

Bundle Finance & Performance Committee 26 February 2019

9.00am Boardroom, Carlton Court, St Asaph Business Park LL170JG

- 1 FP19/22 Apologies for absence
- 2 FP19/23 Declaration of Interests
- 3 09:00 - FP19/24 Draft minutes of the previous meeting held on 17.1.19 and summary action plan
FP19.24a Minutes FPC 17.1.19 v.03_public session.docx
FP19.24b Summary Action Log.doc
- 4 Finance and Planning
- 4.1 09:20 - FP19/25 Finance Report Month 10
Mr Russ Favager
Recommendation
It is asked that the report is noted, including the forecast outturn of £42.0m and recognising the significant risks to the financial position.
FP19.25 Finance report Month 10.docx
- 4.2 10:20 - FP19/26 Turnaround Programme Savings Report – Month 10 2018/19
Mr Geoff Lang
Recommendation:
 - *Note the forecast position for Divisional savings schemes which currently stands at £38.9m, compared to £38.8m in month 9*
 - *Note the additional savings which have been delivered against the turnaround targets and the remaining gap of £6.1m against the full £45m target.*
 - *Note the key movements in delivery and savings forecast during the month*
 - *Note the shortfall against turnaround savings targets which remains a key risk to delivery in 2018/19.*
 - *Note the escalation activity which is ongoing to secure further in year savings including additional financial controls*
 - *Note the ongoing development of savings schemes for 2019/20; the schemes identified to date and the further areas being explored.*FP19.26a Turnaround M10 cover sheet.docx
FP19.26b Turnaround m10 report.docx
- 4.3 11:00 - Comfort break
- 4.4 11:10 - FP19/27 External Contracts Update
Mr Russ Favager
Ms Val Attwood in attendance
Recommendation
The Committee is asked to note the financial position on the main external contracts at December 2018 and to note the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity
FP19.27 External Contracts Update Feb 2019 V5.0 Final.docx
- 4.5 11:30 - FP19/28 Capital Programme report Month 10
Mr Mark Wilkinson
Mr Neil Bradshaw in attendance
Recommendation
The Committee is asked to receive and scrutinise the report
FP19.28a Capital coversheet Mnth 10.docx
FP19.28b Capital_Programme_Report_Month_10.docx
FP19.28c Capital WPAS Report Jan 2019.docx
FP19.28d Capital YGC Report Jan 2019.doc
FP19.28e Capital YG ED Report Jan 2019.docx
FP19.28f Capital Appendix 3 Discretionary capital programme monitoring report Month 10 Jan 19.pdf
- 6 Performance
- 6.2 11:45 - FP19/29 Integrated Quality and Performance report
Mr Mark Wilkinson
Recommendation
The Finance & Performance Committee is asked to note the report and to assist in addressing the governance issues raised.
FP19.29a IQPR Coversheet FP - January 2019.docx
FP19.29b Integrated Quality Performance Report FP Version - January 2019 FINAL (2).pdf

- 6.3 12:25 - FP19/30 RTT monthly update
Mrs Gill Harris
Mr Steve Vaughan, Interim Director Secondary Care in attendance
Recommendation
The Committee is asked to note the update for information
FP19.30a RTT coversheet v1.docx
FP19.30b RTT F&P February - Update.docx
- 6.4 12:45 - FP19/31 Unscheduled Care 90 day plan update report
Mrs Gill Harris
Mrs Meinir Williams, Associate Director Unscheduled Care in attendance
Recommendation
It is recommended that Finance and Performance Committee note:
 - *The content of the paper and progress made against the first cycle of the 90 day plan, moving forward into the second cycle.*
 - *Recognise the achievement against the 90 day measures and how use of the 90 day plan methodology is driving improvement and change.*
 - *The ongoing focus to improve the partnership working relating to the Health Board's Unscheduled Care Improvement journey.*
 - *The ongoing risk associated with continuing challenges with flow and ED, which as yet is only yielding minimal improvement in the Health Board's 4 hour performance.*FP19.31a USC 90 DAY PLAN UPDATE February 2019.docx
FP19.31b 90 day plan paper Feb 2019.pdf
- 6.5 13:05 - Lunch Break
- 7 Workforce
- 7.1 13:35 - FP19/32 Workforce Quarterly Performance Report Quarter 3 2018/19
Mrs Sue Green
Recommendation
The Committee is asked to note the report and in conjunction with other reports on this agenda, identify any gaps in critical information in order to provide assurance to the Board.
FP19.32a Workforce Quarterly Report Q3 coversheet.docx
FP19.32b Workforce Intelligence quarterly report.pptx
- 9 Governance
- 9.1 14:05 - FP19/33 Lease Car Policy F02
Mr Russ Favager
Recommendation
FP19.33a FO2 Lease Car Policy coversheet .docx
FP19.33b FO2 Lease Car Policy.docx
FP19.33c EqIA Policy FO2 Lease Car.doc
- 9.3 14:15 - FP19/34 Shared Services Partnership Committee quarterly assurance report - for information
Recommendation
The Committee is asked to note for information the Summary Performance Report for Quarter 3 2018/19.
FP19.34 Q3 WSSP Performance Report February 2019 incl cover.docx
- 10 FP19/35 Issues of significance to inform the Chair's assurance report
- 11 14:20 - FP19/36 Summary of InCommittee business to be reported in public
Recommendation
The Committee is asked to note the report
FP19.36 InCommittee items reported in public.docx
- 13 FP19/37 Date of next meeting 26.3.19 9.00am Boardroom, Carlton Court
- 14 FP19/38 Exclusion of the Press and Public
Resolution to Exclude the Press and Public
"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."



Finance & Performance Committee
Draft minutes of the meeting held in public on 17.1.19
in Carlton Court, St Asaph

Present:

Mr Mark Polin	BCUHB Chair – Committee Chair
Mr John Cunliffe	Independent Member
Mrs Lyn Meadows	Independent Member

In Attendance:

Mr Andrew Doughton	Wales Audit Office - <i>observer</i>
Mr Russell Favager	Executive Director of Finance (<i>part meeting</i>)
Mrs Sue Green	Executive Director Workforce and Organisational Development (OD)
Mrs Gill Harris	Executive Director Nursing and Midwifery (<i>part meeting</i>)
Mr Michael Hearty	Financial Advisor
Mrs Sue Hill	Finance Director – Operational
Mr Geoff Lang	Turnaround Director (<i>part meeting</i>)
Dr Evan Moore	Executive Medical Director
Dr Jill Newman	Director of Performance (<i>part meeting</i>)
Mr Rob Nolan	Finance Director Commissioning & Strategy (<i>part meeting</i>)
Mrs Llinos Roberts	Executive Business Manager (<i>part meeting</i>)
Mr Steve Vaughan	Interim Director Secondary Care (<i>part meeting</i>)
Mr Mark Wilkinson	Executive Director of Planning & Performance
Mrs Meinir Williams	Interim Associate Director Unscheduled Care (<i>part meeting</i>)
Ms Diane Davies	Business Support Manager

Agenda Item Discussed	Action By
FP19/1 Apologies for absence Apologies for absence were received from Ms Helen Wilkinson.	
FP19/2 Declaration of Interests None declared.	
FP19/3 Draft minutes of the previous meeting held on 22.11.18 and summary action plan FP19/3.1 The minutes were agreed as an accurate record. The closed actions were accepted and updates provided as follows: FP18/159.3 It was agreed that the Executive Director Planning and Performance would provide the Chair of the Informatics and Information Governance Committee member	MW

<p>with a further update on the testing plan on a risk assessed basis for Business Continuity. The action was re-opened.</p> <p>FP18/180.10 Executive team discussion on this item was noted, including the key area of front end decision making. It was agreed that the Executive Director of Planning and Performance would liaise with the Executive Director of Primary and Community Services to consult with the Chairman and members' for their views on the report being prepared before circulation to partners.</p>	MW/CS
<p>FP19/4 Finance report Month 9</p> <p>FP19/4.1 The Executive Director of Finance introduced this item. He reported that the position for month 9 was at £1m adverse variance in month which was due to non delivery of savings plans consisting of £300k original schemes and £700k turnaround schemes, in addition care packages are £800k overspent which had been offset by primary care and other budget under spending. He advised that the cumulative position was an adverse variance of £1.9m to deliver the £35m financial plan and control total. He emphasised that the planned monthly deficit run rate was expected to reduce to £2m if all savings were delivered. He advised of the reasons for the Area Teams deteriorating positions and reminded members of the continuing variances within the Mental Health (£3.4m) and Secondary Care (£5.2m) Divisions, pointing out that Care Packages accounted for £3.3m and Primary Care Drugs £2.9m.</p> <p>FP19/4.2 The Executive Director of Finance reported that £11.6m resource had been received in respect of RTT from Welsh Government therefore £2.6m was currently being spent at risk and that, should target delivery not be achieved, some of the WG resource would be clawed back. He advised that the savings achieved to date were £25.7m against the plan of £28.7m. He reminded the Committee of the 'ramp up' in savings which had been planned for in the final quarter. The Chairman emphasised that lessons needed to be learned for the future in respect of 'ramping up' going forward and that a cohesive Executive Team approach was also required which he believed was not the current position.</p> <p>FP19/4.3 In respect of the Month 9 heat map provided in the presentation the non-efficacy of Area Team accountability was questioned by the Financial Advisor. He was assured that support had been provided and that a systemic approach was adopted going forward. He also suggested viewing shared model documents on the same page. In the discussion which followed the Chairman questioned the challenge associated with separating finance and performance accountability and the Executive Director of Nursing and Midwifery highlighted that quality perspectives should also be taken into account. The Chairman also questioned whether Divisional Plans would also serve the higher purpose of driving activity and delivery of the organisation's priorities. The Executive Director of Planning and Performance advised that whilst these were not sufficiently developed, they were being explored and the Accountability Framework going forward would be set up to address the objectives of the 3 year plan. A discussion ensued on the quality of senior and middle management, in which the Chairman questioned the level of clarity on expectations. The Executives provided examples of working together moving forward. The issue of GP Cluster and locality accountability challenges were also discussed, in which the Executive Medical Director pointed out various GP pressures and it was also acknowledged that managed practices were more expensive. In respect of Care Packages, concerns regarding systems and processes were discussed. It was noted that an individual with commissioning experience had now been appointed and the</p>	

Turnaround Director confirmed that a plan was being developed to review this area. The Executive Director Planning and Performance reminded members of the need for further discussion with Local Authorities.

FP19/4.4 In response to the Chairman's concern it was confirmed that staff were currently dealing with preparedness for the coming financial year with a committed planning focus. It was also confirmed that the Executive Team 'held the list' in respect of prioritisation to ensure timely commencement. In the discussion in which the Chairman sought assurance on the delivery of the Plan by the end of February 2019 in line with WG expectation, it was noted that more dedicated finance support was required and it was also agreed that the Executive Director of Planning and Performance would provide the Chairman with an update on partnership opportunities with Registered Social Landlords across North Wales.

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FP19/4.5 In the discussion which ensued on the analysis of Savings Schemes provided, the Chairman observed that there was widespread non delivery. The Committee questioned organisational fatigue and issues with headroom, capacity and capability. The Financial Advisor also questioned whether the risk on turnaround focus precluded a focus on 3/5/10 year planning. The Chairman questioned whether delivery of the schemes was realistic emphasising the Committee's need to understand the essential activity required to deliver the £7m of alternative schemes outlined.

In respect of the year end forecast the Chairman urged action to reduce the £7m likely forecast variance to £5m or below over the last 3 months of the financial year. Actions being taken to recover the position were outlined by the Executive Director of Finance, and, in regard to non-pay schemes, he stated that some of the actions should not have consequences that affected other essential areas such as RTT and Unscheduled Care. The key risks outlined were discussed and the Chairman pointed out the potential non delivery of additional high risk schemes of £3.6m, he reiterated his concern on the need for a coherent plan to exercise financial control by 31.3.19. He requested that the Executive Director of Finance provide a timeline report to include additional financial controls, clawback possibilities and risks. It was also agreed that table 4.2 should include HRG4+, RTT performance and FNC with the report being submitted to the Health Board meeting on 24.1.19.

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FP19/4.6 With regard to the current year end forecast by Divisions the Executive Director of Finance highlighted this as £8.7m. He reminded the Committee that at month 7 the Divisional risk was £10m and hence turnaround actions of £7.7m were developed by the Turnaround Director. At the time his assessment was the risk to delivery was between £3.4m if everything delivered to £8m, hence why a £5m risk had been identified. The current divisional assessment is that the forecast outturn would be £44m, however this includes only £1.2m of divisional turnaround savings being delivered. However, the Executive Team believe more savings can be delivered particularly around procurement and prescribing and more central controls over the next couple of months which would reduce this figure down to £42m. The Executive Director of Finance highlighted lessons to be learnt by the Health Board from 2018/19 included capacity and capability within Secondary Care operational management is inadequate; savings schemes need to be fully identified before the start of the financial year; need to strengthen the support from PMO and service improvement to Divisions around savings schemes management; enhanced workforce controls required; Joint ownership and better system working required and better grip and control around packages of care

processes required.

FP19/4.7 The Executive Director of Finance ran through the slides on potential reduced expenditure opportunities around pay and non pay for the remaining months of the year and explained that central system controls and instruction would be introduced in some areas to ensure there is an increased level of scrutiny and control over the remainder of the year. He then summarised the key points at month 9 as

- The year to date deficit is £30.2m and over plan by £1.9m against the cumulative plan. The in-month position is £1.0m over plan.
- Main cause of the overspend in month related to under delivery against savings plans across most divisions.
 - Of the £7m Turnaround Schemes allocated in M08, currently there are only plans to deliver £1.2m in divisional forecasts.
 - Central Area, all of Secondary Care and MHL D currently have either no plans or very low value of new schemes to help deliver the £7m target.
 - In month position of £1.0m
 - Impact of £0.7m in month.
 - Original schemes behind plan by £0.3m.
- Care packages over spent in month (£0.8m), predominantly in MHL D.
- Offset by underspends on Primary Care and other budgets.
- Based on the overspend reported in M09, the year-end forecast has been revised to £42m and an Accountable Officer letter sent to Welsh Government.
- Action must continue to be taken to reduce the year-end forecast and implement the agreed recovery actions.
- Short timescale now to deliver turnaround actions that will impact on the run rate in this financial year.

It was resolved that the Committee

- noted the report including the increased forecast outturn of £42.0m.
- noted that the management of cash remains a key priority and a request for a further £7.0m repayable strategic cash support will be submitted to Welsh Government to support the increase in the forecast deficit and ensure that payments can continue to be made during March 2019.

The Chairman re-ordered agenda items from this point

FP19/13 Paybill Review Progress report

FP19/13.1 The Executive Director of Workforce and Organisational Development (OD) presented this item. She provided assurance that actions were being put in place or in the process of providing benefit. She described work undertaken in respect of counting and reporting of non-core/additional hours which was expected to result in -£8m. In addition, the Executive Director of Workforce & OD explained benefits resulting from the introduction of Establishment Control, such as 33% reduction in pay related changes and reductions in hour changes as well as vacancies. She agreed to provide the Committee with a briefing note outlining the reductions advised. In respect of rota and roster management it was noted that templates had been introduced to wards

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<p>requiring intensive support and examples were provided of the benefits achieved, especially 'making it easier to do the right process'. The Financial Advisor acknowledged the positive initiatives, however he questioned at what point other considerations would be given to support management resilience. It was the Executive Director of Workforce & OD's opinion that this consideration should take place by the end of Quarter 2.</p> <p>FP19/13.2 Various initiatives had been introduced in respect of Junior Doctor management, reported the quantification of benefits realisation was close to completion. The Executive Director of Workforce & OD outlined intensive support being introduced regarding skill mixes as proof of concept at Wrexham Maelor and Ysbyty Glan Clwyd, also highlighting marketing campaigns and further activities. She advised that there were plans for continued improvements with temporary nurse staffing and other arrangements being considered to deal with admin temporary staffing.</p> <p>FP19/13.3 The Chairman requested clarity on whether the absence of controls in some of the areas highlighted indicated any financial mis-management, however he was assured that this was not the case and that there was an awareness of the procedure to follow, with any overpayment monies being recovered.</p> <p>It was resolved that the Committee noted the report and support the continued progression of the opportunities outlined.</p>	
<p>FP19/13.4 The Chairman informed the Committee that, following discussion with the Minister and NHS Wales Chief Executive, it was agreed that WG's Financial Delivery Unit would provide support to the organisation and that he had made a decision to commission an assurance review of current financial control management and turnaround activity into the new financial year.</p> <p><i>The Executive Business Manager left the meeting</i></p>	
<p>FP19/5 Turnaround Programme Savings report – Month 9 2018/19</p> <p>FP19/5.1 The Turnaround Director presented this item. He drew attention to savings which had been built into specific plans by Divisions with a forecast delivery of £38.8m which was clearly short of the £45m target set by the Board and the residual element related to savings schemes not identified in full. The programme and savings requirement reflected the changes agreed in month 6 and the introduction of an additional £7.7m of turnaround schemes to replace the under-performing resource utilisation schemes. These additions were intended to maintain the programme at £45m, however at the end of December forecast savings stood at £38.8m, being 86% of the target level. Plans to deliver the additional schemes to bridge the savings deficit were progressing at a divisional level. Current risk profiles and values were pointed out as well as the position on recurrent savings.</p> <p>FP19/5.2 In response to the Chairman, the Turnaround Director advised that the Acute sites (with the exception of Ysbyty Gwynedd) had not delivered additional savings as well as the other Areas. In response to the Committee's question as to why the West was better at delivering savings, he advised that there was less reliance on agency staff as there were more substantive staff in post and there had been more focussed work on non-pay areas eg theatres. In addition there was a more stable and experienced</p>	

hospital management team in place with a good relationship with the West Area Team. It was also noted that their Staff Survey results were more positive in the West too. A discussion ensued on best practices in which the Chairman suggested cross representation accountability meetings.

FP19/5.3 The Committee discussed the issues highlighted around the non-delivery of savings including availability of support and a sense of staff pressures. The Committee was clear that current methodology was not effective and that 'big ticket' items such as service transformation were not being addressed. The Chairman clarified that the Committee needed to be made aware should resources not be in place by 1.4.19. Discussion ensued on capability and capacity as well as priorities and the need for a decision regarding PMO utilisation as an enabler or deliverer also needed to be made to ensure adequate staffing. The Executive Director Workforce & OD reminded members that the BCU Improvement system was included in year 1 of the Workforce Strategy moving forward. Key actions within the workstreams of Average Length of Stay, Clinical Variation (Secondary Care), Outpatients and Theatres were highlighted.

It was resolved that the Committee

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

FP19/9 Integrated Quality and Performance report Month 9

IQPR / RTT / Unscheduled Care

FP19/9.1 The Performance Director joined the meeting for this item and provided an update on the Key Performance Indicators. She advised of the deteriorating position in respect of RTT and the challenges involved with managing patients presenting with increased levels of urgency and treating out of turn, across a variety of specialities. The Performance Director also drew attention to the effect on interconnected services such as endoscopy and variation across hospital sites. The Committee questioned the strength of the narrative within the new format report and referenced trajectories and timelines. Discussion ensued in which it was agreed that the Performance Director would issue further clarity on Board and F&P templates to authors. The Committee emphasised the need for clarity on trajectories moving into the new financial year for both RTT and Unscheduled Care. In discussion on the waiting lists the Executive Medical Director commented that there was an issue regarding confidence with the numbers involved. The Chairman emphasised the financial risk involved and invited the Interim Director Secondary Care and Interim Associate Director Unscheduled Care to join the meeting for the RTT and Unscheduled Care discussions.

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FP19/12 RTT

FP19/12.1 The Interim Director Secondary Care advised of that the number of long waiting patients had deteriorated over the past 2 months to 7144 at the end of

December 2018. However, in overall terms the cohort patients had reduced and were continuing to track in line with the forecast as in the previous year. He advised that this data was being explored with the Delivery Unit to understand the variation in the figures. He raised concern in respect of the cohort composition as there were aspects of the pathway that were under most pressure. The further potential effect of diagnostic testing pressures in endoscopy due to cancer referrals was highlighted.

FP19/12.2 In discussion of the targets within the graphs provided on Stages 1-4, the Chairman emphasised the need for greater clarity with the figures in the run up to the next financial year. The Interim Director Secondary Care outlined a stocktake of the year end forecast completed in December, highlighting various specialty improvements and deteriorations. He advised the recalculated forecast was less than 6300 which was a worse position than previously indicated. He drew the Committee's attention to specific actions agreed with WG that were detailed in the report and being monitored at weekly Access meetings. It was noted that discussions held on sites emphasised the priority and that the figures were non-negotiable. In respect of financial considerations he advised that an instruction had been issued to cease outsourced work.

FP19/12.3 The Interim Director Secondary Care advised the Committee that RTT work was focussed on implementing the WG actions, addressing potential data anomalies, establishing governance and leadership arrangements going forward and performance managing the delivery. Following the Chairman's concern regarding how the organisation could improve internal understanding, a discussion ensued in which the Executive Medical Director confirmed that the Executive Team was addressing this issue with departments. The Associate Director Unscheduled Care stated a need for key specialty specific decisions to be made, as in the case of orthopaedics. The Chairman requested that the Executive Team provide a briefing on their discussions to F&P members following the meeting. He also requested a further briefing on planned care.

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FP19/11 Unscheduled Care 90 day plan and Winter Resilience update report

FP19/11.1 The Associate Director Unscheduled Care advised that the demand management 90 day plan included pathway and engagement tasks, and had achieved its improvement trajectory within the first 30 days. This demonstrated an increased WAST utilisation of BCUHB's Minor Injury Units by 25% based on the same period of the previous year. She advised that patient flow remained the most challenging area of the next 90 day cycle with varying degrees of success by locality against the flow trajectories which was likely to remain for the next 18 weeks. She drew attention to Area performances as well as the deterioration in 4 hour Emergency Department (ED) wait performance which was understood to be worsening at Wrexham Maelor (WM). However, she reported there had been a remarkable improvement at WM in respect of > 60 minute ambulance handover despite challenging presentations.

FP19/11.2 The Associate Director Unscheduled Care reported that each DGH site had been at high escalation level since the Christmas period, including the highest level 4. The Executive Director of Nursing and Midwifery pointed out issues which had arisen in moving patient risk from ambulance to ED. She also highlighted site capacity and capability along with additional Director level work and the immediate actions undertaken to draw attention to appropriate staffing availability.

FP19/11.3 The Associate Director Unscheduled Care advised that the next 90 day plan

cycle was being finalised with the inclusion of job planning improvements and relaunch at all sites. The Chairman noted that various senior substantive appointments had been made recently and welcomed the improvements they would make.

FP19/11.4 The Committee questioned whether the Shropshire Doctor model had been explored at BCU and also a recent experience within ED in respect of the “I Can” mental health campaign which the Associate Director Unscheduled Care explained. She drew attention to, and commended, work which improved the patient pathway that had been delivered in partnership with the Third Sector.

It was resolved that the Committee noted:

- The report and progress made against the 90 day plan.
- The progress and update against the Winter Resilience Plan
- And recognised the achievement against the 90 day measures and how this indicated the system ability and resilience to meet periods of demand and high escalation
- The position highlighted at Ysbyty Glan Clwyd and the ongoing work to agree actions to address and improve performance.
- the next cycle of the 90 day plan was being finalised but would include all outstanding actions carried forward from this iteration.
- The ongoing focus to improve partnership working relating to BCU's Unscheduled Care Improvement journey above the current Associate Director attendance at Leadership Group, and Executive representation of the plans at the Regional Partnership Board

FP19.8 3 year plan

FP19.8.1 The Executive Director of Planning and Performance provided a verbal update on development of the 3 year plan. He advised that feedback provided at the Board development session held on 10.1.19 had been incorporated, with particular attention to connectivity with ‘A Healthier Wales’. It was noted that the next iteration would be presented to the Board on 24.1.19 including Healthier Wales deliverables, examples of which were provided in the financial planning update presentation. The presentation also included ‘The plan on a page’.

FP19.8.2 The Executive Director of Planning and Performance reported that there was confidence within the Executive Team that fulfilment of the Plan would result in a successful health service. He emphasised the need to identify metrics at pace, and that the plan should be viewed through the lens of affordability, workforce deliverability and the achievement of BCU and WG performance expectations.

FP19.8.3 In response to the Financial Advisor it was agreed that supporting strategies would be linked within the document. Debate ensued on whether there should be emphasis on delivery of year 1 which was understood to have been considered by the Executive Team. The Executive Director of Planning and Performance stated ownership of the 3 year plan resided with the Executive Team and he also acknowledged that a number of comments had been provided by the Chairman for consideration and inclusion.

The Committee resolved to
note the verbal update

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<p><i>The Turnaround Director left the meeting</i></p>	
<p>FP19.6 Financial Planning <i>The Finance Director Commissioning and Strategic Financial Planning joined the meeting</i></p> <p>FP19.6.1 The Executive Director of Finance provided a powerpoint presentation to update the Committee on financial planning for 2019/20. The presentation outlined the following Health Board wide elements which were being put in place and should result in delivery being improved on the current year: Building on quality improvement; Leadership Capacity and Capability improvements; Joint ownership and system working; Partnerships; Workforce, Estates and Digital Strategies; Clinical Strategy; Engagement and Turnaround / Transformation Function. The Chairman's concern on whether the Clinical Strategy would be in place by 1.9.19 was noted. Following discussion, it was agreed that the Financial Strategy should also be listed and that the Plan should be considered by the North Wales Regional Partnership Board.</p> <p>FP19.6.2 The Executive Director of Finance outlined the considerable resources held nationally which could be accessed via the submission of professional, good quality bids, these needed to be worked up now. He also advised that it was the Executive Team view that whilst the Board had agreed a Deficit Reduction Programme in March 2018 with a deficit of £20m in 2019/2020, it was now considered that a more realistic figure would be £35m, based on current information and likely savings delivery however this was unlikely to be politically acceptable. In addition, the Executive Team believed that in consideration of capacity and infrastructure to deliver cash releasing savings of £34.5m that £25m was more realistic for 2019/20 only, although plans should still be developed for £34.5m. In respect of whether BCU should invest the "Healthier Wales" funding of £9.5m or limit to a certain value ie £5m and target any new investments against national monies, the Executive Team believed that investment was required to deliver the plans within the strategy and therefore should be held at the current level, however this was part of an iterative process. The Committee were advised that the savings figures had been derived based upon current years delivery and the Executive Team's assessment of the areas identified for 2019/2020 and what would be delivered in year.</p> <p>FP19.6.3 A reminder of the breakdown of the £49m underlying deficit was provided by service area and cost driver. It was agreed that the Executive Director Finance / Finance Director – Commissioning and Planning would discuss the data provided on the deficit assessment with the Chairman outside the meeting. The approach to setting savings targets was outlined in the presentation, this was based upon themed benchmarking evidence, ultimately themed savings would be allocated against Divisions relevant subjective budgets, only 0.5% of Divisional savings targets are based upon a direct percentage target. The Chairman questioned whether the approach was high risk, highlighting particular concern with current performance and disbursed ownership instead of exploring a more centralised approach, the Executive Director of Finance stated that some Health Board wide schemes were being explored by the Executive Team. The Chairman also expressed concern that Mental Health & Learning Disabilities improvements would not take place without additional funding. The Chairman requested that a clearer description of the savings model be prepared along with assurance on the delivery method.</p> <p>FP19.6.4 Determinants of when BCU could close the gap to achieve financial balance</p>	<p>MW</p> <p>RF/RN</p> <p>GL</p>

<p>was also outlined in which the requirement for strong clinical and service leadership supported by capable business support and good quality business intelligence, including benchmarking and variation was noted. The Chairman encouraged the Executive Director of Finance and the Executive Director of Planning and Performance to work together with the Communications Department to consider more positive messaging.</p> <p>It was resolved that the Committee Submit the draft 3 year plan to the public session of the 24.1.19 Board meeting Submit the accompanying draft financial plan to the InCommittee session of the 24.1.19 Board meeting</p>	
<p>FP19.7 Capital Programme month 9</p> <p>The Committee considered the Capital programme report. It was agreed that the Executive Director of Planning and Performance would provide further detail on the Air Handling Unit following the meeting to members along with the use of contingency in respect of the Ysbyty Gwynedd ED Development.</p> <p>It was resolved that the Committee noted the report</p>	MW
<p>FP19/10 Interim Performance Accountability Framework</p> <p>FP19/10.1 The Executive Director of Planning and Performance presented this item. The report drew attention to the following key points:</p> <ul style="list-style-type: none"> • Interim accountability review arrangements to run in 2019 with intent to learn from process and adapt and adopt for 2019-2022 planning period. • Delivering BCU plans requires a team focus. • Accountability is exercised via a) the Board and Committees, b) individual objective setting, and c) quarterly accountability review meetings. • Health Economy based accountability reviews (three economies: West, Central and East) with the performance of divisions and Areas as a 'subset' of geographic economy based performance. • Escalation framework mirroring Welsh Government framework of tiered escalation. <p>FP19/10.2 The Chair concurred that objective setting in line with the 3 year plan was an essential element of the Framework. In response to the Financial Advisor's question it was explained that the Framework was interim in order to make improvements via experience. Discussion ensued on senior officer delegation in which the Chairman sought assurance that Executives were prioritising accountability meetings. The Chairman queried whether there was a change in direction in respect of the statement that 'Within these accountability meetings individual directors will normally assume overall responsibility for reporting from within their own portfolio' which the Executive Director Planning and Performance clarified.</p> <p>It was resolved that the Committee noted the report and accepted the interim arrangements being tested with a view to adaption and adoption aligned to the 3 year operational plan 2019-2022.</p> <p>agreed the arrangements replace the existing framework ratified in December 2017 and</p>	

advise the Audit Committee of the change.	
FP19/14 Issues of significance to inform the Chair's assurance report To be completed outside of the meeting.	
FP19/15 Summary of In Committee business to be reported in public It was resolved that the Committee note the report.	
FP19/16 Date of Next Meeting 9.00am 26.2.19	
FP19/17 Exclusion of the Press and Public It was resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.	

BCUHB FINANCE & PERFORMANCE COMMITTEE Summary Action Log – arising from meetings held in public				
Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
Actions from 26.7.18 meeting:				
Russ Favager > Andy Roach	FP18/131.2 Finance Report Month 3 The Executive Director of Finance agreed to contact WG's Financial Delivery Unit to provide Mental Health benchmarking on a pan Wales basis as discussed.	16.8.18	14.11.18 - Benchmarking report shared with Executive Team and Mental Health Division and circulated to F&P members for information. A clear plan will need to be produced by the Division once they have worked through the findings in more detail and work with the Turnaround Director re the opportunities identified as part of transformation agenda. 22.11.18 Although a closing statement had been provided the Chair would wish to see the outcome of this work once reported to Exec Team. 7.1.18 Director Mental Health to share action plan when produced with the committee 10.1.18 Currently in progress 18.2.19 Benchmarking reports presented and discussed at MHLD Divisional Directors Business meeting with performance team on 22/1/19. The response and action plan are to be received at MHLD Business meeting on 26/2/19. Following presentation at Executive team in early March, the paper will be presented to the F&P Committee in March 2019.	
Actions from 23.8.18 meeting:				
Justine Parry / Sally Baxter	FP18/159.3 Information Governance Updates Discuss testing of BCU's Business Continuity Plan with the Civil Contingency Group	13.9.18	The next Civil Contingency Group meeting is on 6.11.18. The lead officer and Business Continuity Manager have been contacted to ensure inclusion on the agenda. 25.10.18 update :- It was agreed that the action remain open until resolution regarding the testing of BCU's Business Continuity Plan at CCG is reported.	Action to be closed

Mark Wilkinson			<p>14.11.18 – Justine Parry advises that there is a 5 year work plan in place and clinical areas are to take priority. Regular updates are provided to CCG to monitor progression.</p> <p>22.11.18 Although a closing statement had been provided, members were not fully assured as to the testing of business continuity in the wider sense. The Executive Director of Planning & Performance would follow up and report back in due course.</p> <p>10.1.19 Briefing note circulated to members</p> <p>17.1.19 Additional briefing note requested regarding Business Continuity testing for Mr John Cunliffe, Independent Member</p> <p>17.1.19 The Executive Director of Planning and Performance met with Mr John Cunliffe after the meeting and agreed that this issue falls within the remit of SPPH and should be addressed at June SPPH meeting within the emergency planning annual report and forward plan. In addition, an internal audit of our work in this area has recently been commissioned. Action transferred to SPPHC.</p>	
Actions from 25.9.18 meeting:				
Russ Favager	<p>FP18/180.10 Finance report</p> <p>Share external review paper on Continuing Healthcare post discussion at Executive Team to the following F&P meeting, to include proposed next steps.</p>	15.10.18	<p>Draft report received, a paper due to be presented to Executive Team on 24th October on findings and proposed actions. A verbal update will be provided at October F&P meeting.</p> <p>25.10.18 The Executive Director of Finance updated the Committee on the review process which had taken place. The Chairman expressed his concern and requested that a commitment be given to ensure partnership working would be factored into future processes at an early stage. In respect of the potential savings, the Turnaround Director assured that this would not be undermined and potentially provide a more robust system going forward. It was agreed that following assessment and consideration by the Executive Team the report would be discussed with the Committee</p>	Action to be closed

Mark Wilkinson			<p>12.11.18 - External report not yet received</p> <p>22.11.18 The Committee was informed that comments were being made on the draft report which would be shared with the Committee once finalised.</p> <p>7.1.18 Director of Primary Care to share action plan and paper when produced with the committee</p> <p>10.1.19 A final version of the CHS report was received by the Executive Director of Primary and Community Care (who has just assumed Executive portfolio responsibility for CHC) in December. Briefly, the main findings within the CHS report have validated our internal view that work is required to improve the consistency and rigour of initial assessments, supported by efficiencies in internal processes and document sets. A draft action plan has been written and is currently being finalised by the Executive Team and officers involved in delivering CHC, for implementation. This finalised action plan will then be available by late January 2019.</p> <p>17.1.19 The Executive Director of Planning and Performance undertook to liaise with the Executive Director Primary and Community Care to ensure that the CHC final report would be provided to the Chairman and members for their views before circulation to partners.</p> <p>28.1.19 The Executive Director Primary and Community Care has arranged to meet with the Chairman to discuss this report, which has now been circulated.</p>	
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Actions from 22.11.18 meeting:

Jill Newman	FP18/252.8 IQPR Review and consider how ED attendance data was presented as discussed	17.1.19	17.1.19 Metrics for demand management are routinely managed via the programme lead and reported to USC Transformation Group	Action to be closed
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Actions from 17.1.19 meeting:

Mark Wilkinson	FP19/4 Finance report Provide update on opportunities with Registered Social Landlords across North Wales to the Chairman.	25.1.19	This links with Health and wellbeing hubs / re-ablement to promote an integrated approach with housing providers and supportive living services. The concept also aligns with our draft strategy. All six registered social landlords across North Wales to be invited to a Workshop to be set up in April / May (Rod Taylor and Neil Bradshaw arranging)	Action to be closed
Russ Favager	FP19/4 Finance report Provide a timeline report to include additional financial controls, clawback possibilities and risks.	25.1.19	Circulated 18.2.19	Action to be closed
Russ Favager	FP19/4 Finance report Update Finance report table 4.2 Risk to include RTT, FNC and HRG4+ prior to submission to Board	17.1.19	Completed. Added to Month 9 finance report for Board meeting 24.1.19.	Action to be closed
Sue Green	FP19/13.1 Paybill Review Progress report Provide the Committee with briefing note on reductions advised verbally.	7.2.19	Update circulated to Board Members 4.2.19	Action to be closed
Jill Newman	FP19/19.9 IQPR Provide greater clarity on narrative requirements for authors in respect of IQPR Board & F&PC submissions	25.1.19	18.2.19 This work is progressing as part of the development of the report. Individual authors are contacted in an attempt to improve the content of the narrative, however there is more to do to ensure requirements are understood. A training package is being prepared covering statistical analysis, connecting actions to impact and outcomes, and trajectory development. This is being tested and will be implemented from April with exception report leads	Action to remain open until implementation of training package

Evan Moore /	FP19/12.3 Arrange to provide Chairman with RTT update following Executive discussion. Provide Planned Care briefing to the Chairman.	25.1.19	7.2.19 The Chairman has been briefed verbally and a written response is expected in the next week	Action to be closed
Mark Wilkinson	FP19/8 3 year plan Include Strategies within the 3 year plan, and supporting papers ie assurance plan actions which move towards our vision, and clarity on metrics and impact.	25.1.19	Estates & Workforce Strategies were recommended to Board by February SPPH Committee. Digital Strategy may be on a different timescale. Presentation of plan to Board in February will be a suite of documents.	Action to be closed
Mark Wilkinson	FP19/6 Financial Planning Arrange for plan to be considered at NWRPB.	25.1.19	Plan circulated to NWRPB members and discussed at meeting on 11 th January 2019. Feedback requested from members by end February to inform the re-presentation of the Plan to the March RPB meeting (8 th March)	Action to be closed
Rob Nolan / Russ Favager	FP19/6 Financial Planning Discuss the data provided on the deficit assessment with the Chairman.	18.1.19	Meeting to be held 25.2.19	Action to be closed
Geoff Lang	FP19/6.3 Financial Planning The Chairman requested that a clearer description of the savings model be prepared along with assurance on the delivery method.	25.1.19	19.2.19 A briefing note will be circulated to members setting out the basis of the savings and delivery model.	
Mark Wilkinson	FP19/7 Capital Programme Provide update on contingency usage at EDYG for circulation to members	25.1.19	Circulated 18.2.19	Action to be closed

19.2.19



Report Title:	Finance Report Month 10 2018/19
Report Author:	Ms Sue Hill, Finance Director – Operational Finance
Responsible Director:	Mr Russell Favager, Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to provide a briefing on the financial performance and position of the Health Board for the year to date and forecast for the year, together with actions being undertaken to tackle the financial challenge.
Approval / Scrutiny Route Prior to Presentation:	This report is subject to scrutiny by the Finance and Performance Committee prior to submission to the Board.
Governance issues / risks:	This report does not impact on Governance issues or risks.
Financial Implications:	<p>The Health Board approved an Interim Financial Plan on the 28th March 2018 which acknowledged a deficit budget of £35.0m after delivery of £45.0m savings, £22.0m of which were cash releasing. The Health Board's forecast was increased at Month 9 to a deficit of £42.0m. This was to reflect the significant risks around the underperformance of savings plans and cost pressures around Continuing Healthcare (CHC) and Mental Health. The Health Board's forecast at Month 10 has remained at a deficit of £42.0m.</p> <p>At the end of Month 10 the Health Board is overspent by £33.6m. Of this, £30.7m relates to the Health Board's planned budget deficit and £2.9m represents an adverse variance against the financial plan.</p> <p>The plan for Month 10 was a £2.4m deficit. The actual position was £3.4m, £1.0m higher than plan, with the key reasons for the in-month over spend being:</p> <ul style="list-style-type: none"> – Under delivery against savings plans across most divisions (£0.5m). – Care packages over spent in-month (£0.8m), primarily in Mental Health. – Offsetting under spends seen in Primary Care, the WHSSC contracts and other budgets. <p>At the end of January the Health Board has spent £15.3m expenditure on additional activity to reduce the long waiting lists. Funding of £11.3m has been received from Welsh Government for activity up to</p>

	<p>the end of October, leaving a balance of £4.0m unfunded expenditure. Discussions continue regarding the balance of RTT funding for the second half of the year and until confirmation is received, this remains a risk.</p> <p>Savings achieved to date are £30.3m against a plan of £35.0m, £4.7m behind the year to date profile and representing 67.3% of the full year target. Savings are forecast to deliver £38.9m of the £45.0m Health Board target, a shortfall of £6.1m.</p> <p>Welsh Government has confirmed Strategic Cash Support for 2018/19 of £38.0m, along with £11.8m funding towards revenue working capital balance. The Health Board will internally manage a further £4.0m cash to ensure a balanced revenue cash position as at 31st March 2019.</p>
Recommendation:	It is asked that the report is noted, including the forecast outturn of £42.0m and recognising the significant risks to the financial position.

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

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

Disclosure:

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

Board/Committee Coversheet v9.01 draft



GIG
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WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Executive Director of Finance Report Month 10 2018/19

Russell Favager

Executive Director of Finance
Betsi Cadwaladr University Health Board

1.Executive Summary

1.1 Purpose

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

1.2 Summary of key financial targets

Key Target		Annual Target	Year to Date Target	Year to Date Actual	Forecast Risk
Achievement against Revenue Resource Limit	£000	(35,000)	(30,740)	(33,631)	
Performance against savings and recovery plans	£000	45,000	35,049	30,262	
Achievement against Capital Resource Limit	£000	47,966	26,642	22,306	
Compliance with Public Sector Payment Policy (PSPP) target	%	95.0	95.0	94.9	
Revenue cash balance at month-end	£000	7,824	7,824	204	

Monthly Performance Against Key Targets	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m	Year to Date £m
Revenue Resource Rate	(3.5)	(3.5)	(3.3)	(3.9)	(3.3)	(2.8)	(2.9)	(3.4)	(3.6)	(3.4)	(33.6)
Savings Delivery	1.8	1.6	3.4	2.8	2.5	3.5	3.1	3.6	3.4	4.6	30.3
Capital Resource Limit	n/a	6.9	(1.0)	1.3	2.7	1.6	1.6	3.2	3.2	2.8	22.3
Compliance with Public Sector Payment Policy (PSPP) target	94%	95%	96%	97%	95%	95%	95%	94%	95%	93%	95%
Revenue cash balance at month-end	6.7	6.7	3.4	3.5	4.9	2.0	2.9	4.3	1.1	0.2	0.2

1.Executive Summary

1.3 Revenue position

- At the end of Month 10 the Health Board is overspent by £33.6m. Of this, £30.7m relates to the Health Board's planned budget deficit and £2.9m represents an adverse variance against the financial plan.
- The plan for Month 10 was a £2.4m deficit. The actual position was £3.4m, £1.0m higher than plan. The key reasons for the in-month over spend are outlined below.
 - Under delivery against savings plans across most divisions (£0.5m).
 - Care packages over spent in-month (£0.8m), primarily in Mental Health.
 - Offsetting under spends seen in Primary Care, the WHSSC contract and other budgets.
- At the end of January the Health Board has spent £15.3m expenditure on additional activity to reduce the long waiting lists. Funding of £11.3m has been received from Welsh Government for activity up to the end of October, leaving a balance of £4.0m unfunded expenditure. Discussions continue regarding the balance of RTT funding for the second half of the year and until confirmation is received, this remains a risk.
- Savings achieved to date are £30.3m against a plan of £35.0m, £4.7m behind the year to date profile and representing 67.3% of the full year target. Savings are forecast to deliver £38.9m of the £45.0m Health Board target, a shortfall of £6.1m.
- The Health Board's forecast at Month 10 has remained at a deficit of £42.0m. This reflects the significant risks around the underperformance of savings plans, currently forecasting to under deliver by £6.1m, and cost pressures around Continuing Healthcare (CHC) and Mental Health. Work is ongoing to address the savings shortfall and establish plans that will impact on the position.

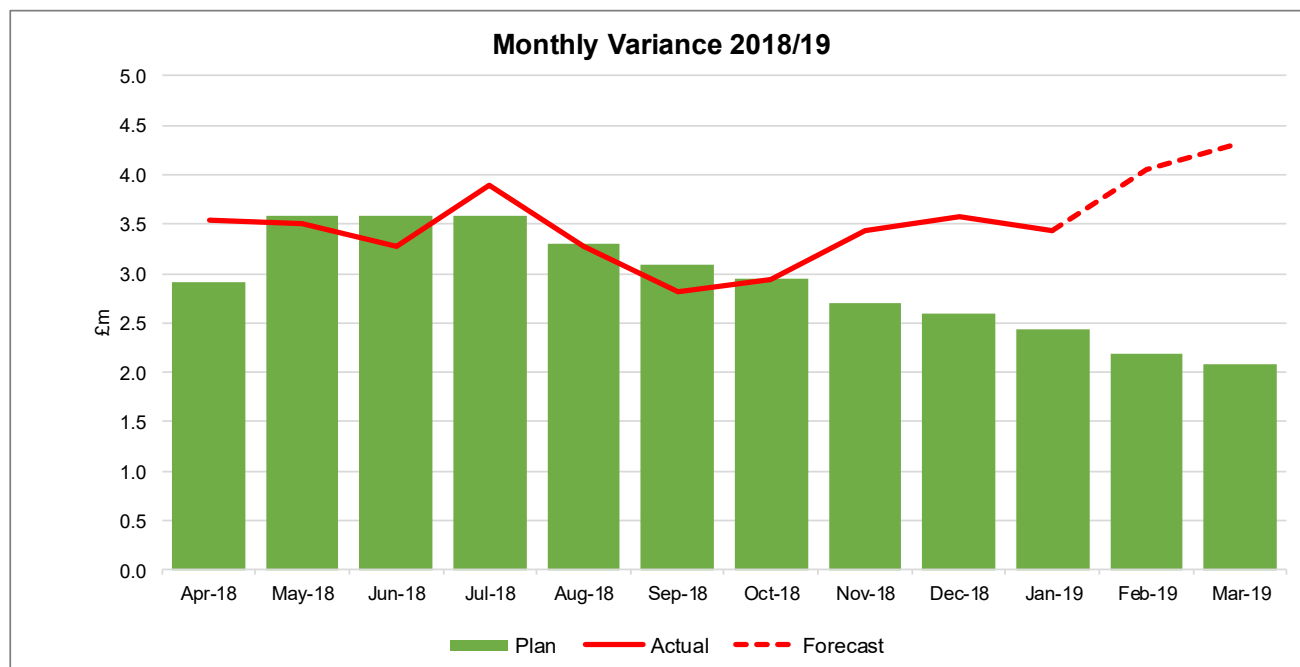
1.4 Balance Sheet

- The Capital Resource Limit at Month 10 is £48.0m. Year to date expenditure is £22.3m against the plan of £26.6m. The year to date slippage of £4.3m will be recovered throughout the remainder of the year and the Health Board is forecasting to achieve its Capital Resource Limit.
- The Health Board is required to pay 95.0% of non-NHS invoices within 30 days of receipt of a valid invoice. There were significant improvements in performance over the first part of the year, but the January performance has been poor. As a result the Health Board has fallen slightly short of the required target with a year to date compliance figure of 94.9%.
- Welsh Government has confirmed Strategic Cash Support for 2018/19 of £38.0m, along with £11.8m funding towards revenue working capital balance. The Health Board will internally manage a further £4.0m cash to ensure a balanced revenue cash position as at 31st March 2019.

2.Revenue Position

2.1 Health Board performance

- The Health Board's in-month reported position is £1.0m higher than planned, giving a year to date £2.9m adverse variance against the 2018/19 financial plan. The forecast performance for the year is shown graphically below.



2.2 Financial performance by division

- The table below provides an analysis of the Month 10 budget to actual position for the Health Board's operating divisions.

Variances	West £m	Centre £m	East £m	North Wales £m	Total £m
Area Teams	0.9	(0.5)	0.6	(1.2)	(0.2)
Contracts				(2.7)	(2.7)
Provider Income				(0.4)	(0.4)
Secondary Care	0.9	2.5	2.4	0.5	6.3
Mental Health				3.9	3.9
Corporate				(0.9)	(0.9)
Other				(3.0)	(3.0)
Variance from Plan	1.8	2.0	3.0	(3.8)	2.9
Planned Deficit					30.7
Total	1.8	2.0	3.0	(3.8)	33.6

2.Revenue Position

2.3 Commentary by division

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

2.3.1 Areas

- The Area Teams are £0.2m underspent for the year to date. This is mainly due to under spends from earlier in the year around GP rates rebates within North Wales Wide services. Additionally, under spends arose from Out of Area CAMHS activity, as a result of a reduced number of placements, along with a reduction in the number of Out of Area Neonatal placements due to the opening of the SuRNICC, both within the Centre Area.
- The Month 10 position saw a £0.1m deterioration from December, with a £0.6m in-month over spend. Under delivery of savings has been a significant issue this month for the Area Teams, with £0.3m of unachieved savings contributing to the in-month position.
- Continuing Healthcare (CHC) continues to be a risk for the West and Centre Areas, with a £0.3m over spend in Month 10 across Area Teams. Costs continue to rise, with an increase of £0.5m in actual spend in January compared to December. EMI CHC remains the key issue. Whilst close monitoring of all placements is continuing, increases in activity persist, highlighting the need to look at other options for reducing spend.
- The Area Teams are overall under spent on pay in the month (£0.2m), however agency costs are rising and January saw the highest level of agency spend for the year so far (£0.5m). Agency expenditure needs to be closely monitored over the next few months to ensure that the upward trend does not continue.

2.3.2 Contracts

- Contracts are reporting an under spend up to Month 10 of £2.7m, with a £0.2m favourable position in-month. During the January there has been an improvement in some of the local contracts, notably the Countess of Chester (CoCH) contract where pressures had been seen due to non-elective activity. The WHSCC position is also favourable; under spent by £0.4m in the month. These have been balanced against a pressure of £0.1m arising from external high cost rehabilitation costs.
- It should be noted that the current WHSSC position and year end forecast excludes the potential significant financial impact of HRG4+ which has still not been finally concluded and remains a financial risk for 2018/19.

2.3.3 Secondary Care

2.Revenue Position

- The Secondary Care Division has a year to date over spend of £6.3m, with Ysbyty Glan Clwyd (£2.5m) and Wrexham (£2.4m) constituting the majority of this. The in-month over spend for the division is £1.0m, an increase of £0.3m on the December position.
- Failure to achieve savings plans has been the significant issue once again this month. £0.7m of the in-month over spend relates to non-delivery against savings targets (£0.5m in Month 9).
- Pay costs are under spent in Month 10, for the first time this year. The £0.2m under spend (£2.6m over spent year to date) arises from all directorates in the division, with the exception of Wrexham. Agency costs continue to increase; by £0.3m from Month 9, with a total spend of £1.9m this month (£17.1m year to date) although the high level of vacancies continues to partially offset the agency costs. Actions to strictly monitor the approval of agency requests have been further enhanced from February and these are combined with renewed efforts to recruit to vacant posts in a bid to reduce agency requirements.
- Drugs costs are over spent in the month by £0.2m due to increases in North Wales Hospital Services for Oncology drugs. However, overall drugs costs are under spent for the year to date as a result of under spends in Wrexham and Ysbyty Gwynedd.
- Recovery Plans have previously been produced by all three hospital sites and expanded to be joint plans with the Area Teams on a locality basis. Fortnightly targeted intervention meetings have been taking place with the Executive Team to discuss the position and consider what other recovery actions can be taken. However a number of these recovery plans are not delivering and additional targeted meetings are also taking place with the Chief Executive and Executive Director of Finance.

2.3.4 Mental Health

- Mental Health is over spent by £0.5m in Month 10 and £3.9m year to date, which is a deterioration of £0.1m on the prior month. The over spent position continues to relate to under achievement against savings plans and increasing costs and activity for individual packages of care.
- CHC costs are £0.5m over spent in the month and £2.7m year to date. There has been one additional case in January, however the key issue is under achievement against savings targets. There are a number of savings schemes linked to CHC and these are currently not delivering at the level required to meet planned targets.
- Drugs costs have increased in-month, over spending by £0.1m (£0.4m year to date). Pay costs are also a pressure, contributing £0.2m to the in-month over spend (£1.3m year to date). This includes £0.3m of agency costs (£3.6m year to date), which are offset by vacancies.
- A Recovery Plan for Mental Health is in place and is being actively monitored by the Executive Director of Finance and the Director of Turnaround on a weekly basis,

2.Revenue Position

however based on the Month 10 position further recovery actions are now being requested from the division. Key improvements, particularly in relation to CHC, need to be delivered in order to meet the year end forecast position.

2.4 Pay

- Total Health Board pay (excluding Primary Care functions) is £597.8m, which is an under spend against plan of £1.7m.
- January's pay expenditure has decreased by £0.7m from the previous month due to the medical pay award arrears that were paid in Month 9. However removing the effect of the pay award shows that there was an increase in underlying pay of £1.5m from December, which was offset by RTT and winter funding of £1.4m and £0.7m respectively.
- The challenge for the Health Board therefore remains to be the £6.2m forecast savings associated with workforce costs, leading to expectations that pay costs will reduce.

Actual Pay Costs

Staff Group	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m	YTD Variance £m
Administrative & Clerical	7.6	7.5	7.5	7.6	7.5	7.3	7.6	9.0	7.7	7.8	(5.1)
Medical & Dental	13.4	13.5	13.6	13.7	13.9	13.8	13.9	14.1	16.0	14.5	5.1
Nursing & Midwifery Registered	19.0	18.8	19.1	19.0	18.7	18.8	19.3	22.4	19.4	19.7	(6.1)
Additional Clinical Services	9.0	9.0	9.1	8.9	8.9	9.1	9.5	11.1	9.3	9.6	5.6
Add Prof Scientific & Technical	1.7	1.7	1.7	1.6	1.7	1.7	1.8	2.0	1.8	1.9	(0.9)
Allied Health Professionals	3.3	3.2	3.2	3.3	3.3	3.4	3.5	3.9	3.4	3.6	(0.2)
Healthcare Scientists	1.1	1.1	1.1	1.1	1.0	1.2	1.2	1.2	1.3	0.8	0.0
Estates & Ancillary	2.9	2.9	2.8	2.7	2.8	2.8	2.9	3.5	2.9	3.1	(0.1)
Health Board Total	58.1	57.8	58.1	58.0	57.9	58.2	59.7	67.2	61.8	61.1	(1.7)
Primary care	1.5	1.6	1.6	1.7	1.8	1.7	1.7	1.9	1.9	1.8	3.1
Total Pay	59.6	59.4	59.8	59.7	59.7	59.9	61.4	69.1	63.7	62.9	1.4

Pay Award							(1.3)	(9.3)	(3.8)	(1.6)	
Health Board Pay Excluding Pay Award	58.1	57.8	58.1	58.0	57.9	58.2	58.4	57.9	58.0	59.5	

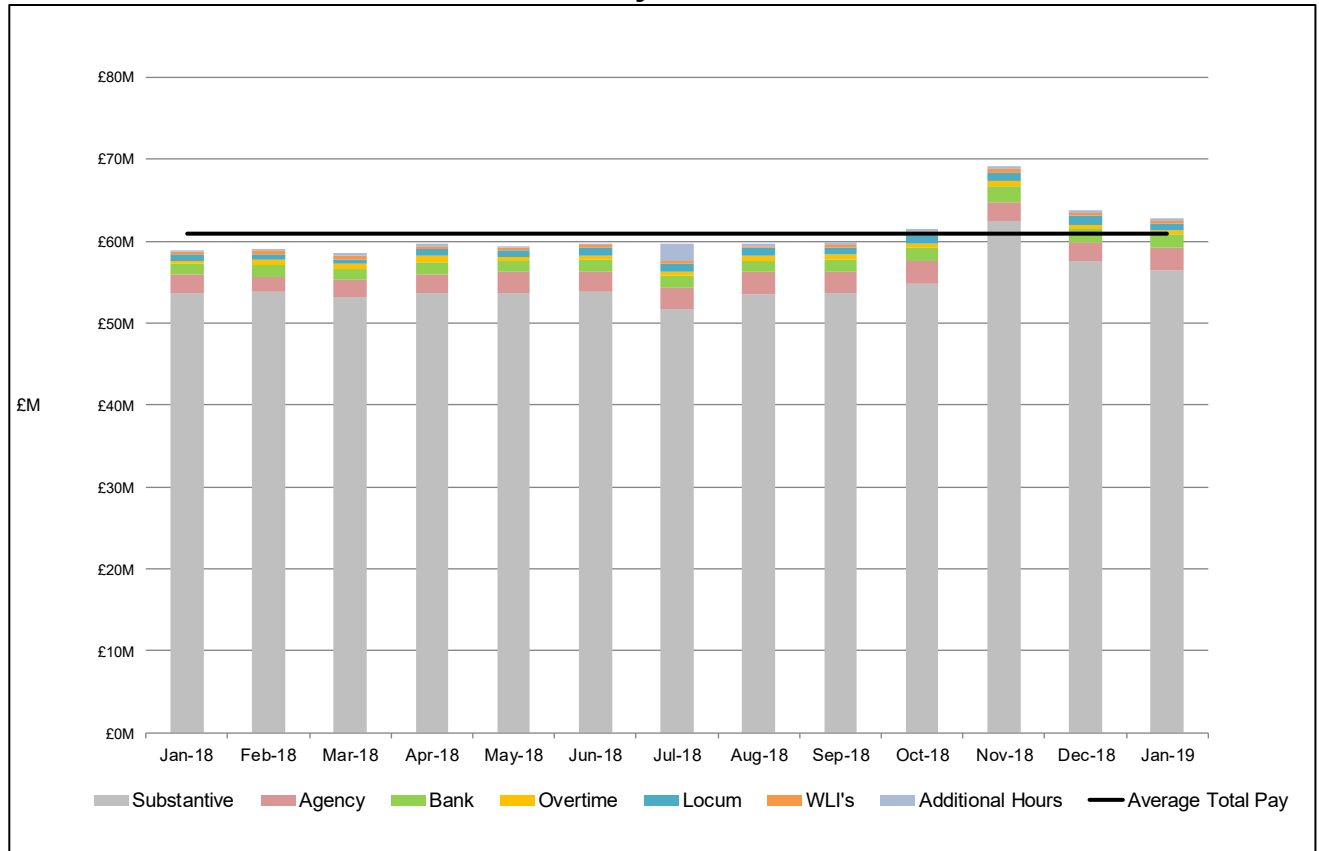
- Analysis of pay by staff group:
 - Medical and dental pay is £5.1m overspent (£0.3m in the month), reflecting the cost pressures arising from agency doctors, somewhat offset by vacancies. Costs have fallen in Month 10 due to the medical pay award arrears of £2.4m paid in December. However excluding the effect of the pay award, underlying costs have actually risen by £0.6m this month to the highest level this year.
 - Additional clinical services (including Health Care Support Workers) to cover nursing vacancies, is the key contributing reason behind the £5.6m adverse variance. Recruitment and retention of qualified nursing staff, particularly on wards within both Secondary Care and Mental Health, remains a significant risk

2.Revenue Position

for the Health Board. The significant number of vacancies that remain is evident from the £6.1m year to date under spend on nursing and midwifery staff.

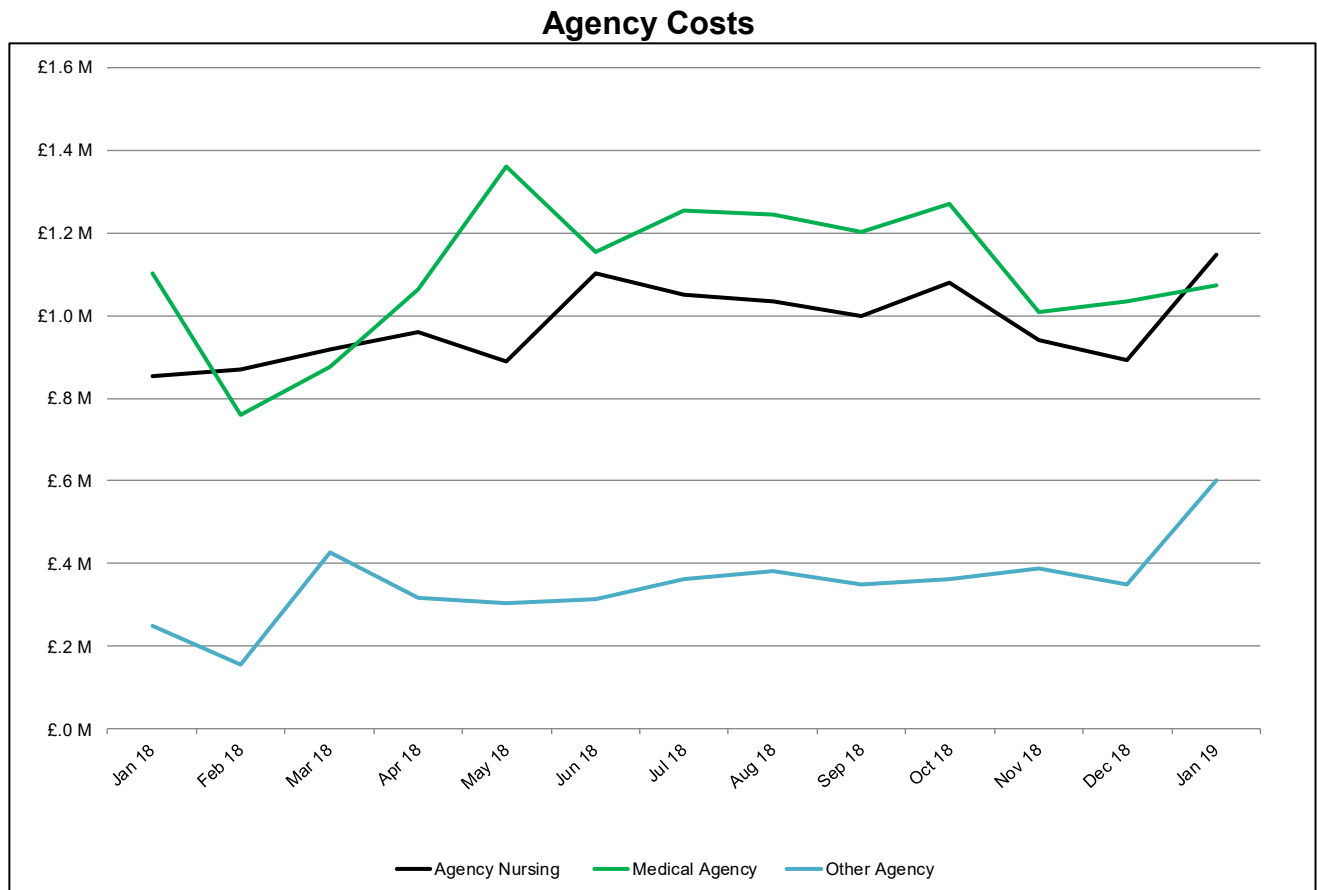
- Total pay, including Primary Care, is £615.0m, a year to date over spend of £1.4m. The chart below emphasises the proportion of this which continues to come from agency, bank, overtime, locum, WLI and additional hours costs; 10.1% of total pay for Month 10 (9.6% in Month 9). This is offset by the additional income for RTT and winter pressures which cumulatively equates to £17.4m.

Total Pay Costs



- Expenditure on agency staff for Month 10 is £2.8m, representing 4.5% of total pay, an increase of £0.5m on December. Agency controls are being reinforced but it is unlikely nurse agency expenditure will reduce significantly in the short term due to the number of vacant posts, the number of escalation beds open across the Health Board and the requirement to meet the Nurse Staffing Levels (Wales) Act.
- The chart below shows the trend of agency costs for the previous thirteen months. This highlights the variability in both nursing and medical agency costs and the increases that have been seen in January.

2.Revenue Position



- Medical agency costs showed a slight increase from December to an in-month spend of £1.0m. The areas primarily responsible are: Ysbyty Gwynedd (£0.3m), Ysbyty Glan Clywd (£0.2m), Mental Health (£0.2m) and Women's Services (£0.1m) accounting for 80.2% of the month's spend. A number of divisions' savings plans are based on reducing agency costs and so additional work needs to be directed in these areas to meet targets.
- Nurse agency costs totalled £1.1m for the month, a £0.3m increase from the prior month. Agency nurses continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care. The use of agency nurses is particularly an issue for Wrexham (£0.6m in-month) and Ysbyty Glan Clwyd (£0.3m in-month), which together account for 81.0% of these costs in January (80.0% for the year to date).
- Targeted actions are being overseen by the Executive Director of Nursing and Midwifery in areas of high nurse agency usage continue, with a focus on reducing costs whilst maintaining quality and safety of patients. Scrutiny of nursing rota management to ensure the effective use of substantive staff, increased review of agency requests and recruitment drives for Registered Nurses and Health Care Support Workers remain. To substantially reduce nurse agency costs the Health Board needs to increase the number of staff available via the Bank and continue to recruit nurses to vacant posts.

2.Revenue Position

- Other agency costs have increased from an average of £0.3m per month to £0.6m in Month 10. This predominantly relates to increased CAMHS staff in order to meet targets, along with issues relating to backdated invoices which have inflated in-month costs.

2.5 Non-pay

- Non-pay costs in Month 10 are £74.0m, an increase of £0.9m on the prior month. Total non-pay to-date is £729.4m giving a cumulative over spend of £8.3m against the planned budget.

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

Description	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	YTD
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	Variance £m
Primary Care	16.6	16.2	16.5	17.7	16.9	16.0	16.4	18.4	17.0	17.4	(5.9)
Primary Care Drugs	8.4	8.4	8.4	8.7	8.7	8.5	8.6	8.9	8.1	8.8	2.9
Secondary Care Drugs	5.0	5.7	5.3	5.7	5.8	5.5	6.4	5.7	5.9	6.1	1.4
Clinical Supplies	5.2	5.9	5.5	5.2	5.3	5.1	5.6	6.3	5.4	5.5	0.4
General Supplies	1.1	3.4	1.9	1.9	1.7	2.5	2.1	2.3	2.0	2.1	0.8
Healthcare Services Provided by Other NHS Bodies	20.5	20.3	20.4	20.9	19.5	19.1	19.5	20.5	20.4	20.2	(4.0)
Continuing Care and Funded Nursing Care	8.0	8.5	8.5	8.3	8.5	8.3	8.2	8.6	8.8	8.6	4.1
Other	6.3	5.2	5.8	6.3	6.3	4.6	6.3	4.6	5.6	5.4	8.6
Total	71.1	73.5	72.3	74.7	72.8	69.6	73.1	75.2	73.1	74.0	8.3

- Primary Care expenditure has increased by £0.4m in Month 10. This is in line with plans to increase spending on local enhanced services in General Medical Services (GMS) towards the end of the year.
- Primary Care Drugs costs have remained relatively consistent throughout the year, with a year to date over spend of £2.9m, of which £2.3m relates to Community dressings. Prescribing continues to show significant savings on drugs that have been targeted as part of savings plans, however growth in other drugs (e.g. anti-psychotic drugs) in terms of cost and activity have reduced the savings benefit. Whilst expenditure is below last year's levels, it is not in line with the budget set and continues to over spend, showing no signs of decreasing.
- Secondary Care Drugs have increased by £0.2m, predominantly relating to Oncology drugs. The year to date over spend of £1.4m primarily relates to the Area Teams, where cost pressures are evident in Dermatology (£1.0m) and Diabetes (£0.6m), and also to Mental Health (£0.5m).
- Clinical Supplies costs have increased by £0.1m from last month and remain at average levels for the year. Over spends in vaccines (£0.3m) and continence products (£0.2m) are the key drivers behind the year to date adverse variance of £0.4m
- Costs for General Supplies have risen by £0.1m from Month 9, with a year to date over spend of £0.8m. The main areas of over spend are provisions within Catering (£0.8m) and legal and professional fees (£0.3m).

2.Revenue Position

- Healthcare Services Provided by Other NHS has remained at a stable level, with the under spend on the WHSCC contracts being reported here.
- CNC / FNC expenditure remains at a consistent level throughout the year, which is concerning given the number of savings schemes that are targeted in this area. The decrease in costs of £0.2m in Month 10 brings expenditure in line with the average for the year. CHC is £4.3m over spent for the year to date, partially offset by a £0.2m under spend against FNC. Of the CHC over spend, £2.7m relates to Mental Health, and £1.6m to the Area Teams (£1.6m West, £0.8m Centre and (-£0.7m) East), indicating that work needs to be done within several divisions to reduce costs.
- Other costs cover a range of expenditure headings including Premises costs and Establishment expenses. The key areas of over spend are slippage on savings schemes (£4.7m), transport and travel costs (including Non Emergency Patient Transport Service NEPTS) (£1.2m), postage (£0.4m), advertising and staff recruitment (£0.3m), office equipment and materials (£0.3m), furniture and fittings (£0.2m), computer costs (£0.2m), rents (£0.2m) and photocopying (£0.2m).

2.6 Contract performance

	18/19 Budget / Plan £m	Forecast Outturn £m	Forecast Variance £m	Current Month Actual £m	Current Month Variance £m
Countess of Chester	20.9	20.8	(0.1)	17.4	0.0
Robert Jones & Agnes Hunt	13.2	13.2	0.0	11.0	0.0
Royal Liverpool	4.9	4.8	(0.1)	4.0	(0.1)
Other	11.2	11.8	0.6	9.8	0.5
English Contracts	50.2	50.6	0.4	42.2	0.4
Welsh Contracts	9.7	9.8	0.1	8.1	0.0
WHSSC	120.3	116.2	(4.1)	96.8	(3.5)
NCA's	3.8	4.3	0.5	3.6	0.5
Total Other	0.3	0.3	0.0	0.3	0.0
Outsourcing	3.1	3.1	0.0	3.1	0.0
Total	187.4	184.3	(3.1)	154.1	(2.6)

- The year-end forecast variance for Contracts has remained at £3.1m under spent.
- Whilst locally managed contracts have over performed this month, the WHSSC contracts continue to under spend. Non-contracted activity (NCAs) is also consistently a key pressure.

2.Revenue Position

2.7 Reserves

	Opening Budget £'000	Budget Movements P01 to P10 £'000	Annual Budget at P10-19 £'000	Amount Released to Support Position £'000	Balance Remaining P10-19 £'000	Forecast Drawings for P11 to P12 £'000	Forecast Uncommitted Balance £'000
Reserves	17,961	(13,672)	4,289	(1,238)	3,051	2,416	635
WG Funding Received (to be Allocated)	1,488	2,528	4,016	0	4,016	4,016	0
Total	19,449	(11,144)	8,305	(1,238)	7,067	6,432	635

- The total remaining balance on reserves at the end of January is £8.3m and this includes £4.0m of additional Welsh Government resource allocations to be allocated to divisions. £1.2m of the remaining uncommitted reserves have been released to support the financial position. The estimated remaining commitment against reserves is £6.4m, leaving a remaining uncommitted balance of £0.6m, which will be utilised in Months 11 and 12 to offset continuing cost pressures.

3. Savings Requirement

3.1 Savings / Recovery Plan Requirement

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

3.2 Identified Savings / Plans

- The value of identified schemes for the year are £1.9m below the target of £45.0m. Non-achievement of the savings targets will have a detrimental effect on the Board's financial performance. In Month 9 a projected shortfall of £6.2m in savings delivery against the £45.0m target was reported, impacting upon the Board's anticipated financial out-turn for 2018/19. Performance reported at Month 10 is based on latest forecasts.
- Savings achieved to date in 2018/19 are £30.3m against a plan of £35.0m (87% achieved), £4.7m behind the year to date profile. Savings achieved represent 67% of the full year target. The savings shortfall to date of £4.7m (Month 9, £3.0m) is largely due to under-delivery on Mental Health (£1.9m), transactional (£1.5m) and workforce schemes (£1.6m), offset by over-performance on Medicines Management schemes (£2.4m).
- At this point in 2017/18 savings delivery amounted to £30.1m, which equated to 67% of the £44.9m full year target, including £9.5m recovery actions.
- A number of resource utilisation schemes, assessed as not delivering cash savings this year, have been replaced by £7.7m of identified Turnaround Actions, with additional requirements placed upon divisions to ensure delivery. At Month 10, divisional plans and reports reflect £6.2m of this requirement, which remains consistent with Month 9.
- Work continues on the resource utilisation schemes which will form an important part of the Board's efficiency programme for 2019/20.
- At Month 10, savings are forecast to deliver £38.9m (86%) of the £45.0m Health Board target, a shortfall of £6.1m (14%). Forecast delivery against the £7.7m turnaround actions reported by divisions has reduced to £2.2m (28% of the actions). The deterioration of £0.6m from last month's reported forecast is in the main due to a decrease in transactional schemes of £0.3m and £0.2m of Medicine Management

3. Savings Requirement

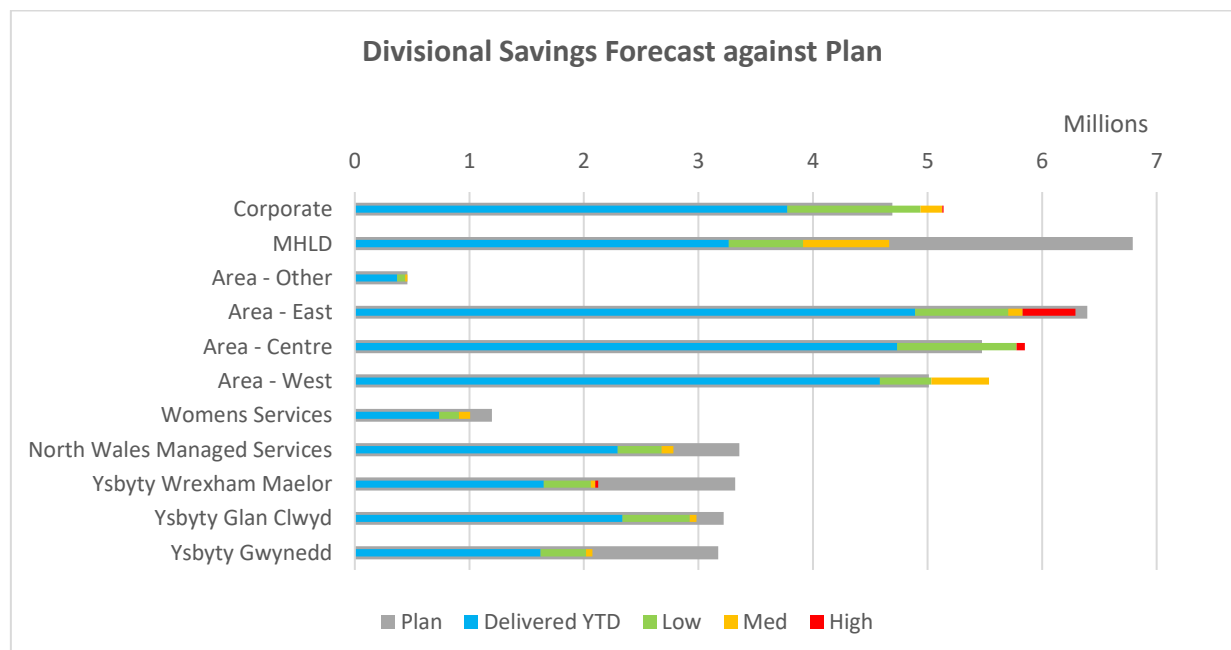
schemes. Work continues to address the £6.1m savings shortfall, including escalation interventions (see below).

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

2018/19	Savings Target	Savings Identified	Excess / (deficit) of savings identified	YTD Plan (£45m)	YTD Delivered	Variance	Rest of Year Delivery	Forecast Delivery	Forecast Risk Rating				Forecast Variance to Requirement
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	Action YTD £'000	Low £'000	Med £'000	High £'000	£'000
Ysbyty Gwynedd	3,172	3,172	0	2,510	1,623	(888)	452	2,075	1,623	395	57	0	(1,097)
Ysbyty Glan Clwyd	3,738	3,220	(517)	2,989	2,338	(651)	643	2,982	2,338	585	58	0	(756)
Ysbyty Wrexham Maelor	3,322	3,322	0	2,415	1,649	(766)	476	2,125	1,649	412	39	25	(1,197)
North Wales Managed Services	3,581	3,357	(224)	2,793	2,296	(497)	485	2,781	2,296	382	104	0	(800)
Womens Services	1,198	1,198	0	961	734	(226)	273	1,007	734	174	99	0	(191)
Secondary Care Divisional	70	0	(70)	0	0	0	0	0	0	0	0	0	(70)
Secondary Care	15,080	14,269	(811)	11,668	8,640	(3,028)	2,329	10,969	8,640	1,948	357	25	(4,111)
Area - West	5,012	5,012	(0)	3,775	4,582	807	954	5,536	4,582	451	503	0	524
Area - Centre	5,474	5,474	0	4,303	4,736	433	1,112	5,848	4,736	1,042	0	70	374
Area - East	6,395	6,395	(0)	5,043	4,892	(152)	1,399	6,291	4,892	812	128	460	(104)
Area - Other	458	458	0	377	370	(6)	88	458	370	68	19	0	0
Area Teams	17,339	17,339	(0)	13,498	14,580	1,082	3,554	18,134	14,580	2,374	650	530	795
MHLD	7,594	6,790	(804)	5,978	3,265	(2,713)	1,401	4,665	3,265	649	752	0	(2,929)
Corporate	4,987	4,692	(295)	3,905	3,777	(128)	1,361	5,138	3,777	1,161	190	10	151
Divisional Total	45,000	43,090	(1,910)	35,049	30,262	(4,787)	8,645	38,907	30,262	6,131	1,949	565	(6,093)

- The risk profile and anticipated delivery of schemes continues to be critically reviewed. There has been a £4.6m increase in-month in the value of delivered schemes, whilst medium risk schemes have reduced from £3.5m in Month 9 (9%) to £1.9m (5%) of the total programme. £0.6m (1%) of schemes included in the forecast remain at high risk of delivery.

3.3 Savings Performance by Division



3. Savings Requirement

- In Month 10 there has been an overall increase to the year-end forecast of £0.06m. Corporate Divisions have increased their overall forecast by £0.4m whilst the Mental Health Division has reduced its forecast savings by £0.3m in Month 10 (Month 9, £0.9m), reflecting the continued shortfall in savings delivery from packages of care, including Continuing Healthcare. The division is seeking to address this through their recovery plan actions.
- Work is continuing with support from the Director of Workforce to identify further workforce opportunities with Mental Health and Secondary Care. This will be developed to target areas where use of the workforce can be optimised leading to in-year savings. The Director of Workforce has introduced enhanced establishment control measures across all divisions.
- Escalation financial accountability reviews for Mental Health and Secondary Care are taking place on a fortnightly basis, tracking recovery actions as appropriate. Meetings have also been held with Area teams to ensure identification and delivery of their savings requirements.
- Further controls have been introduced to manage levels of expenditure to year end and specific measures are in place to reduce travel and procurement costs.

3.4 2019/20 Savings Plans

- Identification of savings opportunities for 2019/20 and future years is progressing and is being fed into the work to develop the Board's 3 year plan. The plan will be presented to the Board in March alongside the budget for the year ahead.
- Initial savings plans have been received from divisions and directorates at the end of January and further work is ongoing to develop detailed project documentation to underpin plans. This work will include quality and equality impact assessments. Plans are currently being scrutinised to assess deliverability and are being risk rated. This work will continue through February.

4. Revenue Forecast Position

4.1 Financial year forecast revenue position

- The Health Board's forecast at Month 10 remains at a deficit of £42.0m, as notified to Welsh Government in January.
- The forecast by division is shown below.

2018/19 Financial position		M10 Draft Forecast	Reserve	M10 Final Forecast
Area	Divisions	Variance	adj	Variance
		£000		£000
	Planned deficit	(35,000)	0	(35,000)
Area	West Area	1,166	(130)	1,036
	Central Area	(517)	(170)	(687)
	East Area	750	(187)	563
	Other North Wales	(1,010)	(12)	(1,022)
	Commissioner Contracts	(3,100)	(156)	(3,256)
	Provider Income	(7)	16	9
Total Area Teams		(2,718)	0	(3,357)
Secondary Care	Ysbyty Gwynedd	850	(80)	770
	Ysbyty Glan Clwyd	3,115	(94)	3,021
	Ysbyty Maelor Wrexham	3,400	(83)	3,317
	North Wales Hospital Services	1,416	(83)	1,333
	RTT	0	(4)	(4)
	Women's Services	(227)	(32)	(259)
Total Secondary Care		8,554	0	8,179
Mental Health	Mental Health & LDS	4,536	(96)	4,440
Corporate	Corporate Budgets	(1,282)	0	(1,282)
Other	Other Budgets	(2,090)	1,111	(979)
Total Income & Expenditure		7,000		7,000
	Forecast Deficit	(42,000)		(42,000)

Note: Reserves are budgeted within Other Budgets but will be allocated to Divisions as adjusted

- The Health Board originally agreed to a Deficit Reduction Programme of £8.2m which included efficiency savings relating to Theatres, Length of Stay, Community Hospitals and Clinical Variation. The savings were planned to be managed through the Programme Review Groups (PRGs) with the savings planned to be delivered from August onwards. Over the summer months it became clear that these groups were not going to deliver the savings plans as originally planned and the Director of Turnaround and others started to consider other options. £1.2m of the Deficit Reduction Plan was allocated out based on the original plan, with the balance of £7.0m being allocated out to the Divisions in November 2018.
- Areas were identified to deliver the savings relating to Procurement, Drugs and Pay related savings. Progress is being made with the Drugs and Procurement savings, in the main it is the Pay related savings that are not delivering as forecast and are now impacting on the year-end forecast.

4. Revenue Forecast Position

4.2 Risks

- The current full year forecast of £42.0m reflects the interim financial plan deficit budget approved by the Board (£35.0m) plus expected under delivery of savings schemes (£6.2m) and increased activity and cost pressures for Mental Health and CHC (£0.8m). The table below outlines the outstanding key risks to achieving this forecast.

	Risks £'m	Risk level	Explanation
Risks			
Under delivery of savings	(0.6)		To achieve the forecast deficit the Health Board will be required to deliver its savings target. This risk relates to schemes that are classed as having a high risk of being delivered.
RTT Income	(1.6)		The Health Board is assuming receipt of income relating to RTT activity in the forecast, which is equivalent to £0.6m per 250 patients.
Prescribing	(1.1)		Current run rates pressures indicate a potential risk of up to £1.1m. In addition to this, Month 10 saw an increase in the National Prices of a range of drugs due to the No Cheaper Supply Obtainable (NCSO). This is monitored monthly and additional savings plans are being put in place to mitigate this risk.
WHSSC position	(0.9)		WHSSC are reporting the best case in their position and there is a £0.9m difference between this and the most prudent position for the Health Board.
GMS forecast under spend	(1.4)		Forecast under spend on GMS, as per the Quarter 3 return, leading to a potential funding clawback by Welsh Government. GMS forecast continues to be reviewed.
GDS forecast under spend	(0.4)		Forecast under spend on GDS, as per the Quarter 3 return, leading to a potential funding clawback by Welsh Government. GDS forecast continues to be reviewed.
CHC (FNC)	(0.9)		The Health Board has not made a provision for any potential impact of the Funded Nursing Care (FNC) Supreme Court Judgement (SCJ) in our reported CHC position.
HRG4+			Discussion on WHSSC commissioned services has not been concluded and has a potential financial implication for the Health Board, which is being managed at a national level.
Continuing Healthcare Packages (CHC)			The Health Board is experiencing significant ongoing pressures in relation to both the underlying number and cost of care packages.

5. Balance Sheet

5.1 Cash

- The closing cash balance as at 31st January 2019 was £6.7m which included £6.5m of cash held for capital expenditure. The revenue cash balance of £0.2m was within the internal target set by the Health Board.
- Welsh Government has confirmed Strategic Cash Support for 2018/19 of £38.0m, along with £11.8m funding towards revenue working capital balances.
- The Health Board will internally manage a further £4.0m cash to ensure a balanced revenue cash position as at 31st March 2019.

Revenue cash requirements 2018/19	£000
Opening revenue balance	706
Forecast revenue deficit	(42,000)
Working capital balances	(11,838)
Underlying forecast revenue cash shortfall	(53,132)
Funding requests	
Approved strategic cash assistance	38,000
Approved working capital balances support	11,838
Cash shortfall to be internally managed	4,000
Forecast closing revenue cash balance	706

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

4

5.2 Accounts Payable

- The Health Board is required to pay 95.0% of non-NHS invoices by number within 30 days of receipt of a valid invoice.
- There were significant improvements in performance over the first part of the year, but the January performance has been poor. As a result the Health Board has fallen slightly short of the required target with a year to date compliance figure of 94.9%.

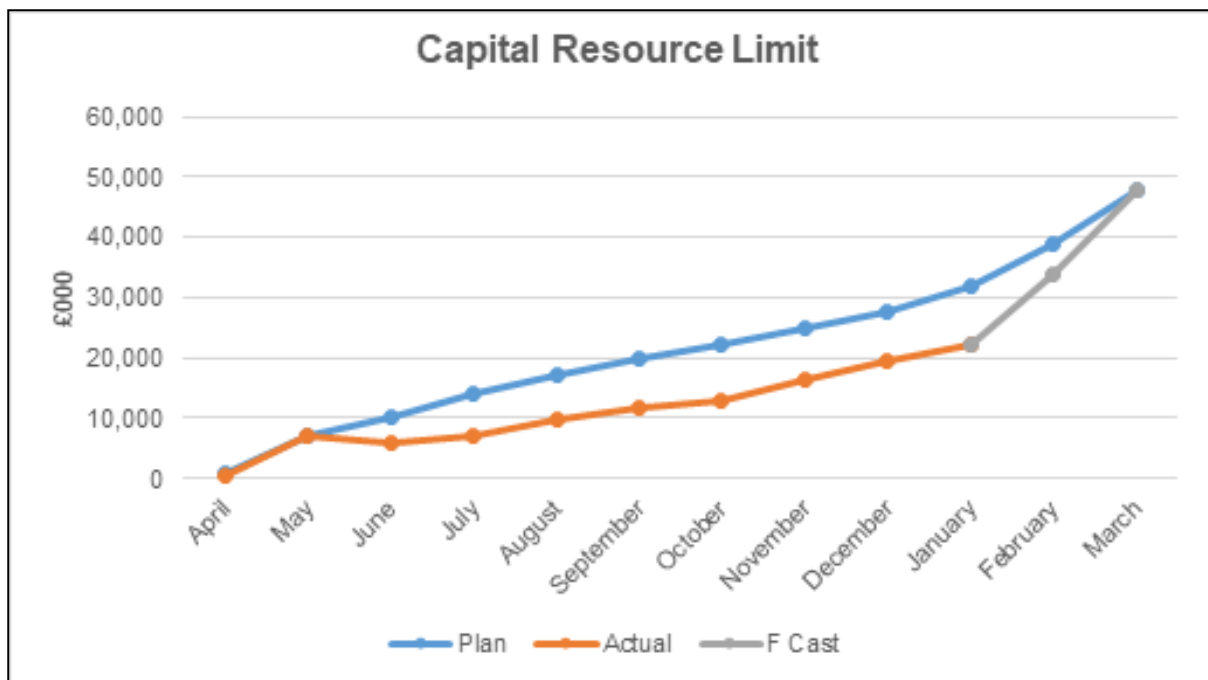
5.3 Capital expenditure

- The Capital Resource Limit at Month 10 is £48.0m. There is significant investment in a number of key projects including the YGC redevelopment, the SuRNICC, the redevelopment of the Emergency Department in YG, the Substance Misuse Elms development, the MRI scanner and the Hybrid Theatre in YGC. In addition, the

5. Balance Sheet

Health Board has received allocations for upgrades across the Health Board estate and IT.

- Year to date expenditure is £22.3m against the plan of £26.6m. As shown on the chart below, the year to date slippage of £4.3m will be recovered throughout the remainder of the year and the Assistant Director of Planning - Capital is forecasting for the Health Board to achieve its Capital Resource Limit, subject to risks associated with any funding adjustments.



6. Conclusions and Recommendations

6.1 Conclusions

- The Health Board's forecast was increased from a deficit of £35.0m to £42.0m in Month 9, following discussions with the Health Board's Accountable Officer and Chair. Welsh Government have been formally notified of this increase.
- The increased forecast reflects the significant risks that the Health Board faces around:
 - Delivery of the planned savings of £45.0m, which are currently forecasting to achieve £38.9m, missing the target by £6.1m.
 - Increased activity and cost pressures for Mental Health and CHC.
- The Month 10 position is a deficit of £1.0m against the budget, giving a year to date position which is £2.9m higher than the forecast deficit spend. Over spends continue in Secondary Care (£6.3m) and Mental Health (£3.9m), the key reasons for which are under delivery against savings plans and over spends on CHC. These are offset by under spends on Contracts, Primary Care and Corporate.
- Mental Health, West Area, East Area and Secondary Care are all significantly overspent in-month and Accountability meetings continue to be held with the Chief Executive and Executive Director of Finance for these divisions. CHC and Mental Health continue to be a risk within the forecast, as well as the ambitious savings targets for the remainder of the year.
- Savings are forecast to deliver £38.9m of the £45.0m Health Board target, a shortfall of £6.1m. Non-achievement of the savings targets is having a detrimental effect on the Board's financial performance.
- Focus on the delivery of savings is critical to achievement of the financial forecast and delivering a reduction on the underlying run rate on expenditure. There are a number of known risks to achieving the forecast position, as outlined in Section 4 and the Health Board has put in place additional financial controls to support achievement of the revised financial position.
- At the end of January the Health Board has spent £15.3m expenditure on additional activity to reduce the long waiting lists. Funding of £11.3m has been received from Welsh Government for activity up to the end of October, leaving a balance of £4.0m unfunded expenditure. Discussions continue regarding the balance of RTT funding for the second half of the year and until confirmation is received, this remains a risk as does the potential clawback of resources received if waiting times do not meet the requirement from Welsh Government.
- The issue of the potential impact of HRG4+ on WHSSC commissioned services is still under discussion with NHSE and remains a financial risk for 2018/19, as identified in Section 4.
- Continuing Health Care (CHC) expenditure values do not include any potential impact of the Funded Nursing Care (FNC) Supreme Court Judgement (SCJ) in our reported CHC position. The result of the FNC SCJ ruling means that a further legal opinion has been sought with regards to CHC fees.

6. Conclusions and Recommendations

- Achieving the financial plan, whilst not compromising the quality and safety of services, is an important element in developing trust with Welsh Government, Wales Audit Office, Health Inspectorate Wales and the public.
- The turnaround methodology and approach implemented within the Health Board is critical to improving financial performance in both the current year and future years. Welsh Government's investment in turnaround in 2018/19 and 2019/20 is supporting the programme management of savings and transformation. The focus on savings delivery is being maintained throughout the organisation, with mitigating actions identified where savings delivery is at risk and additional measures have been led by the Executive Team to support this activity. There is a requirement to increase the capacity within the turnaround team continues with additional resource being deployed.
- The Health Board recognises the opportunity to prevent unwarranted variation in referrals and clinical pathways, enhancing productivity and challenging existing models of care going forward so that the Health Board becomes less reliant on non-recurring measures to achieve its financial targets.

6.2 Recommendations

- It is asked that the report is noted, including the forecast outturn of £42.0m and recognising the significant risks to the financial position.

Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
East Area	189.2	0.6	0.3	<p>The East Area reported an over spend of £0.3m for the month and £0.6m for the year to date. The main issue relates to under delivery of savings targets. The East Area had planned to reduce pay and drug costs further in the last quarter of the year, but Month 10 saw a number of departments with rising costs.</p> <p>The Area's main risks are the delivery of £0.9m savings, the need to reduce variable pay and drug costs within Community Services and hospital based services (Rheumatology, Dermatology and Diabetes), along with the risk of whether GP Prescribing costs will continue to decrease in view of additional NCSO (No Cheaper Supply Obtainable) tariff rises.</p>	<p>The additional measures introduced in December to scrutinise vacancies and orders will continue until the end of the Financial Year.</p> <p>The savings plans identified to deliver £0.9m have failed to achieve the desired outcomes to date, but further work by Area Management Team and Operational managers within the East Area will be undertaken to improve savings delivery.</p> <p>The Area also continues to closely monitor CHC placements and the cost impact, Medicines Management budgets and the performance of savings plans.</p>
Central Area	170.2	(0.5)	0.0	<p>A balanced position was reported in-month. However pressure remains around achieving the required savings plans. The year to date under spend arises from a positive performance against Out of Area Contracts, particularly in relation to CAMHS and Neonatal, along with vacancies within Therapies.</p>	<p>Key focus on savings actions, particularly in relation to Prescribing, drugs, travel and CHC.</p> <p>Escalation focus on CHC planned for February.</p>

Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				<p>Prescribing costs continue to reduce, as does the Neonatal and Children's Out of Area contract activity</p> <p>Particular key pressures in-month were seen in Primary Care Prescribing, linked to the NCSO (No Cheaper Supply Obtainable) national price increases, and CHC due to increased activity.</p>	
West Area	131.7	0.9	0.4	<p>The year to date position is £0.9m over spent with an in-month adverse variance of £0.4m. The position has deteriorated during January due to additional high cost EMI CHC cases and an increase in drugs costs (predominantly in Rheumatology and Dermatology) when the expectation was that costs would reduce.</p>	<p>Weekly CHC meetings are in place to review panel commitments and the delivery of savings schemes. Work has commenced with the Mental Health Team to address the EMI pressures in CHC.</p> <p>The impact of savings in biosimilar products for home care drugs had a small impact in November but has not materialised as expected in December - Pharmacy are currently reviewing prescribing patterns and caseload numbers.</p> <p>A continual review of spend levels and actions is being undertaken and further enforced, with regular review meetings established to monitor recovery actions.</p>

Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
Other North Wales	10.3	(1.2)	(0.2)	<p>The year to date under spend relates to income received in relation to GP Rates Rebates, which is held centrally covering all GP Practices across the 3 Areas.</p> <p>Key pressures across Director of Therapies, Looked After Children and CHC.</p>	Escalation focus on CHC planned for February.
Commissioning	154.1	(2.7)	(0.2)	<p>The WHSSC position is showing a large under spend for the year due to a reassessment of the forecast outturn following a write back of provisions and reserves.</p> <p>There continues to be pressures coming from three of the English contracts; Liverpool Heart and Chest, Alder Hey and Walton. The impact on the English contracts due to the introduction of HRG4+ remains unresolved; any risk associated with HRG4+ is not factored into the current position.</p> <p>In addition to the previously reported pressures on the locally managed contracts, there has been a further increase in the number of patients who</p>	<p>The issue of costing based on coding changes for previously uncharged activity is being raised with the Countess of Chester Hospital.</p> <p>Ongoing challenge of Non Contracted Activity that does not have prior approval.</p>

Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				have been placed in individual high cost rehabilitation due to the complexity of the cases not being suitable for referral to the Wirral Rehab Centre. The impact of these is currently being offset by non-recurrent gains in the locally managed contracts due to resolution of previous disputes.	
Provider Income	(16.5)	(0.4)	(0.2)	An under spend of £0.2m was achieved in-month, with a year to date under spend of £0.4m. The in-month improvement is due to a recharge for a Berwyn/Secure Unit patient from England.	Ongoing discussions with West Cheshire and Shropshire regarding contract pricing. Awaiting formal response of negotiated position for 2018/19 from Shropshire following the recent Director of Finance meeting.
Mental Health and Learning Disabilities	100.7	3.9	0.5	<p>The year to date over spend primarily relates to CHC (£2.8m), drugs (£0.5m) and inpatient nursing costs. Under delivery of savings included in the variances above amount to £2.6m, of which £1.4m is CHC and the balance largely pay related schemes (medical agency, sickness and implementation of middle management structure for the Division).</p> <p>Inpatient nursing costs in particular are a cost pressure due to agency utilisation and 1:1 observational costs. There has been a reduction in the run</p>	<p>Ongoing escalation meetings in relation to financial performance with Executive Director of Finance and Director of Turnaround. Targeted fortnightly meetings with the Chief Executive and Executive Director of Finance.</p> <p>Division presented and held to account at Finance & Performance Committee meeting in December to confirm the forecast outturn and to provide assurance on confidence of delivery to revised forecast of £4.5m. The forecast position as Month 10 remains unchanged from Month 8</p>

Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				<p>rate for agency (nursing and medical) in-month compared to the previous month. Admin & Clerical agency usage has ceased.</p> <p>There has been a deterioration in the forecast outturn spend for CHC / Packages of Care due to an increase in package numbers of 1 and the non-delivery of savings at targeted levels. Efficiencies which have been realised through repatriation of cases and right sizing / price negotiations are continuing to be reported through savings, but these are offset by growth. There is an assumption that future applications and growth will be offset by future efficiencies and there will be a reduction in package costs to the year end, which carries some risk.</p>	<p>Run rate reductions in agency, bank and overtime costs seen as a result of additional financial controls had an initial impact and further scrutiny is being put in place. This work is now being escalated to ensure the reduced trend is maintained and improved. Weekly e-roster meetings are now in place and 1:1 usage is reviewed on a daily basis. Weekly Vacancy Control meetings are continuing to take place.</p> <p>Drugs costs have increased by £34k against run rates and work is ongoing to assess the reasons for this to ascertain potential for spend reduction.</p> <p>Work with the NCCU continues to identify opportunities for right sizing and repatriation of patients closer to home. Opportunities are being pursued with legal advice to ensure responsible commissioner guidance is enacted to confirm the correct organisation is paying for their population care.</p> <p>Further targeted meetings with the Chief Executive and Executive Director of</p>

Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
					<p>Finance have taken place, to obtain reassurance of continued actions being taken to contain costs whilst ensuring safe service provision. The Division has put in place monthly meetings with the Mental Health areas to discuss financial and service performance and to hold them to account. The meetings include the Director of MHL, Director of Operations and Service Delivery, Chief Finance Officer and Heads of Nursing. Clinical Directors will be included in future meetings.</p> <p>The Division will ensure it adheres to the additional system controls which have been implemented from February 2019.</p>
Ysbyty Glan Clwyd	97.2	2.5	0.1	<p>The Month 10 position was over spent by £0.1m to give a year to date adverse variance of £2.5m. Savings scheme slippage continues to be a significant contributing factor to both the in-month (£0.3m) and year to date (£2.0m) positions.</p> <p>Pay remains an area of pressure for medical Staffing. General Surgery and Orthopaedics continue to over spend. General Surgery has recently been unable to appoint to vacant posts.</p>	<p>Help from Workforce has been sought to assist with the recruitment of both medical and nursing staff to aid in the reduction of premium spend being incurred.</p> <p>Tighter controls have been put in place for Oracle authorisation levels and work is ongoing to review opportunities with Procurement.</p> <p>Tighter controls have been introduced for internal locums with approval before payment is made to come from either the</p>

Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				<p>There is a significant over spend for nursing in the Emergency Department due to the use of agency staff to fill gaps and provide additional staffing above the funded establishment. The year to date over spend for the Emergency Department is £0.7m.</p> <p>Drugs expenditure has fallen in-month. However, Gastroenterology and Respiratory drugs continue to see pressures.</p> <p>The non-pay over spend is particularly due to pressures relating to Non-Emergency Patient Transport Service (NEPTS).</p>	<p>Hospital Director or Hospital Medical Director.</p> <p>Papers for both the Emergency Department and General Surgery are being discussed with the Secondary Care Management Team with a view to changing the establishment to alleviate the current pressures being seen.</p> <p>Tighter controls have been put in place for the use of 1:1's and assistance from Workforce has been sought to help in areas where sickness is at a high level. Workforce are also assisting with the introduction of support to help ensure that there are robust roster controls.</p> <p>Pharmacy are meeting with the Ophthalmology team to review the use of AMD drugs and discuss the proposed switch to Avastin.</p> <p>Discussions are ongoing to review the contract for NEPTS and to seek an alternative to improve the position. Tighter controls have been put in place for Oracle authorisation levels and work is ongoing to review opportunities with Procurement.</p>

Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
					The procuring of the service based on shifts is helping to reduce one off journey costs.
Wrexham Maelor	86.0	2.4	0.4	<p>The in-month position was an over spend of £0.4m, giving a year to date adverse variance of £2.4m. Savings scheme slippage of £0.8m is the significant contributing factor to the position.</p> <p>There remain a large number of nursing vacancies which, together with the use of unfunded escalation beds, has continued to result in high use of agency nursing staff in order to maintain safe staffing levels. In addition there have been issues with backdated agency invoices this month. As a result, nursing agency costs have increased by £0.1m.</p> <p>Medical agency costs reduced further in the month to just £0.007m. There are ongoing consultant vacancies in Emergency Department, Acute Medicine, Renal and Gastroenterology. None of these are currently covered by agency, though a Gastroenterology agency consultant will be starting in</p>	<p>A recruitment campaign has been running through social media, targeting high risk wards. Interviews are due to be held in February. Further support is being provided to give advice on actions that can be taken to improve recruitment and the attractiveness of the Health Board in a competitive market.</p> <p>Additional scrutiny of rostered numbers on shifts is now being undertaken together with assessment of 1:1 nursing requirements. All staff sickness has been reviewed and a number of staff have returned to work. Further work is being done on ordering, approval and use of agency nurses.</p> <p>Work ongoing with Area teams to improve discharge processes and bring the number of medically fit for discharge patients in beds down.</p> <p>A new management team for the Emergency Quarter is now in post. They are conducting a review of the clinical and</p>

Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				<p>February.</p> <p>The Emergency Department financial performance is a critical area, with a £0.1m over spend in January.</p> <p>Clinical supplies costs fell again this month, due in the main to a low level of activity for Orthopaedic implants.</p>	<p>financial performance of the department and the Finance team are working closely with them to review options for reducing costs. All new appointments to the Specialty Registrar posts are now working, although some need additional support to be able to play a full role in the rota. The last agency consultant has now converted to NHS locum and there are no long term agency doctors working in the department.</p> <p>Options on how to make the vacant consultant Medicine role more attractive are being examined and a business case prepared. The Gastroenterology consultants have been taken off the General Medicine on call rota to be able to support the GI rota. Prospective candidates are being sought for the Gastroenterology vacancies, which have now been advertised.</p> <p>Actions to reduce costs are being made such as tighter recruitment process, greater scrutiny of Oracle orders, scrutiny and challenge of drug costs.</p> <p>Work ongoing with Pharmacy and Operational teams to develop further</p>

Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
					opportunities in Medicine Management such as Avastin.
Ysbyty Gwynedd	81.9	0.9	0.2	<p>The year to date over spend of £0.9m relates to non-pay, with £0.7m slippage on savings and a £0.2m over spend on Non-Emergency Patient Transport Service (NEPTS).</p> <p>Pay is marginally overspent with a significant £1.2m pressure in scheduled care medical pay (£0.7m of which is due to agency), offset by nursing and admin vacancies.</p> <p>There remain significant pressures in nursing on the unscheduled care wards with an over spend of £0.1m to date. Other significant pressures remain in under achieved private patient income (£0.2m)</p> <p>The delivery of the site's savings requirements remains a risk, with efforts on-going regarding recovery actions and identifying further targeted opportunities.</p>	<p>Enhanced establishment control through the weekly vacancy control panels is being used to both control the increase in contracted hours and to manage the impact of medical contract reductions.</p> <p>Performance monitoring, financial review and workforce review has been enhanced by monthly Turnaround meetings with clinical leads for Emergency, unscheduled and scheduled care. Recent focus has been on mandatory training, management of follow up patients, drugs review and lengths of stay.</p> <p>Reviews of senior and mid-tier medical establishments, actual payments and job plans has been undertaken with a clear baseline developed against which medical pay costs and activity can be monitored.</p> <p>A detailed review of non-pay spend has been undertaken, justifying high cost spend items/areas and ensuring the correct treatment of capital items.</p>
Women's	31.9	(0.3)	(0.1)	There was an under spend of £0.1m	Requisitions review performed daily and

Appendix 1 – Divisional Commentary


Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				<p>in-month, £0.3m year to date. This is mainly pay related due to vacancies.</p> <p>Nursing & midwifery is under spent, offset by a significant over spend in medical staffing due to the use of agency and internal locum cover to fill gaps. However there has been an in-month reduction in agency and internal locum cover costs.</p> <p>Non-pay has a year to date over spend of £0.3m, £0.08m in-month. This is attributable to the Countess of Chester Obstetrics Contract, drugs for complex patients and a shortfall in savings delivery. The directorate has also funded the Deloitte Review and incurred costs totalling £0.06m.</p> <p>The key risk relates to addressing RTT via outsourcing and use of medical agency/internal locums due to the number of gaps in rotas.</p>	<p>challenged as appropriate. Additional financial controls across the Health Board have been implemented, regarding non-essential discretionary spend, recruitment, variable pay and agency.</p> <p>Assessment of original and proposed baseline activity of Provider Income Contracts under review. Clinical Coding is also being reviewed for accuracy, in particular regarding Gynaecological patients to ensure all costs have been recovered.</p> <p>The directorate now has a new Performance & Accountability Framework and Process in place. Accountability Meetings take place each month for all three sites with performance assessed via review of the Directorate Dashboard. The Directorate is also actively reviewing all options to deliver future additional savings.</p> <p>Monthly Directorate Finance & Performance meetings take place and these are supported by monthly local budget meetings and Senior Management Team Meetings. All Business Cases regarding new service developments have</p>

Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
					to be submitted and approved at F&P.
North Wales Wide Services	85.0	0.8	0.4	<p>The year to date over spend of £0.8m is largely attributable to non-pay; mainly due to a shortfall on savings targets (£0.5m), pressures on contracts (£0.4m) and Cancer Drugs (£0.4m), offset by ITU/HDU under spend (£0.4m). Retrospective drug rebate income has partially mitigated the drug pressures.</p> <p>Pay is underspent with vacancies within additional clinical services and admin & clerical mitigating an over spend on medical pay due to agency costs.</p> <p>The key financial risks relate to the ITU/HDU contract with English providers, projected NICE costs and drug rebates.</p>	<p>A benchmarking exercise has been undertaken with Keele University, with a view to determining a number of key areas for demand management / optimisation.</p> <p>Enhanced establishment control is being used to both control the increase in contracted hours and manage the impact of medical vacancies through a review of alternative ways of working. Recruitment of Radiographers is essential to reduce premium spend on agency staff.</p> <p>Continuation of meetings with Pharmacy to review the key areas of pressure. Plan to work with the Clinicians and Operational team to explore ways of driving down spend whilst maintaining safe patient care</p>
Corporate	103.1	(0.9)	0.2	<p>Overall Corporate was over spent by £0.2m in the month, reducing the year to date favourable variance to £0.9m.</p> <p>Most Corporate departments are reporting a small under spend for the period and year to date. The cumulative favourable position is</p>	<p>New Establishment Controls process will ensure greater scrutiny of corporate vacancies.</p> <p>Implement tasks required to achieve savings requirements.</p> <p>Implement and communicate additional</p>

Appendix 1 – Divisional Commentary

Operational Divisions	Spend YTD £m	Variance YTD £m	Variance In Month £m	Year to Date Summary	Actions Being Taken
				<p>mainly due to staff vacancies, particularly for the WCCIS Informatics project. However recruitment to Informatics IT projects has commenced and vacancies are starting to be filled, with the rate of under-spend decreasing.</p> <p>The largest over spend continues within Estates & Facilities, which is mainly due to Facilities pay costs, postage, catering provisions and under achievement against savings. Utilities costs continue to be over spent due to increased energy and power costs in the month, as a result of the Winter period.</p>	<p>controls on non-pay expenditure, including travel.</p> <p>Review of utilities accruals as we enter high usage time of the year.</p>
Other	19.7	(3.1)	(0.8)	Other budgets include Reserves, Losses, Medical Education & R&D and capital charges	
Total variance against plan		2.9	1.0		
Planned budget deficit		30.7	2.4		
Total		33.6	3.4		

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

Report Title:	Turnaround Programme Savings Report – Month 10 2018/19
Report Author:	Director of Turnaround
Responsible Director:	Director of Turnaround
Public or In Committee	Public
Purpose of Report:	To provide an update report to the Committee regarding progress in the identification and delivery of savings in line with the Board's financial plan for the year.
Approval / Scrutiny Route Prior to Presentation:	This paper has not received previous scrutiny.
Governance issues / risks:	Achievement of the Board's savings programme is critical to delivery of the financial position in 2018/19. The report highlights performance to date and the savings requirement which is yet to be fully addressed.
Financial Implications:	There are no additional costs arising from this paper however non achievement of savings will have a detrimental effect on the Board's required financial performance for the year.
Recommendation:	<p>That the Committee –</p> <ul style="list-style-type: none"> • Note the forecast position for Divisional savings schemes which currently stands at £38.9m, compared to £38.8m in month 9 • Note the additional savings which have been delivered against the turnaround targets and the remaining gap of £6.1m against the full £45m target. • Note the key movements in delivery and savings forecast during the month • Note the shortfall against turnaround savings targets which is remains a key risk to delivery in 2018/19. • Note the escalation activity which is ongoing to secure further in year savings including additional financial controls • Note the ongoing development of savings schemes for 2019/20; the schemes identified to date and the further areas being explored.

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

Disclosure:

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

Turnaround Programme Savings Report – Month 10 2018/19

Purpose

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

Introduction

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

Savings identification, Forecast and Risk

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

Table 1 – Forecast Savings Programme

Source	Total Requirement £m	Forecast £m	Delivered M10 £m	Low £m	Med £m	High £m
1% transactional	10.0	12.7	9.9	2.3	0.3	0.1
Reducing input costs						
Medicines Management	6.0	10.1	8.5	1.3	0.2	0.0
Procurement	4.0	0.8	0.4	0.2	0.0	0.2
	10.0	10.9	9.0	1.5	0.3	0.2
Improved deployment of resources						
Workforce	5.0	6.2	4.6	1.2	0.2	0.2
	5.0	6.2	4.6	1.2	0.2	0.2
Improved utilisation of resources						
Theatre efficiency	1.0	0.5	0.4	0.1	0.0	0.0
Acute Length of Stay	1.0	0.0	0.0	0.0	0.0	0.0
Community hospitals	2.0	0.3	0.2	0.1	0.0	0.0
Outpatients	2.0	0.0	0.0	0.0	0.0	0.0
Clinical variation: primary care	2.0	0.0	0.0	0.0	0.0	0.0
Clinical variation: secondary care	2.0	0.7	0.5	0.1	0.1	0.0
	10.0	1.5	1.1	0.2	0.2	0.0
Service transformation						
CHC	5.0	3.7	3.1	0.4	0.2	0.0
MHLD	4.0	2.8	1.8	0.3	0.7	0.0
Estates	1.0	1.0	0.8	0.2	0.0	0.0
	10.0	7.6	5.7	0.9	1.0	0.0
	45.0	38.9	30.3	6.1	1.9	0.6
Percentage		86%	78%	16%	5%	1%

The table above shows the savings that have been built into specific plans by Divisions, which have a forecast delivery of £38.9m, an increase of £0.1m from month 9. This is clearly short of the £45m target set by the Board and the residual element relates to savings schemes not identified in full at this stage and therefore not forecast to deliver. The outstanding areas are as follows –

Table 2 – Outstanding Savings Requirements

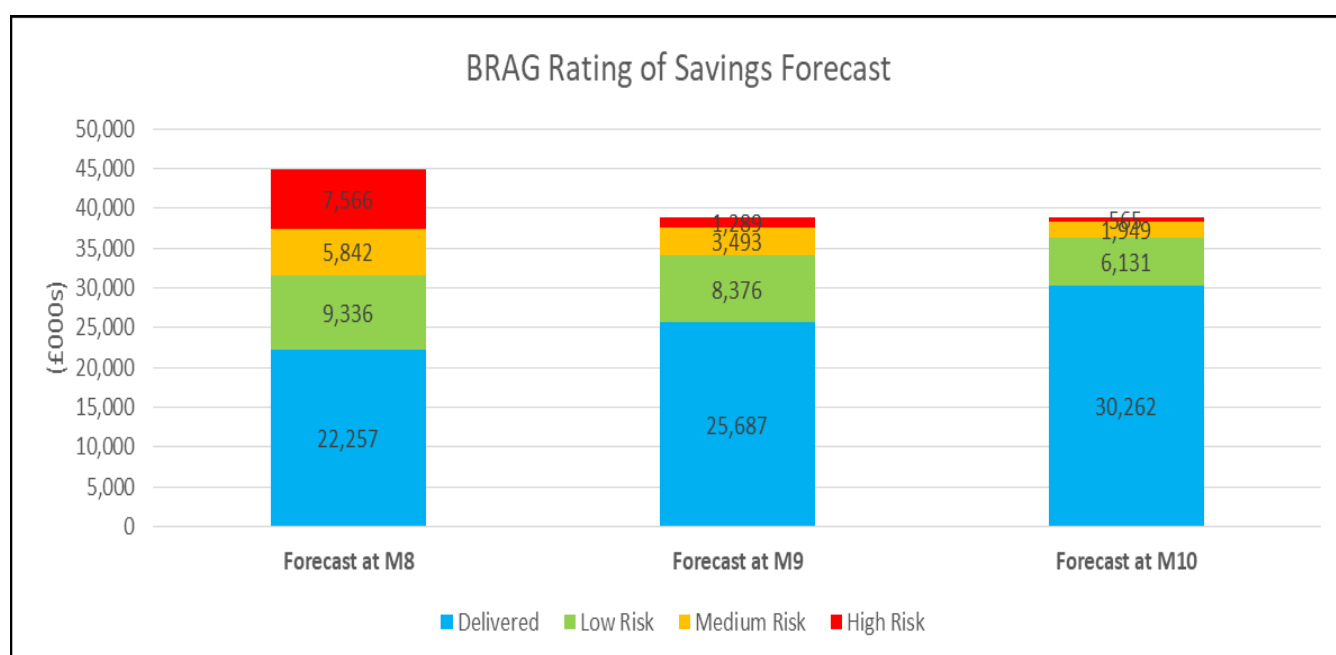
Turnaround Actions - balance not in forecast	
Source	Balance not in Forecast £m
1% transactional	1.4
Reducing input costs	
Medicines Management	0.7
Procurement	0.5
	1.2
Improved deployment of resources	
Workforce	1.5
	1.5
Divisional Plans not submitted	
Mental Health	0.8
Corporate	0.2
	1.0
Shortfall - Turnaround Actions	5.0
Percentage	11%
Divisional Plans - balance not in forecast	
Source	Balance not in Forecast £m
Divisional Plans not submitted	
Glan Clwyd	0.5
North Wales Managed Services	0.2
Secondary Care Divisional	0.1
Corporate	0.3
	1.1
Shortfall - Divisional Savings	1.1
Percentage	2%

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

Plans to deliver additional schemes to bridge the savings deficit continue to be progressed at a Divisional level and through escalation intervention with the Chief Executive. The total savings requirement has been allocated to Divisions and with the exception of mental health and an aspect of corporate savings, the savings targets are now reflected in Divisional budget reporting.

The delivery risk associated with the savings schemes which contribute to the forecast delivery of £38.9m has been assessed and is summarised in the table below. The forecast savings level reflects the fact that elements of the Turnaround savings are yet to be fully identified at Divisional level. The current risk profile and the movement within the programme during the past 3 months is shown in the table below –

Table 3 – Risk Profile and Values



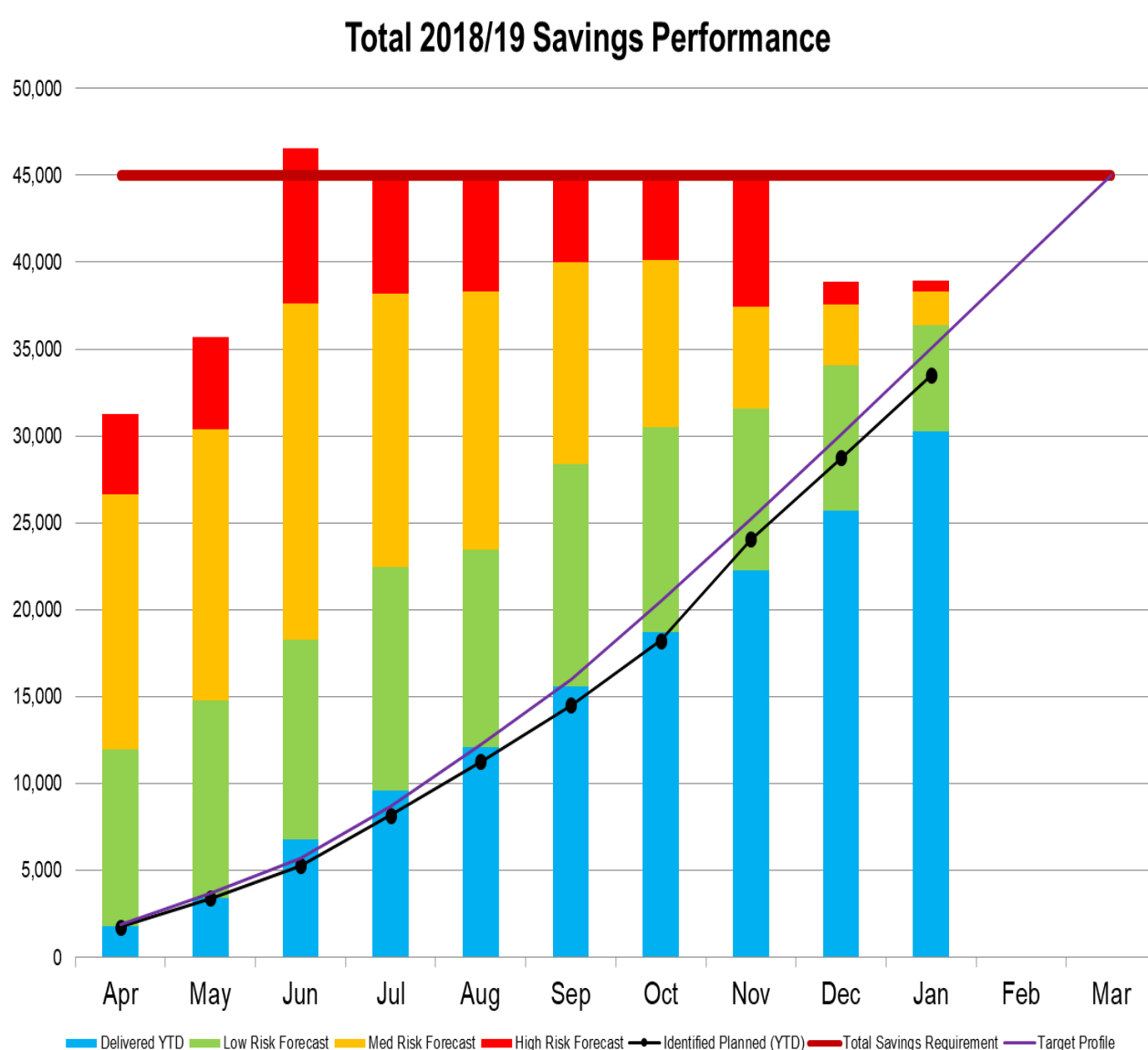
BRAG Including Deficit Reduction				
	Forecast at M8	Forecast at M9	Forecast at M10	
Delivered	22,257	25,687	30,262	
Low Risk	9,336	8,376	6,131	
Medium Risk	5,842	3,493	1,949	
High Risk	7,566	1,289	565	

As noted previously, the reduction in savings forecast from £45m in month 9 has been reflected in the revised forecast out-turn budgetary position of the Health Board. This equated to £6.2m (14%) of the initial target. Focussing on the total savings which are expected to be delivered by year end, the above graph shows that 1.5% of the required savings are assessed as red risk (3% at month 9) and 5% is

assessed as amber (9% at month 9). Given the late stage in the financial year a more meaningful indicator is the proportion of savings yet to be delivered, which stands at 6.7% (9.8% at month 9) for red risk and 24.1% (26.5% at month 9) of amber risk. This is a positive move in risk profile however it must continue to reduce in the last two months if the projected out-turn is to be achieved.

The required trajectory of savings across the financial year to deliver £45m is shown below alongside the risk profile. The graph shows clearly a growing gap between savings secured to date and profile. This growing gap reflects the delay in savings delivery arising from the under-performance of resource utilisation schemes and the fact that turnaround schemes have not been fully defined and implemented.

Table 4 – Savings Profile



Divisional Savings Achievement

Savings achievement at the end of month 9 is £30.3m, against a total year to date savings requirement profile of £33.5m, giving a negative variance of £3.2m. As at month 9 the cumulative gap in delivery was £3.1m. Variance reporting at a Divisional level includes the full value of savings including Turnaround requirements.

At the same point in 2017/18 savings delivered amounted to £30.1m, indicating an increase in savings secured of £0.2m in the current year.

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

Table 5 – Savings Achievement

2018/19	Savings Target	Savings Identified	Excess / (deficit) of savings identified	Total	YTD Planned	YTD Delivered	Variance	Rest of Year Delivery	Forecast Delivery	Forecast Variance to Plan	Forecast Variance to Requirement
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Ysbyty Gwynedd	3,172	3,172	0	3,172	2,510	1,623	(888)	452	2,075	(1,097)	(1,097)
Ysbyty Glan Clwyd	3,738	3,220	(517)	3,220	2,537	2,338	(199)	643	2,982	(239)	(756)
Ysbyty Wrexham Maelor	3,322	3,322	0	3,322	2,415	1,649	(766)	476	2,125	(1,197)	(1,197)
North Wales Managed Services	3,581	3,357	(224)	3,357	2,600	2,296	(304)	485	2,781	(577)	(800)
Womens Services	1,198	1,198	0	1,198	961	734	(226)	273	1,007	(191)	(191)
Secondary Care Divisional	70	0	(70)		0	0	0	0	0	0	(70)
Secondary Care	15,080	14,269	(811)	14,269	11,023	8,640	(2,383)	2,329	10,969	(3,300)	(4,111)
Area - West	5,012	5,012	(0)	5,012	3,775	4,582	807	954	5,536	524	524
Area - Centre	5,474	5,474	0	5,474	4,303	4,736	433	1,112	5,848	374	374
Area - East	6,395	6,395	(0)	6,395	5,043	4,892	(152)	1,399	6,291	(104)	(104)
Area - Other	458	458	0	458	377	370	(6)	88	458	0	0
Area Teams	17,339	17,339	(0)	17,339	13,498	14,580	1,082	3,554	18,134	795	795
MHLD	7,594	6,790	(804)	6,790	5,314	3,265	(2,050)	1,401	4,665	(2,125)	(2,929)
Corporate	4,987	4,692	(295)	4,692	3,656	3,777	121	1,361	5,138	447	151
Divisional Total	45,000	43,090	(1,910)	43,090	33,491	30,262	(3,229)	8,645	38,907	(4,183)	(6,093)
Total BCUHB Savings	45,000	43,090	(1,910)	43,090	33,491	30,262	(3,229)	8,645	38,907	(4,183)	(6,093)

With regard to savings identified, the table continues to show a shortfall in secondary care and corporate areas which is consistent with previous months' reporting. As has been noted in previous reports, there is a significant underspend in corporate areas which is more than offsetting the shortfall in defined savings schemes. The shortfall in identification of initial savings within secondary care is now compounded by the requirement to deliver additional turnaround savings. It is clear that the full extent of these savings requirements will not be met in year. The deficit in savings identified for mental health relates to the Division's share of the Turnaround savings requirement which has not been allocated to the Divisional budget in light of the existing recovery plan and delivery shortfall.

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

Table 6 – Recurrent and Non-Recurrent Savings

	Year-to-Date											Full Year Forecast				
	Budget Reduction					Spend Reduction					Total Variance	Budget Reduction		Spend Reduction		Total
	Planned Rec	Achieved Rec	Planned Non Rec	Achieved Non Rec	Variance	Planned Rec	Achieved Rec	Planned Non Rec	Achieved Non Rec	Variance		Rec	Non Rec	Rec	Non Rec	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Ysbyty Gwynedd	918	723	0	0	(194)	1,593	899	0	0	(693)	(888)	884	0	1,191	0	2,075
Ysbyty Glan Clwyd	891	871	0	0	(20)	1,646	1,467	0	0	(179)	(199)	1,046	0	1,935	0	2,982
Ysbyty Wrexham Maelor	769	744	280	280	(25)	1,366	625	0	0	(741)	(766)	946	414	765	0	2,125
North Wales Managed Services	1,057	1,150	0	0	93	1,543	1,146	0	0	(397)	(304)	1,326	0	1,455	0	2,781
Womens Services	587	374	374	360	(226)	0	0	0	0	0	(226)	558	449	0	0	1,007
Secondary Care Divisional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Area - West	1,948	2,904	452	308	813	1,376	1,370	0	0	(5)	807	3,459	370	1,707	0	5,536
Area - Centre	2,961	4,046	527	66	624	815	624	0	0	(191)	433	4,971	66	811	0	5,848
Area - East	420	0	0	0	(420)	3,975	4,794	648	97	268	(152)	0	0	5,565	726	6,291
Area - Other	342	342	35	29	(6)	0	0	0	0	0	(6)	410	48	0	0	458
MHLD	4,646	3,057	0	0	(1,589)	669	208	0	0	(461)	(2,050)	4,387	0	223	56	4,665
Corporate	2,841	3,178	164	42	215	331	305	321	253	(94)	121	4,309	71	369	390	5,138
Total	17,378	17,389	1,832	1,084	(737)	13,313	11,438	969	350	(2,492)	(3,229)	22,296	1,417	14,021	1,172	38,907

Delivery of recurrent savings is essential if the Health Board is to reduce its underlying deficit. The data above shows levels of recurrent savings at 94% of budget reduction savings (95% at month 9) and 92% (98% at month 9) of spend reduction savings. This shows a reduction in the recurrent component in each category which reflects a greater element of non-recurring saving coming into the programme as one off measures are introduced. This will require careful management as we move through quarter 4 to ensure impact on the underlying financial position is minimised whilst securing the required year end position.

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

Table 7 – Forecast Delivery against turnaround savings targets

Additional Savings Targets - Delivery Summary						
2018/19	Additional Savings Target	Forecast savings	Variance	YTD Planned	YTD Delivered	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Ysbyty Gwynedd	815	352	(463)	554	261	(293)
Ysbyty Glan Clwyd	891	49	(842)	607	19	(588)
Ysbyty Wrexham Maelor	825	25	(800)	528	0	(528)
North Wales Managed Services	701	263	(438)	481	158	(323)
Womens Services	248	204	(44)	170	156	(14)
Secondary Care Divisional						
Secondary Care	3,480	893	(2,587)	2,340	594	(1,746)
Area - West	662	370	(292)	452	308	(144)
Area - Centre	774	65	(709)	527	65	(462)
Area - East	945	726	(219)	648	97	(551)
Area - Other	48	48	0	35	29	(6)
Area Teams	2,429	1,209	(1,220)			(1,163)
MHLD	0	0	0			
Corporate	327	71	(256)	164	42	(122)
Divisional Total	6,236	2,173	(4,063)	4,166	1,135	(3,031)
Total BCNUHB Savings	6,236	2,173	(4,063)	4,166	1,135	(3,031)

As noted above, the Turnaround savings requirement for Mental Health has not been reflected in the budget position as yet and therefore is not reported in this table. This savings requirement is £804k and will therefore be a further full year shortfall in addition to that shown above. As may be seen from the table above, there is a year to date shortfall of £3m (£2.4m at month 9) on this component of savings, which is 94% of the overall savings under-performance year to date.

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

Across the acute sector challenges in delivering savings remain.

- Ysbyty Gwynedd is reporting a decrease in forecast full year savings of £150k over the month 9 position. Year to date savings are £888k below profile, with £293k of this relating to underachievement of the additional Turnaround savings. Significant movements in month include a reduction in forecast savings on drugs of £60k along with a reduction in agency medical savings forecast of £65k.
- Ysbyty Glan Clwyd is reporting an increase in forecast full year savings of £68k over the month 9 position. Year to date savings are £198k below profile, with a £588k underachievement of the additional Turnaround savings driving this position. Increased forecast savings of £95k for agency medical staff are the most significant movement in to forecast.
- Ysbyty Wrexham Maelor is reporting a decrease in forecast full year savings of £10k over the month 9 position. Year to date savings are £765k below profile, with £528k of this relating to underachievement of the additional Turnaround savings. Forecast drug savings have shown an increase of £17k, however these are largely offset by a reduction in forecast medical agency savings.
- North Wales Provider services are reporting a decrease in forecast full year savings of £100k over the month 9 position. Year to date savings are £304k below profile, with a £323k underachievement of turnaround savings driving this position. The reduction in forecast savings is principally due to a reduction in expected savings from the medical staffing review of £50k and a reduction in forecast for non medical agency savings of £20k.
- Womens Services are reporting an increase in forecast full year savings of £176k over the month 9 position. Year to date savings are £226k below profile, with £14k of this relating to underachievement of the additional Turnaround savings. Significant increases in forecast savings arise from medical agency (£73k), pay savings (£54k) and medical training (£45k).

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

- West Area Team is reporting a reduction in forecast full year savings of £111k over the month 9 position. Year to date savings are £807k above profile, with £144k underachievement of the additional Turnaround savings. The Area has delivered £276k of turnaround savings to date against a target of £347k. The

most significant movement in month is a reduction in forecast drug savings of £86k.

- The Central Area Team is reporting an increase in forecast full year savings of £193k over the month 9 position. Year to date savings are £433k above profile, with £462k underachievement of the additional Turnaround savings. The most significant gain in savings in month is an increase in forecast of £164k for drugs, largely related to hospital specialties.
- The East Area Team is reporting a reduction in forecast full year savings of £104k compared to the month 9 position. Year to date savings are £152k below profile, with £551k underachievement of the additional Turnaround savings. The reduction in forecast relates to a reduced forecast in projected turnaround savings of £225k, arising across all areas, which indicates a reduction in performance against the previously submitted savings plan. Forecast drug savings have risen by £130k in month to partially offset these reductions.

Mental Health Division continues to face significant challenges in delivering its savings programme. Forecast full year savings have reduced by a further £323k in month 10. This reduction principally relates to a revision to the forecast savings related to CHC which have reduced by £520k, offset by an increase in forecast medical agency savings of £290k. The year to date position shows an underachievement of savings of £2.05m. This excludes any Turnaround savings requirement, which as referenced earlier, has not been applied to the Division's budget.

Escalation arrangements remain in place with Divisions to ensure that additional Turnaround savings are identified as well as addressing significant shortfalls in the original savings plan delivery. This takes the form of fortnightly meetings held by the Chief Executive with individual Divisions to review the actions they are taking and assess the anticipated impact of these actions. Additional savings identified at this stage of the year are limited, however during month 10 escalation with Central Area led to identification of further savings which have impacted in month and are expected to increase in months 11 and 12. To support the focus on savings delivery to year end additional financial controls have been introduced with a particular emphasis on non-pay expenditure, supported by procurement services.

Developing Savings Proposals for 2019/20

The Health Board timetable for the development of savings proposals for 2019/20 required submissions from Divisions by 31st January. The target issued for cash releasing savings was set at £34.5m and was allocated across service areas based upon benchmarking and cost information. The savings schemes received to date are shown below alongside the initial target.

Cash Releasing Savings 2019/20				
Savings Area		Target	Schemes	Variance
		Allocated	Received	
		£m	£m	£m
Divisional Budget Mgt (1%)	Pay	10.0	3.54	-6.46
	Non Pay	2.0	1.71	-0.29
Subtotal		12.0	5.25	-6.75
Contracts	Pay	0.0	0.00	0.00
	Non Pay	0.5	0.61	0.11
Medicines Management	Pay	0.0	0.00	0.00
	Non Pay	4.5	4.00	-0.50
Central Procurement	Pay	0.0	0.00	0.00
	Non Pay	4.0	2.95	-1.05
CHC General	Pay	0.0	0.00	0.00
	Non Pay	3.0	3.11	0.11
Mental Health	Pay	0.0	1.60	1.60
	Non Pay	2.0	0.10	-1.90
Workforce Optimisation	Pay	5.0	2.55	-2.45
	Non Pay	0.0	0.00	0.00
Community Services	Pay	2.0	0.24	-1.76
	Non Pay	0.0	0.06	0.06
Estates/Assets	Pay	0.0	0.00	0.00
	Non Pay	1.5	0.85	-0.65
TOTAL CASH RELEASING	Pay	17.0	7.9	-9.07
	Non Pay	17.5	13.4	-4.11
GRAND TOTAL		34.5	21.32	-13.18

Since issuing the target to Divisions, the Committee and the Board have considered a reduction of the cash releasing savings target to £25m for 2019/20, although this has not been confirmed. The requirement for Divisions has not been reduced to reflect this discussion, as there is a need to ensure that savings delivery is optimised and also to ensure some over-identification of savings to allow for the management of in year delivery risk. As can be seen from the information above savings identified to date amount to £21.3m leaving a shortfall of £13.2 against the original requirement.

There has been a variable response across the organisation in terms of meeting the savings targets set. Work is ongoing in Divisions to identify further savings opportunities and to build these into schemes. The Table below summarises the responses from Divisions and the variances against target –

Division	Target	Schemes	Variance
	Allocated	Received	
	£m	£m	£m
West	3.22	2.73	-0.49
Center	4.87	3.65	-1.22
East	4.85	3.03	-1.82
Area NW	0.32	0.32	0
YG	2.9	1.36	-1.54
YGC	3.76	1.37	-2.39
YMW	2.6	1.17	-1.43
NW Provider	2.59	0.73	-1.86
Womens	1.05	0.47	-0.58
Mental Health and LD	3.57	3.57	0
Corporate	4.27	0.85	-3.42
Contracts	0.5	0.48	-0.02
Central procurement	0	1.59	1.59
GRAND TOTAL	34.5	21.32	-13.18

Note - The central procurement savings in the table are yet to be analysed across the operating Divisions and therefore are shown as a gross sum.

As part of the validation of savings proposals each scheme is currently being risk assessed through the Programme Management Office to ensure that it is robust and has sufficient detail to give assurance as to deliverability. Alongside this, both the quality and equality impacts of proposals are being assessed to ensure that they do not lead to unintended adverse consequences. These assessments will drive further work to ensure that there are no red risk schemes within the savings plan. This reflects the revised Welsh Government risk assessment framework for savings schemes.

Scheme updates are expected by 1st March reflecting the work that is currently ongoing.

In addition to the savings schemes being driven within individual Divisions there are a number of wider programmes under development which have been identified through the Executive Management Group. These include –

- Unscheduled care savings linked to the benefits realised from investing in Community resource teams
- Clinical pathway reviews for chronic conditions management
- Commissioning arrangements for CHC
- Corporate support functions; patient contact centres
- Agile working approaches
- Estate rationalisation
- Medicines supply

- Digital dictation and speech recognition
- Repatriation of services – mental health

Some of the above have potential to add to in year savings delivery for 2019/20, however some will take longer to develop and deliver, feeding into subsequent years plans.

Recommendations

That the Committee –

- Note the forecast position for Divisional savings schemes which currently stands at £38.9m, compared to £38.8m in month 9
- Note the additional savings which have been delivered against the turnaround targets and the remaining gap of £6.1m against the full £45m target.
- Note the key movements in delivery and savings forecast during the month
- Note the shortfall against turnaround savings targets which remains a key risk to delivery in 2018/19.
- Note the escalation activity which is ongoing to secure further in year savings including additional financial controls
- Note the ongoing development of savings schemes for 2019/20; the schemes identified to date and the further areas being explored.



26.2.19

**To improve health and provide
excellent care**

Report Title:	External Contracts Update – February 2019
Report Author:	Mrs Val Attwood, Associate Director of Contracting
Responsible Director:	Mr Russell Favager, Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to provide an update on the Contractual situation of external 'Health Care' contracts (excluding primary care contracts) each quarter. The previous report providing the Quarter 2, 18/19 performance, and was presented to the November Committee and this update is for Quarter 3 of 2018/19
Approval / Scrutiny Route Prior to Presentation:	The Executive Director of Finance has requested a quarterly update of performance to the Finance and Performance Committee. This paper has been approved for circulation by the Executive Director of Finance
Governance issues / risks:	<p>The Health Board is under scrutiny as a result of being in 'Special Measures', therefore, managing contractual relationships more closely is enabling the Health Board to reduce risk, monitor and increase quality, taking corrective action where required and closely monitor future costs, ensuring a cost effective approach to externally commissioned healthcare.</p> <p>The report focuses on the performance of main external healthcare contracts but also provides the F&PC with an overview of the contractual developments of other external healthcare contracts. It also highlights key activity undertaken towards formalising and standardising all patient care contracts across the Health Board.</p>
Financial Implications:	The financial position on external healthcare contracts to Month 9 is a £2.4m underspend against plan and this is anticipated to increase slightly to year end.
Recommendation:	The Committee are asked to note the financial position on the main external contracts at December 2018 and to note the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity

Health Board's Well-being Objectives (indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)		WFGA Sustainable Development Principle (Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)	
1.To improve physical, emotional and mental health and well-being for all	✓	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			
The report does not specifically address any of the special measures requirements however the effective management of healthcare contracts is an important element in building confidence in the Health Boards governance of externally commissioned services.			
Equality Impact Assessment			
There is no change of policy or funding in relation to this paper therefore no EqlA is required.			

Disclosure:

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

Board/Committee Coversheet v10.0



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External Contracts Update

February 2019

Russell Favager

Executive Director of Finance
Betsi Cadwaladr University Health Board

1. Purpose of the Report / Executive Summary

- 1.1 BCU commissions healthcare with a range of providers, via circa 530 contracts, to a value of approximately £346m. Since the establishment of the new Health Care Contracting Team (HCCT) in 2016/17, work has been ongoing to ensure that all commissioned healthcare is supported by robust contracts which protect both the Health Board (HB) and more importantly, the patient. This report provides a summary of activity by the HCCT and the headline successes and challenges in Quarter 3 of the 18/19 financial year.
- 1.2 Currently circa 91% of expenditure is covered by a formal contract, the remaining contracts are under development as part of a 3 year plan to ensure all commissioned healthcare is contracted effectively.
- 1.3 Performance of the main hospital contracts continues to be monitored via the Contracts Review and Governance Group (CRGG) and development activity is now underway on a specialty basis with local clinical teams to further refine cross border contracts and address issues when providers refuse to agree / sign off local cross border healthcare contracts.
- 1.4 There are a range of contract queries that have been raised with English Providers regarding performance against standards and these are being progressed, with corrective action taken where necessary. Additionally, one local provider has been put into 'Special Measures' by their regulator and on-going monitoring is in place.
- 1.5 The financial position for external Cross Border contracts at the end of Quarter 3 was an underperformance of £2.4m (including a local adjustment for the impact of HRG4+) which is largely the result of some non-recurrent adjustments in the Welsh Health Specialised Services Committee (WHSSC) contracts and some local contract adjustments following successful contract challenges. This underperformance is forecast to continue and slightly increase to year end.
- 1.6 There are some issues of note with the main external contracts with Countess of Chester Hospital in terms of media interest, and Shrewsbury and Telford Hospital due to action taken by Regulators. Additionally, there is increasing activity in a number of other external providers which is in part due to increasing numbers of major trauma patients which also includes an increase in semi specialist Neuro-rehabilitation which is required following an acquired brain injury.
- 1.7 The Health Board continues to engage fully in the WHSSC work and has been actively involved in the development of the new Integrated Medium Term Plan for 19/20. The HCCT are working with WHSSC to further refine contracts in 19/20 to better control cost for non-specialised activity but is also working collaboratively to jointly manage those contracts in North West England where the HB has significant levels of activity.
- 1.8 The Contracting team continue to influence a wide range of activity from the implementation of new local and national framework contracts to the publication of the new NHS Cross Border protocol.

2. Analysis of current contracts position

- 2.1 The current active Healthcare expenditure contracts can be analysed as follows:-

Table 1 – Analysis of contracts

Type of Care	Total	Anticipated Value £ '000
Ambulance / transport	5	4,892
Community Care	74	16,429
Diagnostic/testing	30	6,290
Domiciliary Care	60	10,718
General Healthcare	7	108
General support / signposting	29	857
Learning Disability	6	617
Mental Health	63	6,102
Nursing Home	148	46,063
Other	9	872
Product / Nursing Care	5	4,126
Residential Home	25	926
Secondary Care (Acute)	14	37,057
Secure Hospital / Wards	21	7,947
Specialist Hospital / unit	18	4,170
Tertiary (Specialist) Care	16	198,924
Grand Total	530	346,098

2.2 **Contract turnover** – As previously informed, contracting a new service is a complex task with a significant amount of time spent supporting the clinicians to develop often complex service and operational specifications, supporting the procurement process and negotiating / drafting the new contracts. This continual turnover of contracts is challenging given the capacity of the current team. In quarter 3, 24 new contracts have been developed, with 28 becoming inactive. Financial values for a number of the activity based contracts have been updated, as has the value of a number of fixed value contracts where these were previously not know and this together with the turnover of contracts, has resulted in a combined increase in the contractual value of circa £3m. As contract compliance is measured as a percentage of the overall financial value this has resulted in a 1% reduction from 92% to 91%.

2.3 The team continue to risk assess and scored all contracts to ensure contract stabilisation activity is focused on those contracts with a higher risk profile.

2.4 **Of the remaining value of 9% which is non-compliant:-**

- 4% relate to cross border NHS to NHS activity, of which a number of providers continue to refuse to sign new contracts as they struggle to provide reporting to Welsh standards (circa 10 providers) especially as the HB, is mostly less than 0.5% of their overall activity. Further work is underway with clinical teams to refine the local clinical / information requirements, however the introduction of the new standards in the Welsh Delivery Framework may further compound this issue and the details are currently being worked through with Providers. All NHS organisations who have refused to sign

Welsh contracts have standard NHS contracts with their local CCGs and delivery to all English national standards.

- 3% of these contracts are currently with the Providers for review / agreement. However, of these, 2.4% relate to Care Forum Wales (CFW) members who have been advised by their Trade Association not to sign the BCU contract. Regional work across Health and Local Authority is now at an advanced stage to resolve the issues and it is hoped that providers will sign these contracts in the near future.
- 1% relates to Local Authorities arrangements, which are particularly difficult to unpick due to the long historical basis of the agreements however the team continue to pursue resolution.

2.5 As previously reported, before any new contracts are put in place, Providers continue to be assessed against a number of due diligence requirements and once contracts are in place, are held to account for contractual performance both from a financial perspective and a quality perspective.

3. Key activity and benefits in Quarter 3

3.1 New Legislation – Regulation and Inspection of Social Care Act Wales (RISCA)

The HCCT continues to monitor the impact of the new RISCA regulations. As RISCA work through their evaluation of both nursing home and domiciliary care providers, there is a chance that an existing provider is not successful, therefore the team are working with the intent of enabling clinical teams to mobilise new contracts quickly in this circumstance.

3.2 **Communication with the homes** – This quarter's communication involved a move towards electronic quality assurance returns to streamline the workload in relation to data collection, and data sharing. The feedback from providers on the change of approach has been mixed but where providers have struggled, additional support has been provided.

3.3 **Broadcare (CHC database)** – The contracts team is exploring how it can contribute to the population of the Broadcare database. Broadcare is an IT system, which will support and improve transparency, governance and consistency of CHC related information and decisions. It is likely that the HCCT will create new providers when they are notified a contract is required. This should reduce the likelihood of patients being placed with a provider before the contract is in place.

3.4 **RTT / Waiting List** - The HCCT continue to support the commissioning of additional services externally in order for the HB to meet waiting list targets. This quarter the insourcing of Oral Maxillo-facial and Ophthalmology services have gone to procurement via the All Wales Framework through a mini competition process. These are both at evaluation stage.

3.4.1 The Contracting Finance team continue to support with the weekly transfer of patient details, and treatment tracking of the ongoing local Private Provider contract.

3.5 **Mergers and acquisitions** – A number of domiciliary care providers, some significant ones, have had takeovers or mergers in the quarter, which does raise concerns as to the viability of the smaller providers. The HCCT have supported the clinical team in the related governance of new / merged providers and supported contingency planning in advance to deal with any unintended consequences.

- 3.6 **'I Can'** – The HCCT have supported the set-up of the 'I Can' centres in the Acute hospitals, supporting the links to the CVC's, who are recruiting and mobilising a significant number of volunteers. To date approximately 87 patients have been seen under this initiative and an extension of the initiative may be supported with additional funding by WG

4. Quality Monitoring and contract compliance

4.1 Non Acute contracts

- 4.1.1 As the coverage of healthcare contracts has increased, many of the contracts are now moving to the monitoring and compliance stage, which by its nature is time consuming, and has reduced the time available to progress stabilisation of the remaining contracts.
- 4.1.2 The fragility of the nursing home market remains a significant challenge and monitoring / compliance activity in this area is undertaken in partnership with clinical and LA colleagues.
- 4.1.3 The quality and assurance returns from care homes are a key source of intelligence and continue to provide insight into market stability and trends for area quality monitoring groups, the combined RAG quality report and for individual issues. The underlying aim of this is to work is to support the home, and identify and address issues prior to the homes falling into the escalating concerns process, enabling quality improvement but also the opportunity for contingency plans to be developed.
- 4.1.4 In the quarter ending December 2018, 49 of the 69 North Wales nursing homes completed the return, giving a return rate of 71% which is a drop from previous quarter at 76%, It is anticipated that the introduction of the electronic return may have been a contributory factor, therefore, targeted work is ongoing to understand the reasons and encourage homes to engage with the process.
- 4.1.5 A graphical representation of the information relating to North Wales Homes is shown in Appendix 1. The information for October to December 2018 (returns only received in February) needs further scrutiny and discussion with the homes and the Practice Development Nurses as a number of areas are showing concerning trends. The bedstock of the homes also continues to increase, particularly in the West.
- 4.1.6 In this quarter, intelligence has also been collated for 18 out of area homes, which given the distance of some of those homes should be particularly useful for the ongoing quality monitoring discussions.
- 4.1.7 All information is made available to all CHC staff via the CHC Sharepoint site and can be reviewed by all nurse assessors prior to placing patients thereby supporting informed decision making with appropriate clinical judgement. Information is also shared with the relevant Area Directors, via the 'Area Quality Groups', for contingency planning in their local area.
- 4.1.8 10 homes and 3 domiciliary care providers have received a monitoring visit in this quarter, and feedback is in the process of being provided to those homes. Whilst some providers do accept these visits with caution, one home in particular found the feedback particularly useful and supportive, in terms of signposting to good practice and e-mailed to complement the team member involved in the visit.

4.1.9 A number of issues, which are not significant enough to be concerns at this point, have been picked up with some homes and the providers are working alongside the clinical and contracting team to resolve these issues before they escalate.

4.1.10 The team continue with weekly telephone contract monitoring of the RTT insourcing contracts after each weekend of service. The site clinical and operations managers are requested to bring feedback from the weekends service to the meeting, including details of issues, incidents, concerns and compliments, to allow improved patient service for the following weekend.

4.2 Acute contracts

4.2.1 Acute contract performance continues to be monitored monthly at the Contracts Review and Governance Group (CRGG). Updates on areas of concern identified in the last report are documented below:

November F&P documented queries

Provider	Contract Query / issue	Update Feb 19
Countess of Chester Hospital NHS FT	Action 1. A&E 4 Hour Target Action 2. Detail on the 2 serious incidents in August Action 3. VTE Risk assessment 94.8% in August Action 4. Pressure ulcers - high for a few months. Action 5. Maternity concerns on a number of indicators	Supporting information was provided for all queries Actions 1-3 have been closed due to a satisfactory response. Action 4 is subject to ongoing monthly review. Action 5 is subject to a formal performance management process
Midlands Partnership NHS Foundation Trust	Action 1. 19 serious incidents for August 18. Action 2. Duty of Candour has been increasing since March 18 How many are Welsh patients and reasons	Supporting information provided and both actions closed Action 1 - appropriate action had been taken Action 2 – levels now decreasing and in negotiation to identify Welsh patients
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Action 1. VTE risk assessment: 93.4% for August 18.	BCU specific report provided with improvement plan in place and being monitored internally - action now closed
Wirral Hospitals NHS Trust	Action 1. Cancer target between Aug 17 and Aug 18 has been consistently lower than the 95% target. Action 2. 16 Mixed sex accommodation breaches, how many relate to Welsh patients?	Supporting information provided: Cancer improvement plan in place and monitored via the Trust regulator. It was confirmed there were no Welsh patient breaches for mixed sex accommodation. Action 1 and 2 closed.
Shrewsbury & Telford Hospital NHS Trust	Action 1. 2 week & 62 day cancer waits are below target	Supporting information provided and discussed at contract management meetings. Ongoing

		monitoring of improvement plan agreed – Action 1 remains open
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4.2.2 Additional contract queries have been raised since the last report as follows:

Provider	Contract Query / issue	Update Feb 19
Wirral University Teaching Hospital	Action 1. Percentage of service users on incomplete RTT pathway waiting no more than 26 weeks is 78%. Action 2. Query 52 week waiters and ensure they have completed a harm review. Action 3. VTE figure appears low	Supporting information received. Action 1: Provider has an improvement trajectory in place and is being monitored by the Regulator Action 2: Provider confirmed improvement plan in place and harm reviews undertaken. Action 3: Provider confirmed 'deep dive' has been undertaken and improvement plan in place
University Hospital North Midlands	Action1. Query the falls figure which appears to be high	Supporting information received. Provider confirmed although number is high, as a percentage of bed days, this is in line with national averages. Action 1 now closed

4.2.3 As advised previously the Health Board continues to monitor maternity performance at Countess of Chester Hospital (COCH) closely and in line with the Performance Management process of the contract. A remedial action plan / monitoring process is in place led in conjunction with the HB Director for Midwifery and Women's Services and the Clinical Lead. A successful half day site visit was undertaken in December followed by a further performance management meeting at which additional remedial actions were agreed. A further meeting was scheduled for 15th February 2019.

4.2.4 The HCCT continue to meet monthly with Shrewsbury and Telford Hospital (SATH) in order to monitor performance and receive updates on their improvement plans. The HB Director for Midwifery and Womens services now also sits on the SATH Clinical Quality Review Meetings to receive updates on the maternity and neonatal investigations.

4.2.5 Ongoing performance management of Acute contracts is in place with scheduled meetings depending on the size and complexity of the contract.

5. Partnership Working

5.1 **Gwynedd Domiciliary Care** – Work is ongoing in supporting the partnership work with Gwynedd Local Authority to move towards an outcome based domiciliary care model for the Gwynedd area. This new model of care will be a test of the 'outcome based' approach and should enable efficiencies to be released. Close monitoring of the benefits realisation will be undertaken.

5.2 **Regional Domiciliary Framework** – The framework is now live and work is ongoing to ensure the HB only commissions via this compliant route. The HB does have a number of

existing care providers who either did not tender or incorrectly tendered and the framework will reopen for new Providers, with the 'meet the buyer' event scheduled late February 2019. The HCCT will support in the evaluation of these providers.

- 5.3 **Other strands of partnership working** - A number of other strands of work continue to support the Regional Commissioning Board work programme. The main themes are contributing towards the drafting of specifications for Care Homes in light of the new RISCA regulations, with joint presentation to the providers planned in late February 2019. The work of the Regional Commissioning Board feeds into both the Regional Partnership Board and the all Wales National Commissioning Board, at which the Health Board continues to be represented.

6. Quarter 3 – 18/19 Financial performance of the main external cross border contracts

6.1 Financial summary

- 6.1.1 As outlined, the HB holds contracts with a range of English NHS Trusts, Welsh Health Boards and Welsh Trusts, to deliver care and patient services on its behalf. Table 2 provides the position on the locally managed contracts based on activity to Month 9 (actual position for months 1-8 and forecast month for month 9) which shows an underspend of £2.4m to Month 9 (including local adjustments – see section 6.3.1). It should be noted that the BCU WHSSC in month position is reported locally to exactly match the WHSSC position reported nationally (see section 6.3.1).

Table 2 – Month 9 18/19 Cross border contract position

	17/18 Outturn	18/19 Budget / Plan	Forecast Outturn	Forecast Variance	Q3 Actual	Q3 Variance
	£'000	£'000	£'000	£'000	£'000	£'000
<u>Local English Contracts</u>						
Countess of Chester	20,800	21,000	21,100	100	15,800	0
Robert Jones & Agnes Hunt	12,800	13,200	13,200	0	9,900	0
Royal Liverpool & Broadgreen	4,900	4,900	4,800	(100)	3,600	(100)
Other (inc Shrewsbury, Aintree, Wirral, South Manchester etc)	11,300	11,200	11,700	500	8,800	500
Total English Contracts	49,800	50,300	50,800	500	38,100	400
Welsh Contracts	9,400	9,700	9,800	100	7,200	0
WHSSC	158,400	165,300	163,200	(2,100)	124,600	600
WHSSC Provider Contracts	(38,100)	(39,400)	(39,400)	0	29,500	0
BCU divisional recharges and miscellaneous adjustments inc HRG4+*	(6,500)	(6,000)	(6,800)	(800)	(7,400)	(2,900)
NCA's	3,000	3,800	4,300	500	3,200	500
Other Misc contracts	300	300	300	0	200	0
Outsourcing	3,500	2,900	2,900	0	2,900	0
Write backs	(1,900)	0	(1,300)	(1,300)	(1,000)	(1,000)
Total	179,800	186,900	183,800	(3,100)	197,300	(2,400)

* BCU divisional recharges / non recurrent adjustments - include a local in month adjustment to remove the

6.2 Issues of note for locally managed contracts

6.2.1 *Countess of Chester Hospital (COCH)*

6.2.1.1 The COCH contract is currently forecast to be slightly over plan at year end and this is in part due to slightly increased critical care and non-elective activity. However, it should be noted that the Provider has also implemented what the HB believe to be in year counting changes that would add a further £180k pressure and therefore as formal notice is required under the contract for this, the increase is being disputed and is not included in the forecast.

6.2.1.2 There continues to be media interest in the contractual and payment arrangements between the HB and COCH due to comments made in COCH Board meetings about delayed discharge of patients and a perceived gap in funding for Welsh patients. Therefore in January, both organisations attended an Executive to Executive meeting to facilitate a resolution. This has led to mutual understanding of the issues on both sides with some clear actions to address future relationships including the HB Director of Finance submitting a briefing to NHS England and Welsh Government on the issues of cross border activity and the funding flows from NHS England to local providers. It should be noted that delayed transfer of care predominantly relate to Local Authority delays but the HB continue to support joint dialogue and resolution.

6.2.1.3 Unfortunately, during the last quarter, the COCH has also temporarily closed a number of specialties to HB patients where they have particular capacity issues. The specialties are Rheumatology, Dermatology, Cardiology and Urology which are also challenged specialties for the HB; therefore, this has increased local referrals at a time when the HB is focussed on improving RTT waits. There is ongoing dialogue about the HB's status as a major commissioner (circa 20% of COCH) and the implications that closures have on local services but at the present time the specialties remain closed to new referrals until April at the earliest.

6.2.1.4 Additionally in relation to COCH, the police investigation into the neonatal deaths still continues with no update on progress at this point.

6.2.2 *Other contracts*

6.2.2.1 The majority of other cross border contracts remain broadly balanced but with pressures continuing in the Wirral (£110k) due to increased complex gynae referrals and South Manchester (£50k) due to increased urology referrals. Additionally, the HB are now also forecasting an overspend in the Aintree Hospital contract of £100k and University Hospital of North Midlands contract of £150k, largely due to increased numbers of major trauma cases.

6.2.2.2 Aintree is not the HB's contracted major trauma provider, however, unfortunately on occasions of bad weather, it is understood that the smaller Air Ambulance cannot land in North Midlands and therefore the HB have seen an increase of transfers into Aintree which is one of the centres for North West England. Additionally, at Aintree, there has also been more patients receiving high cost drugs for interstitial lung disease (ILD) than was forecast and as previously reported, once a patient is commenced on ILD drugs, they remain on them for life and therefore these are cumulative costs.

6.2.2.3 An emerging pressure for semi specialist Neuro-rehabilitation has also manifested over the previous 6 months which has escalated further in Q3 with a forecast overspend now anticipated of c£300k. Patients who receive an acquired brain injury as a result of major trauma require longer term rehab and with increasing major traumas, there is an increased requirement for rehab. For some highly specialised and complex trauma patients, WHSSC manage the initial 'Acute' phase of rehab (12 weeks) , but for some short term, lower acuity rehab and all longer term rehabilitation the HB must commission and fund these patients. These placements are currently managed via the IPFR process and can be high cost and very long term. Anecdotally, it is thought that as patients receive more prompt care in speciality centres via the EMRTS air ambulance transfer, there is a greater chance of patients surviving and therefore more patients require specialist rehabilitation. This will need to be factored in to future contract funding.

6.2.2.4 The potentially recurring increase in this expenditure is being managed in the short term via some non-recurrent benefits in the WHSSC contracts and a release of some local writebacks for costs that were anticipated but not incurred due to successful contract challenges.

6.2.3 *HRG4+*

6.2.3.1 There has been progress on the resolution of the financial impact associated with introduction of the new tariff (HRG4+) in England in relation to 2017/18 and 2018/19. Following discussion at government level involving the HB Executive Director of Finance and other Finance colleagues from across Wales, 2017/18 has been resolved and an offer to resolve the issue for 2018/19 has been made by Welsh Government and the outcome of further discussion with NHS England is awaited. Whilst it is anticipated this will manage expenditure in 2018/19, there is still no resolution to the residual financial issues that will manifest in future years, although a way forward for further discussions has been agreed.

6.2.3.2 Furthermore, as previously reported there are additional changes to the English tariff for 2019/20. . The tariff has now been published and the financial impact for the HB has been calculated as a 6-7% cost increase, over and above the impact of HRG4+. Therefore, due to the ongoing financial pressure this would give to Wales, negotiations are being held at Government level to agree a future approach and an update will be provided in a future paper.

6.2.4 *Cross border issues*

6.2.4.1 As previously reported, there is a clear 'Cross Border Protocol' (CBP) which governs the commissioning responsibility for patients that live along the border and it has recently been updated and re-published. Along the border, Welsh resident patients who are registered with English GP's are the commissioning and financial responsibility of the English Clinical Commissioning Group (CCG) in which the GP is located and vice versa for English resident patients registered in Wales.

6.2.4.2 However, over time, under the English system responsibility for commissioning services such as Health Visiting and Sexual Health has moved from NHS England (the CCGs) to the Local Authorities (LA) and a funding transfer has taken place. However, it appears that funding has been transferred for the 'resident' population rather than the 'registered' one and this has meant that the relevant English LA has refused to fund services for Welsh resident patients registered with English GP's, thereby meaning the Health Board has had to pick up the funding of services for these patients to ensure continuity of care.

6.2.4.3 This is not unique to BCUHB and affects other border Health Boards and therefore, as part of the discussions with NHS England over the tariff increases, these issues have been escalated for resolution.

6.2.5 Outsourcing / insourcing activity for Referral to Treatment (RTT) and Diagnostic targets

6.2.5.1 The HCCT has now completed the outsourcing of patients for RTT purposes in 2018/19 and has outsourced almost 1550 patients, to 9 different Providers, all of whom will receive their treatment before the end of March 2019. The additional external activity is forecast to cost approximately £5m and is being drawn from the indicative funding outlined from Welsh Government for RTT. The outsourcing process has involved the HCCT establishing the contracts, negotiating the levels of activity available, validating patient tracking lists provided by operational teams and transferring these and patient letters to the external providers; therefore, the RTT activity has been a significant pressure on the workload of the team.

6.2.5.2 Additionally the HCCT continues to co-ordinate activity related to mini competition procurement exercises for ophthalmology and oral maxillo-facial surgery in support of the Operational and clinical teams. These are due to be awarded imminently and new contracts will be established and monitored accordingly and it is anticipated that over the year, insourcing could deliver circa 1000 patient treatments.

6.3 Issues of note for the WHSCC position

6.3.1 The WHSSC position in Q3 as documented in Table 2, is an overspend of £600k and it should be noted that this is the actual position reported centrally by WHSSC and includes HRG4+ costs. However, as previously advised, a local adjustment is actioned monthly to remove the HRG4+ cost impact from the overall local contracts position, whilst there is no current resolution to the impact. Excluding the HRG4+ impact from the WHSSC year-end forecast and including the release of non recurrent reserves gives an anticipated £2.1m underspend at year end. However, despite this forecast favourable position it should be noted that there are emerging pressures within the specialist English contracts, an extract of which is documented in Table 3 below.

Table 3: Extract of WHSCC English contract positions for main BCUHB providers.

Extract of the significant WHSSC Variances	Annual Plan £'000	Q3 Cumulative Variance £'000	Reason
Alder Hey Children's NHS Foundation Trust	13,573	437	High Elective, Neonatal and HDU activity and an increase in Drug costs
Alder Hey Children's- Blood Factor Products	616	161	One patient with exceptionally high cost products to M6 has now been enrolled on a trial for 60 weeks, with a hope to eradicate the inhibitor. No further costs for this patient are anticipated in 18/19.
Liverpool Heart and Chest Hospital NHS Foundation Trust	14,516	1,345	Activity levels in Cardiac surgery are lower than in previous year but the cost of procedures @ HRG4+ are significantly higher than previously,

			therefore, the price of the activity is driving the overspend.
Salford Royal NHS Foundation Trust	1,409	428	High activity levels for Bariatric surgery and High cost immunoglobulin drugs are the cause of increased costs.
Walton Centre NHS Foundation Trust	15,968	1,256	There has been an increase in Non-elective Neurosurgery, including Critical care. Additionally there has been increased activity in both level 1 & 2 rehabilitation activity when compared to previous years
Total variance from WHSSC contract plan *		*3,627	

*before removal of HRG4+ impact and mitigation from other non-recurrent financial benefit

6.3.2 The HCCT has continued to engage with the WHSSC management team to address areas of over performance. There have been a number of Provider specific meetings which they have participated in and there are plans in place to further refine specialised contracts in 2019/20 to split out the non-specialist element from WHSSC contracts which will allow greater scrutiny of routine elective activity at HB level. The HB will then implement the cross border guidance which requires English providers of elective care to have 'prior approval'. Any invoices for activity that do not have prior approval will be rejected.

6.3.3 The WHSSC Integrated Medium Term Plan (IMTP) for 2019/20 has now been agreed at the Joint Executive Committee and has been submitted to Welsh Government for approval. The new investments have gone through a formal 'prioritisation process' and only the top scoring schemes have been considered for funding in 2019/20. The implementation of the plan will include schemes that directly relate to the HB, including investments in PET CT scanning, Genomics services and expansion of Thrombectomy amongst others. The new services funded will bring the Welsh Health system more in line with the English specialised services commissioning standards.

6.4 Summary position on contractual financial pressures

6.4.1 The current financial position for external contracts is an underspend in Quarter 3 (with the impact of HRG4+ removed), and is forecast to remain in an underspend position subject to any material shifts in WHSSC or local activity.

6.4.2 The HB senior team continue to work closely with WHSSC to address financial pressures.

7. Income Contracts

7.1.1 As previously reported, the main focus continues to be on agreeing the English Commissioner contracts for West Cheshire and Shropshire CCGs following the HB's proposed revision of their tariff for 18/19. Both continue to dispute the uplift in costs and alternative 'settlement' offers have been made to both organisations but despite this and Executive to Executive level discussion with Shropshire, as yet formal agreement has not been reached.

7.1.2 Both organisations have been advised that if agreement is not reached by the end of February, the HB will proceed with an arbitration process and will escalate the issue to NHS England for resolution. Whilst the lack of agreement constitutes a risk to income for 2018/19, both organisations have again been given notice of further changes for 2019/20.

8. Recommendation

8.1 The HCCT continues to influence a broad and expanding spectrum of healthcare contracting issues across the Health Board and continues to make progress on stabilising the traditional contractual arrangements. Current performance on a range of issues has been outlined within this paper.

8.2 The F&PC are asked to:

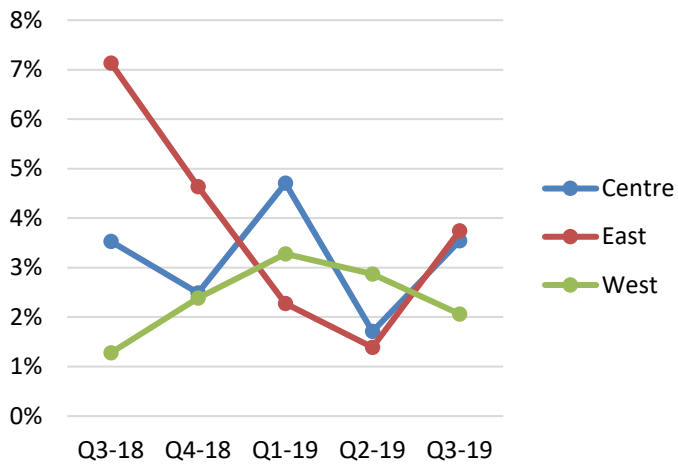
- note the financial position on the main external contracts at December 2018 and to;
- note the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity.

Valerie Attwood
Associate Director of Contracting
14/02/19

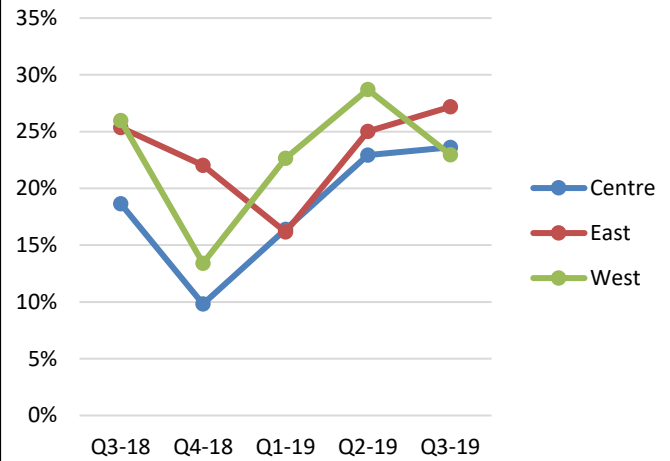
Appendix 1

Self-Declaration of Quality Assurance Indicators by Area - Nursing Homes – North Wales

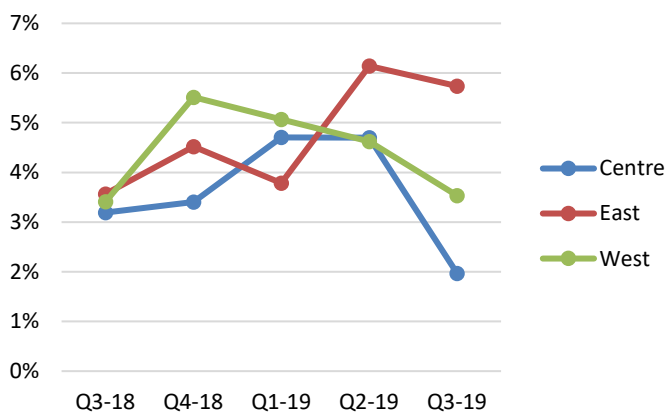
Sum of All POVAS as a % of beds



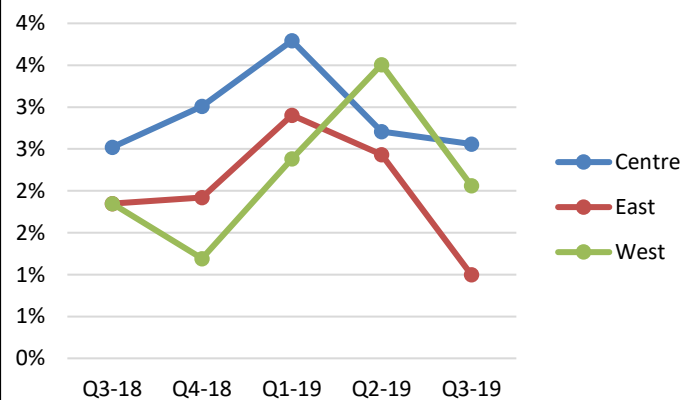
Sum of All Falls as a % of beds



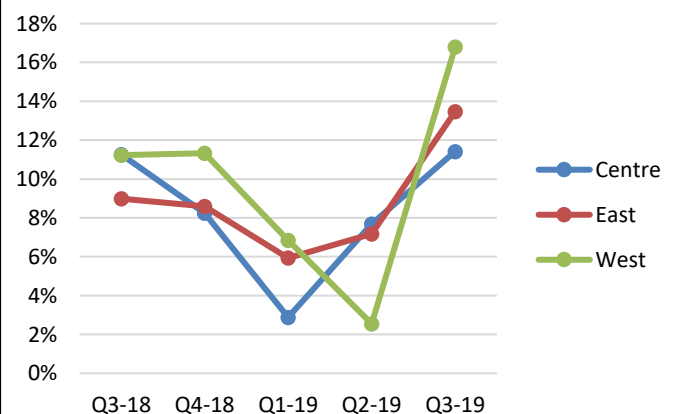
Sum of All Pressure Ulcers as a % of beds



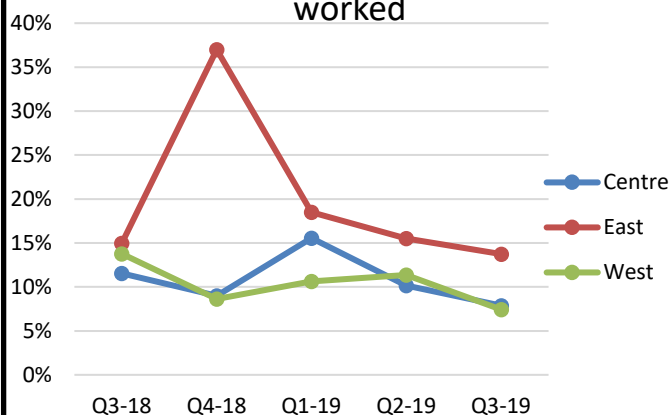
Sum of All Complaints as a % of beds



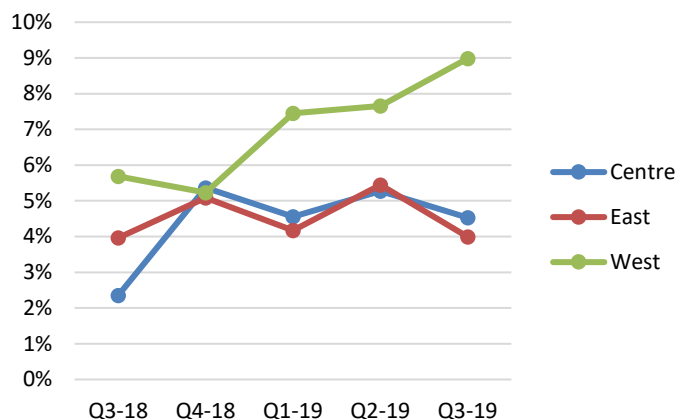
Sum of no of compliments received as a % of beds



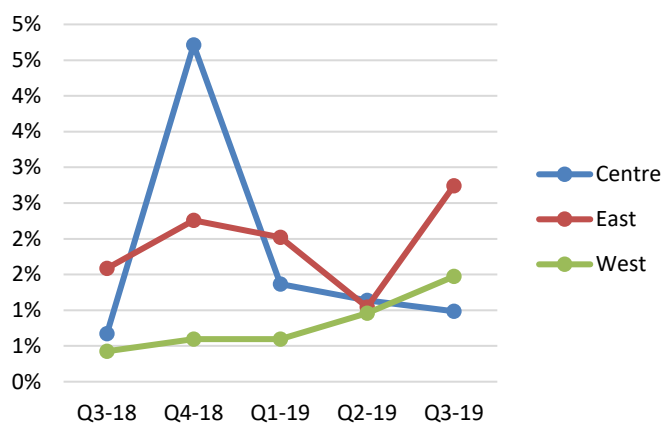
Average of RGN/RMN agency shifts worked as a % of total shifts worked



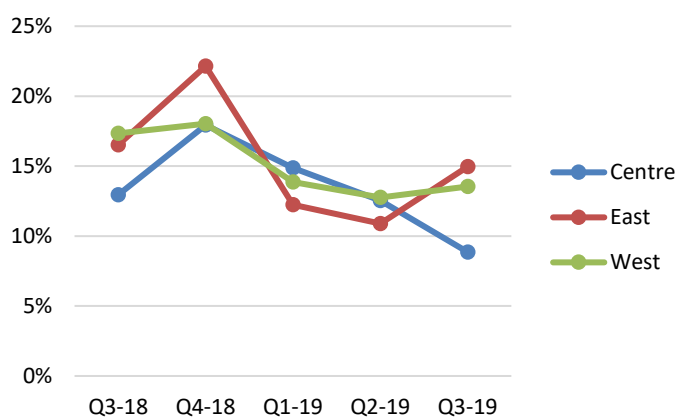
How many patients have a MUST score which has deteriorated in Quarter as a % of beds



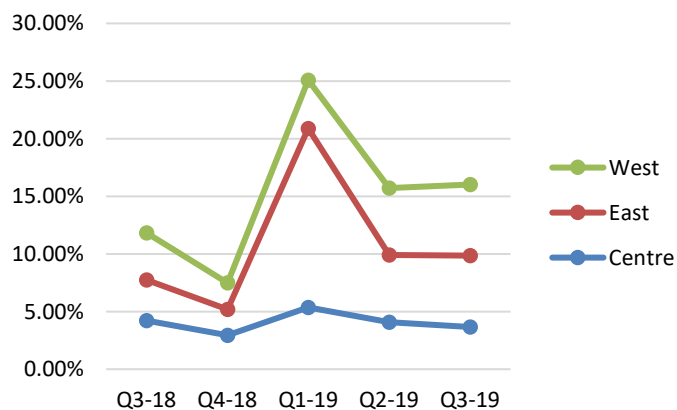
Number of medication incidents/errors that have been identified as a % of beds



Sum of All Submissions to CSSIW as a % of beds



Average of Care Assistant HCA/HCSW agency shifts worked



**Finance and
Performance
Committee**

26th February 2019



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Report Title:	Capital Programme Report Month 10
Report Author:	Neil Bradshaw – Assistant Director of Planning – Capital Denise Roberts – Financial Accountant Tax & Capital
Responsible Director:	Mark Wilkinson, Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to brief the Finance and Performance committee on the delivery of the approved capital programme and progress on expenditure against the Capital Resource Limit.
Approval / Scrutiny Route Prior to Presentation:	Progress and expenditure on capital schemes is scrutinised by the Capital Programme Management Team.
Governance issues / risks:	This is a standing report to the committee as required by the Health Board's capital governance procedures.
Financial Implications:	This report confirms the total funding available for 2018/19 and the revised expenditure profile for each project.
Recommendation:	The Committee is asked to receive and scrutinise the contents of this report.

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

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

Disclosure:

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



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Betsi Cadwaladr
University Health Board

Capital Programme Report Month 10 January 2019

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

Betsi Cadwaladr University Health Board

Table of Contents

1	Introduction
1.1	Purpose of the Report
1.2	Capital Programme 2018/19
2	Capital Programme
2.1	Introduction
2.2	All Wales Schemes
2.3	Discretionary Capital Programme
2.4	Alternative Funding
3	Finance Report
3.1	Overview
3.2	Capital Resource Limit
3.3	Expenditure and Forecasts at month 10
3.4	YGC Redevelopment Scheme.
4	Conclusion and Recommendations
4.1	Conclusion
4.2	Recommendations

Appendix

1	Summary of Expenditure Against Resource Limit Approvals
2	WPAS Report
	Ysbyty Glan Clwyd report
	Ysbyty Gwynedd Emergency Department report
3	Discretionary capital programme monitoring report

1.1 Purpose of Report

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

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

1.2 Capital Funding 2018/19

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

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

The CRL for Month 10, £47.996m, is unchanged from Month 9.

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

2.1 INTRODUCTION

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

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

2.2 ALL WALES PROGRAMME

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

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

WPAS

A separate report has been provided at Appendix 2.

Ysbyty Glan Clwyd redevelopment

A separate report has been provided at Appendix 2.

Ysbyty Gwynedd Emergency Department

A separate report has been provided at Appendix 2.

2.3 DISCRETIONARY CAPITAL PROGRAMME

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

1. The provision of endoscopy services at Wrexham Maelor hospital is currently subject to review. This review has negated the previous requirement to relocate equipment and the corresponding saving, together with savings on other elements of the Area programme, have allowed additional investment in further environmental improvements at the Hergest unit.
2. The Informatics programme has been managed to address additional cost pressures through corresponding slippage and procurement savings. In particular this has enabled additional investment in enhanced safe end encryption, network storage infrastructure, perimeter security, servers and vc equipment to support cost savings.
3. A detailed review of the Operational Estates programme has identified further slippage in the procurement of a number of schemes. The programme had been overcommitted to allow for slippage and the Capital Programme Management Team are confident that this will not have an adverse impact on delivering the CRL.

Additional Discretionary Allocation

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

Scheme	£(million) Approved	£(million) Forecast	Comment
Medical Devices	1.552	1.552	Included in discretionary monitoring report
Informatics – Telepath replacement hardware and software upgrades	0.486	0.486	Following review the scheme has progressed.
Informatics – Network perimeter security (NGFW)	0.144	0.144	Included in discretionary monitoring report
Roll out of Omnicell to YG and WMH (software and supporting hardware)	1.254	1.608	Scheme has progressed and orders have been placed.
Purchase Neopost	0.384		Complete
Capitalisation of allowable revenue costs	0.588		
Informatics - Therapy Manager	0.150		Included in discretionary monitoring report

The Welsh Government has offered the Health Board a further £800k of discretionary capital funding. This will be utilised to purchase replacement portable imaging equipment, including dental, and upgrades to plain x-ray imaging.

Safe Clean Care Programme

The Safe Clean Programme is expected to run for a number of years in support of the environmental works required to improve infection prevention. The scope of the programme is evolving and the implementation of the works is required to be sensitive to the operational needs of the clinical units. The works are generally simple in nature but the flexibility required to meet operational needs and the evolving scope create a potential risk to the Health Board.

In partnership with NWSSP Procurement Services the Health Board has successfully procured a contractor for the West area on a “measured term” basis. The contractor was procured through a competitive process based upon the individual prices to undertake a schedule of agreed works together with their associated overheads and profit. This allows for the volume of works to be amended according to the requirements of the programme and for the timing of the works to suit the operational needs of the clinical units without the risk of a cost premium to the Health Board. It is intended that this procurement strategy will be adopted for the Centre and East areas.

2.4 ALTERNATIVE FUNDING

2.4.1 Estates Rationalisation/Disposal Programme

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

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

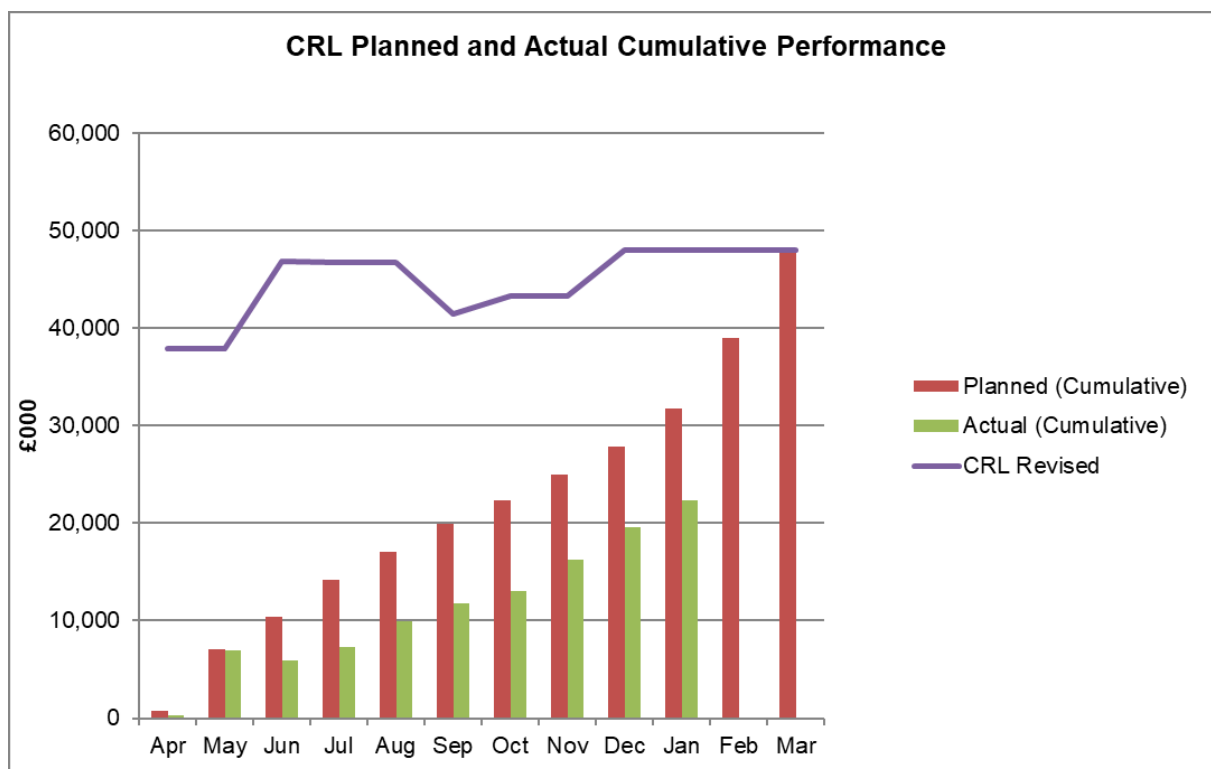
3.1 FINANCE OVERVIEW

The capital expenditure in Month 10 reflects a net spend of £2.7m.

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

3.2 Capital Resource Limit

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



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

	CRL 2018/19 £'000	2018/19 Expenditure M10 £'000	2018/19 Forecast Out- turn £'000	Variance £'000
All Wales Schemes				
Capital Projects Approved Funding				
Ysbyty Glan Clwyd Redevelopment	8,592	4,544	4,934	(3,658)
Ysbyty Glan Clwyd Redevelopment - Brokerage	4,500	0	4,500	0
SuRNICC	1,285	2,379	2,791	1,506
PAS System	409	99	183	(226)
The Elms	1,616	617	1,714	98
YGC Hybrid Theatre	2,260	371	2,260	0
Ysbyty Gwynedd Emergency Dept	7,141	4,708	6,091	(1,050)
Central Denbighshire Ruthin - Primary Care Fees	141	15	141	0
Substance Misuse - Holyhead, Anglesey	387	100	200	(187)
Substance Misuse - Shotton, Flintshire	100	10	100	0
Acceleration and implementation of national clinical systems & WiFi Infrastructure	190	0	190	0
MRI Scanner at YGC	2,311	66	2,111	(200)
Digital Cellular Pathology	55	0	55	0
IM & T Discretionary	1,732	0	1,732	0
Sub-total	30,719	12,909	27,002	(3,717)
All Wales CRL Total	30,719			
Discretionary Schemes				
IM&T	2,642	899	2,642	0
Med Devices	4,151	1,670	5,166	1,015
Estates	10,454	6,828	13,156	2,702
Discretionary CRL Total	17,247	9,397	20,964	3,717
TOTAL CRL ALLOCATION 2018/19	47,966			
Development Fund/ Capital Receipts	374	0	374	0
Donated	1,266	860	1,266	0
Grant monies	0	0	0	0
	1,640	860	1,640	0
Grand Total	49,606	23,166	49,606	0

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

3.3 Expenditure and Forecasts at Month 10

The expenditure reflected in the Month 10 position includes estimates based on the forecast profile of project valuations for January 2019. This is supported by the expenditure profile statements produced by the project managers and cost advisors for each of the All Wales Schemes.

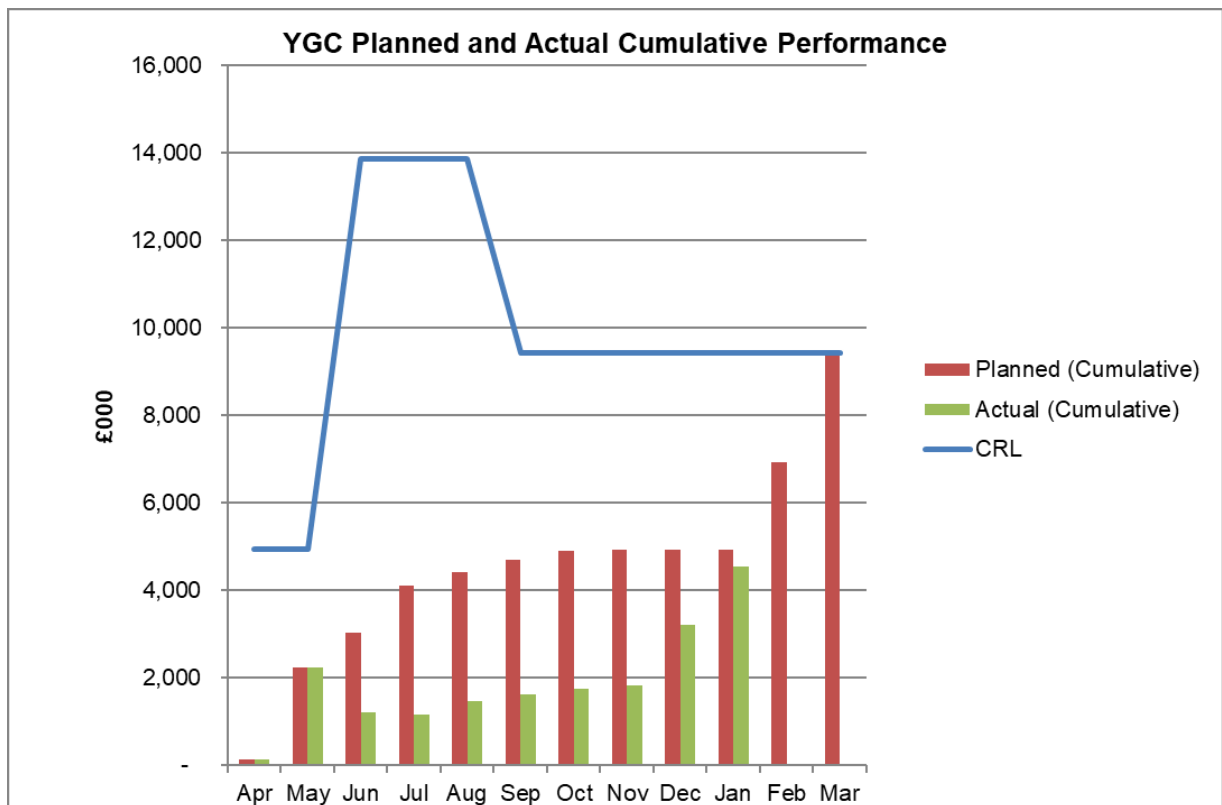
The table identifies slippage within the All Wales Schemes programme due: a reduction in the planned expenditure on WPAS in 2018/19 (as separate report); the previously reported delays to the Ysbyty Gwynedd Emergency Department; and savings on the purchase of the property to support the Holyhead Substance Misuse base. This slippage will be managed by bringing forward further medical device purchases from the planned priorities for 2019/20.

The capital expenditure table for Month 10 reflects the current CRL resource agreed with Welsh Government.

3.4 Ysbyty Glan Clwyd Redevelopment

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

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



4.1 Conclusions

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

4.2 Recommendations

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

Appendix 1 Summary of Expenditure against Resource Limit Approvals

Funding	Year-end target (£'000)	Year to date performance (£'000)	% Spend to date	Risk	Notes
All Wales	30,719	12,909	42%	Green	
Discretionary	17,247	9,397	54%	Green	
Subtotal CRL	47,966	22,306	47%	Green	
Capital Receipts	374	0	0%	Green	
Donated Capital	1,266	860	68%	Green	
Grant Capital	0	0	0%	Green	
Total capital resource available	49,606	23,166	47%	Green	

Welsh Patient Administration System (WPAS) and Welsh Emergency Department System (WEDS) – February 2019
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This report has been provided to the Finance and Performance Committee to deliver an additional update to members on the Welsh Patient Administration System (WPAS).

The focus of this report is on the financial impact of changes since the previous Committee report on this subject in September 2018.

As previously detailed the Welsh Government (WG) granted Capital funding for the provision of WPAS⁽¹⁾. Following the funding award, project timescales and project approaches for WPAS have been subject to amendment.

Timescales for the WPAS project and phases remain largely unchanged since the previous report (Phase 2 WPAS East is now scheduled for implementation week commencing 4th March 2019). Project finances which are monitored closely as part of the Programme Board have been subject to change.

- In September 2018 the Welsh Government Capital requirement for WPAS was reduced to £409,190. The CRL was fixed with an undertaking that we would reach full out turn within 2018/19.
- In September 2018, the project forecasted a budget shortfall of £475k. As outlined within the original paper this required funding allocations from Discretionary Capital in 2019/20 (Circa £19k) and 2020/21 (circa £456k).

As at end January 2019

- The programme is predicted to underspend against the 2019/20 WG CRL allocation. This money cannot be returned to WG and is required to complete future phases of the project.
- 2018/19 predicted underspend is £225k.
The underspend is attributable to a variety of reasons. The primary ones are an inability to recruit some posts e.g. IT trainers. Timescales for recruitment. Posts not being utilised, which were subject to “provision” e.g. a temporary project manager for Phase 2 and operational support.

The underspend will be managed by bringing forward discretionary purchase of additional hardware from 2019/20 and increasing the discretionary support to the project by a corresponding amount in 2019/20.

4. Recommendations

It is recommended that the Committee scrutinise this report and it is requested that they provide approval for the suggested course of action.

References

1	Welsh Patient Administration System (WPAS) and Welsh Emergency Department System (WEDS) – September 2018
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Ysbyty Glan Clwyd Redevelopment report – January 2019

1. Purpose of report

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

2. Introduction

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

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

3. Summary of performance

Programme

Progress remains consistent with last months report. During the period the new servery, dining room, League of Friends shop & tea bar and public toilets were handed over. The remaining works, being the staff change, final office phase and main core staircase, are on programme to complete by the end of February.

Cost

The assessment of the estimated “cost to complete” continues to indicate an expected outturn cost of £172million.

4. Recommendations

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

Ysbyty Gwynedd Emergency Department report – January 2019

1. Purpose of report

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

2. Introduction

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

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

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

3. Summary of performance

Programme

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

Phases 2 was handed over 10th January 2019 with decant completed 25th January 2019. Phase 3 was taken by Interserve on the 4th February 2019 following the asbestos removal works.

To contractual completion date has not changed since the previous report and remains as August 2019.

Cost

Potential further costs have been identified due to delays and variations, the commercial review of these items is ongoing and the outcome of this review will be reported to the March meeting of the F+P committee. The Project Team continue to critically review the projected out turn costs and consider any options for further value engineering, and options to improve the programme. The SCP has indicated that there is likely to be a gainshare.

4. Recommendations

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

TODAY'S DATE:

[illegible]

TODAY'S DATE: _____

Betsi Cadwaladr University Health Board DISCRETIONARY CAPITAL PROGRAMME 2018/19 - CONTROL PLAN (From: April 2018)													2018/19											
													Q1			Q2			Q3			Q4		
													30 April 2018	31 May 2018	30 June 2018	31 July 2018	31 August 2018	30 September 2018	31 October 2018	30 November 2018	31 December 2018	31 January 2019	28 February 2019	31 March 2019
Scheme	RAG Rating					Code	Budget			Scheme Duration		Programme												
	Q	T		R	B		Approved Budget £	Estimated Outturn £	Variance £	Start Date	End Date	S = Project Start D = Design P = Procurement I = Implementation C = Project Close												
												Planned/Actual Prog												
Dental Chair-Buckley	G	G	G	G	G	1J82	10,000	10,320	-320	01/04/18	31/10/18	Planned	S	P	P	P	P	P	C					
												ACTUAL	G	G	G	G	A	A	G					
Bath-Bersham Ward Wrexham Maelor	G	G	G	G	G	1J8K	10,000	9,594	406	01/04/18	30/06/18	Planned	S	P	C									
												ACTUAL	G	G	G									
Gastrosopes and stack-Endoscopy Wrexham	G	G	G	G	G	1J90	263,000	230,376	32,624	01/04/18	31/12/18	Planned	S	D	D	D	P	P	P	I	C			
												ACTUAL	G	G	G	G	G	G	G	G	G			
Fibreoptic Endoscope-Speech Therapy Wrexham Maelor	G	G	G	G	G	1J91	33,810	32,825	985	01/04/18	31/12/18	Planned	S	D	D	D	P	P	I	I	C			
												ACTUAL	G	G	G	G	G	G	G	G	G			
Ultrasound-Radiology Chirk	G	G	G	G	G	1J92	120,000	80,000	40,000	01/04/18	31/10/18	Planned	S	D	D	D	P	I	C					
												ACTUAL	G	G	G	G	G	G	G					
Transnasal Oesophagoscope-ENT Wrexham Maelor	G	G	G	G	G	1J93	23,750	22,072	1,678	01/04/18	31/12/18	Planned		S	D	D	P	P	I	I	C			
												ACTUAL		G	G	G	A	A	G	G	G			
VNG Balance Equipment-Audiology Wrexham Maelor	G	G	A	G	G	1J94	12,000	19,799	-7,799	01/04/18	31/01/19	Planned	S	D	P	P	I	I	I	I	C			
												ACTUAL	G	G	G	G	G	G	A	A	A			
Operating Table- Theatre A Wrexham Maelor	G	G	G	G	G	1J95	53,450	47,591	5,859	01/04/18	31/08/18	Planned		S	P	I	C							
												ACTUAL		G	G	G	G							
Transport Ventilator-Childrens Ward Wrexham Maelor	G	G	A	G	G	1J96	20,160	21,000	-840	01/09/18	31/01/19	Planned						S	P	P	I	C		
												ACTUAL						G	G	G	G			
6 Ventilators-ITU Wrexham Maelor	G	G	G	G	G	1J97	166,836	166,836	0	01/01/19	31/03/19	Planned									S	P	C	
												ACTUAL									G			
2 Ultrasound Probes-Radiology Wrexham Maelor	G	G	G	G	G	1J98	18,065	18,065	0	01/01/19	31/03/19	Planned									S	P	C	
												ACTUAL									G			
Patient Monitors-MAU, ED & ACU Wrexham Maelor	G	G	G	G	G	1J99	353,076	353,076	0	01/01/19	31/03/19	Planned									S	P	C	
												ACTUAL									G			
Phototherapy Unit-Dermatology Llandudno Hospital	G	G	G	G	G	1K90	29,205	29,700	-495	01/04/18	31/01/19	Planned		S	D	P	P	P	I	I	C			
												ACTUAL		G	G	G	G	G	G	G	A			
Phototherapy Unit-Dermatology Ysbyty Penrhos Stanley	G	G	G	G	G	1K91	29,205	30,250	-1,045	01/04/18	31/01/19	Planned		S	D	P	P	P	I	I	C			
												ACTUAL		G	G	G	G	G	G	G	A			
Thoracoscopy Kit-Respiratory Ysbyty Gwynedd	G	G	A	G	G	1K92	16,037	24,463	-8,426	01/04/18	30/06/18	Planned		S	C									
												ACTUAL		G	G									
2 ECG Machines-Emergency Dept Ysbyty Gwynedd	G	G	A	A	G	1K93	15,000	15,773	-773	01/04/18	30/06/18	Planned	S	P	C									
												ACTUAL	G	G	G									
8 Orthopaedic Drills-Theatres Ysbyty Gwynedd	G	G	G	G	G	1K94	89,664	89,664	0	01/04/18	31/08/18	Planned	S	D	P	I	C							
												ACTUAL	G	G	G	G	G							
Echocardiography-Coronary Care Ysbyty Gwynedd	G	G	A	G	G	1K95	54,000	52,954	1,046	01/04/18	31/01/19	Planned	S	D	D	D	P	P	I	C				
												ACTUAL	G	G	G	G	G	G	A	A				
2 Cell Salvage Machines-Theatres Ysbyty Gwynedd	G	G	G	G	G	LOF		0	0			Planned												
												ACTUAL												

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2 Ventilators-Emergency Dept Wrexham Maelor	G	G	G	G	G	1J9	23,604	23,604	0	01/01/19	31/03/19	Planned																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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TODAY'S DATE: 21.01.19

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TODAY'S DATE:

Betsi Cadwaladr University Health Board Facilities Schemes DISCRETIONARY CAPITAL PROGRAMME 2018/19 - CONTROL PLAN (From: April 2018)													2018/19															
													Q1			Q2		Q3			Q4							
													30 April 2018	31 May 2018	30 June 2018	31 July 2018	31 August 2018	30 September 2018	31 October 2018	30 November 2018	31 December 2018	31 January 2019	28 February 2019	31 March 2019				
Scheme		RAG Rating					Budget			Scheme Duration		Programme																
		Q	T	C	R	B	Approved Budget £	Estimated Outturn £	Variance £	Start Date	End Date	S = Project Start D = Design P = Procurement I = Implementation C = Project Close																
Pan BCUHB	Code											Planned/Actual Prog																
Sandwich Display-Catering Wrexham Maelor	1F9E	G	G	A	G	G	5,940	6,258	-318	01/04/18	31/12/18	Planned						S	P	I	C							
												ACTUAL						G	G	G	G							
Cold Room-Catering Mold Hospital	1F9Q	G	G	G	G	G	11,994	11,994	0	01/04/18	28/02/18	Planned						S	P	I	I	I	C					
												ACTUAL						G	G	G	G	A	A					
Walk in Freezer & Cold Room-Catering Chirk	1F9R	G	G	G	G	G	19,700	19,700	0	01/04/18	28/02/18	Planned						S	P	I	I	I	C					
												ACTUAL						G	G	G	G	A	A					
Dishwasher-Catering Mold Hospital	1F9T	G	G	G	G	G	5,330	5,330	0	01/04/18	31/01/19	Planned						S	P	I	I	I	C					
												ACTUAL						G	G	G	G	A	A					
Dishwasher-Catering Deeside Hospital	1F9U	G	G	G	G	G	5,330	5,330	0	01/04/18	31/01/19	Planned						S	P	I	I	I	C					
												ACTUAL						G	G	G	G	G						
Oven-Catering Mold Hospital	1F9V	G	G	G	G	G	9,628	10,555	-927	01/04/18	31/01/19	Planned							S	P	I	I	C					
												ACTUAL						G	G	G	G	G						
Oven-Catering Holywell Hospital	1F9W	G	G	G	G	G	9,628	10,555	-927	01/04/18	31/01/19	Planned							S	P	I	C						
												ACTUAL						G	G	G	G							
Oven-Catering Wrexham Maelor Hospital	1F9X	G	G	G	G	G	9,628	10,555	-927	01/04/18	31/01/19	Planned							S	P	I	C						
												ACTUAL						G	G	G	G							
Catering Trailer-Portering Ysbyty Gwynedd	1G9Z	G	G	G	G	G	6,240	6,240	0	01/04/18	30/09/18	Planned				S	P	I	C									
												ACTUAL				G	G	G	G									
Food Delivery Trolley-Catering Ysbyty Gwynedd	1G9A	G	G	G	G	G	10,800	7,971	2,829	01/04/18	31/01/19	Planned							S	P	I	I	C					
												ACTUAL						G	G	G	G	A	A					
Ovens-Catering Ysbyty Gwynedd	1G9B	G	G	G	G	G	43,200	41,133	2,067	01/04/18	31/01/19	Planned							S	P	I	C						
												ACTUAL						G	G	G	G							
Pressure Steamers-Catering Ysbyty Gwynedd	1G9B	G	G	G	G	G	36,000	28,230	7,770	01/04/18	31/01/19	Planned							S	P	I	C						
												ACTUAL						G	G	G	G							
Replace Flooring-Catering Ysbyty Gwynedd	1G9B	G	G	G	G	G	36,000	36,000	0	01/04/18	28/02/19	Planned						S	P	I	I	I	C					
												ACTUAL						G	G	G	G	G						
Furniture-Catering Ysbyty Gwynedd	1G9B	G	G	G	G	G	36,000	36,000	0	01/04/18	28/02/19	Planned						S	P	I	I	I	C					
												ACTUAL						G	G	G	G	G						
Replace Plastic Cladding-Catering Ysbyty Gwynedd	1G9B	G	G	G	G	G	60,000	60,000	0	01/04/18	28/02/19	Planned						S	P	I	I	I	C					
												ACTUAL						G	G	G	G	G						
Replace Servery-Catering Ysbyty Gwynedd	1G9B	G	G	G	G	G	120,000	120,000	0	01/04/18	15/03/19	Planned						S	P	I	I	I	I	C				
												ACTUAL						G	G	G	G	G	G					
Replace Dishwasher-Cancer Centre Glan Clwyd	1H9J	G	G	G	G	G	5,414	5,414	0	01/04/18	30/06/18	Planned		S	P	C												
												ACTUAL		G	G	G												
Food Delivery Trolleys-Llandudno Hospital	1H9Q	G	G	G	G	G	52,350	52,350	0	01/04/18	31/01/19	Planned						S	P	I	I	I	C					
												ACTUAL						G	G	G	G	A	A					
Walk in Freezer-Catering Llandudno	1H9R	G	G	G	G	G	18,000	10,480	7,520	01/04/18	28/02/18	Planned						S	P	I	I	I	C					
												ACTUAL						G	G	G	G	A	A					
Dishwasher-Catering Llandudno	1H9T	G	G	G	G	G	35,665	35,017	0	01/04/18	11/02/18	Planned						S	P	I	I	I	C					
												ACTUAL						G	G	G	G	A	A					
Oven-Catering Abergele Hospital	1H9U	G	G	G	G	G	9,628	9,640	-12	01/04/18	31/12/18	Planned						S	P	I	C							
												ACTUAL						G	G	G	G							
Oven-Catering Llandudno Hospital	1H9V	G	G	G	G	G	10,843	10,855	-12	01/04/18	31/12/18	Planned						S	P	I	C							
												ACTUAL						G	G	G	G							
Blast Chiller-Catering Ysbyty Gwynedd	1N94	G	G	G	G	G	7,800	7,542	258	01/04/18	31/01/19	Planned							S	P	I	C						
												ACTUAL						G	G	G	G							
2 Dishwashers-Catering Penrhos Stanley	1N95	G	G	A	G	G	12,000	12,817	-817	01/04/18	28/02/19	Planned						S	P	I	I	I	C					
												ACTUAL						G	G	G	G	A	A					
Dishwasher-Catering Eryri Hospital	1N96	G	G	A	G	G	8,400	9,454	-1,054	01/04/18	31/01/19	Planned						S	P	I	I	I	C					
												ACTUAL						G	G	G	G	A	A					
Dishwasher-Catering Bryn Y Neuadd	1N97	G	G	G	G	G	6,600	6,006	594	01/04/18	31/01/19	Planned						S	P	I	I	C						
												ACTUAL						G	G	G	G	G						
Panwash and Hooded Dishwasher-Catering Ysbyty Gwynedd	1N98	G	G	A	G	G	24,000	31,744	-7,744	01/04/18	31/01/19	Planned						S	P	I	I	C						

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TODAY'S DATE:

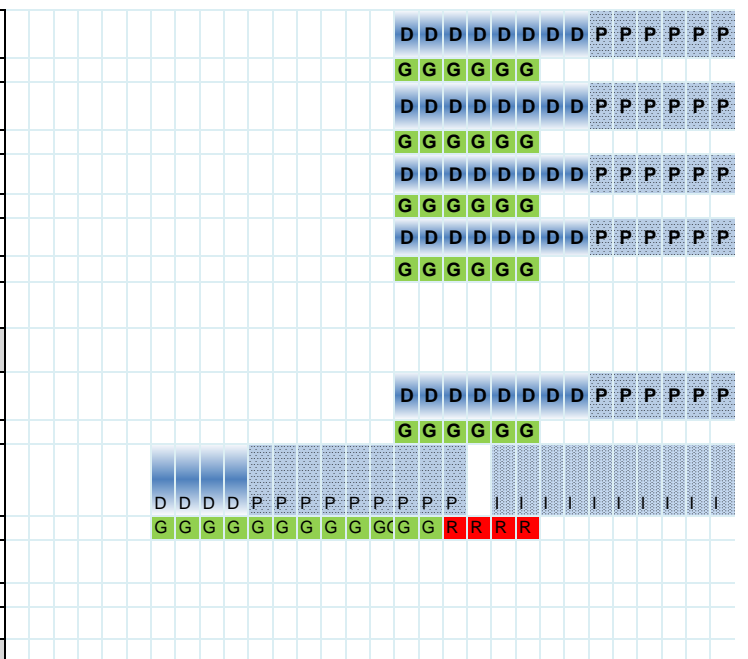
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TODAY'S DATE:

Betsi Cadwaladr University Health Board v Safe Clean Care Schemes DISCRETIONARY CAPITAL PROGRAMME 2018/19 - CONTROL PLAN (From: April 2018)												2018/19																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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RAG Status measured for:

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

Enter R, A or G

RAG Rating Definitions

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

For Planned Programme

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

For Actual Programme reporting

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

Use the DELETE key to clear entries.

Finance and Performance Committee	
26.2.19	
	 GIG CYMRU NHS WALES
	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
	<i>To improve health and provide excellent care</i>

Report Title:	Integrated Quality & Performance Report
Report Author:	Jill Newman, Director of Performance
Responsible Director:	Mark Wilkinson, Executive Director of Planning & Performance
Public or In Committee	<i>Public</i>
Purpose of Report:	This report provides the committee with a summary of key quality, performance, financial and workforce indicators.
Approval / Scrutiny Route Prior to Presentation:	This paper has been scrutinised and approved by the Director of Performance.
Governance issues / risks:	<p>Governance This report outlines the key performance and quality issues that are delegated to the Finance & Performance Committee.</p> <p>Timescale and compliance with submission of exception reports is being reviewed to ensure good governance and scrutiny can be achieved. A programme of training for exception report leads in 2019/20 will support this.</p> <p>Key Performance Indicators:</p> <p>The Summary of performance measures under the remit of this committee can be found in the Executive Summary and Graphic Summary Pages of the Integrated Quality & Performance Report (IQPR).</p> <p>Financial Balance, Unscheduled Care (USC) and Referral to Treatment (RTT) performance was moved to Welsh Government (WG) targeted intervention in August 2017. Subsequently in January 2018, the Cabinet Secretary confirmed that both Finance and Performance are areas being provided with additional support. WG have included these areas within the Special Measures Framework and therefore reporting of progress is included within this framework.</p> <p>The Financial Balance and Agency Spending is discussed in detail</p>

	in the Finance Report.
Financial Implications:	N/A
Recommendation:	The Finance & Performance Committee is asked to note the report and to assist in addressing the governance issues raised.

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

Disclosure:

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



January 2019

Cover Page	1	ED – Ambulance Handovers over 1 Hr	19
Table of Contents	2	ED – Ambulance Handovers over 1 Hr Graphs	20
About This Report	3	Stroke Care	21
Summary Dashboard	4	Stroke Care Graphs	22
Executive Summary	5	Delayed Transfers of Care	23
Chapter 1 – Summary Planned Care	6	Out of Hours	24
Referral to Treatment	7		
Cancer	8	Chapter 3 – Summary Finance & Workforce	25
Diagnostic Waits	9	Agency and Locum Spend	26
Follow- up Backlog	10	Financial Balance	27
DNA Rates	11	Sickness Absence	28
Activity v Plan	12	PADR	29
NHSE Contracted Activity	13	Mandatory Training	30
		Information Governance Training	31
Chapter 2 – Summary Unscheduled Care	14		
ED & MIU – Under 4 Hours	15	Chapter 4 – Summary Primary Care	32
ED & MIU – Under 4 Hours Graphs	16	Appendix A: Further Information	33
ED – Breaches over 12 Hours	17		
ED – Breaches over 12 Hours Graphs	18		

This **Integrated Quality & Performance Report** is intended to provide a clear view of current performance against **Performance Indicators** that are within the remit of responsibility for the Finance & Performance (F&P) Committee. This report should be used to inform decisions such as escalation and de-escalation of measures and areas of focus and as such the resulting Actions should be recorded and disseminated accordingly using the '**Outcomes & Actions**' sheet provided.

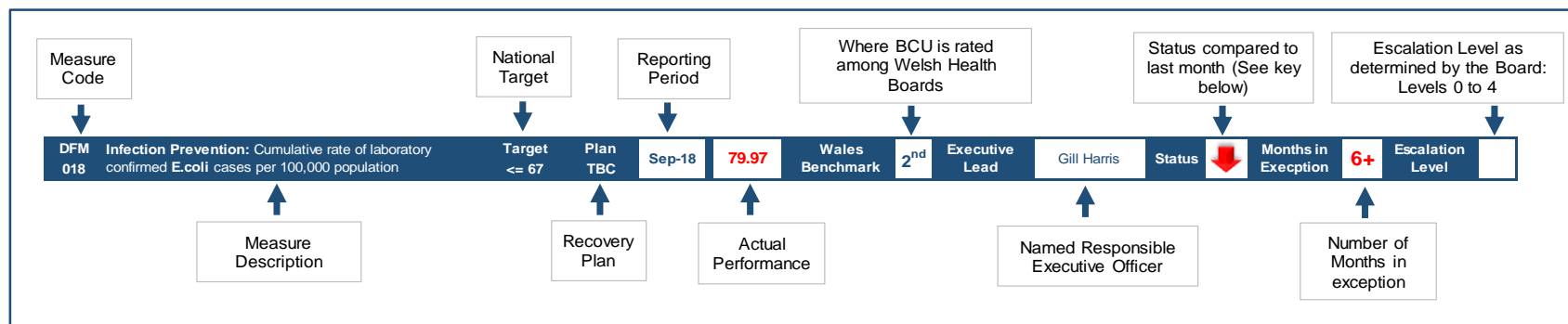
Escalated Exception Reports

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

Statistical Process Control Charts (SPC)

Where possible SPC charts are used to present performance data. This will assist with tracking performance over time, identifying unwarranted trends and outliers and fostering objective discussions rather than reacting to 'point-in-time' data.

Description of the Performance Indicator bar Components:

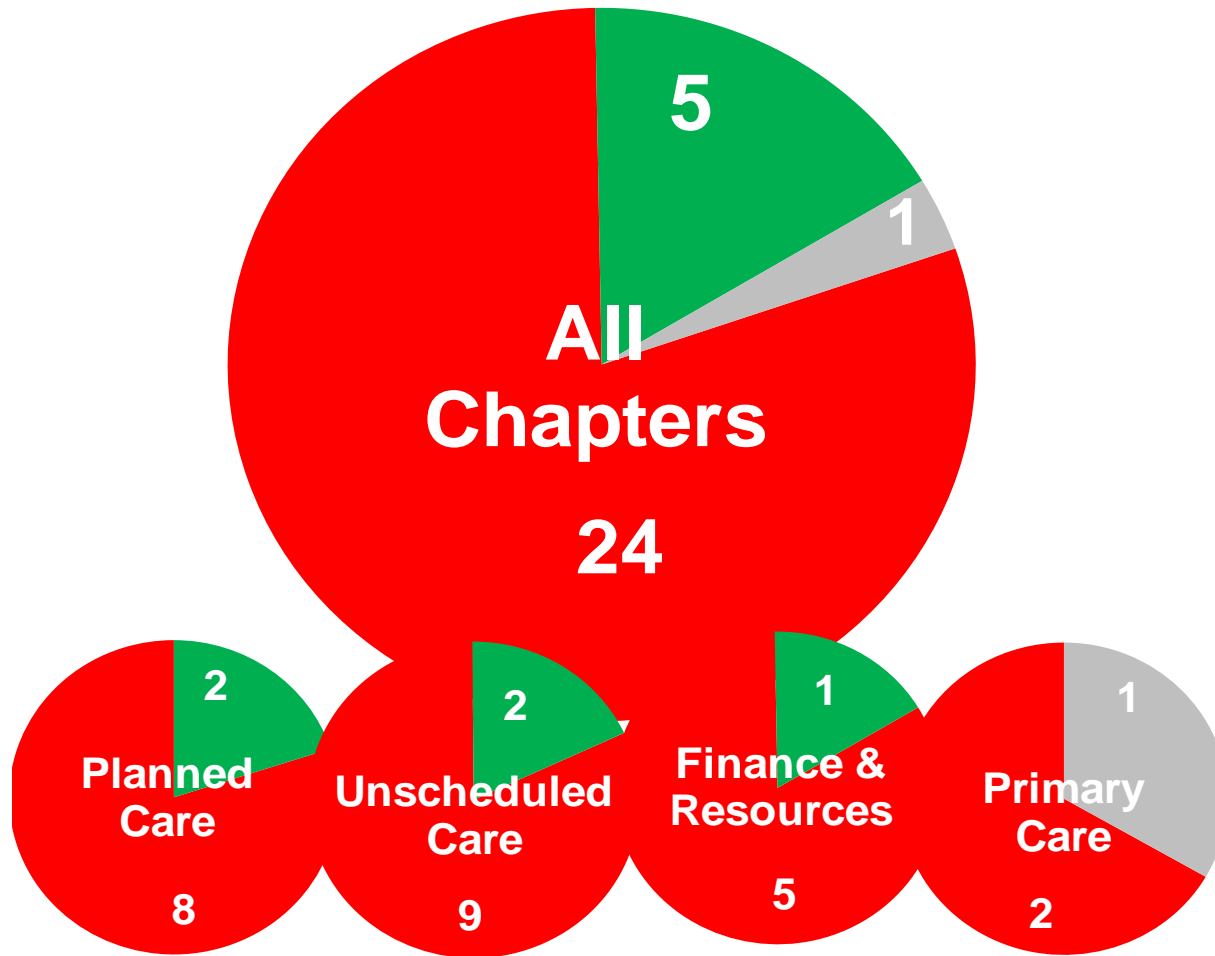


All Performance Indicators in **gold** are part of the Key Performance Indicators (KPI) reported to Board

Status Key:

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

Overall Summary



Most Improved

Measure

Outpatient DNA Rates: Follow-up

Delayed Transfers of Care (DToC)

Status

(Target)

5.77%



<= 7%

65



<= 74

Of Most Concern

Measure

Emergency Department 4 Hour Waits (inc MIU)

Emergency Department 12 Hour Waits

Referral to Treatment (RTT) 36 Week

Financial Balance

Diagnostic Waits (8 weeks)

Status

(Target)

66.94%



>= 95%

1,808



0

8,057



0

2.70%



<= 2.0%

2,116



0



Overall summary of performance

Planned Care – Of the 10 measures in this chapter, performance has improved against 3 whilst it has worsened against 7*. Key actions underway to improve the end of year position include: booking of cohort patients at stage 1 by 18th February 2019 and converted stage 2-4 patients by the following week, delivery of core plus additional activity internally and insourcing of Maxillofacial and Ophthalmology treatments during March 2019. A range of outcomes are reported in the RTT paper provided to the committee, the aim remains to deliver a performance equal to or better than 2017-18 outturn. 2019/20 plan is in development and the Planned Care Delivery Group has been established.

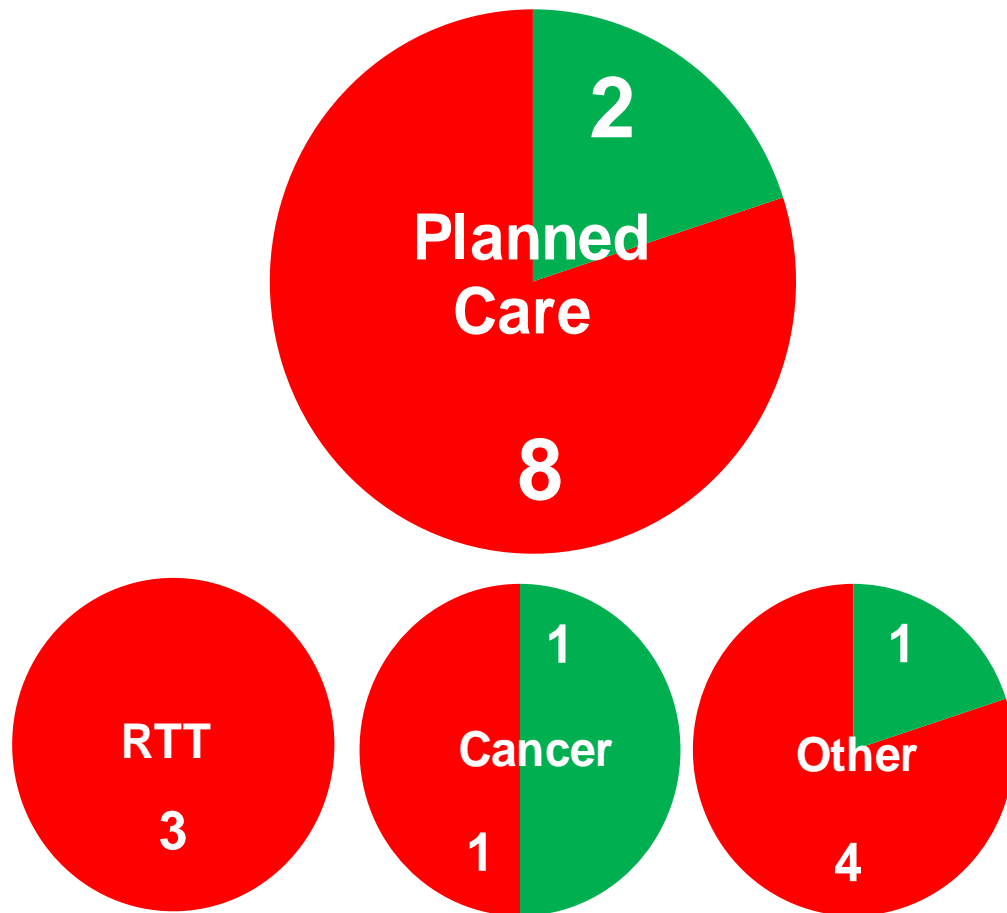
Unscheduled Care – Of the 11 Measures in this chapter, performance has improved against 3 whilst it has worsened against 8*. Evaluation of the 1st cycle of the 90 day plan has been used to determine the areas for focus in the second 90 day cycle which will run to May 2019. Increased focus on demand management with the extension of the SiCat based on the learning from the 1st cycle are a key feature of the second cycle.

The infrastructure to support planned and unscheduled care within secondary care has been further reinforced with appointment of Hospital Managing Directors.

Health Economy performance reviews have commenced and learning from these will be used to shape the performance accountability work in 2019/20.

Finance and Use of Resources – Of the 6 measures in this chapter, performance has improved against 3 measures whilst it has worsened against 2 measures and has remained static against 1 measure*.

** These summaries will be represented graphically from March 2019's report onwards.*



Measure	Status	(Target)
Referral to Treatment (RTT): < 26 Weeks	82.98%	>= 95%
Referral to Treatment (RTT): > 36 Weeks	8,057	0
Referral to Treatment (RTT): > 52 Weeks	2,356	0
Diagnostic Waits: > 8 Weeks	2,116	0
Follow-up Waiting List Backlog	83,473	75,000
Cancer: 31 Days (non USC Route)	98.10%	>= 98%
Cancer: 62 Days (USC Route)	87.20%	>= 95%
Outpatient DNA: New	5.92%	<= 5%
Outpatient DNA: Follow up	5.77%	<= 7%
Postponed Procedures	2,848	<= 2,565

DFM 058	% of patients waiting less than 26 weeks for treatment	Target 95.0%	Plan > 85%	Jan-19	82.98%	Wales Benchmark	7th	Executive Lead	Evan Moore	Status	↓	Months in Exception	6+	Escalation Level	
DFM 059	Number of 36 week breaches- all specialties	Target 0	Plan TBC	Jan-19	8,057	Wales Benchmark	7th	Executive Lead	Evan Moore	Status	↓	Months in Exception	6+	Escalation Level	

Actions:

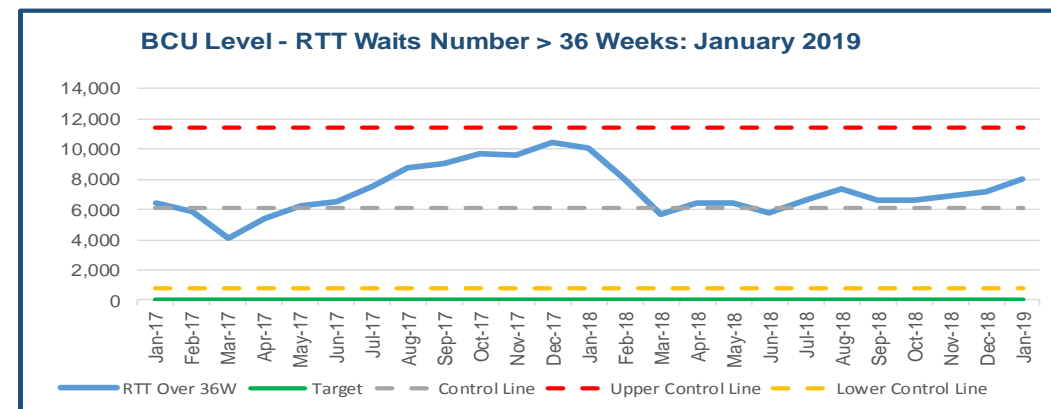
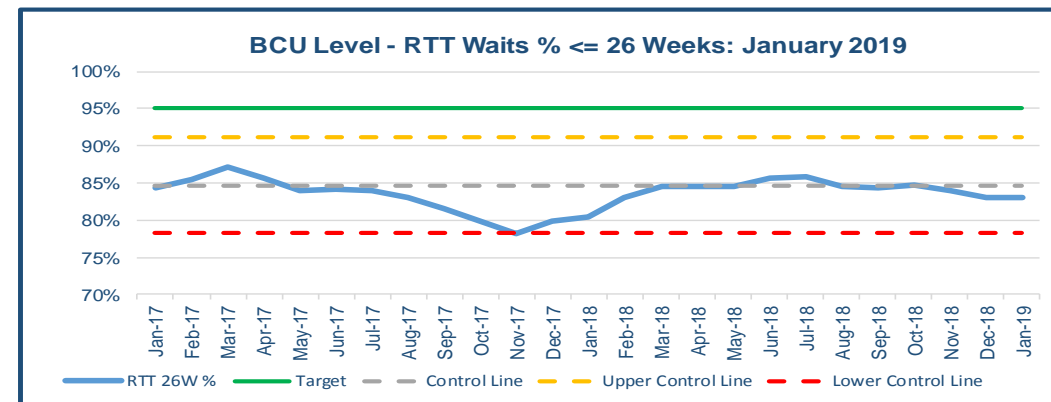
- Agreed specific actions for Quarter 4 with Welsh Government (WG)
- Established Planned Care Delivery Group to support leadership of planned care processes going forward
- Additional temporary capacity secured for Quarter 4 and further remedial activity for key specialties in place

Outcomes:

- Expectation to reduce number of patients waiting more than 36 weeks for their Treatment during Quarter 4
- The cohort of patients needing treatment before 31st March 2019 continues to be ahead of the same period in 17/18. This needs to be maintained during Quarter 4.

Timelines:

Whilst continuing to work on minimising the number of patients waiting at the end of March 2019 within resources, the Health Board has not formally agreed a forecast with Welsh Government. Discussions regarding the formal position are ongoing.



DFM 071	% of patients newly diagnosed with cancer not via the USC pathway, treated within 31 days of diagnosis	Target ≥ 98%	Plan ≥ 98%	Dec-18	98.10%	Wales Benchmark	1 st	Executive Lead	Adrian Thomas	Status	↓	Months in Exception	6+	Escalation Level	
DFM 072	Cancer: % of patients referred via the USC pathway definitively treated within 62 days of referral	Target ≥ 95%	Plan	Dec-18	87.20%	Wales Benchmark	5 th	Executive Lead	Adrian Thomas	Status	↑	Months in Exception	6+	Escalation Level	

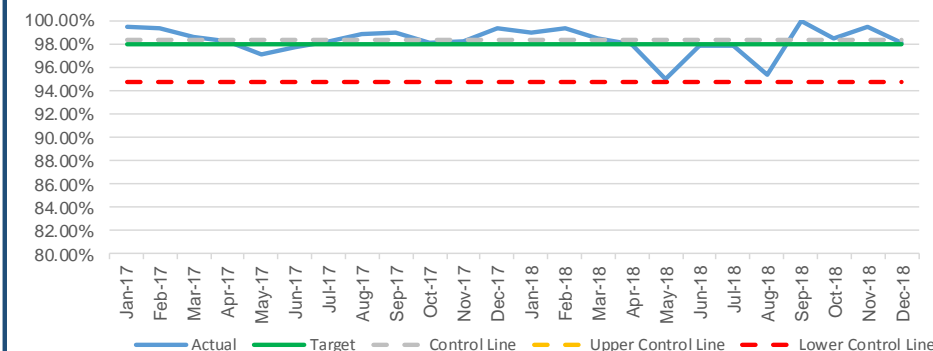
Actions: The Health Board continues to achieve the 31 day pathway target. However for the 62 Day pathway measure:-

- Main areas of concern remain waiting times to endoscopy and urology surgery
- Endoscopy - all sites prioritised all capacity to the scheduling of suspected cancer and clinically urgent patients with effect from January 2019. In addition, additional capacity has been secured through insourced weekend activity and introduction of efficiency improvement measures
- Urology surgery - further meeting planned with English providers re options to increase capacity; in-house lists backfilled by urology surgeons to increase capacity
- Weekly tracking meetings to highlight and action individual patient delays
- Transforming Cancer Services Together Programme agreeing priorities for early diagnostic pathway improvement in lung, colorectal and urology pathways

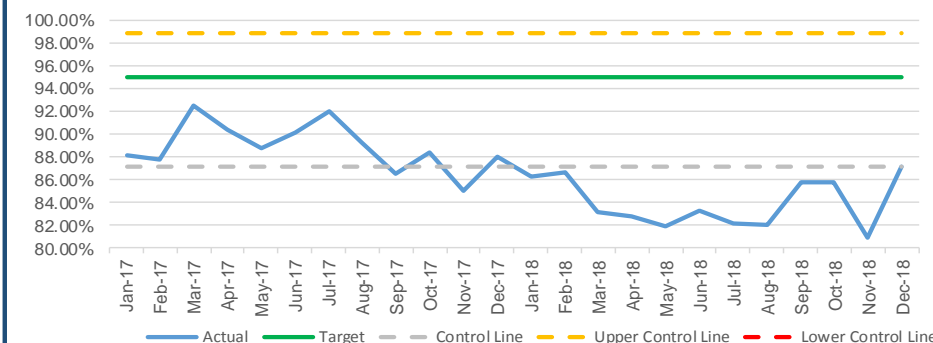
Outcomes from those Actions: Main aim is to reduce wait to endoscopy for suspected cancer patients to 2 weeks by early March 2019; this will lead to reduction in number of patients still active over day 62 and improved performance against the 62 day target. Improvement has already been noted in bookings for endoscopy with 73% of Urgent Suspected Cancer (USC) booked compared to 38% in January 2019. However, there will be a time lag before performance figures show improvement while the present patients over 62 days are treated.

Timelines: The current backlog of patients awaiting endoscopy means that we are unlikely to see a significant improvement in performance until Quarter 2 of 2019/20.

BCU Level - Cancer Waiting Times - 31 Day - December 2018



BCU Level - Cancer Waiting Times - 62 Day - December 2018



DFM 060	The number of patients waiting more than 8 weeks for a specified diagnostic test	Target 0	Plan	Jan-19	2,116	Wales Benchmark	7th	Executive Lead	Gill Harris Adrian Thomas	Status	↓	Months in Exception	6+	Escalation Level	
DFM 061	The number of patients waiting more than 14 weeks for a specified therapy	Target 0	Plan 0	Jan-19	0	Wales Benchmark	1st	Executive Lead	Adrian Thomas	Status	↑	Months in Exception	N/A	Escalation Level	0

Actions:

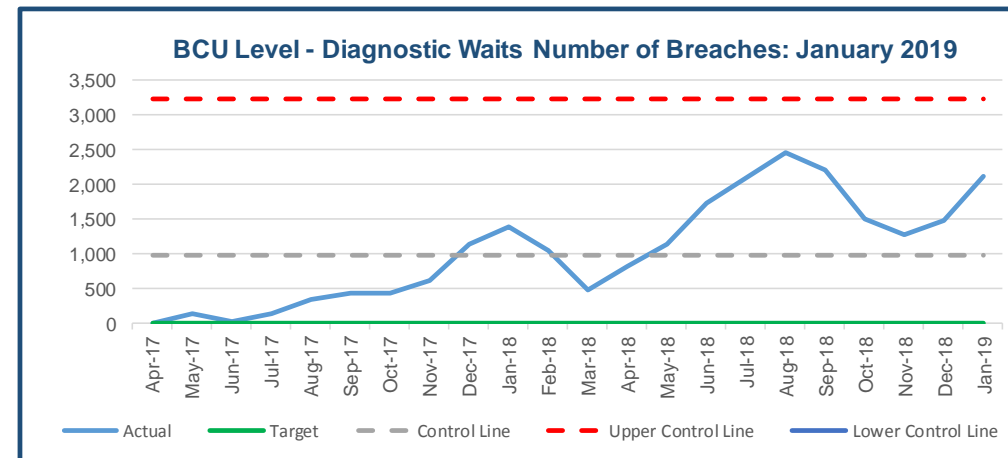
- Radiology continue with additional capacity – a partial solution has been identified to support subspecialty issues in ultrasound, further work ongoing
- Cardiology – capacity gap at Wrexham. Locum in place from February 2019 will resolve some but not all the capacity issues.
- Endoscopy - some additional capacity identified for Quarter 4. However, a backlog of patients with higher clinical priority has been identified, including Urgent Suspected Cancer (USC), Urgent and Clinically overdue Surveillance patients. Treating these patients will be prioritised, and managed to reduce clinical risk and this will adversely affect the delivery of the 8 week waits for routine access.

Outcomes from those Actions:

- Imaging/Cardiology – current solutions will not fully address backlog. Further solutions being sought.
- Endoscopy – undertaking procedures on the higher clinical priority patients will have a significant adverse impact on Quarter 4 performance.

Timelines:

- Imaging/Cardiology – focus to minimise backlogs by end of Quarter 4.
- Endoscopy – a significant backlog will accumulate during Quarter 4, a further remedial plan for Quarter 1 will be required going into 2019/20



DFM 062	All patients overdue their target date on the Follow Up Waiting List	Target Reduction	Plan TBC	Jan-19	83,473	Wales Benchmark	6th	Executive Lead	Gill Harris	Status 	Months in Exception	6+	Escalation Level	
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Actions:

The Follow Up Clinical Safety and Improvement Group was first established in February 2016 to closely monitor the follow up waiting list for a number of clinical specialties, and ensure that a reduction in the waiting list and clinical risk is delivered as swiftly as possible. The Terms of Reference (ToR) were reviewed and updated in November 2018. The remit of the group is as follows:

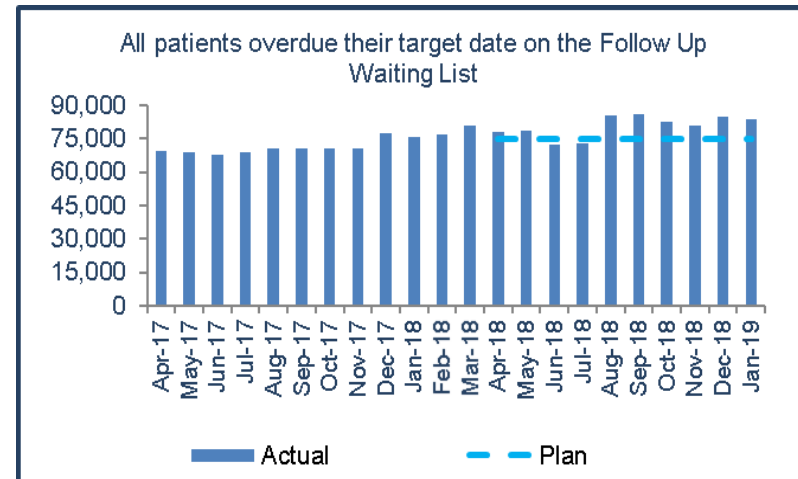
- To approve and oversee the delivery of a cohesive programme of work which drives the managed reduction in the follow up waiting lists in a number of specialties, and monitor a number of key issues, including:
- Manage reduction in the numbers waiting for follow up appointments (particularly those waiting 50% or 100% above expected dates. Regular tracking of progress
- Review the process for monitoring of clinical risk for patients. Link to risk registers
- To ensure close links with the national Planned Care Programme plans
- To ensure the Outpatient Improvement programme is supporting the work of the Task and Finish Group
- To ensure that the recommendations of the Welsh Audit Office report on Follow Ups are managed correctly

Outcomes from those Actions:

At the December 2018 Group meeting, it was agreed to produce an action plan based on the YG project briefing and undertake costings work to enable a full business case to be prepared. The Group also agreed that consistency is required in the form of a single Standard Operating Procedure (SOP), and all site SOPs will be reviewed.

Timeline:

Updates on actions were due at the January 2019 meeting, but this was cancelled due to pressures, with the next meeting being held on 20th February 2019.



DFM 088	New Outpatient DNA rates for selected specialties	Target ≤ 5%	Plan ≤ 5%	Jan-19	5.92%	Wales Benchmark	3rd	Executive Lead	Gill Harris	Status ↓	Months in Exception	6+	Escalation Level
DFM 089	Follow up Outpatient DNA rates for selected specialties	Target ≤ 7%	Plan ≤ 7%	Jan-19	5.77%	Wales Benchmark	3rd	Executive Lead	Gill Harris	Status ↑	Months in Exception	6+	Escalation Level

Actions:

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

Outcomes:

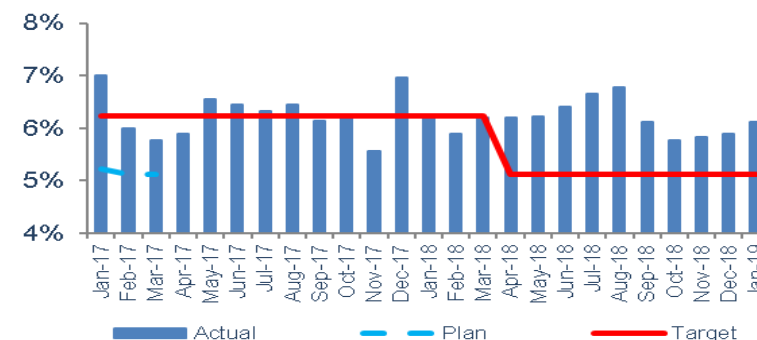
The results from the BCUHB DNA public questionnaire has now been collated and categorised, and will be presented to the next Transforming Outpatients Programme Board. Discussions will take place at that meeting in relation to a DNA action plan.

The standardisation of DNA codes within the Patient Administration Systems (PAS) is also required to reduce incidences of miscoding. It is recognised that there are currently different processes in place across the Health Board. There is also targeted work in Ophthalmology in the West to reduce the number of miscoded DNAs.

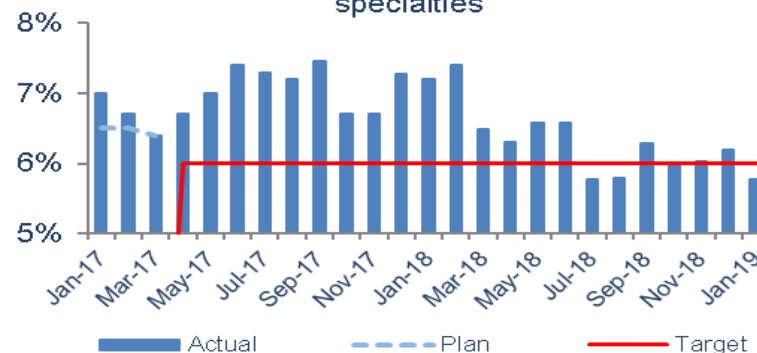
Timeline:

Standardising codes across all PAS systems is ongoing and will take some time to complete. The Action Plan from the DNA questionnaire will be discussed at the Transforming Outpatients Programme Board.

New Outpatient DNA rates for selected specialties



Follow up Outpatient DNA rates for selected specialties



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

	2017/18				2018/19			
	Plan	Actual	Diff	% Diff	Plan	Actual	Diff	% Diff
Emergency Inpatients	75,113	79,238	4,125	5.49%	79,238	81,250	2,012	2.54%
Elective Daycases	26,406	23,590	-2,816	-10.67%	25,731	27,784	2,053	7.98%
Elective Inpatients	12,727	13,306	579	4.55%	11,796	13,681	1,885	15.98%
Endoscopies	16,596	14,641	-1,955	-11.78%	14,641	13,251	-1,390	-9.49%
MOPS (Cleansed DC)	1,752	1,637	-115	-6.56%	1,637	1,964	327	19.98%
Regular Day Attenders	39,747	38,790	-957	-2.41%	38,790	39,185	395	1.02%
Well Baby	4,595	4,461	-134	-2.92%	4,461	4,480	19	0.43%
New Outpatients	212,799	223,302	10,503	4.94%	194,760	226,437	31,677	16.26%
Review Outpatients	434,816	445,584	10,768	2.48%	445,584	435,194	-10,390	-2.33%
Pre-Op Assessment	25,796	25,263	-533	-2.07%	25,263	27,370	2,107	8.34%
New ED Attendances	182,142	189,115	6,973	3.83%	189,115	193,680	4,565	2.41%
Review ED Attendances	7,385	5,580	-1,805	-24.44%	5,580	5,409	-171	-3.06%
Grand Total	1,039,874	1,064,507	24,633	2.37%	1,036,596	1,069,685	33,089	3.19%

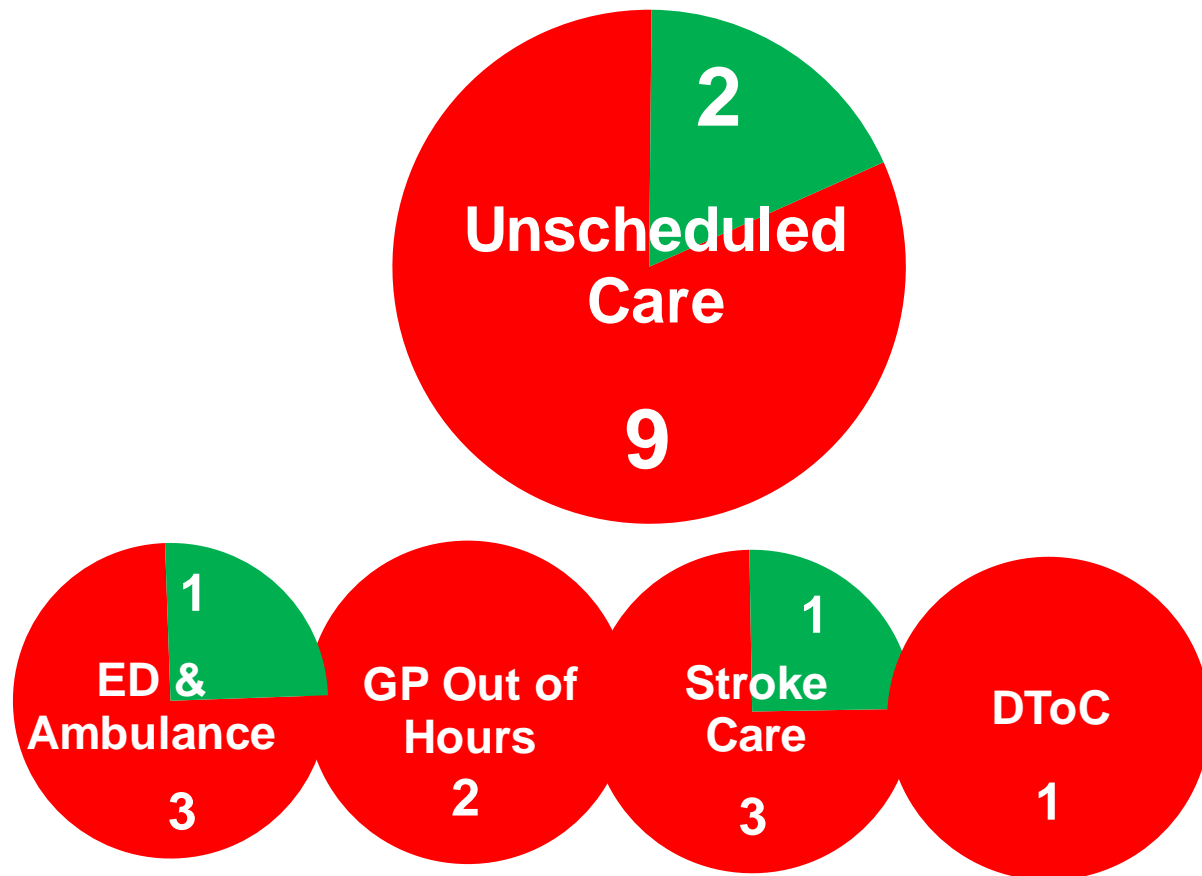
Activity figures are only included up to the end of January 2019 and up to the end of January 2018. The Plan figures for 2018/19 are DRAFT.
Data Source: Informatics Department SharePoint, 13/02/2019

Integrated Quality and Performance Report
Finance & Performance Committee Version

January 2019

Provider	Provider Code	Total Contract Value (£'000)	Data Month	Elective Inpatient & Daycase (inc. Endoscopy)	Emergency Inpatient (inc. Maternity)	New Outpatient	Follow Up Outpatient
Countess of Chester NHS Foundation Trust	RJR	26,432	Nov	711	644	1,684	3,964
Robert Jones & Agnes Hunt NHS Foundation Trust	RL1	13,295	Nov	230	6	608	1,663
Hywel Dda LHB	7A2	4,078	Nov	91	98	94	165
Royal Liverpool and Broadgreen University Hospitals NHS Trust	RQ6	5,016	Oct	110	12	42	515
Wirral University Teaching Hospital NHS Trust	RBL	2,591	Nov	93	7	42	134
Shrewsbury & Telford Hospitals NHS Trust	RXW	1,455	Nov	16	14	145	133
Aintree University Hospital NHS Foundation Trust	REM	3,150	Nov	44	12	58	186
The Clatterbridge Cancer Centre NHS Foundation Trust	REN	2,187	Nov	31	6	24	642
University Hospital of North Midlands NHS Trust	RJE	3,096	Nov	9	20	26	59
University Hospital of South Manchester NHS Trust	RM2	752	Nov	0	0	0	0
Liverpool Women's NHS Foundation Trust	REP	891	Nov	5	5	45	97
Shropshire Community Health NHS Trust	RID	255	Nov	1	0	1	3

Data Source: Information Department, 05/02/2019



Measure	Status	(Target)
Emergency Department 4 Hour Waits (inc MIU)	66.94%	>= 95%
Emergency Department 12 Hour Waits	1,808	0
Ambulance Handovers within 1 Hour	691	0
Ambulance Response within 8 minutes	72.20%	>= 65%
Out of Hours: Within 20 Minutes	79.00%	>= 98%
Out of Hours within 60 Minutes	0%	>= 98%
Stroke Care: Admission within 4 Hours	41.10%	>= 59.7%
Stroke Care: CT Scan within 1 Hour	33.00%	>= 54.4%
Stroke Care: Review by consultant 24 Hours	84.50%	>= 84.5%
Stroke Care: Thrombolysed DTN < 45 mins	0.00%	Improve
Delayed Transfers of Care (DToC): NonMH	1,168	<= 1,030

DFM 069	% of new patients spend no longer than 4 hours in A&E (inc Minor Injury Units)	Target ≥ 95.0%	Plan	Jan-19	66.94%	Wales Benchmark	7th	Executive Lead	Gill Harris	Status	↓	Months in Exception	6+	Escalation Level	
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Actions:

West – ED completed phase 3 move of the capital development project which means that though they remain in a smaller footprint, the majors and resuscitation areas are fit for purpose. The site, though impacted by the move in mid January and receiving over 400 more patients this year compared to the same period last year, managed to minimise the impact on the 4hr performance (77.9% v's 79.5% in December and 78.8% January 2018). Actions taken in month to recover the position – improved the overnight medical cover; consistent delivery of progress chasers into the department; enhanced speciality in-reach into ED; increased the number of patient presenting at MIUs; maximised use of GPOOH support.

Centre – Centre health economy saw a marginal improvement in their 4 hr performance compared to December delivering just under their in month target of 70% (69.9%). Actions taken towards the end of January and continued into February: relaunch of the safety huddle and the ED huddles to focus more on risk and flow, empowering of the site management team to deliver better grip of bed allocation and flow; increased the coverage of progress chasers and introduced a GP at the point of triage during high day time peaks of demand.

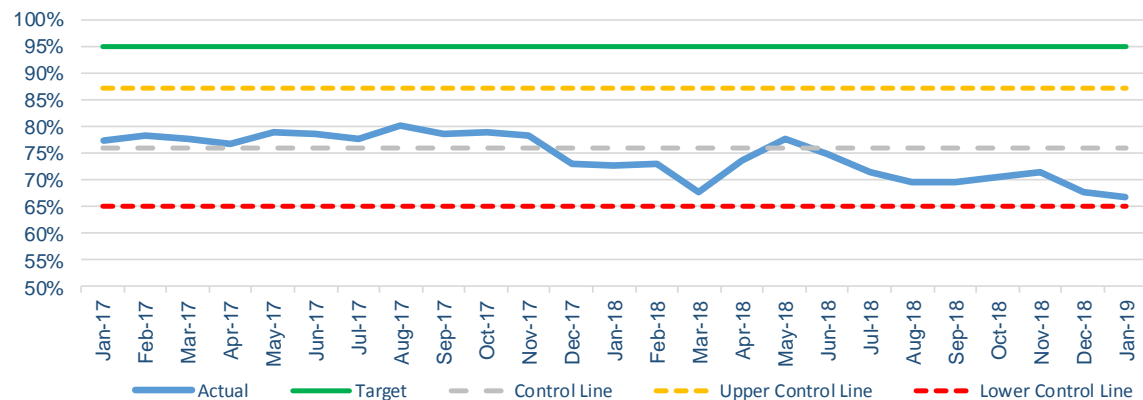
East – The East experienced a deterioration in their 4 hr performance compared to December and the same period last year (53.9% v's 54.2% in December and 65.5% January 2018). However, the site is seeing a consistent month on month increase in both ED attendances and the number of patients conveyed to the site by ambulance. Actions being taken consist of increased protection of their minors stream, greater focus on the care to children to ensure that there are no 4hr paediatric breaches and improved management of their waiting room to focus on reducing the number of patients who leave without being seen. The department is now fully established with its management and senior nursing team which aims to have a positive impact on performance in February. BCU wide actions have included the introduction of additional management support to Centre and East; standardised approach to Safety Huddles and Board-rounds. The HB has also secured additional resource support through WG bids to ensure a suite of additional schemes and actions are financially viable e.g. Red Cross support to East and centre EDs; Care and Repair support to all three sites to support timely discharge; introduction of the Mental Health I CAN model into all three DGHs.

Outcomes from those Actions:

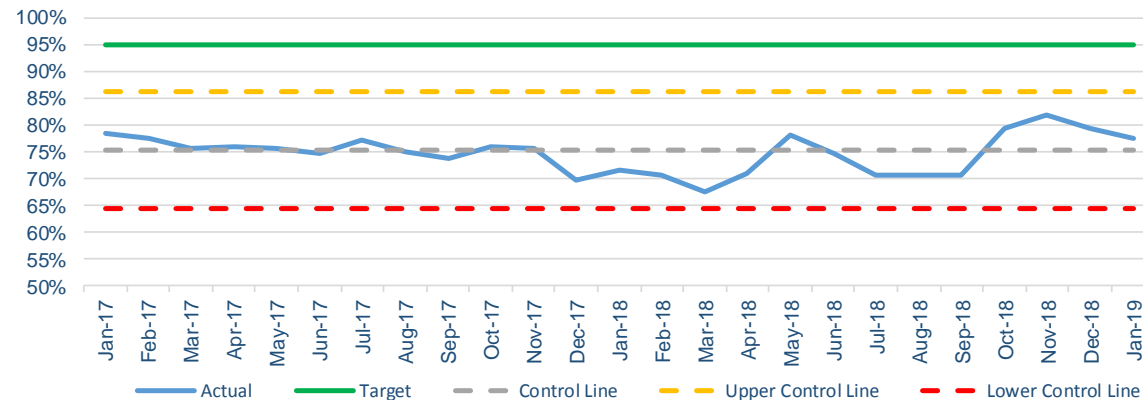
It is anticipated that the HB will recover its performance in February and maintain its improvement trajectory through to March 2019

Timeline: Improvement curve in February and on trajectory to deliver the target for March 2019

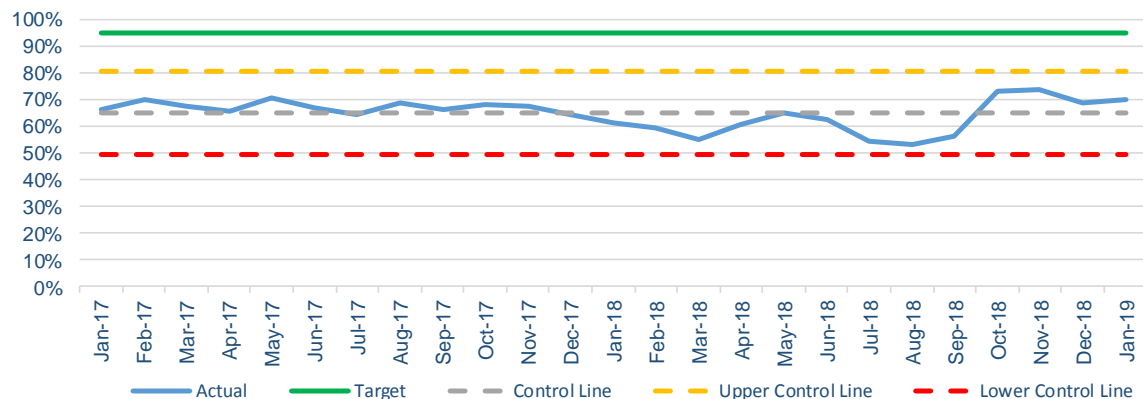
BCU Level - Emergency Department (inc MIU) 4 Hour Waits: January 2019



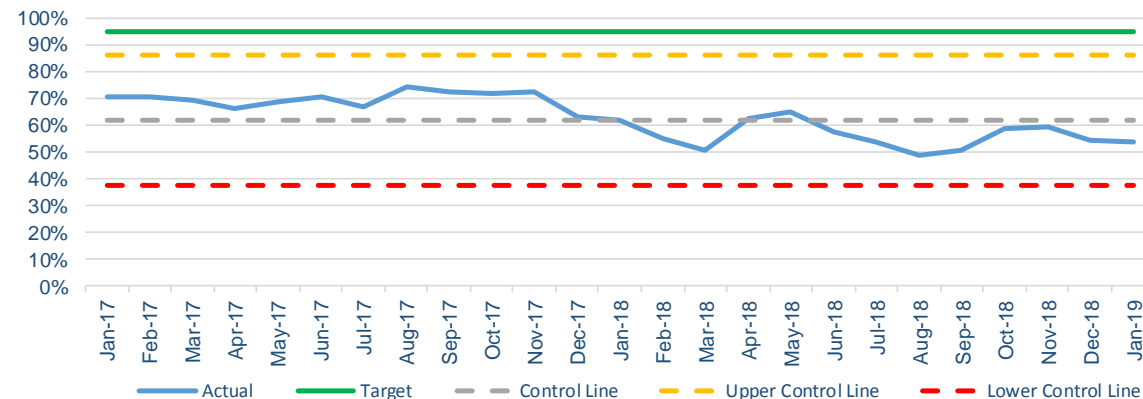
West - Emergency Department (inc MIU) 4 Hour Waits: January 2019



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



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



DFM 070	Number of patients spending 12 hours or more in A&E	Target 0	Plan	Jan-19	1,808	Wales Benchmark	7th	Executive Lead	Gill Harris	Status ↓	Months in Exception	6+	Escalation Level
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Actions:

The Health Board disappointingly saw a deterioration in the 12 hr performance in January 2019 with all 3 sites holding more patients for 12 hours or more than in December 2018 and in January 2018. Comparably all three sites saw a reduced discharge profile throughout January 2019 with an increase of acuity in patients presenting to the acute sites.

The Health Board experienced an increased flu burden throughout the month which impacted upon critical care. However, the burden was not as significant as was experienced in 2018. Infection challenges were seen at YGC and YWM, and the demand for isolation cubicles was significantly greater than capacity. Cohort bays were instigated at both YGC and YWM for periods during January in response to the demand for infection prevention and control(IPC) and isolation. In addition both East and Centre have seen an increase in the number and length of time the EDs are nursing patients on their corridors which suggests that we are continuing to hold a higher risk in our EDs than we should.

Site and health community based escalation plans are being reviewed to identify whether actions outside of the hospital settings can be implemented to reduce the site risks. Teams continue to work with Local Authorities (LA) colleagues to ensure safe, timely discharges are affected.

YGC ED team have added an additional morning ED Consultant review of all overnight speciality referrals in an attempt to reduce the internally created demand for admission. This has been proving successful during the first 2 weeks of practice (end of January) with an average of 4 patients being discharged by the ED team per day. The second cycle of the 90 day plan will launch in February 2019 and this has increased focus on in-patient internal professional standards, board rounds and increased therapies input into board rounds and step down wards.

Outcomes from those Actions:

It is anticipated that the 12 hr performance will see improvement through February and into March 2019 as the actions being taken affect flow and improves timely discharge.

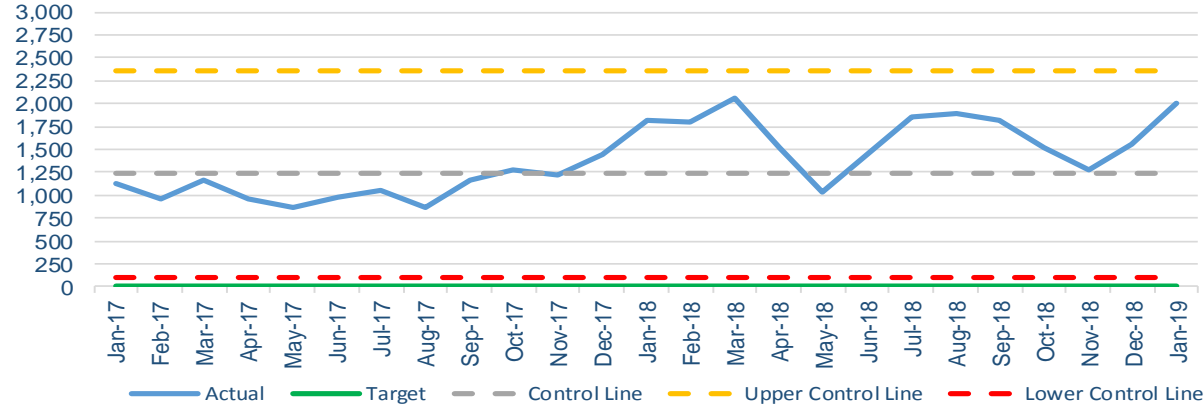
Timelines

On performance trajectory by March 2019.

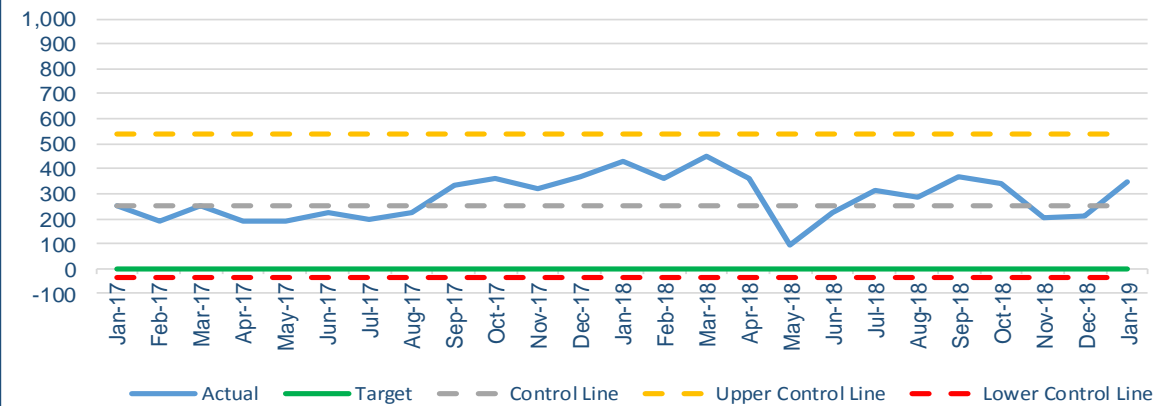


Chapter 2 – Unscheduled Care ED 12 Hour Breaches Graphs 18

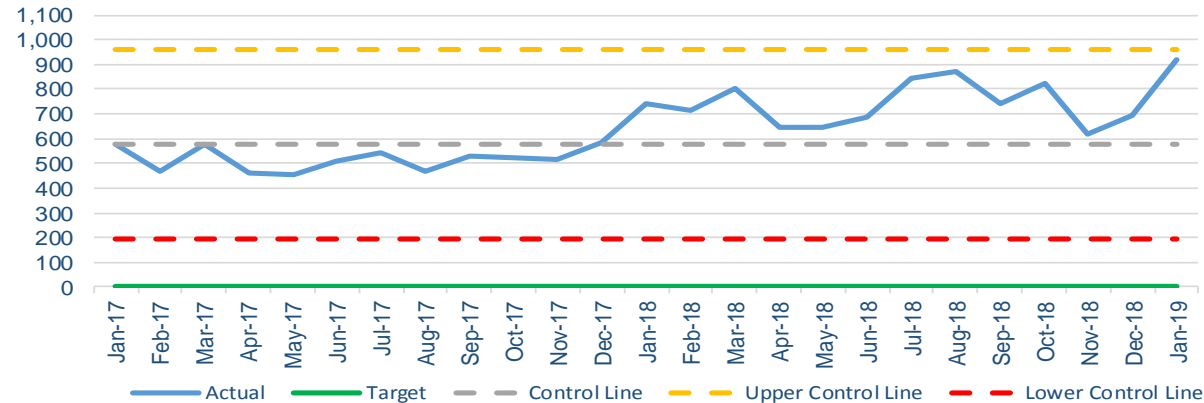
BCU Level - Emergency Department 12 Hour Waits: January 2019



West - Emergency Department 12 Hour Waits: January 2019



Central - Emergency Department 12 Hour Waits: January 2019



East - Emergency Department 12 Hour Waits: January 2019



Chapter 2 – Unscheduled Care

Ambulance Handover over 1Hr 19

DFM 067	% of red 1 call responses within 8 minutes	Target ≥ 65.0%	Plan ≥ 65%	Jan-19	74.20%	Wales Benchmark	3rd	Executive Lead	Gill Harris	Status	↑	Months in Exception	6+	Escalation Level	
DFM 068	Number of ambulance handovers over one hour	Target 0	Plan 0	Jan-19	691	Wales Benchmark	4th	Executive Lead	Gill Harris	Status	↓	Months in Exception	6+	Escalation Level	

Actions:

Although more patients waited over an hour for their ambulance handover on January 2019 compared to December 2018, performance against this measure is much improved compared to the same period in 2017/2018.

Ysbyty Gwynedd (YG) received 57 more ambulances in January 2019 compared to December 2018 (154 more than January 2018) with 264 patients delayed for more than 60 minutes – 123 fewer despite the increased numbers compared to January 2018.

Ysbyty Glan Clwyd (YGC) saw a deterioration in January compared to December, but again is a significant improvement 279 compared to 546 in January 2018, despite having received 110 more ambulances than in the same period in 2018.

Ysbyty Wrecsam Maelor (YWM) continues to see the most significant improvement with only 148 patients held for 60 minutes or more. When compared to the same period last year where the site held 665 patients, is a remarkable achievement.

The Health Board achievement in this quality measure has been recognised by sister Health Boards, Welsh Government (WG) and in particular EASC who are keen to rollout our actions to other sites and HBs across Wales.

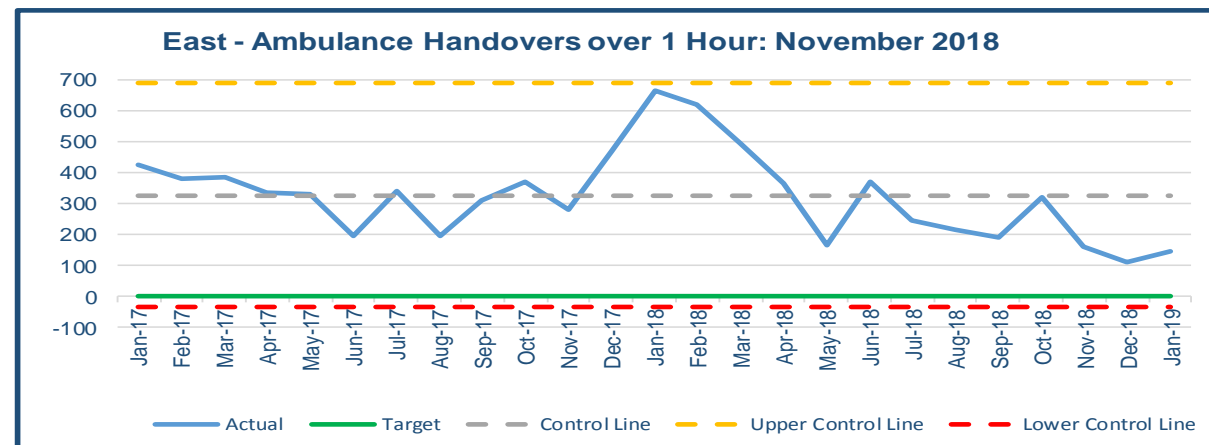
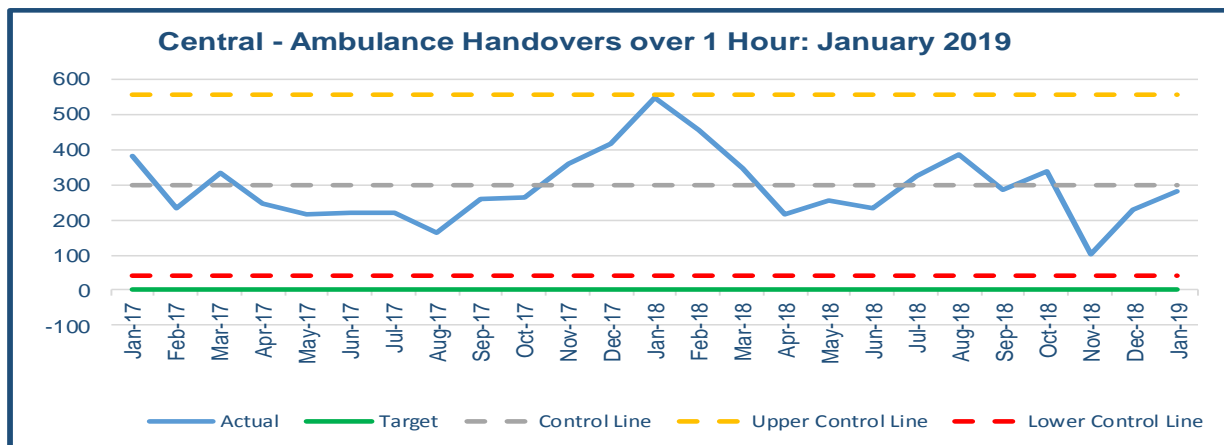
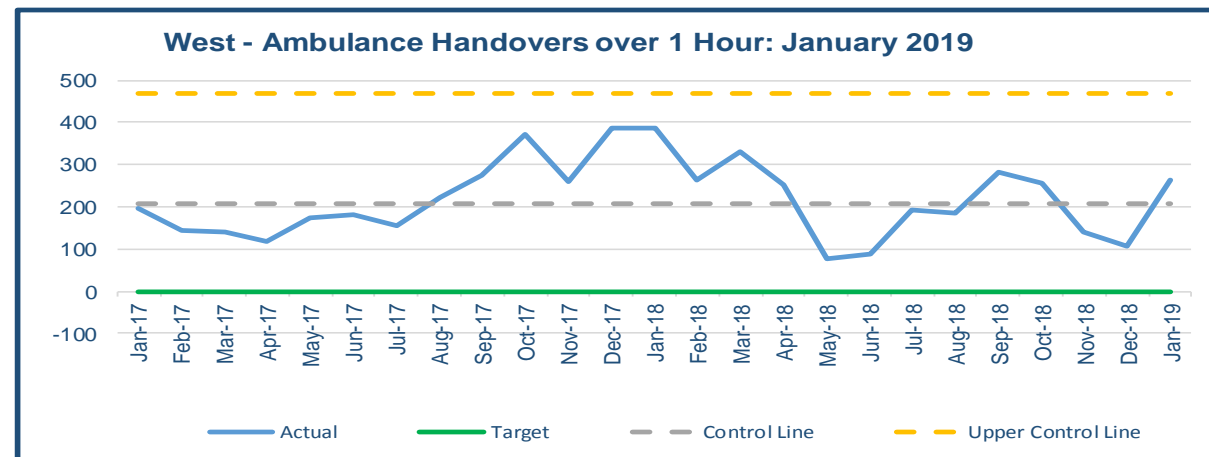
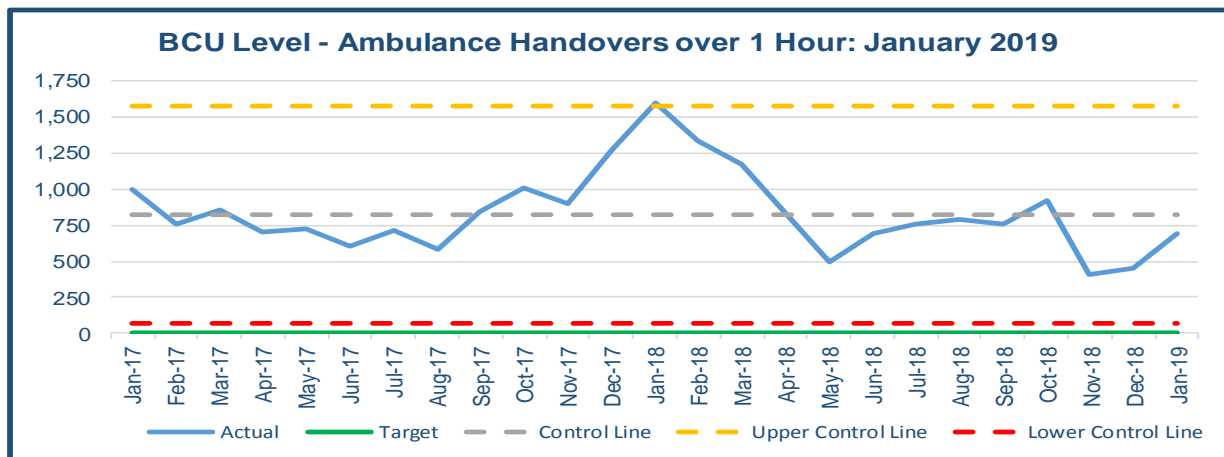
Outcomes:





We will continue to improve against this measure as the trajectories for the 2nd cycle 90 day plan move the HB ever closer to a 0 target (and zero tolerance) of ambulance delays.

Timeline:

The second 90 day cycle runs from February 2019 to May 2019

DFM 068	Number of ambulance handovers over one hour	Target 0	Plan 0	Nov-18	404	Wales Benchmark 6th	Executive Lead Gill Harris	Status 	Months in Exception 6+	Escalation Level
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DFM 063	% of stroke patients who have a direct admission to an acute stroke unit within 4 hours	Target ≥ 59.7%	Plan ≥ 59.7%	Jan-19	41.10%	Wales Benchmark	5th	Executive Lead	Gill Harris	Status		Months in Exception	6+	Escalation Level	
DFM 064	Thrombolysed patients with a door to needle time ≤ 45 minutes	Target Improve	Plan	Jan-19	0.00%	Wales Benchmark	2nd	Executive Lead	Gill Harris	Status		Months in Exception	6+	Escalation Level	
DFM 065	% of stroke patients who receive a CT scan within 1 hour	Target ≥ 54.4%	Plan ≥ 54.4%	Jan-19	33.00%	Wales Benchmark	6th	Executive Lead	Gill Harris	Status		Months in Exception	6+	Escalation Level	
DFM 066	Percentage of patients with suspected stroke seen a stroke specialist consultant physician within 24 Hours	Target ≥ 81.9%	Plan ≥ 81.9%	Jan-19	84.50%	Wales Benchmark	3rd	Executive Lead	Gill Harris	Status		Months in Exception	6+	Escalation Level	

Actions:

- Wrexham Maelor Hospital (WMH) and Ysbyty Glan Clwyd (YGC) have run process mapping sessions with the Emergency Department (ED) to identify breach hotspots and improve the pathway. Ysbyty Gwynedd (YG) will be running a session in February 2019.
- The Delivery Unit (DU) Thrombolysis Review feedback is still to be received but each site is reviewing its pathway to identify ways for improvement.
- Wrexham has implemented a Rapid 1 Hour CT Pathway and following a week trial will be shared across the Health Board.
- Stroke Co-ordinators in WMH and YGC will be approved for Non Medical Requestors (NMR) of CT scans by mid February 2019.

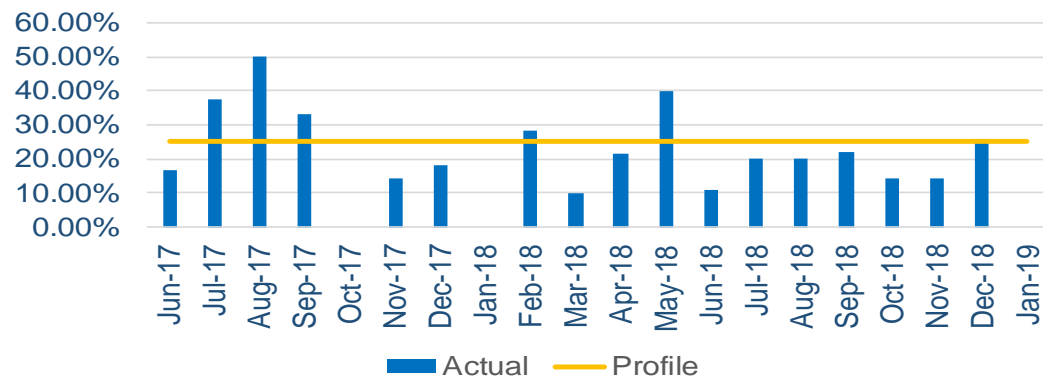
Outcomes:

- Improvement in the 4 hour target, evidenced in month
- Improved pathways can be implemented following the reviews
- Improvement in performance against the 1 hour CT target as NMR's can request CT's instead of waiting for a Doctor to do so.

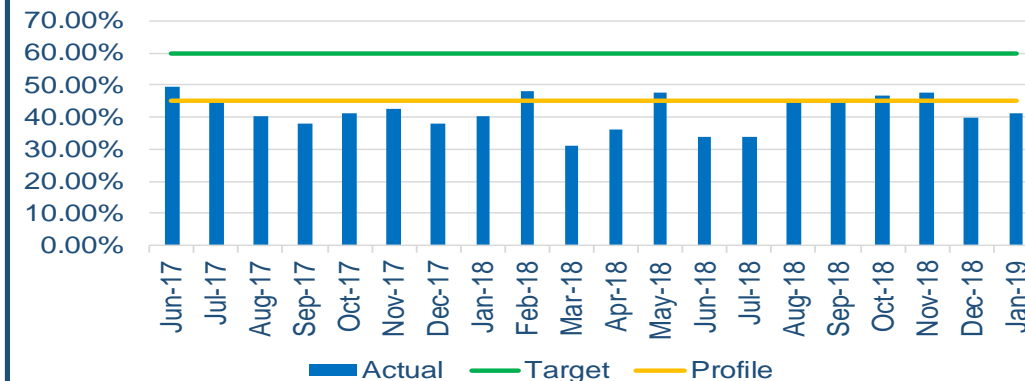
Timelines:

- Process mapping sessions January and February 2019
- Non Medical Requestors (NMR) in place from mid-February 2019
- 1 Hour Rapid CT Pathway in place from 5th February 2019 and for wider circulation from 12th February 2019

Thrombolysed patients with a door to needle time <= 45 minutes



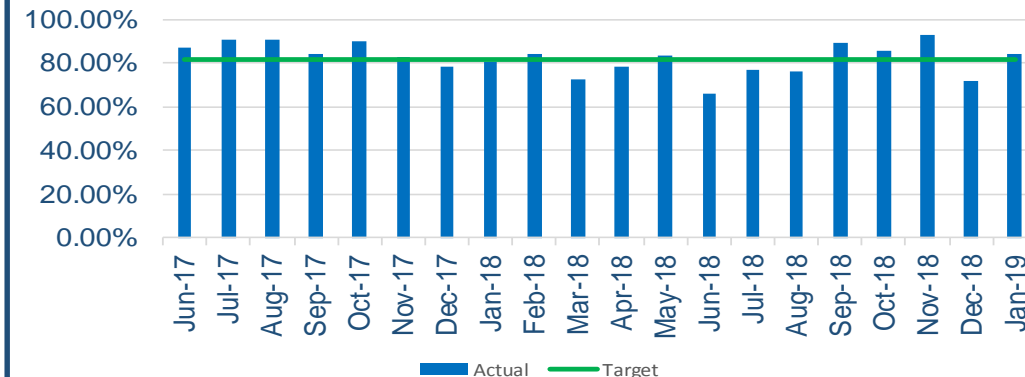
% of stroke patients who have a direct admission to an acute stroke unit within 4 hours



% of stroke patients who receive a CT scan within 1 hour



Percentage of patients with suspected stroke seen a stroke specialist consultant physician within 24 Hours



DFM 031	Number of health board non-mental health delayed transfers of care (Rolling 12 months)	Target ≤ 1,030	Plan TBC	Oct-18	1,168	Wales Benchmark	7th	Executive Lead	Gill Harris	Status ↓	Months in Exception	6+	Escalation Level	
LM2 31a	Delayed Transfers of Care (DToC) per 10,000 population, rolling 12 months Non-Mental Health aged over 65	Target ≤ 2,089	Plan ≤ 2,089	Jan-19	168.57	Wales Benchmark	7th	Executive Lead	Gill Harris	Status ↑	Months in Exception	6+	Escalation Level	
LM2 31b	The number of non-Mental Health Bed Days lost due to Delayed Transfers of Care (DToC)	Target ≤ 129.5	Plan ≤ 129.5	Jan-19	1,227	Wales Benchmark	6th	Executive Lead	Gill Harris	Status ↑	Months in Exception	6+	Escalation Level	

Actions

The majority of delays in the acute and community are due to placement and package of care (PoC);- Waiting General Nursing Home ,General Residential, EMI placement or Waiting home care package.

- Weekly and pre-census DToC meetings where all patients are discussed and monitored.
- Area Centre already have DToC group; Area West has introduced a monthly Management DToC group meeting; Area East to introduce similar arrangements.
- DToC are being scrutinised daily on site and discussed on the daily huddle
- Delays in package of care are escalated to senior management early.
- Medically Fit for Discharge (MFD's) are continuing weekly across all sites
- As part of the 90 day Unscheduled Care plan, to work across BCU to agree repatriation of DToCS to local beds whilst awaiting PoC/placement.

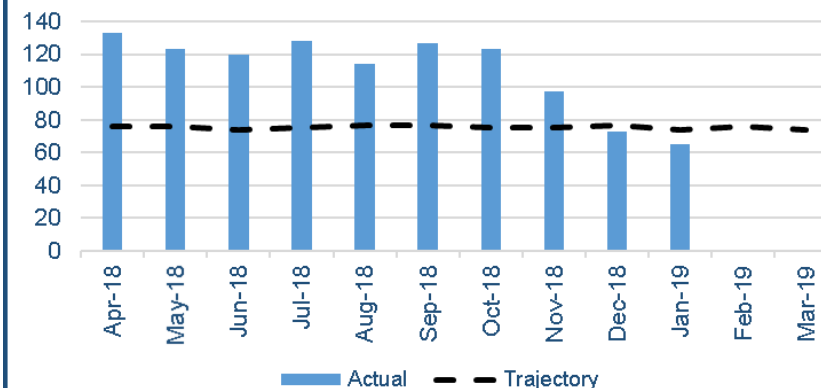
Outcomes

Improve accuracy and early identification of potential delayed transfers to decrease numbers of and length of stays of patients experiencing Delayed Transfers of Care (DToC).

Timelines

- Trajectory targets for 2019/2020 are currently being discussed
- To agree closer working with mental health division to address mental health DToCS.

Number of Patients Experiencing Delayed Transfers of Care (DToC)



DFM 055	Out of Hours : Urgent patients triaged/assessed within 20 minutes	Target ≥ 98.0%	Plan ≥ 98.0%	Jan-19	79.00%	Wales Benchmark	5th	Executive Lead	Chris Stockport	Status	↑	Months in Exception	6+	Escalation Level	
DFM 056	Out of Hours : Very Urgent patients seen within 60 minutes of initial clinical assessment	Target ≥ 90.0%	Plan ≥ 90.0%	Jan-19	0%	Wales Benchmark	6th	Executive Lead	Chris Stockport	Status	↓	Months in Exception	6+	Escalation Level	

The GP OOH service received 11,694 calls in January 2019 compared to 12,575 calls in January 2018 – a decrease of 881 calls (7%). 97% of triage nurse shifts were filled in January 2019 (compared to 86% in December 2018) and 79% of calls assessed as being URGENT were triaged within the 20 minutes performance standard compared to 76% in December 2018. We still have a few triage nurses that are relatively new to the service and we should therefore see an improvement in our performance against this standard over the next 3 months.

With regards the Measure DFM056, Very urgent 60 minutes, the percentage rate for this measure fluctuates as the number of patients is very small. In January 2019, no patients required a Very Urgent (within 60 minutes) Base Appointment but one patient required a Very Urgent (within 60 minutes) Home Visit. This visit breached by 2 minutes and a review has confirmed that a GP advice call was made.

Actions

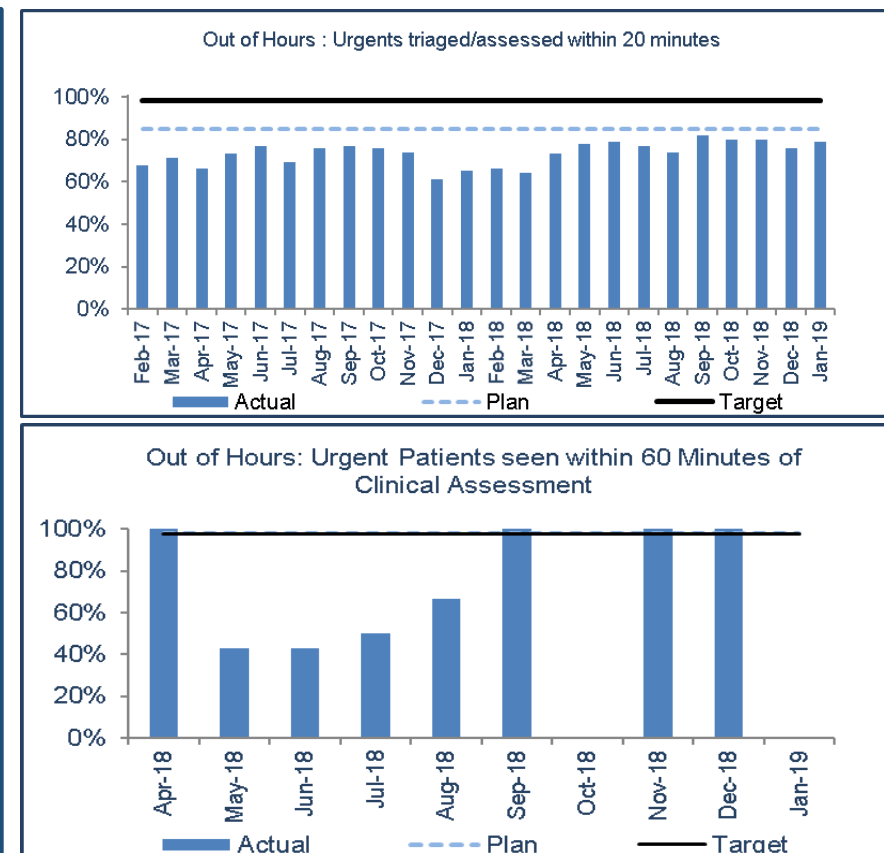
A Root Cause Analysis (RCA) is undertaken for each and every breach of the 60 minute target.

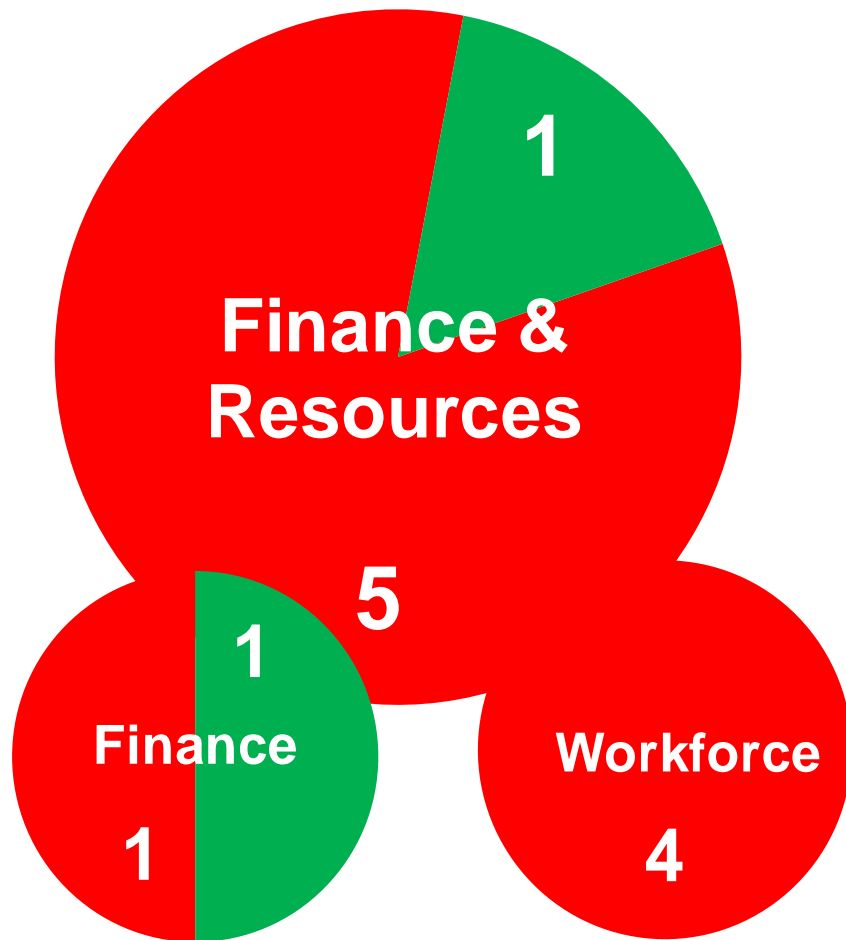
Outcomes







Improved timely responses with regards these measures

Timelines

A few triage nurses are relatively new to the service and we should therefore see an improvement in our performance against this standard over the next 3 months.





Measure	Status	(Target)
Finance: Financial Balance	2.70% 	<= 2.0%
Finance: Agency & Locum Spend	£2.8m 	<= £2.8m
Sickness absence rates (% Rolling 12)	4.96% 	<= 4.50%
Mandatory Training (Level 1) Rate (%)	84% 	>= 85%
Performance Appraisal (PADR) Rate (%)	62.5% 	>= 85%
Information Governance Training	81.00% 	>= 85%

LM Finance: Agency & Locum Spend

Target
Reduce

Plan
≤ £2.8m

Jan-19

£2.8m

Wales
Benchmark

na

Executive
Lead

Russ Favager

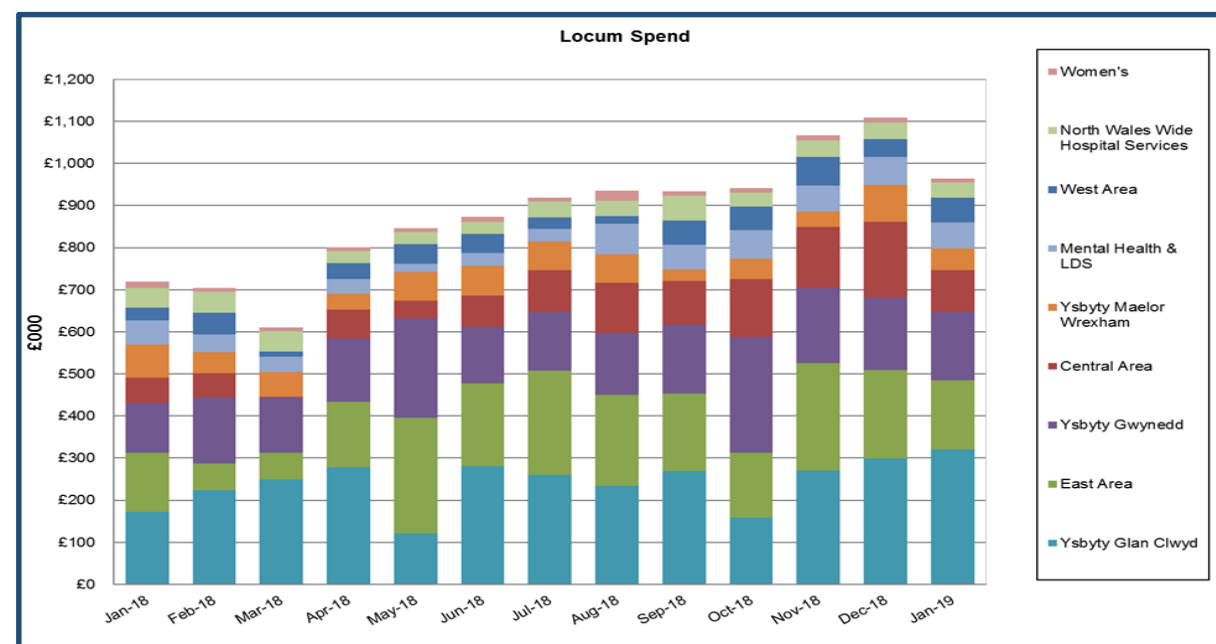
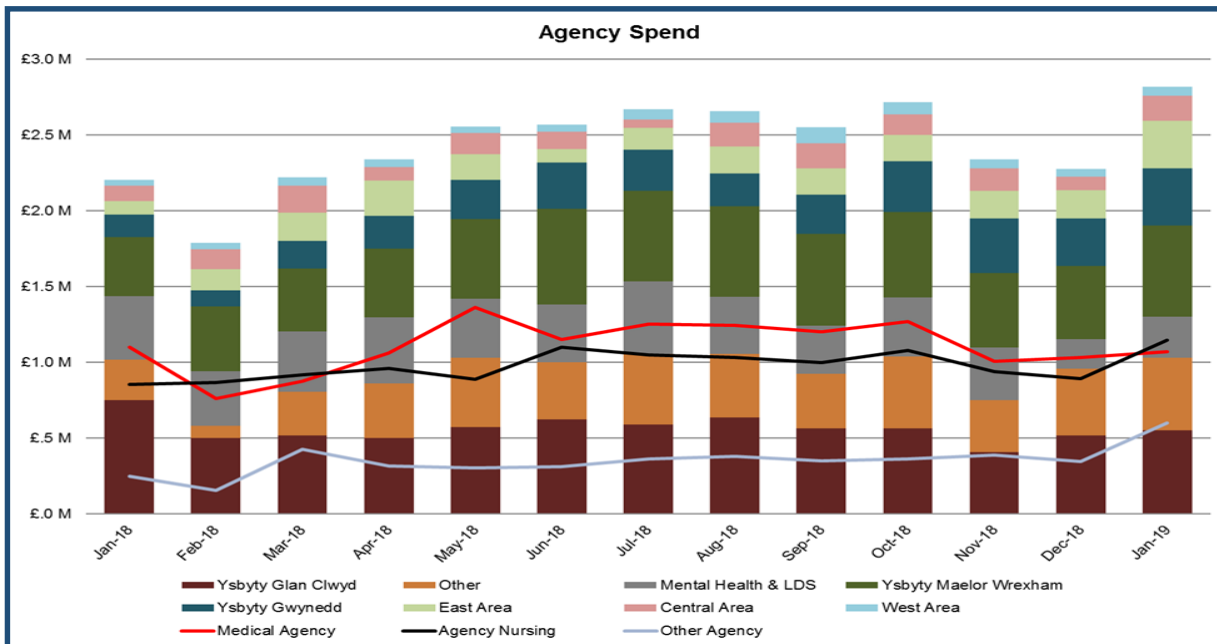
Status



Months in
Exception

6+

Escalation
Level



LM Finance: Financial Balance

Target

Plan
≤ 2.0%

Jan-19

2.70%

Wales
Benchmark

na

Executive
Lead

Russ Favager

Status



Months in
Exception

6+

Escalation
Level

Actions

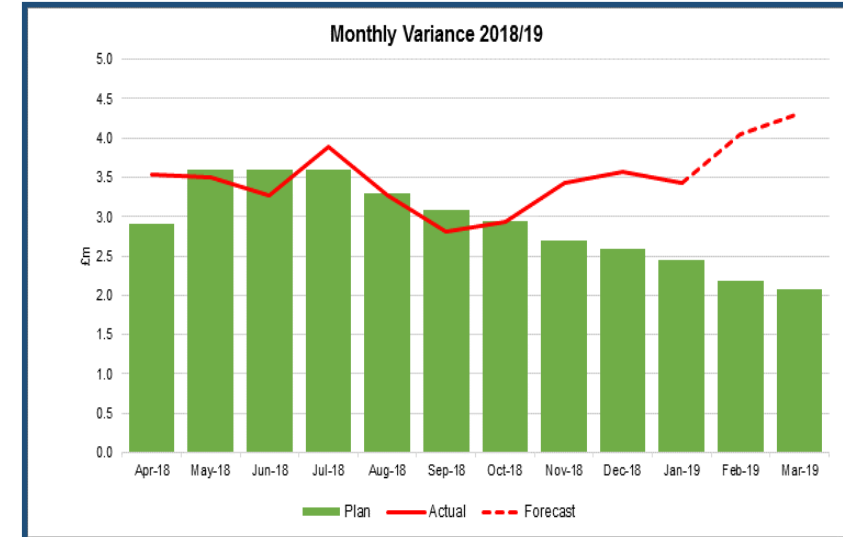
- Additional financial controls agreed in January 2019 with immediate implementation
- Additional scrutiny of rosters is now being undertaken together with assessment of 1:1 nursing requirements
- Tighter establishment control and review of vacancies
- Tighter control of internal locum expenditure.
- Tighter control on non-pay expenditure and Oracle ordering
- Recruitment initiatives of medical and nursing staff to reduce payments at premium rates. Initiatives include the use of social media.
- Detailed monitoring and review of CHC places and focus on numbers
- CHC equipment purchased through joint stores
- New AMD pathway ready, awaiting approval to switch to Avastin.

Outcomes

- Savings achieved to date in 2018/19 are £30.3m against a plan of £35.0m (87% achieved), £4.7m behind the year to date profile. Savings achieved represent 67% of the full year target. The savings shortfall to date of £4.7m (Month 9, £3.0m) is largely due to under-delivery on Mental Health (£1.9m), transactional (£1.5m) and workforce schemes (£1.6m), offset by over-performance on Medicines Management schemes (£2.4m).
- Identification of savings opportunities for 2019/20 and future years is progressing and is being fed into the work to develop the Board's 3 year plan. The plan will be presented to the Board in March alongside the budget for the year ahead.

Timeline

The financial plans and savings schemes are being developed and provisional details have been provided in the Annual Plan which was submitted to Welsh Government in January. Delivery of the Health Board's Financial Plan is dependent on the delivery of savings targets and this is essential to achieve a sustainable finance position.



DFM 097	% staff absence due to sickness (rolling 12mths)	Target ≤ 4.5%	Plan ≤ 4.5%	Jan-19	4.96%	Wales Benchmark	2nd	Executive Lead	Sue Green	Status	↑	Months in Exception	6+	Escalation Level	
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Actions and outcomes: The rolling 12 month performance is 4.96% at January 2019, 0.46% above the target of 4.5% by 31st March 2019. The Improvement Objectives identified 4 areas of focus:

- Long Term Case management (52+/-25-52/12-25 weeks and days lost over 4 weeks)
- Stress/Anxiety – days lost
- Musculoskeletal – days lost
- Accident related – days lost

Significant work has been undertaken re long term cases and there has been a continued reduction in the numbers of cases in the categories above from 177 cases 26 weeks + in 2017/18 to an average of 55 in 2018/19.

Long term absence rate has reduced from 12.45% in month 7 to 9% in month 10.

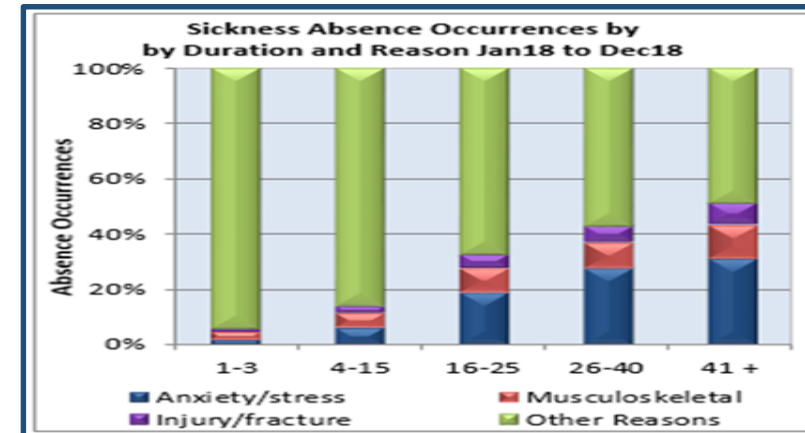
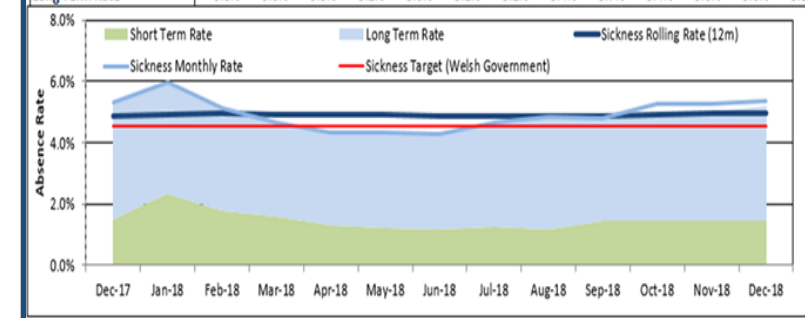
Stress and anxiety has continued to increase through 2018/19 and as such additional actions are being developed as it is clear that we are not addressing cases quickly enough and then identifying preventative actions. The development of an annual and systematic Stress Risk assessment and prevention plan for 2019/20 will be a key development alongside other improvement work.

Musculoskeletal and Accident related days lost has reduced slightly but remain a key focus area

A “deep dive” has been undertaken identifying 2 areas for targeted action and an Multi disciplinary team will work in conjunction with the local management team to consider holistic actions.

Timelines: The target for BCU is 4.5% by 31st March 2019 reducing further to 4.2% by 30th September 2019. However given that the rolling 12 month performance is 4.97% it is unlikely that this target will be achieved. Work is underway to establish projected outturn for 2018/19 and to identify a much improved improvement plan for 2019/20 based on achieving the 4.2% target by the end of Quarter 2 of 2019/20. This will be at both organisational and divisional/service level and will form a key element of the workforce optimiser programme utilising appropriate improvement methodology.

Sickness	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Sickness Rolling Rate (12m)	4.9%	4.9%	5.0%	4.9%	4.9%	4.9%	4.9%	4.9%	4.9%	4.9%	4.9%	5.0%	5.0%
Sickness Monthly Rate	5.3%	6.0%	5.1%	4.7%	4.3%	4.3%	4.3%	4.7%	4.8%	4.8%	5.3%	5.3%	5.4%
Short Term Rate	1.5%	2.4%	1.8%	1.6%	1.3%	1.2%	1.2%	1.3%	1.2%	1.4%	1.4%	1.4%	1.4%
Long Term Rate	3.8%	3.6%	3.3%	3.1%	3.0%	3.1%	3.1%	3.4%	3.7%	3.4%	3.6%	3.6%	3.8%



DFM 093	% of staff (non-medical) undertaking an appraisal - PADR	Target ≥ 85%	Plan ≥ 84%	Jan-19	62.50%	Wales Benchmark	7th	Executive Lead	Sue Green	Status	↑	Months in Exception	6+	Escalation Level	
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Across the organisation in January, 1170 staff members were reported as 'never had a PADR' with 507 of new starters not having a 3 month PADR (totalling 1677).

Compliance is currently at 62.5%, without the requirement of a 3 month PADR, compliance would be at 64.4%.

Actions:

Shared organisational compliance data with Directors and HOW on a monthly basis offering further detailed reports for Divisions and celebrating areas of improvement

Sharing best practice and frequently asked questions highlighting solutions to common barriers regarding PADR and recording on ESR along with signposting to useful resources.

Held ESR drop-in sessions and ESR super user sessions in Ysbyty Glan Clwyd and Ysbyty Gwynedd

Ensured PADR is captured as part of the Preceptorship and Mentoring programmes

Outcomes from Actions:

Providing monthly compliance data allows divisions to actively manage their improvement trajectories, raises awareness and benchmarking on a strategic level of compliance across the organisation.

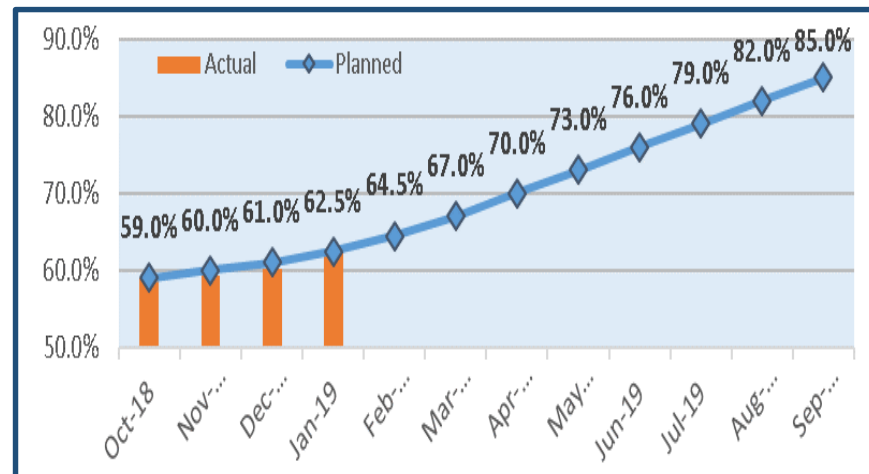
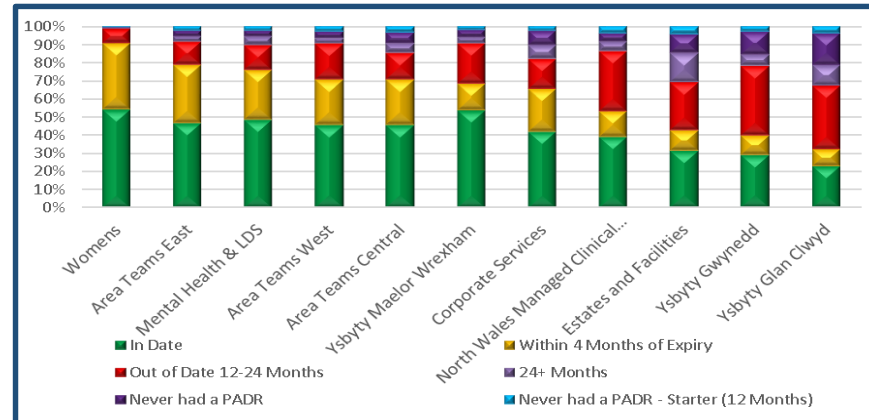
Sharing best practice on a monthly basis ensures managers can quickly adopt new practice and helps to troubleshoot any issues in relation to PADR and ESR

ESR support helps to increase knowledge and skills to ensure managers have the necessary support to complete and accurately record staff PADR

Timelines

The improvement work conducted to date has seen a marked increase in compliance in some areas, an example is Area Central where compliance improved by 11% this month.

The planned target of 62.5% for this month has been met therefore there is confidence that the target of 85% will be met in September 2019.



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

A Mandatory Training Compliance Improvement Plan was agreed at the Mandatory Training Review Group by Subject Matter Experts [SME]. Priorities within the plan identifies the need to:

- Ensure compliance data is correct for subject areas.
- Review training methodologies to ensure all staff groups have adequate opportunities to complete Mandatory Training.
- Target areas of lower compliance and identify actions to improve.

Outcomes from Actions:

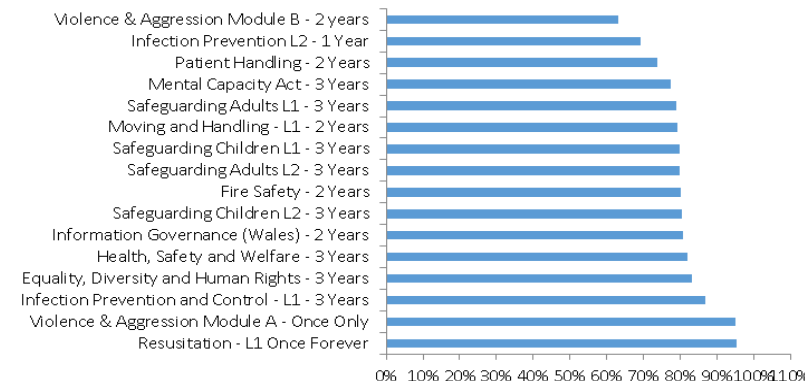
The performance for January 2019 for Mandatory Training compliance identifies the following:

- Level 1 compliance maintained at 84%
- Increases of 1% is noted for Mental Capacity training and Infection Prevention
- Level 2 compliance also maintained at 73%.
- Increases of 1% is noted for Infection Prevention which is a 3% increase over the last two months.

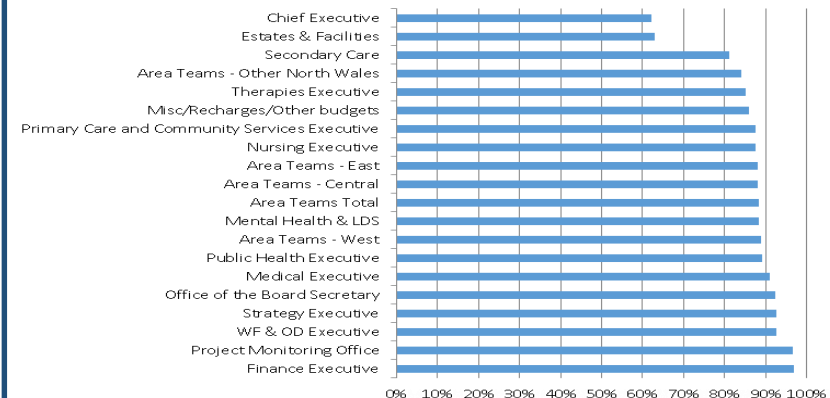
Timelines:

Considering the average 1-2% increase each year and initial roll out of the improvement plan we anticipate being at the 85% target rate for level 1 training by the end of the Quarter 4 2018/19.

Core Mandatory Training Compliance January 2019



Overall January Compliance by Division



DFM 034	Percentage compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills and Training Framework	Target ≥ 85%	Plan ≥ 85%	Jan-19	81.00%	Wales Benchmark	N/A	Executive Lead	Sue Green	Status		Months in Exception	6+	Escalation Level	
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Actions:

During the holiday period no dip in compliance was experienced and the Health Board maintained their level of Information Governance training. As well as continuing to deliver the mandatory training sessions, the Corporate Information Governance Team have also commenced delivery of the Information Asset Owner and Administrator training which has been introduced during January 2019. This also includes the mandatory information governance requirement. An email has been issued to all email recipients from the Data Protection Officer, Senior Information Risk Owner and the Caldicott Guardian to remind all staff of their requirement to undertake their mandatory IG Training. Targeted contact has also been undertaken to those areas with the poorest compliance, however the following areas still remain a concern: Chief Executives Office = 58%, 2) Estates and Facilities = 65% and 3) Secondary Care = 78%. A further targeted email will be issued.

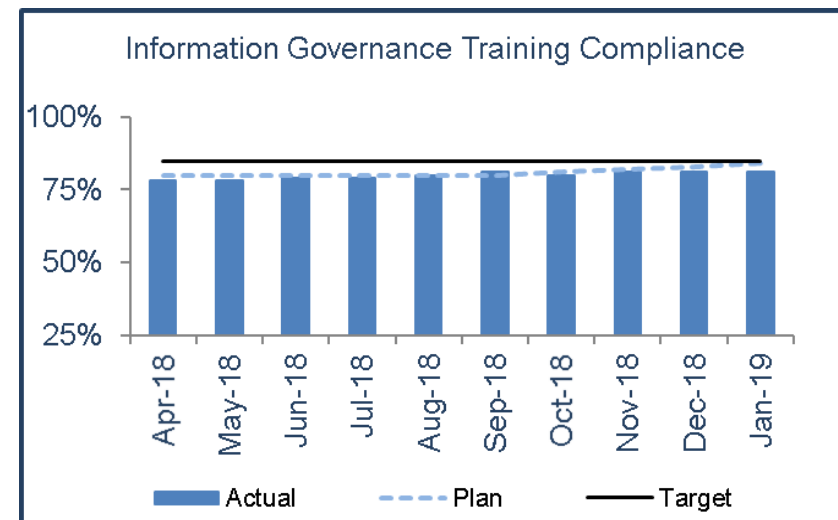
Outcomes of Actions:

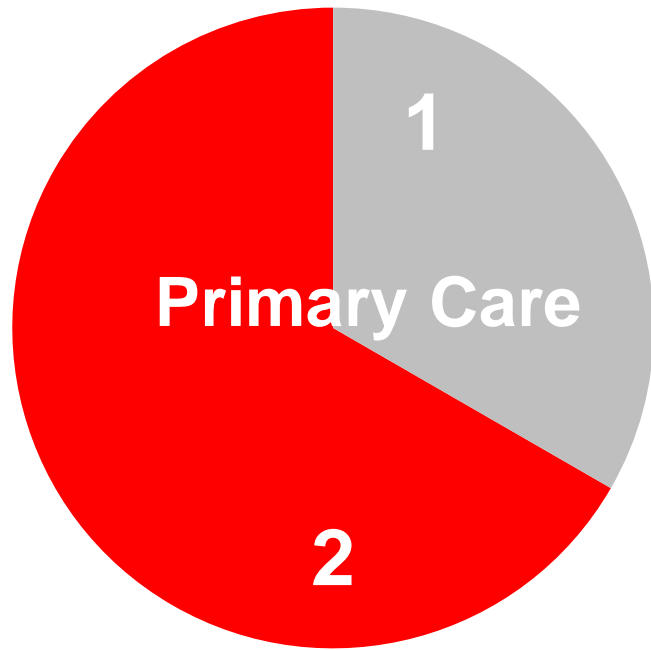
By providing staff with the necessary awareness, skills and tools to undertake their roles will improve compliance with the data protection legislation and also to increase compliance rates against the nationally agreed target.

Despite the targeted intervention, there has not been an improvement in compliance rates.

Timelines:

Anticipating reaching target of 85% by the end of March 2019.





Measure	Status	(Target)
Convenient GP Appointment	36.50%	≤ 26%
Did Not Attend GP Appointment	Awaiting Guidance from WG	
Accessing NHS Dentist	49.33%	≥ 54.7%

DFM 052	Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment	Target Reduction	Plan ≤ 26%	17/18	36.50%	Wales Benchmark	3rd	Executive Lead	Chris Stockport	Status ↑	Months in Exception	6+	Escalation Level	
DFM 087	The Percentage of patients who did not attend a GP appointment	Target Reduce	Plan	17/18	Not Yet Published	Wales Benchmark	N/A		Chris Stockport	Status N/A	Months in Exception	N/A	Escalation Level	N/A
DFM 057	Percentage of the health board population regularly accessing NHS primary dental care	Target ≥ 54.7%	Plan	Jan-19	49.33%	Wales Benchmark	6th	Executive Lead	Chris Stockport	Status ↓	Months in Exception	6+	Escalation Level	

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

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

Further information on our performance can be found online at:

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

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



follow @bcuhb

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

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

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

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 <i>Strategic & Service Planning</i> http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment <i>No change in policy associated with this update</i>			

Disclosure:

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

Referral to Treatment Update - January

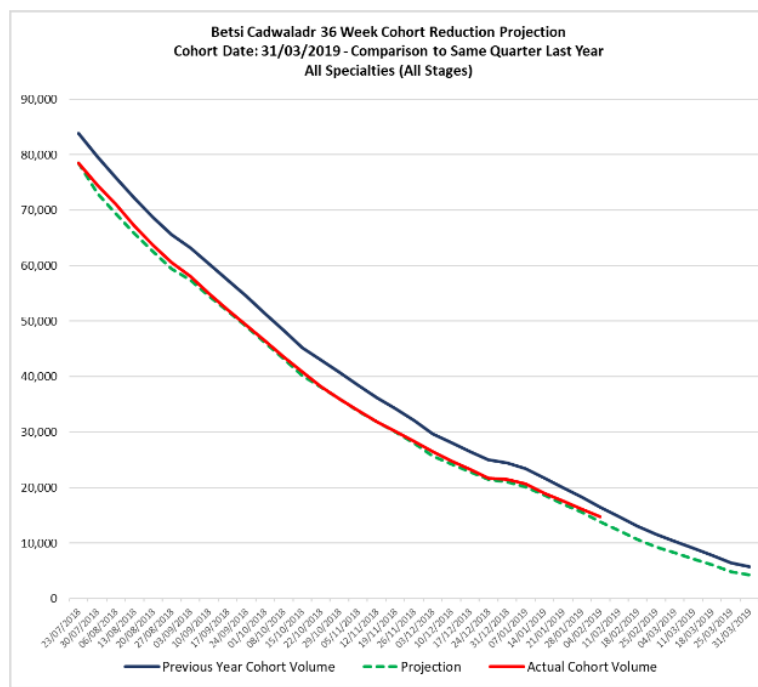
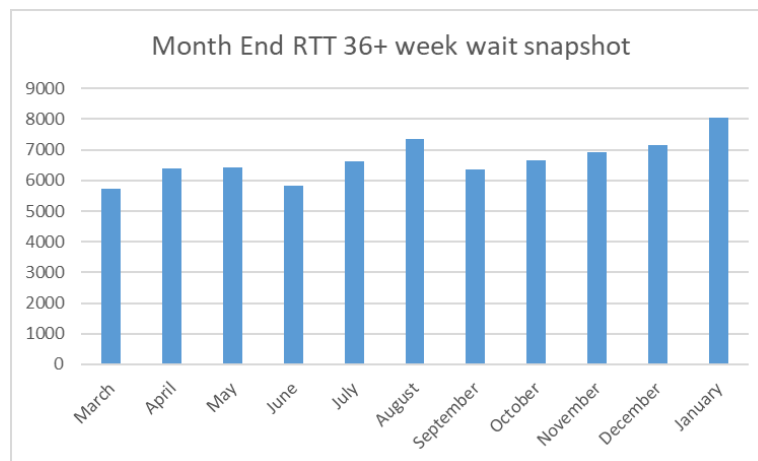
1. Introduction

This paper provides a brief update on current performance, diagnostic issues, actions being and potential forecast for March 2019.

2. Performance

Waiting List snapshot

The snapshot for January will show an increase to c8000 patients (at time of writing it is 8057 though final validation not complete). As the formal Welsh Government monitored metric this is disappointing. However, the operational teams are at present focussed on managing a reduction in the cohort of patients waiting, which continues to reduce in line with requirement to meet outturn consistent with 31/03/18 year end position, with the cohort reducing by 5441 to 16090.



Stage	Cohort to Treat 31/12/18	Cohort to Treat 28/01/19	Cohort Removals in January
1	7653	4896	2757
2	2171	1335	836
3	2760	2032	728
4	8947	7827	1120
Total	21531	16090	5441

In terms of the snapshot position there has been a deterioration in most surgical specialties, plus Dermatology and Gastroenterology. *Note:* During quarter 4, there will be some impact on RTT performance in General Surgery and Gastroenterology associated with endoscopy interventions for urgent patients (see below).

Forecast to 31st March

It is possible to forecast a range based on the current number of patients being removed from the waiting list each week.

	Forecast 31 st March
Low (1000 removals per week)	6565
Current (1170 removals per week)	5375
8wk Average (1340 removals per week)	4185

From the cohort tracker, given our current weekly performance there should be high probability of achieving a forecast in line with, or better than 5700 from 31st March 2018. However, a caveat regarding the snapshot deterioration, which is inconsistent with the cohort performance, which gives rise to concerns regarding the delivery. The operational delivery focus is on ensuring patients are all dated, longest waits are booked first and waiting lists are validated to ensure optimum delivery.

3. Diagnostics

The routine diagnostic waiting times affect delivery of RTT pathways. There are continued pressures in Cardiology (technician absence) and radiology (sub-specialty ultrasound pressures) and endoscopy.

Interim solutions are being put in place for Cardiology and Imaging; current backlogs within these departments are not having a significant impact on RTT delivery, but are giving rise to a number of 8week diagnostic waiting time breaches. Remedial plans will reduce the backlogs. For ultrasound this should be within Q4, but for cardiology the issue will continue into the early part of 2019/20

Endoscopy

Further to the update in January, the site level review work identified a large number of patients with a higher clinical priority than routine RTT patients who require prompt access to the service. Managing these clinical risks will utilise virtually all of the endoscopy capacity available during quarter 4 and into 2019/20. This means that waiting times for routine

endoscopy patients will increase significantly and 8 week wait breaches at the end of March are currently estimated to be in the region of 2600.

The situation has been escalated to Welsh Government and clinical risks to the Quality and Safety Group. There are a number of ongoing activities to manage the process, assess underlying capacity/demand gaps (accounting for all activity streams) and develop solutions for 2019/20.

4. Next Steps

Update on actions from January:


- Welsh Government actions: Focus on meeting these requirements ongoing; enhanced engagement with Welsh Government, including site visits and engagement directly with the operational teams
- Leadership: Enhanced leadership for planned care in place. Following site visit and discussion with Welsh Government, more work to develop infrastructure required.
- Governance: Planned Care Delivery Group meeting took place and agreed remit. Access meeting leadership to transfer from mid-February and more formal reporting structure being put in place

Key actions for February:

During February and March the key actions are predominantly to focus on Performance management to ensure delivery of actions supporting Q4 reduction in backlog, confirm planning assumptions and initial trajectory for 2019/20.

5. Recommendation

The committee is asked to note for information the update.

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

Report Title:	Unscheduled Care 90 day plan update report
Report Author:	Mrs Meinir Williams, Associate Director of Unscheduled Care
Responsible Director:	Mrs Gill Harris, Executive Director of Nursing and Midwifery
Public or In Committee	Public
Purpose of Report:	To update the Finance and Performance Committee on the impact of the first 90 day improvement cycle and brief on the second cycle.
Approval / Scrutiny Route Prior to Presentation:	Prior approval from Executive Director of Nursing and Midwifery
Governance issues / risks:	Not applicable
Financial Implications:	Not applicable
Recommendation:	<p>It is recommended that Finance and Performance Committee note:</p> <ul style="list-style-type: none"> • The content of the paper and progress made against the first cycle of the 90 day plan, moving forward into the second cycle. • Recognise the achievement against the 90 day measures and how use of the 90 day plan methodology is driving improvement and change. • The ongoing focus to improve the partnership working relating to the Health Board's Unscheduled Care Improvement journey. • The ongoing risk associated with continuing challenges with flow and ED, which as yet is only yielding minimal improvement in the Health Board's 4 hour performance.

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

3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	X	4.Putting resources into preventing problems occurring or getting worse	X
5.To improve the safety and quality of all services	X	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences	X		

Special Measures Improvement Framework Theme/Expectation addressed by this paper

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

Equality Impact Assessment

(If no EqIA carried out, please briefly explain why. EqIA is required where a change of policy or direction is envisaged and/or where budgets are being reduced. It is particularly important that the biggest, most strategic decisions are subjected to an EqIA – see <http://howis.wales.nhs.uk/sitesplus/861/page/47193>)

Disclosure:

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

Unscheduled Care 90 day plan report to Finance and Performance Committee **February 2019**

1) Purpose of Report

This report provides an end of first 90 day position, highlighting the performance against the final trajectories and measures.

It will also provide the narrative for the Health Board's second cycle 90 day USC plans and the associated trajectories for delivery.

Performance Overview

The overall combined 4 hour performance for BCUHB for January 2019 was 66.94%, against an agreed trajectory of 72%. The overall performance for January 2018 was 72.77%. Each site reported the following performance for January;

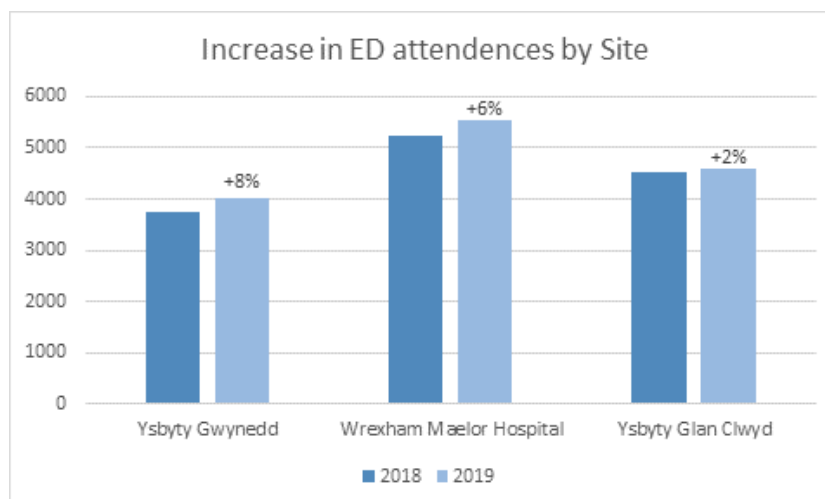
	West	Central	East	BCUHB
2019	77.9 %	69.89 %	53.86 %	72.77%
2018	78.79 %	74.41 %	65.53 %	66.94%

It is however positive to note that there has been a significant reduction in the number of patients being delayed in ambulances for 60 minutes or more which is the most remarkable improvement seen within Unscheduled Care to date. The consequence of the Health Board's shift in ambulance handover has seen a marked reduction in the number and severity of incidents received for the same period in 18/19 (n.33) compared to 17/18 (n.43) with no Regulation 28 reports at time of writing, relating to harm resulting from ambulance delays in 18/19.

All sites saw an increase in ED attendances for January compared to the same time last year with a total of 675 (5%) more attendances overall compared to January 2018. Graph 1 indicates the increase by site.

Additional appointments to support ED delivery have been made and are all in post as of 5/02/19.

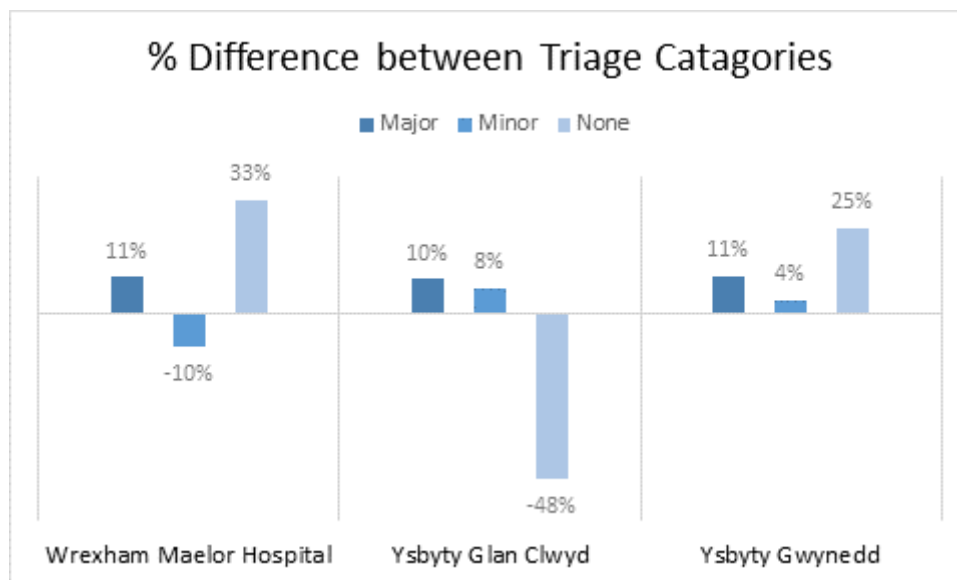
Graph 1



The biggest change identified is in relation to the triage category and admission numbers.

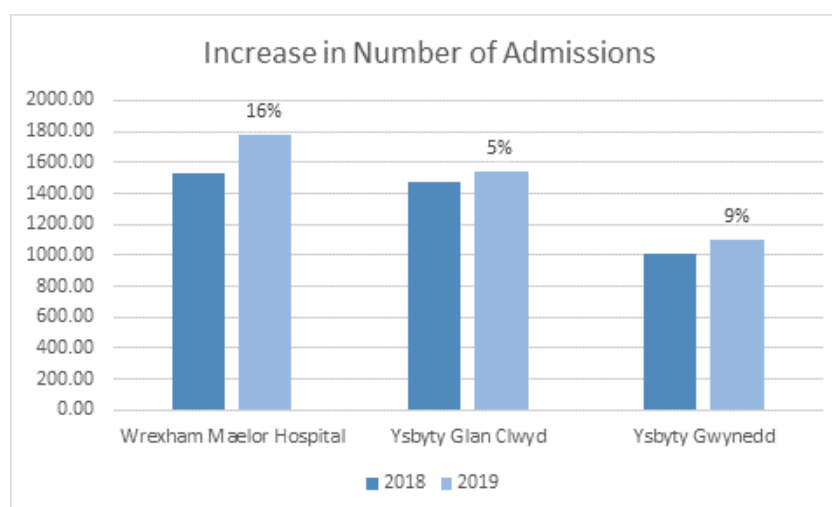
Significantly, each site reported an increase of approximately 10% in the number of major attendances, see graph 2.

Graph 2



Wrexham experienced the largest increase in the number of admissions (16%) see graph 3. Further work will be undertaken to review the appropriateness of admissions and identify whether these could have been managed in a different way such as ambulatory settings or alternative pathways. Consideration must be given to identify if patients were admitted to assess due to high pressures within the ED departments. Improvements in flow would mitigate this risk.

Graph 3



2) **90 Day plan progress**

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

The second cycle will continue with the 3 overarching plans – West, Central and East. The specific areas for improvement will also continue to reflect Demand Management, Flow and Discharge. An additional work-stream specific to informatics has been added to the latest plan as this has been highlighted as an area of risk to delivery in evaluating the first 90 days.

The second cycle will deliver improvements across each Geographical Area with a project team consisting of a project / improvement manager, an area representative and an acute representative at Matron level or above working together across the whole pathway supporting management teams to undertake cycles of change. This will be overseen by a Senior Improvement Programme Manager who will manage the programme.

Many areas of the existing plan will be included to ensure spread and consistency across all three areas and ensure sustainability.

Within the Demand plan the scoping of a minor injury facility to support performance at Wrexham is included (to be cost neutral) and further development of the SICAT service.

The Flow plan will include specific elements of Emergency Department improvement to include prevention of non-admitted and paediatric breaches and to work specifically on ambulance handover and turnaround times. It will also focus on the way that the Acute Medicine model works within each site to improve flow through the system. As well as continuing the work on SAFER, the management of outlying patients will be reviewed to prevent multiple moves for patients and extending their length of stay.

The Discharge plan will continue on most elements from the initial 90 day cycle but will include a review of the 3rd sector support to the Health Board over winter to demonstrate how successful it has been.

Trajectories for any additional measures for the second cycle will be developed with the planning and informatics teams. A majority of the existing indicators will be continued and revised with updated trajectories.

Closing performance for the first 90 day cycle are depicted below in charts 1.0 to 1.3.

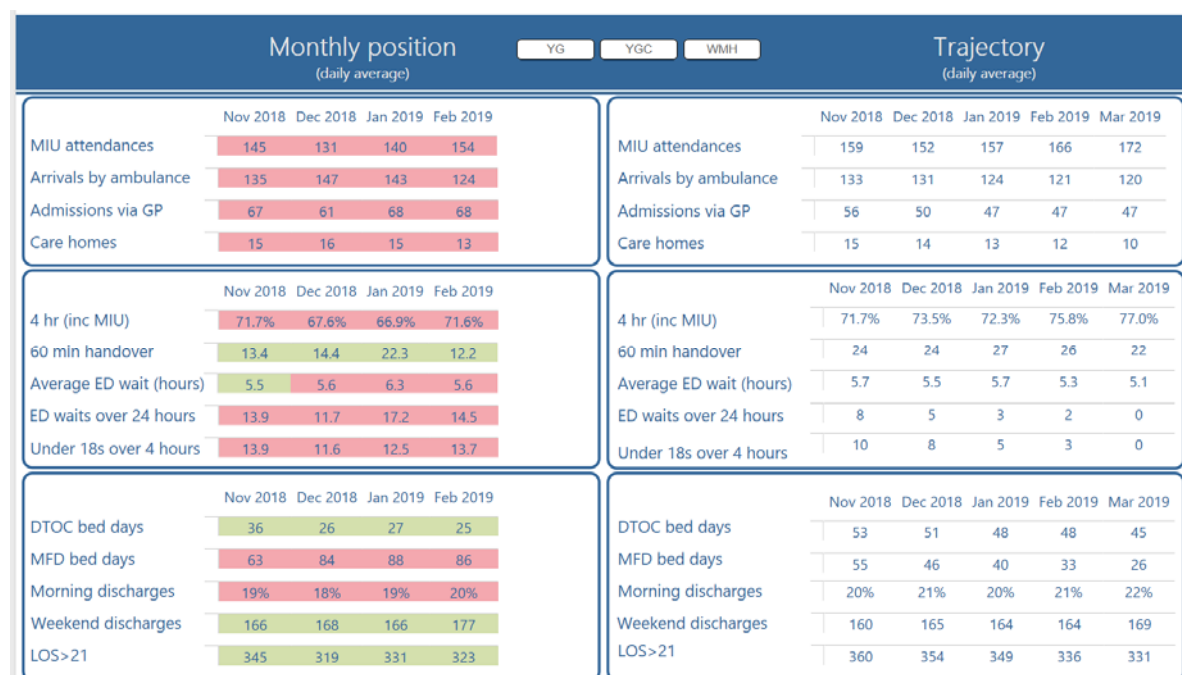
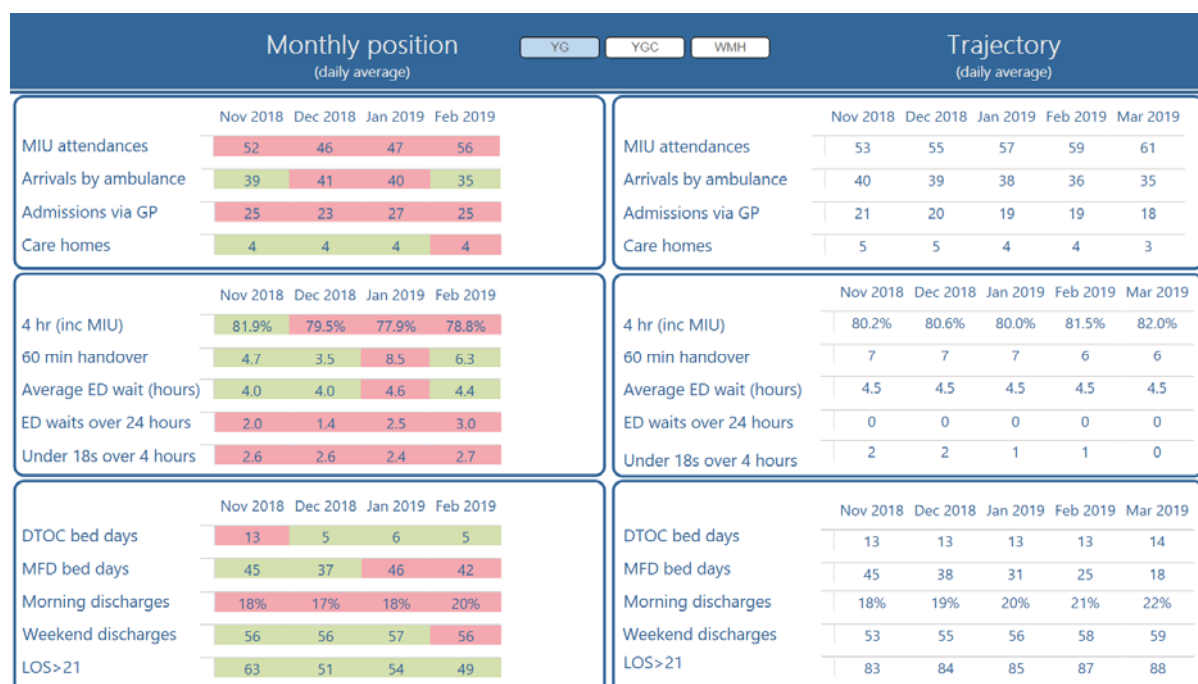
Chart 1.0 BCUHB Performance**Chart 1.1 – West performance**

Chart 1.2 – Centre performance

Monthly position (daily average)					Trajectory (daily average)				
Nov 2018 Dec 2018 Jan 2019 Feb 2019					Nov 2018 Dec 2018 Jan 2019 Feb 2019 Mar 2019				
MIU attendances	77	72	75	78	84	75	78	85	89
Arrivals by ambulance	52	58	53	49	49	49	45	44	45
Admissions via GP	21	20	21	23	19	14	12	13	14
Care homes	6	7	7	5	4	4	4	4	3
Nov 2018 Dec 2018 Jan 2019 Feb 2019					Nov 2018 Dec 2018 Jan 2019 Feb 2019 Mar 2019				
4 hr (inc MIU)	73.6%	69.0%	69.9%	75.9%	74.0%	76.0%	74.0%	77.0%	77.0%
60 min handover	3.5	7.4	9.0	3.8	8	9	12	11	8
Average ED wait (hours)	6.1	6.2	7.3	6.1	6.3	6.1	6.4	6.1	5.7
ED waits over 24 hours	7.5	5.8	9.5	7.8	2	0	0	0	0
Under 18s over 4 hours	3.9	3.2	2.8	2.5	2	2	1	1	0
Nov 2018 Dec 2018 Jan 2019 Feb 2019					Nov 2018 Dec 2018 Jan 2019 Feb 2019 Mar 2019				
DTOC bed days	5	3	4	6	2	2	1	3	3
MFD bed days	5	8	9	15	3	1	1	1	0
Morning discharges	17%	16%	20%	18%	22%	23%	21%	22%	21%
Weekend discharges	47	54	49	54	55	57	53	50	52
LOS>21	77	75	84	90	75	74	73	65	65

Chart 1.3 – East performance

Monthly position (daily average)					Trajectory (daily average)				
Nov 2018 Dec 2018 Jan 2019 Feb 2019					Nov 2018 Dec 2018 Jan 2019 Feb 2019 Mar 2019				
MIU attendances	16	14	18	19	21	22	22	22	22
Arrivals by ambulance	44	47	50	47	44	43	42	41	40
Admissions via GP	20	18	21	20	16	16	15	15	15
Care homes	4	6	5	4	6	5	5	4	4
Nov 2018 Dec 2018 Jan 2019 Feb 2019					Nov 2018 Dec 2018 Jan 2019 Feb 2019 Mar 2019				
4 hr (inc MIU)	59.7%	54.2%	53.9%	59.3%	61.0%	64.0%	63.0%	68.9%	72.0%
60 min handover	5.3	3.5	4.8	2.1	8	8	8	8	8
Average ED wait (hours)	6.1	6.4	6.6	6.2	6.3	5.9	6.1	5.4	5.1
ED waits over 24 hours	8.3	6.4	7.8	7.5	6	5	3	2	0
Under 18s over 4 hours	8.6	7.8	8.8	9.3	6	4	3	1	0
Nov 2018 Dec 2018 Jan 2019 Feb 2019					Nov 2018 Dec 2018 Jan 2019 Feb 2019 Mar 2019				
DTOC bed days	17	18	17	16	38	36	33	31	29
MFD bed days	12	39	33	29	6	7	7	8	9
Morning discharges	20%	20%	20%	21%	19%	20%	20%	21%	21%
Weekend discharges	63	58	61	68	51	53	55	56	58
LOS>21	205	193	193	184	202	196	190	184	178

Demand:

The demand management 90 day plan included pathway and engagement tasks to increase the use of our MIUs, which achieved its improvement trajectory in the first 30 days. Continuing on this trend, work has been ongoing to rollout ever further with the increased utilisation of our MIUs by WAST crews. Particular focus is ongoing

with the MIU at Llandudno who have recently seen a reduction in the number of ambulances conveying into the unit. Area Teams are currently working in partnership with WAST to understand why.

The Single Integrated Clinical Assessment and Triage service (SICAT) went live on 12th November 2018 for phase 1 of its implementation, responding to Healthcare Professional (HCP) calls and supporting the WAST stack. It's pleasing to report that recruitment into the service has been very successful, and from the end of February will function 12 hours per day 7 days per week. Work is ongoing to establish the 4th GPOOH hub which will serve as the OOH coordination centre driving improvements in timely care and treatment across North Wales. Pharmacists are now in training to provide a pathway for urgent calls related to medication and minor illness, reducing demand on GP and ANP capacity, and moving ever closer to delivering the principles of prudent healthcare – the right person, at the right time in the right place.

It was reported at last month's F&P that alternative pathway for individuals with psychological distress was identified partly from SICAT and from the Integrated Mental Health Services. It is pleasing to report this month that the 'I CAN' service, delivered by third sector teams, has rolled out across all three acute sites serving the whole population of North Wales. We are already seeing a demonstrable reduction in the use of Section 136, and as a result of the very person focused approach, significantly improved outcomes for this cohort of people. Formal evaluation will begin in March with the outcomes reported through the F&P and QSE committees.

A reduction against the number of admissions from the Care Home sector was not evident in November or December. However, further data analysis carried out by the Central Area team, has identified a significant reduction in ED attendances compared to the same period last year. The evidence describes a staggering 65% reduction in Denbighshire Care Homes and 35% reduction in Conwy. Further work is being done by the Central Area team to understand the actions and services which have had the greatest impact on this change in demand, with an understanding that West and East Area teams will look to replicate best practice.

A significant reduction in the number of patients being delayed in ambulances for 60minutes or more is the most remarkable improvement seen within Unscheduled Care to date, and this has continued through January despite high demand and high acuity. Wrexham Maelor remain the site with the greatest improvement gain. The UHB have been approached by EASC and WAST teams with the request to work with them to understand the actions which have delivered the change, and ways in which this could be replicated across other HBs.

Flow:

Flow remains the greatest challenge for the Health Board, and we are seeing varying degrees of success by locality against the flow trajectories. The higher acuity seen across all sites has translated to increased referrals for admission, which has put pressure on the core bed base necessitating the need for escalation beds and review of the elective workload. Furthermore, two of the sites have seen a significant increase in attendances and admissions in the >65 age group.

The actions within the 90 day plans include external support in place to strengthen and embed the SAFER and Red to Green initiatives to facilitate improved flow for patients, ensure safe and effective care and treatment as well as Discharge to Assess and Home First models, which enable early supported discharge. The Choice policy has also been reviewed to ensure consistent links and alignment with the SAFER approach and a Choice information booklet has been developed and launched across all sites.

There is also an ED nurse staffing review underway to identify areas that can support improved medical capacity within the sites using advanced practitioners and emergency nurse practitioners to support the non-admitted stream.

Discharge:

A number of winter pilot schemes are being supported by Welsh Government with the British Red Cross within Ysbyty Glan Clwyd and Wrexham Maelor hospitals providing support to frail older people and vulnerable adults and assisting them in returning home quickly and safely once they are identified as fit for discharge. Also Care and Repair who are working with hospital teams to identify the greatest pressures for discharge and having early discussions with patients to help plan whether their homes are suitable to return to, supporting discharge planning and patient flow. They can also help provide a safer, warmer, more accessible home environment to help prevent re-admissions once a patient has returned home.

The re-introduction of a focussed Choice policy with aligned documentation and patient information has resulted in a reduction in DTOC across the sites, alongside closer working with our LA colleagues.

Next Steps:

Use of winter monies have also been agreed to support planned improvements, including Patient Flow co-ordinators in ED; Progress chasers at ward level and additional support for the site management team.

These winter pilots will be evaluated with a view to extending them if they are successful.

The Executive Team has made the decision to increase seniority, experience and leadership capabilities in management on each of the acute hospital sites to strengthen grip and effectiveness against the 90 day plan actions, and overall operational objectives. This is beginning to impact on the Wrexham site.

As we move into the second cycle of 90 day plans, increased focus on partner engagement is key to improved delivery. This will be managed initially through the North Wales Leadership Group with the first 'focus on' session taking place on Friday 22nd February as an agenda item on the Leadership Group meeting.

It is not intended to launch the second cycle of plans through a single event, but via local launch events which are currently being finalised to enable local teams opportunity to influence and 'own' the plans from the very outset. PMO support to help implement the next phase is now in place.

- The next cycle of the 90 day plan is being finalised. In addition to the existing work streams there will be an additional focus on non-admitted breaches, ED processes and improving medical engagement.
- There will be further work on a review of the Acute Medical Model and spread of existing practice around SAFER and Board rounds which is not consistently embedded.
- Intention to assess the baseline against using best practice standards to inform priority interventions.
- Review of daily informatics requirements to support operational delivery
- Overnight focus to understand reasons for deteriorating performance and apply PDSA principles to improvement

5) **Recommendations**

It is recommended that Finance and Performance Committee note:

- The content of the paper and progress made against the first cycle of the 90 day plan, moving forward into the second cycle.
- Recognise the achievement against the 90 day measures and how use of the 90 day plan methodology is driving improvement and change.
- The ongoing focus to improve the partnership working relating to the HBs Unscheduled Care Improvement journey.
- The ongoing risk associated with continuing challenges with flow and ED which as yet is only yielding minimal improvement in the HBs 4 hour performance.

Appendix: 90 day plan measures definition

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

**Unscheduled Care Improvement Programme – Building Better Care
Cycle 2 – February 2019 to May 2019**

Demand	Flow	Discharge	Informatics
<ul style="list-style-type: none"> • SICAT Service • WAST / GP OOH Integration • Pathways review 	<ul style="list-style-type: none"> • Ambulance Handover • Non-Admitted Breach Reduction (to include review of overnight performance) • EQ Internal Professional Standards • Pathways / AEC • Inpatient Internal Professional Standards (to include SAFER, Stranded, Board Rounds) • Site Function • Acute Medical Model • Management of Outliers • Review of Dementia ED Work 	<ul style="list-style-type: none"> • Discharge Leaflet • What Matters • Discharge To Assess • DTOC • Discharge SOP • Review of 3rd Sector Winter Support • BCU Wide SOP for access to Community Beds 	<ul style="list-style-type: none"> • Live Performance Data Capture across all BCU sites • Improving Data Quality

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

Report Title:	Workforce Quarterly Performance Report Quarter 3 2018/19
Report Author:	Mrs Georgina Roberts – Acting Associate Director Workforce Performance & Improvement
Responsible Director:	Mrs Sue Green, Executive Director of Workforce & Organisational Development
Public or In Committee	Public
Purpose of Report:	To provide the Committee with an overview of the performance of the Workforce against those key priority areas that impact upon the Health Board's ability to deliver safe, timely and cost effective care and services.
Approval / Scrutiny Route Prior to Presentation:	WOD Senior Leadership Team
Governance issues / risks:	Lack of consistency across systems and analytical capacity and capability could impact on the ability to establish baselines and monitor performance in a timely way. Lack of robust and targeted improvement plans to change/improve performance would impact on delivery of the Health Boards overall plans both in terms of performance and finance
Financial Implications:	No direct implications arising from this report
Recommendation:	The Committee is asked to note the report and in conjunction with other reports on this agenda, identify any gaps in critical information in order to provide assurance to the Board.

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			
N/A			

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

Workforce Quarterly Performance

Quarter 3 December 2018

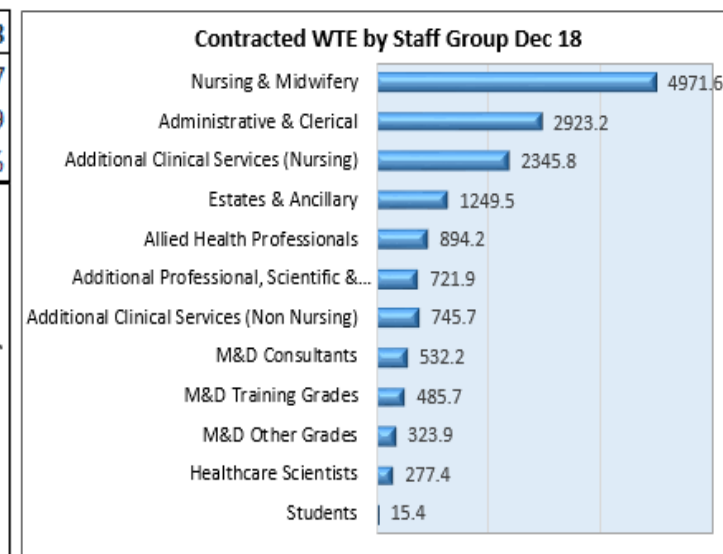
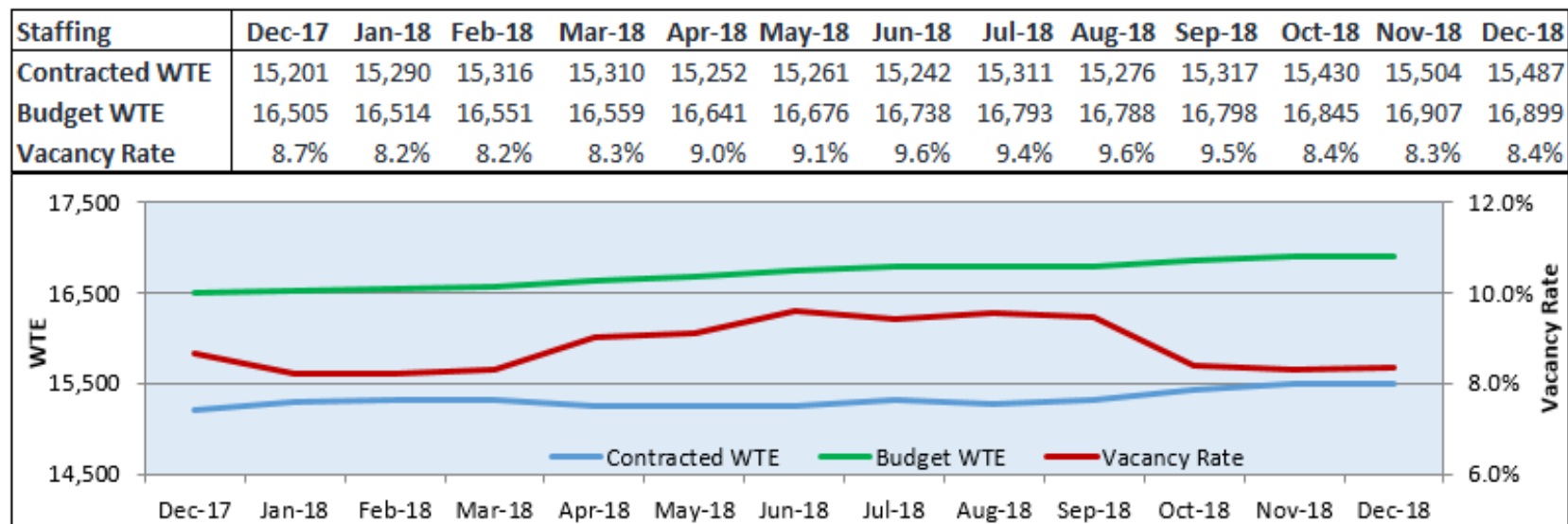
1. Purpose of Report

To provide the current BCUHB position and trend analysis across a number of key workforce performance metrics, to assist in the monitoring of progress against local and national targets, where applicable. Accompanying the measure of latest performance is an account of remedial action being undertaken, including anticipated timelines, to areas of under performance.

2. Introduction/Context

The performance metrics within this report measure performance with regards to the capacity and utilisation of the workforce. Vacancy, turnover and sickness levels impact on the ability to deliver safe service within the financial envelope. Compliance with mandatory and statutory training and staff appraisal (PADR) requirements are integral to delivering a high standard of service.

Staffing



Where we are and what we are doing about it:

The budgeted establishment has increased by 258 WTE since April 2018 and by 394 against the same period in 2017/18. However the rate of increase (2.2%) has continued to slow down against previous years (3.9% increase 15/16 to 16/17; 3.2% increase 16/17 to 17/18). Unsurprisingly the overall vacancy rate has increased over the same period of time i.e. 7.3% 15/16 to 8.4% 18/19 and is a focus area as we implement improvements in retention and skills based workforce planning. In terms of divisional vacancy rates (see next slide), there are a high level of vacancies within Estates and Facilities and as such analysis is underway to better understand whether this is planned (as part of cost improvement) or whether there is strategic support required. Acute site vacancy levels remain high and are subject to additional support to address critical areas/staff groups. Nursing and midwifery vacancies are also high across the acute sites and MHL. ***Please note, budget WTE figures for Dec 17 to Sep 18 are sourced from Finance reports .Budget WTE figures for Oct to Dec18 are sourced from ESR. Contracted FTE figures are refreshed each month to reflect retrospective changes assignment.*

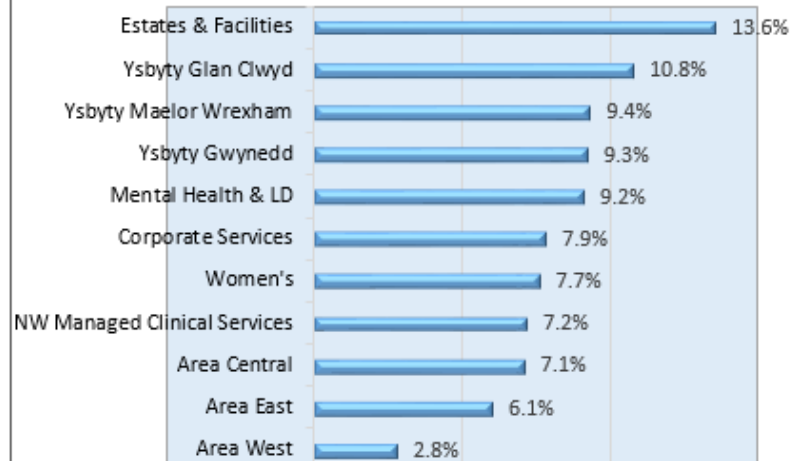
Implementing full Establishment Control is still a key priority with full implementation expected by end of March 2019.

Education and management of the system is a priority along with Finance and Workforce working closely to understand the fluctuation in Budgeted WTE.

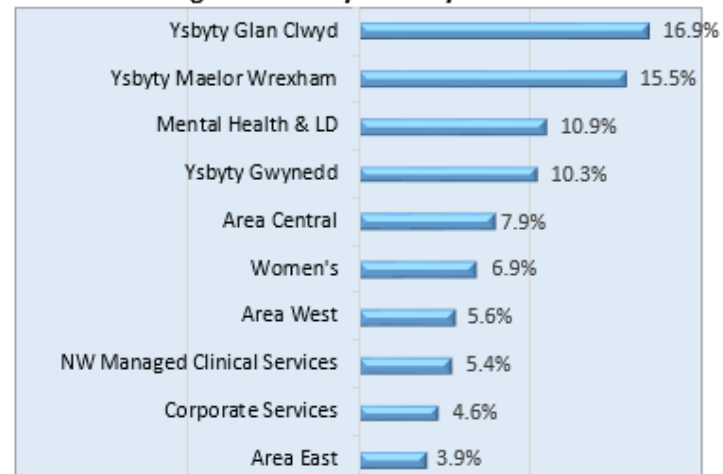
An invest to save business is being developed to support the establishment of a “resourcing service” bringing establishment control; recruitment; roster management and temporary staffing together. The proposal will build upon work and impact to date as well as being cognisant of benchmarking data.

Vacancy Rates by Division December 2018

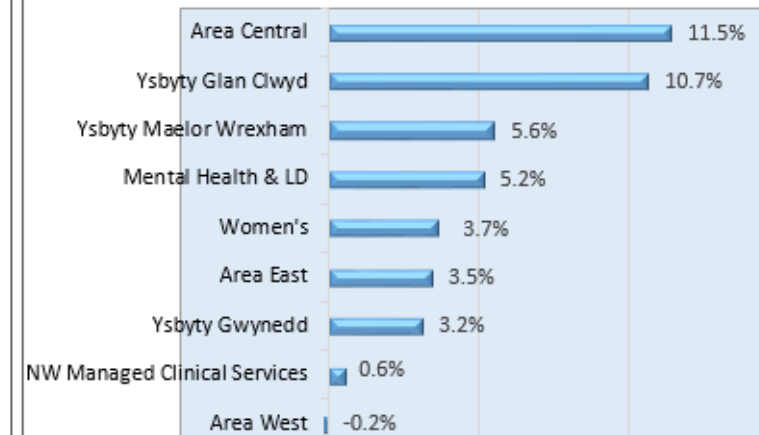
Vacancy Rate by Division Dec 18



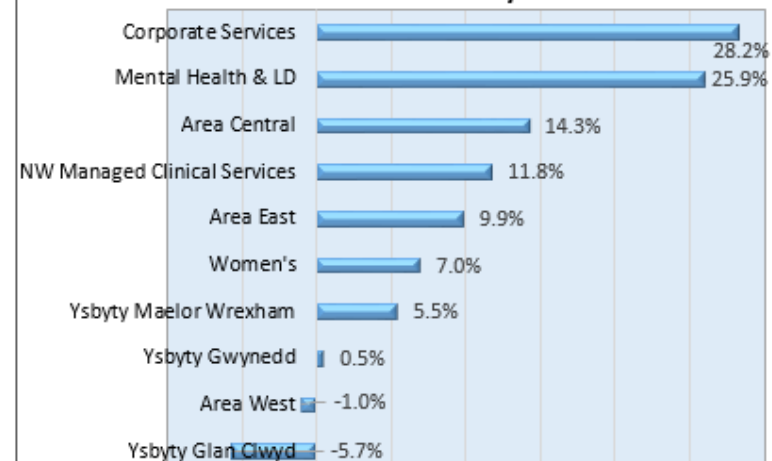
Nursing & Midwifery Vacancy Rate Dec 18



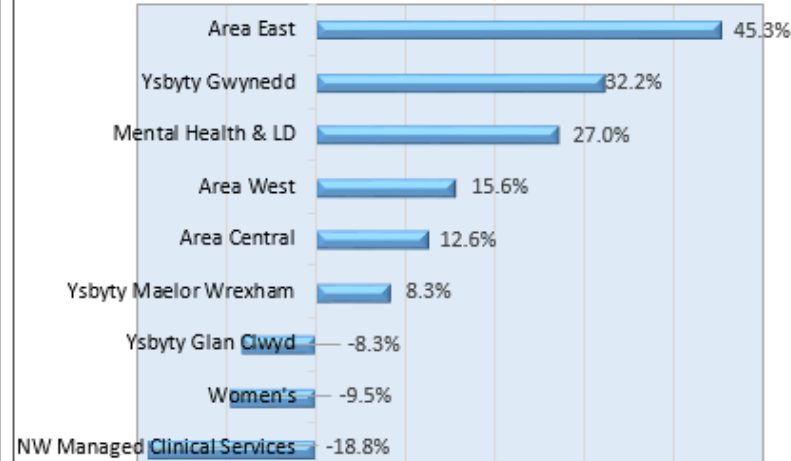
**Additional Clinical Services (Nursing)
Vacancy Rate Dec 18**



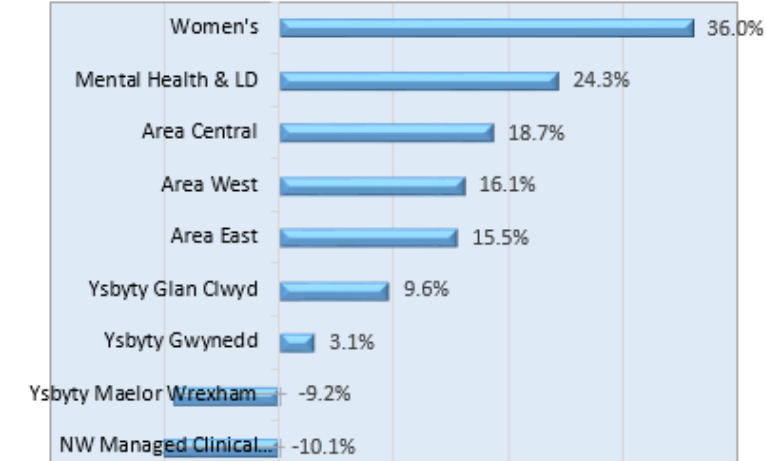
M&D Consultants Vacancy Rate Dec 18



M&D Other Grades Vacancy Rate Dec 18

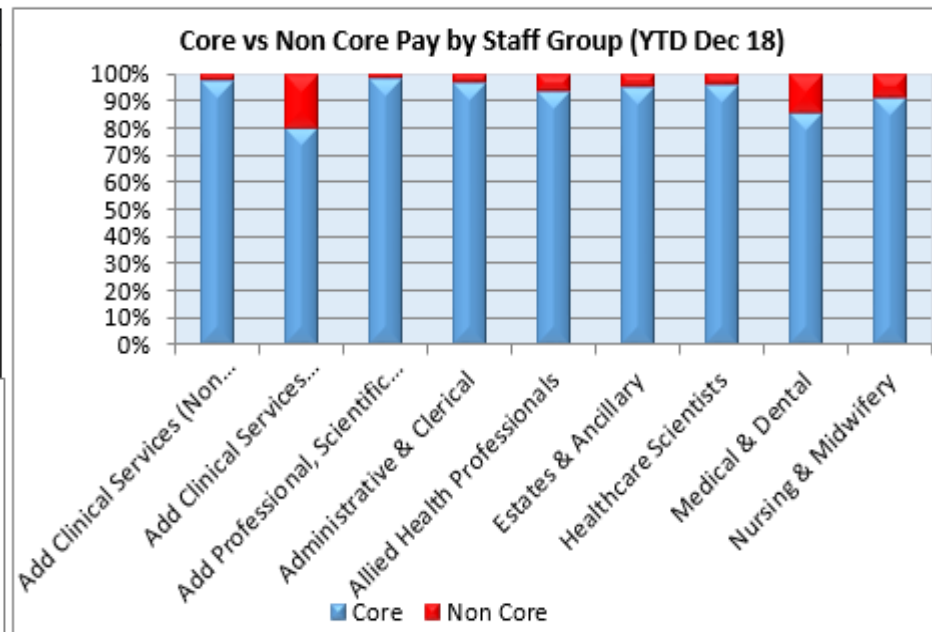
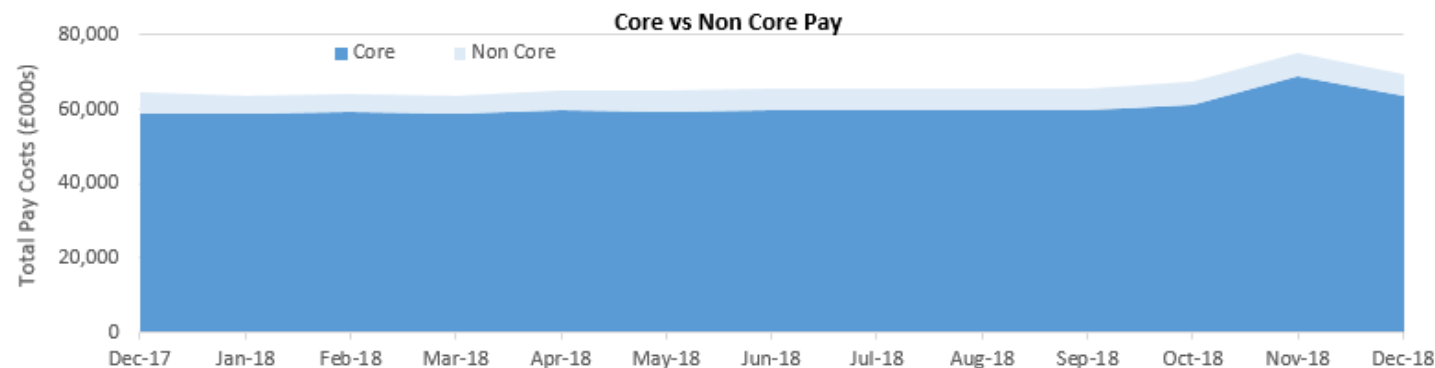


M&D Training Grades Vacancy Rate Dec 18



Workforce Costs

Pay Costs	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Agency (£000s)	2,342	2,206	1,788	2,223	2,339	2,554	2,569	2,669	2,660	2,554	2,715	2,339	2,274
Agency %	4.0%	3.7%	3.0%	3.8%	3.9%	4.3%	4.3%	4.5%	4.5%	4.3%	4.4%	3.4%	3.6%
Bank (£000s)	1,292	1,233	1,378	1,237	1,399	1,322	1,415	1,339	1,407	1,524	1,564	1,872	1,567
Bank %	2.2%	2.1%	2.3%	2.1%	2.3%	2.2%	2.4%	2.2%	2.4%	2.5%	2.5%	2.7%	2.5%
Overtime (£000s)	605	483	632	640	781	504	549	546	544	579	607	711	573
Overtime %	1.0%	0.8%	1.1%	1.1%	1.3%	0.8%	0.9%	0.9%	0.9%	1.0%	1.0%	1.0%	0.9%
Add. Hours (£000s)	301	251	291	305	351	259	280	282	260	283	295	310	325
Add. Hours %	0.5%	0.4%	0.5%	0.5%	0.6%	0.4%	0.5%	0.5%	0.4%	0.5%	0.5%	0.4%	0.5%
Locum (£000s)	844	754	858	461	811	856	874	923	936	936	942	1068	1111
Locum %	1.4%	1.3%	1.5%	0.8%	1.4%	1.4%	1.5%	1.5%	1.6%	1.6%	1.5%	1.5%	1.7%
Total Pay (£000s)	59,020	58,911	59,099	58,584	59,642	59,406	59,767	59,703	59,664	59,852	61,411	69,095	63,744



Where we are and what we are doing about it:

There has been a notable improvement in performance during November and December 2018 with agency rates reducing to below 4%. Bank rates are higher during quarter 3 peaking at 2.7% in November 2018; this correlates with a particularly low agency rate of 3.4% and demonstrates the early impact of work being undertaken to improve temporary staffing services. In addition to reviewing Overtime expenditure we are now able to see and scrutinise additional contracts hours worked and internal locum spend. This was previously reported within core spend but are key components of non core/variable pay. The levels of spend are not insignificant and as such planning has commenced in terms of controls but also better understanding of the root causes of spend and plans to address these.

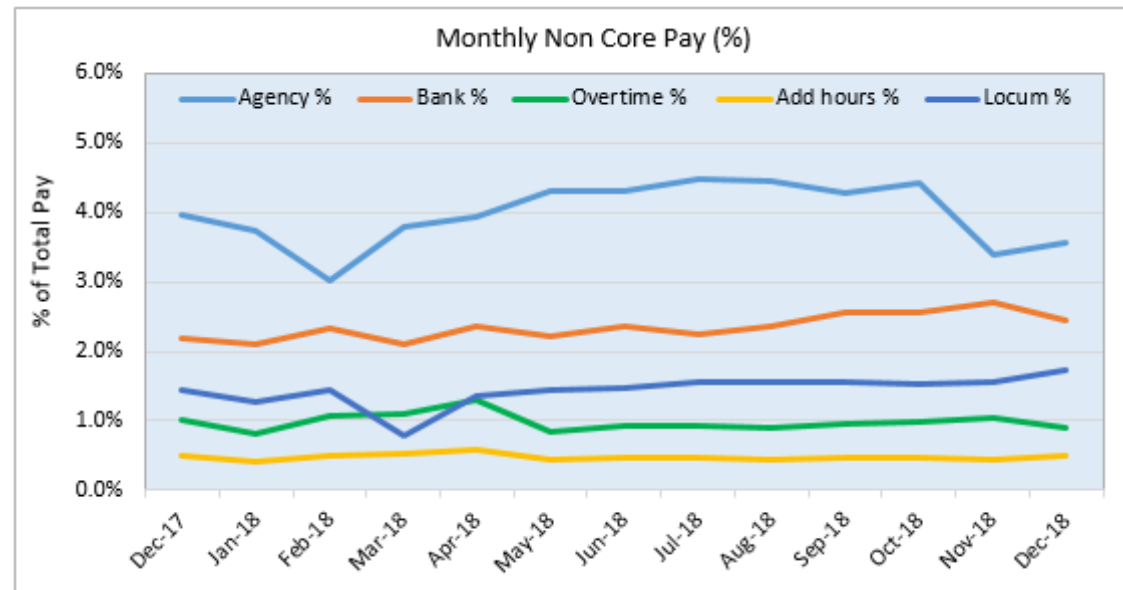
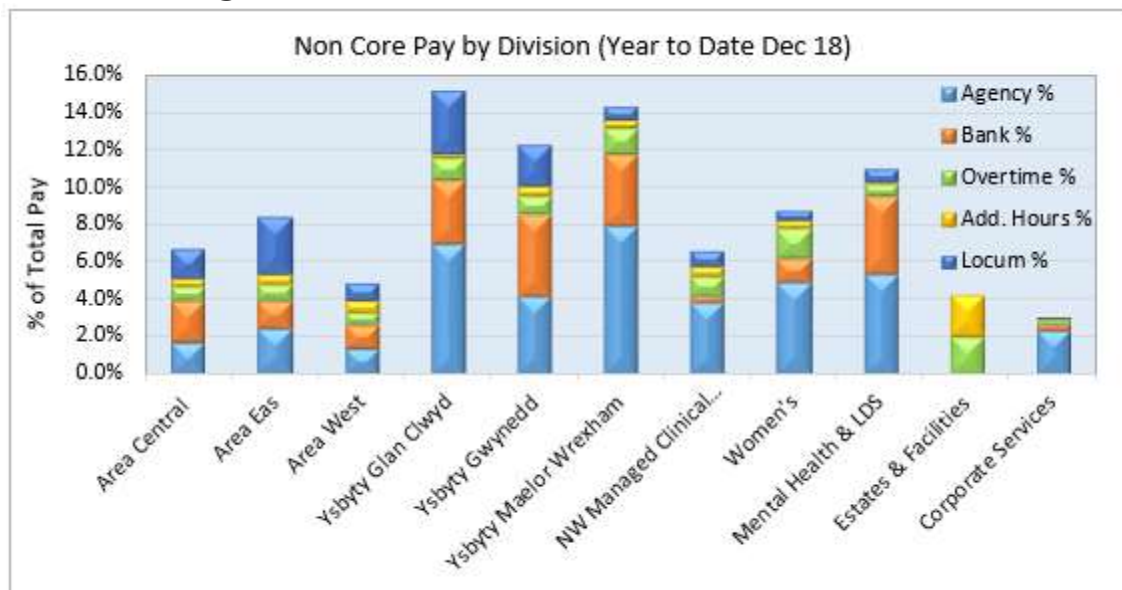
The Optimisation plans developed for both Medical and Nursing aimed at not only controlling "premium" rate spend, but also and importantly addressing the root causes for this spend. These plans include Nursing roster optimisation and alignment plans, and a Temporary Staffing improvement plan, Medical Review of Junior Doctor rotas and skill mix review in key specialities and bespoke recruitment & retention plans for both professions.



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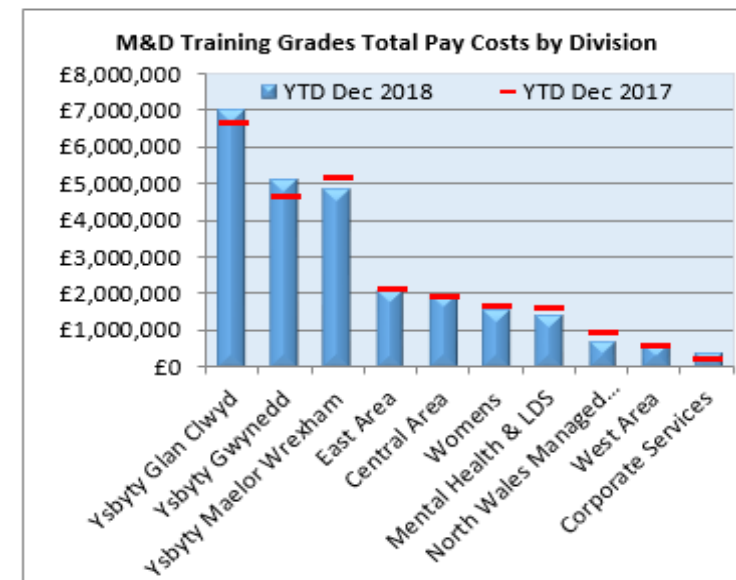
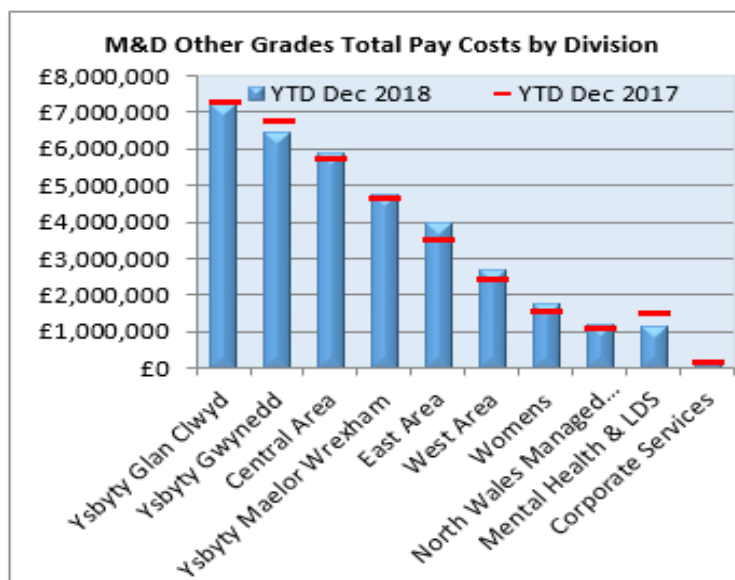
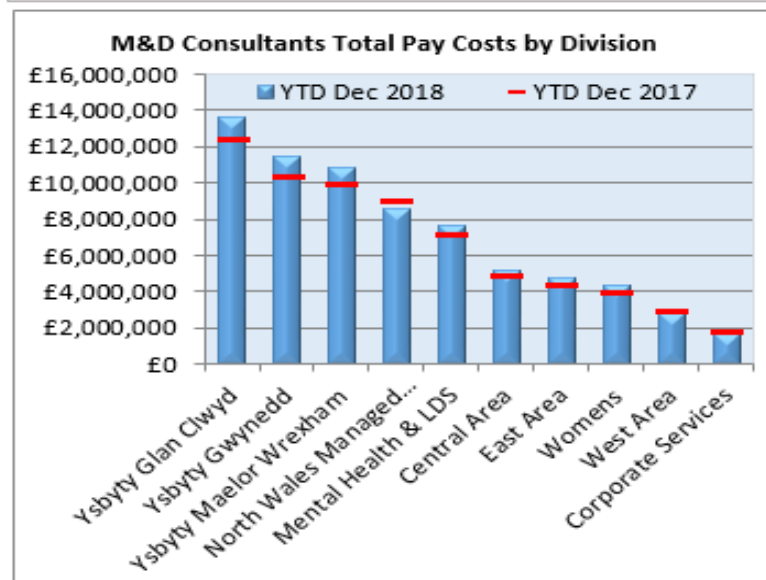
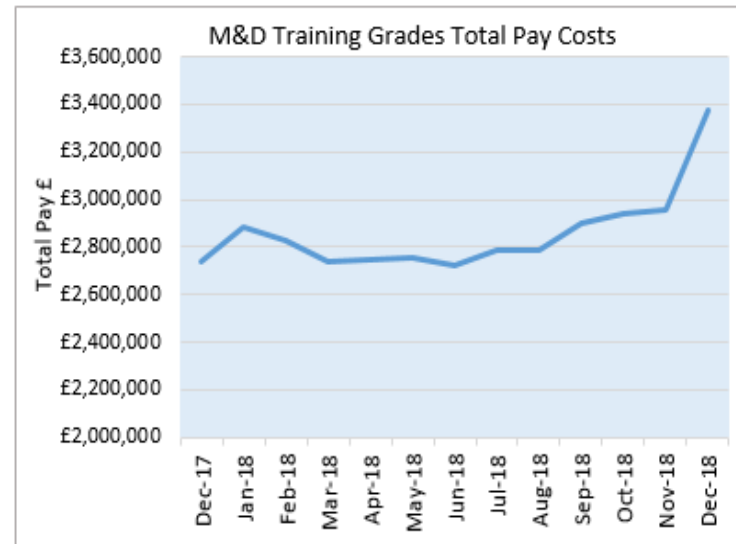
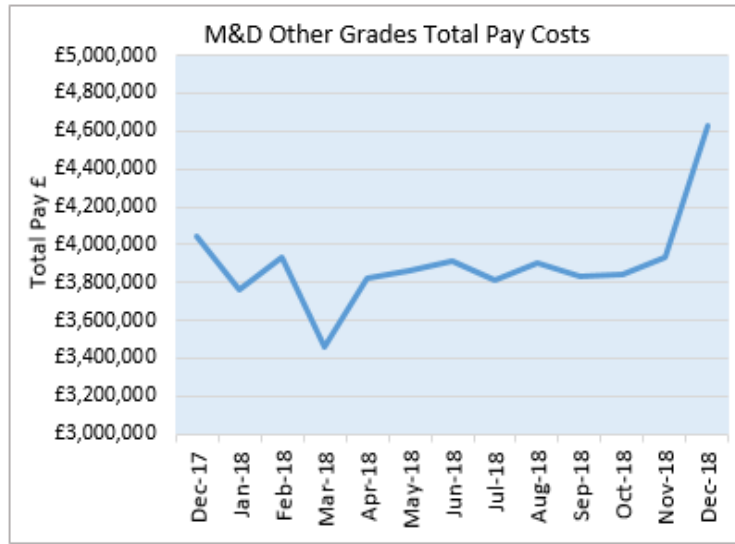
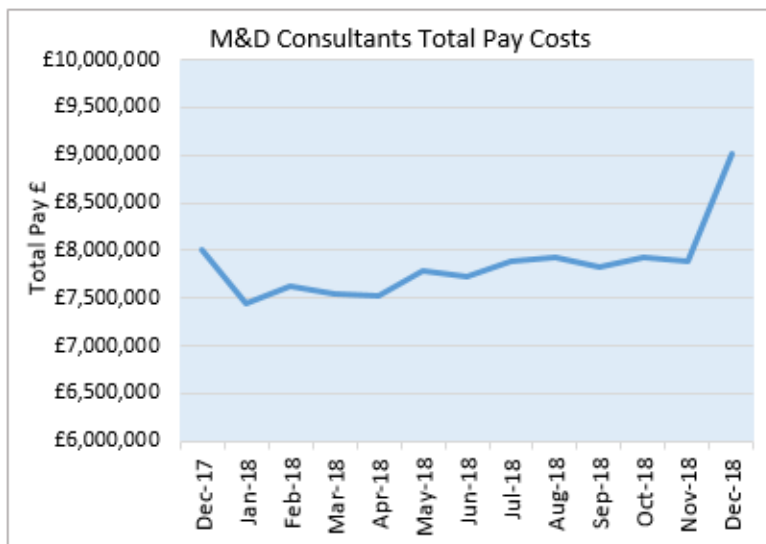
Workforce Costs



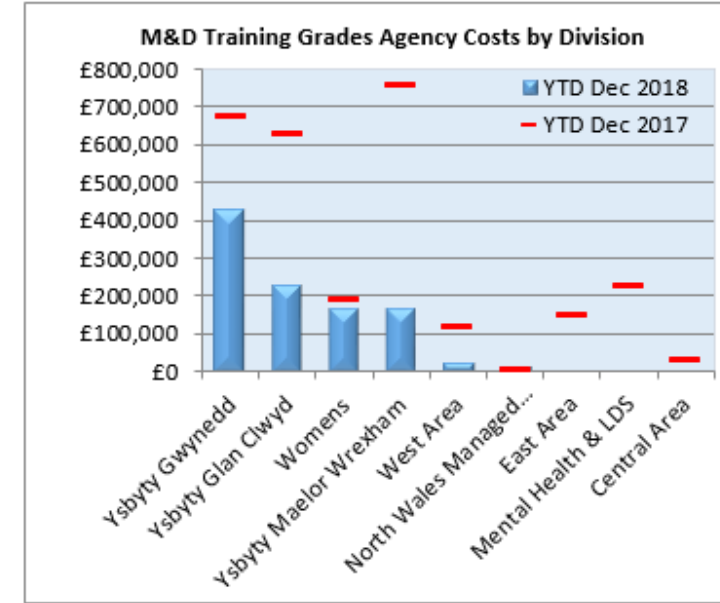
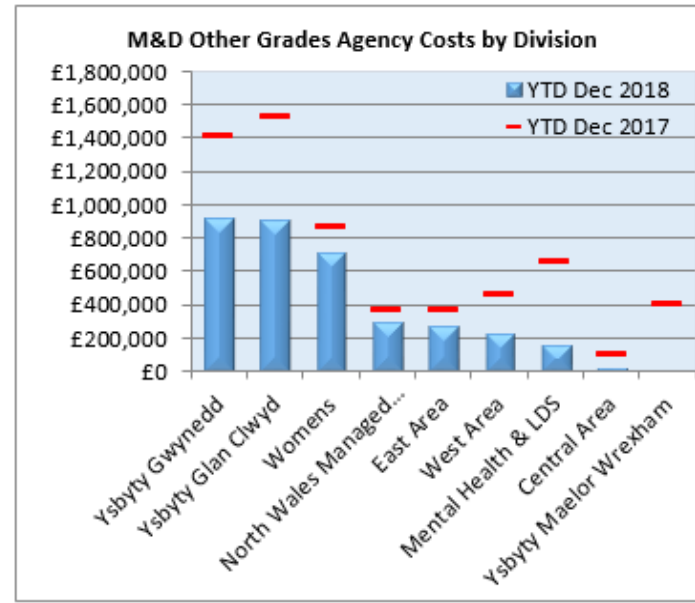
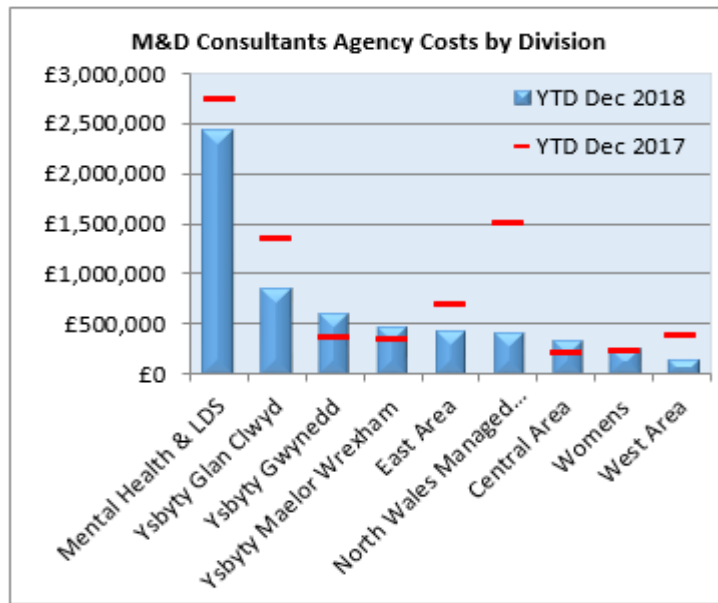
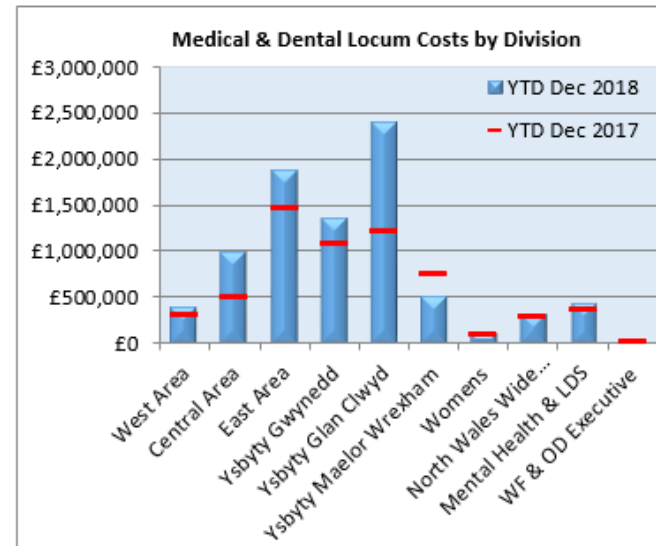
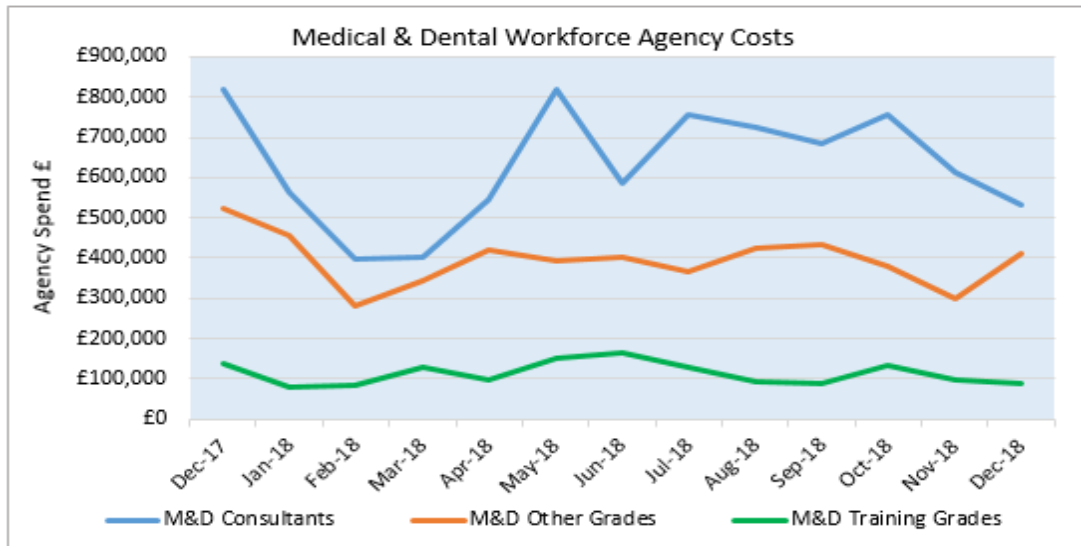
Year to Date Dec 18					
Division	Agency	Bank	Overtime	Add. Hours	Locum
Area Central	£1,129,758	£1,419,508	£462,558	£308,907	£1,003,388
Area East	£1,524,956	£909,415	£505,514	£331,044	£1,895,435
Area West	£569,051	£537,528	£239,848	£260,211	£401,048
Ysbyty Glan Clwyd	£4,989,797	£2,407,625	£848,669	£199,488	£2,403,296
Ysbyty Gwynedd	£2,539,335	£2,591,971	£624,342	£265,741	£1,362,505
Ysbyty Maelor Wrexham	£4,935,640	£2,434,650	£845,249	£225,474	£508,311
NW Managed Clinical Se	£1,544,991	£155,569	£416,886	£228,942	£330,111
Women's	£1,223,850	£309,419	£382,615	£125,108	£108,559
Mental Health & LDS	£3,322,030	£2,513,783	£429,953	£46,784	£444,784
Estates & Facilities			£566,060	£608,038	
Corporate Services	£894,243	£129,323	£70,765	£44,998	£220
Total	£22,673,651	£13,408,791	£5,392,459	£2,644,735	£8,457,657



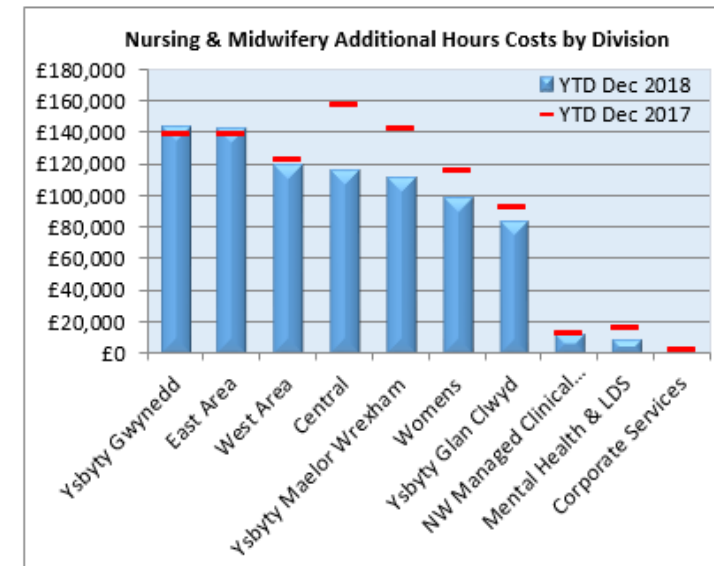
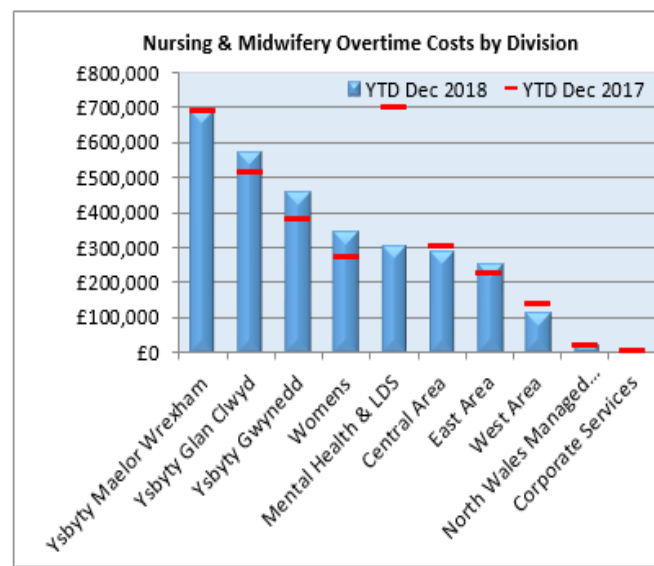
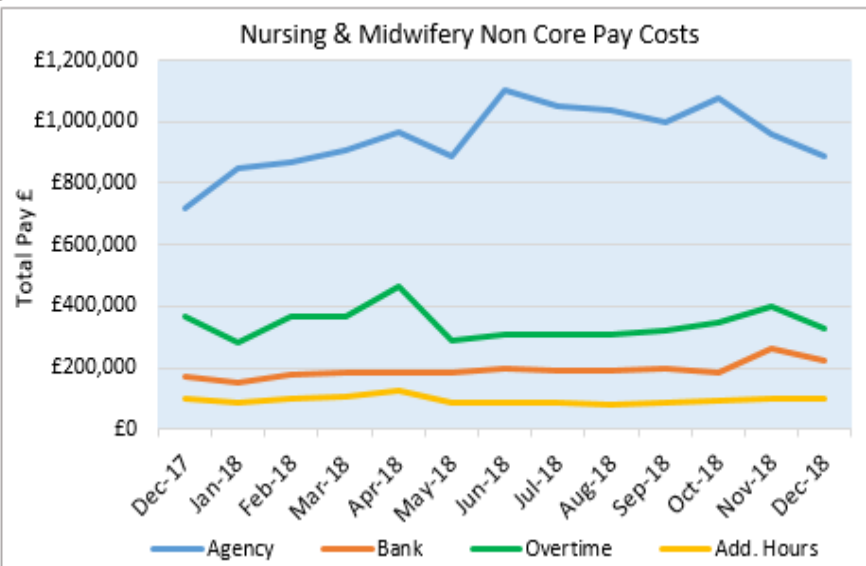
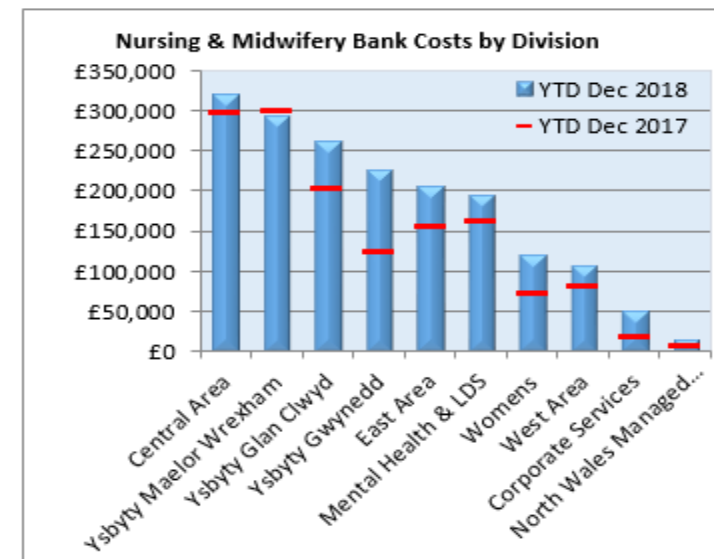
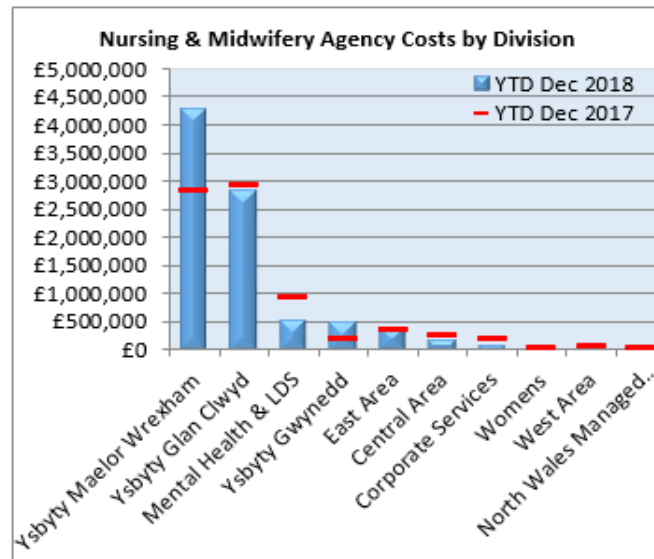
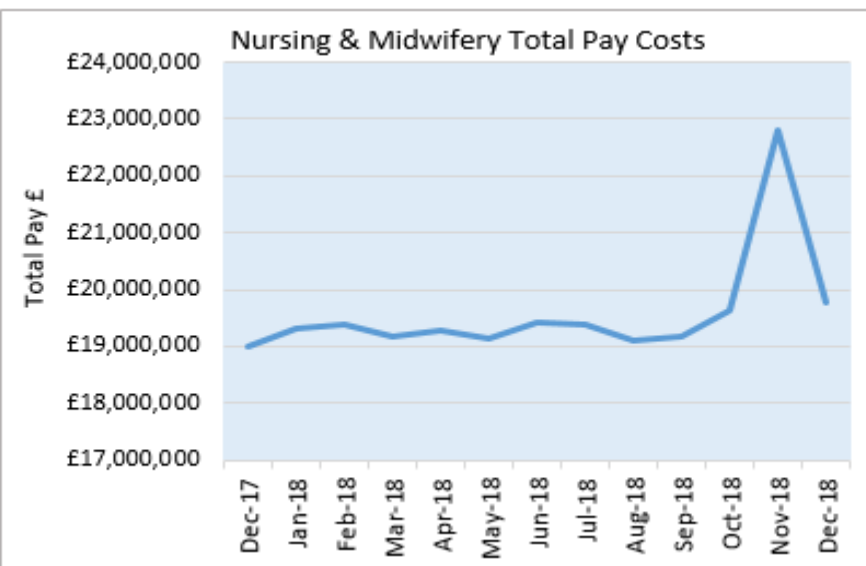
Medical and Dental Workforce Costs



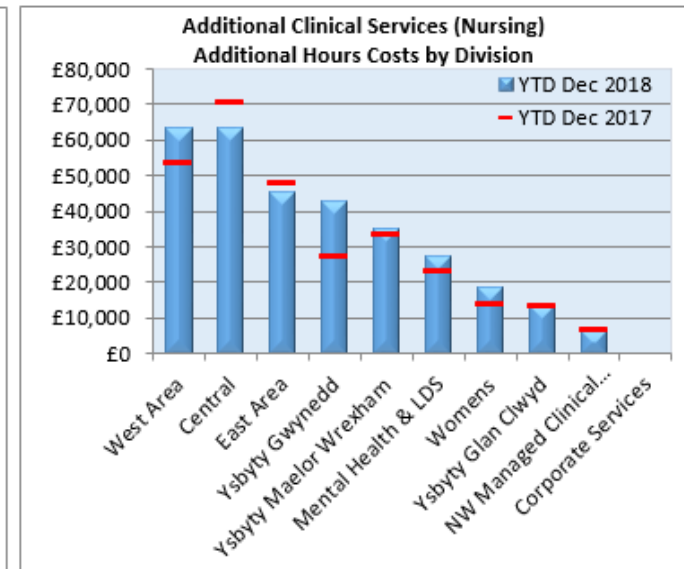
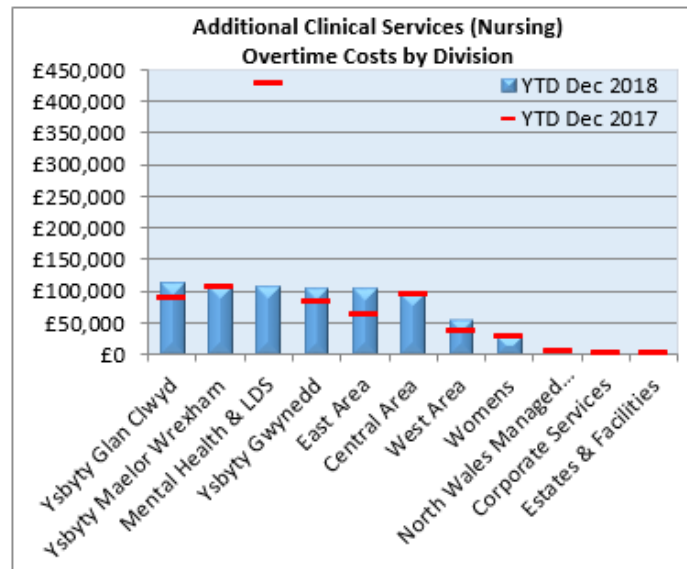
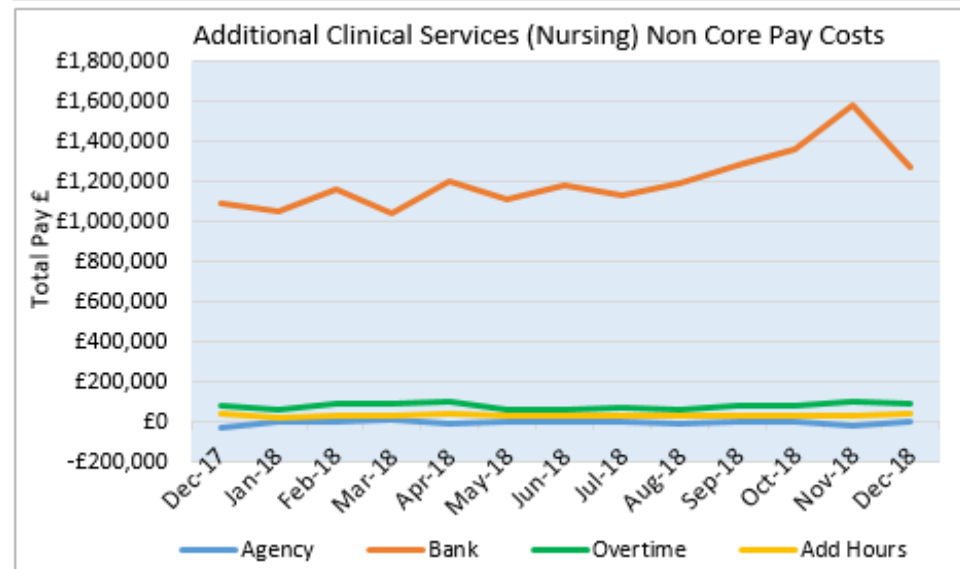
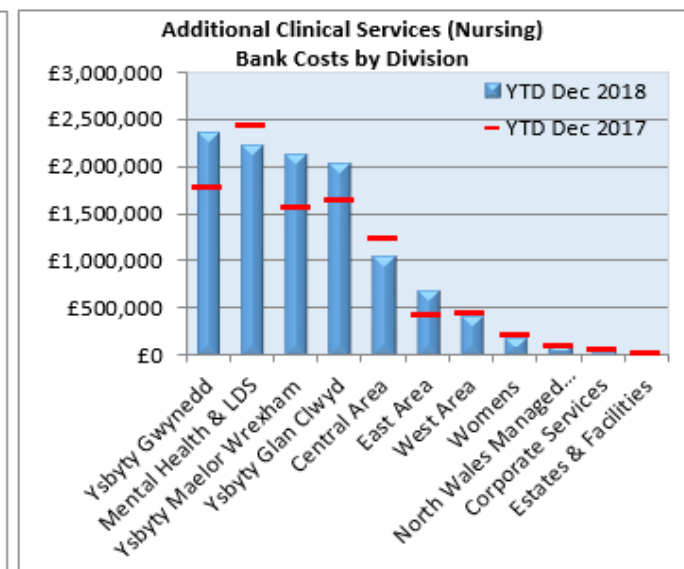
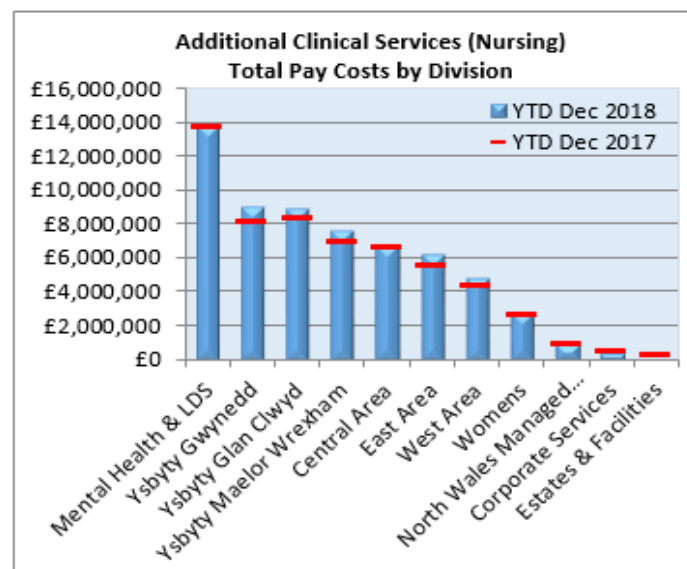
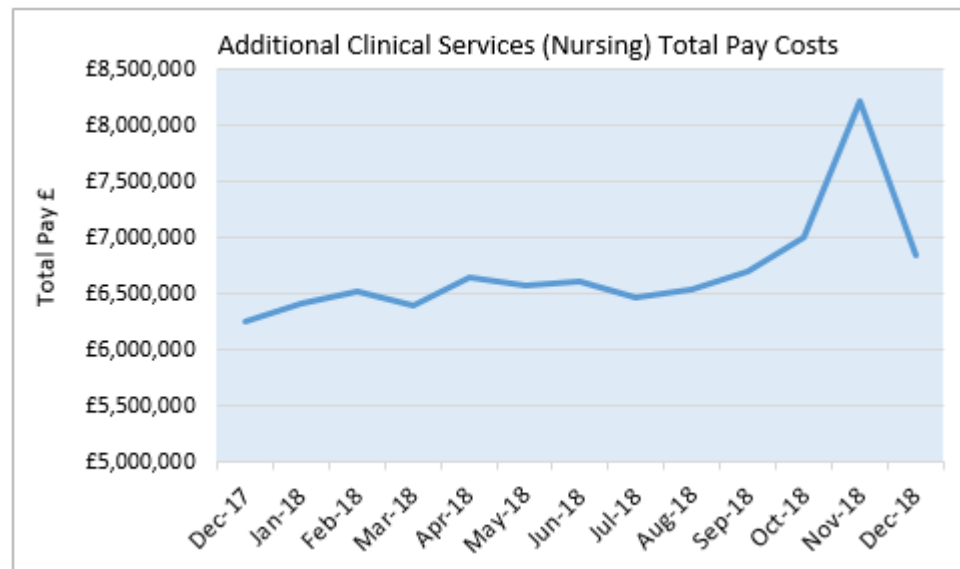
Medical and Dental Workforce Costs



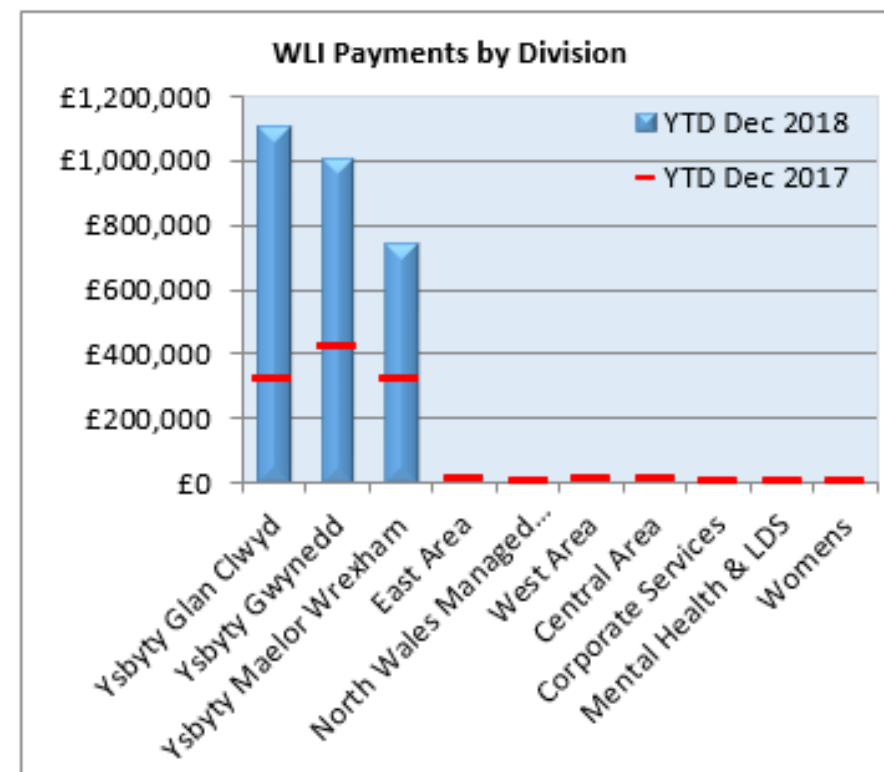
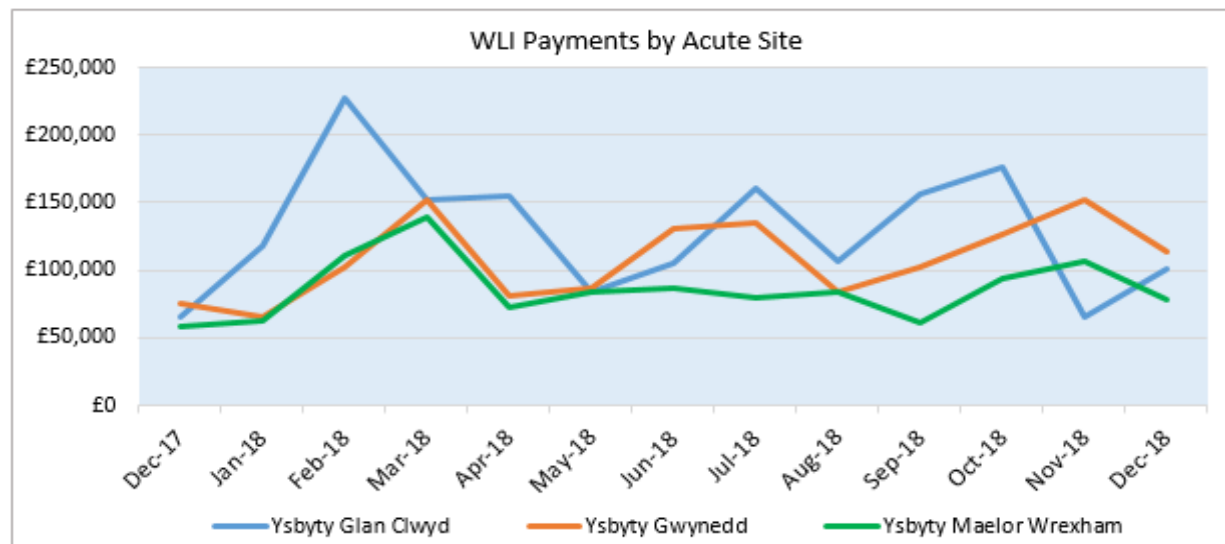
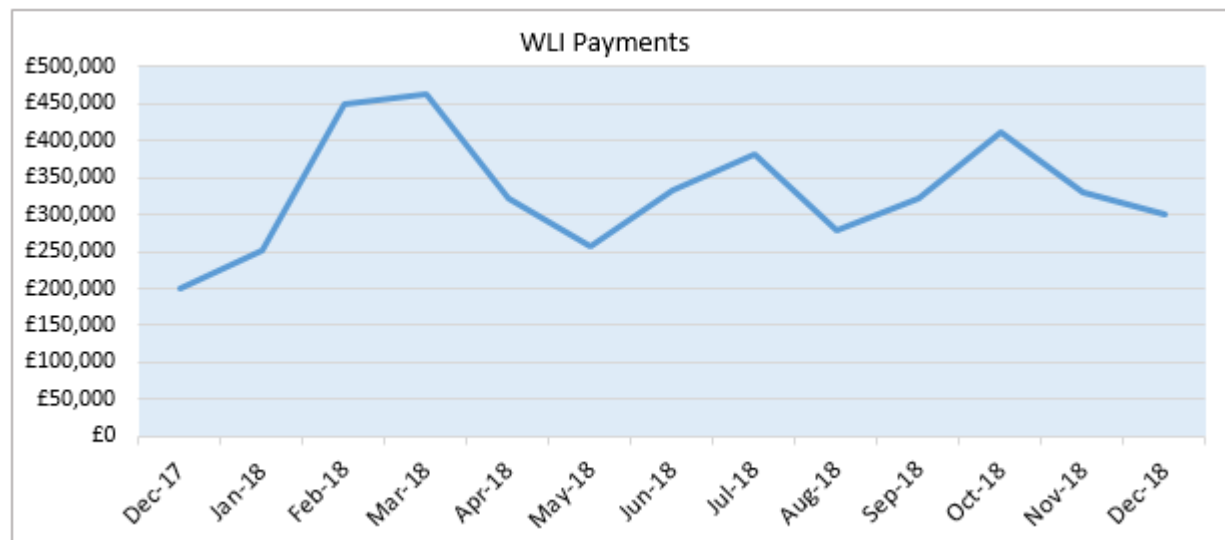
Registered Nursing Workforce Costs



Additional Clinical Services (Nursing) Workforce Costs

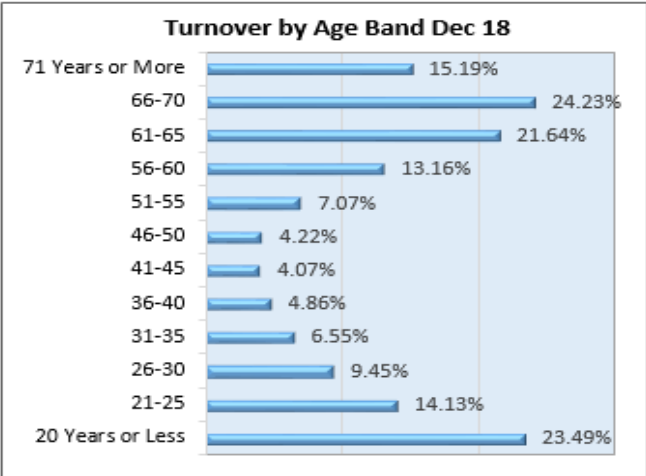
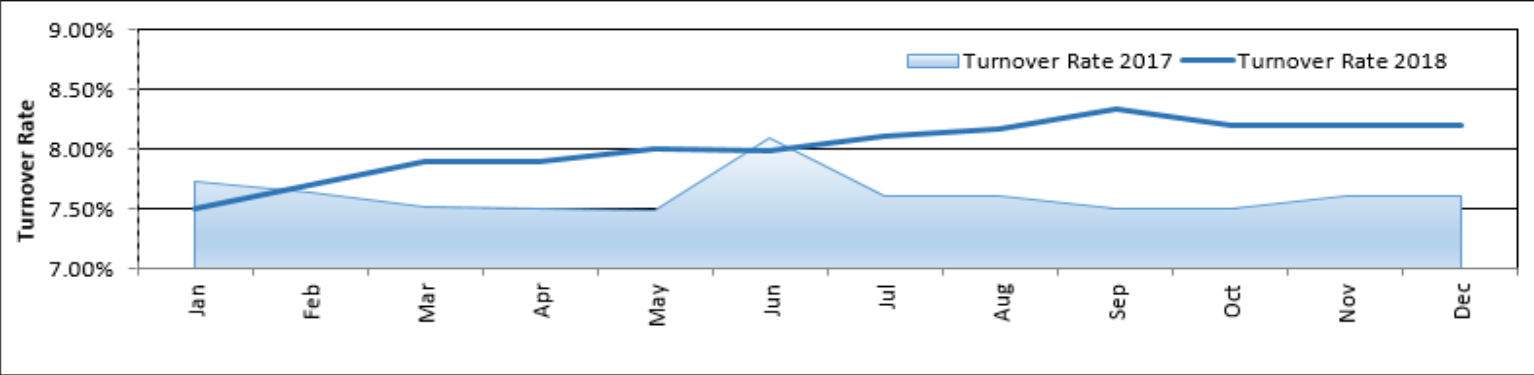


WLI Payments



Turnover (excludes M&D Training Grades)

Turnover	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Turnover Rate 2018	7.5%	7.7%	7.9%	7.9%	8.0%	8.0%	8.1%	8.2%	8.3%	8.2%	8.2%	8.2%
Turnover Rate 2017	7.7%	7.6%	7.5%	7.5%	7.5%	8.1%	7.6%	7.6%	7.5%	7.5%	7.6%	7.6%



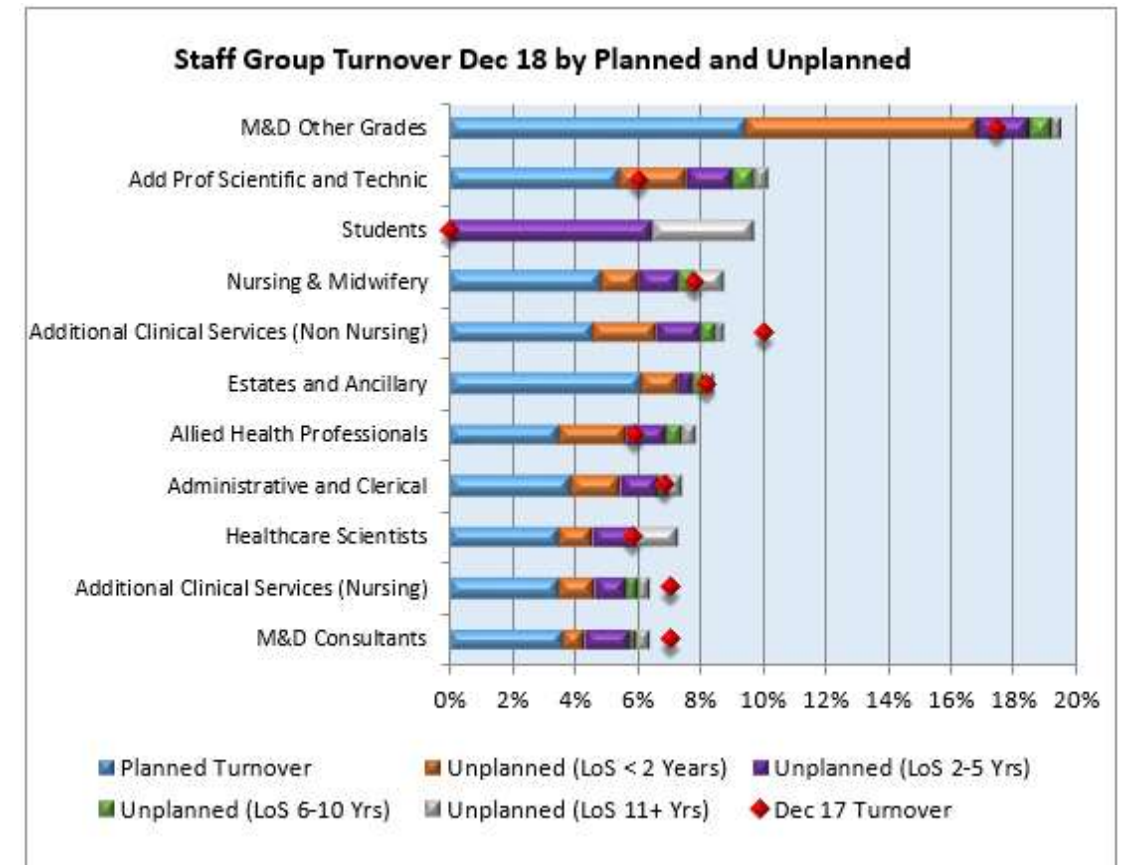
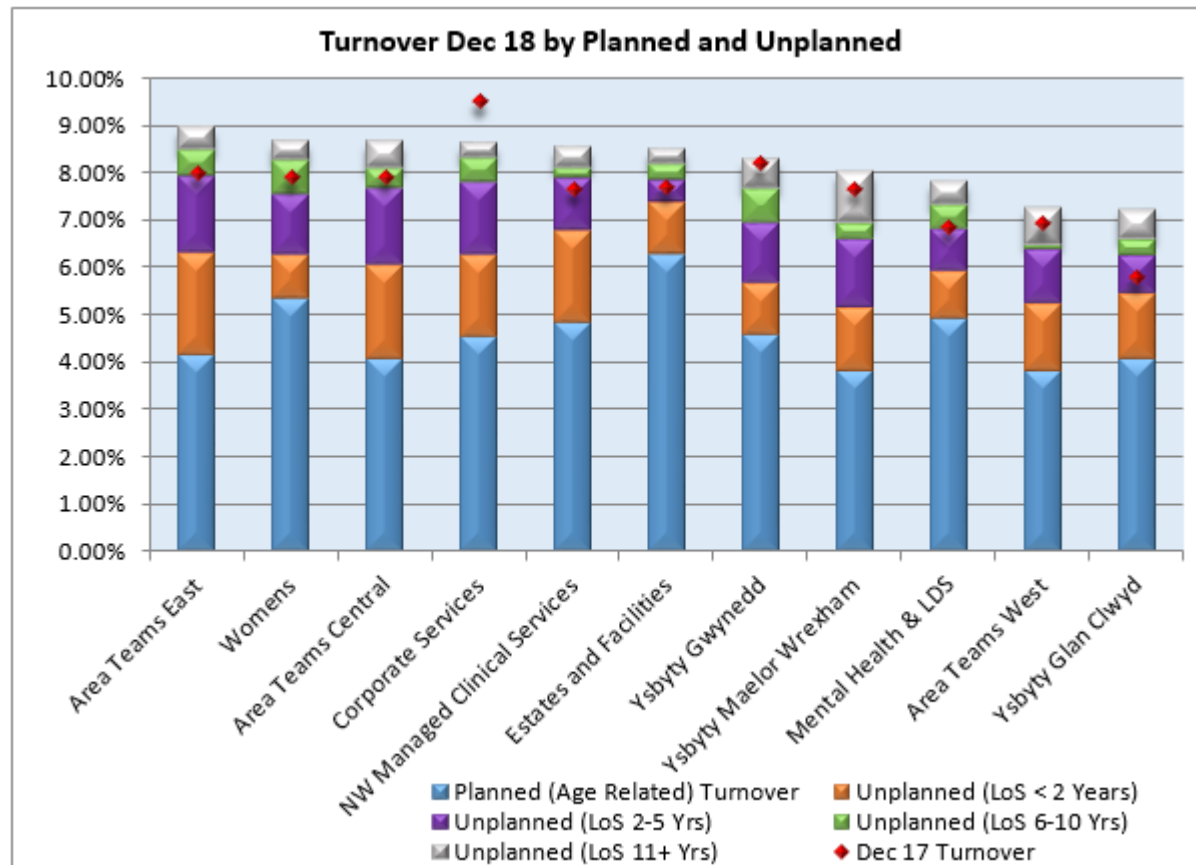
Where we are and what we are doing about it:

Across quarter 3 turnover rates remain steady at 8.2% and are 0.6% higher than in December 2017. Rates are higher in the younger and older age brackets and are lowest between the ages of 31 and 55. Divisions with the highest turnover rates are Area East, Area Central and MHL D; turnover has increased in each over the last 12 months. Estates, Women's and MHL D have the highest rates attributable to planned turnover which is largely down to high numbers of retirement leavers. Ysbyty Maelor Wrexham, Area East and Area Central have higher levels of unplanned turnover (voluntary resignations) whilst Ysbyty Gwynedd, Ysbyty Glan Clwyd and Area West have higher levels of planned turnover. Area East, Area Central and North Wales Managed Clinical Services have high levels of unplanned turnover amongst those with less than 2 years service. Turnover is highest, and increasing, amongst M&D Other Grades and Add Prof Scientific and Technical staff groups. *****Please note, rates exclude Junior Doctors*****

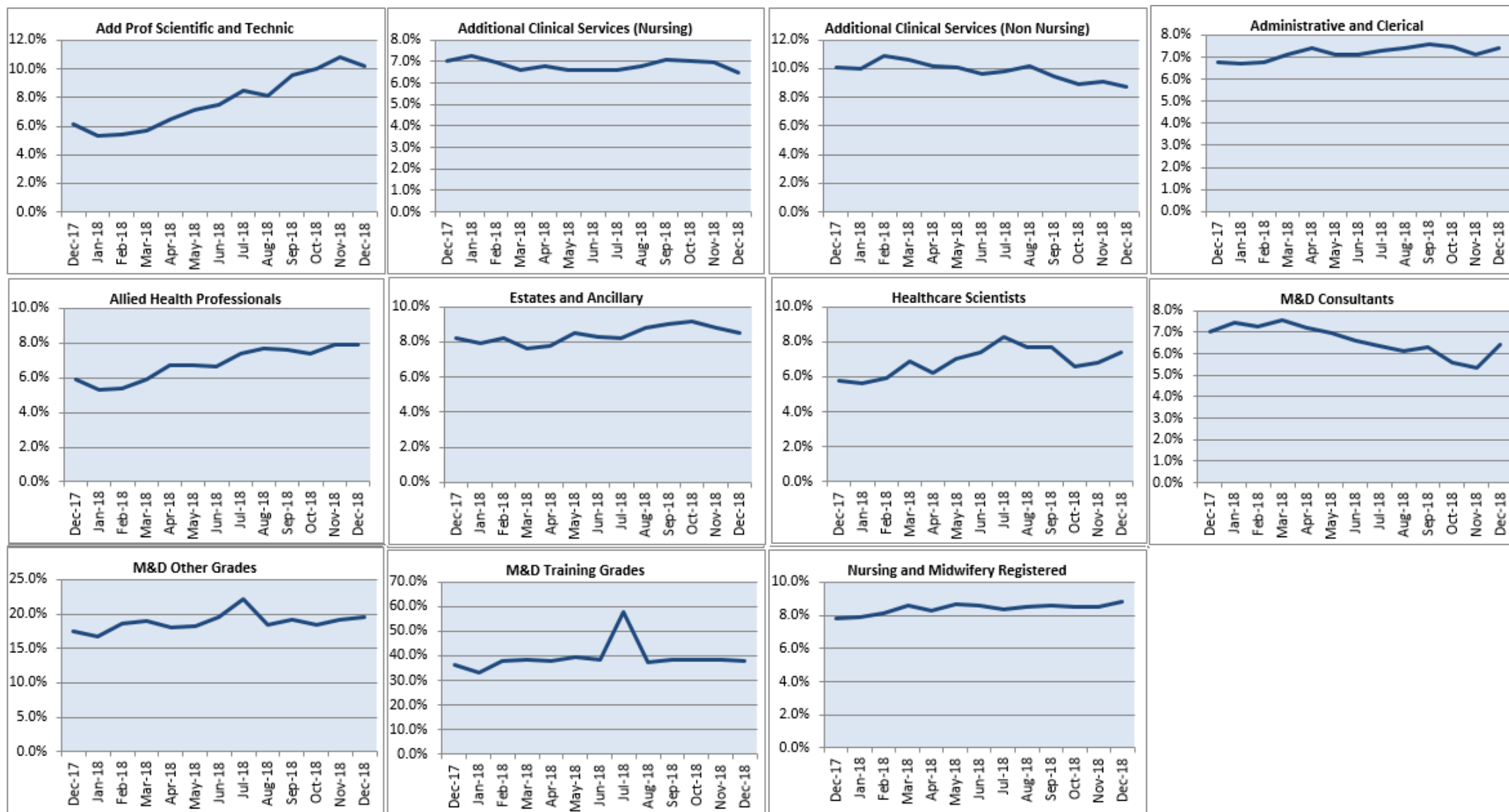
Analysis of unplanned Turnover is being undertaken as part of the current state workforce profile mapping to underpin the Workforce Strategy Delivery plan. A revised exit review process is now in place to focus on the high risk areas as well as the systematic review of all departures. A multi professional team model is being developed to provide enhanced support from WOD for high risk/high priority areas. Each Objective within the Annual Plan is interconnected and as such this work will contribute to each of them. Themes identified to inform improvement action will include Cultural change, values and behaviours, Better support for work life balance

Learning and development opportunities, An improvement plan is in progress identifying both corporate actions and those actions for progression locally within service areas. Clear actions will be assigned to the Senior Leadership Team and progress reported quarterly via the annual objectives.

Turnover : Divisional and Staff Group Rates December 2018 (excludes M&D Training Grades)

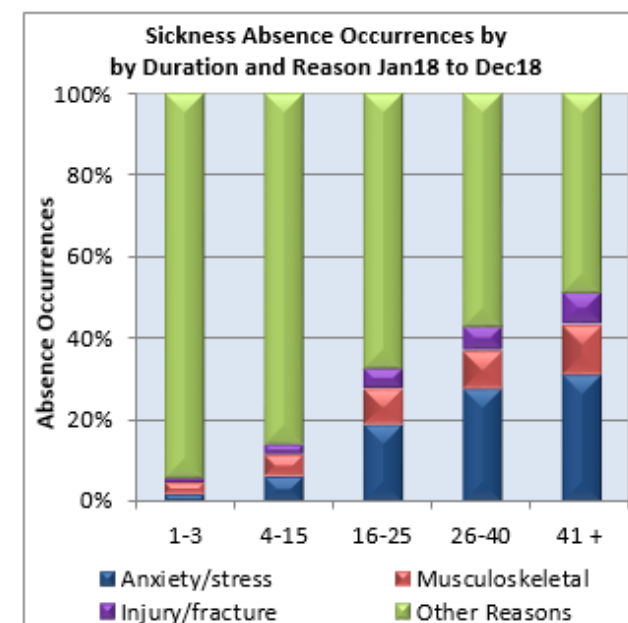
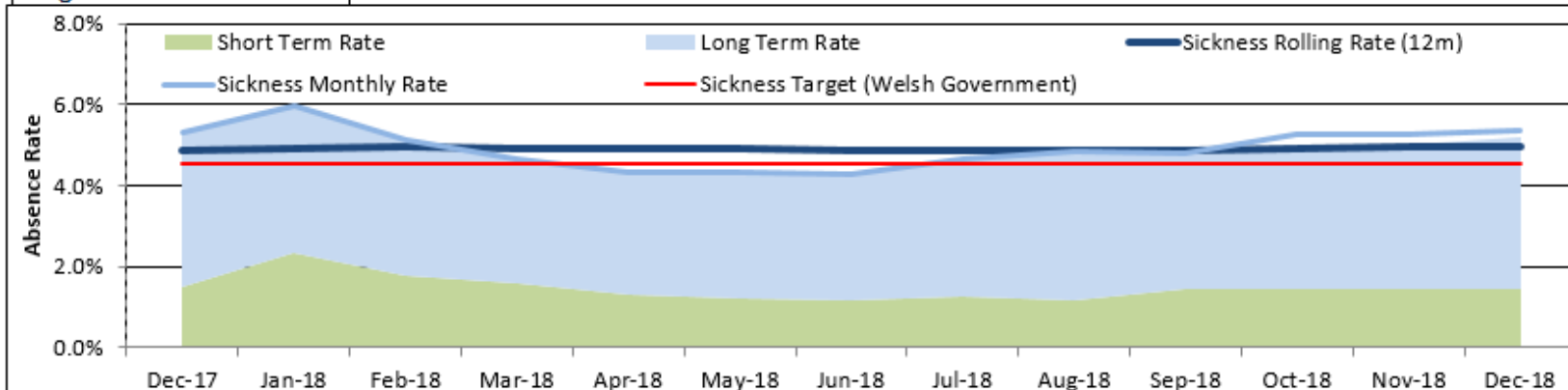


Monthly Turnover Trend by Staff Group



Sickness Absence

Sickness	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Sickness Rolling Rate (12m)	4.9%	4.9%	5.0%	4.9%	4.9%	4.9%	4.9%	4.9%	4.9%	4.9%	4.9%	5.0%	5.0%
Sickness Monthly Rate	5.3%	6.0%	5.1%	4.7%	4.3%	4.3%	4.3%	4.7%	4.8%	4.8%	5.3%	5.3%	5.4%
Short Term Rate	1.5%	2.4%	1.8%	1.6%	1.3%	1.2%	1.2%	1.3%	1.2%	1.4%	1.4%	1.4%	1.4%
Long Term Rate	3.8%	3.6%	3.3%	3.1%	3.0%	3.1%	3.1%	3.4%	3.7%	3.4%	3.6%	3.6%	3.8%

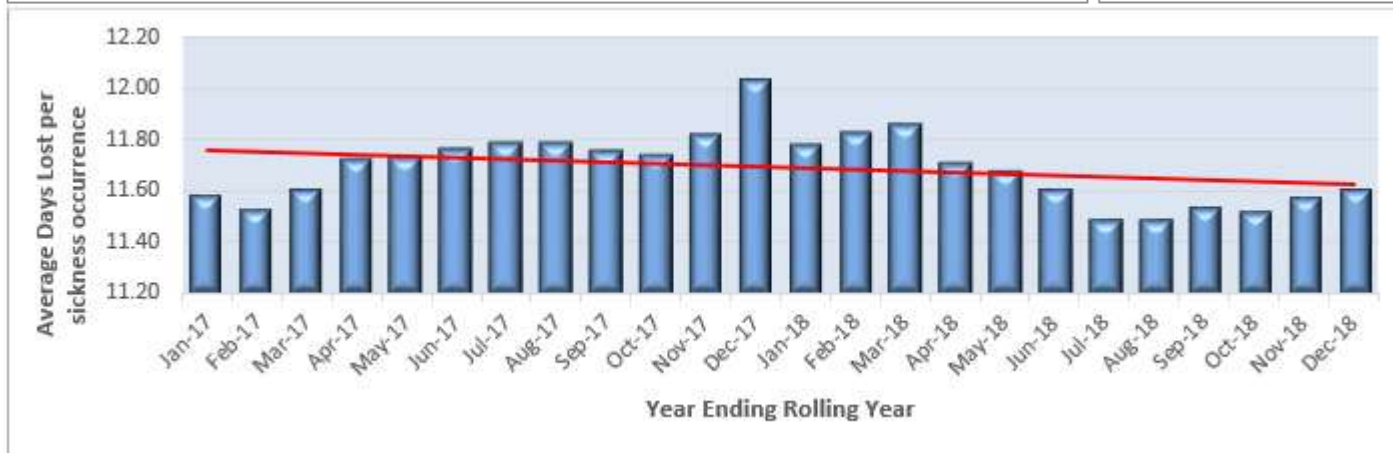
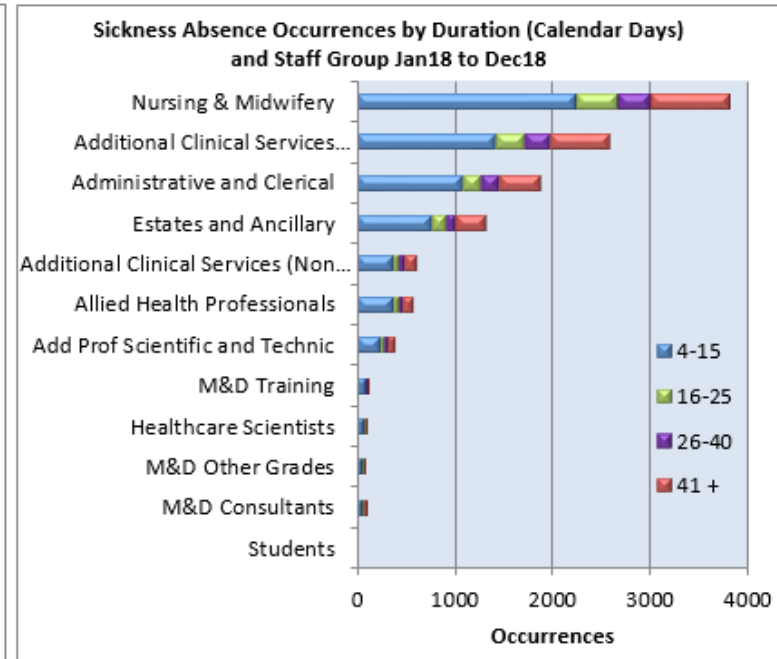
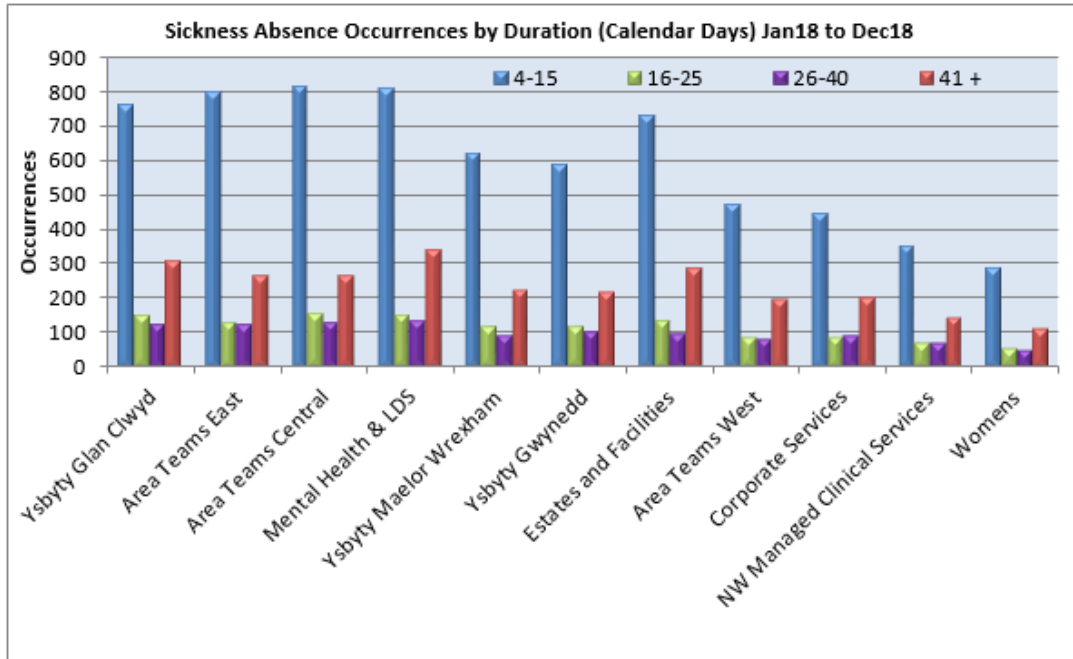


Where we are and what we are doing about it:

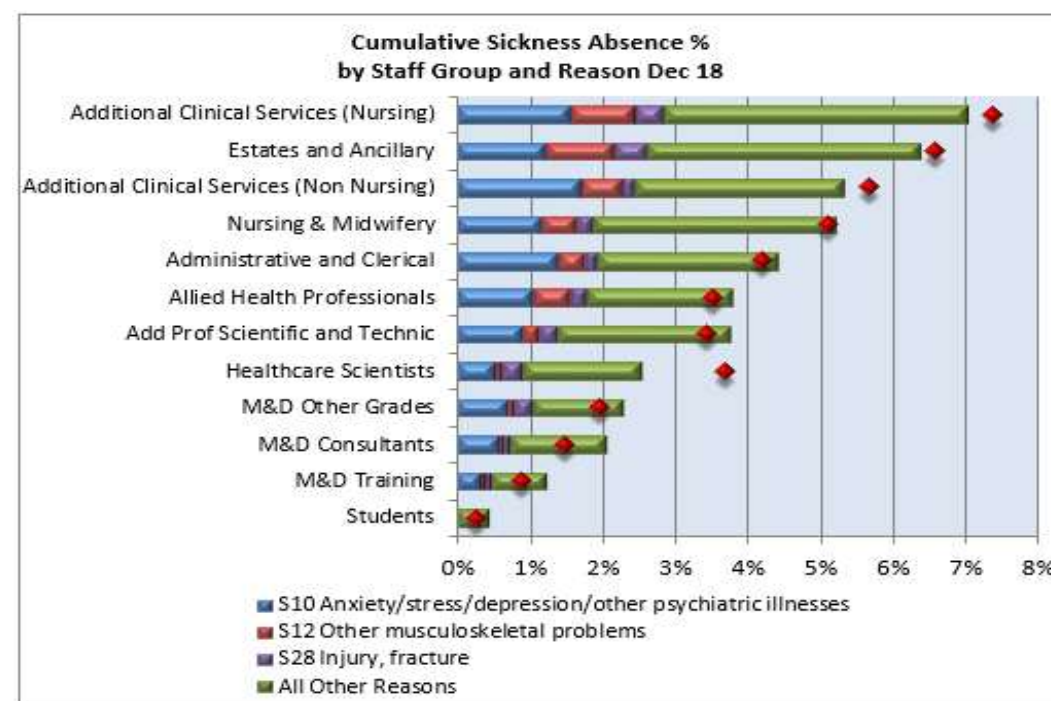
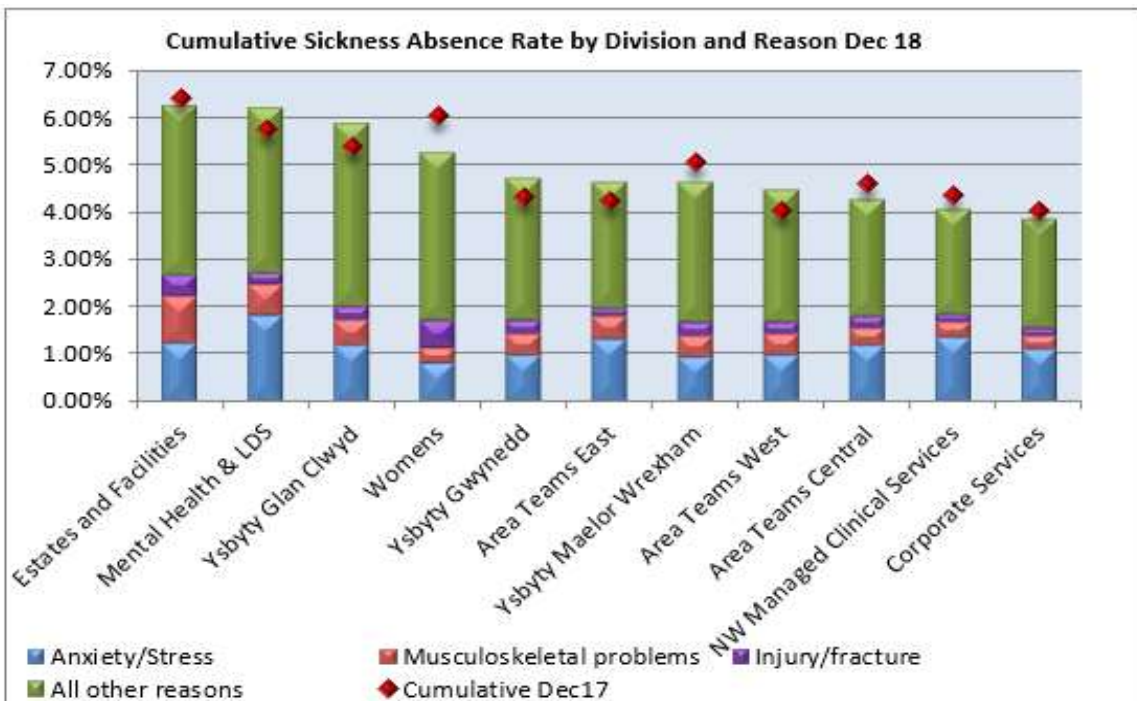
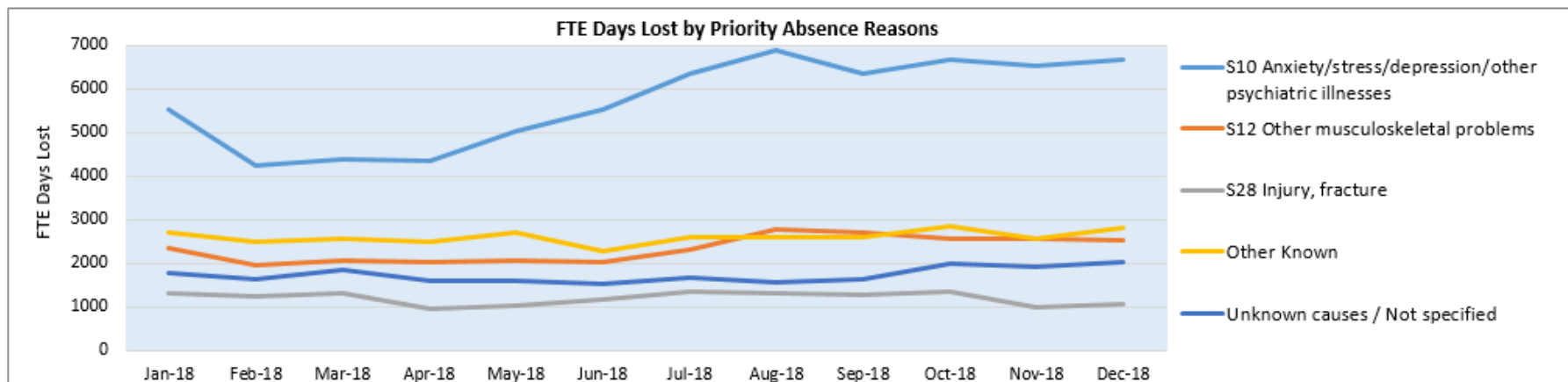
The rolling 12 month performance is 5% as December 2018 and is 0.2% above target with regards to the Annual Plan 2018/19 high impact objective is to reduce sickness rates to 4.5% by 31st March 2019 and to 4.2% by the end of Quarter 2 2019/20. Priority areas for action include Long Term Sickness Management, Stress/Anxiety related, Musculoskeletal related, accident related absence as well as overall effective management of attendance. FTE days lost to Stress/Anxiety has increased significantly since April and has increased slightly since quarter 2 whilst FTE days lost to Musculoskeletal related, accident related absence has reduced slightly. Other and unknown remain the 2nd and 4th most prevalent reasons for absence recorded highlighting the continued failure of managers to appropriately categorise absence reasons despite communication being issued via appropriate senior managers.

A “deep dive” has been undertaken identifying 2 areas for targeted action and an MDT will work in conjunction with the local management team to consider holistic actions. We have circulated key information to managers regarding attendance management policy and launched dates for managers to commence in March 2019. We are about to commence personal emails to managers to improve the quality of data held within ESR. We have refined the sickness absence / working longer group to ensure attendance from service leads within workforce to appraise of local actions plans.

Sickness Absence : Long Term vs Short Term by Division and Staff Group (12 month cumulative to Dec 18)

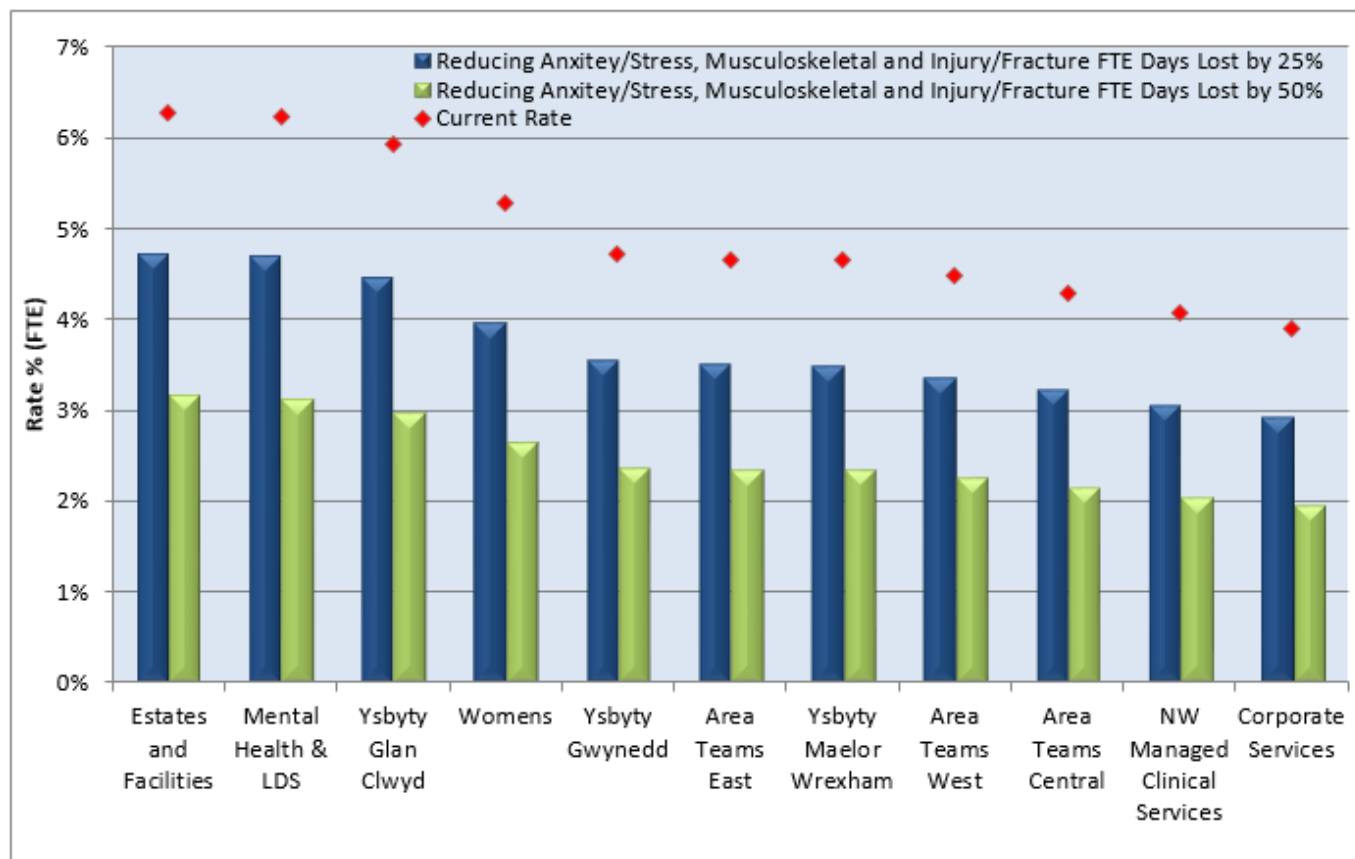


Sickness Absence by Reason (12 month cumulative to Dec 18)

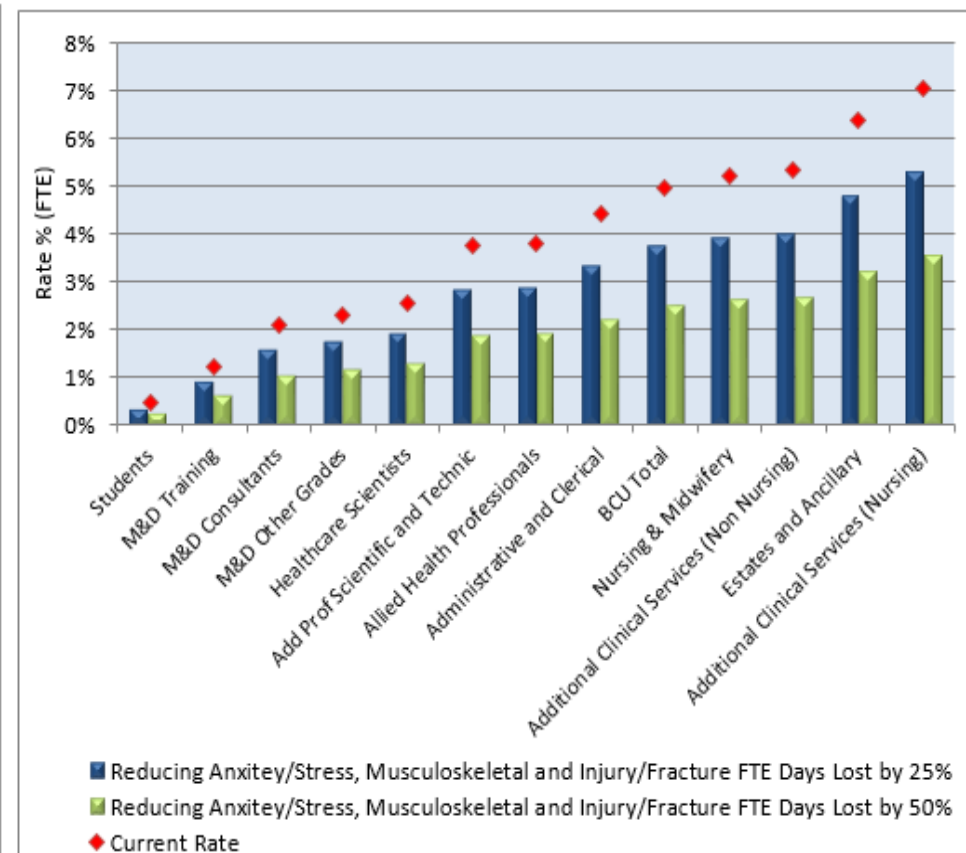


Sickness Absence : Impact of reducing FTE days lost by priority absence reason areas (Anxiety/Stress, Musculoskeletal and Injury/Fracture)

By Division

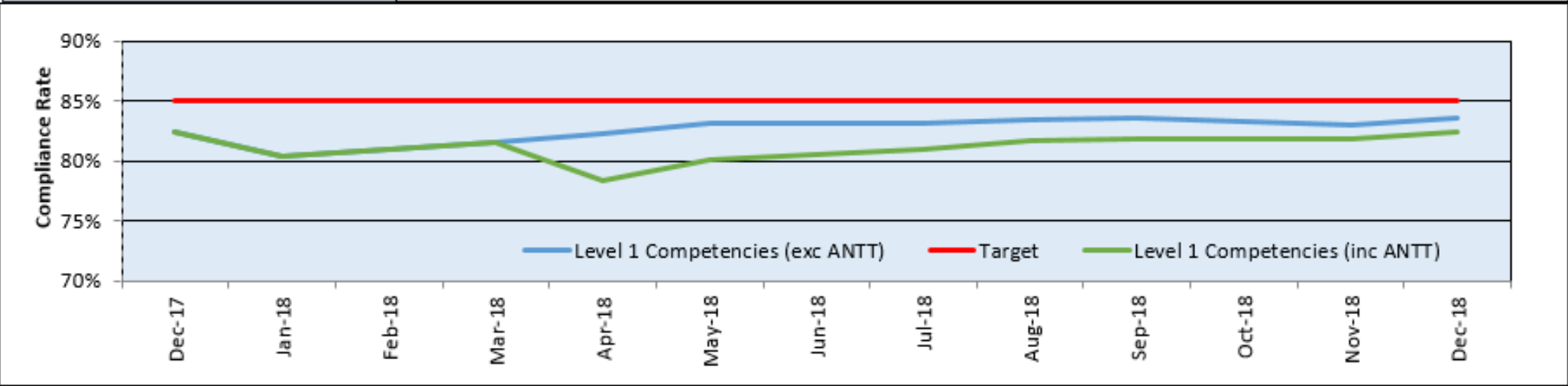


By Staff Group



Mandatory and Statutory Training Compliance (Level 1 Competencies)

Mandatory Training Compliance	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Level 1 Competencies (exc ANTT)	82.4%	80.3%	81.0%	81.5%	82.3%	83.1%	83.1%	83.1%	83.5%	83.5%	83.3%	83.0%	83.6%
Level 1 Competencies (inc ANTT)	82.4%	80.3%	81.0%	81.5%	78.4%	80.1%	80.5%	80.9%	81.6%	81.9%	81.9%	81.8%	82.5%



Where we are and what we are doing about it:

Although we did not reach the national target of 85% as we remain still 1% short, we did however make some progress during the latter month of 2018 and identified a compliance rate of 84%

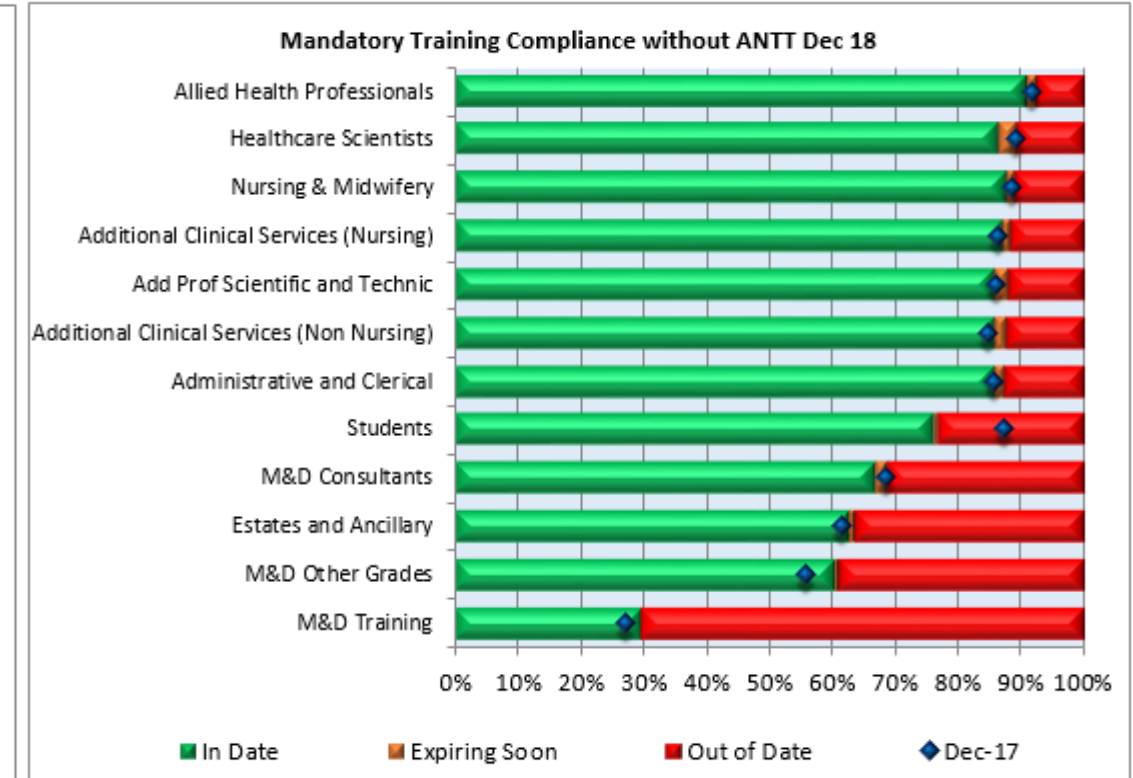
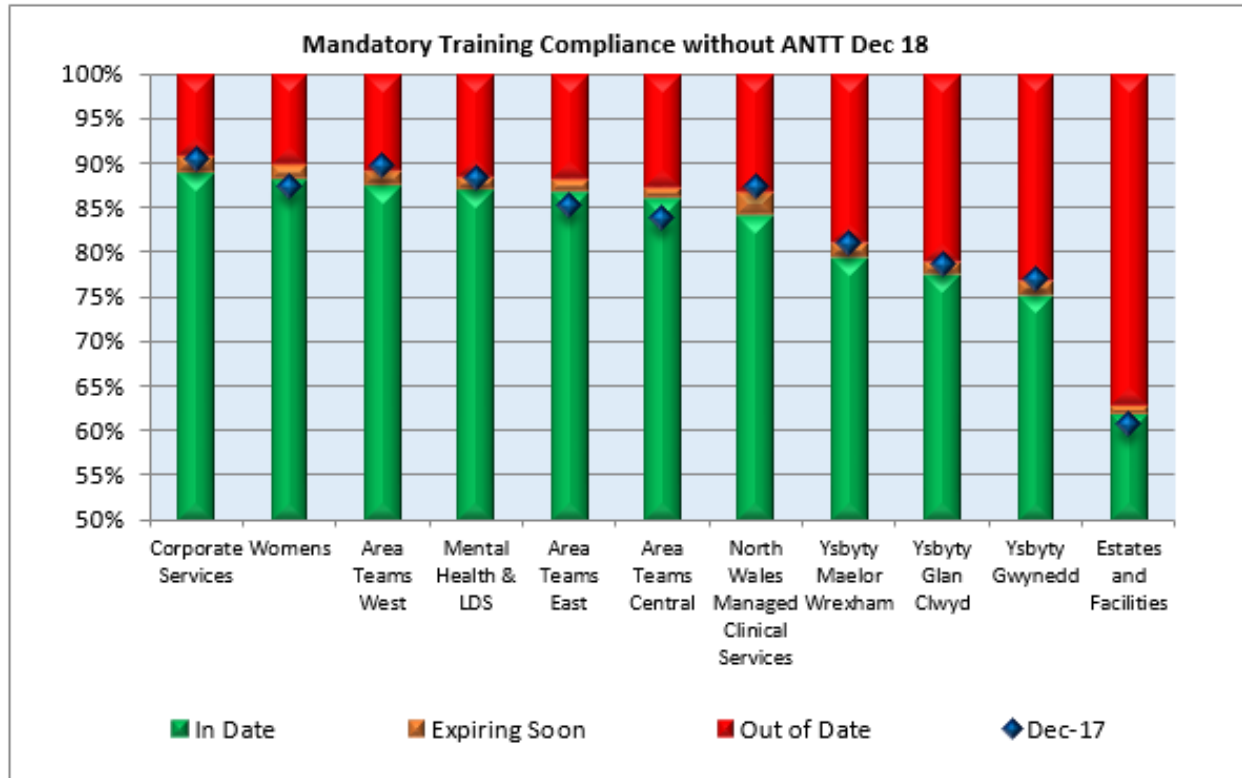
Level 1 compliance is lowest amongst M&D staff group and Estates and Ancillary staff within Estates and Facilities division (see next slide).

**Figures exclude band and locum assignments.

Discussions with areas of lower compliance identified issues around non-recording of training activity with the ESR [Electronic Staff Recording] system. Development of a 12 month improvement plan has been created for inclusion of all Mandatory Training subjects with an over arching aim to ensure compliance reaches the 85% national target within 2019.

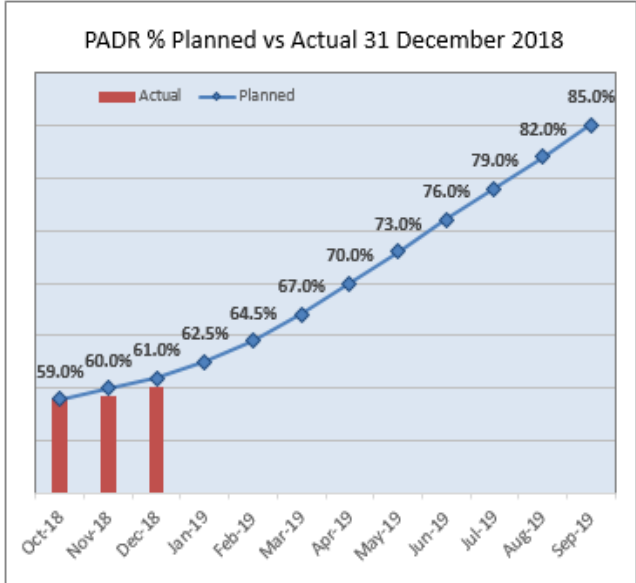
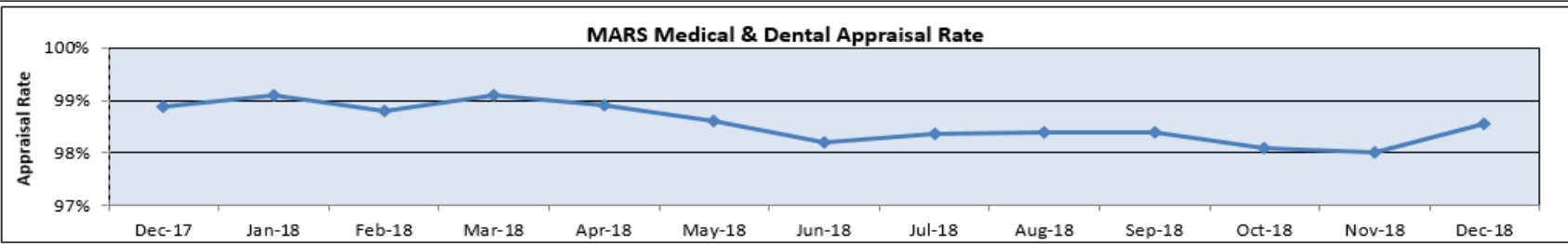
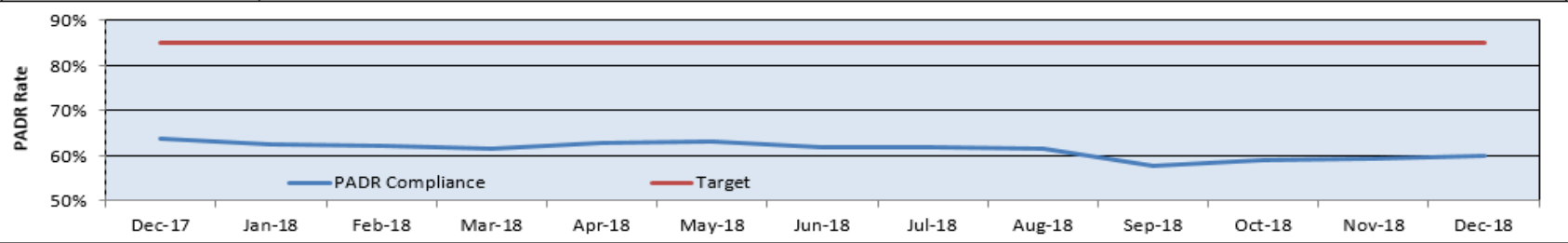
We identified just a 1% increase over 2018, the introduction of the improvement plan anticipates we achieve the national target within Quarter 2 at the latest

Mandatory and Statutory Training Compliance Level 1: Divisional and Staff Group Rates December 2018



Appraisal Compliance : PADR (Non Medical & Dental staff) and MARS (Medical & Dental Staff)

Appraisals	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
PADR Compliance	63.9%	62.4%	62.3%	61.6%	62.8%	63.1%	61.8%	61.8%	61.7%	57.9%	59.0%	59.4%	60.1%



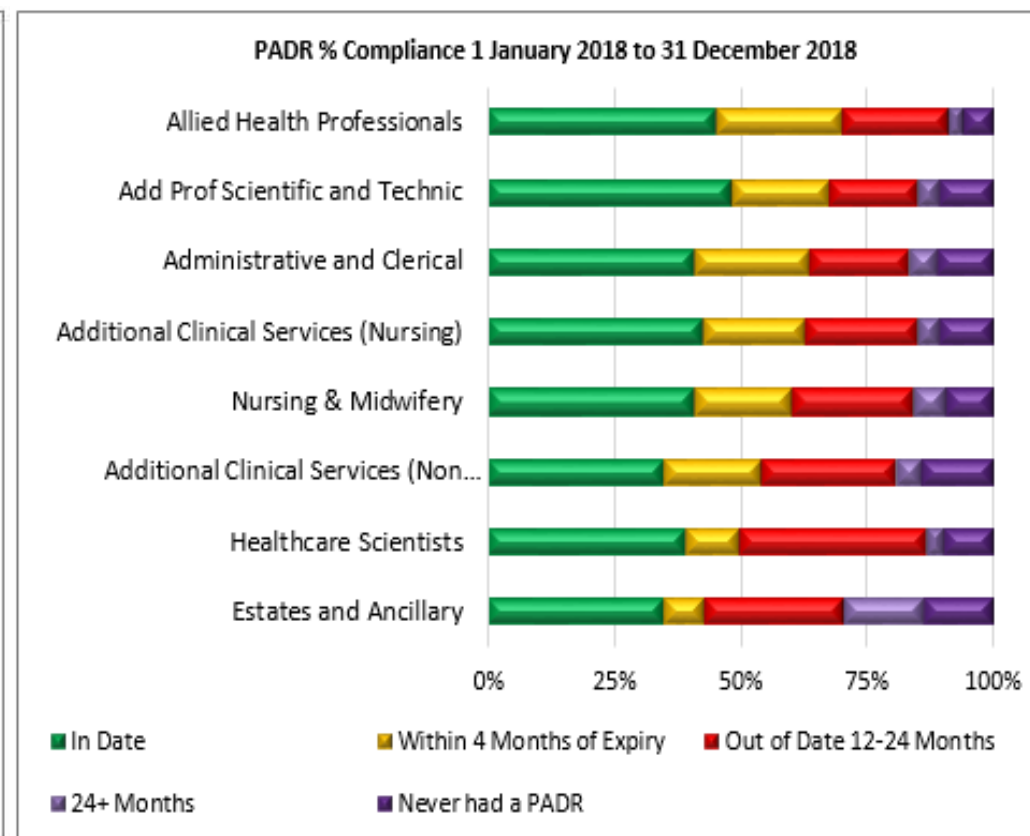
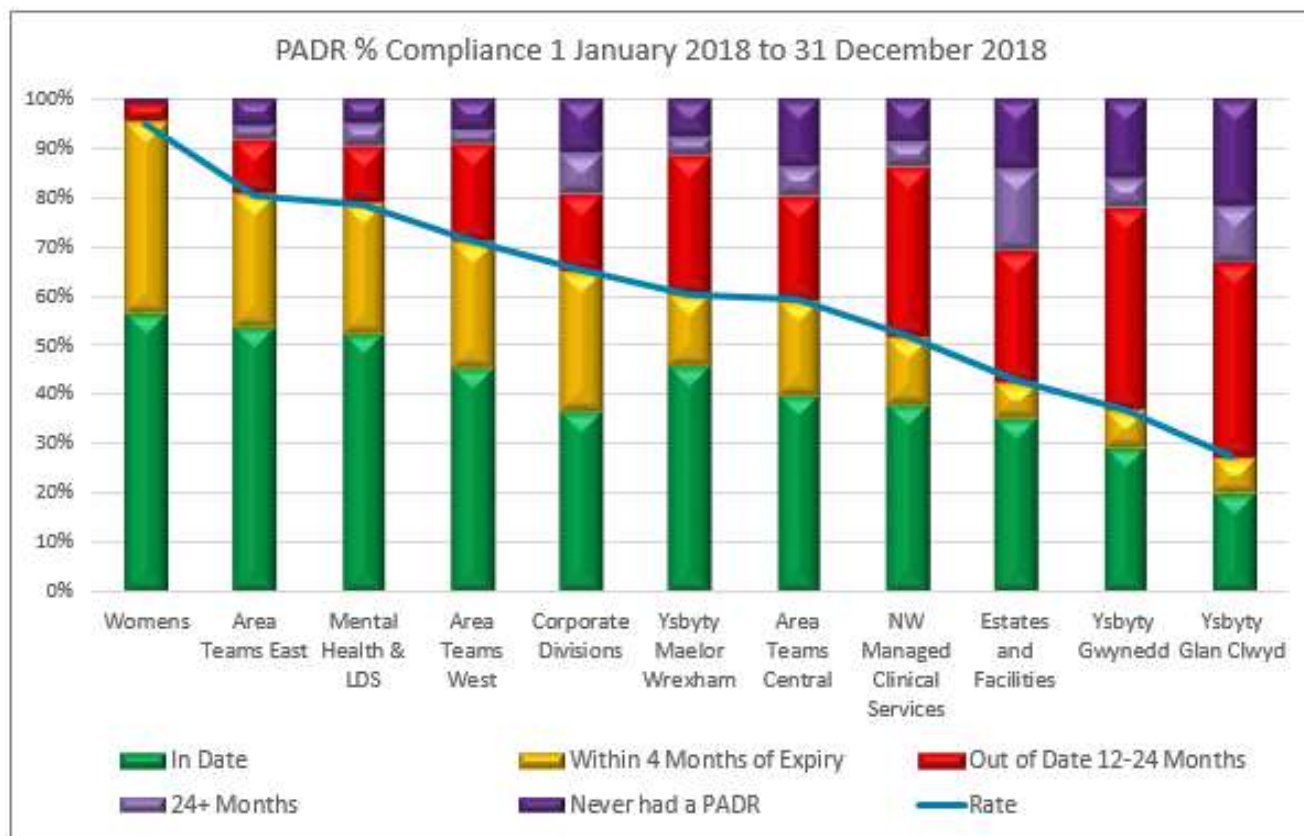
Where we are and what we are doing about it:

Following a 4% increase in PADR compliance between August and September 2017, compliance has subsequently reduced by almost 4% in September 2018 as those staff PADRs now fall out of date. As a result the actual PADR rate is 0.9% behind the planned target for December 2018. Ysbyty Glan Clwyd and Ysbyty Gwynedd are the worst performing divisions whilst Estates & Ancillary and Healthcare Scientists are the worst performing staff groups. *****PADR rates refer to non M&D workforce. M&D appraisal is captured separately*****

As part of the PADR Improvement Plan, the WOD team are working with the 4 Divisions showing the highest number of ‘never had a PADR.’ which are Ysbyty Glan Clwyd, Ysbyty Gwynedd, Area Central and Estates and Facilities Support for the Divisions includes providing detailed reports of the supervisors with staff in the ‘never had a PADR’ category for targeted intervention, tailored ESR super user sessions and drop-in sessions to improve PADR recording on ESR. Each Division receives a monthly update of their PADR compliance data in order to actively manage their improvement trajectories. An FAQ factsheet detailing solutions and further information regarding common barriers managers face in relation to conducting PADR and recording on ESR has been widely circulated. New PADR group guidelines have been released which can reduce the amount of time taken to conduct individual PADR’s.

It is each Director’s responsibility to ensure local Improvement plans with trajectories are in place in order to meet the National Minimum percentage of 85%. Improvement trajectories for BCUHB can be seen above.

Appraisal Compliance (Non Medical & Dental staff) : Divisional and Staff Group Rates December 2018



Conclusions / Next Steps

- Establishment Control was implemented on 1st November. The plan will review whether there is an option to not only manage budgeted establishment but also review shadow establishment to enable greater management of vacancies and workforce planning.
- An improved retention plan will be drafted identifying both corporate actions and those actions for progression locally within service areas. Clear actions will be assigned to the Senior Leadership Team and progress reported quarterly via the annual objectives.
- Work with key service areas to improve attendance matters.
- Implementation of improvement plan across mandatory subjects and continued targeting of groups with low mandatory and statutory training compliance, such as M&D and Estates staff will push overall rates above the 85% target.
- Working with targeted areas to reduce numbers of staff that have not received a PADR through provision of reports to improve monitoring and training to support completion and accurate recording of staff PADRs.
- Identify and reduce 'premium rate' spend through implementation of nursing roster optimisation and alignment plans and temporary staffing improvement plan. Carry out a review of Junior Doctor workforce and rotas in key specialities and develop bespoke recruitment & retention plans for M&D and Nursing professions.

Recommendations

- To note the work undertaken as set out in this report

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

Report Title:	FO2 – Policy for Lease Car Scheme
Report Author:	Denise Roberts, Financial Accountant – Tax and Capital
Responsible Director:	Russell Favager, Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The Policy details minor amendments, including a change to the operational principles to support the strategy for the reduction in overall travel costs.
Approval / Scrutiny Route Prior to Presentation:	None – proposed amendment to current policy.
Governance issues / risks:	<p>This is a revised policy which has been amended as follows:</p> <ul style="list-style-type: none"> • Introduction – Updated link • 1.4 - Updated link • 6.8 - Included working link to BVRLA • 7.3 - Inserted mileage allowance table with new reserved rate • 7.4 - Removed appeal process • 8.1 - Removed personal use of van in exceptional circumstances line to remove any ambiguity of what vans can be used for • 9.2 - Added review to business mileage contribution • 9.3 - Added a line clarifying that mileage expenses must be claimed and the consequence if this does not happen • 10.4 - Amended P11d information, BIK now taxed in real time. • 11.4 - Additional information regarding insurance excess • 18 - Updated contact information
Financial Implications:	The new operating principles will reduce travel costs and treat all staff equitable.
Recommendation:	The Committee is asked to approve the revised policy, FO2 Lease Car Policy.

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>	√
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1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
Completed February 2019 – see attached			

Disclosure:

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

POLICY FOR LEASE CAR SCHEME

Date to be reviewed:		No of pages:	12
Author(s):	Financial Services	Author(s) title:	Head of Financial Services
Responsible dept./ director:	Executive Director of Finance		
Approved by:	Finance and Performance Committee		
Date approved:	13 th September 2010		
Date activated (live):	13 th September 2010		

Date EQIA completed:	23 rd July 2010
Documents to be read alongside this policy:	Reimbursement of Expenses Policy Agenda for Change – Annex M Agenda for Change – Section 17 Lease Car Terms and Conditions Medical and Dental Handbook

Purpose of Issue/Description of current changes:

Health Board provides a car scheme that allows its employees to lease a brand new vehicle that can be used primarily for the business miles incurred during the employee's duties and a declared element of personal use known as the 'Lease Car Scheme'.

The Health Board also provides a benefit and recruitment scheme under which a car is provided mainly for personal use but also for business use known as the 'Salary Sacrifice Scheme'. <http://www.knowlesfleet.co.uk/faqs.aspx>

An employee using their own vehicle to perform business miles are known as 'grey fleet' and are included in this policy.

Employees are encouraged to partake of the schemes to reduce the cost of reimbursement for employees using their own car for business and provide a safe new modern vehicle with low CO₂ emissions (current max being 140g/km, to be reviewed periodically) to support the Health Board's commitment in reducing its carbon footprint, and compliance with Health & Safety/Corporate issues.

This policy is to outline the relevant issues around leasing a vehicle and contains information regarding the lease and conditions associated such as:

- Eligibility
- How to obtain quotes
- Responsibilities
- Additional drivers
- Termination
- Vehicle return at lease end

First operational:	September 2010				
Previously reviewed:	Nov 2016	Jan 19	date	date	date
Changes made yes/no:	Yes	Yes	Yes/no	Yes/no	Yes/no

PROPRIETARY INFORMATION

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<u>Contents</u>	Page
1. Introduction	4
2. Purpose	4
3. Scope	4
4. Equality Impact Assessment	4
5. Eligibility	4
6. Lease Car Scheme Principles	5
7. Owner Driver	7
8. Pool Cars	7
9. Salary Deduction	8
10. HMRC Returns	8
11. Insurance Excess	9
12. Additional Drivers	9
13. Parking Fines and Penalties	9
14. Use of the Lease Vehicle Abroad	10
15. Absences from work	10
16. Early Termination	10
17. Electrical Charging Points	11
18. Process for Monitoring Compliance and Review	11
19. Support and Advice/Useful Contacts	11
20. References	11
21. Associated Documents	11
Appendix A	12

1. INTRODUCTION

- 1.1 Betsi Cadwaladr University Health Board (Health Board) has implemented a car scheme which will enable all eligible employees to lease a new car for business use, private use or a combination of both.
- 1.2 The policy will operate in accordance with National Terms and Conditions of Service and all relevant legislation.
- 1.3 The policy will be automatically updated by any change in relevant government statute or regulation e.g. relating to income tax liability.
- 1.4 Employees should read this policy in conjunction both with the lease car 'Scheme Rules' – Terms and Conditions of use <http://quote.knowlesfleet.com/microsites/bcuhb/scheme-rules.html> and the Salary Sacrifice Scheme <http://www.knowlesfleet.co.uk/faqs.aspx>

2. PURPOSE

- 2.1 This policy describes the Health Board's arrangements for the provision of lease cars to eligible staff.

3. SCOPE

- 3.1 This policy applies to all permanent and fixed term employees of the Health Board. However, the length of the fixed term contract must exceed the length of the lease car agreement.

4. EQUALITY IMPACT ASSESSMENT

- 4.1 This policy applies to all eligible Health Board employees irrespective of age, race, colour, religion, disability, nationality, ethnic origin, sexual orientation or marital status, carer status, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership. All employees will be treated in a fair and equitable manner. The Health Board will take account of any specific access or specialist requirements (e.g. BSL interpreter, documents in large print) for individual employees during the implementation of this policy.

5. ELIGIBILITY

- 5.1 This scheme will enable eligible employees to lease a new car to use for business and/or private use.
- 5.2 Participation in the scheme will be offered to all new and existing employees that are eligible to apply.

- 5.3 Eligible employees may join the scheme at any time but cannot opt out during the lease period without reimbursing any early termination charges incurred by the Health Board.
- 5.4 The Health Board reserves the right to reject applications with a full explanation of the basis of the rejection being provided.
- 5.5 Employees will pay for the use of the car through salary deduction. The Health Board will make a contribution towards the cost of the car for those employees who are required to undertake business travel, see Annex A.
- 5.6 The vehicle will attract Car Benefit Taxation which is calculated on the list price of the car, CO₂ emissions value less private monthly contributions to give the residual taxable benefit in kind. It is the responsibility of the employee to ensure that they are aware of the extent of the tax implications when making their vehicle selection. <https://www.gov.uk/calculate-tax-on-company-cars>
- 5.7 The scheme will add towards the Health Board's objective to reduce its carbon footprint by providing employees with the opportunity to lease new, more efficient cars with lower CO₂ emissions to the cars they are currently driving.
- 5.8 The scheme will reduce the Health Board's risk under Duty of Care by providing a maintained and reliable car that is fully insured for all Health Board business activity, private use and commuting.

6. LEASE CAR SCHEME PRINCIPLES

- 6.1 The lease car scheme will be open on a continuous basis so applications can be made at any time.
- 6.2 The standard term for the lease car agreement is 36 months. All vehicles are covered by fully comprehensive insurance, breakdown and recovery services and accident management. Routine servicing, maintenance and repairs are also covered (Scheme Rules - Terms and Conditions of Use). If the vehicle is taken abroad maintenance is not covered.
- 6.3 The employee will be responsible for any accidental damage, including tyres resulting from the misuse or neglect of the vehicle subject to the insurance excess (Scheme Rules - Terms and Conditions of Use).
- 6.4 Employees will be required to enter into a contract with the Health Board under conditions set out in the Scheme Rules - Terms and Conditions of Use.
- 6.5 The employee must produce a valid driving licence covering the type of vehicle to be driven. The Health Board (via Knowles Associates the Fleet Management Company) may confirm the driving licence details with the Driver and Vehicle Licensing Agency (DVLA) by requesting consent from the driver who in turn will

provide an access code. Employees must inform the Health Board of all penalty points or other motoring offences that may affect the driver's ability to drive the vehicle. The loss of a driving licence may result in the car being withdrawn and an early termination penalty charged.

- 6.6 If an employee chooses to use the car privately they can add family members to the insurance – with the appropriate approval. (See section 12).
- 6.7 All of the information provided by the employee during the application process will be checked and verified by a representative of the Health Board.
- 6.8 The condition of the vehicle will be inspected by the leasing company at the end of the lease contract. Any unusual wear and tear will be noted and details agreed with the employee. The employee will be responsible and billed for any costs incurred in this situation. Further information can be found in the BVRLA 'Fair Wear and Tear Standard' booklet/website <https://www.bvrla.co.uk/fleet-services/product-listing-page.html>
- 6.9 At the end of the lease employees can choose to replace the car with a brand new one, purchase the car or return the car.
- 6.10 Employees will be required to purchase all of the fuel for business and private use. Any employee whom uses their lease car for 'business travel' as defined in Section 17 of the Agenda for Changes terms and conditions will receive an allowance as set out in Annex A.
- 6.11 All expenses will be paid via a travel claim through the Health Board expenses system in line with the reimbursement of the expenses policy.
- 6.12 An employee can select their own choice of vehicle, within the CO₂ emission limit of 140g/km. The charge for the car will be dependent on the specification of the vehicle they have selected. The cost of the lease will vary depending on the business and private mileage.
- 6.13 Servicing, maintenance and repairs are provided as part of the lease contract. It is a condition of the scheme that employees are responsible for ensuring that any necessary work is carried out by an approved repairer. Any journeys to and from the approved repair will be classed as official business mileage and costs will be reimbursed in the normal way. Accidental damage is subject to the insurance excess (see section 11).

7. GREY FLEET

- 7.1 'Grey fleet' is the term used to describe any vehicles that do not belong to the Health Board, but which are used for business travel.

- 7.2 The employee can use their approved privately owned car for work and be reimbursed in line with the NHS Terms and Conditions of Service (Agenda for Change) 45p per mile up to 3,500 miles, and then 28p per mile thereafter or see below table. Different arrangements apply for Medical and Dental staff – please refer to the medical and Dental handbook.

Type of Vehicle/allowance	Annual mileage up to £3,500 miles (Standard rate)	Annual mileage from 3,501 to 10,000 miles (AFC rate)	Annual mileage from 10,001+	All eligible miles travelled (see paragraph 17.15 and Table 8)
Car (all types of fuel)	45 pence per mile	28 pence per mile	25 pence per mile	
Motor cycle				28 pence per mile
Pedal cycle				20 pence per mile
Passenger allowance				5 pence per mile
Carrying heavy or bulky equipment				3 pence per mile

8 POOL CARS/VEHICLES

- 8.1 A Pool car/vehicle is one that is provided for their exclusive use on NHS business. Under no circumstance will a Pool car or van be taken home, in line with HMRC regulations, neither can be used for Private Use. Any non-NHS business use will attract a taxable car benefit plus a fuel benefit tax for all staff using the vehicle.
- 8.2 A pool car is one that is provided to a group of employees or a department. The pool car will only be provided where a business case is accepted. The security, maintenance and general condition of the pool car will be the responsibility of the budget holder or delegate.
- 8.3 Contravention of the above restrictions on private use in business use only vehicles will be considered a disciplinary matter.

9. SALARY DEDUCTION FOR PRIVATE USE

- 9.1 Salary deductions for the payment for the car are made on a monthly basis by a deduction from the employee's net pay (this is the pay received after income tax, national insurance and pension contributions).

- 9.2 The charge for the car to the employee is the full annual cost of the chosen car (net of any recoverable VAT). The annual cost will be reduced by an allowance based on the driver's estimated annual business mileage. (See Appendix A). A bi-annual review will be carried out by Knowles Associates, the fleet management company of claimed business miles. The allowance will be adjusted, if there is a 500 mile (per annum) variance, to match the actual business mileage claimed.
- 9.3 Reimbursement of business fuel expenses will be paid on submission of an authorised expenses claim via the Health Board's expenses system in line with the reimbursement of expenses policy. Failure to submit timely mileage expenses may result in your Health Board contribution being reduced.

10. HMRC RETURNS

- 10.1 Users of lease cars are liable for income tax on the taxable benefit value of private use on their car, and any excess pence per mile for fuel reimbursement. Taxable benefits depend upon the cost, engine size and CO² emissions of a vehicle. The information can be found on the HM Revenue & Customs (HMRC) web site.
- 10.2 Note that travel to and from your normal place of work is classed as private use by HMRC.
- 10.3 The Health Board will notify HMRC on a periodic basis, when someone takes a private car lease for the first time. However there is nothing to prevent the employee contacting the tax office themselves and providing details of any changes, to ensure that their tax coding notice remains as up to date as possible.
- 10.4 The Health Board has opted to payroll all benefits provided from 1st April 2018 as a result vehicle tax deductions will be processed at source in real time directly from your salary therefore eliminate the requirement to issue a P11d.
- 10.5 The actual amount of income tax payable depends upon the specific vehicle and on the rate of income tax the individual is subject to.
- 10.6 Subject to agreement with HMRC, the taxable benefit for each car is reduced by the private use contributions payable to the Health Board.
- 10.7 Further details and a tax calculator for all cars can be found on the HMRC web site: www.hmrc.gov.uk/calcs/cars.htm

11. INSURANCE EXCESS

- 11.1 In the case of an accident the driver will pay the policy excess if the incident occurred during private use, the excess will be deducted from the employee's salary. If it can be proved that the driver was not at fault and recovery of the

costs from the third party is possible, the excess will be refunded as a net payment through the employee's salary.

- 11.2 If the incident occurred whilst undertaking work travel the employee will not be liable for the excess, provided that their budget holder agrees and signs a payment authorisation form.
- 11.3 Any costs incurred by misuse including the incorrect use of fuel appropriate to the vehicle, will be charged in full to the employee. Such costs are not covered by the insurance policy and employees should take care to ensure that the correct fuel is used at all times. Any costs that are incurred will be deducted directly from the employee's salary.
- 11.4 The excess will increase from £250 for the following drivers in accordance with the Health Board's Insurance Policy.
 - 11.4.1 Drivers under the age of 21 - £500
 - 11.4.2 Drivers aged 21 – 25 - £400
 - 11.4.3 Drivers who have held a Licence for less than 12 months at the time of the loss or damage £400

12. ADDITIONAL DRIVERS

- 12.1 Under the new scheme an employee can add additional drivers to their contract at any time during the contract period. Any person can drive with the permission of the policy holder (the Health Board) but primarily the employee and one named driver will be free of charge. Any other person, up to the maximum of four people, can be added subject to agreement and an additional cost may be incurred depending on the age of the driver as per the Health Board's Insurance Policy.

13. PARKING FINES AND PENALTIES

- 13.1 The employee remains fully responsible for any fines or penalties incurred during use of the vehicle. Any payment which becomes due will be met by the employee in all cases and may be deducted from their salary.

14. USE OF THE LEASE VEHICLE ABROAD

- 14.1 Use of the lease vehicle abroad is permitted, subject to prior written application from Knowles Associates, the fleet management company. However, maintenance costs are not covered when the vehicle is abroad, and it is the employee's responsibility to make special arrangements to cover this period. Employees will be advised of the maintenance requirement when written permission is given depending on the country of travel.

15. ABSENCES FROM WORK

- 15.1 If the employee chooses to return the car there will be a financial penalty, on account of early termination of the contract and the employee will be liable for this charge.
- 15.2 If an employee is absent from work on sick leave, maternity leave or other authorised long term absence they may continue to use their lease car privately.
- 15.3 If the employee chooses to keep the car for the duration of their absence from work the payment will continue through deductions from pay. If they go into a period of no pay they must continue to make the payment directly to the Health Board.

16. EARLY TERMINATION

- 16.1 On early termination of the lease car contract, payment is required to be made to the lease car company. The amount of the payment will vary depending on how far into the contract the employee is when it is terminated. The cost will be passed on to the employee.
- 16.2 The right to a lease car will be terminated in the following circumstances:
 - 16.2.1 Death of the employee
 - 16.2.2 Termination of employment by the Health Board
 - 16.2.3 Retirement of the employee or voluntary termination of employment
 - 16.2.4 Loss of drivers licence
 - 16.2.5 OCP and possibility of payment of Excess Mileage
- 16.3 The Health Board may terminate the employee's right to a lease car at its discretion in the following circumstances:
 - 16.3.1 The employee breaching the terms of their agreement and/or conditions set out in this policy.
 - 16.3.2 The employee having a prolonged absence from their normal duties.
 - 16.3.3 When the employee's contributions cannot be recovered from their salary.
 - 16.3.4 In exceptional circumstances where an employee chooses to terminate their participation in the scheme.
 - 16.3.5 Any other exceptional circumstances not provided for above.
- 16.4 In the event of the employee's death in service, or on early termination of the employee's contract on the grounds of ill health redundancy or OCP (Excess Mileage), there shall be no financial penalty to the employee or their estate in the case of early termination of their lease car agreement.

- 16.5 Transfers to other organisations – in the event that a service or individual transfers to another organisation under a TUPE arrangement and the new organisation decline the transfer of the vehicle the employee will not be liable for an early termination penalty.
- 16.6 In all other cases of early termination, the employee will be required to reimburse the Health Board for any payment due to the leasing company because of the early termination of the contract for hire.
- 16.7 Once the employee has terminated their lease car agreement they must return the car and pay any outstanding contribution for private use within the current contract year. Employees will be given the opportunity to purchase the car on termination.

17. ELECTRICAL CHARGING POINTS

- 17.1 Both electric and Hybrid cars can be leased through either of the lease car schemes. However, the Health Board does not have any electrical charging points across any of its sites and has no legal responsibility to install either free of charge or pay as you go electrical charging points on hospital grounds for either staff, patients or public.

18. PROCESS FOR MONITORING COMPLIANCE WITH THE POLICY AND REVIEW

- 18.1 The Finance Department will be responsible for monitoring the overall effectiveness of the lease car policy.
- 18.2 This policy will be reviewed every 3 years or more frequently if required in line with any legislative changes, by the Finance Department and Staff Side.

19. SUPPORT AND ADVICE/USEFUL CONTACTS

- Fleet Management Company – Knowles Associates 01206 252304
- BCUHB Lease Cars – 01745 448782 Ext: 2251
- Payroll Services via ext. 01745 366700
- Pensions via ext.: 1796 6700

20. REFERENCES

Employment Rights Act 1996

21. ASSOCIATED DOCUMENTS

Reimbursement of Expenses policy
Agenda for Change – Annex M
Agenda for Change – section 17
Lease Car Terms and Conditions of Use

Annex A

1. Example of Salary Deduction Allowance as at December 2016 (values will vary upon reviews)

Annual Business Miles	Business Allowance	Annual Business Miles	Business Allowance
100	£ 25.20		
500	£ 126.00	5500	£ 1,386.00
1000	£ 252.00	6000	£ 1,512.00
1500	£ 378.00	6500	£ 1,638.00
2000	£ 504.00	7000	£ 1,764.00
2500	£ 630.00	7500	£ 1,890.00
3000	£ 756.00	8000	£ 2,016.00
3500	£ 882.00	8500	£ 2,142.00
4000	£ 1,008.00	9000	£ 2,268.00
4500	£ 1,134.00	9500	£ 2,394.00
5000	£ 1,260.00	10000	£ 2,520.00

2. Fuel for Business Use

Fuel reimbursement will be paid at the prevailing HMRC Advisory Fuel Rate at 10 pence a mile subject to change.

EQUALITY IMPACT ASSESSMENT FORMS

PARTS A and B: SCREENING AND OUTCOME REPORT

Introduction:

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

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

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

The Forms:

You must complete:

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

AND

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

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

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

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

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



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Part A

Form 1: Preparation

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	FO2 Lease Car Policy
2.	Provide a brief description, including the aims and objectives of what you are assessing.	The Policy details minor amendments, including a change to the operational principles to support the strategy for the reduction in overall travel costs.
3.	Who is responsible for the document/work you are assessing – i.e. who has the authority to agree/approve any changes you identify are necessary?	Russell Favager, Executive Director of Finance
4.	Is the Policy related to, or influenced by, other Policies/areas of work?	Reimbursement of Expenses Policy Agenda for Change – Annex M Agenda for Change – Section 17 Lease Car Terms and Conditions Medical and Dental Handbook
5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals?	All staff that carry out business travel and all permanent staff that would like to take a lease car.
6.	What might help/hinder the success of whatever you are doing, for example communication, training etc?	Lack of communication and understanding the terms and conditions of the lease process.

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

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

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

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

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

Form 3: Assessing Impact Against the General Equality Duty

<p>As a public sector organisation, we are bound by the three elements of the “General Duty”. This means that we need to consider whether (if relevant) the policy or proposal will affect our ability to:-</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation; • Advance equality of opportunity; and • Foster good relations between different groups 	
<p>1. Describe here (if relevant) how you are ensuring your policy or proposal does not unlawfully discriminate, harass or victimise</p>	<p>This policy applies to all eligible Health Board employees irrespective of age, race, colour, religion, disability, nationality, ethnic origin, sexual orientation or marital status, carer status, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership. All employees will be treated in a fair and equitable manner. The Health Board will take account of any specific access or specialist requirements (e.g. BSL interpreter, documents in large print) for individual employees during the implementation of this policy.</p>
<p>2. Describe here how your policy or proposal could better advance equality of opportunity (if relevant)</p>	<p>N/A – All staff are treated equally</p>
<p>3. Describe here how your policy or proposal might be used to foster good relations between different groups (if relevant)</p>	<p>N/A</p>

Part B:

Form 4 (i): Outcome Report

Organisation:	BETSI CADWALADR UNIVERSITY HEALTH BOARD
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1. What is being assessed? (Copy from Form 1)	FO2 Lease Car Policy
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2. Brief Aims and Objectives: (Copy from Form 1)	The Policy details minor amendments, including a change to the operational principles to support the strategy for the reduction in overall travel costs.
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3a. Could the impact of your decision/policy be discriminatory under equality legislation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3b. Could any of the protected groups be negatively affected?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3c. Is your decision or policy of high significance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

4. Did the decision scoring on Form 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	<p>Record here the reason(s) for your decision i.e. what did Forms 2 & 3 indicate in terms of positive and negative impact for each characteristic?</p> <p>The policy treats all managers equally and at each stage there is opportunity for them to dispute the breach. There is no evidence that a Full Impact Assessment is required.</p>	
5. If you answered 'no'	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>

above, are there any issues to be addressed e.g. mitigating any identified minor negative impact?	Record Details: No	
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6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your document or proposal?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	How is it being monitored?	Records maintained
	Who is responsible?	
	What information is being used?	
	When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	January 2021

7. Where will your decision or policy be forwarded for approval?	LPF and Finance and Performance Committee
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8. Describe here what engagement you have undertaken with stakeholders including staff and service users to help inform the assessment	LPF
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9. Names of all parties involved in undertaking this Equality Impact Assessment:	Name	Title/Role
	Denise Roberts	Financial Accountant

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

Form 4 (ii): Action Plan

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

	Proposed Actions	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:			
2. What changes are you proposing to make to your document or proposal as a result of the EqlA?			
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to mitigate these impacts? Are these already in place?			
3b. Where negative impacts on certain groups have been identified, and you are proceeding without mitigating them, describe here why you believe this is justified.			
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.			



Report Title:	Quarter 3 Wales Shared Services Partnership (WSSP) Summary Performance Report
Report Author:	Sue Hill, Director of Finance – Operational Finance
Responsible Director:	Russ Favager, Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	To update the Committee on the performance of the WSSP contract in Quarter 3 2018/19
Approval / Scrutiny Route Prior to Presentation:	<p>WSSP provide a range of support services to the Health Board:</p> <ul style="list-style-type: none"> • Employment Services – Payroll • Employment Services – Recruitment • Procurement Services • Internal Audit • Primary Care Services <p>A quarterly report is provided showing performance against the contractual KPIs, which is presented to the Committee for information.</p>
Governance issues / risks:	<p>The report shows an overall good performance with some specific concerns around three key performance indicators (KPIs):</p> <ul style="list-style-type: none"> • Internal Audit - 50% of audits reported (target 63%) • Recruitment - 7.9 days for managers to shortlist (target 3 days) • Procurement - 4 day invoice turnaround 69.9% (target 90%)
Financial Implications:	WSSP will distribute £0.24m of direct savings to the Health Board and have delivered £18.36m of professional influence benefits through the Procurement service.
Recommendation:	The Committee is asked to note for information the Summary Performance Report for Quarter 3 2018/19.

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

greatest needs and reduce inequalities		deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper			
http://www.wales.nhs.uk/sitesplus/861/page/81806			
Equality Impact Assessment			
<i>No EqlA has been carried out, as the paper relates to a performance report from the Wales Shared Services Partnership (WSSP).</i>			

Disclosure:

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

NHS WALES SHARED SERVICES PARTNERSHIP SUMMARY PERFORMANCE REPORT BETSI CADWALADR UNIVERSITY HEALTH BOARD Period 1st October 2018 – 31st December 2018

Introduction

The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 31st December 2018.

The report provides end of quarter detail for the Health Board for the rolling twelve-month period to 31st December 2018 (Appendix 1/2) and further detail of the December 2018 position for all health organisations (Appendix 3).

Performance Summary

Financial Information

NWSSP are planning to return £2m direct savings to NHS Wales. For BCU a cash distribution of £240K is planned to be distributed for 18/19. In addition, professional influence benefits generated for Wales totals £95m for the year to December. This is made up of £28m Procurement Savings, £6m of savings relating to Specialist Estates Services and £61m of Legal and Risk savings. This includes £18.36m that can be attributed to BCU.

Employment Services – Payroll

The performance accuracy data produced for payroll services provides detail regarding the performance after accounting for the supplementary payroll. This reflects amendments and payments made in the period which would otherwise have been missed and represents benefits for organisations and employees. For BCU the reported payroll accuracy prior to the supplementary payroll was reported as 99.52%, this increased to 99.76% following the supplementary payroll. This was in line with the position reported in the previous quarter and represents continuing strong performance against the target of 99%.

Employment Services – Recruitment

For December KPI performance driven by BCU showed the organisation missing time to shortlist with 7.9 days reported against the target of 3 days, this was a deterioration on the quarter 2 performance which was reported as 7.2 days. Time to approve vacancies slightly missed the target with 10.9 days reported against the 10 day target, this was again a slight deterioration on the quarter 2 performance of 9.1 days. Notification of outcome KPI missed the targets with 5 days reported against a target of 2 days, again this was an deterioration on the previous quarter of 4.7 days.

For KPI performance driven by NWSSP recruitment team all performance targets were met. For time to place adverts 1.6 days was reported against a target of 2 days. For time to send applications to manager 1.3 days was reported against a target of 2 days and for time to send conditional offer letter 3.6 days was reported against a target of 4 days.

The majority of Recruitment related calls are handled on behalf of All Wales in the South East region. The Calls Answered percentage KPI achieved the 95% target for the quarter with 97.9%.

Procurement Services

For the year to December 2018 procurement savings for Wales were reported as £28m, against a target of £17m. This included savings of £5.704m for BCU, compared to a target of £2.628m.

The volume of invoice lines on hold greater than 30 days increased from 5,219 in September 2018 to 5,264 in December 2018. Within this, the invoice lines on hold greater than 30 days marked as disputed was reported as 37.37%.

The level of automated invoicing represents a key area for the efficiency of the Accounts Payable system and BCU achieved the target of 83%, reported as 84% year to date.

The Public Sector payment target of 95% was achieved for the Health Board with reported compliance of 95.1% for the year to date.

Invoice Turnaround within 4 days is reported as 69.9% against a 90% target, which is a deterioration on the previous quarter.

Internal Audit

To the end of December 50% of audits were reported against the target of 63%, with further audits in progress. The Health board indicator of 80% of management responses to draft report received within 15 days was achieved; with 82% reported. 100% performance was reported against the target of 10 days for draft response to final report.

Primary Care Services

The published KPIs for contractor services relate to services provided to contractors. For the quarter ending December 2018 the indicators provided for BCU demonstrated full achievement against all indicators relating to payments made, cascade alerts and engagement.

The All Wales key performance indicator for Prescribing Services for keying accuracy rates has been consistently met with 99.77% reported for October, against the target of 99%. For the seven months to October 2018 a total of 47.530m prescriptions were processed. This represents a slight increase compared to the 47.113m processed at this point of the previous year.

Welsh Risk Pool

The KPIs reported for Welsh Risk Pool relate to the management of claims processed through bimonthly committee meetings. For the 3rd quarter 100% performance has been achieved for acknowledgement and processing and paid.

Legal and Risk Services

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

Conclusion

Reported performance for December 2018 was good. However, NWSSP will continue to work with BCU to continue to improve performance against recruitment times and delivering the Audit Plan.

Organisation specific KPIs October 2018 – December 2018

BCU High Level - KPIs December 2018		Health Org Position 31/03/2018	Health Org Position 30/06/2018	Health Org Position 30/09/2018	Health Org Position 31/12/2018
Target					
Financial Information					
Direct Savings Notified - YTD	£90k	£240K	£90K	£210k	£240k
Professional Influence Savings - YTD		£33.752m	£3.469m	£15.909m	£18.36m
Employment Services					
Payroll services					
Payroll accuracy rate prior to Supp	99%	99.47%	99.54%	99.58%	99.52%
Payroll accuracy rate post Supp	99%	99.73%	99.77%	99.79%	99.76%
Organisation KPIs Recruitment					
Resignation to Vacancy Start date			52.4 days	45.1 days	46.6 days
Time to Approve Vacancies	10 days	6.2 days	5.9 days	9.1 days	10.9 days
Time to Shortlist by Managers	3 days	7.1 days	4.7 days	7.2 days	7.9 days
Time to notify Recruitment of Interview Outcome	3 days	9.2 days	3.4 days	4.7 days	5 days
NWSSP KPIs Recruitment					
Time to Place Adverts	2 days	1.5 days	1.8 days	1.8 days	1.6 days
Time to Send Applications to Manager	2 days	1 day	1.9 days	1.3 days	1 days
Time to send Conditional Offer Letter	4 days	1.7 days	3.5 days	3.7 days	3.6 days
Calls Answered % Quarterly Average	95%	93.46%	98%	96.10%	97.90%
Procurement Services					
Procurement savings - YTD	£2.628m	£6.717m	£2.078m	£4.874m	£5.704m
Invoice Lines on Hold > 30 days		4,758	5,452	5,219	5,264
% Invoice Lines as being in dispute >30 days		22.30%	18.30%	31.80%	37.37%
E Enablement invoices	83%	75.90%	80.60%	81.10%	84.00%
Invoice Turnaround within 5 Days	90%	91.00%	93.90%	82.50%	69.90%
PSPP Compliance non NHS - YTD	95%	94.00%	94.80%	95.30%	95.10%
Primary Care Services					
Primary Care payments made accurately and to timescale	100%	100%	100%	100%	100%
Patient assignments actioned within 24 hours	100%	100%	100%	100%	100%
Medical record transfers to/from GPs and other primary care agencies within 6 weeks	95%	99%	97%	93%	97%
Urgent medical record transfers to/from GPs and other primary care agencies within 2 working days	100%	100%	100%	100%	100%
Cascade Alerts issued within timescale	100%	100%	100%	100%	100%
Bi annual SLA meetings with LHBs	100%	100%	100%	100%	100%
Internal audit					
Audits reported % of planned audits - YTD	63%	86%	11%	34%	50%
Report turnaround management response to Draft report - YTD	80%	80%	n/a	63%	82%
Report turnaround draft response-final- YTD	80%	100%	n/a	100%	100%


All Wales KPIs October 2018 – December 2018

ALL WALES KPIs		31/03/2018	30/06/2018	30/09/2018	31/12/2018
Primary Care Services					
Prescription - keying Accuracy rates (Oct)	99%	99.47%	99.69%	99.69%	99.77%
Prescriptions processed (Apr-Oct)	47.113m	67.359m	80.891m	26.947m	47.530m
Welsh Risk Pool					
Acknowledgement of receipt of claim	100%	100%	100%	100%	100%
Valid claims processed in time for next WRP committee	100%	100%	100%	100%	100%
Claims agreed paid within 10 day	100%	94%	100%	100%	100%
Legal and risk					
Advice acknowledgement- 24 hrs	90%	99%	99%	99%	99%
Advice response – within 3 days	90%	98%	97%	98%	99%
Invoices requested within 21 day	90%	93%	90%	94%	95%

All Health Organisation KPIs December 2018

KPIs Dec 2018	Target	ABMU	AB	BCU	C&V	CT	HD	PHW	POW	VEL	WAST	HEIW
HEALTH ORG KPIs												
Financial Information												
Direct Savings Notified - YTD		Target £93k Actual £249k	Target £74k Actual £197k	Target £90k Actual £240k	Target £79k Actual £210k	Target £51k Actual £139k	Target £58k Actual £155k	Target £6k Actual £17k	Target £14k Actual £39k	Target £9k Actual £23k	Target £9k Actual £26k	n/a
Professional Influence Savings- YTD	£95m	£14.57m	£23.53m	£18.36m	£8.98m	£5.96m	£13.75m	£3.34m	£0.31m	£1.41m	£0.89m	n/a
Employment Services												
Payroll services												
Payroll accuracy rate prior to Supp	99%	99.24%	99.20%	99.52%	99.50%	99.67%	99.72%	99.57%	99.26%	99.63%	99.58%	
Payroll accuracy rate post Supp	99%	99.62%	99.60%	99.76%	99.75%	99.84%	99.86%	99.78%	99.63%	99.81%	99.79%	
<u>Organisation KPIs Recruitment</u>												
Resignation to Vacancy Start date		49 days	34.5 days	46.6 days	50.8 days	21.2 days	33.6 days	53.3 days	97.1 days		14.5 days	
Time to Approve Vacancies	10 days	7.3 days	10.3 days	10.9 days	13.7 days	9.3 days	16.9 days	5.5 days	8.5 days	3.3 days	5.6 days	No Vacancies
Time to Shortlist by Managers	3 days	6.5 days	6.7 days	7.9 days	8.3 days	5.5 days	5.1 days	5.3 days	7.9 days	3 days	8.8 days	6 days
Time to notify Recruitment of Interview Outcome	3 days	4.5 days	2.7 days	5 days	3.8 days	2.9 days	2.2 days	2.4 days	4.9 days	3 days	9.6 days	No Vacancies
<u>NWSSP KPIs Recruitment</u>												
Time to Place Adverts	2 days	1.7 days	1.8 days	1.6 days	1.5 days	1.1 days	2 days	1.5 days	1.3 days	1.5 days	1.1 days	1.6 days
Time to Send Applications to Manager	2 days	1 days	1 days	1 days	1 days	1 days	1.4 days	1 days	1 days	1 days	1 days	1 day
Time to send Conditional Offer Letter	4 days	3.5 days	3.8 days	3.6 days	3.7 days	3.9 days	3.9 days	4 days	3.8 days	4 days	3.5 days	4 days
Calls Answered % Quarterly Average	95%	97.90%	97.90%	97.90%	97.90%	97.90%	97.90%	97.90%	97.90%	97.90%	97.90%	97.90%
Procurement Services												
Procurement savings- YTD		Target £3.703m Actual £5.613m	Target £2.857m Actual £4.593m	Target £2.628m Actual £5.704m	Target £3.261m Actual £4.995m	Target £1.483m Actual £3.529m	Target £2.158m Actual £3.408m	Target £0.024m Actual £0.022m	Target £0.127m Actual £0.164m	Target £0.380m Actual £0.585m	Target £0.005m Actual £0.230m	
Invoice Lines on Hold > 30 days		5,820	3,968	5,264	8,450	2,402	1,777	320	600	862	614	11
% Invoice Lines as being in dispute >30 days		55.3%	46.1%	37.4%	30.2%	36.8%	54.8%	29.4%	12.8%	60.9%	7.0%	45.5%

[illegible]

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

Report Title:	Summary of In Committee business to be reported in public
Report Author:	Diane Davies, Business Support Manager
Responsible Director:	Russ Favager, Executive Director Finance
Public or In Committee	Public
Purpose of Report:	<p>To report in public session that the following items were considered at the Finance and Performance Committee held in private session on the following dates :</p> <p>22.11.19</p> <ul style="list-style-type: none"> noted the response to Finance Delivery Unit (FDU) presentation received report on providing additional bed capacity to facilitate the creation of the North Wales Vascular Network and support Unscheduled/Planned care across the Health Board endorsed the Strategic Outline Case for Redevelopment of the Mental Health Inpatient Unit at Ysbyty Glan Clwyd (YGC) for submission to the Health Board for approval for submission to Welsh Government approved Renal Dialysis Tender noted Medical and Dental Agency and Locum monthly report <p>21.12.19</p> <ul style="list-style-type: none"> noted the Financial Position Month 8 noted the Financial Position Mental Health & Learning Disabilities noted the draft Financial Plan 2019/20 noted the working draft 3 year plan 2019/22 noted the Additional Discretionary Capital report approved an OJEU tender process for a Blood Gas Analyser Managed Service contract <p>17.1.19</p> <p>supported submission of a lease assignment to the Health Board for consideration at 24.1.19 Board meeting</p> <p>noted Medical and Dental Agency and Locum monthly report</p>
Approval / Scrutiny Route Prior to Presentation:	The issues were considered by the Committee at its private in committee meetings
Governance issues / risks:	Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in

	public session. This principle is also applied to Committee meetings.
Financial Implications:	The financial implications were discussed at the meetings
Recommendation:	The Committee is asked to note the report

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

Disclosure:

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