and Stakeholder Group which had been established to progress the necessary work to respond to the recommendations of the two reviews. She reported that both groups had met for the first time and operational leads had been identified to take forward the recommendations with the emphasis being on ensuring delivery of key milestones. She emphasised the extremely complex nature of this work which was very wide ranging as set out in Table 1 which detailed the respective recommendations which had been aligned from both reviews.</p> <p>B18/15.2 Mrs E Burnham requested that a clearer copy of the structural chart at paragraph 1.8 be recirculated. She also referred to Ockenden Recommendation 7 regarding the management of concerns and sought clarification on the total number of open complaints (i.e. the backlog) and what the anticipated timescale for completing these was. Mrs R Cartmell would take this specific query back to the Associate Director of Quality Assurance. Mrs E Burnham also referred to HASCAS Recommendation 10 regarding prescribing of antipsychotic medication and noted with interest that five pharmacies had signed up to the National Enhanced Service.</p> <p>B18/15.3 In terms of the membership of the Improvement Group, Mr G Ryall-Harvey queried whether Independent Members (IMs) should be included. Mr M Polin confirmed</p>	<p>KD</p> <p>RC</p>

he would keep this under review as part of the Board Champion roles that IMs held within the Health Board. He also indicated that he was confident that the move to bimonthly Board meetings would provide members with the opportunity to examine key topics in much deeper detail at workshop events in the intervening months.

B18/15.4 Mr M Thornton suggested that the timeline for completion of the recommendations was quite challenging. Mrs R Cartmell accepted this concern but indicated that some workstreams were more clearly defined than others and progress was moving at pace. She indicated that the involvement of the Third Sector in helping deliver some of the recommendations would need to be fully explored. Mr M Polin confirmed that this work would be included within the key priorities for the Health Board for the next six months and whilst it would be one of competing priorities both he and the Chief Executive would expect to see clear progress.

B18/15.5 The report was noted.

B18/16 Anti Ligature Work on Mental Health Wards – Update

B18/16.1 Mr A Roach presented the paper which provided an update against the extensive programme of estates, environmental and anti-ligature work undertaken across the Mental Health & Learning Disabilities Division over the past two years, which had focused particularly on in-patient services. He confirmed that a recognised assessment tool had been utilised and the work was due to complete within the next week. He indicated there had been good relationships with contractors and staff throughout and that the majority of the work had been undertaken with patients in-situ. The paper also provided photographs giving examples of the refurbishment and structural improvement programme. Mr Roach concluded by indicating that his personal view was that significant progress had been made, however, ligature risks could never be wholly mitigated against and that a dynamic process of continual evaluation and assessment would be essential.

B18/16.2 Mrs E Burnham raised an issue that she had noticed that many toilets in public areas on hospital sites did not have hooks on the backs of cubicle doors which could cause a cross-infection issue with visitors placing bags or coats on the floor, and then taking them onto wards. Mrs S Baxter would follow up with estates colleagues as to whether this was intentional in terms of reducing potential ligature points across hospital sites.

B18/16.3 Mrs J Allen sought assurance that general wards were also assessed from an anti-ligature perspective as a number of mental health patients would also find themselves receiving treatment on general wards even if for a short period of time. Mr A Roach confirmed that in patient mental health wards were the initial priority but that other areas such as Emergency Departments had also been prioritised. In terms of general wards if a mental health patient needed to be sited there then an appropriate risk assessment would be carried out and where necessary the patient supervised at all times.

B18/16.4 The report was noted.

SB

B18/17 Community Health Council Comparative Report : Staffing Levels & Bed Occupancy in Community Hospitals 2016/2018 – Initial Response from the Health Board

B18/17.1 Mrs R Cartmell presented the paper which provided an initial response to the CHC's report which had been welcomed by the Health Board. She recognised that the acuity and complexity of patients within the Board's hospitals was changing and that there was a need to modernise pathways and for a more multi-disciplinary workforce. Mrs Cartmell added that it was important to note that BCUHB was no different to other Boards and Trusts in terms of workforce pressures - particularly nursing. In terms of partnership working Mrs Cartmell reported that the Board continued to work closely with Universities on recruitment campaigns and that there was an ongoing need to work effectively with local authority colleagues also. She made reference to the launch of a campaign called "Help Me Home" to promote safe effective discharge.

B18/17.2 Mrs S Green welcomed the publication of the CHC report which reinforced her view that transformation needed to happen in terms of how care continued to be delivered and that this needed to be carried out in partnership. Mr G Doherty also emphasised the importance of keeping people well in the first place and maintaining a focus on the 'front end' of the pathway i.e. the point at which people entered the system.

B18/17.3 A discussion took place regarding the importance of maintaining appropriate skill levels of staff and also encouraging staff to remain within substantive posts rather than leaving to undertake agency work. Mrs S Green outlined a piece of work being undertaken to minimise vacancies being advertised unsuccessfully on multiple occasions, which included trying to establish the reasons for people leaving or retiring early. In addition she indicated that a more robust exit process was being developed for all staff leavers. Mr G Doherty was aware of the disparity around NHS and agency salary but said whilst the Board would be keen to address this, the priority was to ensure that services could be safely staffed.

B18/17.4 Mrs J Allen reported that the CHC was disappointed that similar concerns in terms of community hospital staffing remained after three years, although she did indicate that an improvement in staff morale was notable. The challenges in ensuring all parts of the system worked smoothly was acknowledged – for example at the point of ambulance conveyance and handover, through the acute hospital service and onward discharge to a community or care home setting. Mr M Polin reported on a recent meeting with GP cluster leads where there was real evidence of a commitment to innovation and doing things differently. In terms of staff morale, Mr G Doherty also noted that this was one of the areas of improvement within the recent NHS Staff Survey where there had been a significant increase in the number of staff who would recommend BCUHB as an employer. A discussion took place regarding other measures that the Board could potentially look into in terms of staff retention and Mr M Polin suggested that details be shared at the next meeting around some of the ideas that were being considered. Mr A Thomas took the opportunity to reflect on the extended role of Allied Healthcare Professionals (AHPs) and that the 15.10.18 was the national AHP day. Finally in response to a point raised by Mrs E Burnham regarding the use of the overall budget, Mr M Polin accepted it was the Board's responsibility to ensure its allocation was appropriately spent but he had no current intention to change the structure of the Executive Team.

SG

B18/18 Finance Month 5 Report

B18/18.1 Mr R Favager delivered a presentation on the Month 5 financial report. He indicated the headline was that the Board had a £49m underlying deficit and he stressed the importance of being able to fully understand this deficit and the expenditure patterns when developing plans and priorities. He went on to discuss:

- The Financial Plan for 2018-19 and the areas of consistent overspend (Secondary Care and Mental Health) with pay and packages of care being big pressure areas;
- A significant amount of work being undertaken with regard to agency costs and the positive reduction in medical agency usage;
- Out of Area placements;
- Significant increases in care packages for continuing health care (nursing);
- Opportunities within primary care prescribing;
- 4 Year savings plans;
- The deficit reduction programme;

B18/18.2 Mr Favager summarised that:

- The year to date deficit of £17.5m was £0.5m worse than the planned position.
- Pressures continued from 2017/18 relating to Mental Health (£1.1m) and Secondary Care (£1.7m).
- The Mental Health pressures primarily related to continuing health care packages of care due to higher than planned activity levels and higher inpatient agency nursing costs.
- Ysbyty Gwynedd and Wrexham Maelor were the key areas of focus in Secondary Care. At Ysbyty Glan Clwyd medical and nurse agency costs were the main cost pressures. In Wrexham considerable pressures remain due to the nurse agency costs and the continued use of unfunded escalation beds.
- The Board was consistently spending more money than it was allocated.

B18/18.3 Mr G Ryall-Harvey stated that the Community Health Council had written to the Minister earlier in 2018 querying whether the allocation for BCUHB was adequate and whether it could be amended. Mr Favager was aware that Welsh Government were reviewing financial allocations across Health Boards and that an element of rurality was being considered. Mr M Polin was clear there was a need to reach autonomy with Welsh Government and to be able to deliver tangible progress in terms of balancing finance and performance.

B18/18.4 Miss C Evans referred to the unbudgeted expenditure on additional activity to reduce waiting lists and enquired whether this had been worthwhile. Mr G Doherty confirmed that the waiting times had been reduced compared to the same time last year, and he did feel there had been a positive impact.

B18/18.5 Mrs E Burnham enquired regarding the national allocation for 2019-20 and it was confirmed this would not be set until around Christmas.

B18/19 Urology

B18/19.1 Dr E Moore provided a short verbal update on the current situation with MP and MRI scanning. In summary he was confident that the Health Board was providing the right scans to meet current NICE guidance, however, if further guidance was released then this could require significant investment. Dr Moore confirmed that the Health Board had

<p>begun to anticipate further guidance and prepare itself to be able to meet them.</p> <p>B18/19.2 Mr G Ryall-Harvey expressed concern that recruitment into this specialty is currently difficult and any inability to be at the front of modern technology e.g. advanced MRI scanning or robotic surgery might compound this problem. Dr Moore agreed and noted that in areas where the Health Board had invested in the most modern technology e.g. primary cardiac intervention, vascular surgery, and neonatal care, recruitment had definitely been a real dividend.</p>	
<p>B18/20 Impact of BCU Managed Practices on Locum Cover for Non BCU Managed Practices</p> <p>B18/20.1 Dr C Stockport provided a short verbal update on this matter. He set out that the majority of managed practices in the West and Central areas were now run by salaried GPs, although there was more work to do in the East but progress was being made. He noted that practices often struggled on before asking for assistance, and that the demand for locums during these early stages was high. It then would take a certain amount of time for the Health Board to work through the issues with the staff at the practice.</p> <p>B18/20.2 Mrs J Allen indicated that the Community Health Council were being told that independent practices were being affected as they could not get reliable locums as many of them were working in managed practices. The CHC were concerned that this put additional pressures on single-handed practitioners in particular. Dr Stockport indicated he would be more than happy to facilitate a meeting with the CHC to enable these concerns to be discussed in more detail. Mrs M W Jones also indicated her wish to be involved.</p> <p>B18/20.3 In response to a question from Mrs N Tabern-Price, Dr Stockport assured the CHC that Health Board officers were regularly visiting practices to offer support and to obtain feedback on the challenges facing them, however, some practices were more open than others to these conversations.</p>	CS
<p>B18/21 Update on Winter Resilience Plan and Unscheduled Care 90 Day Improvement Cycle</p> <p>B18/21.1 Mrs R Cartmell presented the paper which aimed to provide an update and assurance that work was ongoing to develop and implement plans for Winter Resilience and Unscheduled Care. She confirmed that delivery would be through the operational directors and that additional capacity was being identified for the programme of work. Mr M Polin stated that as the Board had recently held a whole day's workshop on unscheduled care issues and the plan to improve, he would not wish to invite lengthy discussion and asked that any queries be directed to Mrs Gill Harris outside of the meeting.</p>	
<p>B18/22 Date of Next Meeting</p> <p>Mr M Polin suggested that the planned date (11th April 2019) be brought forward before the end of the current financial year.</p> <p>Post Meeting Note – date subsequently confirmed as 2pm on Monday 4th March 2019.</p>	

Summary Action Plan		
Minute Ref	Action Agreed	Officer(s) Responsible
B18/15.2	Circulate legible copy of structural diagram from within the HASCAS/Ockenden paper Completed – circulated on 17.10.18	K Dunn
B18/15.2	Seek clarification from the Associate Director of Quality Assurance as to the anticipated timescale for completing the total number of open complaints (ie the backlog). Completed - email sent to CHC on 21.11.18	R Cartmell
B18/16.2	Follow up with estates colleagues as to whether the absence of hooks on inside of toilet doors was intentional in terms of reducing potential ligature points across hospital sites. Completed – email sent to CHC on 1.10.19	S Baxter
B18/17.4	Share details of plans to improve staff retention at the next meeting. Completed	S Green
B18/20.2	Arrange to meet with CHC representatives (and the BCU Vice Chair) regarding concerns at the impact of managed practices on the ability of independent GP practices to secure locum cover. Completed – meetings arranged for 12 th and 16 th November 2018.	C Stockport

Board to Board BCUHB and CHC

10.10.19



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To improve health and provide excellent care

Report Title:	Retention Update
Report Author:	Lawrence Osgood, Associate Director of Workforce Performance and Improvement
Responsible Director:	Sue Green, Executive Director of Workforce and Organisational Development
Public or In Committee	Public
Purpose of Report:	To update the Joint Board on the retention plan and associated actions.
Approval / Scrutiny Route Prior to Presentation:	This paper has been presented to the BCUHB Finance & Performance Committee.
Governance issues / risks:	This paper describes a plan to mitigate the previously identified risk that if the Health Board has poor retention it could result in having insufficient substantive staff in key staff groups.
Financial Implications:	The retention plan is designed to support lower vacancy rates which will result in reduced non-core spend.
Recommendation:	The Joint Board is asked to note the report for information and provide feedback if appropriate.

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 summary paper in particular contributes to: <ul style="list-style-type: none"> Financial plan on schedule to deliver to the finance control total agreed for 2018/19 Evidence of improved integrated clinical, service, workforce and financial planning to deliver turnaround and transformational change A workforce and OD strategy developed and agreed by the Board with leadership developments as a key priority http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
No EqIA carried out as paper is for information only			

1. SUMMARY

The vacancy rates in the key Medical and Dental (M&D) and Nursing and Midwifery (N&M) staff groups remain relatively high M&D – 8.6%, N&M – 11.8% (August 2019). In the wider healthcare economy, there are extreme challenges in supply of trained staff (e.g. some M&D specialisms, GPs, Band 5 N&M). Whilst the Workforce Team continue to maximise recruitment, to work with clinical / managerial colleagues to review service delivery (e.g. further use of ANP, CNS, Band 4 Nursing, Physicians Assistants etc.) and to look at maximising utilisation of existing substantive staff through effective rostering, it is recognised that retention of our existing staff is a vital priority in reducing vacancy levels.

In response to these challenges, Workforce and Organisational Development (WOD) have developed a targeted Retention Improvement Plan for addressing and influencing five key areas of concern:

- Improving retention in hotspot areas
- Refreshing and improving the exit interview process
- Improving organisational retention
- Improving staff engagement scores (related to indicators of retention)
- Reviewing preceptorship process and support

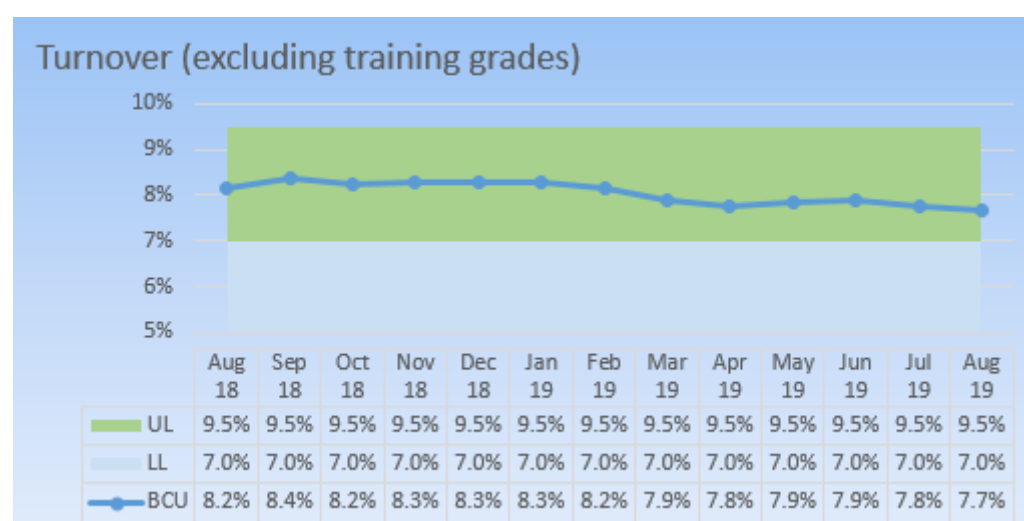
Retention actions executed to date include:

- Exit interview process has been promoted and targeted at key staff groups, interviews have taken place, issues arising escalated and intelligence gathered is informing further actions:
- Thirty 'hotspot' areas for poor retention have been identified across the Health Board;
- Focussed support has been given to a number of priority wards across Wrexham Maelor and Glan Clwyd Hospitals where recruitment and retention challenges were identified; including cultural survey & Organisation Development (OD) support, E-Roster and ESR support and broader HR focused support.
- Career Coaching sessions are being offered to all hotspot areas
- The Induction process is under review. 230 new starters have received a questionnaire regarding their experience of joining the organisation, 72 responses have been received to date.
- Performance Appraisal and Development Review rates are improving which impacts positively on retention.
- The BeProud Pioneer programme has identified and actioned retention improvements such as improving recognition, improving career development opportunities and improving communication.
- The top 3 areas with the best retention rates have been interviewed to understand what they do well, as a consequence a Good Practice Guide has been developed to share within the organisation but specifically with the hotspot areas.
- The Preceptorship process is being reviewed, a survey for those currently undergoing preceptorship is in circulation, this will help understand any improvements that can be made to the preceptorship process.
- The organisation has launched the Nursing Now Challenge which offers 20 Band 5 nurses who have been in post a maximum of 2 years a unique opportunity to attend a programme to develop their Leadership skills in order for them to be "future Ready" when opportunities arise, the programme commences in October 2019.

The Retention Improvement Plan, as detailed in section 3 below, is based on increasing intelligence on staff engagement and reasons for leaving, it targets the previously identified hotspot areas with high turnover / low engagement and it will seek to leverage and spread good practice identified in lower turnover / higher engagement areas of BCU.

2. BACKGROUND

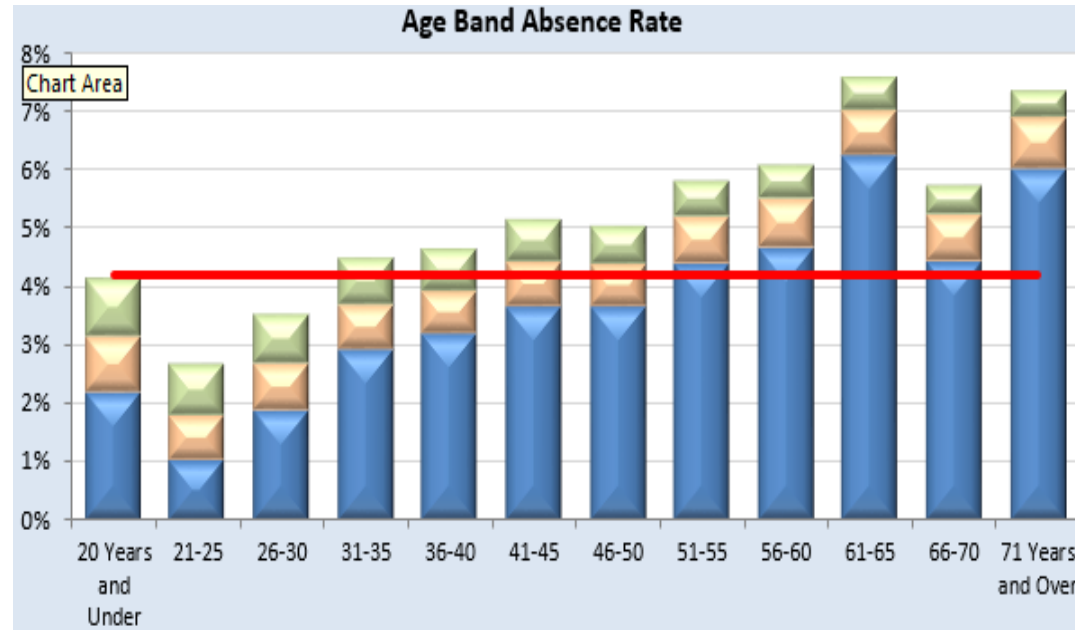
Table 1 - Turnover Rate for period August 2018 – August 2019



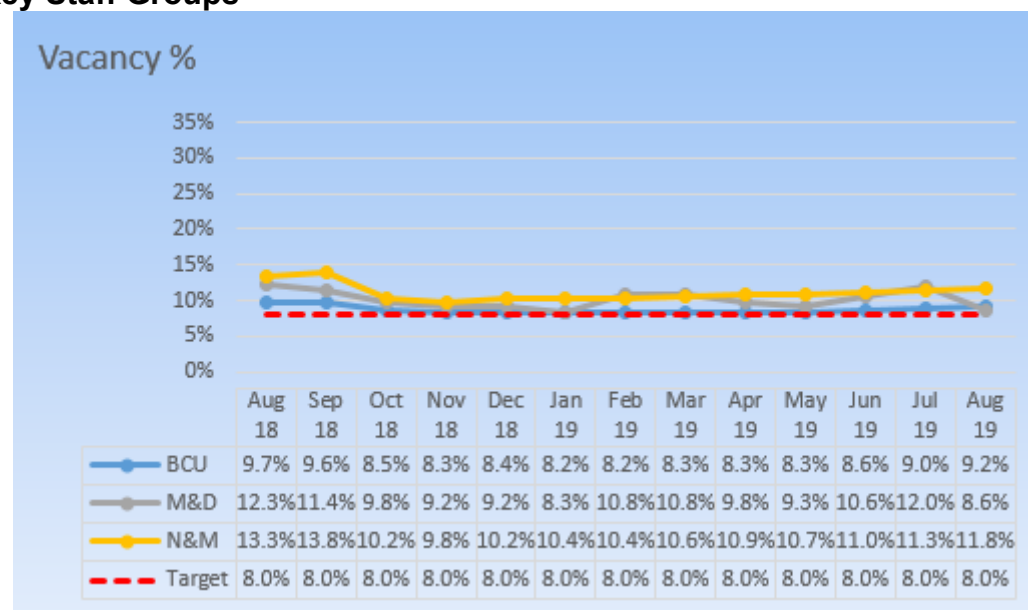
Overall Turnover at the health board has been reducing in recent months and is now consistently under 8%. Drill down into turnover over the previous 12 months shows that there is a particular issue with staff leaving within 2 years of starting and that a significant proportion of turnover is avoidable for staff leaving with 10 years or less service with BCU. Reviewing preceptorship, review of 'on-boarding' and focus groups with new starters form part of the actions being taken to address this.

Acceptable boundaries have been set for turnover recognising that low turnover can also be a problem for organisations as: lack of natural wastage can make organisational change more difficult / costly; it can hamper succession planning and as the graph below shows sickness can be higher amongst older staff.

Absence / Age comparison



Vacancy Rates BCU / Key Staff Groups



Whilst overall turnover remains within acceptable boundaries and has reduced in recent months this has not been matched with an improvement in vacancy rates in all key staff groups. The BCU overall vacancy rate is lower than this point last year but the key Medical and Dental (M&D) and Nursing and Midwifery (N&M) staff groups remain relatively high, M&D – 8.6% (Lower than at this point last year), N&M – 11.8% (lower than at this point last year).

As well as a general shortage of registered Nurses for our Medical & Dental staff there are some especially hard to fill specialisms these include:

- GPs
- Mental Health and Learning Difficulties
- General Surgery
- Rheumatology
- Care of the Elderly
- Radiology (particular the specialisms relating to Breast)
- Gastroenterology
- Obstetrics and Gynaecology.

In addition the number of new doctors (aged under 30 and who qualified in the UK) joining the General Medical Council register annually continues to fall.

High level of vacancies in these key groups has contributed to significant agency spend (2018/19 BCUHB spent circa £31,000,000 on Agency staffing, with £12,914,589 on Agency N&M staffing and £13,987,752 on Medical and Dental).

Recruitment to these staff groups is difficult within the wider context of a healthcare staffing environment that will remain very challenging in the near future highlighting the importance of retaining existing staff.

Within the internal context the age profile of BCU staff is concerning with nearly 4,000 staff over the age of 55 (3,983), of these 1,058 N&M and 224 M&D, staff are over 55. There is an increased likelihood of staff over this age retiring especially as many nurses in this age group will have ‘special classes’ pension provision. For M&D staff recent changes to pensions arrangements may see increased numbers of M&D colleagues retiring, whilst many will return, they often seek to do so on reduced hours.

3. Retention Improvement Plan Update

In response to these challenges Workforce and Organisational Development (WOD) have developed a targeted Retention Improvement Plan for addressing and influencing key areas of concern as detailed below:

- Improving retention in hotspot areas

- Refreshing and improving the exit interview process
- Improving organisational retention
- Improving staff engagement scores (related to indicators of retention)
- Reviewing preceptorship process and support

(see appendix 1 for actions and timelines)

Improving retention in hotspot areas

Thirty specific areas with high rates of staff vacancies and turnover were identified via the use of WOD metrics dashboards in May 2019. This initial identification of areas requiring additional support has enabled Heads of Workforce to begin working with these areas to develop recruitment and retention improvement plans specific to the needs and challenges of each area.

This work and the actions flowing out of the improvement plans will be tracked against workforce metrics to ensure progress is being made.

WOD has already supported work in a number of priority wards across Wrexham Maelor and Glan Clwyd Hospitals where recruitment and retention challenges were identified, including cultural survey & Organisation Development (OD) support, E-Roster and ESR support and broader HR focus on supporting managers with policy and process use and compliance. Priority wards identified as needing WOD support in Wrexham Maelor were:

- Medical Assessment Unit (MAU)
- Bersham (Stroke Acute)
- Erddig (Respiratory)
- Pantomime Ward (Surgical)
- Mason Ward (Endocrinology ward)

Priority wards identified as needing WOD support in Glan Clwyd were:

- Ward 19 (COTE – Care Of The Elderly)
- Ward 3 (COTE – Care Of The Elderly)
- Ward 4 (Cardiology)
- Surgical Ward 5
- Acute Medical Unit (AMU)
- Emergency Department (ED)
- Surgical Assessment Unit (SAU)

Cultural surveys in support of the Priority Wards have taken place. These were focused around exploring four core cultural elements linked to general climate and team morale, supporting management and leadership capacity, supporting the delivery of consistent and quality PADR and reviewing levels of perceived team working, engagement and involvement as in keeping with research carried out by CIPD (2017) https://www.cipd.co.uk/Images/resourcing-talent-planning_2017_tcm18-23747.pdf.

Individual reports with analysis of results and recommendations for action were provided for completing wards with a follow up meetings to review survey results and plan next steps. Additionally summary reports were sent to the clinical management teams. Further to this the OD team have met with the Hospital Director, Glan Clwyd Hospital to take this forward and have also communicated with the Managing Director at Wrexham Maelor Hospital as part of ongoing work supporting leadership development, staff engagement and service improvement.

Planned and ongoing work for Quarter 2 and 3 includes the development of an 'intention to quit' survey designed to identify any members of staff in hotspot areas who are considering leaving the organisation. The output of this survey is designed to feed into a number of supplementary OD interventions currently being developed. These include:

- Recognising managerial competency as a potential indirect variable influencing staff retention, a targeted management and leadership training needs analysis has been developed for hotspot areas based on correlation of patterns of high staff vacancies / turnover and identified opportunities for development. Current managers and leaders in identified hotspot areas will be supported to access appropriate levels of training, development and coaching relevant to their position, level of experience and areas of need (e.g. A Step into Management programme, Ward Manager Programme, Matron Programme, 1:1 coaching).
- Offering access to career clinics for priority leaver groups as identified in both hotspot area metrics, agency and bank spend data and intention to quit surveys with the intention of supporting staff considering leaving the organisation to stay through exploring options and opportunities to develop skills, experience and/or access support.
- Building on work done to date to develop the Good Practice Guidance with high performing areas who show consistently low levels of turnover / vacancies and high scores on the values-based questions in the 2018 Staff Survey. The OD team will seek to host a number of learning events that help link managers in hotspot areas to those working in high performing areas to allow further opportunities for the sharing of good practice, explore common challenges, access mentoring and signposting and help with the co-design of potential solutions
- As this suite of improvement interventions progresses OD will evaluate the potential for teams to access the BeProud Pioneer programme designed to support teams ready for the challenge to enhance and subsequently build upon current team engagement levels.

Refreshing and improving the exit interview process

BCUHB has turnover at 7.7% (as at August 2019) understanding why employees leave the organisation is important. Retirement and voluntary resignations are the top two reasons for leavers, 44% of employees leaving have done so voluntarily giving considerable scope for retention if reasons are identified and addressed.

The Exit Interview process is important to the Health Board as the information gathered helps us analyse trends and reasons for turnover. It also represents a prime opportunity to gain valuable information on employment conditions within the Health Board, which then can support any policy changes that may be required because of employee feedback.

With this in mind exit interviews have been promoted especially in relation to key staff groups such as N&M and M&D resulting in exit interviews for 14% of leavers overall, 14% of N&M leavers and 12% of M&D leavers in Q1 2019/20.

Whilst exit interviews are now taking place the number of leavers is significantly higher (see below) and the percentage of interviews in target groups is not high enough, so further work is scheduled to encourage the use of exit Interviews.

Tables represent leavers versus Exit interviews received (01/04/2019 – 30/06/2019, 346 leavers)

Professional Group	Number of leavers	Number of Exit Interviews received	Return Rate Percentage
Nursing and midwifery Registered	138	20	14%
Medical and Dental	17	2	12%
Healthcare Scientists	5	1	20%
Estates and Ancillary	41	0	0%
Allied Health Professionals	15	3	20%
Administrative and Clerical	64	17	27%
Additional Clinical services	51	4	8%
Add Prof Scientific Technic	15	2	13%

Location	Exit Interviews returned Percentage
Ysbyty Gwynedd	19%
Wrexham Maelor Hospital	16%
Ysbyty Glan Clwyd	14%
Not answered /area not known	10%
Flintshire Childrens Centre	3%
RAH	3%
Ty Llewelyn	3%
Abergele Hospital	3%
Bodfan, Caernarfon	2%
CoedPoeth	2%
Colwyn Bay	2%
Dolgellau	2%
Hafan Iechyd	2%
HMP Berwyn	2%
Holywell	2%
Llanberis	2%
Llangefni	2%
Llanwrst	2%

To address low response rates work has begun around reviewing and amending current policy and process to ensure it is fully fit for purpose.

Analysis of exit interviews:

The employees were asked a series of 16 questions related to aspects of their role, the highest positive feedback stated that they felt that the organisation/ management welcomed their ideas, they felt that they could influence change, their duties were defined and that they received sufficient training. The highest negative feedback stated that the departmental morale was low, that they had encountered violence/aggression while at work, that there was poor communication and that the

workload was unmanageable workload. The exit interview process includes immediate escalation of any particularly concerning 'red flag' issues to more senior management.

	No Response Received	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
	%	%	%	%	%	%
I felt that my work load was appropriate for my grade	5%	4%	17%	11%	42%	17%
Communication is good and I knew what was happening in the Organisation	5%	9%	18%	20%	38%	7%
My duties were clearly defined	5%	1%	5%	11%	60%	15%
The morale in the department was always good	5%	10%	31%	16%	28%	7%
People can speak their minds about how things are in the Organisation	5%	4%	17%	27%	40%	4%
I have been able to voice my opinions and influence change in my area of work	5%	2%	9%	9%	52%	20%
I have always been involved in decisions that affect me in my area of work	7%	3%	12%	12%	44%	18%
The Organisation has encouraged me to learn and develop	7%	1%	2%	21%	43%	24%
I felt that the quantity of work was manageable	5%	7%	17%	21%	38%	9%
My Supervisor/Line Manager was a good leader and role model	5%	5%	3%	23%	41%	20%
I have regularly discussed my objectives and performance with my Line Manager	5%	2%	4%	21%	48%	17%
I received sufficient training in order to do my job	5%	1%	3%	11%	52%	24%
I have encountered no violence or aggression in the course of my work	5%	3%	28%	10%	27%	24%
My Line Manager has always welcomed ideas that I have put forward	5%	2%	7%	15%	40%	29%
Adequate facilities and flexibility exists to fit work around my family life	5%	2%	5%	15%	47%	23%
I would consider returning to employment with the Trust	9%	8%	8%	12%	37%	23%

The intelligence gathered so far is influencing future activity and further work is scheduled to explore the data around violence and aggression experienced in the workplace to understand the detail of this in relation to potential bullying/harassment issues, this aligns to a core implementation objective of the Corporate Staff Survey Improvement plan.

Improving organisational retention

The Workforce Improvement Group structure and Heads of Workforce are tasked with ensuring all divisions have appropriately mapped out retention improvement plans aligned to workforce metrics that can be monitored for effectiveness.

To align PADR processes to organisational retention, work will be undertaken in October 2019 to develop guidance for managers around asking strengths and skills-based questions. This is to utilise the findings of research carried out by Gallup in 2017 <https://www.gallup.com/workplace/236288/global-study-roi-strengths-based-development.aspx> which indicates greater levels of employee engagement and lower employee turnover linked to knowing that managers not only understand an employee's strengths but actively build on these when aligning work tasks. This piece of work will also include guidance on exploring succession planning, talent management and conversations designed to support employees' desire to stay in the organisation as linked to learning, development and being able to take advantage of opportunities as they arise.

Work has started in September 2019 hosting focus groups with a diverse sample of new starters to explore, evaluate and where needed improve practice in relation to their experience of the organisation's on-boarding process (recruitment process, corporate orientation and local induction). This work will build on the information WOD are already collecting from new starters surveys to ensure we can more fully explore any areas of strength in practice alongside areas for improvement. Learning from such events will be combined with that carried out in high performing areas to date so as to add depth and breadth to good practice guidance around recruitment and retention already developed.

Improving staff engagement scores (related to indicators of retention)

Staff engagement scores have been mapped to the ongoing organisational surveys conducted through the BeProud programme of work. The main aim of the organisational survey is to review levels and trends of staff engagement across the organisation and identify factors that may be enabling or inhibiting staff engagement.

The first of these organisational surveys was in quarter 1. The overall response rate was 20.29% based on 1400 completed out of 6899 invited. A 30% response rate is usually recommended, and therefore these results should be interpreted with some caution. However, as the overall number of responses was 1400, the relatively large sample size will reduce the impact of the smaller response rate. Some areas had response rates below 10%, and therefore results from these areas should be treated with particular caution: Nursing Exec (0.36%), Estates and Facilities (1.12%), North Wales Wide Hospitals Services (Cancer Services; 1.70%), Medical Exec (R&D; 3.01%), YWXM (6.10%), Women's (6.23%), YG (6.93%), YGC (8.58%), and WOD (9.38%).

Overall, the results indicate a *moderate to positive level* of engagement with an overall engagement score of 3.84 out of 5. As this is the first survey undertaken by Betsi Cadwaladr University Health Board, there are no changes over time to be reported. The two highest-scoring enablers of engagement were Trust (4.00 out of 5) and Working Relationships (3.91). These represent areas of strength for the organisation. The two lowest-scoring enablers in this first survey were Influence (3.22) and Recognition (3.22).

In relation to these initial results WOD are working on a number of initial recommendations from the 1st organisational survey report provided by Go Engage. The first of these is to focus on developing the response rate to the survey, to improve on the reliability of the data. Regarding developing Influence, it was recommended that current staff feedback systems are reviewed,

to improve robustness of staff feedback processes. This recommendation is aligned to work already underway in relation to staff engagement, including the work around Staff Survey Implementation plans, both corporate and divisional to ensure that staff see and experience action being taken on the feedback they provide.

Regarding developing Recognition, it was recommended that the organisation consider ways to connect senior staff with staff 'on the ground', and to raise the profile of local areas in the wider organisation. Again this aligns to work already being planned through WOD around senior leadership 'back to the floor' activity, and in increasing senior leadership involvement in the Seren Betsi process.

Reviewing preceptorship process and support

WOD and Nurse Education have jointly developed a short survey aimed at exploring the experiences, perceptions and suggestions of new nursing and midwifery staff in relation to starting in BCUHB and their experience of preceptorship. The gathering of this data in August and September will enable WOD and Nurse Education to evaluate the impact and value of the newly launched Preceptorship Framework. Responses to the survey to date has been low therefore alternative means of gathering the qualitative data will be arranged during October.

The framework was developed in consultation with multiple stakeholders, including a wide variety of nursing and midwifery colleagues in clinical practice, as well as partners in our universities and nursing and midwifery graduates. This is to ensure the preceptorship process is fit for purpose for both preceptors and preceptees.

Additionally WOD and Nurse Education will start work in October on measuring the current consistency of mentoring opportunities for preceptees. Where needed we will be building capacity and skills to enable all preceptees to be able to access this support in order these staff to feel valued and invested. This is in response to good results seen in terms of intention to stay in high performing areas of the Organisation (Women's, Area East and Area Central) in the 2018 Staff Survey.

4. CONCLUSION

In order that all services in the Health Board remain adequately staffed in a challenging healthcare labour market WOD are prioritising action on retaining existing staff. A comprehensive action plan based around five priority areas is being enacted and will be further developed. This work will build on increased intelligence on staff engagement and reasons for leaving, it will target the identified hotspot areas with high turnover / low morale and it will seek to leverage and spread good practice identified in lower turnover / higher engagement areas of BCU.

5. RECOMMENDATION

The Joint Board is asked to note the report for information and provide feedback if appropriate.

Appendix 1 – Retention Improvement Plan

Retention Improvement Plan																		
Objective	Action	Lead	Measures of Success		Qtr. 1		Qtr. 2			Qtr. 3			Qtr. 4			Current Position		
			Baseline	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		March	
Improve Retention in hotspot areas	Identify hotspot areas	GE	No targeted interventions identified for hotspot areas	Hotspots can be easily identified			X										Action achieved	
	Ensure all hotspot areas have an improvement plan in place	NT/HoW		All hotspot areas have a local improvement plan in place				X										Work ongoing
	Monitor effectiveness of improvement plans via workforce metrics	HoW		Metrics are tracked to monitor effectiveness of improvement plans						X								Metrics in place to monitor against
	Implement an Intention to Quit survey in hotspot areas	NT		Survey drafted, evaluated and in use if appropriate				X										Survey in development
	Conduct leadership development TNA in hotspot areas and signpost accordingly (coaching, ASiM, WMP, ILM, LfT)	GE/LEE		TNA in place to inform development					X									TNA designed; ready to implement
	Offer access to career clinics for staff in 'priority leaver' groups identified as intending to quit	GE/LEE		Staff offered career clinics					X									Action achieved
	Facilitate 'lessons learning' events in hotspot and high performing areas to share ideas, explore common challenges, codesign solutions	GE/LEE		Lessons learnt events/information being shared in order to encourage best practice					X									Liaison and planning activity started
	Consider if hotspot areas could benefit from Pioneer Programme and enrol onto next available intake	NT		Teams nominated and commenced on Pioneer programme if appropriate							X							Criteria in place to evaluate fit
Refresh and improve the Exit Interview process	Review current policy	NT	Limited information available from staff who leave	New policy in place which addresses improving the Exit interview process			X										Review commenced	
	Make amendments as necessary to policy	NT					X											Work undertaken to amend process
	Consult on new policy	NT						X										Process for consultation planned
	Implement new policy	NT								X								Use existing channels to launch

	Review Exit Interview Process to ensure fitness for purpose	GE/A J		Improved process resulting in improved rate of completions and richness of information						X									Review commenced		
	Review the Exit Interview process in order to identify potential bullying/harassment issues (Action within Staff Survey Imp plan)	GE/A J		The organisation can identify areas which may be concerning in a constructive and proactive manner						X									Initial mapping work begun		
	Redesign/test exit interview	GE/A J		New process in place with improved feedback and data							X								Review commenced		
	Launch new process with appropriate guidance for managers	GE/A J											X						Use existing channels to launch		
Improve organisational Retention	Ensure all Divisions have a retention improvement plan	HoW	June retention position: overall vacancy rate 8.30% (medical & dental 11.1%; nursing and midwifery 11.1%); voluntary resignation rate (hotspot areas) - 9.8%; overall turnover (hotspot areas) - 19.0%	Agreed divisional % improvements in retention achieved by March 2020															Work ongoing		
	Monitor effectiveness of retention improvement plan via Workforce Improvement group	HoW											X							WIG in place – action achieved	
	Provide guidance for strengths-based and 'how do we help stay and grow' PADR conversations	GE/N H														X					Guidance being developed
	Hold a Focus Group for a range of new starters (6 month) to evaluate the Onboarding experience	LE												X							Offer planned, ready to implement
	Identify departments/divisions with low turnover rates to look at best practice	HoW																			Action achieved
Improve staff engagement scores	Monitor BeProud Surveys to track staff engagement scores across Divisions	NT	1st Organisational Survey - overall engagement score of 3.84 out of 5	Divisions have agreed targets to monitor improvements against							X					X			1st survey completed		
	Identify Divisions with low scores in areas of Personal Development, Resources and Work Relationships	NT											X				X			Work begun on mapping	
	Ensure Divisions with low scores develop improvement plans	HoW												X				X			Liaison once mapping completed

	Monitor improvements in subsequent surveys	NT/H oW								X			X			X	Via further organisational surveys		
Improve Preceptorship processes and support	Review current process - is it fit for purpose? Build on OD work already done supporting this	GE & Nursing	Preceptee assessment protocol in place (for measurement)	Process additionally measured via survey; continuous improvement process in place to ensure fit for purpose process				X									Process review in place		
	Explore options for consistent mentoring for preceptees	GE & Nursing									X								Work discussed and planned in
	Survey all those currently undergoing preceptorship to sense check	GE & Nursing						X	X										Survey issued

Board to Board BCUHB and CHC**10.10.19**

COPY OF PAPER SUBMITTED TO FINANCE & PERFORMANCE COMMITTEE 30.9.19


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 Bwrdd Iechyd Prifysgol
 Betsi Cadwaladr
 University Health Board

 To improve health and
 provide excellent care

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



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Betsi Cadwaladr
University Health Board

FINANCE REPORT

MONTH 5 2019/20

Sue Hill

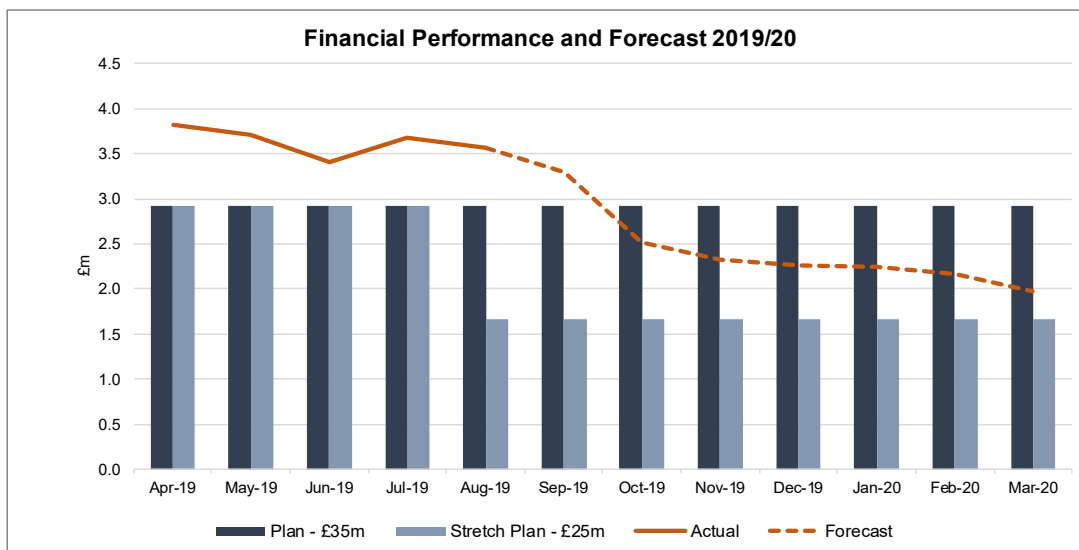
Acting Executive Director of Finance

Betsi Cadwaladr University Health Board

1. Executive Summary

1.1 Executive Summary

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

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	

Savings delivered:	Savings	16,022	16,938	21,058	25,179
Grip & Control	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 limits set by

2. Current & Forecast Position

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

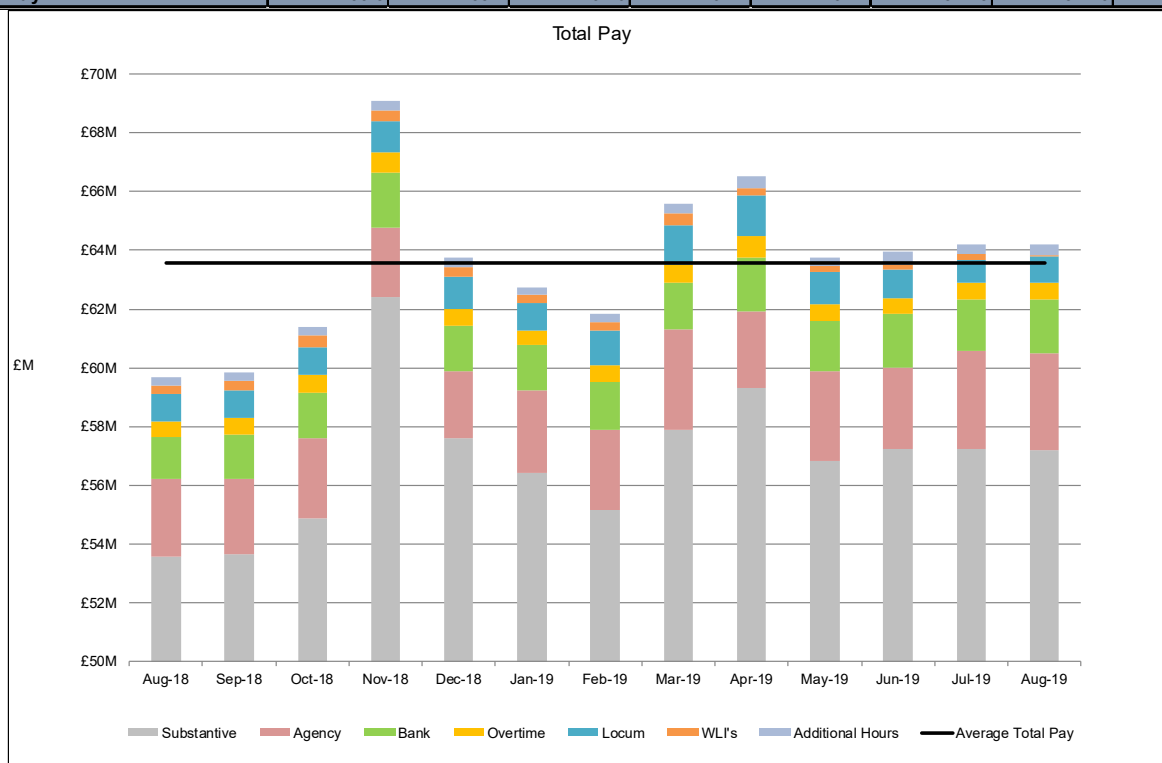
	Month 1	Month 2	Month 3	Month 4	Month 5	CUMULATIVE		
	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	BUDGET	ACTUAL	VARIANCE
	£000	£000	£000	£000	£000	£000	£000	£000
WG RESOURCE ALLOCATION	(124,954)	(123,186)	(124,111)	(129,295)	(124,695)	(626,241)	(626,241)	0
AREA TEAMS								
West Area	13,278	12,998	13,066	14,339	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

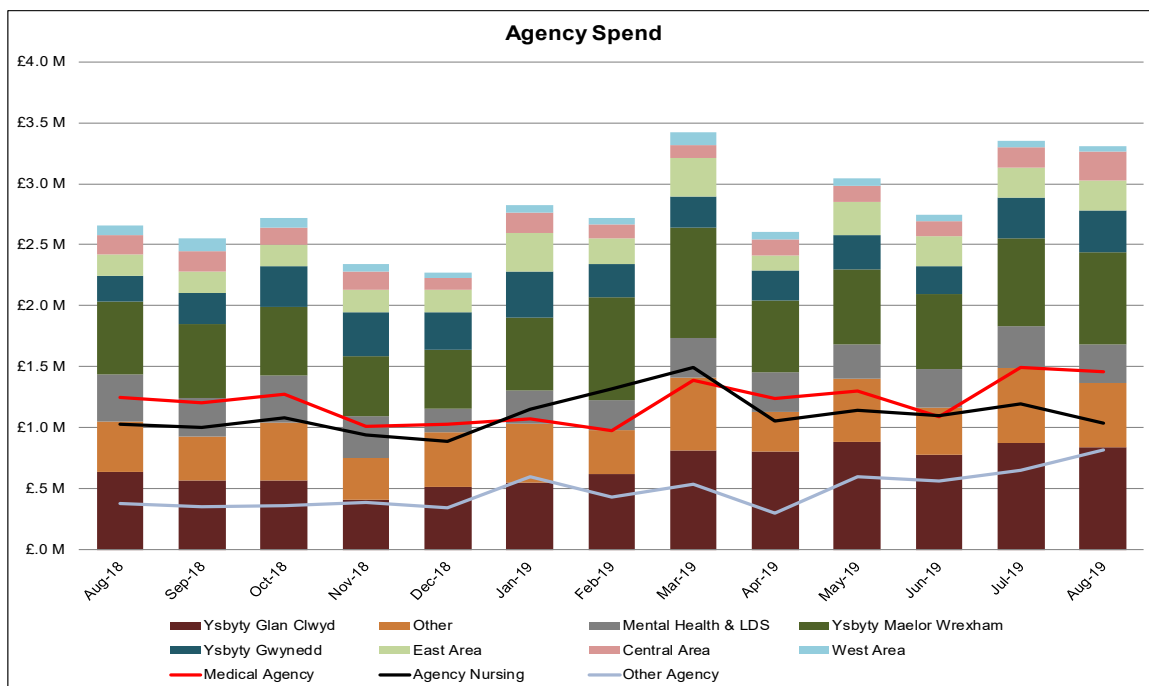
	Actuals					Cumulative		
	Month 1 2019/120	Month 2 2019/120	Month 3 2019/120	Month 4 2019/120	Month 5 2019/120	YTD Budget	YTD Actual	YTD Variance
	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	8.4	8.1	8.1	8.0	8.1	43.6	40.7	(2.9)
Medical & Dental	14.3	14.0	14.3	14.7	14.7	68.8	72.0	3.2
Nursing & Midwifery 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.

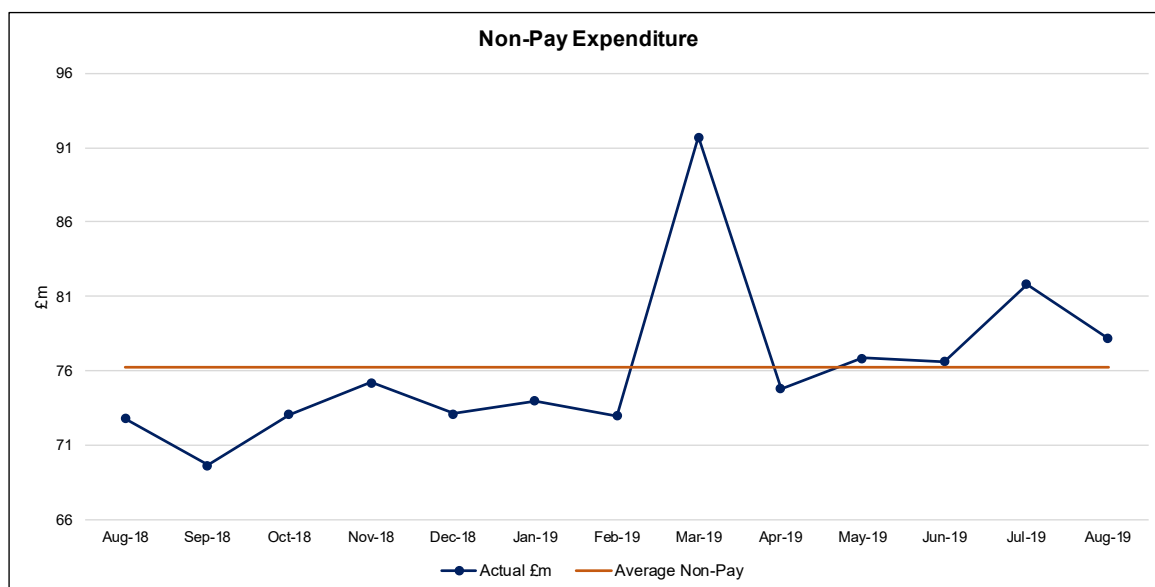
3.3 Pay Actions

- 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
Diagnosics							
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.

<p>BOARD TO BOARD BCUHB and CHC</p> <p>10.10.19</p> <p><i>Copy of paper submitted to Finance & Performance Committee 30.9.19</i></p>	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p>To improve health and provide excellent care</p>
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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 –	√	4.Putting resources into preventing	√

individuals, families, carers, communities - to achieve their own well-being		problems occurring or getting worse	
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
This paper relates to all areas of the Special Measures Improvement Framework.			
Equality Impact Assessment			

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)

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BCUHB recovery programme development summary as at M5

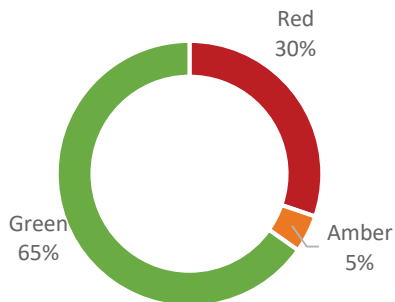
Source: BCUHB PMO tracker

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>	937	<i>0</i>	923	270

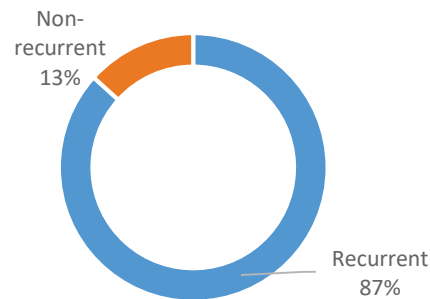
Run rate and cost avoidance schemes (£000)	Pipeline	In development	Scheduled to deliver	In delivery / delivered	Total
Last position (as at 31/07/19)	2,783	5	522	4,411	7,722
Current position (as at 30/08/19)	6,683	948	290	6,421	14,342
<i>Movement</i>	<i>3,900</i>	<i>944</i>	<i>-232</i>	<i>2,010</i>	6,620

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)

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.

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

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.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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.



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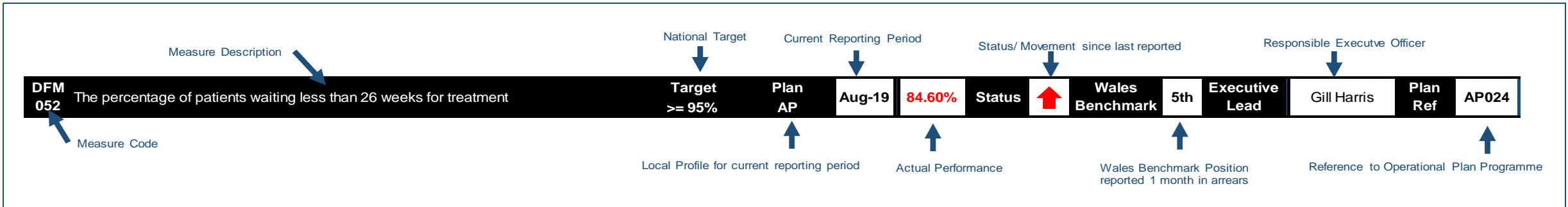
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This Integrated Quality & Performance Report (IQPR) provides a clear view of current performance against a selected number of Key Performance Indicators (KPI) that have been grouped together to triangulate information. This report should be used to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

The measure code relates to the code applied within the NHS Wales Annual Delivery Framework, which Welsh Government hold the Board accountable for delivering. A key difference in the structure of the IQPR for 2019/20, in comparison to 2018/19 is that it is that the report reflects the organisational priorities as set out in the Annual Plan approved by the Board. The report maps each the measures included against the corresponding work programme within the Annual Plan for 2019/20. This is done via a reference number at the right hand side of the Measure Component Bar (shown below). The actual performance reported is compared to the 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.

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 on the next page demonstrates the performance against compared to the BCU plan for these measures over time:

Unscheduled Care Performance - Rolling 12 months to 31st August 2019

BCU HB		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
4 Hour	Plan	95%	80.0%	82.0%	85.0%	88.0%	90.0%	85.0%	85.0%	85.0%				74.0%	75.0%
	Actual		69.86%	69.58%	70.62%	71.68%	67.64%	66.94%	72.50%	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	1,500	1,395	1,290	1,209	1,085
	Actual		1,900	1,817	1,849	1,404	1,553	1,989	1,430	1,635	1,743	1,660	1,444	2,044	1,786
1 Hour Ambulance Handover	Plan	0	700	850	850	1,055	1,100	1,080	1,092	900	540	341	270	248	186
	Actual		785	758	914	404	446	691	358	438	700	616	447	811	694
Cat A 8 Minutes	Plan	65%	80.9%	81.1%	79.0%	77.0%	74.0%	71.0%	73.0%	75.0%	65.0%	65.0%	65.0%	65.0%	65.0%
	Actual		71.4%	69.7%	74.2%	68.5%	74.7%	72.2%	75.0%	70.4%	70.0%	70.2%	69.0%	68.0%	69.6%

Note: Amber has been 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 includes RTT, Cancer, and diagnostics and follow up as these measures frequently require the same resource to deliver the standards expected. 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 13 months:

Planned Care Performance against Plan - Rolling 12 months to 31st August 2019

BCU HB		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								5,714	6,838	7,465	7,961	8,846	8,021
	Actual		7,364	6,351	6,643	6,932	7,144	8,034	7,826	6,004	6,870	7,499	7,998	8,900	10,167
Diagnostics 8wks	Actual	0	2,462	2,200	1,504	1,275	1,486	2,116	2,123	2,277	2,548	2,857	2,827	2,793	2,957
Followup Overdue	Plan	0	75,000	75,000	73,000	73,000	73,000	72,000	71,000	70,000				87,712	86,835
	Actual		85,164	85,718	82,268	80,712	84,769	83,473	82,483	87,712	88,210	88,079	88,511	88,648	91,288
Cancer 62 Day	Plan	95%	86.00%	90.00%	92.00%	89.00%	90.00%	90.00%	91.00%	92.00%	82.00%	83.00%	84.00%	84.00%	84.00%
	Actual		85.30%	83.00%	85.80%	80.90%	87.20%	84.40%	808.00%	87.60%	82.20%	81.50%	80.40%	84.90%	
Cancer 31 Day	Plan	98%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
	Actual		98.90%	100%	98.40%	99.50%	98.10%	97.40%	98.90%	97.20%	100%	98.30%	98.30%	99.50%	
Single Cancer Pathway													78.00%	80.00%	

Amber is used where performance is within 3% of Plan

There is no confirmed plan for Diagnostic Wait

There is no set target for Single Cancer Pathway

Cancer is reported 1 month in arrears

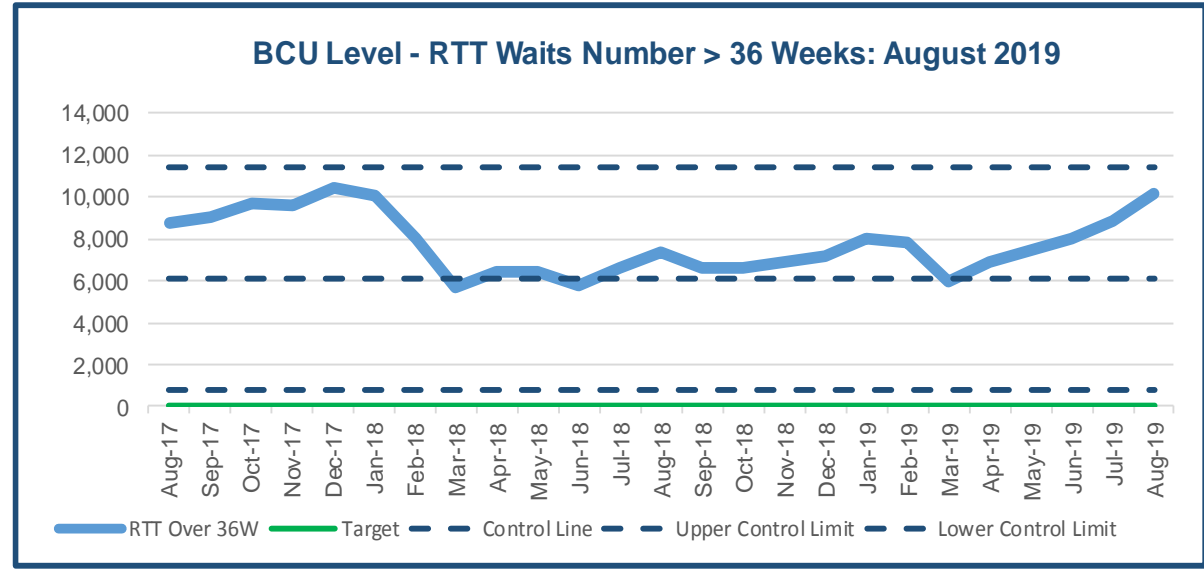
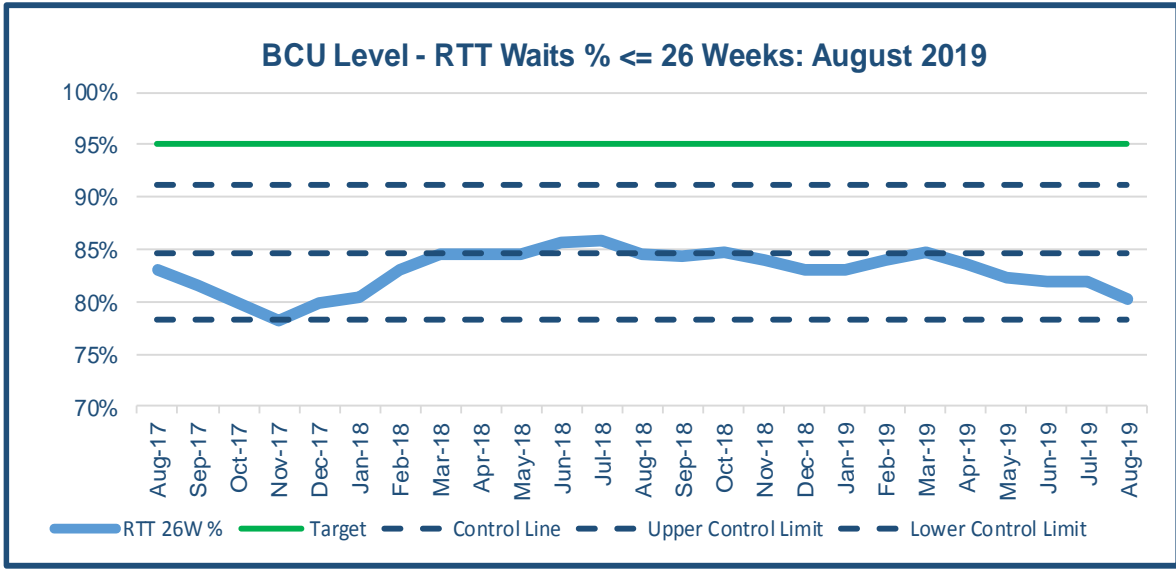
There is a connection between delivery of the above indicators. Clinical priority is given to cancer patients, reflected in the good performance against the 31 day non urgent suspected cancer target. On cancer, we are one of the best performing health boards in Wales. Diagnostics is not a single service: 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 gastroenterology where increased waits in endoscopy together with workforce challenges are resulting in longer waiting times. The volume of procedures postponed on the day or the day prior 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.

Planned Care

Integrated Quality and Performance Report
Community Health Council Version

August 2019

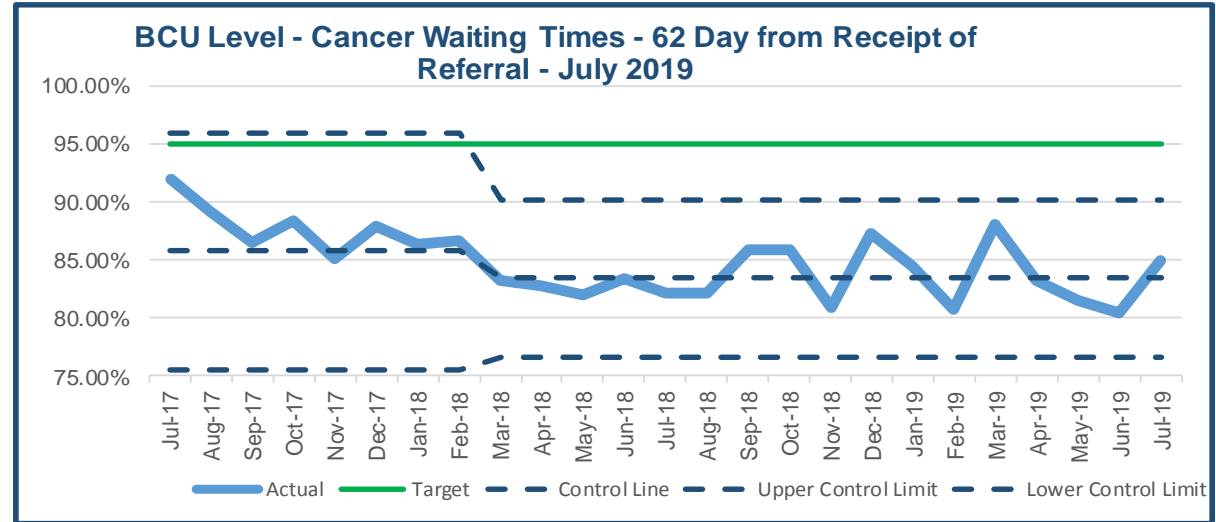
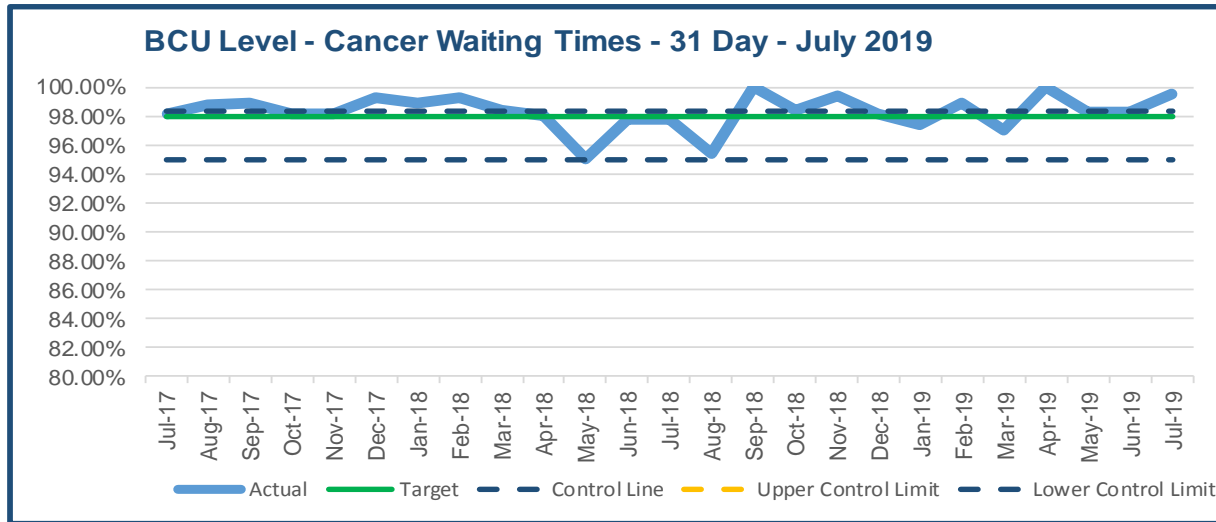
DFM 052	The percentage of patients waiting less than 26 weeks for treatment	Target $\geq 95\%$	Plan $\geq 81.7\%$	Aug-19	80.24%	Status	Wales Benchmark	7th	Executive Lead	Mags Barnaby	Plan Ref	AP024
DFM 053	The number of patients waiting more than 36 weeks for treatment	Target 0	Plan $\leq 8,021$	Aug-19	10,167	Status	Wales Benchmark	7th	Executive Lead	Mags Barnaby	Plan Ref	AP024
LM0 53a	The number of patients waiting more than 52 weeks for treatment	Target 0	Plan $\leq 2,517$	Aug-19	2,620	Status	Wales Benchmark	7th	Executive Lead	Mags Barnaby	Plan Ref	AP024



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

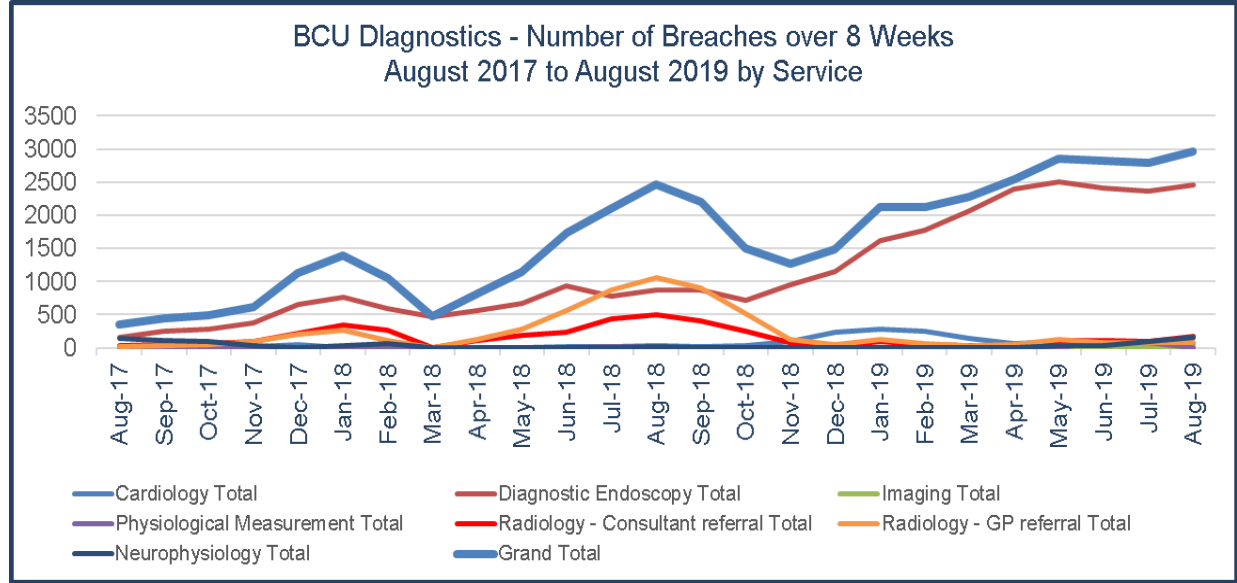
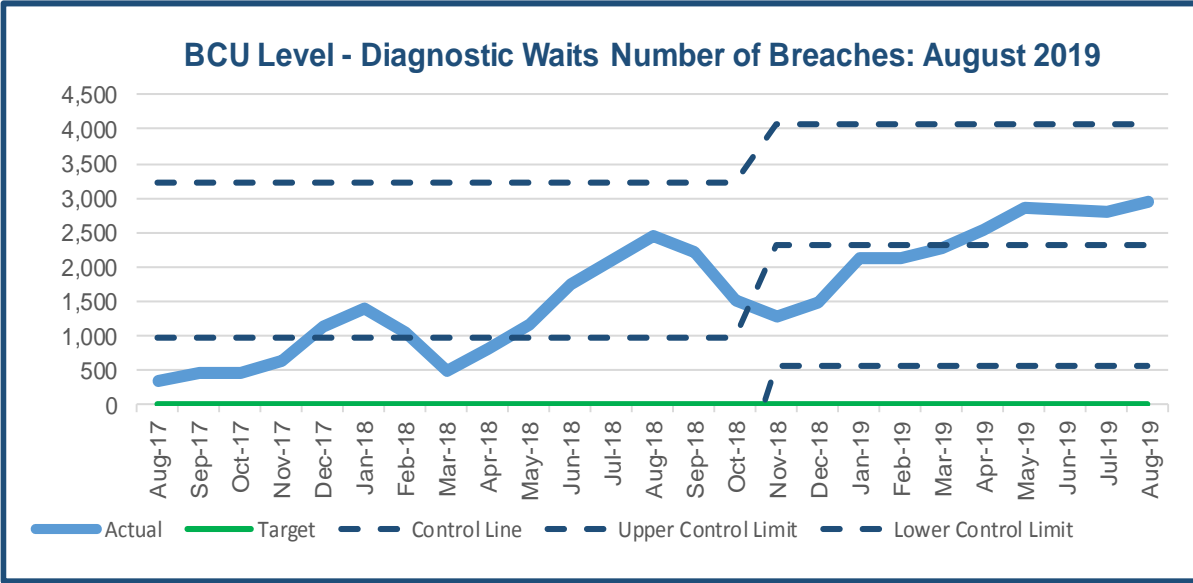
DFM 063	The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis (regardless of referral route)	Target ≥ 98%	Plan ≥ 98%	Jul-19	99.50%	Status ↑	Wales Benchmark 2nd	Executive Lead Adrian Thomas	Plan 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 ≤ 2,901	Aug-19 2,957	Status ↓	Wales Benchmark 7th	Executive Lead Adrian Thomas	Plan Ref AP024
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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.

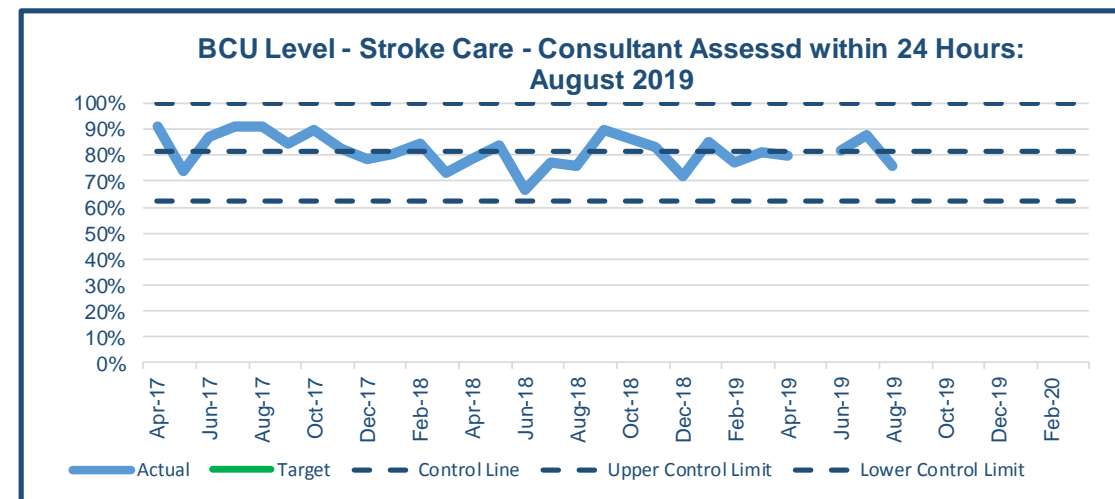
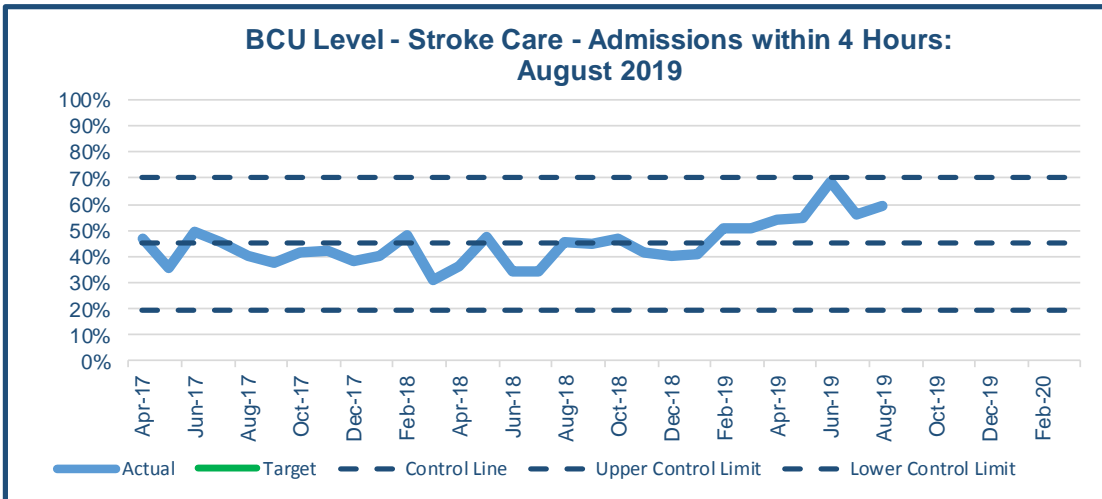
Actions	Outcomes	Timeline
Endoscopy		
Development of weekly Endoscopy Patient Targeted List for surveillance and elective.	Maintain current waiting list position by better tracking and management of waiting list. Achieve 8 weeks wait time and no overdue Surveillance backlog	October'2019
Appointment of 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

Unscheduled Care

Integrated Quality and Performance Report
Community Health Council Version

August 2019

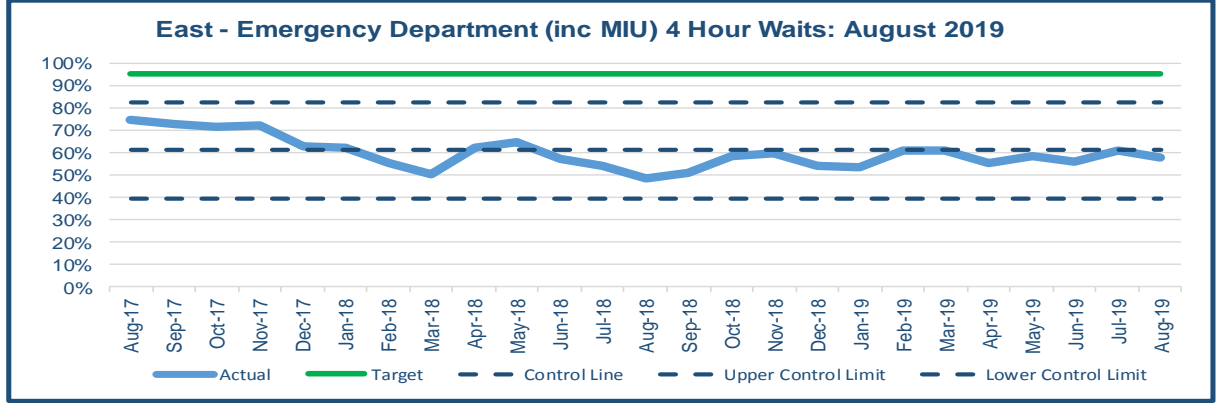
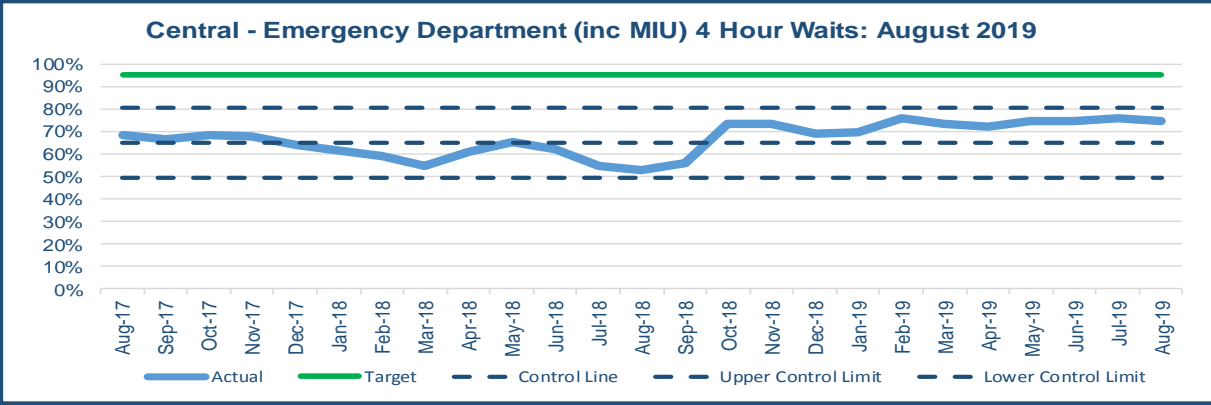
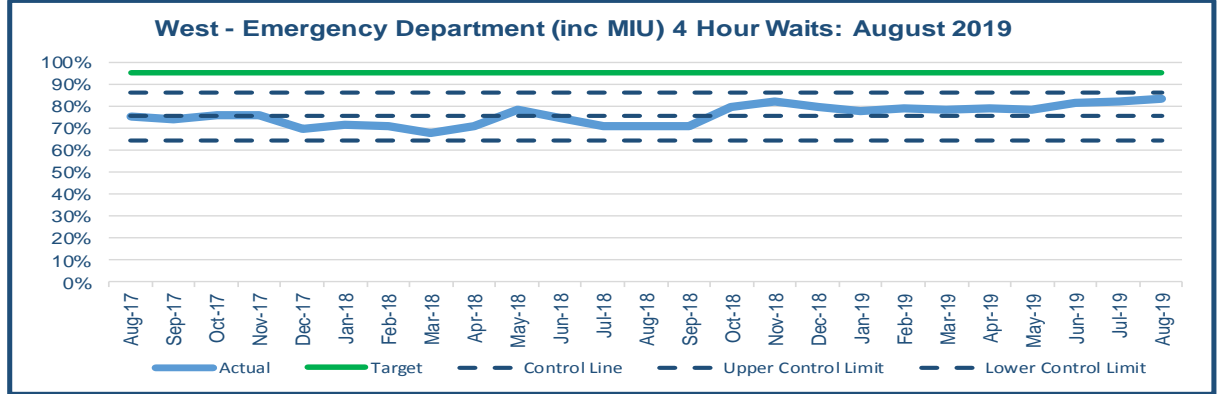
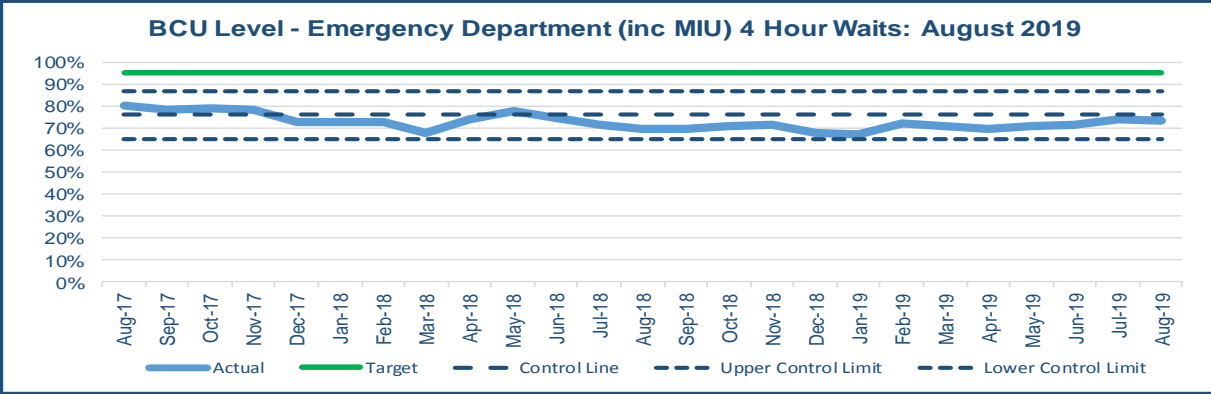
DFM 066	Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours of the patient's clock start time	Target >= 55.5%	Plan >= 50%	Aug-19	59.30%	Status	Wales Benchmark	1st	Executive Lead	Deborah Carter	Plan Ref	AP038
DFM 067	Percentage of patients 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	Deborah Carter	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	Deborah Carter	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	Deborah Carter	Plan Ref	AP038



Why we are where we are: The National Sentinel Stroke Audit scores services over 10 domains of care each quarter, with scores ranging from A-E. Performance has improved with the overall 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>	<p>Improved compliance against the 4 hour Standard and the SSNAP Scores</p>	<p>Immediate with daily Safety Huddles and bed meetings. ED awareness ongoing month on month.</p>
<p>2. Consultant Review- Sites to confirm plans for sustainable thrombolysis rota and investigate the use and resourcing of virtual ward rounds</p>	<p>Sustainable thrombolysis rota combined with 7 day review by Stroke Consultants.</p>	<p>Options paper submitted, discussions continue in September.</p>
<p>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.</p>	<p>Understanding of reasons for low performance in East and options for improvement.</p>	<p>September and October 2019</p>
<p>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</p>	<p>Reduction in backlog and greater compliance with standard</p>	<p>Additional clinics from September. In East Process review for West and Centre in September</p>

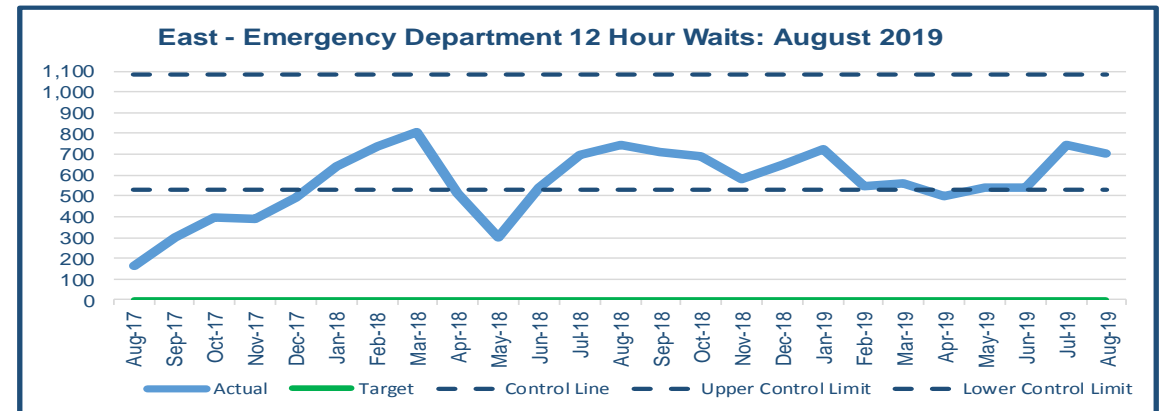
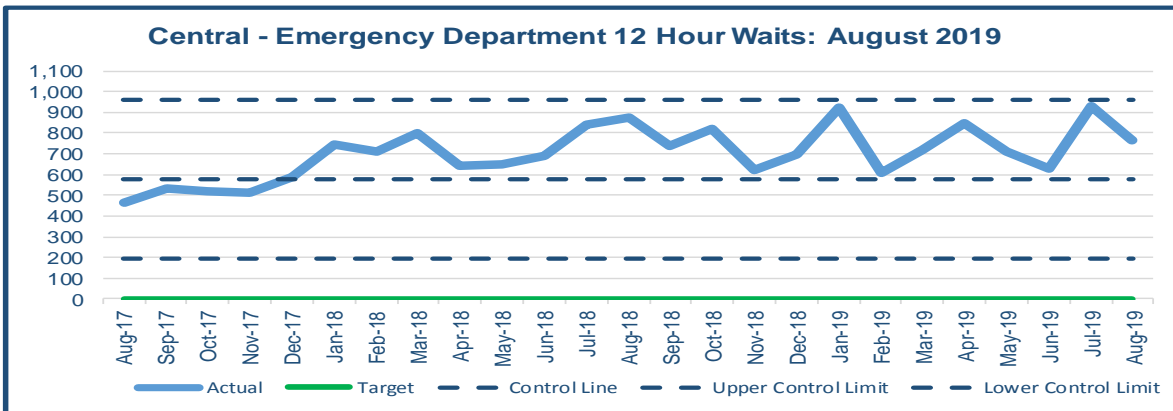
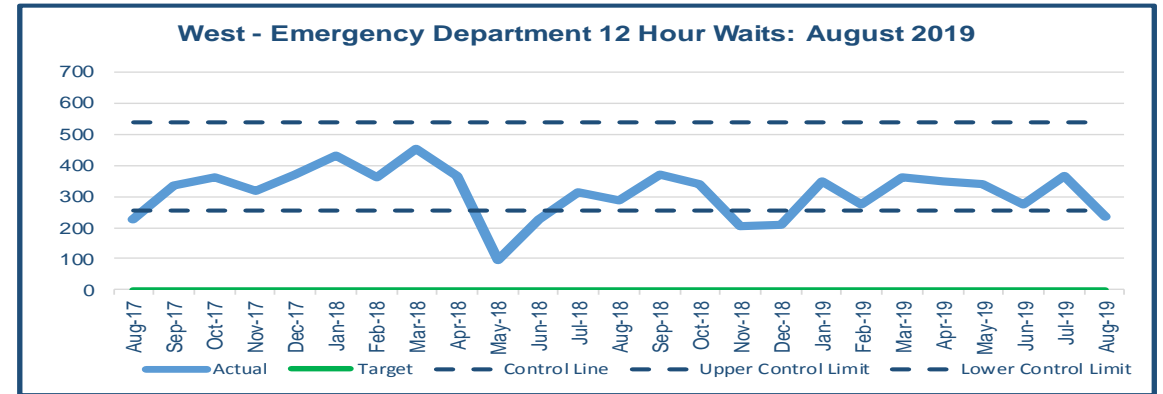
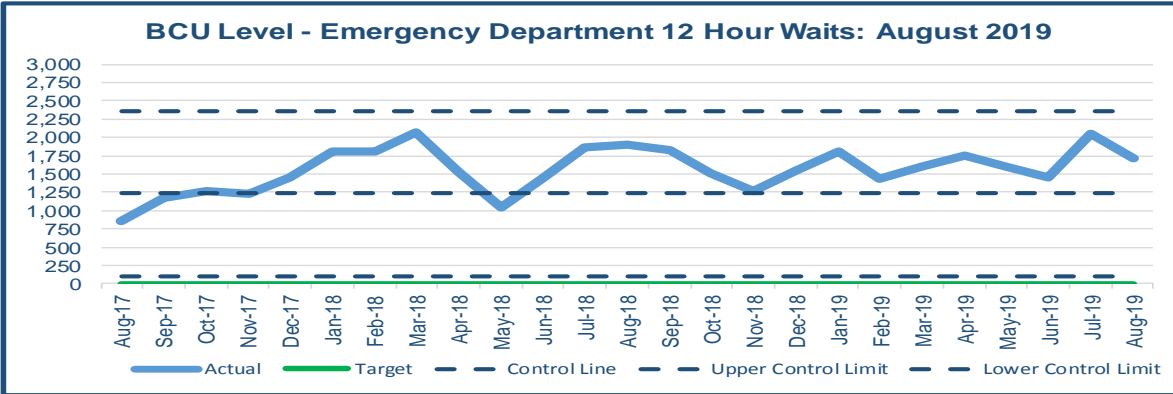
DFM 072	The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Target	Plan	Aug-19	73.04%	Status	↓	Wales Benchmark	7th	Executive Lead	Deborah Carter	Plan Ref	AP033
		>= 95%	>= 75%										



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

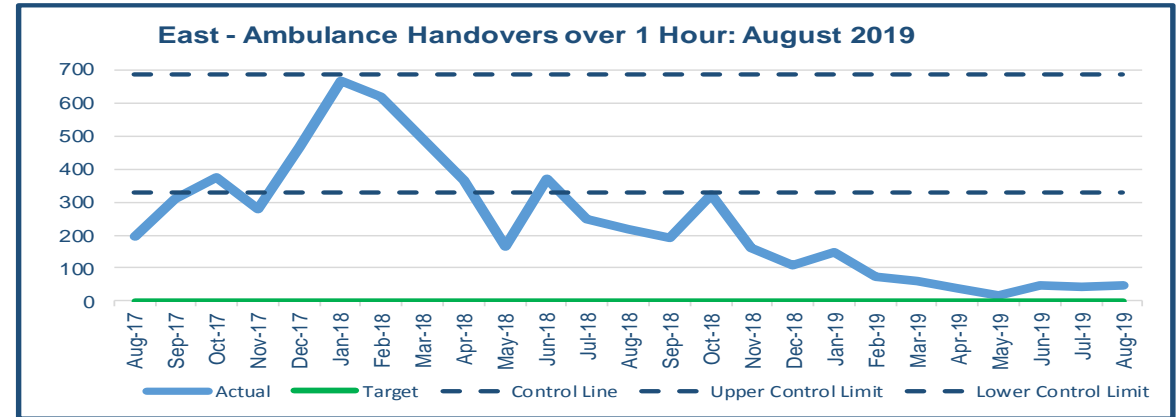
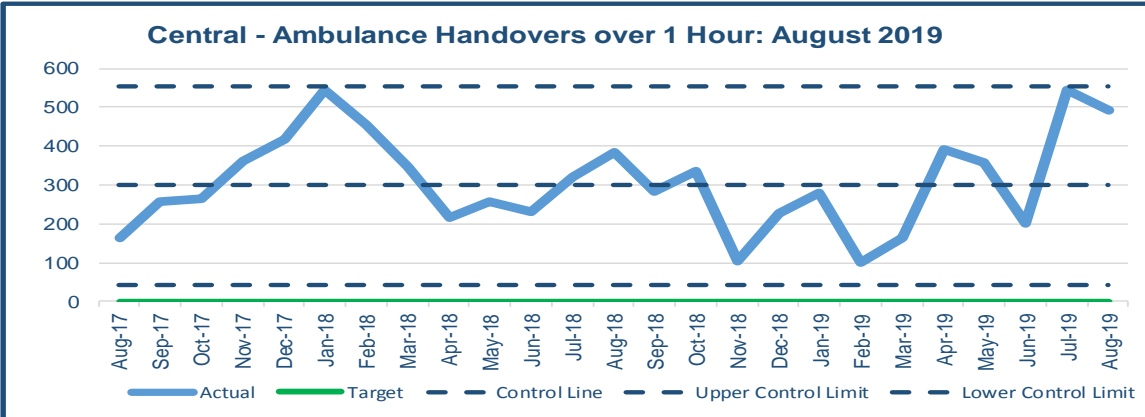
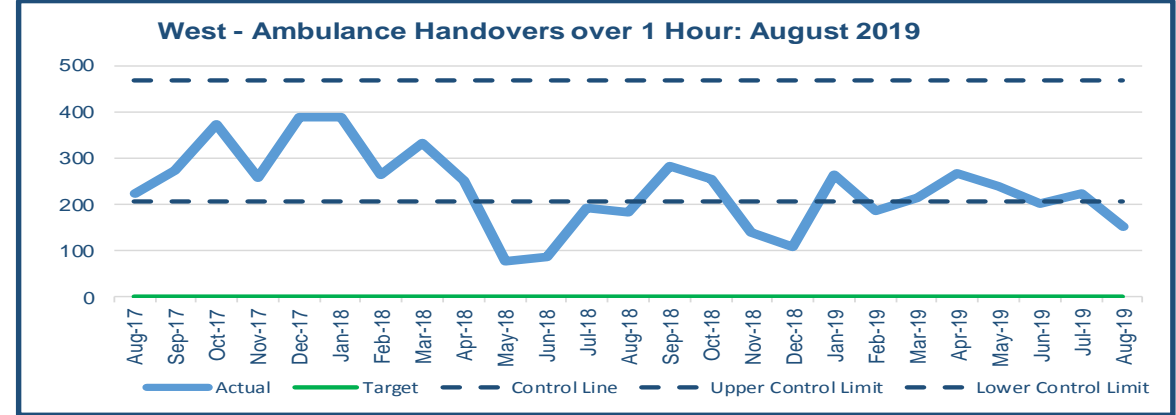
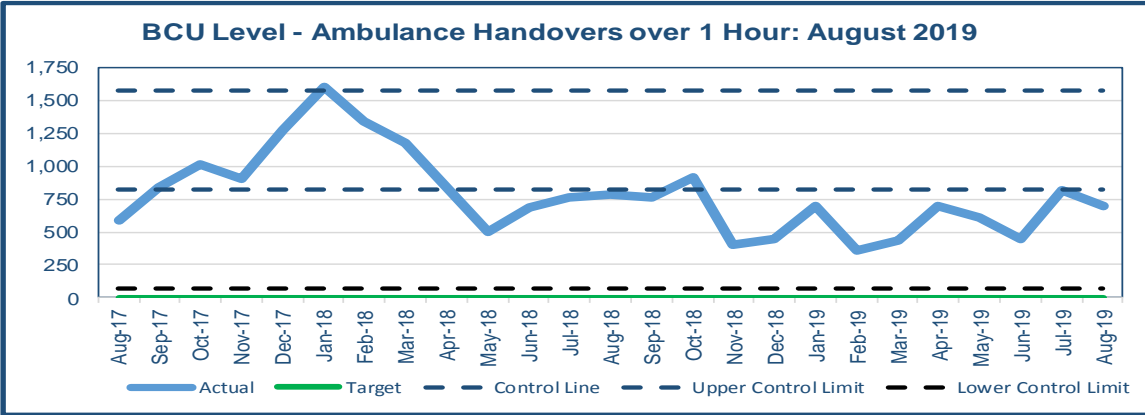
DFM 073	The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Target 0	Plan <= 1,085	Aug-19	1,708	Status 	Wales Benchmark 7th	Executive Lead Deborah Carter	Plan Ref AP033
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Why 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

DFM 071	Number of ambulance handovers over one hour	Target 0	Plan ≤ 186	Aug-19	694	Status ↑	Wales Benchmark	5th	Executive Lead Deborah Carter	Plan Ref AP029
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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.

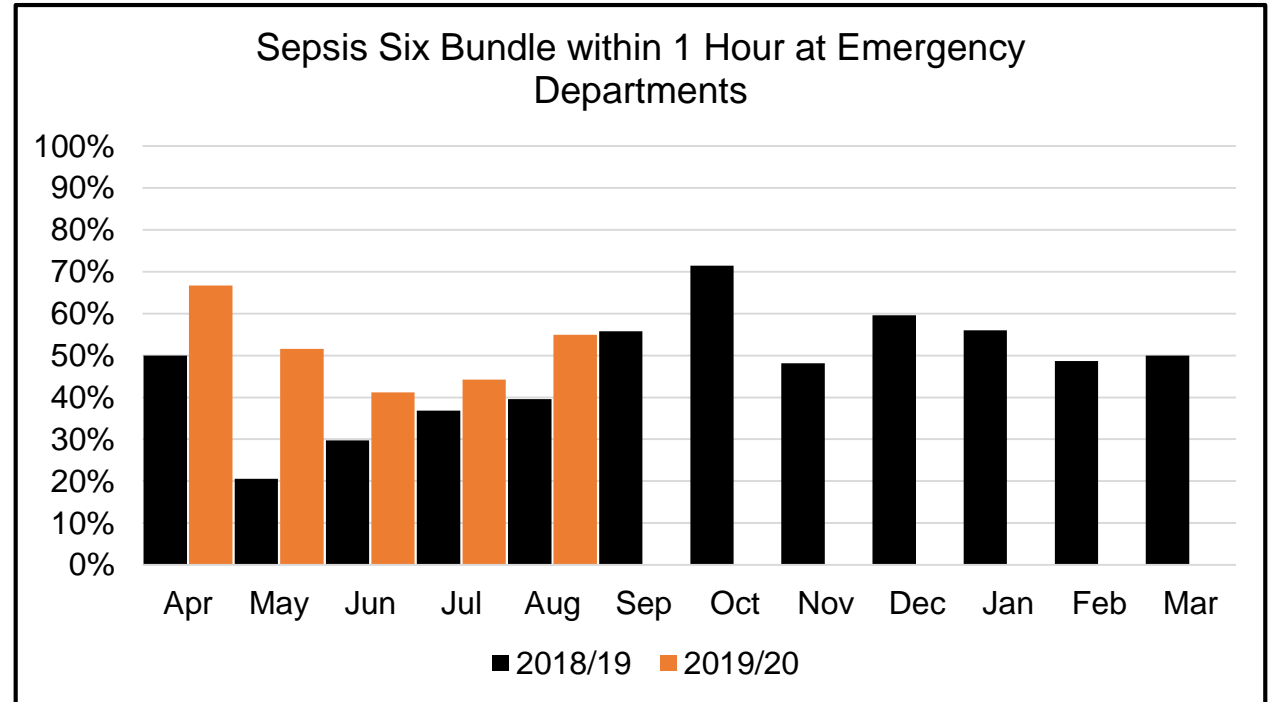
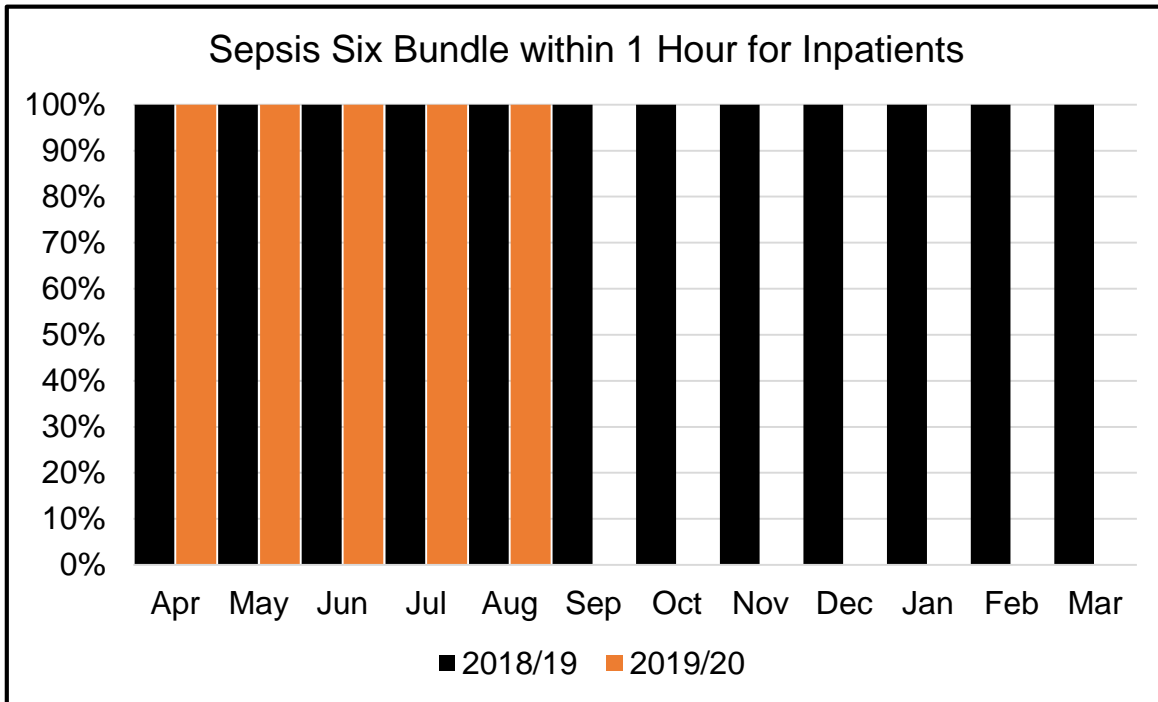
Actions	Outcomes	Timeline
Ysbyty Gwynedd:		
1. Audit of number of diverts/soft border diverts and review patient outcomes/patient harm events.	Improve patient experience and learn from handover delays	October 2019
2. Bi –weekly meetings with Welsh Ambulance Service Trust (WAST) Ongoing	Reviews of periods 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

Quality of Care

Integrated Quality and Performance Report
Community Health Council Version

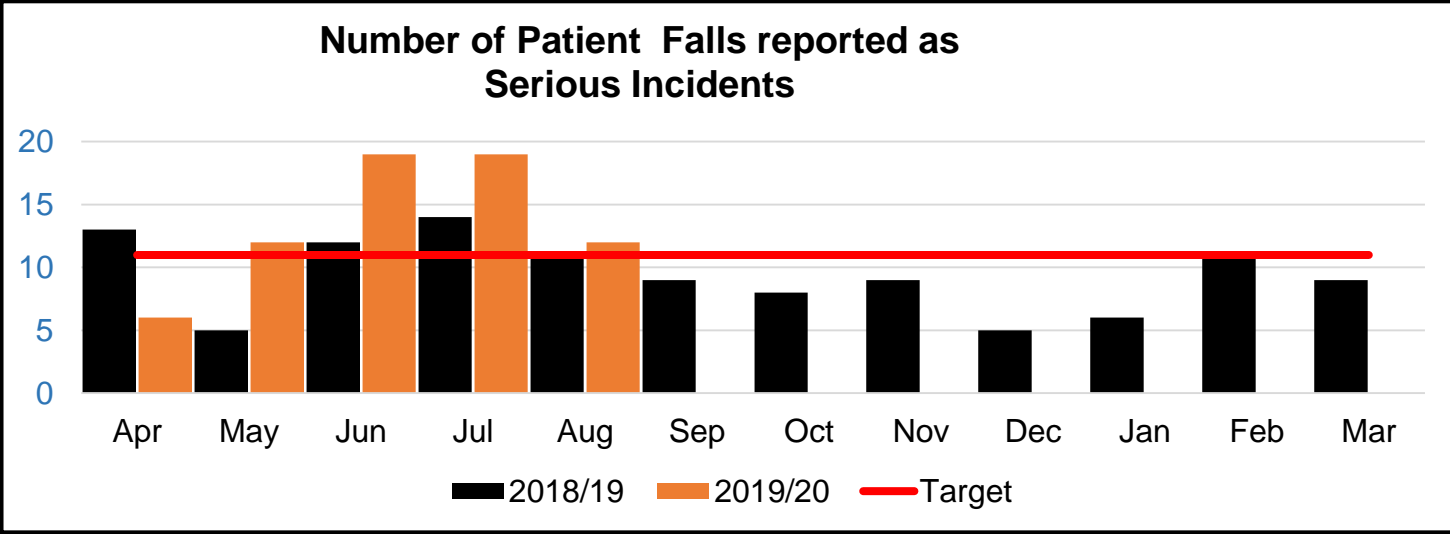
August 2019

DFM 014	Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening	Target Improve	Plan 100%	Aug-19	100%	Status	➔	Wales Benchmark 1st	Executive Lead David Fearnley	Plan Ref AP039
DFM 015	Percentage of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening	Target Improve	Plan ≥ 74%	Aug-19	54.90%	Status	⬆	Wales Benchmark 4th	Executive Lead David Fearnley	Plan Ref AP039



Actions	Outcomes	Timeline
<p>1. Sepsis collaborative (ED Depts.) Day 4 of the sepsis collaborative took place on 5th Sep 2019</p>	<ul style="list-style-type: none"> • Improve understanding of issues and develop action plans to rectify problems as identified • Improved ownership around sepsis and helps staff to aspire to be best they can • Reduction in mortality is being seen now, particularly on the Ysbyty Glan Clwyd (YGC) site as a result of on going improvement work. 	<p>April 2020 (predicted)</p>
<p>2. Sepsis dashboard</p> <p>Sepsis dashboard is active and in use across all sites by ED depts. It is now being used to inform of progress during ED DRIPS meetings. DRIPS stands for 'Data, Review the cases, Improvements, Plot the dots, Share and Celebrate'. Work is currently in progress again to evolve further by inclusion of new data sets.</p>	<ul style="list-style-type: none"> • Provision of live data to inform staff of progress and help identify areas of weakness that need improvement 	<p>November 2019</p>
<p>3. Introduction of DRIPS meetings (ED depts.) All acute site ED depts. Are now running DRIPS meeting to review progress and make improvements to early sepsis treatment</p>	<ul style="list-style-type: none"> • Improve understanding of issues and develop action plans to rectify problems as identified • Improved ownership around sepsis and helps staff to aspire to be best they can 	<p>April 2020 (predicted)</p>

LMO 23a	Number of Patient Falls reported as Serious Incidents	Target <= 11	Plan <= 11	Aug-19	12	Status	Wales Benchmark N/A	Executive Lead Deborah Carter	Plan Ref NIP
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- ### Harms resulting from patient falls in August 2019:
- Fractured Humerus x1
 - Fracture Neck of Femur (hip) x6
 - Fractured Ankle x1
 - Spinal Injury x1
 - Subdural haemorrhage x2
 - Unknown x1

Why we are where we are: 12 incidents of patient falls (resulting in harm) have been reported to Welsh Government in August 2019 (compared to 19 reported in July 2019). Location of incidents for August shows no geographical hot spots with each incident happening on a different ward as follows:

- Llandudno Hospital (Llewelyn ward & Morfa ward) reported 2
- Ysbyty Penrhos Stanley (Cybi ward) reported 1
- Ysbyty Eryri (Pebblig ward) reported 1
- Wrexham Maelor (Bersham ward, Evington Ward, Emergency Dept & Radiology Dept.) reported 4
- Wrexham Maelor (Community Onnen ward) reported 1
- Mental Health & Learning Disabilities Services (Bryn Hesketh* & Conwy SMS) reported 2
- Ysbyty Glan Clwyd (ward 8) reported 1

**Bryn Hesketh is part of the Falls Collaborative*

Actions	Outcomes	Timeline
1. Health Board Inpatient Falls collaborative and Faculty established – Faculty multidisciplinary	To reduce inpatient falls by 15% for collaborative wards	30 th November 2019
2. The collaborative will develop a toolkit of evidence based interventions that are individualised to meet the needs of inpatients following risk assessment. Based on evidence/information from group learning sessions	Interventions will be evidenced based and tailored to patient individual needs	31 st December 2019
3. Falls Faculty- projects include review Datix reporting, educational & intranet resources, equipment, criteria lying & Standing Blood Pressure monitoring, reduction of patient deconditioning	Standardisation of processes, resources and accessibility to information and equipment	31 st December 2019
4. Masterclass held 5 th September 2019	Test of change includes all wards reviewing and completing E learning package -educational resources, post falls protocol	30 th September 2019

LMO 23b	Number of Healthcare Acquired Pressure Ulcers reported as Serious Incidents	Target 0	Plan 0	Aug-19	6	Status		Wales Benchmark	N/A	Executive Lead	Deborah Carter	Plan Ref	NIP
LMO 23c	Total Number Healthcare Acquired Pressure Ulcers(All Grades)	Target AP	Plan AP	Aug-19	217	Status		Wales Benchmark	N/A	Executive Lead	Deborah Carter	Plan Ref	NIP

Why we are where we are: For August 2019 a total of **6** HAPU reported to Welsh Government for patients within the care of the Health Board and following investigation.

- Wrexham Maelor – Cunliffe ward reported 1 x unclassified/unstageable
Morris Ward reported 2 x grade 3
Glyndwr ward reported 1 x unclassified/unstageable
- Ysybty Gwynedd - Hebog ward reported 1 x grade 3
- High Pastures Nursing Home reported 1 x grade 3

Actions	Outcomes	Timeline
1.HAPU Masterclasses will include revised all Wales risk assessments Nutrition, Continence, Manual Handling & Tissue Viability WHC Implementation required by 30 th November 2019 for the Nutritional risk assessment and 1 st May 2020 for all other risk assessments	Revised all Wales documentation is included in All Wales Tissue Viability documentation will require simultaneous implementation	Masterclasses October/November 2019 go live date for all risk assessments 2 nd December 2019
2.All Wales review tool now incorporated in BCU Datix incident reporting system	To enable reporting of data for improvements, more timely investigation and sharing of lessons learned when HAPU grade 3 and above developed	1 st September 2019
3. Increased focus of clinical teams around HAPU with targeted support from TVN Service. Scrutiny meetings in each area to review and monitor	Increased focus by leadership teams to support clinical teams to undertake corrective actions	Weekly in all areas this will be reviewed following go live of masterclasses

DFM 021a	Cumulative rate of laboratory confirmed E.coli bacteraemia cases per 100,000 population (Apr-19 to Date)	Target ≤ 67	Plan ≤ 194	Aug-19	85.63	Status		Wales Benchmark	3rd	Executive Lead	Deborah Carter	Plan Ref	AP039
DFM 021b	Cumulative rate of laboratory confirmed S.aureus bacteraemias (MRSA and MSSA) cases per 100,000 population (Apr-19 to Date)	Target ≤ 20	Plan ≤ 60	Aug-19	27.75	Status		Wales Benchmark	3rd	Executive Lead	Deborah Carter	Plan Ref	AP039
LM0 21b1	Cumulative Number of laboratory confirmed MRSA cases (Apr-19 to Date)	Target 0	Plan 0	Aug-19	7	Status		Wales Benchmark	N/A	Executive Lead	Deborah Carter	Plan Ref	AP039
LM0 21b2	Cumulative Number of laboratory confirmed MSSA cases (Apr-19 to Date)	Target ≤ 139	Plan ≤ 53	Aug-19	75	Status		Wales Benchmark	N/A	Executive Lead	Deborah Carter	Plan Ref	AP039
DFM 021c	Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population (Apr-19 to Date)	Target ≤ 22.13	Plan ≤ 22	Aug-19	25.69	Status		Wales Benchmark	3rd	Executive Lead	Deborah Carter	Plan Ref	AP039
LM0 21c	Cumulative Number of laboratory confirmed C.difficile cases (Apr-19 to Date)	Target ≤ 153	Plan ≤ 60	Aug-19	74	Status		Wales Benchmark	N/A	Executive Lead	Deborah Carter	Plan Ref	AP039
DFM 021d	Cumulative Number of laboratory confirmed Klebsiella sp bacteraemia cases (Apr-19 to Date)	Target ≤ 106	Plan ≤ 38	Aug-19	59	Status		Wales Benchmark	6th	Executive Lead	Deborah Carter	Plan Ref	AP039
DFM 021e	Cumulative Number of laboratory confirmed P.aeruginosa bacteraemia cases (Apr-19 to Date)	Target ≤ 27	Plan ≤ 10	Aug-19	13	Status		Wales Benchmark	4th	Executive Lead	Deborah Carter	Plan Ref	AP039

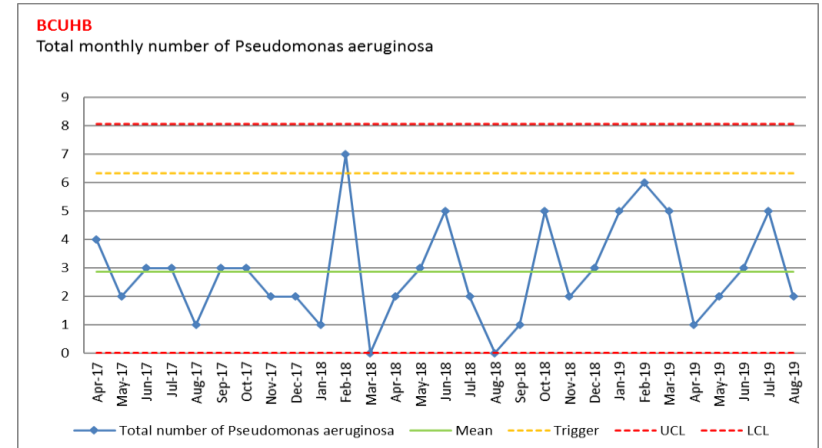
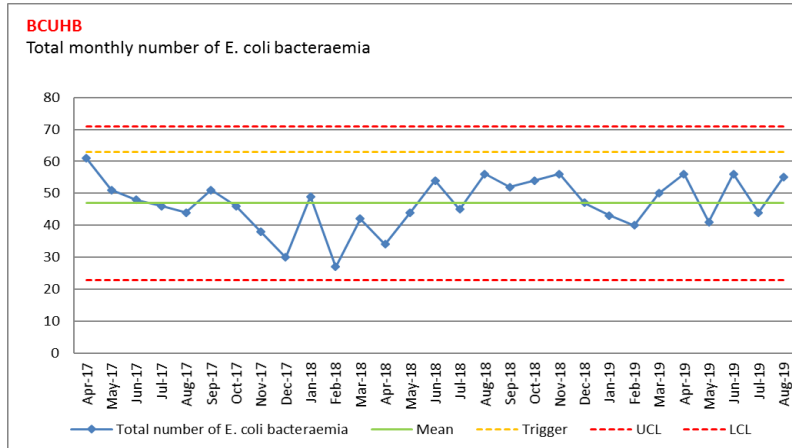
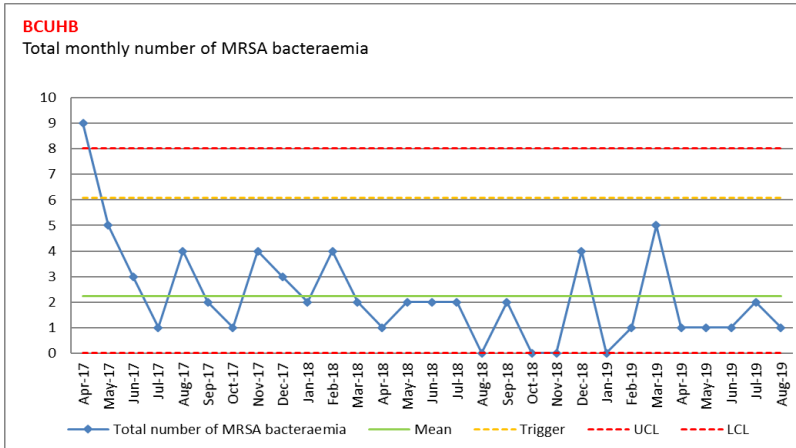
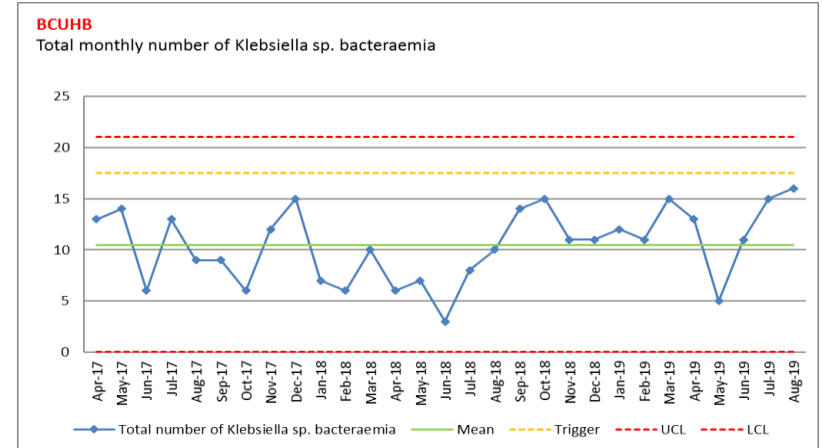
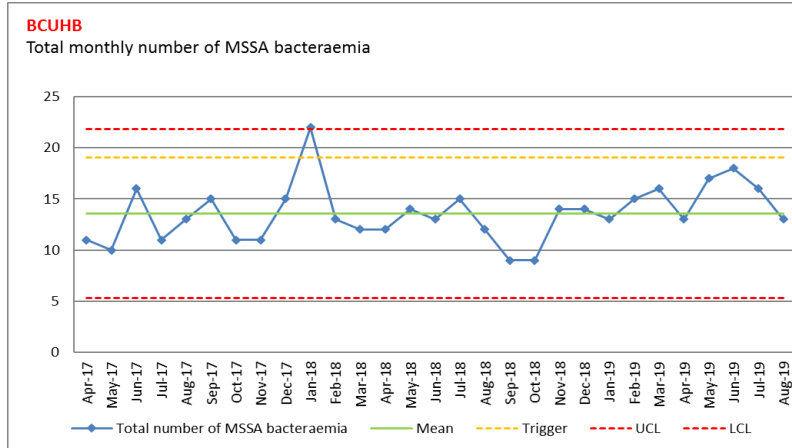
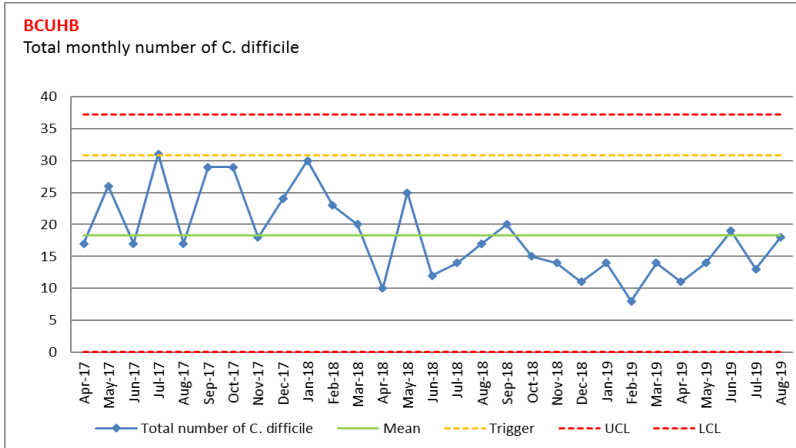
Why we are where we are:

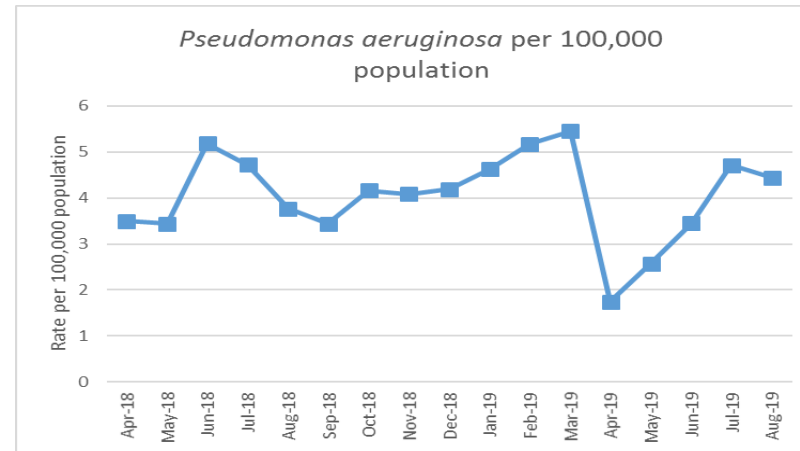
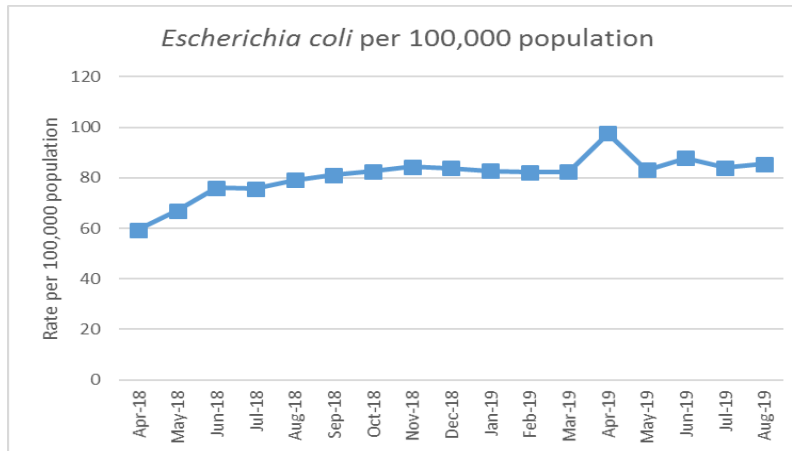
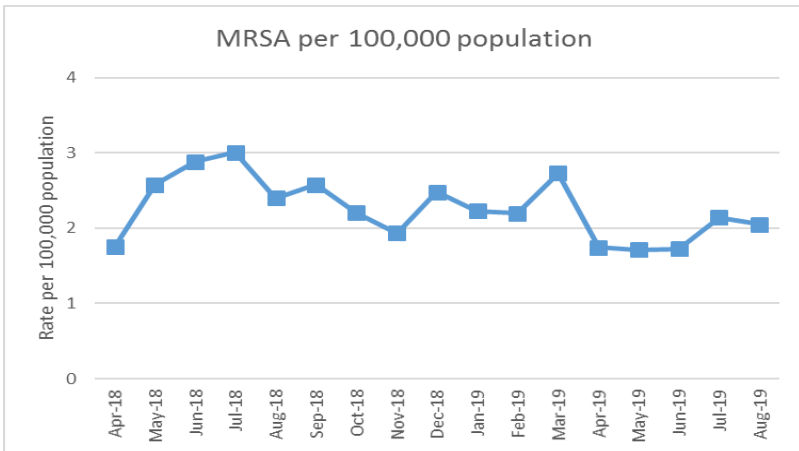
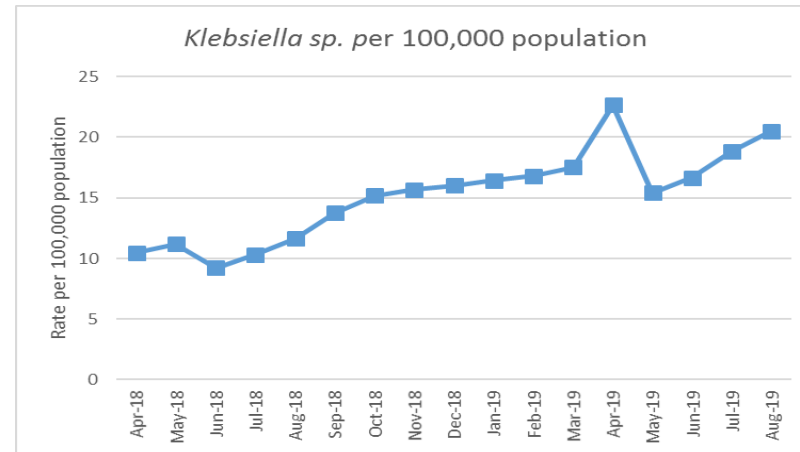
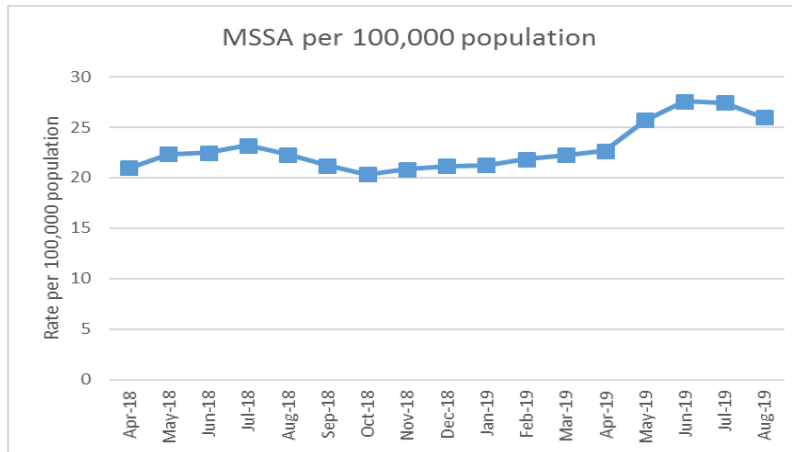
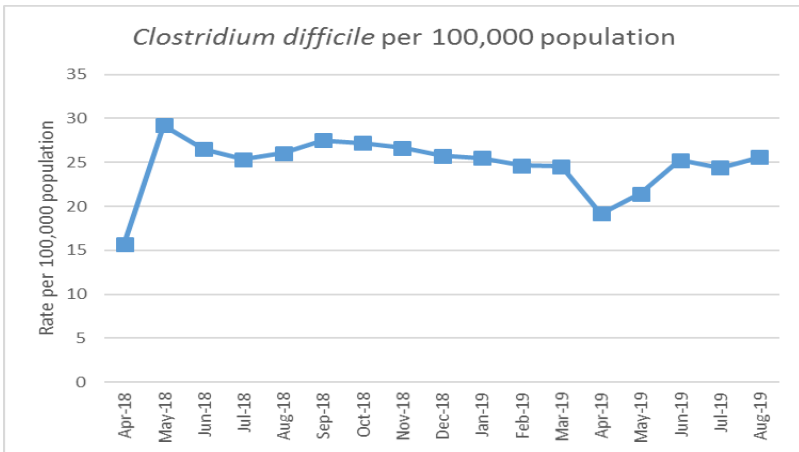
There is expected monthly variation in all of the key infections, and this is not a cause for concern. Overall the numbers of infections are decreasing when compared to previous years albeit not months.

Any increase in Gram Negative/Multi Resistant Organisms and MSSA is also a national concern, and none of the Welsh Health Boards are on track to achieve the 2019/20 trajectories for gram negative infections or MSSA.

The majority of Blood Stream Infections (BSIs) **are not** Hospital Onset but Community Onset.

Where we do have Hospital Onset or Healthcare Associated infections, these are at times the consequence of treatment, for example, clostridium difficile related to correct antimicrobial stewardship and therefore unavoidable.





Actions	Outcomes	Timeline
<p>1. Continue with the deep dives which are carried out on every infection with the 6 trajectory infections</p>	<p>From this process we are able to establish trends, onset area, and if the infection is healthcare related and avoidable. If so a post infection review is carried out following the local scrutiny meeting and reported at local IPGs, SIPG and Exec Led reviews were learning and actions are discussed and carried out.</p>	<p>Continuous</p>
<p>2. Antimicrobial stewardship is discussed with antimicrobial pharmacy colleagues and relevant clinicians were this is thought to be the root cause of infection.</p>	<p>A post infection review is carried out on all clostridium difficile infections. Antimicrobial stewardship in the community setting is crucial in reducing the incidence of multi resistant organisms, particularly e Coli/gram negative infections which are on the increase.</p>	<p>Continuous</p>
<p>3. Need to deliver robust environmental cleaning delivered by facilities department and deep clean team, and an uninterrupted HPV programme by having allocated staff and a decant area. To do this we need to reduce the C4C audits.</p>	<p>This will reduce the bio burden of microorganisms in the healthcare environment and the risk of environmental cross infection. Staff will know what they are responsible for cleaning and with what product. This will also realise time to care by clinician's. Environmental associated cross infections will be significantly reduced.</p>	<p>December 2019</p>
<p>4. A benchmark audit is to take place in September 2019 to understand the prevalence of urinary catheters and associated infections.</p>	<p>Will understand the snapshot of urinary catheters and associated infections. This will prompt the removal of unnecessary catheters and the associated risks of infection. Re audit Spring 2020.</p>	<p>Spring 2020</p>
<p>5. Increase the visibility of the IP team and senior clinicians in terms of quality support visits, audit and introduction of the Link Practitioner programme in September 2019.</p>	<p>Timely support and actions to respond to any IP gaps in practice, cleaning and the environment.</p>	<p>December 2019</p>

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

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

Further information on our performance can be found online at:

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

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



follow @bcuhb

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

Board to Board BCUHB and CHC 10.10.19	 GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
<i>To improve health and provide excellent care</i>		

Report Title:	Primary Care Update
Report Author:	Janet Ellis, Assistant Director Primary Care
Responsible Director:	Dr Chris Stockport, Executive Director Primary Care & Community Services
Public or In Committee	Public
Purpose of Report:	To provide the Community Health Council (CHC) Board with a briefing of current developments within Primary Care
Approval / Scrutiny Route Prior to Presentation:	This briefing has been specifically written to provide information for CHC Board members
Governance issues / risks:	None identified
Financial Implications:	None identified
Recommendation:	The CHC Board is asked to note for information the continued progress being made to develop, and increase sustainability within, Primary Care services in North Wales

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 Leadership and governance			
Equality Impact Assessment			

Disclosure:

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

Primary Care Update

The purpose of this report is to provide a brief update with regard to primary care for the Community Health Council board.

1. General Medical Services (GMS) Practices

There are currently 88 independent GP practices (27 West, 27 Central, 34 East).

All of our GMS practices participate within their local 'cluster'.

Practices are currently being supported to adapt to national changes in the GMS contract, announced in recent months. These changes introduce a number of Quality Improvement initiatives, a requirement to meet additional Access standards, and provide additional support to encourage GPs to take up Partnership roles.

A number of GP practices have reported challenges in securing locum cover over the summer months due to locums wishing to take annual leave at the same time as GP partners also wishing to take summer leave.

2. Managed Primary Care Practices

There are currently 16 managed primary care practices, but this includes 3 in Wrexham that are currently progressing through a transfer back into independent status. This signifies an important step for the Health Board with the Wrexham transfer being brought about by innovative collaboration between experienced GPs, a local community interest organisation, and the Health Board.

Many managed practices are undertaking significant clinical training activity to support a more diverse workforce for the future. This is covered under the Academy below.

3. Dental

Progress towards the delivery of a refreshed dental strategy for North Wales continues to be made. There remains a significant challenge within the Bangor area following the resignation of two large dental contracts, and rural Gwynedd. In the short-term additional capacity has been commissioned in other practices, and additional capacity is available within local emergency clinics. It is recognised that the recommissioning of permanent local activity is preferred and this is being progressed with recommissioning processes underway.

The Health Board continues to support practices to join the Welsh Government (WG) Contract Reform Programme and a recommendation of an additional 11 practices has been submitted this month to the national project team for consideration.

4. Community Pharmacy

The Health Board has recently supported 14 community pharmacists to complete independent prescribing (IP) training. We have also worked in partnership with Bangor University to create a specific minor illness training programme for pharmacists to consolidate their assessment and prescribing knowledge. This allows community pharmacist IPs to see and treat patients with a range of conditions that would previously have required a GP surgery visit.

Three community pharmacists (in Blaenau Ffestiniog, Llanbedrog and Nefyn) were commissioned to provide this service from September 2019, with additional pharmacies coming on stream in the coming weeks and months. We aim to have this service available in 14 pharmacies by March 2020, and a further wave during 2020/2021.

A community pharmacist sore throat 'test and treat' service has been piloted in recent months. This service involves an assessment in your community pharmacy during which a throat swab is taken and instantly tested to indicate whether antibiotics are required or not. This pilot has been highly successful and is now being rolled out in two phases, with 40 additional sites before Christmas and 40 more before April 2020.

5. Clusters

All 14 clusters within North Wales are presently engaged in development activity coordinated by the Regional Partnership Board and supported by 'A Healthier Wales' transformation funding.

Enhanced leadership is being implemented, drawing together all health and social care professionals within the cluster, alongside third sector and independent sector partners. This will mean that activity within a cluster is more coordinated, and that collaborative solutions are maximised to support GP practices and other partners so that they are only then required to do what 'only they can do'.

An evaluation partner has been appointed to objectively evaluate this work and ensure that lessons are learnt and shared across all 14 clusters.

6. Primary and Community Care Academy

An 'Academy' is now operational within the Health Board, with a remit of supporting the development of a diversified workforce within primary and community care, and to support independent practices who wish to implement alternative ways of working or employ professionals from different workforce groups.

Programmes are now in place to support nurses wishing to develop Advance Practitioner skills, Occupational Therapists, Clinical Pharmacists, and service Navigators. The most recent programme involves training Paramedics who wish to develop Advanced Practice skills in primary care. This is in partnership with Wales

Ambulance Service NHS Trust (WAST), Health Education and Improvement Wales (HEIW), North Wales GP trainers, and local GP practices. The Academy is coordinating this activity. The scheme has supported the first of our Paramedic APP to successfully gain independent prescribing rights.

The Academy continues to be developed, using workforce modelling to inform our workforce requirements as we move forwards.