Bundle Finance & Performance Committee 23 May 2019

AGENDA

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

1 FP19/95 Apologies for absence

2 FP19/96 Declaration of Interests

3 11:00 - FP19/97 Unscheduled Care and Building Better Care report and SICAT presentation

Mrs Deborah Carter
Recommendation:
It is recommended that Finance and Performance Committee note:
i. The performance challenges for April and actions being undertaken to address these in May
ii. The achievement against the 90 day measures and how use of the 90 day plan methodology is driving improvement and change.
iii. The ongoing risks associated with delivery of the Building Better Care programme and continuing challenges with flow and ED

FP19.97a Unscheduled Care Performance and Programme Update coversheet.docx

FP19.97b Unscheduled Care Report April 2019 report.doc

4 11:20 - FP19/98 Draft minutes of the previous meeting held on 24.4.19 and summary action plan

FP19.98a Minutes FPC 24 4 19 v 03 Draft Public session.docx

FP19.98b Summary Action Log Public v2.0.doc

4.1 11:30 - FP19/99 Savings Programme Group 23.5.19 - verbal update

Mr John Cunliffe

4.2 11:45 - FP19/100 Cycle of Business 2019/20

Ms Sue Hill
Recommendation:
The Committee is asked to review and provide feedback on the draft Committee Cycle of Business 2019/20.

FP19.100 Cycle of Business 2019_20 draft v01.docx

5 Finance and Planning

5 11:50 - FP19/101 Finance Report month 1

Ms Sue Hill
Recommendation:
It is asked that the report is noted, including the forecast position of £35.0m deficit.

FP19.101 Finance report Month 1 v1.0.doc

5.1 12:10 - FP19/102 Non Pay costs 18/19

Ms Sue Hill
Recommendation:
The Committee is asked to note the report

FP19.102 Other Non Pay costs 2018_19 v3.doc

5.2 12:20 - FP19/103 Turnaround Programme Savings Report – Month 1 2019/20

Mr Geoff Lang
Recommendation:
That the Committee –
• Note the increase in savings schemes developed and the improved risk profile over the previous month's report
• Note the residual gap in amber / green risk assessed schemes of £9.78m in cash releasing savings and £16.8m in total savings
• Note the impact of the shortfall in savings identification against the budgetary plan of £0.74m in month1.
• Note the achievement of savings of £1.135m in month 1, which is £69k above profile.
• Note the work ongoing with PWC to finalise schemes in development and identify further savings to meet the plan requirements by the end of May.

FP19.103a Turnaround Programme Savings Report Month 1 19_20 cover sheet.docx

FP19.103b Turnaround Programme Savings Report – Month 1 19_20.docx

5.3 12:30 - FP19/104 External Contracts Update

Ms Sue Hill
Recommendation:
The Committee is asked to note the financial position on the main external contracts at March 2019 and to note the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity

FP19.104 External Contracts Update May 2019 V6 0 FINAL.docx

5.3.1 12:35 - FP19/105 Countess of Chester Hospital update

Ms Sue Hill
Recommendation:
To note the update

FP19.105 COCH FP update.pptx

5.4 12:45 - FP19/106 Capital Programme report Month 1

Mr Mark Wilkinson -
Mr Neil Bradshaw in attendance
Recommendation:
The Committee is asked to receive this report.

FP19.106a Capital Programme Report coversheet Mnth 1.docx

FP19.106b Capital Programme Report Month 01.docx

FP19.106c Capital Programme Report Appendix 2 YG ED Report April 2019.docx

5.4.1 12:55 - Comfort break

7 Performance

7.1 13:15 - FP19/107 Integrated Quality and Performance report including Three Year Outlook and 2019/20 Annual Plan: Monitoring of Progress against Actions

Mr Mark Wilkinson
Recommendation:
The Finance & Performance Committee is asked to note the report and to assist in addressing the governance issues raised.

FP19.107 IQPR coversheet.docx

FP19.107b IQP report.pdf

FP19.107c Annual Plan 201920 Progress Report April 2019 FINAL.pptx

7.2 13:45 - FP19/108 Referral to Treatment (RTT) 2019/20 Development Plan

Mr Mark Wilkinson
Recommendation:
The Finance and Performance Committee is asked to :
• Note the work underway and timescale for completion of the RTT plan and risks associated with delivery.
• Acknowledge that WG is requesting the Board to continue with RTT activity at financial risk while the plan is finalised.

FP19.108a RTT 2019-20 Development Plan May 2019 coversheet.docx

FP19.108b RTT 2019-20 Plan Development May FP paper.docx

8 Workforce

8.1 14:05 - FP19/109 Workforce Intelligence quarter 4 report

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.

FP19.109a Workforce Quarterly Report Q4 201819 Board and Committee coversheet.docx

FP19.109b Workforce Quarterly Peformance Report Q4 2018_19 Draft v5.pptx

10 Governance

10.3 14:25 - FP19/110 Shared Services Partnership Committee quarter 4 assurance report

Ms Sue Hill
Recommendation:
The Committee is asked to note the report.

FP19.110a SSPC Assurance Report Mar 19 coversheet.docx

FP19.110b SSPC Assurance Report 14 March 2019.doc

11 14:25 - FP19/111 Issues of significance to inform the Chair's assurance report

12 14:25 - FP19/112 Summary of InCommittee business to be reported in public

Ms Sue Hill
The Committee is asked to note the report

FP19.112 InCommitte items reported in public.docx

14 FP19/113 Date of next meeting 25.6.19 11.00am Boardroom, Carlton Court (amended date)

15 FP19/114 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 and Performance Committee 23.5.19	 **To improve health and provide excellent care**

Report Title:	Unscheduled Care and Building Better Care report
Report Author:	Trevor Hubbard, Deputy Executive Director of Nursing
Responsible Director:	Deborah Carter, Acting Executive Director of Nursing & Midwifery
Public or In Committee	Public
Purpose of Report:	To update Finance and Performance Committee on the Health Board's March Unscheduled Care performance, provide an update on the Building Better Care Programme (90 day cycle 2).
Approval / Scrutiny Route Prior to Presentation:	Prior approval by Deputy Director of Nursing and Midwifery for Acting Executive Director of Nursing and Midwifery
Governance issues / risks:	*Not applicable*
Financial Implications:	*Not applicable*
Recommendation:	It is recommended that Finance and Performance Committee note: i. The performance challenges for April and actions being undertaken to address these in May ii. The achievement against the 90 day measures and how use of the 90 day plan methodology is driving improvement and change. iii. The ongoing risks associated with delivery of the Building Better Care programme and continuing challenges with flow and ED

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

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

Equality Impact Assessment

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

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

1) Purpose of Report

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

Performance Overview

April has seen a deterioration in performance from both the previous year and the previous month and below trajectory.

4 hour performance

The overall combined 4 hour performance for BCUHB for April 2019 was 69.4%, against an agreed trajectory of 74% and 73.8% for April 2018.

Reasons for decline in performance can be partially attributed to:

- There was a 3% increase in activity compared to last year with significantly higher than expected attendances over the Easter period and a difficult recovery.
- We also had a higher number of patients leave the department without being seen (11.9%) which is the highest it's been since July 18, many of which contributed to our breaches.

Ambulance CAT A performance

Performance for April was 70.1%, which is a deterioration against the previous month but above the 65% trajectory. This may be attributable to the increased delays in ambulance handover performance but equally due to internal issues within WAST with vehicle availability and sickness levels.

Over 12 hour ED performance

Performance deteriorated with 1743 patients in ED for more than 12 hours which is a 14.6% deterioration against last year. Our current improvement plan on a zero tolerance for patients in ED for more than 24 hours, when it does occur a datix and harm review take place supporting cultural change and maintaining focus on this priority.

Ambulance over 60 minutes

Ambulance handovers to ED over 60 minutes is improved by 20% compared to last year from 835 to 696 but has worsened from the previous month. Each Health Economy has indicated reasons for this deterioration in their narrative below.

West Health Economy

In Ysbyty Gwynedd demand continued to increase in April compared to both March and April 2018. 643 more patients presented to ED in April compared to March and

470 more compared to April 2018. For 6 days in April the West Health Economy experienced attendances in excess of 250, peaking at 291 on one day in particular. Their predicted demand range is from 120 to 145 per day. The West combined performance for April was 79% which is consistent with March performance and April 2018. The teams reviewed every patient who left ED without being seen (LEDWBS), and ensuring that any lost cards across the month were located and validated, both for understanding any patient safety risks in the LEDWBS cohort, and to ensure that others have progressed through their care in a timely way.

YG reported a deteriorated position for patients delayed in ED for 12 hours or more. 346 patients were delayed in April compared to 340 in March. This is, however an improvement on April 2018 where 364 patients were held in ED for 12 hours or more.
The increase in numbers for April, taken in the context of the significant increase of attendances does describe an improved % performance for this quality measure. However, the site recognises that actual numbers must be the focus as any delay impacts significantly on patients and their care, this is even more so for delays of 12 hours or more.

The site experienced an increase of the number of patients delayed in an ambulance for 60 minutes or more at the point of handover. 268 patients were delayed compared to 213 in March. This is despite the number of ambulances arriving at ED being less in April than in March (1417 in April v's 14477 in March). However, the site experienced significantly greater numbers of patients self-presenting, many of whom with high acuity and requiring rapid transfer to a Majors area. This resulted in some patients arriving by ambulance who presented with less clinically urgency being delayed at the point of offloading**.**

Work has been done to risk assess the possibility of corridor nursing in ED when the department is full and unable to offer timely offload and patient handover. Whilst the department continues to be in the midst of major building work, corridor nursing presents a significant challenge, however, this has been agreed as a temporary solution during time of extreme pressure.

Central Health Economy

At Ysbyty Glan Clwyd the combined April 4 hour performance was 72% against a trajectory of 72%.

YGC saw a deterioration in 12 hour performance from 721 patients waiting over 12 hours in the ED in March compared to 846 in April 2019. Actions being taken to reduce 12 hour ED waits are:

- Improving the reporting of breaches to enable real time performance management focus on children and young people breaches, specialty response times and 12 hour breaches. Systems will be in place to enable daily deep dive analysis from 1 June 2019.
- Reducing 12 hour non admitted breaches will be a key outcome of the implementation of same day emergency care

- Specifically for children and young people breaches, a 'deep dive' of April breaches is being undertaken jointly by ED and Paediatric nursing to gain a full understanding of the reasons for a sudden increase in the average daily breaches from 1 to 4. This 'deep dive' will be completed by 17 May. In addition, a review with the Paediatrics team will explore the feasibility of a Paediatric Assessment Unit to deliver zero tolerance of children and young people breaches.

The number of 60 minute handover delays increased in April following improvement in the last quarter of 18/19. Increased acuity and impact on length of stay were factors affecting the site's ability to ensure timely handover of ambulances.

The START project (ED Streaming, Triage, Ambulance assessment, Rapid treatment, Team coordination) will be implemented in parallel with Phase 2 of the Same Day Emergency Care project (SDEC), as both projects are interdependent. The START model will be delivered by a multidisciplinary team which will be consultant led. The Central Health Economy has agreed with WAST to conduct a snap shot audit of ambulance arrivals at YGC ED to establish if patients could have received care form an alternative care pathway.

There has now also been agreement with WAST to share data across the patient journey to help identify new care pathways or gaps in current clinical care pathways. The protocol for immediate release when required as part of the ambulance handover policy will be reinforced with frontline staff.

East Health Economy

On the Wrexham site April saw a deterioration in ED Type1 performance to 50%, with the best performing day with 61 breaches (64.74%). 15 days in April delivered 50% or less. One of the main reasons for breaches in April was delays in waiting to see an ED doctor. The MIU at Mold continued to see a slightly increased number of patients (Daily average 23), however this is without a corresponding reduction in ED. The combined ED performance for April was 55.55% which is just over 5% less than February & March.

There has been an increased number of patients who were considered medically fit in a hospital bed in April compared to the last 3 months. This is in part due to greater accuracy in reporting due to changes in process

Ambulance handover continues to demonstrate improvement with a reduced daily average of 1.2 over 1 hour delays and ED waits over 24 hours reduced to a daily average of 4.5 from 7.8 in March.

The following actions were agreed for May:

- To continue with a Zero tolerance approach to any patients waiting within ED for more than 24hrs or ambulance handover of more than 1 hour. Datix and harm reviews for these patients will be reported through local governance meetings and escalations to the Unscheduled Care Group.

- The three key elements of work required to improve flow continue. A focus on options for a local Wrexham MIU is being explored. Continued interim solutions to increase weekend reviews and discharges are being sought along with evaluation of impact for long term solutions. Executive support given to develop and introduce an ambulatory / acute medical model of care.
- Local conversations have been undertaken with the ED leadership team regarding short and medium term solutions to limiting the wait to be seen breaches. Further follow ups planned.

Building Better Care Programme Overview

Demand update

During April 2019 SICAT has been fully operational 12 hours a day and throughout this time has taken 540 ambulance calls and saved 414 ED attendances. Over a half have been referred to GP's or been given self-care advice. The impact on primary care is being monitored.

The initial scoping exercise of improving minor injuries in the East area has led to two specific pieces of work; the first being to increase the number of patients using the current MIU in Mold, with work in particular around the skills and competencies of the staff within Mold and the type of patients currently managed within the unit and their appropriateness – numbers did increase in April and to also continuing scoping the option for additional in MIU in Wrexham where demand is high and patients currently attend ED for minor injuries impacting on 4 hour performance.

Flow update

Ambulance handovers and patients waiting over 24 hours in ED continued to improve in WMH during April demonstrating improved grip and control and sustainability of the improvement work done to date. Learning has been shared with the other two sites to recover in line with trajectory for May.

In YGC actions to improve 60 minute ambulance handover will be focussed on the implementation of START (ED streaming, Triage, Ambulance assessment, rapid treatment, team coordination and YG will assess implementing corridor nursing.

WMH and YGC continued to progress their work on same day emergency care / ambulatory emergency care to improve flow. A multi-disciplinary workshop was held on 1 May in YGC to determine criteria for go-live and implementation team has been set up.

WMH breach analysis for April showed 50% breaches were due to long waits for ED doctor. In order to improve performance, focus will be on the breaches that occur within 30 minutes of the 4 hours and paediatric breaches.

The trend for paediatric breaches has increased rather than decreased and each Area has been asked to conduct a deep dive into the reasons why and develop an action plan to address to achieve the trajectory of 0 by September.

Length of stay over 21 days has also seen a deterioration across all 3 sites in April with an additional daily average of 15 patients. A focus on stranded patient review and SAFER practices will be undertaken in May to drive discharge process.

Discharge update

Placemats are being piloted on two wards in all acute and community sites across the Health Board and the impact on patient discharge process is being assessed.

DTOC numbers of patients has continued to improve and specific actions underway to address delays attributable to internal processes.

Chart 2.0 BCUHB USC KPIs

Work is ongoing to finalise the trajectories for 19/20 and associated performance charts will be provided from next month.

Monthly position (daily average) | YG | YGC | WMH

	Jan 2019	Feb 2019	Mar 2019	Apr 2019
MIU attendances	139	164	164	194
Arrivals by ambulance	130	136	138	140
Admissions via GP	72	68	65	62
Care homes	13	15	15	16

	Jan 2019	Feb 2019	Mar 2019	Apr 2019
4 hr (inc MIU)	68.6%	72.5%	71.1%	69.4%
60 min handover	16.4	12.8	14.1	23.2
Average ED wait (hours)	5.9	5.5	5.7	5.9
ED waits over 24 hours	13.7	13.3	16.4	15.5
Under 18s over 4 hours	10.8	12.3	14.1	17.3

	Jan 2019	Feb 2019	Mar 2019	Apr 2019
DTOC bed days	26	28	31	28
MFD bed days	86	87	88	118
Morning discharges	20%	19%	18%	18%
Weekend discharges	164	179	176	167
LOS>21	319	325	331	345

Trajectory (daily average)

	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019
MIU attendances	157	166	172	166	181
Arrivals by ambulance	124	121	120	125	126
Admissions via GP	47	47	47	51	48
Care homes	13	12	10	9	9

	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019
4 hr (inc MIU)	72.3%	75.8%	77.0%	71.9%	75.9%
60 min handover	27	26	22	0	0
Average ED wait (hours)	5.7	5.3	5.1	5.2	4.6
ED waits over 24 hours	3	2	0	4	0
Under 18s over 4 hours	5	3	0	10	8

	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019
DTOC bed days	48	48	45	36	35
MFD bed days	40	33	26	56	51
Morning discharges	20%	21%	22%	23%	25%
Weekend discharges	164	164	169	156	179
LOS>21	349	336	331	311	285

90 day plan measures definition

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

Appendix 2 – USC Building Better Care Risk Register

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

Finance & Performance Committee
Draft minutes of the meeting held in public on 24.4.19
in Carlton Court, St Asaph

Present:

Mr Mark Polin	BCUHB Chairman
Mr John Cunliffe	Independent Member
Mrs Lyn Meadows	Independent Member
Ms Helen Wilkinson	Independent Member

In Attendance:

Mr Neil Bradshaw	Assistant Director Strategy- Capital (*part meeting)*
Ms Deborah Carter	Acting Executive Director Nursing and Midwifery (*part meeting)*
Mr Russell Favager	Executive Director Finance
Mrs Sue Green	Executive Director Workforce and Organisational Development (OD)
Mr Michael Hearty	Independent Finance Advisor
Ms Sue Hill	Finance Director – Operational Finance
Mr Geoff Lang	Turnaround Director
Dr Evan Moore	Executive Medical Director
Dr Jill Newman	Performance Director
Mr Lawrence Osgood	Associate Director Workforce &OD – Performance
Mr Mark Wilkinson	Executive Director of Planning & Performance
Ms Diane Davies	Corporate Governance Manager

Agenda Item Discussed	Action By
FP19/69 Apologies for absence No apologies for absence were received	
FP19/70 Declaration of Interests None declared.	
FP19/71 Draft minutes of the previous meeting held on 26.3.19 and summary action plan **FP19/57.1** The minutes were agreed as an accurate record. The closed actions were accepted. Updates and matters arising were discussed as follows: FP19/57 In agreement to close the action, the Executive Medical Director advised that the Endoscopy Task and Finish Group had met on a number of occasions and took on	

board the need to ensure that clinical staff within the service at Wrexham Maelor were effectively engaged with. FP19/64 In response to the Chairman's question regarding the closed action, the Performance Director confirmed that there were no current breaches within Cardiology diagnostic services. FP19/31.2 RTT Taskforce Terms of Reference (ToRs). It was agreed that the ToRs would be amended to strengthen the third bullet point, include a reference to ensuring clarity on data quality (which had hampered previous performance monitoring) and that Mr Lawrence Osgood had been identified as the Workforce Lead and a Finance Lead would be identified by the Executive Director of Finance. It was noted that the group had commenced activity.	MW
FP19/72 Update on Savings Programme Group (SPG) meeting held on 24.4.19 **FP19/72.1** The Committee Vice Chair reported that the inaugural meeting had taken place immediately prior to commencement of the Finance and Performance Committee meeting and provided a verbal update. **FP19/72.2** He advised that the priority focus of the meeting had been to examine the previous savings schemes and identify any patterns going forward. He reported that there was concern on how to achieve triangulation between quality, performance and finance. The Committee Vice Chair also highlighted that the Group's concern with being able to identify and monitor cost improvement programme schemes that had not previously been delivered and brought forward to the current year in order to ensure that lessons could be effectively learned. He also emphasised the need to improve on documentation evidence in respect of year on year savings going forward. **FP19/72.3** The Committee Vice Chair reported that there was further work necessary to improve credibility in respect of Amber and Green 'RAG' status and delivery within month 1. It was noted that there was much planning work outstanding within the organisation to address the £20.65m savings schemes that had been submitted to date. He advised that Wrexham Maelor site representatives had presented their plans at the meeting and highlighted various obstacles to be addressed such as human resource capacity and change management of existing working practices as well as highlighting the disconnect between Area and Secondary Care. **FP19/72.4** The utilisation of PwC resource to address the transformational resource was raised. The Independent Finance Advisor highlighted the SPG's timeline challenge in addressing the savings required. A discussion ensued on the achievability of the £25m in year WG target set, in which the Chairman commented that the PwC work would also provide an external opinion on this. He emphasised the need for the organisation to do its best to achieve this from the outset of the current financial year. The Executive Director of Workforce and OD commented that opportunities would also be provided to examine more radical changes. **FP19/72.5** The Chairman emphasised the need for the Executive Team to focus as much attention on Finances as Performance, as in the case of other organisations. A discussion ensued on the paradigm shift required to achieve transformational change in which the Executive Director of Planning and Performance reminded that the developing Service Strategy would be discussed at the next Board meeting. **FP19/72.6** It was noted that Independent Member Mrs Lyn Meadows had agreed to	

become a member of the SPG and the Terms of Reference would be changed to reflect this. **It was resolved that the Committee** • Noted the verbal report	GL
FP19/73 Savings Programme Update 2019/20 **FP19/73.1** The Turnaround Director presented this item. He reminded that the Board had set out a savings target of £34.5m of which a need for £25m in cash releasing savings had been clearly identified. He referred the Committee to the Savings Schemes identified summary as at 15.4.19 within the report. It was noted that a further number of schemes had been identified and were under development by Executive Directors these included medicines supply, procurement savings, premium medical and nurse staffing costs, corporate services and escalation capacity. **FP19/73.2** The Turnaround Director outlined the risk of delivery and the new RAG assessment framework developed by WG which was being implemented, highlighting the Programme Management Office (PMO) assessments made to date. He believed that there was further work to do in respect of tightening up documentation which was being worked through. The Turnaround Director also advised that £2.99m of cost avoidance had been identified which would not contribute to the £25m cash releasing savings requirement. **FP19/73.3** The Turnaround Director highlighted the additional schemes under development that directly linked to longer term transformational change and wider strategic focus as outlined in the report. These included medicines supply, corporate support functions / patient contact centres, digital dictation & speech recognition, repatriation of services: mental health, clinical pathway review of chronic conditions management: diabetes, CHC commissioning arrangements, estates rationalisation, agile working approaches and Community Resource Teams: benefits realisation. It was noted that fortnightly meetings were taking place which involved the Chief Executive and Senior Hospital Management Teams / Area Directors to improve direct grip. He advised that all the savings work developed to date had been shared with the Financial Review Team which had been recently commissioned and expected to report in June 2019. **FP19/73.4** In discussion on the reporting savings progress to the Committee, it was agreed that the Turnaround Director would circulate weekly updates to members and that the Finance Director - Operational Finance and the Executive Director Planning and Performance would work together to agree milestones and outline a timetable to enable more effective monitoring. It was noted that work had taken place to put together the building blocks of governance structure to drive through change. The Independent Finance Advisor emphasised the need to pick up pace at the beginning of the financial year. In conclusion the Chairman reminded the Committee of the importance of enabling a paradigm shift that would achieve the £25m control total set by WG sooner rather than later. **It was resolved that the Committee** • Noted the report	GL SH/MW
FP19/74 Draft unaudited Financial report Month 12 2018/19	

FP19/74.1 The Finance Director ~ Operational Finance presented this item. She advised the draft unaudited position for the Health Board to be £41.3m overspend which was greater than the £40.3m overspend detailed within the report provided. She advised that the key reasons for the month 12 overspend were under delivery against savings plans across most divisions (£0.9m), over spends on Continuing Health Care (£1m) & Pay (£0.4m) and also reported that there had been offsetting underspends within contracts (£0.6m). She advised that the RTT clawback position had been received since the draft accounts were produced and the unaudited accounts would be submitted to WG on 26.4.19. In respect of the Balance sheet, the Capital Resource Limit of £49.4m had been achieved and the required WG target of 95% had been met in relation to the payment of non-NHS invoices within 30 days of a valid invoice. **FP19/74.2** In discussion of the performance presented, the Committee were advised that the deterioration in the forecast outturn in November 2018 was predominantly due to non-delivery of savings schemes which the Independent Finance Advisor commented was a risk in loading delivery of savings into the last 6 months of the year. The Chairman questioned what had effected the resultant performance delivery in March 2019. The Executive Director of Finance advised that savings under delivery, CHC costs, and various pay related cost pressures had occurred, however he believed that the establishment control process which had been introduced would assist in this area. The Committee discussed various control areas which required strengthening. The Chairman also raised concern regarding the management of Winter pressure monies and RTT. In the discussion that followed the Finance Director - Operational Finance recommended the use of business case management approach with WG sign up, it was agreed that this would be considered by the Executive team and a decision moved forward for consideration by the Chairman and Committee before the end of the month. **FP19/74.3** The Committee questioned agency usage, requesting that vacancy rates and pay bandings be included and the Executive Director of Planning and Performance agreed to look further into the bed establishment system in order to attain grip on understanding surge and escalation pressures. The Chairman raised particular concern on the level of budget lockdown in place in respect of the overspends reported such as training costs (£0.8m) which the Executive Director of Workforce & OD also agreed to look into. It was agreed that the Finance Director - Operational Finance would provide an analysis of discretionary non-pay costs. **It was resolved that the Committee** • noted the report, including the forecast outturn of £42.0m and recognised the risks to the financial position	SH MW SG SH
FP19/75 Turnaround Programme Savings report – Month 11 2018/19 **FP19/75.1** The Turnaround Director highlighted the lessons learned from 2018/19 advising that a number of savings schemes had not delivered the full value anticipated, with some falling significantly short. A review of performance in 2018/19 had identified a number of issues which required to be addressed in 2019/20, including • Clearly differentiating between savings delivery and efficiency improvement is essential. This lack of distinction caused the major in year shortfall in 2018/19 • Savings delivery must be more evenly profiled through the year to avoid the significant escalation in savings requirement in quarters 3 and 4 of the financial year. This presented a significant challenge in 2018/19 • Savings programme development should identify savings schemes to a value greater	

than the in-year requirement to enable mitigation and management of risk. Risks which emerged in 2018/19 could not be managed and impacted significantly upon out-turn • The detail and rigour underpinning schemes need to be enhanced to give greater certainty over deliverability and risk, including for transactional budget savings. The adoption of a new risk framework for 2019/20 will assist in this • Greater consistency in reporting of savings achieved in year is required. This has been identified as an area for improvement by internal audit • The arrangements for driving the savings programme across the Health Board must be enhanced, with active engagement from across the organisation • Savings development needs to be an ongoing process; pipeline development must be a continual process and not subject to an annual cycle. • Setting savings targets and confirming the savings programme needs to take place earlier in the financial year **FP19/75.2** The Turnaround Director reported that actions to address a number of the issues were already in place as part of the savings programme development for 2019/20, however there was more to do in order to ensure a robust plan was in place. He advised that the Committee's Savings Sub Group would be reviewing these lessons and actions taken in detail to ensure that they have the right impact, along with overseeing further actions to improve savings identification and delivery with progress reported to the Committee in future meetings. A review of reasons for under-delivery in specific schemes was underway at Divisional level to ensure that these issues do not arise in 2019/20. In addition, savings schemes which did not deliver were being reviewed to ensure that where delivery could be achieved in 2019/20 this was reflected in the plan. **It was resolved that the Committee** • Noted the outturn 2018/19 position for Health Board savings schemes which was £38.3m. • Noted the key movements in delivery during the month and those areas where annual savings delivery was significantly adrift of plans • Noted the identification of lessons learned and the role of the Savings Sub-Group in ensuring that robust action is taken in 2019/20 to address these points.	
FP19/76 Partnership Project - Satellite Hospice at Ysbyty Penrhos Stanley – Position Paper & Way Forward The Committee considered the formal ratification of the lease arrangements and running cost recharge in relation to the development of a Satellite Hospice in Ysbyty Penrhos Stanley (YPS). It was noted that the paper outlined the background of the project and its aim to establish 4 inpatient hospice beds in a 'Hospice in Hospital' unit in YPS, Holyhead. The unit would be run independently by St David's Hospice in terms of staffing, referrals, admission, discharge and community liaison with the utilisation of space identified in the vacant Fali Ward in YPS and provide a hub for current community palliative care teams as well as the existing Hospice at Home Team. **It was resolved that the Committee** • noted the progress made by the YPS Satellite Hospice Project Board to date • noted the approval by Executive Management of the outlined paper on 17 Oct 2018 • ratified the proposed lease heads of terms and running costs / recharge	

arrangements being offered by the Health Board to the Hospice	
FP19/77 Hafan Wen Substance Misuse Service DETOX Contract The paper informed that a twenty year contract for providing inpatient detoxification service at Hafan Wen with CAIS had expired, and a recent independent report had been completed assessing the clinical effectiveness of the unit, its fitness for purpose and value for money. The report was positive, and supported the continued use of Hafan Wen. There was no other similar service in North Wales. It was noted that procurement support was required as the annual spend was just over £1m a year. In consideration, the Chairman emphasised the importance of ensuring that the 'break' clause was included in order to provide opportunities for review within the period stipulated. **It was resolved that the Committee** supported submission to the Health Board to approve a renewal of the detoxification service from CAIS at Hafan Wen, for a contract term of 5 years (3 years plus 2 x 12 month extensions) and ensure that Estates put in place a 'nil / notional rent' lease agreement for use of the building, for 10 years with a break at 5 years.	
FP19/78 Capital Programme month 12 *The Assistant Director Strategy-Capital joined the meeting for this item.* The Committee noted the year end 2018/19 position in respect of the expenditure against the Capital Resource Limit as being £15,000 underspent subject to audit. The Committee considered that the report format going forward would benefit from improved read across to BCU's annual plan and priorities being approved by the Board on 2.5.19, especially in the area of the Digital Strategy. **It was resolved that the Committee** noted the report	NB
FP19/79 Discretionary Capital Programme 2019/20 It was noted that, WG discussion was ongoing in regard to Orthopaedics, Endoscopy and Urology. The Assistant Director Strategy-Planning also advised that £1.25m 'Spend to Save' monies had also been set aside with invitations extended for bids to be considered. The Executive Director of Planning and Performance confirmed to the Chairman that these would be considered by the Executive Team in order to ensure alignment and avoidance of issues with BCU's overall plans. The Chairman questioned why the high risk backlog maintenance expenditure levels outlined were different across BCU's Areas. **It was resolved that the Committee** noted the discretionary capital resources available for 2019/20 and the development of the programme and supported the proposed programme. *The Assistant Director Strategy-Capital left the meeting*	
FP19/80 Integrated Quality and Performance report Month 10 **FP19/80.1** The Executive Director of Planning and Performance presented this item. The	

Committee was advised that work would continue to drive the quality of the narrative presented. He drew the Committee's attention to the overall summary of performance provided in the report's Executive Summary which identified that the comparative performance for March 2019 with the previous month, demonstrated improvement in 18 and worsened position for 15 of the Indicators reported to the Finance and Performance Committee. However, the comparison of end of March 2019 and March 2018 positions demonstrated that of the 32 Measures covered in the comparison, performance had improved on 22 measures, and worsened for 10 noting that the improvement did not necessarily deliver the target. He highlighted that the activity versus plan performance on planned care within the report had demonstrated a significant growth in demand/patient presentation which had increased pressure on BCU's services.	
FP19/80.2 The Executive Director of Planning and Performance highlighted issues that had been outlined within the endoscopy service, advising that 90% of diagnostic waits involved an endoscopic procedure. He advised that an action plan had been set out which included actions to address management capacity, Vanguard and additional capacity by the end of May 2019. In respect of the outpatient follow up performance indicated, it was noted that the issues were being monitored by the Quality, Safety and Experience Committee. In discussion of CT scanning performance within stroke care, the Financial Advisor queried whether any trend might indicate upstream implications. The Executive Director of Planning and Performance advised that a business case would be the subject of Board consideration within the next few months.	
FP19/80.3 The Committee discussed orthopaedic performance which was 50% of the RTT challenge. The Chairman shared a discussion that had taken place with WG regarding BCU's orthopaedic plan and the investment support required. He requested that the Executive Director of Planning and Performance advise him should a WG decision not have been received before his next scheduled meeting with the Minister. It was noted that a meeting to discuss the RTT/orthopaedic position would be held on 3.5.19 and the Chairman requested that BCU's response be advised at the next In-Committee meeting. It was noted that the final RTT 36 Week position at end of March 2019 was 6,004 (290 higher than planned) waiting over 36 weeks for treatment. The Welsh reportable RTT performance was 5,918 which was 255 worse than the previous year.	MW MW
FP19/80.4 In respect of cancer services performance it was noted that performance for patients 'treated within 62 days of referral' would be affected due to the issues indicated within the endoscopy service however, this was now improving with return to two week waits for unscheduled care endoscopy following action to prioritise urgent suspected cancer and clinically urgent review patients. The Committee reflected that including trajectories would be helpful for monitoring purposes within the report format. However, it was noted that 98.9% performance rate had been achieved for patients newly diagnosed with cancer not via the USC pathway treated within 31 days of diagnosis. The Committee questioned the reason for an 8% decrease in comparison of March 2018 and March 2019 GP Out of Hours service calls.	
FP19/80.5 In respect of workforce performance, the Executive Director Workforce &OD advised that sickness absence and mandatory training required further significant work to enable improvement, whilst also acknowledging the improvement achieved in the undertaking of staff Performance Appraisal Development Reviews (PADR). In discussion of Primary Care measures it was noted that local measures as well as prevention measures would be developed into future reports. The Committee asked that measure of access be included. In addition the inclusion of trajectories, including recovery, was requested within future IQP reports.	MW/JN MW/JN

It was resolved that the Committee noted the report	
FP19/81 Referral to Treatment (RTT) This was discussed within FP19/80. **FP19/82 Unscheduled Care and Building Better Care report** **FP19/82.1** The Acting Executive Director of Nursing and Midwifery joined the meeting to present this item. She drew attention to improvement in March 2019 against both the same period the previous year and also the previous month however, this was below the agreed performance trajectory. The overall combined 4 hour performance for March 2019 was 71.1% against an agreed trajectory of 77% which compared to 70% for March 2018. She advised that due to non-achievement of the trajectories and meeting all of the KPIs during phase 1 of the Building Better Care programme, work continued to define the trajectories and align them to the milestones within the plan. The target was set as 85% by March 2020. A discussion ensued on the trajectories, especially in respect of Delayed Transfers of Care (DToCs) and long stayers in which attention was drawn to work with local authority partners. **FP19/82.2** In discussion of the SICAT performance, the Committee expressed their interest in learning more about this pilot scheme especially in respect of benefits realisation and cost. The Chairman reminded that should the service move into BCU's budget then a full evaluation would be required. **FP19/82.3** The Chairman questioned whether further work was required, other than that which had been planned for. In the discussion which ensued the Acting Executive Director of Nursing and Midwifery referred to differences between the sites, local issues such as recruitment and also enduring cultural and workforce issues which would need to be addressed. **FP19/82.4** The Chairman requested that further consideration take place on the USC Improvement Plan within the Executive Team, to include the allocation of Executive Leads, in order that discussion could take place at the June Board Development session. **It was resolved that the Committee** noted: • the achievement against the 90 day measures and how use of the 90 day plan methodology is driving improvement and change. • the ongoing focus to improve the partnership working relating to the Health Board's Unscheduled Care Improvement journey. • the ongoing risks associated with delivery of the Building Better Care programme and continuing challenges with flow and ED • the changes to the structure of the report with narrative from Managing Directors to address the challenges in performance	DC
FP19/83 Draft Finance and Performance Committee annual report 2018/19 **FP19/83.1** The Committee discussed the draft report and provided the following	

comments and feedback:
 	
• The Chairman agreed to provide details of some typographical amendments following the meeting.
• The following RAG rating changes were agreed:
  • ie to RED for positive assurance on :
  • Financial planning process and financial plan proposals
  • Monitoring financial performance and cash management…..
  • ie to GREEN for positive assurance on :
  • Determine any new awards in respect of primary care contracts
  • ie to RED for sufficient assurance provided on:
  • receive assurance reports arising from performance and accountability reviews….
• It was agreed the last point needed to be actioned.
• The attendance record was agreed to be updated to include note regarding the 25.9.18 meeting – "Apology submitted due to clash with QSE meeting previously scheduled"
• Provide further explanation regarding supporting narrative re RAG status of objective. Monitor the financial aspects of workforce planning to meet service needs in line with agreed strategic plans
 	
FP19/83.2 It was noted that the Committee's Cycle of Business 2019/20 would be considered at the next meeting
 	
It was resolved that the Committee
 	
• reviewed the draft Annual Report for 2018/19
• approved that Chair's Action could be taken to agree the final version for submission to Audit Committee
	MW
	DD
	
	SG
	
	DD

FP19/84 Issues of significance to inform the Chair's assurance report To be completed outside of the meeting.	
FP19/85 Summary of In Committee business to be reported in public **It was resolved that the Committee** note report.	
FP19/86 Date of Next Meeting Thursday 23.5.19 11.00am Boardroom, Carlton Court	

BCUHB FINANCE & PERFORMANCE COMMITTEE Summary Action Log – arising from meetings held in public				
Officer	**Minute Reference and Action Agreed**	**Original Timescale**	**Latest Update Position**	**Revised Timescale**
Actions from 17.1.19 meeting:				
Jill Newman	**FP19/19.9 IQPR** Provide greater clarity on narrative requirements for authors in respect of IQPR Board & F&PC submissions	25.1.19	18.2.19 This work is progressing as part of the development of the report. Individual authors are contacted in an attempt to improve the content of the narrative, however there is more to do to ensure requirements are understood. A training package is being prepared covering statistical analysis, connecting actions to impact and outcomes, and trajectory development. This is being tested and will be implemented from April with exception report leads 15.5.19 Training package prepared and sessions set up, commencing during May 2019	Action to remain open until implementation of training package
Actions from 24.4.19 meeting:				
Geoff Lang	**FP19/72.6 Savings Sub Group** Update TOR of Savings Programme Group including • Additional IM (Lyn Meadows) • Finance Lead (to be advised) • Workforce Lead (Lawrence Osgood)	1.5.19	Circulated 15.5.19	Action to be closed
Mark Wilkinson	**FP19/31.2 Summary Action Plan** Update RTT Taskforce TOR per discussion	1.5.19	TOR updated and RTT taskforce underway	Action to be closed
Geoff Lang	**FP19/73.4 Savings Programme** Arrange for F&P Committee to receive weekly Savings reports Liaise with Sue Hill in respect of	Wef 1.5.19	Circulated 15.5.19 Future weekly updates to be circulated each Monday	Action to be closed

	content			
Sue Hill / Mark Wilkinson	**FP19/73.4 Savings Programme** Agree planning timetable for 20/21 ie agree milestones and outline a timetable to enable more effective monitoring	1.5.19		
Mark Wilkinson	**FP19/74.2 Finance report** Following Executive Team discussion, share with members decision in respect of RTT spending and activity	1.5.19	Circulated 15.5.19	Action to be closed
Sue Green	**FP19/74.3 Finance report** Arrange for additional information requested in respect of pay to be included as an appendix within future Finance reports	13.5.19	14.5.19 Provided to Finance colleagues for inclusion as appendix of Finance report Month 1	Action to be closed
Mark Wilkinson	**FP19/74.3 Finance report** Arrange to review Bed establishment with Executive Team	13.5.19	Bed SOP meeting taken place with Area Directors, Secondary Care and Hospital teams to re-enforce importance of complying fully with Bed establishment, temporary closure and temporary escalation processes. Actions agreed to improve compliance so as to inform the bed establishment review.	Action to be closed
Sue Hill	**FP19/74.3 Finance report** Analyse discretionary non pay costs	13.5.19	Agenda item FP19/102	Action to be closed
Mark Wilkinson / Neil Bradshaw	**FP19/78 Capital programme report** Demonstrate read across to the annual plan and priorities in respect of expenditure within future Capital programme reports	13.5.19	The capital programme report will be developed to provide a correlation between the report and the annual plan as appropriate.	Action to be closed

Mark Wilkinson / Jill Newman	**FP19/83.1 COB** Provide assurance letters and schedule provision of accountability letters within InCommittee session going forward	1.5.19	The accountability reviews have been scheduled for quarterly during 2019-20. Letters will be provided to the committee in the month following the review. The next accountability reviews are scheduled for 7th June and therefore accountability letters will be included in July in-committee meeting	Action to be closed
Mark Wilkinson	**FP19/80.3 IQPR** • Provide update on Orthopaedic Exec Team discussion at next InCommittee meeting • Advise Chairman if WG response to BCU RTT letter not received prior to meeting Chairman's meeting with the Minister	13.5.19 1.5.19	Completed	Actions to be closed
Mark Wilkinson / Jill Newman	**FP19/80.5 IQPR** Ensure trajectory information discussed is included within future IQPR reports (including recovery trajectories)	13.5.19	Included for trajectories confirmed to date in new IQPR. RTT trajectories expected to be completed following operational sign off of 2019-20 plan at end of May 2019, this trajectory will remain subject to resource allocations. Recovery trajectories will be developed as an outcome of escalation of any indicator which is significantly off profile during the year. These will be included in exception reports once need for these is triggered.	Action to be closed
Mark Wilkinson	**FP19/80.5 IQPR** Provide measure of access within Primary Care information and also explore capture of referrals into Secondary Care	13.5.19	Information included in April IQPR on planned care referrals and access to primary care and NHS dentistry. It should be possible to strengthen this aspect of our reporting via the work of the Care Closer to Home Improvement Group.	Action to be closed
Deborah Carter	**FP19/82.4 USC/SICAT** Discuss improvement plan at Executive Team and allocate Executive leads	13.5.19	DC discussed at the Executive Team meeting on 8 May. DC is the Executive Lead. Presentation on SICAT is included within FP19/97 agenda item	Action to be closed

Diane Davies	**FP19/83.1 Draft Committee annual report** Amend draft Committee annual report in line with comments received	1.5.19	Completed, circulated and submitted to Audit Committee workshop	Action to be closed
Sue Green	**FP19/83.1 Draft Committee annual report** Provide further explanation regarding supporting narrative re RAG status of objective : Monitor the financial aspects of workforce planning to meet service needs in line with agreed strategic plans	1.5.19		
Diane Davies /	**FP19/83.2 COB** Provide Lead Director and Chairman with draft COB 2019/20 for discussion and include within next agenda	1.5.19	Included with draft agenda at agenda setting meeting	Action to be closed

Finance and Performance Committee 23.5.19	 ***To improve health and provide excellent care***

Report Title:	Finance and Performance Committee Cycle of Business 2019/20
Report Author:	Mrs Sue Hill Interim Executive Director of Finance
Responsible Director:	Mrs Sue Hill Interim Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	Proposed Cycle of Business for 2019/20
Approval / Scrutiny Route Prior to Presentation:	N/A
Governance issues / risks:	None
Financial Implications:	None
Recommendation:	The Committee is asked to review and provide feedback on the draft Committee Cycle of Business 2019/20.

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 *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

Cycle of Business 2019/20 Updated 15.05.19

Agenda Item	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV		JAN	FEB	MAR
NB Consent items will be determined on a meeting by meeting basis												
Opening Business / Standing items												
Previous Minutes and Action Plan	x	x	x	x	x	x	x	x		x	x	x
Declaration of any Interests	x	x	x	x	x	x	x	x		x	x	x
Finance and Planning												
Finance Report	x	x	x	x	x	x	x	x		x	x	x
Financial Plan 2019-20			x									
Financial Plan 2020-2021 (inc sign off of budgets)					-		x	x		x	x	x
Budget Setting 2020-21							x	x		x	x	x
Financial Planning	x	x	x	x	x	x	x	x		x	x	x
Turnaround reports			x	x			x	x		x	x	x
External Contracts Update *(Info only – Exception Nov)*		x			x			x Pres			x	
Annual Budget Principles and Management Strategy								x				
Capital Programme Report	x	x	x	x	x	x	x	x		x	x	x
Approval of the draft annual Discretionary Capital allocation programme												x
Benefits Realisation / Gateway Reviews – *As arising*	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Any Estates / Capital Business Cases for approval prior to Board ratification – *As arising*	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Performance and Contracting												
Integrated Quality and Performance report and supporting KPI indicator presentation	x	x	x	x	x	x	x	x		x	x	x
Unscheduled Care report	x	x	x	x	x	x	x	x		x	x	x
RTT report (Activity, Cost, Performance, Funding – For previous quarter)				x				x				
Workforce												
Workforce Intelligence report (Previous quarter's data)		x			x			x			x	

BCUHB Medical Locum Governance Update including Junior Doctors rota compliance				x								
Review of Corporate Risks Assigned to Finance & Performance Committee (CRR = Corporate Risk Register)			x					x				
Agree CoB for coming year												x
Committee Annual Report inc review of ToR	x											x
Policies (relating to area of responsibility)		x										
Shared Services Partnership Committee Assurance Report		x			x			x			x	
Special Measures												
Special Measures – Committee expectations					x		x			x		x
Closing Business												
Summary of In Committee Board business to be reported in public (Only for any prior month incommittee)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Issues of Significance to Inform Chair's Report	x	x	x	x	x	x	x	x		x	x	x
InCommittee												
Medical and Dental Agency Locums monthly reports	x	x	x	x	x	x	x	x		x	x	x
Performance Assurance Progress Report – *For info*		x		x								
WG Monthly Monitoring Return		x	x	x	x	x	x	x		x	x	x
Lease Transfers – *As arising*	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
PWC Financial Review – Reports and updates		x	x	x		x						
Carry forward to future years:												
2020/21: Review of Performance Management Framework (As required by ToR) *To be addressed in 3 year cycle)*					x							

◆ = Items to be considered if arise

Finance and Performance Committee

23.5.19

To improve health and provide excellent care

Report Title:	Finance Report Month 1 2019/20
Report Author:	Ms Sue Hill, Interim Executive Director of Finance
Responsible Director:	Ms Sue Hill, Interim Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to provide a briefing on the financial performance and position of the Health Board for the year, together with actions being undertaken to tackle the financial challenge.
Approval / Scrutiny Route Prior to Presentation:	This report is subject to scrutiny by the Finance and Performance Committee prior to submission to the Board.
Governance issues / risks:	This report does not impact on Governance issues or risks.
Financial Implications:	The Health Board's draft financial plan for 2019/20 is for a deficit of £35.0m. At the end of Month 1 the Health Board is overspent by £3.8 m. Of this, £2.9m relates to the planned deficit and £0.9m represents an adverse variance against the draft plan. The current forecast for the savings programme shows a shortfall of £6.3m against the £25m cash releasing target and a shortfall of £6m against the £9.5m cost avoidance target. We are progressing the financial review with PWC and one of the outputs will be a pipeline of opportunities. Progress against the further identification and delivery of the savings programme will be scrutinised at the SPG and this Committee and we are currently forecasting to deliver the full savings target and to recover slippage against the expenditure budget in year. The key reasons for the in-month over spend are: - Non delivery of savings across a number of the divisions (£0.5m). - Over spends on pay (£0.3m), drugs (£0.2m) and Continuing Healthcare (CHC) (£0.2m). - Offsetting under spends seen in Primary Care and clinical supplies.
Recommendation:	It is asked that the report is noted, including the forecast position of £35.0m deficit.

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. 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-bein		4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services		5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper Costs associated with implementing improvements arising from Special Measures are included within departmental budgets.			
Equality Impact Assessment Not applicable.			

Disclosure:

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

Board/Committee Coversheet v9.01 draft

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

FINANCE REPORT

MONTH 1 2019/20

Sue Hill

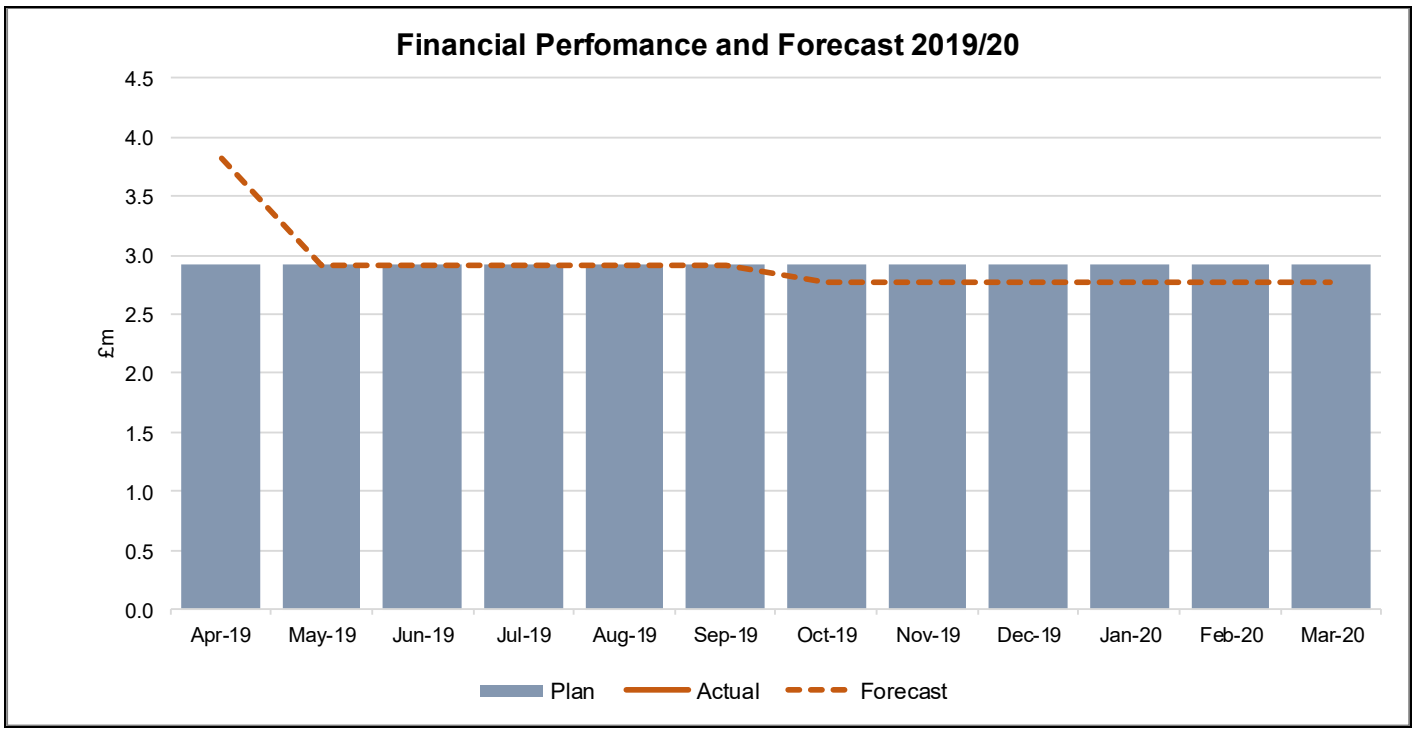
Executive Director of Finance

Betsi Cadwaladr University Health Board

1. Executive Summary

1.1 Executive Summary

Current Month		Year to Date		Full Year Forecast	
Plan	£2.9m Deficit	Plan	£2.9m Deficit	Plan	£35.0m Deficit
Actual	£3.8m Deficit	Actual	£3.8m Deficit	Forecast	£35.0m Deficit
Variance	£0.9m Adverse	Variance	£0.9m Adverse	Variance	Nil



Key reasons for the in-month overspend:

- Slippage on savings plans across most divisions (£0.5m).
- Over spends on pay (£0.3m), drugs (£0.2m) and Continuing Healthcare (CHC) (£0.2m).
- Offsetting under spends seen in Primary Care and clinical supplies.

2. Key Targets

2.1 Key Targets

Key Target	Annual Target	Year to Date Target	Year to Date Actual	Forecast Risk	Trend
Achievement against Revenue Resource Limit (£'000) To ensure that the Health Board's expenditure does not exceed the aggregate of it's funding in each financial year.	(35,000)	(2,917)	(3,825)		
Performance against savings and recovery plans (£'000) To ensure savings achieve the required target.	25,000	1,652	1,135		
Achievement against Capital Resource Limit (£'000) To ensure net capital spend does not exceed the capital resource limit.	21,725	n/a	n/a		
Compliance with Public Sector Payment Policy (PSPP) target (%) To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods/invoice.	95.0	95.0	96.4		
Revenue cash balance (£'000) Cash balance held by the Health Board to not exceed 5% of monthly cash draw down from Welsh Government.	7,854	7,854	762		

Performance against Statutory requirements 2019/20	
Ensure the aggregate of the Health Board's expenditure does not exceed the aggregate of its funding in a 3 year period	**No**
Prepare and submit a Medium Term Plan that is signed off by Welsh ministers	**No**

2.2 Medium Term Plan

- The Health Board has agreed with Welsh Government that it will develop an Annual Operating Plan for 2019/20 which responds to the special measures framework and key areas for improvement.

3. Revenue Position

3.1 Month 1 Positon

- At the end of Month 1 the Health Board is overspent by £3.8 m. Of this, £2.9m relates to the Health Board's planned budget deficit and £0.9m represents an adverse variance against the financial plan.

- The key reasons for the in-month over spend are outlined below.

  - Unidentified savings plans across most divisions (£0.5m).
  - Over spends on pay (£0.3m), drugs (£0.2m) and Continuing Healthcare (CHC) (£0.2m).
  - Offsetting under spends seen in Primary Care and clinical supplies.

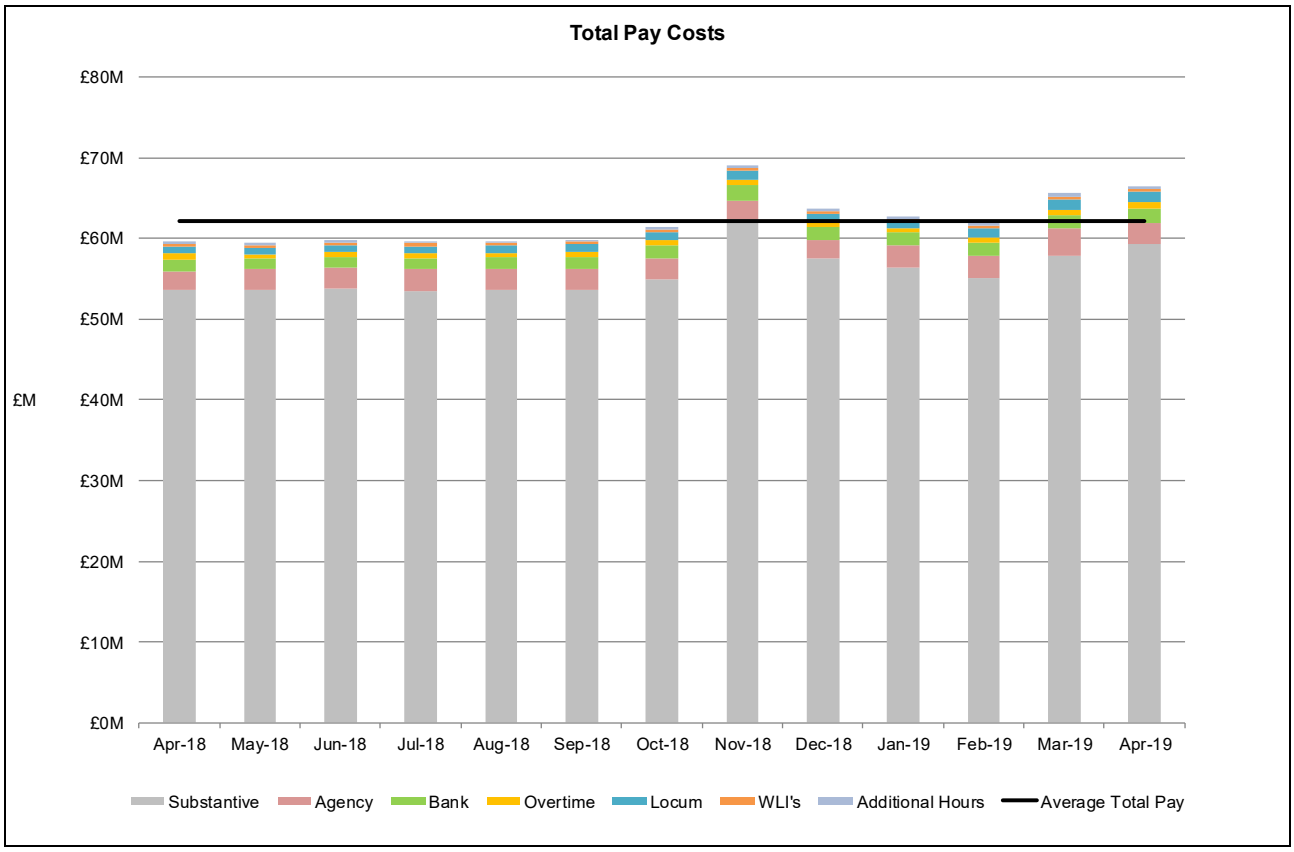
3.2 Financial Performance by Division

	CURRENT MONTH			CUMULATIVE		
	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE
	£000	£000	£000	£000	£000	£000
WG RESOURCE ALLOCATION	(124,954)	(124,954)	0	(124,954)	(124,954)	0
AREA TEAMS						
West Area	13,195	13,278	83	13,195	13,278	83
Central Area	17,406	17,294	(112)	17,406	17,294	(112)
East Area	19,070	19,038	(32)	19,070	19,038	(32)
Other North Wales	1,100	834	(266)	1,100	834	(266)
Commissioner Contracts	16,287	16,206	(81)	16,287	16,206	(81)
Provider Income	(1,600)	(1,601)	(1)	(1,600)	(1,601)	(1)
Total Area Teams	65,458	65,049	(409)	65,458	65,049	(409)
SECONDARY CARE						
Ysbyty Gwynedd	8,465	8,712	247	8,465	8,712	247
Ysbyty Glan Clwyd	9,966	10,392	426	9,966	10,392	426
Ysbyty Maelor Wrexham	8,790	8,920	130	8,790	8,920	130
North Wales Hospital Services	8,845	8,994	149	8,845	8,994	149
RTT	0	0	0	0	0	0
Womens	3,330	3,370	39	3,330	3,370	39
Total Secondary Care	39,395	40,387	992	39,395	40,387	992
Total Mental Health & LDS	10,460	10,682	222	10,460	10,682	222
Total Corporate Budgets	10,665	10,709	44	10,665	10,709	44
Total Other Budgets (Reserves)	1,892	1,952	59	1,892	1,952	59
TOTAL INCOME AND EXPENDITURE	**2,917**	**3,825**	**908**	**2,917**	**3,825**	**908**

4. Pay

4.1 Total Pay

- Total Health Board pay (excluding Primary Care functions) is £64.6m, which is an over spend against plan of £0.3m. Total pay including Primary Care is £66.5m, a year to date over spend of £0.7m.
- There is a detailed workforce report included as Appendix 1 to this paper.



	Month 12 2018/19 £m	Month 1 2019/120 £m	Movement M12 to M1 £m	Monthly Average 2019/20 £m	YTD Variance £m
Administrative & Clerical	7.9	8.4	0.5	8.4	(0.5)
Medical & Dental	15.4	14.3	(1.1)	14.3	0.5
Nursing & Midwifery Registered	20.4	21.3	0.9	21.3	(0.7)
Additional Clinical Services	9.6	10.0	0.4	10.0	0.9
Add Prof Scientific & Technical	2.3	2.5	0.2	2.5	0.0
Allied Health Professionals	3.9	3.7	(0.2)	3.7	(0.1)
Healthcare Scientists	1.1	1.2	0.1	1.2	0.0
Estates & Ancilliary	3.2	3.2	0.0	3.2	0.0
Savings to be allocated					0.2
Health Board Total	**63.8**	**64.6**	**0.8**	**64.6**	**0.3**
Primary care	1.8	1.9	0.1	1.9	0.4
Total Pay	**65.6**	**66.5**	**0.9**	**66.5**	**0.7**

4. Pay

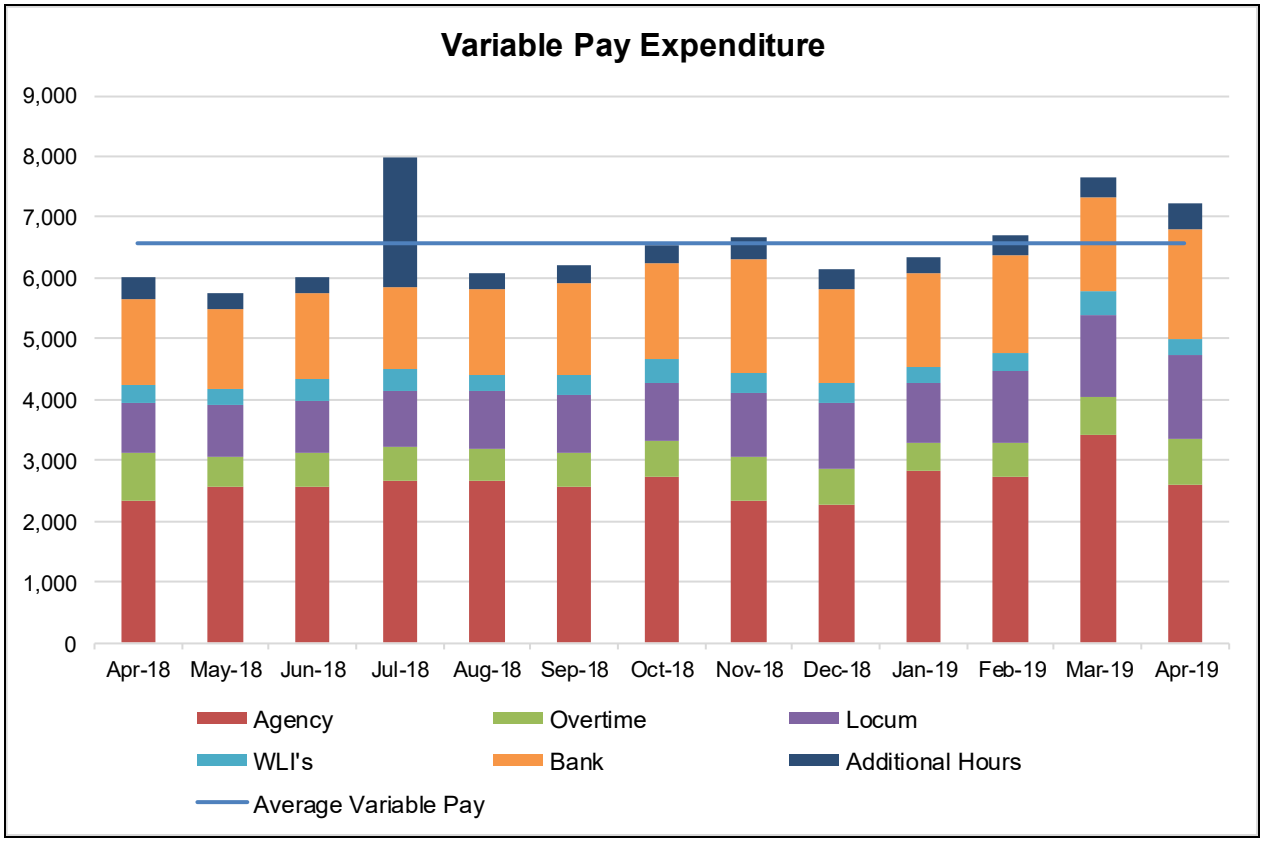
- April's pay expenditure has increased by £0.9m from the previous month. Pay costs included the 1.1% lump sum payable to Agenda for Change staff who were on the top of scale. The cost of this was £2.5m, split as follows:

1.1% Lump Sum	£m
Administrative & Clerical	0.4
Medical & Dental	0
Nursing & Midwifery Registered	1.1
Additional Clinical Services	0.4
Add Prof Scientific & Technical	0.1
Allied Health Professionals	0.2
Healthcare Scientists	0.1
Estates & Ancilliary	0.2
Health Board Total	**2.5**

- Medical and Dental pay was inflated in March due to additional costs arising from work funded through RTT and as a result of job planning. Costs in Month 1 have reduced back in line with the average of £14.1m for last year.

- Over spends continue in areas of high agency usage (Medical and Dental and Additional Clinical Services (Health Care Support Workers)). The high level of nursing vacancies remains, leading to an under spend on Nursing and Midwifery.

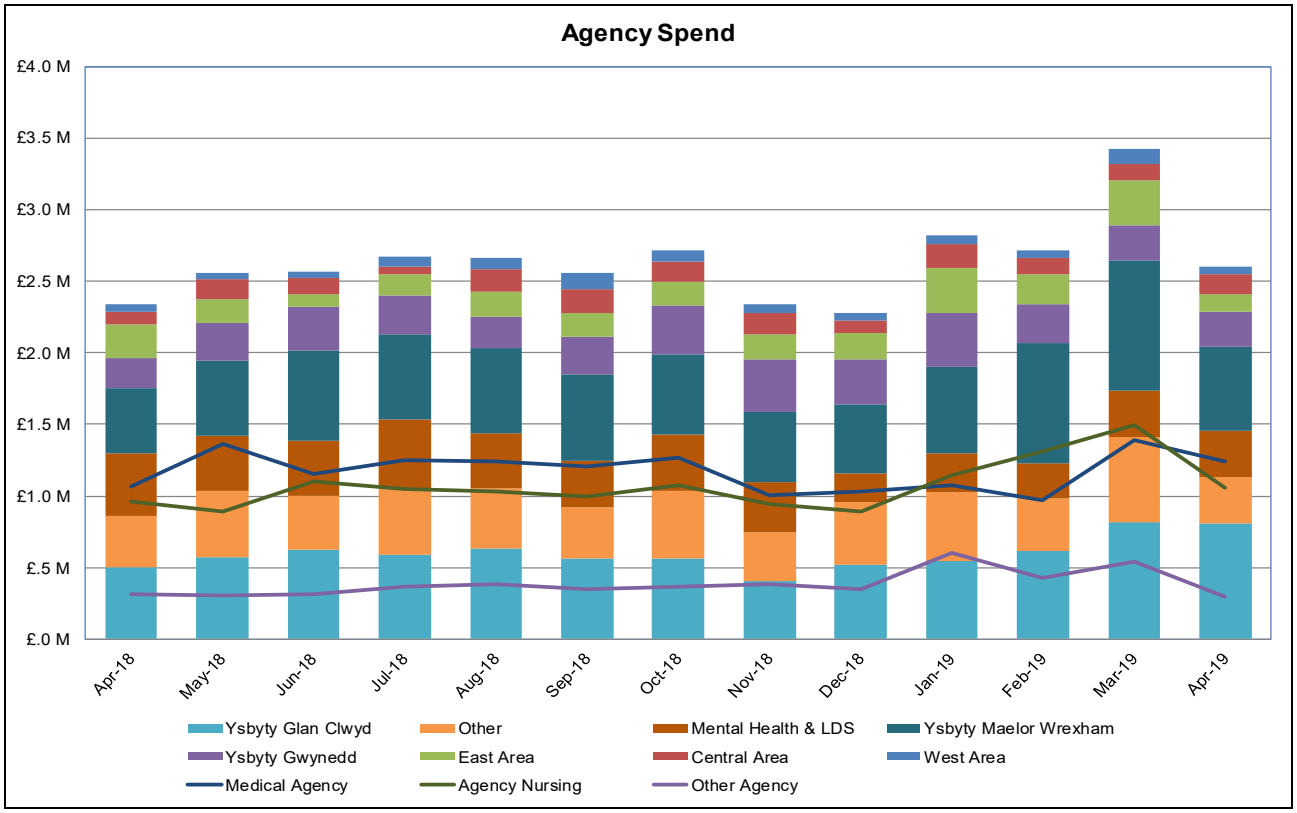
- 10.8% (£7.2m) of total pay for Month 1 (11.7% / £7.7m in March) related to variable pay; agency, bank, overtime, locum, WLI and additional hours.



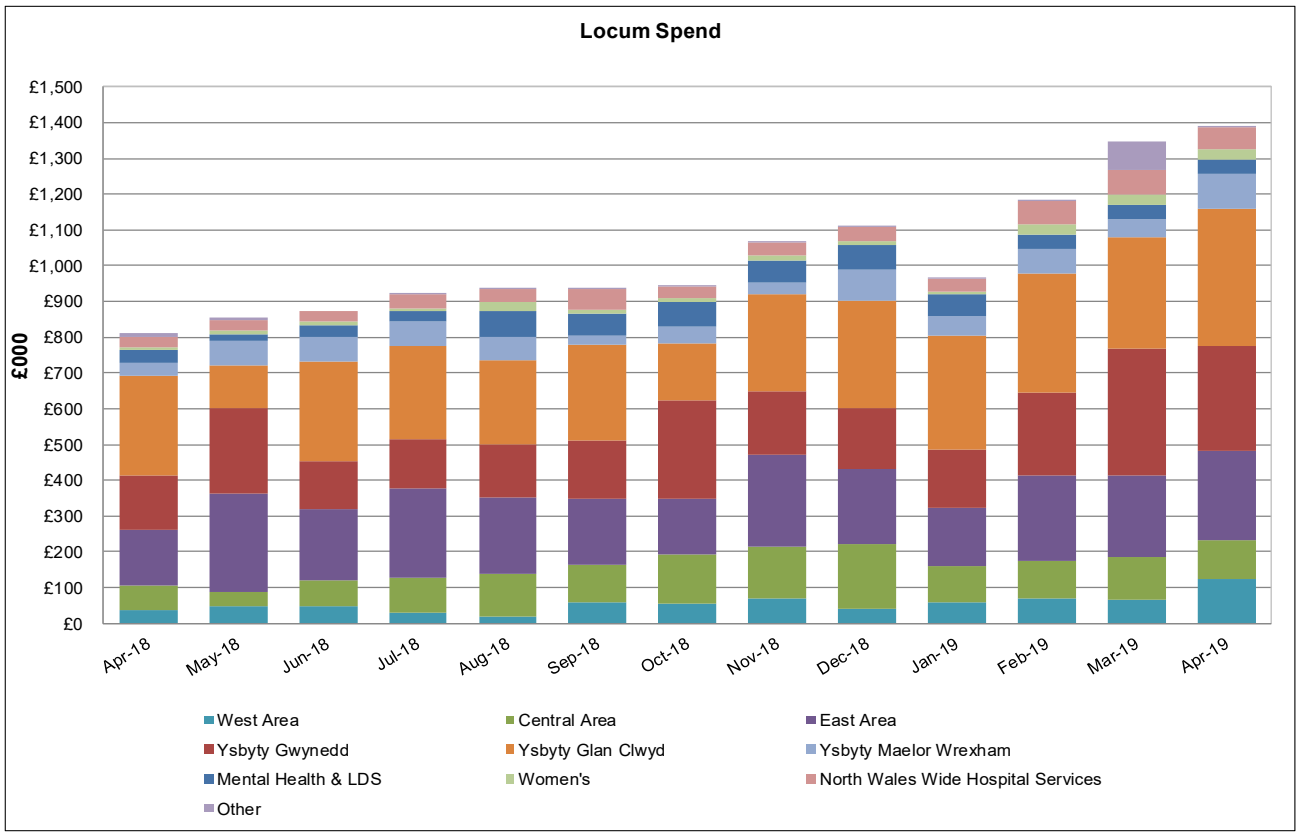
4. Pay

4.2 Agency and Locum Costs

- Expenditure on agency staff for Month 1 is £2.6m, representing 3.9% of total pay, a decrease of £0.8m from March.
- Expenditure on locum staff for Month 1 is £1.4m, representing 2.1% of total pay, a minimal increase on March expenditure.



4. Pay

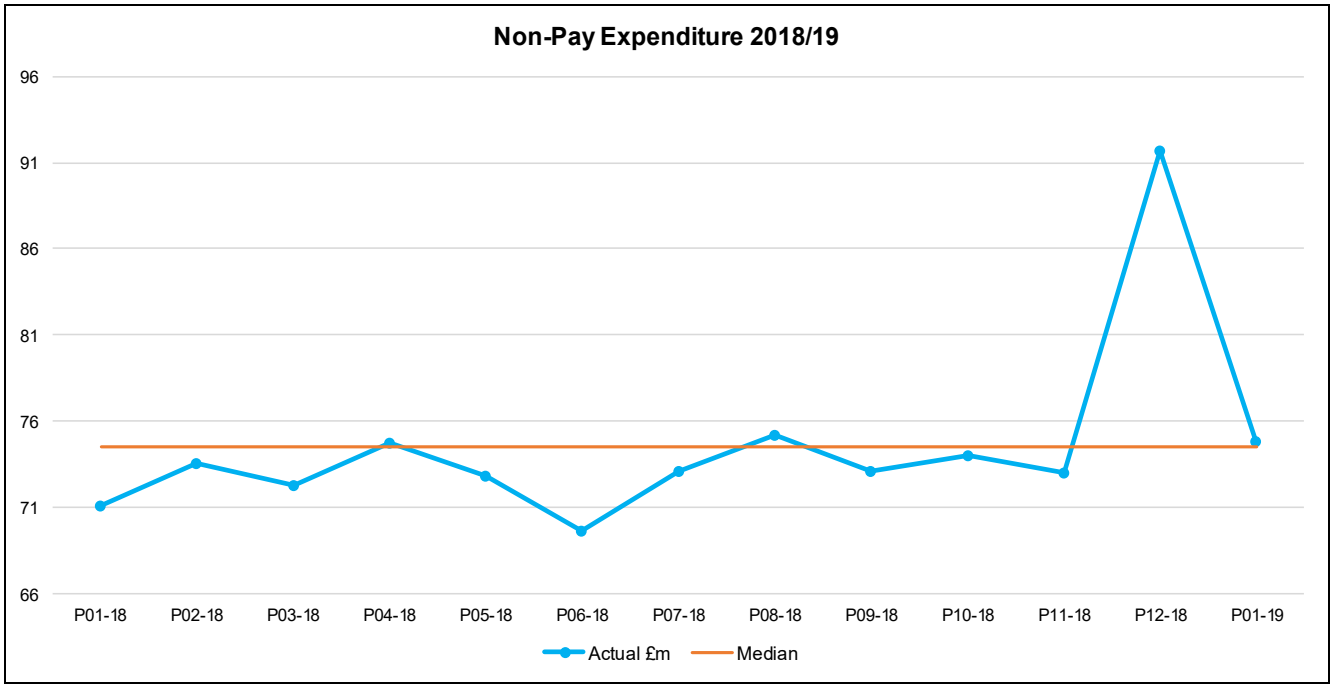


Key Points	
Medical Agency	Costs decreased by £0.1m from March to an in-month spend of £1.2m. The areas primarily responsible are Ysbyty Glan Clywd (£0.4m), Ysbyty Gwynedd (£0.2m), Mental Health (£0.3m) and Women's Services (£0.2m) accounting for 85.7% of the month's spend. Agency is primarily used to cover medical vacancies.
Nurse Agency	Costs totalled £1.1m for the month, a £0.4m decrease from the prior month. Agency nurses continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care. The use of agency nurses is particularly an issue for Wrexham (£0.6m in-month) and Ysbyty Glan Clwyd (£0.4m in-month), which together account for 90.2% of these costs in April.
Other Agency	Costs have reduced by £0.2m to £0.3m for Month 1 and mainly arise from Allied Health Professionals and Admin and Clerical.
Locums	Costs primarily relate to specialty doctors (£0.6m), consultants (£0.5m) and specialty registrars (£0.3m) across both Secondary Care (£0.9m) and Area Teams (£0.5m).

5. Non-Pay

5.1 Non-Pay

- Non-pay costs in Month 1 are £74.9m, with an over spend of £0.5m against the planned budget.



	2018/19 Average £m	Month 1 2019/120 £m	Movement 2018/19 Average to M1 £m	Monthly Average 2019/20 £m	YTD Variance £m
Primary Care	17.2	16.7	(0.5)	16.7	(0.5)
Primary Care Drugs	8.5	8.2	(0.3)	8.2	0.1
Secondary Care Drugs	5.7	5.9	0.2	5.9	0.3
Clinical Supplies	5.5	5.3	(0.2)	5.3	(0.2)
General Supplies	2.8	1.8	(1.0)	1.8	0.1
Healthcare Services Provided by Other NHS Bodies	20.4	21.2	0.8	21.2	0.0
Continuing Care and Funded Nursing Care	8.6	8.3	(0.3)	8.3	0.2
Other	5.8	5.1	(0.7)	5.1	0.5
Capital	4.6	2.4	(2.2)	2.4	0.0
Total	**79.1**	**74.9**	**(4.2)**	**74.9**	**0.5**

Key Points	
Primary Care	– The movement to prior year average and the under spend in the month primarily relate to the reversal of a £0.3m Primary Care accrual no longer required. – Further investment in Dental Services is occurring again this year to give an expected breakeven position. – GMS is currently forecasting a £0.1m under spend for the year. Further uptake is expected on the newer Enhanced Services (Diabetes and NOAC), alongside increased managed practice and

	dispensing costs.
Primary Care Drugs	– Prescribing costs continued to fall throughout the prior year and into April, in line with savings plans. As a result, Month 1 spend is below the average for 2018/19. – The £0.1m overspend for the month relates to community dressings, which were a significant cost pressure last year. A savings scheme is in place to reduce these costs through: ➢ introducing a new dressings formulary to limit the product range; ➢ improving training of district nurses; ➢ switching cheaper products to NHS Denbigh stores; and ➢ reducing stock holding.
Secondary Care Drugs	– Costs rose throughout 2018/19 and have continued at the same level of spend into 2019/20. – Key areas of pressure are due to Medical Gases (£0.2m), Haematology (£0.1m), Dermatology (£0.1m) and Mental Health drugs (£0.1m).
Clinical Supplies	– Key underspends in the month were seen against ALAC (£0.1m) and patient appliances (£0.1m). Activity is generally lower across these categories for the first quarter of the year and it is anticipated that spend will increase later in the year. – Cost pressures previously seen in vaccines and continence products have not yet materialised.
General Supplies	– General Supplies costs in 2018/19 were inflated by £7.1m Intermediate Care Fund (ICF) costs, which were matched off with Welsh Government income of the same value. Excluding these, Month 1 expenditure is in line with the prior year. – Catering provisions and legal fees, which were the main areas of over spend last year, have small over spends in the month, but are not yet evident pressures.
Healthcare Services provided by other NHS Bodies	– The WHSCC contract has a small under spend (£0.1m) which is being offset by over spends in other local contracts.
Continuing Health Care and Funded Nursing Care	– Expenditure has been lower in April than the average for 2018/19, in line with savings plans to reduce CHC costs. – CHC is £0.2m over spent for the month, with FNC being balanced. – The key risk area relates to Mental Health, with a £0.3m over spend for Month 1. The Area teams are £0.1m under spent, although pressures continue in West Area.
Other Costs	– This category includes all other areas of non-pay expenditure. – The over spend position relates to the unallocated savings schemes across Divisions (£0.5m).
Capital	– Capital costs include depreciation and impairment costs, which are fully funded.

6. RTT Funding

6.1 RTT Funding

	Expenditure Category	YG £000	YGC £000	YWM £000	Other £000	Support Services £000	Outsource £000	Total £000
	Medical Costs	125	54	35		36		250
	Theatre Staff	28	15	9				51
	Theatre Non Pay	29	17	50				95
	Other Staffing	2	17	0		38		57
	Other Non Pay	60	81	0		106		246
	Ward / Outpatients	35		6			141	181
	Outsourced Activity			18				18
	Insourcing	139	37	15				191
	Total Expenditure	**416**	**221**	**133**	**0**	**180**	**141**	**1,090**
Diagnostics	Audiology							-
	Cardiology			8				8
	Gastro / Endoscopy	175	49	30				253
	Max Fax			0				-
	Neurophysiology			0				-
	Ophthalmology	53		0				53
	Pathology			0				-
	Radiology			0		180		180
	Respiratory			0				-
	Urology			2				2
	Sub Total	**228**	**49**	**40**	**0**	**180**	**-**	**496**
Inpatients Daycases Outpatients	Anaesthetics			0				-
	Dermatology			0				-
	ENT		7	0				7
	General Surgery	13	3	0				16
	Gynaecology			0				-
	Max Fax		13	0				13
	Ophthalmology	4	9	15				28
	Orthopaedics	152	70	78			65	365
	Other			0				-
	Rheumatology			0				-
	Urology	19	62	0			76	157
	WPAS Validators		7	0				7
	Sub Total	**189**	**172**	**93**	**0**	**-**	**141**	**594**
	Total Expenditure	**416**	**221**	**133**	**0**	**180**	**141**	**1,090**

- At the end of April the Health Board has spent £1.1m on additional activity to reduce the long waiting lists. Discussions continue with Welsh Government regarding RTT funding and until confirmation is received, this remains a risk.

7. Allocations

7.1 Allocations

Description	Value £m 19/20	Reccurent (R) / Non-recurrent (NR)
Allocations Received		
Initial Allocations	1,461.8	R
Sub-total Allocations Received	1,461.8	
Allocations Anticipated		
Substance Mis-use	5.1	R
IM & T Refresh programme	1.9	R
Consultant Clinical Excellance Awards	0.4	R
Vocational Training	1.0	R
SpRs	0.3	R
WAST Emergency Services Mobile Communications Programme (ESMCP)	0.3	R
Special Measures Support - MHLD Right Care and Repatriation Programme	0.3	R
Special Measures Support - Turnaround Function	0.9	NR
Funding for additonal 1% Doctor Dentist Review Body	1.7	R
Unsocial Hours during Sickness Absence	0.8	NR
Additonal costs for PWC - Estimated	0.5	NR
NICE Reserve	3.4	NR
Invest to save funding	0.2	NR
All other anticipated income	0.3	Both
Sub-total Allocations Anticipated	17.1	
Total Allocations as at Month 11	**1,478.9**	

Recurrent Allocations	**1,472.8**
Non-recurrent Allocations	**6.1**

- Planned income for the Health Board is expected to reach £1,478.9m for 2019/20, all of which is reflected within the current forecast. Welsh Government allocations form the majority of the Health Board's funding. Confirmed allocations total £1,461.8m year to date, with further anticipated allocations in year of £17.1m.

8. Savings

8.1 Savings Delivery

2019/20	March Submission to WG	Savings Budget	Savings Identified		Excess / (deficit) of savings identified	Planned Risk Rating			Total	Forecast Delivery			Forecast Variance to WG Submission	Forecast Variance to Budget	Forecast Variance to Identified Savings
	£'000	£'000	Cash Releasing £'000	Cost Avoidance £'000	£'000	Low £'000	Med £'000	High £'000	£'000	Cash Releasing £'000	Cost Avoidance £'000	Total £'000	£'000	£'000	£'000
Ysbyty Gwynedd	1,534	2,438	970	540	(928)	166	1,186	158	1,510	970	540	1,510	(24)	(928)	0
Ysbyty Glan Clwyd	1,439	3,207	502	950	(1,755)	142	235	1,075	1,452	375	50	425	(1,014)	(2,782)	(1,027)
Ysbyty Wrexham Maelor	1,292	2,118	1,059	300	(760)	397	808	153	1,359	1,059	300	1,359	66	(760)	0
North Wales Managed Services	742	1,227	707	0	(520)	600	106	0	707	708	0	708	(34)	(518)	1
Womens Services	994	843	701	189	47	268	100	522	890	182	188	370	(624)	(473)	(520)
Secondary Care	**6,002**	**9,832**	**3,939**	**1,979**	**(3,915)**	**1,573**	**2,435**	**1,909**	**5,917**	**3,293**	**1,078**	**4,372**	**(1,630)**	**(5,461)**	**(1,546)**
Area - West	2,704	2,532	2,004	700	172	1,978	726	0	2,704	1,988	700	2,688	(17)	156	(17)
Area - Centre	3,720	3,720	3,734	0	14	2,874	695	165	3,734	3,992	0	3,992	272	272	258
Area - East	3,506	4,010	3,882	424	296	1,041	2,215	1,050	4,306	2,756	436	3,192	(314)	(819)	(1,114)
Area - Other	320	513	513	0	(0)	13	300	200	513	513	0	513	193	(0)	0
Contracts	463	500	350	113	(38)	91	113	259	463	350	113	463	0	(38)	0
Area Teams	**10,713**	**11,276**	**10,484**	**1,237**	**445**	**5,998**	**4,049**	**1,674**	**11,720**	**9,600**	**1,248**	**10,848**	**135**	**(428)**	**(873)**
MHLD	2,340	1,000	2,060	250	1,310	490	1,220	600	2,310	2,060	250	2,310	(30)	1,310	0
Corporate	1,416	2,892	2,155	12	(725)	1,402	530	235	2,167	2,070	12	2,082	666	(810)	(85)
Divisional Total	**20,470**	**25,000**	**18,638**	**3,477**	**(2,885)**	**9,462**	**8,234**	**4,418**	**22,115**	**17,022**	**2,589**	**19,611**	**(859)**	**(5,389)**	**(2,504)**
In Development	**4,530**		**2,885**		**2,885**								**(4,530)**	**0**	**0**
Total BCUHB Savings	**25,000**	**25,000**	**21,523**	**3,477**	**(0)**	**9,462**	**8,234**	**4,418**	**22,115**	**17,022**	**2,589**	**19,611**	**(5,389)**	**(5,389)**	**(2,504)**

The current forecast for the savings programme shows a shortfall of £6.3m against the £25m cash releasing target and a shortfall of £6m against the £9.5m cost avoidance target. We are progressing the financial review with PWC and one of the outputs will be a pipeline of opportunities.

8. Savings

2019/20	March Submission to WG YTD Profile	YTD Budget	YTD Planned as per tracker		YTD Delivered		YTD Variance to WG Submission	YTD Variance to Budget	YTD Variance to Plan	Rest of Year Delivery
	£'000	£'000	Cash Releasing £'000	Cost Avoidance £'000	Cash Releasing £'000	Cost Avoidance £'000	£'000	£'000	£'000	£'000
Ysbyty Gwynedd	93	169	46	45	24	17	(52)	(128)	(50)	1,469
Ysbyty Glan Clwyd	18	267	17	0	11	0	(7)	(257)	(6)	414
Ysbyty Wrexham Maelor	15	125	37	0	37	0	22	(88)	0	1,322
North Wales Managed Services	22	102	22	0	22	0	0	(80)	0	686
Womens Services	31	70	15	16	17	40	27	(13)	27	312
Secondary Care	**178**	**733**	**137**	**61**	**111**	**57**	**(10)**	**(565)**	**(29)**	**4,203**
Area - West	224	189	145	58	192	21	(12)	23	9	2,475
Area - Centre	50	167	167	0	236	0	186	69	69	3,756
Area - East	256	303	222	34	252	46	42	(6)	42	2,894
Area - Other	0	43	12	0	12	0	12	(31)	0	501
Contracts	9	9	9	0	9	0	0	0	0	454
Area Teams	**539**	**711**	**555**	**92**	**700**	**67**	**228**	**56**	**120**	**10,081**
MHLD	81	12	40	0	26	0	(54)	14	(14)	2,284
Corporate	95	196	180	1	172	1	79	(22)	(7)	1,908
Divisional Total	**893**	**1,652**	**912**	**154**	**1,010**	**125**	**242**	**(517)**	**69**	**18,476**
In Development	**25**								**0**	
Total BCUHB Savings	**918**	**1,652**	**912**	**154**	**1,010**	**125**	**242**	**(517)**	**69**	**18,476**

9. Forecast and Underlying Position

9.1 Forecast Position

- The Health Board has a forecast outturn for 2019/20 of £35.0m, as per the initial financial plan.
- Slippage against the plan for Month 1 is projected to be recovered during the second half of the year. A detailed forecast is currently being developed.

9.2 Underlying Position

	Underlying Position b/f £'000	Underlying Position c/f £'000
Previous Year's Outturn / Current Year's Forecast Outturn	(41,279)	(35,000)
Non Recurring Savings	(2,414)	(1,417)
Non Recurring Mitigating Actions	(1,873)	
Non Recurring RRL Income - Allocated	(3,802)	
Non Recurring RRL Income - Anticipated		
Non Recurring Other Income/Disposals		
Non Recurring Accountancy Gains	(3,105)	
Non Recurring Cost Avoidance		
Full Year Effect of Recurring Savings	223	1,113
Full Year Effect of New Cost Pressures	(4,148)	
Other Non Recurring Factors		(6,696)
Other Non Recurring Factors		
Total	**(56,398)**	**(42,000)**

- A key risk to the Health Board is its underlying deficit. The underlying deficit brought forward from 2018/19 was £56.4m. It is forecast that the underlying deficit carried forward into 2020/21 will be £42.0m, a decrease of £14.4m. However discussions continue with Welsh Government, so the financial plan and the underlying position for 2019/20 are still to be finalised.

10. Balance Sheet

10.1 Balance Sheet

Balance sheet as at Month 1 2019/20			
	Opening balance £000s	M1 2019/20 £000s	Movement £000s
Non Current Assets:			
Fixed Assets	627,406	625,718	(1,688)
Other Non Current Assets	70,483	70,483	0
Current Assets:			0
Inventories	16,077	16,930	853
Trade and other receivables	65,321	56,742	(8,579)
Cash	3,972	2,009	(1,963)
Total Assets	783,259	771,882	(11,377)
Liabilities:			
Trade and other payables	142,428	136,329	(6,099)
Provisions	110,432	107,479	(2,953)
Total Liabilities	252,860	243,808	(9,052)
	530,399	528,074	(2,325)
Financed by:			
General Fund	402,323	399,998	(2,325)
Revaluation Reserve	128,076	128,076	0
Total Funding	530,399	528,074	(2,325)

- Key movements during April 2019 included:
  - Trade and other receivables:
    - Reduction in Welsh Risk Pool (WRP) receivables relating to the reduction in provisions.
    - Alignment of revenue resource allocation drawn down against budget, as additional cash was drawn to cover the Month 1 deficit and movements in working capital.
  - Trade and other payables: Reduction of £3.3m in revenue payables and £3.2m in capital payables.
  - Provisions: Reduction of £2.4m in clinical negligence provisions.
  - General Fund: £1.5m Capital drawdown, less £3.8m Month 1 deficit.

10.2 Cash

- The closing cash balance as at 30th April 2019 was £2.0m which included £1.2m of cash held for capital expenditure. The revenue cash balance of £0.8m was within the internal target set by the Health Board.

10. Balance Sheet

10.3 Public Sector Payment Policy

PSPP target: to pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods or a valid invoice	Value %	Trend
Cumulative year to date % of invoices paid within 30 days (by number) - forecast green	96.4%	↑

10.4 Capital

- The Capital Resource Limit at Month 1 is £21.7m.
- Capital performance is not reported to Welsh Government in Month 1, however expenditure in the month was £0.7m, which was in line with the plan.

10. Balance Sheet

All Wales Schemes	CRL/ Planned YTD 2019/20 £'000	2019/20 Forecast Out-turn £'000	Variance £'000	2019/20 Expenditure M1 £'000	YTD Planned £'000	Narrative
Capital Projects Approved Funding						
SuRNICC - FBC works	350	574	224	5	5	SuRNICC is complete and operational. The completion of the multi faith room is due to be completed in 2019.
PAS System	996	1,255	259	22	22	The project board has agreed on a revised programme. The upgrade in the East is due to take place followed by the implementation in the West.
Substance Misuse - The Elms Development	265	625	360	55	55	The contractor is progressing well on the site and the scheme will be completed this financial year.
Substance Misuse - Holyhead, Anglesey	418	676	258	0	0	The scheme is design stage. Once completed it will go tender.
Substance Misuse - Shotton, Flintshire	1,325	1,340	15	0	0	The scheme is design stage. Once completed it will go tender.
Emergency Department System	701	701	0	0	0	The scheme is currently being reviewed and a formal programme will be produced.
Ysbyty Gwynedd - Emergency Department	1,496	2,526	1,030	196	196	The scheme is progressing well and is due to complete in August 2019.
North Denbighshire Community Hospital	2,404	2,404	0	-	-	The Full Business Case is being progress and the fees will be due this financial year.
Progress Redevelopment of Ablett Unit @ YGC from SOC to OBC	849	849	0	0	0	The Outline Business Case is being progressed and the fees will be due this financial year.
All Wales Total	**8,804**	**10,950**	**2,146**	**278**	**278**	
Discretionary Total	12,921	10,775	(2,146)	399	399	The discretionary capital programme has been formally agreed by the Finance and Performance Committee. The programme is progressing.
Overall Total	**21,725**	**21,725**	**0**	**677**	**677**	

11. Risks and Opportunities

11.1 Risks and Opportunities

	Issue	Description	Risk (Worst Case) £m	Opportunity (Best Case) £m	Key Decision Point & Summary Mitigation	Risk Owner
1.	Prescribing	Data is only received two months in arrears. There are a range of forecasting options used to estimate this two months accrual ranging from the all-Wales HSW Forecast to a BCU locally derived version. BCU uses the lowest forecast methodology in its monthly reported position, giving rise to a possible financial risk between the BCU model and the worst-case model. This does not include any potential growth in the number of drug items added to the No Cheaper Stock Obtainable (NCSO) price list.	(1.0)		The risk is reviewed and updated monthly as the latest prescribing data becomes available. There are a wide range of Prescribing Savings Schemes in place to manage spend and growth. Head of Pharmacy and Finance leads meet monthly to discuss and share areas of cost growth and savings opportunity.	Nigel McCann, CFO Central Area as Prescribing Finance Lead
2.	2019/20 English tariff dispute – Local	National agreement on the English tariff payable by Wales has not yet been made. There is a potential impact on local English contracts.	(3.0)		This is being managed on a national level.	Valerie Attwood, Associate Director of Contracting
3.	2019/20 English tariff dispute – WHSSC	National agreement on the English tariff payable by Wales has not yet been made. There is a potential impact on WHSSC managed English contracts.	(1.5)		This is being managed on a national level.	Valerie Attwood, Associate Director of Contracting
4.	HRG4+ 2018/19	Non-recurrent funding was received in 2018/19 to cover the cost of HRG4+. This is a national issue with discussions ongoing, so the position for 2019/20 is not yet agreed.	(3.6)		This is being managed on a national level.	Valerie Attwood, Associate Director of Contracting
5.	Continuing Healthcare (CHC)	The Health Board is experiencing significant ongoing pressures in relation to both the underlying number and cost of care packages.	(2.3)		This is monitored monthly and additional savings plans are being put in place to mitigate this risk.	Rob Nolan, Finance Director –Commissioning & Strategy

11. Risks and Opportunities

	Issue	Description	Risk (Worst Case) £m	Opportunity (Best Case) £m	Key Decision Point & Summary Mitigation	Risk Owner
6.	Continuing Healthcare (CHC)	The Continuing Healthcare (CHC) expenditure values do not include any potential impact of the Funded Nursing Care (FNC) Supreme Court Judgement (SCJ) in the reported position.	(3.6)		This is the estimated risk of the backdated impact of the FNC Supreme Court ruling on CHC.	Rob Nolan, Finance Director –Commissioning & Strategy
7.	Under-performance of savings plans	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 an amber risk of being delivered.	(8.2)		Delivery of savings schemes always has a risk attached to them. However the Health Board has a process and track record of delivering cash releasing savings of circa £20m per annum.	Pat Crawford, Interim Financial Turnaround Consultant
		Total	**(23.2)**			

12. Summary

12.1 Key Actions

- PwC are working with the Health Board with the aim of improving the £35.0m deficit plan position and ensuring delivery of the savings quantum. PwC will identify further savings opportunities as part of their work and these will add to total savings identified. Benchmarking data and the National Efficiency Framework provide a number of benchmarks and help to inform savings opportunities for the Health Board.

- Actions to strictly monitor the approval of agency requests continue and these are combined with renewed efforts to recruit to vacant posts in a bid to reduce agency requirements.

12.2 Conclusions

- The Health Board's planned forecast for 2019/20 is £35.0m. This is based on an underlying brought forward deficit of £56.4m. The Month 1 position is a deficit of £3.8m, giving a year to date position which is £0.9m higher than the planned deficit spend.

- During April, the significant issues contributing to the over spent position were under delivery against savings plans across most divisions (£0.5m), with over spends on pay (£0.3m), drugs (£0.2m) and Continuing Healthcare (CHC) (£0.2m), offset by under spends in Primary Care and clinical supplies.

- The key over spending division is Secondary Care, where high agency usage has had a particular impact.

- Progress against the further identification and delivery of the savings programme will be scrutinised at the SPG and this Committee and we are currently forecasting to deliver the full savings target and to recover slippage against the expenditure budget in year

12.3 Recommendation

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

Appendix 1: Pay Expenditure Overview

Year to Date Variances - Month 11	Areas £m	Secondary Care £m	Mental Health £m	Corporate £m	Other £m	Total £m
Income	**(0.1)**	**(0.1)**	**(0.0)**	**0.0**	**0.2**	**0.0**
Substantive	(0.9)	(1.8)	(0.4)	(0.0)	0.0	(3.0)
Agency	0.2	1.7	0.2	(0.0)	0.0	2.2
Locum	0.5	0.8	(0.0)	(0.0)	0.0	1.2
Total Health Board Pay	**(0.1)**	**0.7**	**(0.2)**	**(0.0)**	**0.0**	**0.3**
Primary Care	(0.5)	0.0	0.0	(0.0)	0.0	(0.5)
Primary Care Drugs	0.1	0.0	0.0	0.0	0.0	0.1
Provided Services Non-Pay	0.3	0.2	0.1	0.0	(0.2)	0.4
Secondary Care Drugs	0.2	0.1	0.1	(0.0)	(0.0)	0.3
Services from other NHS Bodies	(0.1)	0.1	(0.0)	(0.0)	0.0	(0.0)
Continuing Care and Funded Nursing Care	(0.1)	0.0	0.3	0.0	0.0	0.2
Other	0.0	0.0	0.0	(0.0)	(0.0)	0.0
Total Non-Pay	**(0.1)**	**0.4**	**0.4**	**0.0**	**(0.3)**	**0.5**
Planned Deficit						**2.9**
Total YTD Variance	**(0.4)**	**1.0**	**0.2**	**0.0**	**(0.0)**	**3.8**

Appendix 1: Pay Expenditure Overview

Division

Areas	• Vacancies are driving the under spend on pay, with locums and agency being used to cover gaps. • Key pressure areas are unallocated savings within provided services non-pay (£0.4m) and secondary care drugs, specifically for Dermatology (£0.1m). • Primary Care is under spent primarily due to the reversal of a £0.3m accrual from 2018/19 no longer required.
Secondary Care	• Pay costs are the main area of over spend for Secondary Care. High levels of agency and locum usage, where staff are paid at a premium, are negating the large under spend arising from vacancies. • Unallocated savings within provided services non-pay total £0.3m. • The over spend on drugs predominantly relates to Medical Gases (£0.2m).
Mental Health	• Savings made against substantive pay due to vacancies are somewhat reduced by agency costs, but still result in an overall under spend on total pay. • Continuing Healthcare (CHC) is the key risk, with an in-month over spend of £0.3m.
Corporate	• Overall a balanced position for the month.
Other	• Includes budgets for Capital costs, Losses, Medical Education and Reserves. • Overall a balanced position.

Appendix 1: Pay Expenditure Overview

1. Total Pay Spend against Pay Budget

The monthly pay budget for April 2019 increased by £3.1m to £65.8m, in the main due to the 2nd year of the 3 year national pay deal.

The variance in spend between April 2019 and March 2019 is £3.1m.

Expenditure against this budget was £66.5m i.e. an over-spend against budget of £0.7m.

2. Variable "Non-Core" Pay Expenditure

Total Non- Core pay spend reduced by £0.3m from £7.6m to £7.2m. An additional factor to be applied to this is that the April spend includes the pay award uplift for Bank/Additional Contracted hours and overtime.

2.1 Premium Rate Non-Core

Agency – spend reduced by £0.8m from £3.3m to £2.6m. The March spend is currently being treated as an outlier as the trend for the last 6 months of the year was c.£2.8m per month.

Medical Agency increased by 20% from £1.0m to £1.2m, whilst Nursing Agency reduced by 29% from £1.4m to £1.0m.

Central Area and Ysbyty Glan Clywd (YGC) had material increases attributed to additional GP practices transferring; nursing cover in community hospitals and additional medical cover at the Acute site.

Waiting List Initiative Payments (WLIs) – spend reduced from £0.4m to £0.3m with only Ysbyty Maelor Wrexham (YMW) seeing an increase. Further investigation is required to understand whether this is reflective of additional activity undertaken and accrued or whether there is a lag in processing payments and accruals.

Overtime – spend increased from £0.6m to £0.7m with all areas and sites seeing an increase.

2.2 Non Premium Rate Non-Core

Internal Locum – Spend remained in the region of £1.3m with West Area seeing a 50% increase to £0.1m. The 3 Acute sites increased spend with YGC seeing the greatest increase of £0.1m. The increases in Areas is attributed, in the main to covering GP practices, although further investigation is underway to understand where the impact of payments for SICAT is being seen. Further work is being undertaken to review the payments across the Acute sites and the reasons for this as part of the additional actions under the Grip and Control delivery plan, but also to ensure that costs of additional activity to deliver planned care standards is being properly captured.

Appendix 1: Pay Expenditure Overview

Additional Contracted Hours (ACH) – Spend increased from £0.3m to £0.4m. Increases were seen across Areas and Acute sites with MHLD maintaining. Work is underway to strip out "true" additional contracted hours from hours worked by individuals on 0 hours contracts outwith the Bank. These individuals will then be either appointed into vacancies or brought into a centralised Bank/temporary staffing service. The majority of these people are within Estates and Facilities (which is showing a high level of vacancies). Increases in ACH, if seen against proportionate decreases in Overtime and Agency is a positive and should demonstrate an impact of the improvement actions in place.

Bank – Spend increased from £1.5m to £1.8m with increases seen across all clinical divisions. Registered spend increased slightly and unregistered continued the improving trend. Increases in Bank spend, if seen against proportionate decreases in Overtime and Agency is a positive and should demonstrate an impact of the improvement actions in place.

3. Actions

Establishment Control continues to be embedded with some small improvements in compliance with the processes being seen. There is no doubt that this has been extremely challenging both in terms of process but importantly in terms of culture. Work is underway between Workforce/Finance and IT to further streamline and automate the process as far as possible to reduce backlogs and improve visibility for managers. However, the impact of introducing a check against budgeted establishment, particularly for changes that have previously been managed through Manager Self Service cannot be underestimated. Establishment control is not currently universally welcomed and is subject to much criticism. It will be vital moving forward that we make the process as efficient as possible but without reducing the level of control and support for behaviour change essential in improving our financial management.

The Grip and Control Delivery Plan is providing a helpful lever to accelerate many of the improvement plans already in place. The delivery timetable is challenging and it will be important that the changes made are sustained moving forward. Again, this requires some significant changes in process/focus of resources and behaviours.

Creating greater transparency in terms of additional investment/activity with a pay spend impact will be essential if we are to be in a position to report accurately and reliably on improvements in efficiency and productivity. This work will need to be built into the setting of key targets for reduction in spend across premium rate spend areas.

The development of a mid – long term strategic recruitment plan for key roles is essential and work has commenced to bring this together across all divisions/staff groups. Evidence from work undertaken over the last 3-6 months particularly is starting to show a clear link between appointing to key posts and reduction in variable pay. This work needs to be scaled and prioritised to ensure that the strategic priorities can be delivered within the financial envelope.

Finance and Performance Committee 23.5.19	 To improve health and provide excellent care

Report Title:	Non Pay Costs 2018/19
Report Author:	Ms Sue Hill, Interim Executive Director of Finance
Responsible Director:	Ms Sue Hill, Interim Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to provide a briefing on the Health Board's non-pay costs for 2018/19.
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:	The draft unaudited position for the Health Board for 2018/19 is a £41.3m over spend. Total non-pay was over spent by £13.0m.
Recommendation:	It is asked that the report is noted.

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. 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 – there is no impact on equality.			

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

Finance and Performance Committee
Non-Pay Costs 2018/19

1.0 Purpose

The purpose of this report is to provide an analysis of the Health Board's non-pay costs for 2018/19.

2.0 Background

The unaudited position for the Health Board for 2018/19 is a £41.3m over spend. Of this, £35.0m related to the Health Board's planned budget deficit and £6.3m represented an adverse variance against the financial plan.

Non-pay costs totalled £894.2m for the year, representing a cumulative over spend of £13.0m against the planned budget. Therefore a significant contributor to the Health Board's over spend against the plan in 2018/19 was the adverse variance on non-pay costs.

3.0 Analysis

Non-pay expenditure is analysed over a number of categories defined by Welsh Government.

	2018/19 Budget £'000	2018/19 Actual £'000	2018/19 Variance £'000
Primary Care	211,400	206,100	(5,300)
Primary Care Drugs	98,900	102,100	3,200
Secondary Care Drugs	66,900	68,600	1,700
Clinical Supplies	65,800	66,500	700
General Supplies	31,900	33,200	1,300
Healthcare Services Provided by Other NHS Bodies	250,400	244,800	(5,600)
Continuing Care and Funded Nursing Care	98,400	103,500	5,100
Other	57,500	69,400	11,900
Total	**881,200**	**894,200**	**13,000**

The largest variance for 2018/19 related to an over spend of £11.9m on other non-pay expenditure.

Included within this expenditure category is a range of sub-categories, managed across a number of divisions. Since the last Committee meeting, further analysis has been carried out to assess the overall variances and key findings and further follow-up actions from this are set out in this report.

Sub-Category	2018/19 Budget £'000	2018/19 Actual £'000	2018/19 Variance £'000
Other Services - Private Providers	1,070	2,066	996
Voluntary Sector	7,646	8,011	365
Losses, Special Payments & Irrecoverable Debts	3,459	4,262	803
Profit/Loss Disposal of Assets	0	(158)	(158)
Establishment & Transport Expenses	14,559	16,530	1,971
External Contract Staffing & consultancy	2,606	2,594	(12)
Unallocated Savings Schemes	(7,152)	0	7,152
Other Services	499	(655)	(1,154)
Premises and Fixed Plan	34,802	36,738	1,936
Grand Total	**57,490**	**69,388**	**11,898**

A detailed listing of expenditure within all sub-categories, including explanation for the major variances, can be found in Appendix 1.

Key expenditure variances are:

- Establishment and Transport Expenses (£2.0m)

  Pressures exist over all travel categories, but in particular Non-Emergency Patient Transport Service (NEPTS) (£0.4m), employee lease car costs (£0.3m) and Health Board vehicle running costs (£0.3m).

  The development of NEPTS has been largely unfunded and has created a cost pressure across Secondary Care. Monthly expenditure started to reduce in the last quarter of the year.

  The employee lease car variance does not reflect employee contributions which are shown elsewhere. The Health Board implemented a new travel reimbursement strategy that will see the mileage reimbursement rates reducing in line with Agenda for Change with effect from 1 April 2019. This will contribute to reducing vehicle running costs going forward.

  The Health Board is also currently looking to reduce the size of its own vehicle fleet to ensure future viability.

  Advertising and staff recruitment costs (£0.5m) – including search and selection for Executive Directors (£0.1m) and doctor recruitment campaign costs (£0.1m).

- Savings Schemes (£7.2m)

  This represents unallocated savings schemes of £6.7m (including residual schemes from original plan and unidentified stretch schemes – these are treated as non-recurring in our assessment of underlying deficit), together with further part/full year savings variances of £0.5m.

- Premises and Fixed Plan (£1.9m)

Water variances (£0.4m) - mainly due to an unexpected water leak at Wrexham Maelor which is not expected to recur.

Other major variances (addressed through budget-setting for the 2019-20 financial year) are:

- High cost patient rehabilitation variances (£0.3m within Other Services – Private Providers)
- Office equipment and materials variances (£0.5m) - primarily due to budget reductions targeted but not matched by reduced costs in-year.
- Postage variances (£0.4m) - the centralised postal hub did not make the savings that were expected for full-year.
- Premises lease/rent (0.4m) – under-budgeted GMS costs relating to the GP Estate following practice management/failure.

- Other major variances

  - Permanent injury benefit costs due to one individual case (£0.6m included within Losses, Special Payments and Irrecoverable Debts)
  - Additional external costs following cessation of internal Termination of Pregnancy Service (£0.3m included within Voluntary Sector), currently being re-tendered.

From the analysis a number of variances have arisen because the budget is recognised in one area, but the expenditure is recognised in another.

The matching of budgets and actual expenditure in the new financial year will be monitored closely and relevant adjustments made to better align, in order to improve the ongoing management and reporting of expenditure by expenditure category.

We will also be developing a consistent approach to reporting of expenditure and related income and reserve offsets going forward.

4.0 Conclusion

A number of areas for follow-up have been identified from the analysis. These include areas for improving:

- Financial discipline and governance;
- Consistent planning and reporting of expenditure; and

These improvements are expected to create a clearer line of sight within the significant non pay expenditure category, and facilitate effective grip and control.

We will also provide clearer and more integrated reporting going forward.

5.0 Recommendation

It is asked that the report is noted.

Appendix 1 – Subjective Listing of Other Non-Pay 2018/19

Category	Sub-Category	Subjective	2018/19 Budget £'000	2018/19 Actual £'000	2018/19 Variance £'000	Narrative
Other Private & Voluntary Sector	Other Services e.g. Private Providers	Cost and Volume LTA	0	674	674	Budget for all outsourcing is held on one code within the category 'Healthcare Services Provided by Other NHS Bodies'. This element of cost just relates to one provider.
Other Private & Voluntary Sector	Other Services e.g. Private Providers	Cost per Case Agreements	734	1,016	282	Non-NHS IPFR's over spend for high cost rehab. Individual placements usually go to non-NHS providers. There was a significant increase in activity in 2018/19.
Other Private & Voluntary Sector	Other Services e.g. Private Providers	Healthcare services - Commercial Sector	192	204	12	
Other Private & Voluntary Sector	Other Services e.g. Private Providers	Healthcare services - Independent sector	144	172	28	
Other Private & Voluntary Sector	Voluntary Sector	Grants - Voluntary Body	3,580	3,289	-290	Budget for Local Mental Health Grant Scheme held here with costs on SLA - Voluntary Body code (-£230k).
Other Private & Voluntary Sector	Voluntary Sector	Healthcare services - Voluntary Sector	178	285	107	
Other Private & Voluntary Sector	Voluntary Sector	Service Level Agreement - Voluntary Body	3,889	4,437	548	• TOPS (Termination of Pregnancy Service: BPAS) - Cessation of internal service has required an increase to the external SLA. Work is currently underway to re-tender for this service (£288k). • Costs for Local Mental Health Grant Scheme held here with budget on Grants - Voluntary Body code (£230k).
Joint Financing & Other	Losses, Special Payments & Irrecoverable Debts	Bad Debt Provisions	0	95	95	
Joint Financing & Other	Losses, Special Payments & Irrecoverable Debts	Clinical Negligence	1,889	1,586	-303	Medical Negligence budgets are set at historic levels and the split between clinical negligence payments and defence costs subjectives hasn't been updated. Focus is on total cost.
Joint Financing & Other	Losses, Special Payments & Irrecoverable Debts	Comps Ex Gratia	5	21	15	

Appendix 1 – Subjective Listing of Other Non-Pay 2018/19

Category	Sub-Category	Subjective	2018/19 Budget £'000	2018/19 Actual £'000	2018/19 Variance £'000	Narrative
Joint Financing & Other	Losses, Special Payments and Irrecoverable Debts	Defence Costs	766	1,051	286	Medical Negligence budgets are set at historic levels and the split between clinical negligence payments and defence costs subjectives hasn't been updated. Focus is on total cost.
Joint Financing & Other	Losses, Special Payments and Irrecoverable Debts	General Losses & Special Payments	124	263	139	
Joint Financing & Other	Losses, Special Payments and Irrecoverable Debts	Losses / Negligence Provisions	3	0	-3	
Joint Financing & Other	Losses, Special Payments and Irrecoverable Debts	Personal Injury	672	1,246	574	Relates to the cost of the provision for the remaining life expectancy for one individual awarded the Permanent Injury Benefit (PIB) as it was accepted that the claimed injury or disease was wholly or mainly attributable to their NHS employment and that they had suffered a Permanent Loss of Earnings Ability.
Profit/Loss Disposal of Assets	Profit/Loss Disposal of Assets	Profit / (Loss) On Asset Disposals	0	-158	-158	
Provided Services – Non Pay	Establishment & Transport Expenses	Advertising & Staff Recruitment	360	826	465	Main overspending areas: • YGC - recruitment costs to replace use of agency doctors in ED (£74k); • West Area - budget for whole of SCS Mon service held on a different code (£150k); • Mental Health - budget for whole of DAN Helpline service held on a different code (£84k); • Corporate – Gatenby Sanderson search and select service for Exec Directors (£61k).
Provided Services – Non Pay	Establishment & Transport Expenses	Books, Journals & Subscriptions	452	338	-114	

Appendix 1 – Subjective Listing of Other Non-Pay 2018/19

Category	Sub-Category	Subjective	2018/19 Budget £'000	2018/19 Actual £'000	2018/19 Variance £'000	Narrative
Provided Services – Non Pay	Establishment & Transport Expenses	CRB Checks	143	168	24	
Provided Services – Non Pay	Establishment & Transport Expenses	Data Lines	106	24	-82	
Provided Services – Non Pay	Establishment & Transport Expenses	Design Costs	6	12	6	
Provided Services – Non Pay	Establishment & Transport Expenses	Excess Mileage	126	132	6	
Provided Services – Non Pay	Establishment & Transport Expenses	Hospital Car Services	2	5	3	
Provided Services – Non Pay	Establishment & Transport Expenses	Interview Expenses	9	3	-5	
Provided Services – Non Pay	Establishment & Transport Expenses	Junior Medical Training Travel & Subsistence	121	47	-74	
Provided Services – Non Pay	Establishment & Transport Expenses	Leased Cars : Contract	2,652	3,034	383	Main overspending areas: New leased cars within the service this year, with budget still held in travel subjective, although there is a significant pressure on travel costs overall - West Area (£102k), East Area (£54k), N Wales Area (£60k), Mental Health (£42k) and Corporate (£33k).
Provided Services – Non Pay	Establishment & Transport Expenses	Leased Cars : Private Deductions	3	0	-3	
Provided Services – Non Pay	Establishment & Transport Expenses	Medical Records Folders	105	261	156	

Appendix 1 – Subjective Listing of Other Non-Pay 2018/19

Category	Sub-Category	Subjective	2018/19 Budget £'000	2018/19 Actual £'000	2018/19 Variance £'000	Narrative
Provided Services – Non Pay	Establishment & Transport Expenses	Microfilming/ Archive to CD Rom	114	119	5	
Provided Services – Non Pay	Establishment & Transport Expenses	Mobile Phones	324	189	-135	
Provided Services – Non Pay	Establishment & Transport Expenses	Other Transport Costs	328	457	130	
Provided Services – Non Pay	Establishment & Transport Expenses	Packing & Storage	46	65	19	
Provided Services – Non Pay	Establishment & Transport Expenses	Postage & Carriage	1,085	1,530	445	Neopost system - centralised postal hub didn't make the savings that were expected.
Provided Services – Non Pay	Establishment & Transport Expenses	Printing Costs	564	359	-205	Across Divisions - Movement from individual printers to photocopiers has meant increased costs for photocopying and reduced costs for printing.
Provided Services – Non Pay	Establishment & Transport Expenses	Regular Car User Allowances	12	14	2	
Provided Services – Non Pay	Establishment & Transport Expenses	Removal Expenses	201	273	72	
Provided Services – Non Pay	Establishment & Transport Expenses	Staff Location Systems / Bleeps	24	70	46	
Provided Services – Non Pay	Establishment & Transport Expenses	Stationery	794	877	83	
Provided Services – Non Pay	Establishment & Transport Expenses	Taxi & Other Vehicle Hire	451	827	377	Non Emergency Patient Transport Service 365 service transferred to hospital sites without funding and with increasing costs - YG (£133k)

Appendix 1 – Subjective Listing of Other Non-Pay 2018/19

Category	Sub-Category	Subjective	2018/19 Budget £'000	2018/19 Actual £'000	2018/19 Variance £'000	Narrative
						and YGC (£122k).
Provided Services – Non Pay	Establishment & Transport Expenses	Telephone Call Charges	284	42	-242	WG slippage allocation on SICAT (111) funding.
Provided Services – Non Pay	Establishment & Transport Expenses	Telephone Installation & Maintenance	107	149	41	
Provided Services – Non Pay	Establishment & Transport Expenses	Telephone Rental	566	687	121	
Provided Services – Non Pay	Establishment & Transport Expenses	Training Travel & Subsistence	1	0	-1	
Provided Services – Non Pay	Establishment & Transport Expenses	Travel & Subsistence	4,313	4,434	121	
Provided Services – Non Pay	Establishment & Transport Expenses	Vehicle Insurance	514	555	41	
Provided Services – Non Pay	Establishment & Transport Expenses	Vehicle Insurance Excess	18	64	46	
Provided Services – Non Pay	Establishment & Transport Expenses	Vehicle Leases	0	10	10	
Provided Services – Non Pay	Establishment & Transport Expenses	Vehicle Maintenance	162	94	-68	
Provided Services – Non Pay	Establishment & Transport Expenses	Vehicle Running Costs : Fuel	511	614	103	
Provided Services – Non Pay	Establishment & Transport	Vehicle Running Costs : Other	55	251	196	

Appendix 1 – Subjective Listing of Other Non-Pay 2018/19

Category	Sub-Category	Subjective	2018/19 Budget £'000	2018/19 Actual £'000	2018/19 Variance £'000	Narrative
	Expenses					
Provided Services – Non Pay	External Contract staffing & consultancy - Non Pay	External Consultancy Fees	2,545	2,537	-8	
Provided Services – Non Pay	External Contract staffing & consultancy - Non Pay	External Payroll provider costs	0	61	61	
Provided Services – Non Pay	External Contract staffing & consultancy - Non Pay	Staff Consultancy & Support	61	-4	-65	
Provided Services – Non Pay	Unallocated Savings Schemes	Cost Improvements	-7,152	0	7,152	Savings schemes that have either not been identified or not allocated out to individual budget lines.
Provided Services – Non Pay	Other services - Non Pay	ALS Courses / Training	114	284	170	
Provided Services – Non Pay	Other services - Non Pay	Audit Fees : Internal	50	55	5	
Provided Services – Non Pay	Other services - Non Pay	Audit Fees : Statutory	489	418	-72	
Provided Services – Non Pay	Other services - Non Pay	Conferences And Seminars	104	375	271	Year end accounting adjustment for Charitable Funds expenditure - nil impact on the overall position.
Provided Services – Non Pay	Other services - Non Pay	Early Retirement Payments	0	78	78	
Provided Services – Non Pay	Other services - Non Pay	General Reserves	1,471	-83	-1,554	Main areas of variance: • Wrexham Maelor - Late allocation of additional funding not allocated out to individual budgets (-£203k); • N Wales Hospital - Underperformance on activity numbers for planned take up of new indications for PET (funded by WHSCC) (-£230k), offset by slippage on savings

Appendix 1 – Subjective Listing of Other Non-Pay 2018/19

Category	Sub-Category	Subjective	2018/19 Budget £'000	2018/19 Actual £'000	2018/19 Variance £'000	Narrative
						schemes (£649k); • West Area - Scheme specific additional funding not allocated to individual budgets (-£293k), offset by savings targets not allocated to individual budgets (£725k); • Centre Area - Scheme specific additional funding not allocated to individual budgets (-£782k), slippage on Cluster and Primary Care Investment Monies (-£461k), offset by slippage on savings schemes (£774k) and Seasonal Plan (£124k); • East Area - Scheme specific additional funding not allocated to individual budgets (-£266k), offset by savings targets not allocated to individual budgets (£940k); • Mental Health - Slippage on WG funding (-£2,887k), offset by slippage on savings schemes (£804k); • Corporate - underspends on PWC reserve (-£70k) and GDPR (-£60k), plus budgets held here with costs on other codes (-£240k).
Provided Services – Non Pay	Other services - Non Pay	Gross Redundancy Payments	210	220	10	
Provided Services – Non Pay	Other services - Non Pay	Interest Payable	0	4	4	
Provided Services – Non Pay	Other services - Non Pay	Invoiced Discounts Received	0	-15	-15	
Provided Services – Non Pay	Other services - Non Pay	Junior Medical Training	8	7	-0	
Provided Services – Non Pay	Other services - Non Pay	Lease Charges	0	39	39	
Provided Services – Non Pay	Other services - Non Pay	Lecture Fees	7	1	-6	

Appendix 1 – Subjective Listing of Other Non-Pay 2018/19

Category	Sub-Category	Subjective	2018/19 Budget £'000	2018/19 Actual £'000	2018/19 Variance £'000	Narrative
Provided Services – Non Pay	Other services - Non Pay	Miscellaneous Expenditure	3,827	2,146	-1,681	Main areas of variance: • Ysbyty Gwynedd - unallocated savings schemes (£374k); • West Area - Research Fellowship cost (£137k); • Centre Area - Seasonal Plan budgets held here with costs on other codes (-£271k); • Corporate - under spends against funding for public engagement for service changes (-£157k) and Improvement & Transformation Team (-£509k); • Estates - Conde Nast VAT adjustments on food (-£500k), Statutory Compliance underspend (-£285k) and development budget not allocated out (-£455k).
Provided Services – Non Pay	Other services - Non Pay	Patients Travel Expenses / Allowances	153	124	-29	
Provided Services – Non Pay	Other services - Non Pay	Recharge : IT Services	11	6	-5	
Provided Services – Non Pay	Other services - Non Pay	Recharge : M&SE Maintenance Contract	-5	-0	4	
Provided Services – Non Pay	Other services - Non Pay	Recharge : Minor Works	70	161	91	
Provided Services – Non Pay	Other services - Non Pay	Recharge : Miscellaneous	-8,234	-7,179	1,055	Main overspending areas: • Centre Area - ICF recharge budgets held here with offsetting costs on other codes (£263k) and Seasonal Plan costs held here with budget on another code (£99k); • East Area - Seasonal Plan costs held here with budget on another code (£379k).
Provided Services – Non Pay	Other services - Non Pay	Room Hire	99	201	102	
Provided Services –	Other services -	School Of Nursing	223	247	24	

Appendix 1 – Subjective Listing of Other Non-Pay 2018/19

Category	Sub-Category	Subjective	2018/19 Budget £'000	2018/19 Actual £'000	2018/19 Variance £'000	Narrative
Non Pay	Non Pay					
Provided Services – Non Pay	Other services - Non Pay	Training Expenses	1,842	2,152	310	Medical Education and R&D - training course costs with budgets held on other codes (£177k) and overspend on consultant training (£29k).
Provided Services – Non Pay	Other services - Non Pay	Training Materials	59	83	24	
Provided Services – Non Pay	Other services - Non Pay	WDU Student Salary Reimbursements	0	21	21	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	B&E Maintenance	79	144	65	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Building Contracts	656	624	-32	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Buildings Insurance	17	18	2	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Computer Hardware Purchases	135	94	-42	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Computer Maintenance	1,772	1,861	89	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Computer Network Costs	100	128	28	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Computer Software/License Fees	2,403	2,633	230	Main overspending areas: • East Area - unfunded CHC Broadcare system (£82k) and Rheumatology BAT Tool (£47k); • Corporate - Informatics (£43k) and PMO (£39k).
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Contract : Car Parking	1	1	0	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Contract : Funeral & Burial Expenses	6	16	10	
Provided Services –	Premises and Fixed	Contract : Grounds	143	147	4	

Appendix 1 – Subjective Listing of Other Non-Pay 2018/19

Category	Sub-Category	Subjective	2018/19 Budget £'000	2018/19 Actual £'000	2018/19 Variance £'000	Narrative
Non Pay	Plan - Non Pay	& Gardens				
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Contract : Hygiene & Sanitary	40	39	-1	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Contract : Managed Service	4,409	4,493	84	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Contract : Pest Control	28	64	36	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Contract : Photocopying Rental & Charges	369	618	249	Across Divisions - Movement from individual printers to photocopiers has meant increased costs for photocopying and reduced costs for printing.
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Contract : Premises Security	368	340	-28	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Contract : Refuse & Clinical Waste	1,183	1,326	143	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Contract : Supply & Fix	7	8	1	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Contract : Telecommunications	0	6	6	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Electricity	4,941	5,822	881	Power (gas/electricity) budgets at historic levels and have been reviewed and rebased for 2019/20. Offsets with gas underspend.
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Energy Management Contracts	305	210	-95	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Engineering Contracts	1,569	1,550	-20	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	External Data Contracts	105	108	3	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	FM Computer Contracts	556	575	19	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Furniture & Fittings	170	574	404	Main overspending areas: • Year end accounting adjustment for Charitable Funds expenditure - nil impact on the overall

Appendix 1 – Subjective Listing of Other Non-Pay 2018/19

Category	Sub-Category	Subjective	2018/19 Budget £'000	2018/19 Actual £'000	2018/19 Variance £'000	Narrative
						position (£155k); • Centre Area - budgets to offset costs are held centrally (£79k); • East Area - NEWCES (Community Equipment Store) Paediatric Bed Contract 2018/19 costs (£33k).
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Gas	3,754	2,825	-929	Power (gas/electricity) budgets at historic levels and have been reviewed and rebased for 2019/20. Offsets with electricity overspend.
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Grounds & Gardens Expenses	2	71	69	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Health & Safety Costs	101	113	11	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Heating Oil	206	93	-113	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	IT Security Costs	9	22	12	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Materials - Building	543	598	55	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Materials - Electrical	240	351	111	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Materials - Mechanical	1,226	1,099	-127	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Minor Works	21	32	11	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Office Equipment & Materials : Hire	32	44	11	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Office Equipment & Materials : Purchase	608	1,040	432	Main overspending areas: • Year end accounting adjustment for Charitable Funds expenditure - nil impact on the overall position (£93k); • General overspend across many divisions due to budget reductions - YG (£60k), YMW

Appendix 1 – Subjective Listing of Other Non-Pay 2018/19

Category	Sub-Category	Subjective	2018/19 Budget £'000	2018/19 Actual £'000	2018/19 Variance £'000	Narrative
						(£59k), Centre Area (£62k) and East Area (£71k).
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Office Equipment & Materials : Repairs	10	33	22	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Other Utility Fuels	17	12	-6	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Premises Lease Rent	1,049	1,325	276	Main overspending areas: • New leased premises with no budget - Benllech PCC, Llys Dyfrig Health Centre and West End Medical Centre (£197k); • Inadequate budget for Connahs Quay Primary Health Care Centre (£209k); • Offset by underspends on other rents (-£258k). • Lease rent for the North Wales Clinical Research Centre with offsetting income on other codes (£88k).
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	PREMISES RENT	931	938	7	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Premises/ Plan - External Contract Other	860	550	-309	CRC Energy Efficiency Scheme (Carbon Reduction Commitment) - less carbon credits required than anticipated.
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Rates	4,533	4,461	-71	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Sewerage	0	1	1	
Provided Services – Non Pay	Premises and Fixed Plan - Non Pay	Water	1,299	1,731	433	Predominantly relates to the water leak at Wrexham Maelor.
Grand Total			**57,490**	**69,388**	**11,898**	

Finance and Performance Committee 23.5.19	 ***To improve health and provide excellent care***

Report Title:	**Turnaround Programme Savings Report – Month 1 2019/20**
Report Author:	Director of Turnaround
Responsible Director:	Director of Turnaround
Public or In Committee	Public
Purpose of Report:	To update the Committee with regard to progress in identifying savings schemes to meet the requirements of the Board's financial plan and report actual delivery.
Approval / Scrutiny Route Prior to Presentation:	This paper has not received previous scrutiny.
Governance issues / risks:	Achievement of the Board's savings programme is critical to delivery of the financial position in 2019/20.
Financial Implications:	There are no additional costs arising from this paper however non achievement of savings will have a detrimental effect on the Board's required financial performance for the year.
Recommendation:	That the Committee – • Note the increase in savings schemes developed and the improved risk profile over the previous month's report • Note the residual gap in amber / green risk assessed schemes of £9.78m in cash releasing savings and £16.8m in total savings • Note the impact of the shortfall in savings identification against the budgetary plan of £0.74m in month1. • Note the achievement of savings of £1.135m in month 1, which is £69k above profile. • Note the work ongoing with PWC to finalise schemes in development and identify further savings to meet the plan requirements by the end of May.

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 **Financial Recovery** *http://www.wales.nhs.uk/sitesplus/861/page/81806*			
Equality Impact Assessment Impact assessments are undertaken for individual savings schemes as they are developed.			

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

Finance and Performance Committee

Savings Report – Month 1 2019/20

Purpose

To update the Committee with regard to progress in identifying savings schemes to meet the requirements of the Board's financial plan and report actual delivery in month 1.

Background

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

In the Board's initial financial plan for 2019/20 the need for £25m of cash releasing savings was clearly identified. In order to maintain this focus on cash releasing savings, this report identifies the cash releasing position specifically, as well as reporting the overall savings position.

Scheme Development and Risk Assessment

The following section summarises the position with regard to the identification of savings as at the time of preparation of the Monitoring Return to Welsh Government on 10th May 2019. This focusses initially on the £25m cash releasing requirement and then on the overall savings target of £34.5m.

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

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

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

For the purposes of reporting to Welsh Government only green and amber schemes are included in the monitoring return, however all schemes are summarised in this report to give the Committee a full overview of the scheme development pipeline.

Cash Releasing Schemes

The requirement for £25m of cash releasing savings was set out in the initial financial plan and budget. The identification of savings against the £25m is shown in the table below.

Table 1 – Cash releasing savings identified

2019/20 CASH RELEASING SAVINGS - £25M TARGET			
Savings Area	Allocated Savings TARGET	TOTAL Savings SUBMISSION	DIFFERENCE
TRANSACTIONAL	**6.00**	**5.11**	**(0.89)**
Divisional Budget Mgt (1%)	6.00	5.11	(0.89)
CARE CLOSER TO HOME	**3.00**	**4.79**	**1.79**
CHC General	0.00	1.91	1.91
Mental Health	1.00	1.09	0.09
Community Services	2.00	1.80	(0.21)
CORPORATE	**16.00**	**8.74**	**(7.26)**
Workforce Optimisation	5.00	1.82	(3.18)
Medicines Management	4.50	4.73	0.23
Central Procurement	4.50	0.77	(3.73)
Contracts	0.50	0.35	(0.15)
Estates/Assets	1.50	1.07	(0.43)
TOTALS	**25.00**	**18.64**	**(6.36)**
In Development		4.53	4.53
TOTALS	**25.00**	**23.17**	**(1.83)**

2019/20 CASH RELEASING SAVINGS - £25M TARGET			
Division	Allocated Savings TARGET	TOTAL Savings SUBMISSION	DIFFERENCE
Area East	4.01	3.88	(0.13)
Area Centre	3.72	3.73	0.01
Area West	2.53	2.00	(0.53)
Other NW	0.51	0.51	(0.00)
MHLD	1.00	2.06	1.06
YMW	2.12	1.06	(1.06)
YGC	3.21	0.50	(2.71)
YG	2.44	0.97	(1.47)
Womens	0.84	0.70	(0.14)
NWHS	1.23	0.71	(0.52)
Contracts	0.50	0.35	(0.15)
Corporate	2.89	2.16	(0.74)
TOTALS	**25.00**	**18.64**	**(6.36)**
Pay	11.53	5.33	(6.20)
Non Pay	13.47	13.31	(0.16)

The above shows developed schemes of £18.64m which compares to £17.66m in the April report indicating an increase in scheme value of £0.98m. These schemes are subject to risk assessment as set out in the section below. This leaves a gap of £6.36m to deliver the plan of £25m, with £4.53m of schemes in development.

The current risk assessment and savings gap against the £25m cash releasing savings target is shown below –

Table 2 – cash releasing savings risk assessment

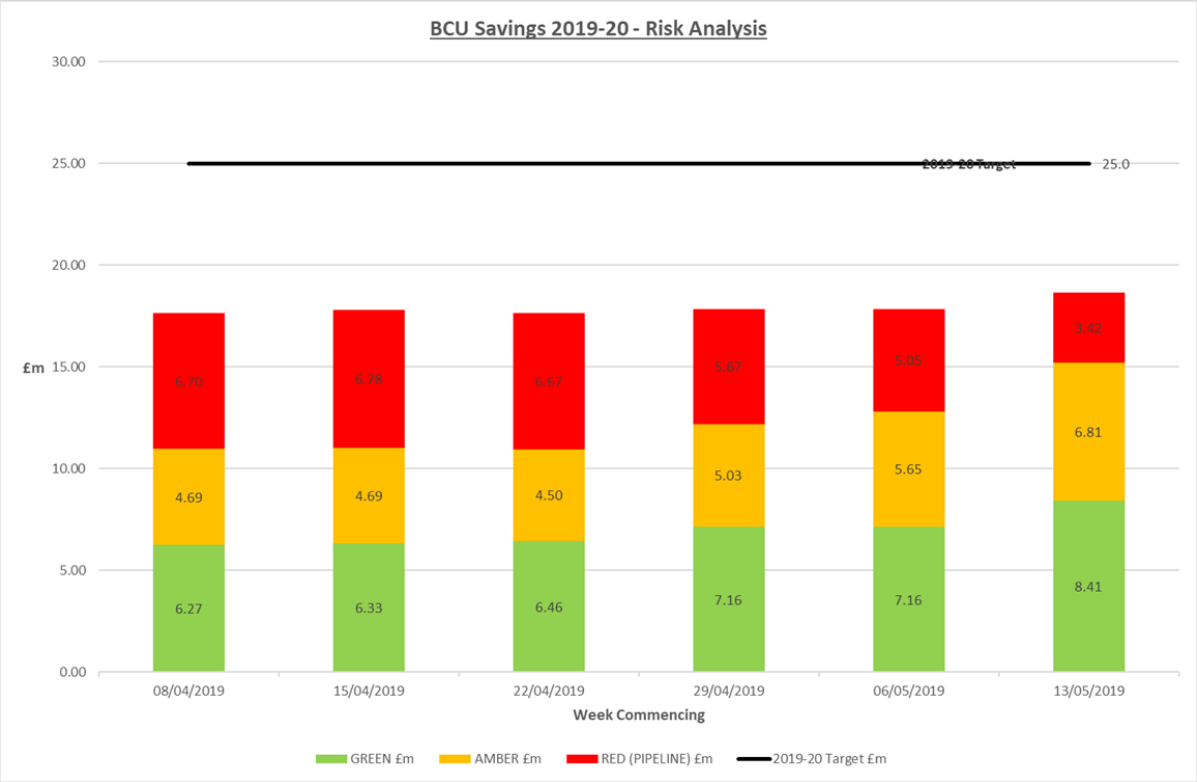
2019/20 SAVINGS		PMO RAG ASSESSMENT - NEW RULES		
Division	TOTAL SUBMISSION	GREEN	AMBER	TOTAL GREEN/ AMBER	RED (PIPELINE)
Area East	3.88	1.04	1.79	2.83	1.05
Area Centre	3.73	2.87	0.70	3.57	0.17
Area West	2.00	1.28	0.73	2.00	0.00
Other NW	0.51	0.01	0.30	0.31	0.20
MHLD	2.06	0.24	1.22	1.46	0.60
YMW	1.06	0.40	0.51	0.91	0.15
YGC	0.50	0.14	0.23	0.38	0.13
YG	0.97	0.17	0.65	0.81	0.16
Womens	0.70	0.18	0.00	0.18	0.52
NWHS	0.71	0.60	0.11	0.71	0.00
Contracts	0.35	0.09	0.05	0.14	0.21
Corporate	2.16	1.39	0.53	1.92	0.24
TOTALS	**18.64**	**8.41**	**6.81**	**15.22**	**3.42**

NOTE - These figure include Income Generation of £65k which are excluded from the savings in the monitoring retu

PMO Red Pipeline	**3.42**
Savings Shortfall vs £25m budget - marked as in development red risk	6.36
TOTAL PMO ASSESSED SAVINGS GAP	**9.78**

The assessed savings gap in this table focuses specifically on the amber and green schemes, which is in line with the Welsh Government reporting requirement and recognises the degree of delivery risk associated with red schemes. The table above shows the value of schemes with an amber or green assessment standing at £15.22m, compared to £10.96m in last month's report. This increase of £4.26m reflects the focus of work over the past month in driving schemes into amber / green status, with the support of PWC. Despite this increase in positive risk ratings there remains a gap of £9.78m to bridge through actions to move current red schemes into amber / green and convert plans in development to defined schemes. This compares to a gap of £14.04m in the previous report, indicating a positive movement of £2.51m over the month.

The chart below summarises the movement in risk assessment and the overall position against the £25m requirement in recent weeks.



As may be seen from the above there is demonstrable progress in reducing the risk profile, however identification of additional schemes to move towards the £25m target is less significant.

Identifying additional schemes to bridge this gap and developing those schemes already identified is the focus of current work with PWC. The following table summarises the schemes which are currently in development.

Table 3 – Schemes in development

Savings Plans in Development £000	**4,530**
Procurement	2,400
Escalation in Beds at YMW	300
Medicines Supply	150
Medical Workforce Optimisation	550
Nursing Workforce Optimisation	550
Corporate Services Review - Pay	464
Corporate Services Review - non pay	116

Taking into account the above schemes there remains a residual gap of £1.83m. Divisions continue to work to identify additional schemes to contribute to bridging this gap, however a more significant programme of additional savings development is in place with support from PWC. This work is summarised later in this report.

Total savings

The identification of savings against the £34.5m target is shown in the table below.

Table 4 – Total savings identified

2019/20 CASH RELEASING SAVINGS - £34.5M TARGET			
Savings Area	**Allocated Savings TARGET**	**TOTAL Savings SUBMISSION**	**DIFFERENCE**
TRANSACTIONAL	**6.00**	**5.16**	**(0.84)**
Divisional Budget Mgt (1%)	6.00	5.16	(0.84)
CARE CLOSER TO HOME	**7.00**	**6.17**	**(0.84)**
CHC General	3.00	3.03	0.03
Mental Health	2.00	1.34	(0.66)
Community Services	2.00	1.80	(0.21)
CORPORATE	**21.50**	**10.79**	**(10.71)**
Workforce Optimisation	11.00	3.75	(7.25)
Medicines Management	4.50	4.73	0.23
Central Procurement	4.00	0.77	(3.23)
Contracts	0.50	0.46	(0.04)
Estates/Assets	1.50	1.08	(0.42)
TOTALS	**34.50**	**22.11**	**(12.39)**
In Development		4.53	4.53
TOTALS	**34.50**	**26.64**	**(7.86)**

2019/20 CASH RELEASING SAVINGS - £34.5M TARGET			
Division	**Allocated Savings TARGET**	**TOTAL Savings SUBMISSION**	**DIFFERENCE**
Area East	4.85	4.31	(0.55)
Area Centre	4.87	3.73	(1.14)
Area West	3.22	2.70	(0.51)
Other NW	0.32	0.51	0.20
MHLD	3.57	2.31	(1.26)
YMW	2.60	1.36	(1.24)
YGC	3.76	1.45	(2.31)
YG	2.90	1.51	(1.39)
Womens	1.05	0.89	(0.16)
NWHS	2.59	0.71	(1.88)
Contracts	0.50	0.46	(0.04)
Corporate	4.27	2.17	(2.11)
TOTALS	**34.50**	**22.11**	**(12.39)**
Pay	17.00	7.56	(9.44)
Non Pay	17.50	14.56	(2.94)

The table above identifies schemes developed to a value of £22.11m, compared to £20.65m in the previous month's report. This represents an increase of £1.46m. Within this total the cost avoidance element has risen by £0.43m to a total of £3.48m.

The risk profile of the total savings programme is shown in the table below

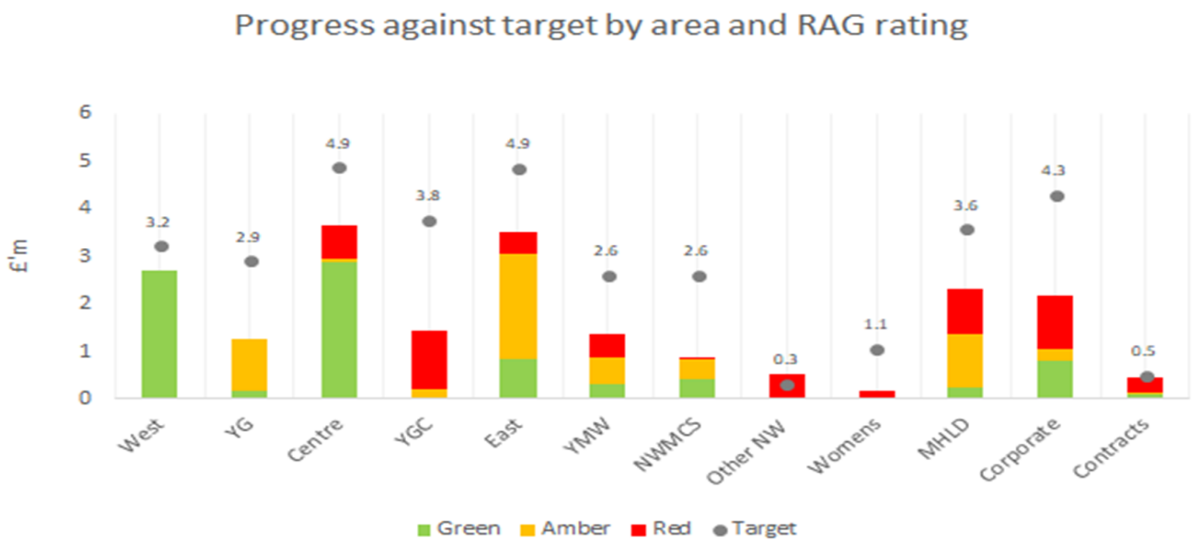
Table 5 – Total savings risk assessment

2019/20 SAVINGS		PMO RAG ASSESSMENT - NEW RULES			
Division	TOTAL SUBMISSION	GREEN	AMBER	TOTAL GREEN/ AMBER	RED (PIPELINE)
Area East	4.31	1.04	2.22	3.26	1.05
Area Centre	3.73	2.87	0.70	3.57	0.17
Area West	2.70	1.98	0.73	2.70	0.00
Other NW	0.51	0.01	0.30	0.31	0.20
MHLD	2.31	0.49	1.22	1.71	0.60
YMW	1.36	0.40	0.81	1.21	0.15
YGC	1.45	0.14	0.23	0.38	1.08
YG	1.51	0.17	1.19	1.35	0.16
Womens	0.89	0.27	0.10	0.37	0.52
NWHS	0.71	0.60	0.11	0.71	0.00
Contracts	0.46	0.09	0.11	0.20	0.26
Corporate	2.17	1.40	0.53	1.93	0.24
TOTALS	**22.11**	**9.46**	**8.23**	**17.70**	**4.42**

TOTALS - PMO ASSESSMENT

PMO Red Pipeline	**4.42**
Savings Shortfall vs £34.5m target	12.39
TOTAL PMO ASSESSED SAVINGS GAP	**16.80**

The residual savings gap of £16.8m compares to a position of £21.29m set out in the previous report, indicating a positive movement of £4.99m. A summary of the risk profile and position of each Division against the £34.5m savings target set is shown below.



The above analysis clearly show shortfalls in savings schemes identified in order to address the requirement of £34.5m. There is also a significant range of risk profiles reflecting differing levels of maturity in scheme development across Divisions. Additional support from PWC over the past month has focussed upon those Divisions with the most significant risk profile and savings gap. This has secured some movement to date and further progress is anticipated during month 2.

Actions to Close the Savings Gap

Further action has been taken to enhance the leadership focus within the organisation on the development and delivery of the savings plan. The Chief Executive has established a Savings Programme Development Group drawing together Executive Directors, Divisional Directors and Hospital Managing Directors to work with PWC to ensure rapid development of the programme and effective implementation. This Group meets on a fortnightly basis. The Executive Team have a weekly session with PWC to ensure that progress is being maintained and that critical actions are progressing.

At a Divisional level the Director of Turnaround has established a weekly cycle of meetings with Divisional Directors to identify actions required to develop schemes and track progress and impact of these actions.

Since the previous report there has been a focus on working with PWC to drive improvement in the current risk profile as set out above, whilst also beginning the work to identify and quantify new opportunities. This work is bringing together the initial areas identified within the Board and reflected in the pan BCU schemes which have been reported to the Committee previously and new areas identified from PWC's analysis of the Board's cost base.

As part of PWC's work with the Board these opportunities are expected to be identified and quantified by the end of May 2019. Work to date has identified a number of areas where opportunities exist to drive further savings beyond those currently in development (£4.530m as set out above). These are summarised below –

- Planned care, including outpatient demand and clinic efficiency, theatre efficiency and endoscopy efficiency
- Continuing Healthcare
- Workforce, including grip and control actions related to variable pay (see separate report and action plan), establishment review and skill mix
- Unscheduled care, focussing on costs of escalation capacity
- Support services, including agile working and booking services
- Service transformation, including service reconfiguration and developing new models of care eg diabetes

Work to assess the potential quantum of savings deliverable in 2019/20 and future years from these areas has commenced and will be concluded by the end of May. As of 14th May an estimated £6.984m of potential in year savings have been identified, which are currently being tested in readiness for conversion into delivery plans. A critical part of the development phase will be to ensure that the savings identified do not duplicate those already in plan or development. Discussions with PWC have indicated that they expect the full savings requirement to be addressed by this programme of work.

Delivery of Savings Plans

In reporting savings delivery it is essential that not only does this reflect achievement against plans submitted, but also considers the position against the expected profile of savings which has been included in the Board's budget. The current shortfall against the cash releasing savings requirement of £25m is summarised in the table below -

Table 6 – Summary of cash releasing savings against budget profile

	Apr £m	May £m	Jun £m	Jul £m	Aug £m	Sep £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	Total £m
Budget reduction profile	1.65	1.78	1.80	1.88	1.95	1.99	2.26	2.31	2.32	2.34	2.33	2.39	25.00
Savings submission profile	0.91	0.99	1.06	1.20	1.29	1.33	1.55	1.72	1.75	1.88	1.87	3.09	18.64
Savings plan deficit	0.74	0.78	0.74	0.67	0.67	0.67	0.71	0.59	0.57	0.46	0.46	-0.70	6.36

Note – There are £0.991m of red risk savings schemes within the above which are yet to be profiled. They have therefore been shown in March for the purpose of this report.

The above table shows that the savings identified fall short of the £25m required by a sum of £6.36m, leading to an immediate overspend in the financial position. In April this figure stands at £0.74m which contributes to the reported budgetary deficit in month.

With regard to delivery against the cash releasing savings plans submitted, the table below summarises the position at month1.

Table 7 – cash releasing savings scheme delivery

2019/20	Savings Budget	Savings Identified	Excess / (deficit) of savings identified	YTD Planned	YTD Delivered	YTD Variance to Plan
	£'000	Cash Releasing £'000	£'000	Cash Releasing £'000	Cash Releasing £'000	£'000
Ysbyty Gwynedd	2,438	970	(1,468)	46	24	(22)
Ysbyty Glan Clwyd	3,207	502	(2,705)	17	11	(6)
Ysbyty Wrexham Maelor	2,118	1,059	(1,060)	37	37	0
North Wales Managed Services	1,227	707	(520)	22	22	0
Womens Services	843	701	(141)	15	17	2
Secondary Care	**9,832**	**3,939**	**(5,894)**	**137**	**111**	**(26)**
Area - West	2,532	2,004	(528)	145	192	46
Area - Centre	3,720	3,734	14	167	236	69
Area - East	4,010	3,882	(128)	222	252	30
Area - Other	513	513	(0)	12	12	0
Contracts	500	350	(150)	9	9	0
Area Teams	**11,276**	**10,484**	**(792)**	**555**	**700**	**145**
MHLD	1,000	2,060	1,060	40	26	(14)
Corporate	2,892	2,155	(737)	180	172	(7)
Divisional Total	**25,000**	**18,638**	**(6,362)**	**912**	**1,010**	**98**

The above table identifies an overachievement against profile for month1 of £98k. Significant variances within the cash releasing programme are identified below –

Within secondary care the significant variance relates to Ysbyty Gwynedd where theatres non-pay savings is £15k below target and reductions in medical and nurse agency costs are £7k below target.

Across the Area Teams there is a consistent pattern of over recovery in prescribing savings which collectively amount to a positive variance of £184k. Continuing healthcare savings in both West and East are showing a positive variance amounting to £57k. These positive variances are offset by slippage against a number of transactional budget management schemes which will require remedial action in month 2 to ensure that delivery returns to profile.

The total savings programme delivery is set out in the table below –

Table 8 - Total savings scheme delivery

2019/20	Overall Target	Savings Identified		Excess / (deficit) of savings identified	YTD Planned		YTD Delivered		YTD Variance to Plan
	£'000	Cash Releasing £'000	Cost Avoidance £'000	£'000	Cash Releasing £'000	Cost Avoidance £'000	Cash Releasing £'000	Cost Avoidance £'000	£'000
Ysbyty Gwynedd	2,901	970	540	(1,391)	46	45	24	17	(50)
Ysbyty Glan Clwyd	3,758	502	950	(2,306)	17	0	11	0	(6)
Ysbyty Wrexham Maelor	2,598	1,059	300	(1,239)	37	0	37	0	0
North Wales Managed Services	2,592	707	0	(1,885)	22	0	22	0	0
Womens Services	1,048	701	189	(158)	15	16	17	40	27
Secondary Care	**12,897**	**3,939**	**1,979**	**(6,979)**	**137**	**61**	**111**	**57**	**(29)**
Area - West	3,216	2,004	700	(512)	145	58	192	21	9
Area - Centre	4,870	3,734	0	(1,136)	167	0	236	0	69
Area - East	4,851	3,882	424	(545)	222	34	252	46	42
Area - Other	318	513	0	196	12	0	12	0	0
Contracts	500	350	113	(38)	9	0	9	0	0
Area Teams	**13,755**	**10,484**	**1,237**	**(2,035)**	**555**	**92**	**700**	**67**	**120**
MHLD	3,575	2,060	250	(1,265)	40	0	26	0	(14)
Corporate	4,273	2,155	12	(2,106)	180	1	172	1	(7)
Divisional Total	**34,500**	**18,638**	**3,477**	**(12,385)**	**912**	**154**	**1,010**	**125**	**69**

Performance against cost avoidance schemes shows a deficit in month of £29k which reduces the overall savings performance to a surplus of £69k against profile in month.

Significant variances in cost avoidance schemes include a positive variance of £25k in women's service related to reductions in medical locum cover costs. Ysbyty Gwynedd is reporting an under-recovery of £22k against medical agency cost reduction, with continuing healthcare cost avoidance underperforming by £26k in Area West.

Recommendations

That the Committee –

- Note the increase in savings schemes developed and the improved risk profile over the previous month's report
- Note the residual gap in amber / green risk assessed schemes of £9.78m in cash releasing savings and £16.8m in total savings
- Note the impact of the shortfall in savings identification against the budgetary plan of £0.74m in month1.
- Note the achievement of savings of £1.135m in month 1, which is £69k above profile.
- Note the work ongoing with PWC to finalise schemes in development and identify further savings to meet the plan requirements by the end of May.

Finance and Performance Committee

23.5.19

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

To improve health and provide excellent care

Report Title:	External Contracts Update – May 2019
Report Author:	Mrs Val Attwood, Associate Director of Contracting
Responsible Director:	Mrs Sue Hill, Acting 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 position of external 'Health Care' contracts (excluding primary care contracts) each quarter. The previous report providing the Quarter 3, 18/19 performance was presented to the February Committee and this update is for the Quarter 4 end 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 Acting Executive Director of Finance
Governance issues / risks:	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, take corrective action where required and closely monitor future costs, ensuring a cost effective approach to externally commissioned healthcare. The report focuses on the performance of the 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.
Financial Implications:	The financial position on external healthcare contracts to Month 12 is a £3.8m underspend against plan.
Recommendation:	The Committee are asked to note the financial position on the main external contracts at March 2019 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 EqIA is required.

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

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External Contracts Update

May 2019

Mrs Sue Hill

Acting 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 4 of the 18/19 financial year.

1.2 Currently circa 92% 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, however the growth of new contracts has slowed progress.

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 to determine how quality performance is reported through the Health Board Quality and Safety Group.

1.4 A number of contract queries have been raised with English Providers regarding performance against Welsh standards and these are being progressed, with corrective action taken where necessary.

1.5 The financial position for external Cross Border contracts at the end of Quarter 4 2018/19 was an underperformance of £3.8m which now includes the full impact of HRG4+ which was funded by Welsh Government. The current position 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 and specifically for the Countess of Chester Hospital in terms of significant media interest associated with the closure of their hospital to Welsh referrals from 01 April 2019 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 a care home 'assurance mapping' pilot project with Conwy Local Authority.

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 £
Ambulance / transport	5	4,892,226
Community Care	79	16,893,059
Diagnostic/testing	31	6,289,721
Domiciliary Care	60	10,539,837
General Healthcare	7	108,550
General support / signposting	29	856,862
Learning Disability	6	616,634
Mental Health	64	6,634,725
Nursing Home	142	45,368,030
Other	7	841,572
Product / Nursing Care	4	4,116,152
Residential Home	26	926,675
Secondary Care (Acute)	15	37,095,581
Secure Hospital / Wards	19	7,675,249
Specialist Hospital / unit	18	4,176,885
Tertiary Care	16	198,923,739
Grand Total	**528**	**345,955,498**

2.2 **Contract turnover –** A Significant amount of time continues to be taken each month in establishing new healthcare contracts, which are time consuming and often complex, involving extensive negotiation with clinical teams and Providers to draft highly technical healthcare service contracts. As previously reported, this continuous turnover of contracts is challenging given the capacity of the current team. In quarter 4 of 18/19, circa 30 new contracts have been developed, with a similar number becoming inactive. In addition, a number of newly found but 'historic' agreements have been identified following a specific review of contracts related to GP practices providing additional services outside of their normal GMS contracts. Having now been notified to the team, these 'new' contracts are in the specification development phase. Contract compliance is measured as a percentage of the overall financial value and is currently static at 92% of the total value due to the extent of work required for new contracts.

2.3 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 and quality perspective. Additionally annual checks on indemnity insurances are undertaken to ensure the Health Board services remain fully covered.

3. Key activity and benefits in Quarter 4

3.1 **Communication with the homes –** This quarter, the HCCT have focussed on supporting Providers to submit electronic quality assurance returns in order to streamline the workload in relation to data collection, and data sharing. The team continue to offer advice

and guidance on submission and the return rate for the quarterly assurance has increased in 5 out of 6 geographies as a result.

3.2 **Broadcare (CHC database) –** The HCCT has now agreed formal standard operating procedures for use of the Broadcare system and the Contract Officers will be loading all new providers onto the database. This should ensure that care packages cannot be put in place before a contract, as the package must be linked to a provider, further ensuring good governance is followed.

3.3 **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 Ophthalmology services has continued following a national procurement exercise. There were delays around the evaluation of Oral Maxillo-facial surgery bids due to local clinical / operational issues but it is hoped that these can be resolved so that activity could be considered for Q1 of 19/20.

3.3.1 From March to date, a significant amount of work has gone into securing an Endoscopy Vanguard unit which will be located on the YGC site and will be used to address current backlog patients. This is in advance of a further national procurement exercise to secure a long-term endoscopy insourcing provider so the service can be mobilised quickly if any longer term additional funding is agreed via the Board.

3.3.2 The HCCT continued to support the weekly transfer of patients to outsourced providers, and then subsequently the tracking of patient treatments prior to year-end. At the end of the financial year, the team had managed the transfer of 1800 patients, with circa 1350 patients being treated at the end of March.

3.3.3 Additionally, the team facilitated insourcing contracts for the treatment of circa 1500 patients to receive care (as an out-patient or in-patient) provided by external Providers but on hospital premises.

4. Quality Monitoring and contract compliance

4.1 Non Acute contracts

4.1.1 Ongoing contract monitoring continues to be a key focus for healthcare contracts and has continued to increase, with many of the contracts well established and now in the active monitoring / compliance stage.

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. In Q4, the team undertook 11 full care home, on site, monitoring visits and were actively involved in monitoring a number of homes who are in escalating concerns.

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 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 March 2019, the care home assurance return rate was 81%, which is an increase on the previous quarter returns at 71%. Whilst this is a positive move, four areas have a significantly higher return rate and therefore targeted work on the two lowest returning geographies is underway.

4.1.5 A graphical representation of the information relating to North Wales Homes is shown in Appendix 1. The information for January to March 2019 (returns only received late in April) will be subject to further scrutiny and discussion with the homes and the Practice Development Nurses in order to identify opportunities for corrective action as a number of areas are showing concerning trends. Previous actions taken by the practice development team have been shown to deliver improvements for example medication error numbers were high in Q4 of 17/18 in the central area and some targeted training by the practice development and pharmacy teams ensured the numbers reduced in future returns.

4.1.6 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.

4.1.7 In addition to care home and other ongoing contract monitoring, the team hold weekly telephone contract monitoring meetings for the RTT insourcing Providers after each weekend of service. This allows a review of lessons learned and for corrective action to be taken before any future 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 at the Contracts Review and Governance Group (CRGG). Areas of concern identified via the monthly CRGG review process are documented below however; it was highlighted at a previous F&P meeting that, some elements should also be reported via the Health Board Quality and Safety Group (QSG). The Associate Director of Contracting has now been invited to attend QSG as a standing member and will agree with the QSG Chair how best to report quality / performance issues moving forward.

4.2.2 Recent contract queries raised, related to performance issues in the last quarter of 18/19 :

Provider	Contract Query / issue	Update May 19
Aintree University Hospital NHS Trust	**Action1. Cancer waits: 2 week wait**: there has been a gradual decline in performance since Oct 18, with January 19 dropping to 75.40. A recovery/action plan has been requested **Action 2**. **Serious Incidents**: 5 in Dec 18 and 2 in Feb 19. Confirmation requested that these do not relate to Welsh patients **Action 3: Number of**	Awaiting feedback

	Healthcare Acquired Pressure Ulcers at grade 2*:* 8 for Feb 19. Confirmation requested if any of these relate to Welsh patients	
Wirral University Teaching Hospital NHS Trust	**Action 1: Trolley waits in A&E not longer than 12 hours**. Confirmation requested if the over 12 hour trolley waits related to Welsh patients.	Confirmed the trolley waits did not relate to Welsh patients – action closed
Clatterbridge Cancer Centre NHS Trust	**Action 1: Cancer Waits - 62 day:** Performance has been decreasing since August and is consistently below the target of 85%. BCU requested an improvement plan to evidence attempts to improve performance.	Action plan received – action closed
Shrewsbury and Telford NHS Trust	**Action 1:RTT waiting times for non-urgent consultant-led treatment**: Concern raised over performance levels. **Action 2: Cancer waits 2 week wait**: Confirmation requested that an improvement plan is in place as SATH are consistently below target. **Action 3: Cancer waits 31 days:** Jan and Feb performance has dropped - Confirmation requested that an improvement plan is in place. **Action 4: Mixed sex accommodation breaches:** Confirmation requested if any of these relate to Welsh patients. **Action 5: Cancelled operations**: 1 in Jan 19, Confirmation requested if this was a Welsh patient. **Action 6: 9 Serious Incidents** reported between Nov 18 and Feb 19. Confirmation requested on whether any related to Welsh patients	Awaiting Feedback for Action points 1-4. Action point 5: SATH have confirmed the cancelled operation breach does not relate to a Welsh patient. Action point 6: Head of Concerns for BCU confirmed that BCU had not been notified of any Serious Incidents for Welsh patients at SATH between Nov 18 and Feb 19 – Action closed
Liverpool Women's	**Action 1**: **Diagnostic test**	Awaiting feedback

Hospital NHS Trust	**waiting targets:** The performance against target has been falling. Confirmation requested on which sub specialties are affected. **Action point 2: Newly diagnosed service users referred via urgent route (regardless of referral route e.g. GP referral, screening service referral) to commence treatment within 62 days**: Performance has been consistently below target. Confirmation requested if this is a trust wide issue or for Welsh patients only. **Action point 3*:* 62 day cancer waits**, Requested confirmation if LWH are reporting at hospital level or at a Welsh level. Also requested confirmation if there are any action plans in place to improve upon this target?	

4.2.3 **COCH maternity concerns** - It has been previously reported that there have been ongoing concerns with regard to maternity performance at Countess of Chester Hospital (COCH) as their performance levels are lower than those required within Wales e.g. C-section rates. Additional evidence had been requested to provide further assurance and delivery has been closely monitored in line with the performance management process of the contract.

4.2.4 A remedial action plan / monitoring process was in place, led by the HCCT in conjunction with the HB Director for Midwifery and Women's Services and the Clinical Lead. As the requested assurance information continued to be outstanding, the performance management process escalated to a formal Exception Report issued from the HB Chief Executive Officer to the COCH Chief Executive. Following receipt of this, all outstanding information was provided by the COCH and therefore the Exception report has been withdrawn. However, some ongoing concerns remain and therefore a revised service specification and maternity dashboard is in the process of being developed and will be incorporated into the contract in the near future.

4.2.5 There is no further update on the police investigation into the neonatal deaths at the COCH but this continues to be a regular agenda item at contract meetings.

4.2.6 **Shrewsbury and Telford** - The HCCT continue to meet regularly with Shrewsbury and Telford Hospital (SATH) in order to monitor performance and receive updates on their improvement plans however as can be noted in section 4.2.2 a number of contract queries are still outstanding. The HB Director for Midwifery and Women's services also sits on the

SATH Clinical Quality Review Meetings to receive updates on the maternity and neonatal investigations.

4.2.7 Ongoing performance management of other 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 –** Significant input has been provided to the development of the proposed new Domiciliary Care framework agreement for the Gwynedd Local Authority (LA) area. A 'patch based' approach is being considered which would split the provision of care between the 'in house' provider service from the LA and open market competition for individual geographical 'lots'. Further work is ongoing to determine the financial implications of any new proposed approach before a HB commitment can be given.

5.2 **Regional Domiciliary Framework –** The framework is now going through the process of a 'competition window' whereby providers may apply to join the framework for the remaining years. The Contract Officers from the HCCT are taking an active role in evaluating new provider submissions alongside their LA colleagues but due to the number of new applicants, this is resource intensive and is split across the 3 area officers.

5.3 **Care home assurance mapping pilot project –** The HCCT is undertaking an assurance mapping project in response to concerns raised by care home market providers in respect of the duplication of effort required to provide different pieces of assurance to different commissioners or Regulators. The Project is being run by the Health Board in conjunction with Conwy LA and key providers in the local area. The intention is to identify areas where assurance could be shared by organisations rather than duplicated. The outcome of this project will inform the future 'Healthcare' assurance processes.

6. Quarter 4 – 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.

6.1.2 Table 2 provides the position on the locally managed contracts based on activity to Month 12 (actual position for months 1-11 and forecast month for month 12) which shows an underspend of £3.8m to Month 12. Unlike previous reports, there is no manual adjustment to remove the impact of HRG4+ as an in-year resolution was agreed which resulted in Welsh Government providing additional funding to manage the cost pressure for 18/19. 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 12 18/19 Cross border contract position (central funding)

	17/18 Outturn	18/19 Budget / Plan	Month 12 Outturn	Month 12 Variance
	£'000	£'000	£'000	£'000
Local English Contracts				
Countess of Chester	20,800	20,900	20,900	0
Robert Jones & Agnes Hunt	12,800	13,300	13,100	(200)
Royal Liverpool & Broadgreen	4,900	4,900	4,900	0
Other (inc Shrewsbury, Aintree, Wirral, South Manchester etc.)	11,300	11,200	11,600	400
Total English Contracts	49,800	50,300	50,500	200
Welsh Contracts	9,400	9,700	9,700	0
WHSSC	158,400	169,300	166,300	(3,000)
WHSSC Provider Contracts	(38,100)	(39,400)	(39,200)	200
BCU divisional recharges and miscellaneous adjustments	(6,500)	(6,000)	(6,300)	(300)
NCAs	3,000	3,800	4,300	500
Other Misc. contracts	300	300	300	0
Outsourcing	3,500	4,100	4,100	0
Write backs	(1,900)	0	(1,400)	(1,400)
Total	**179,800**	**192,100**	**188,300**	**(3,800)**

6.2 Issues of note for locally managed contracts

6.2.1 Countess of Chester Hospital (COCH)

6.2.1.1 In the last F&P update, the COCH contract had been expected to over-perform slightly at year end however critical care and non-elective activity in Q4 was not as significant as had been expected based on the experience in previous years.

6.2.1.2 The committee will note that significant media interest in the relationship between HB and COCH had continued and escalated towards the end of Q4. Historically, a small number of GP's in the Deeside (East Flintshire) area could refer patient's resident along the border directly into the Countess of Chester Hospital (COCH) for secondary care services, as well as referring into Health Board services. However, in late March the Chief Executive of the COCH wrote to the Health Board to advise that due to a perceived gap in funding for Welsh patients, and as there was no signed contract in place from 01st April, they would not be able to accept any new Welsh elective referrals until further notice.

6.2.1.3 The committee has also previously been advised about the financial impact on Wales of the English national tariff changes from 2017 onwards (HRG4+) and as reported in the last update a further significant impact was predicted from the 19/20 tariff. Therefore, there were national discussions ongoing between the Health Board, Welsh Government and the Department for Health and Social Care in England about the future use of the English national 'Payment by Results' (PbR) tariffs. This ongoing dialogue had been formally advised to COCH, however they took the decision to close to Welsh elective referrals from 01 April.

6.2.1.4 Therefore, from 1 April 2019, the Countess of Chester Hospital has only been accepting certain planned (elective) referrals for Welsh patients. This has not affected patients using services in an unplanned way (non-elective) or any urgent elective referrals, e.g. all Emergency patients, 2 week cancer and non-cancer urgent GP referrals, or the hospital's Maternity Service. Details of the restricted referral protocol were circulated to all GP's, Secondary Care Consultants, Dentists and Opticians by the Medical Director and Chief Executive Officer.

6.2.1.5 Dialogue continued at a national level between the NHS in England and Welsh Government and during that time, the Health Board maintained close contact with COCH to monitor the referrals rejected and to address any complaints or urgent patient issues. However, on Friday 10th May, the Health Minister for Wales announced that the national negotiations had concluded resulting in a resolution for the 19/20 financial year, which would manage the financial impact and enable Welsh patients to once again be treated at COCH.

6.2.1.6 The Contracting team has issued a draft 19/20 contract to COCH for review and will continue to work closely with COCH to reinstate referrals and ensure that Deeside patients can access the services they need at the most appropriate hospital for them at the earliest opportunity. A further communication to Primary care will follow once COCH agree to reinstate Welsh referrals.

6.2.2 Other contracts

6.2.2.1 The majority of other cross border contracts remained broadly balanced in Q4 but with pressures continuing in Wirral due to increased complex gynae referrals and South Manchester due to increased urology referrals. The previously forecast overspend in the Aintree Hospital and University Hospital of North Midlands contracts materialised, largely due to increased numbers of major trauma cases.

6.2.2.2 There was a small underspend in the RJAH contract which was not previously forecast but manifested due to a lower than expected number of high cost tumour and complex spinal patients in the last quarter. The underspend was despite the transfer of an additional 120 patients under the core contract which was intended to maximise the opportunity for as many orthopaedic patients as possible to be treated

6.2.2.3 The overall contract position was favourable due to 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 Outsourcing / insourcing activity for Referral to Treatment (RTT) and Diagnostic targets

6.2.3.1 As previously reported, the HCCT outsourced a significant number of patients, to 9 different Providers, to ensure as many as possible received their treatment before the end of March 2019. The additional external activity is forecast to cost approximately £5m and was drawn from the funding provided by 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.

6.3 **Issues of note for the WHSCC position**

6.3.1 The WHSSC position in Q4 as documented in Table 2, is an underspend of £3m and it should be noted that this is the actual position reported centrally by WHSSC. This was an improved position against the £2.1m forecast underspend from the previous report and was largely the result of an improved outturn for some WHSSC contracts due to the provision of HRG4+ funding from Welsh Government and WHSSC being able to release some additional local non-recurrent writebacks. However, despite this favourable position it should be noted, that there were some continued 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	Q4 Cumulative Variance £'000	Reason
Alder Hey Children's NHS Foundation Trust	13,573	867.93	High Elective activity and Neonatal HDU and increase in Drug costs
Alder Hey Children's- Blood Factor Products	616	172.01	One patient with exceptional high cost products to M5 has now been enrolled on a trial for 60 weeks, with a hope to eradicate the inhibitor. No further costs for this patient in 18/19.
Liverpool Heart and Chest Hospital NHS Foundation Trust	14,516	-851.98	Activity levels are lower in 18/19 than in previous year for both elective and non-elective activity, the cost of procedures @ HRG4+ is significantly higher so the price of the activity was driving the overspend in the previous quarters. However, the additional funding received in M12 from Welsh Government has eliminated this pressure.
Salford Royal NHS Foundation Trust	1,409	569.94	High activity levels for Bariatric surgery and High cost immunoglobulin drugs are the cause of increased costs.
Walton Centre NHS Foundation Trust	15,968	873.95	Increase in Non-elective Neurosurgery activity including Critical care, increased activity in both level 1&2 rehab compared to previous years in M11 four additional patients on high cost MS Drug - Alemtizumab.
Total variance from WHSSC contract plan *		***1,631.85**	

**** Reported variances include the impact of HRG4+ off set by additional funding from Welsh Government***

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 approved by the WHSSC Joint Executive Committee and by Welsh Government. As previously reported, 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 final Q4 financial position for external contracts is an underspend of £3.8m. However, it should be noted that there are ongoing pressures in some contracts that may continue and therefore affect performance into 2019/20.

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 in Q4 was on agreeing the English Commissioner contracts for West Cheshire and Shropshire CCGs following the HB's proposed revision of their tariff for 18/19. Whilst both initially disputed the new contract values, in line with the intention in the previous update, the HB wrote to the local NHS England Regional office to escalate the dispute and seek support for a resolution.

7.1.2 Following this, an interim position for 18/19 and 19/20 has now been agreed with West Cheshire CCG which will mitigate some of the potential losses. The West Midlands Regional Office is continuing to review the situation with Shropshire CCG but at present there is no resolution.

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:

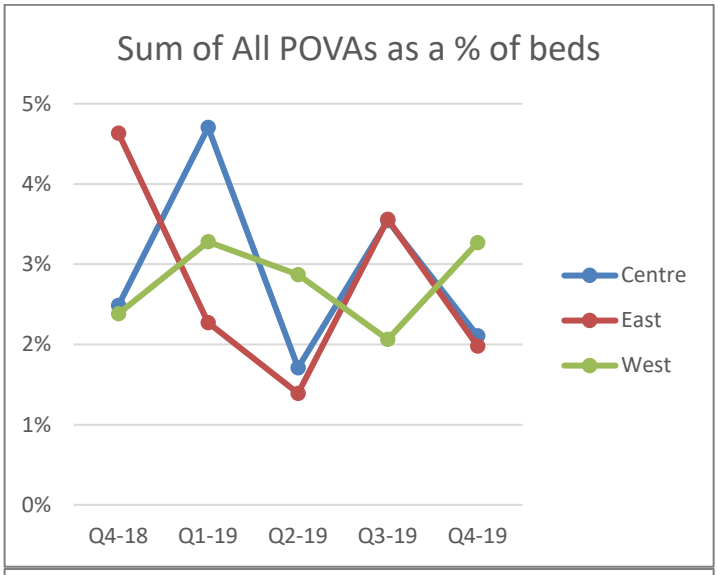
- note the financial position on the main external contracts at March 2019 and to;
- note the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity.

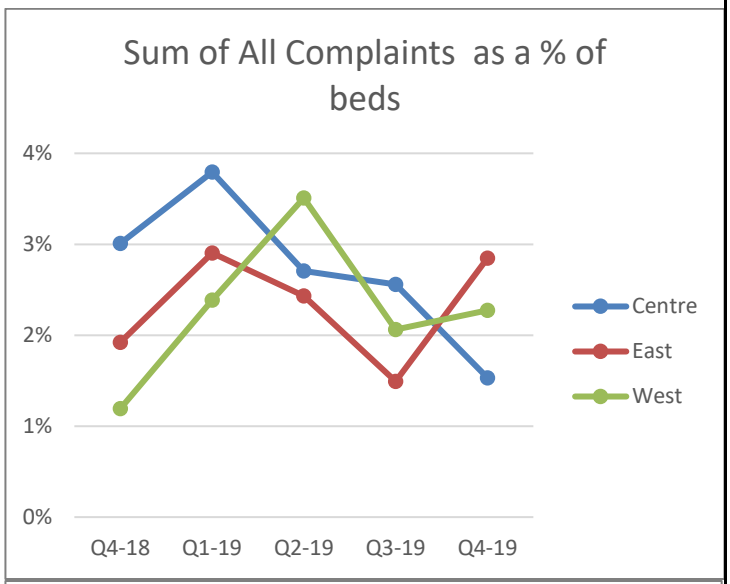
Valerie Attwood
Associate Director of Contracting
13/05/19

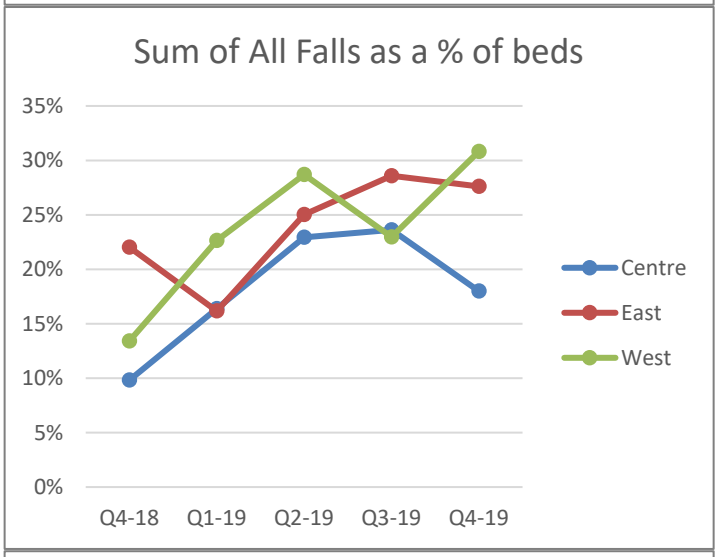
Appendix 1

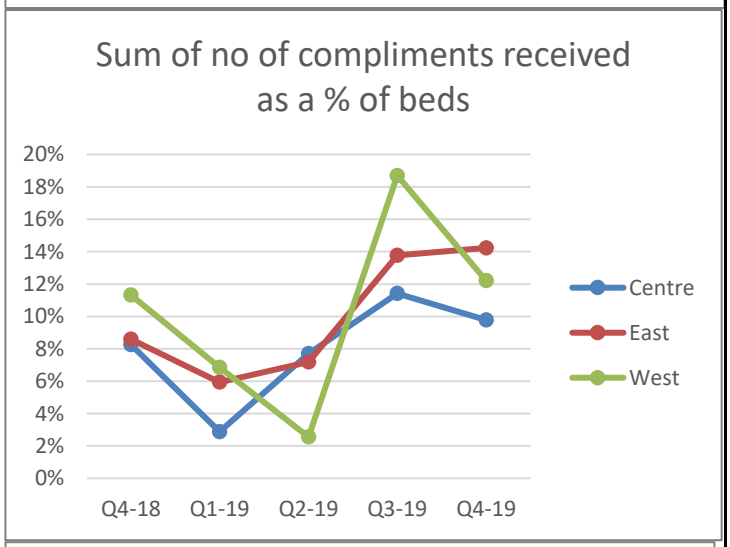
Q4 18/19

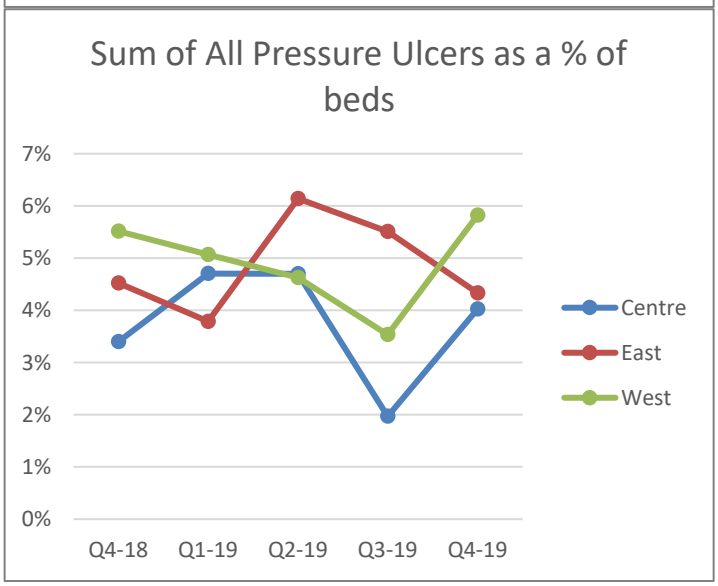
Self-Declaration of Quality Assurance Indicators by Area - Nursing Homes – North Wales

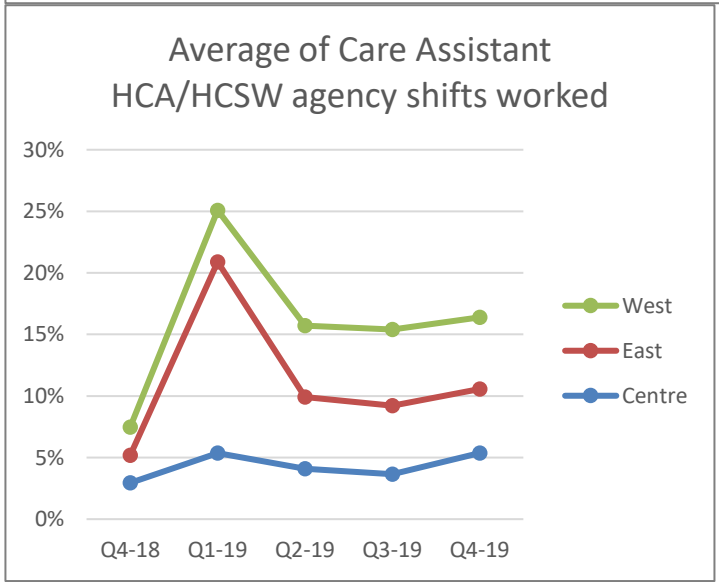


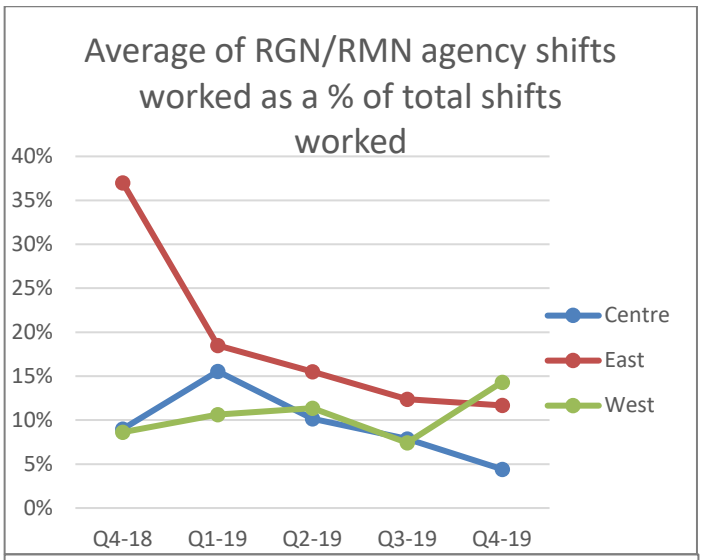


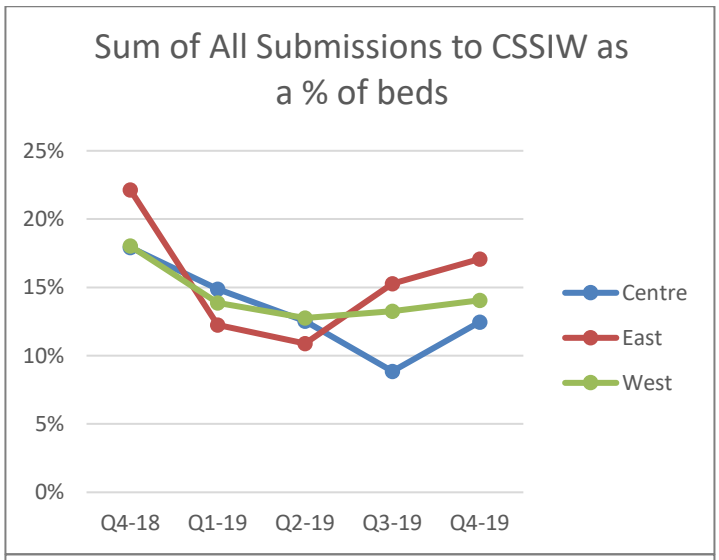


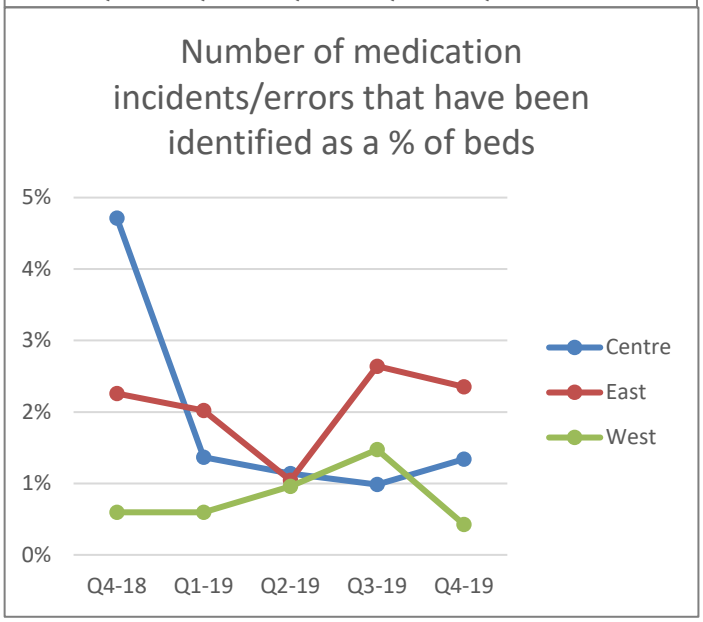


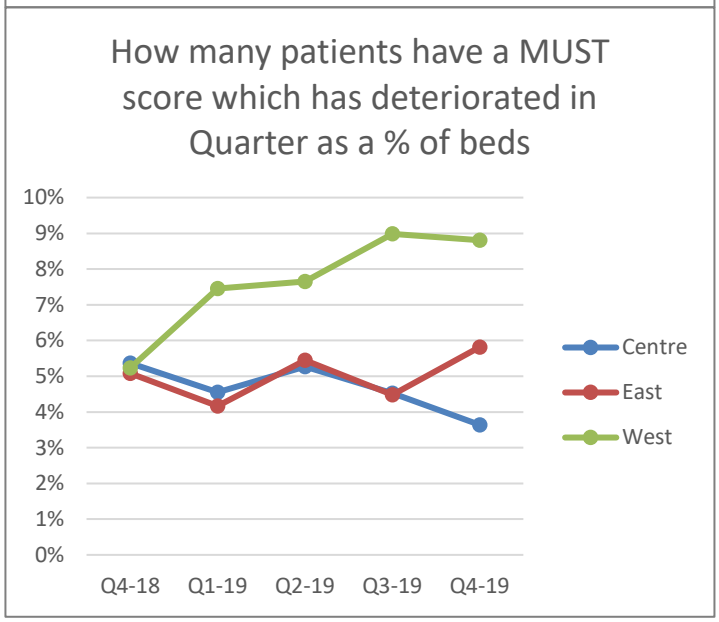





Average of RGN/RMN agency shifts worked as a % of total shifts worked
40%
35%
30%
25%
20%
15%
10%
5%
0%
Q4-18
Q1-19
Q2-19
Q3-19
Q4-19
Centre
East
West


Sum of All Submissions to CSSIW as a % of beds
25%
20%
15%
10%
5%
0%
Q4-18
Q1-19
Q2-19
Q3-19
Q4-19
Centre
East
West


Number of medication incidents/errors that have been identified as a % of beds
5%
4%
3%
2%
1%
0%
Q4-18
Q1-19
Q2-19
Q3-19
Q4-19
Centre
East
West


How many patients have a MUST score which has deteriorated in Quarter as a % of beds
10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
Q4-18
Q1-19
Q2-19
Q3-19
Q4-19
Centre
East
West

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FP19/105 Countess of Chester Hospital update

Mrs Sue Hill

23 May 2019

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Background

- Welsh Government (WG) have been in ongoing discussion with the Department of Health and Social Care (DHCS) in England regarding the adoption of the 19/20 Payment by Results (PbR) tariffs for patients treated in England, as the calculation methodology changed, which increased costs by an average 5.4%
- This further compounded the increased costs associated with the implementation of HRG4+ in 2017/18 and 18/19
- No additional funding for either change has been passed from England to Wales to mitigate the increases
- During the negotiations, HBs were advised to contract at 18/19 prices
- On 19th March, Countess of Chester Hospital (CoCH) notified the Health Board they would not accept any new elective referrals for Welsh patients
- GPs, Consultants, Optoms and Dentists were notified of the change and asked to refer into BCU in the first instance

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National agreement

- A meeting took place regarding the tariff issues on 29th April between WG, DHSC, WHSSC and BCU
- Further negotiations took place in the following week
- On 10th May the Welsh Health Minister announced that an agreement had been reached to partially mitigate the increases
- For 'contracted' activity, Health Boards must pay the 19/20 tariff less the 1.25% element of CQUIN that was added into the baseline tariff. The English Trust can recover this shortfall element from DHSC
- For 'non contracted activity' (NCA), Health Boards must pay the full 19/20 tariff
- WG have written to advise that, in 19/20, HBs will be funded to meet the excess costs (above the 2% inflationary allocation already received), including the recurrent cost of HRG4+ tariff from 18/19

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Current position

- CoCH have stated they will not re-open to referrals until there is a formal contract in place
- Contract documents were issued to CoCH on the afternoon of 10/5/19 following the announcement of a national resolution
- Additional contract negotiations were undertaken w/c 13/5/19
- It is anticipated that the CoCH contract will be agreed imminently
- The full cost impact of the national agreement is in the process of being calculated by comparing 18/19 activity at 19/20 prices (less the 1.25%) and a reconciliation will be provided to WG to validate additional funding required but indicatively this will be between £2m - £2.5m on local contracts with additional costs for WHSSC contracts.
- Work is ongoing to put in place contracts with all other Cross Border providers

Finance and Performance Committee 23.5.19	 ***To improve health and provide excellent care***

Report Title:	**Capital Programme Report Month 1**
Report Author:	Neil Bradshaw – Assistant Director of Planning – Capital Denise Roberts – Financial Accountant Tax & Capital
Responsible Director:	Mark Wilkinson, Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to brief the Finance and Performance committee on the delivery of the approved capital programme and progress on expenditure against the Capital Resource Limit.
Approval / Scrutiny Route Prior to Presentation:	Progress and expenditure on capital schemes is scrutinised by the Capital Programme Management Team.
Governance issues / risks:	This is a standing report to the committee as required by the Health Board's capital governance procedures.
Financial Implications:	This report confirms the CRL for 2019/20 and the current programme of projects together with the expected business cases to be progressed in this financial year.
Recommendation:	The Committee is asked to receive this report.

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. 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.			

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Capital Programme Report Month 01 April 2019

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

Betsi Cadwaladr University Health Board

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3.3 Expenditure and Forecasts at month 1
3.4 YGC Redevelopment Scheme.

4 Conclusion and Recommendations
4.1 Conclusion
4.2 Recommendations

Appendix

1 Summary of Expenditure Against Resource Limit Approvals
2 Ysbyty Gywnedd Emergency Department report

1.1 Purpose of Report

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

The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath 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	8,804
Discretional Capital	12,921
Total Welsh Government CRL	**21,725**
Capital Receipts	356
Donated Funding	0
Grant Funding	0
TOTAL	**22,081**

Welsh Government issued the initial allocation for the 2019/20 financial year in March 2019. The CRL for month 1 is £21.725m.

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

2.1 INTRODUCTION

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

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

2.2 ALL WALES PROGRAMME

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

Scheme	RAG rating				
	Q	T	C	R	B
SuRNICC	G	G↑	G	G↑	G
PAS system	G	A→	G	A→	G
Substance misuse - The Elms	G	A→	G	G↑	G
Substance misuse - Holyhead, Anglesey	G	G	G	G	G
Substance misuse – Shotton, Flintshire	G	G	G	G	G
ED information system - EDCIMS	R→	R→	A→	R →	R→
Ysbyty Gwynedd Emergency Department	G	G	A→	G	G

Ysbyty Gwynedd Emergency Department
A separate report has been provided at Appendix 2.

2.2.1 Estates strategy – project pipeline 2019/20

Following approval of the Estate strategy the Health Board will be progressing the following business cases for approval and potential funding from Welsh Government during 2019/20.

Scheme	Case	By	Status
North Denbighshire Community hospital	FBC[1]	Qtr 4	G
Redevelopment of Ablett unit	OBC[2]	Qtr 4	G
Wrexham Programme	PBC[3]	Qtr 2	G
Wrexham Maelor hospital business continuity	PBC	Qtr 2	G
Ruthin hospital	BJC[4]	Qtr 2	G
Waunfawr Primary care centre	3PD[5]	Qtr 2	G
Central medical records	BJC	Qtr 4	G
Laundry	OBC	Qtr 4	G
Residencies	JV[6]	Qtr 4	G

Work is on-going to refine the first year of the primary care project pipeline and to define the business cases required in support of the Orthopaedic plan.

Note
1 FBC = Full Business Case, 2 OBC = Outline Business Case, 3 PBC= Programme Business Case
4 BJC = Business Justification Case, 5 3PD = Third Party Development and 6 JV = Joint Venture

2.3 DISCRETIONARY CAPITAL PROGRAMME

The committee approved the following programme that aligns with BCU priorities and the Operational Plan for 2019/20.

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

Work is on-going to define the transformation and cash releasing programmes.

The finalisation of the discretionary capital monitoring report is dependent upon the audit of the year end reconciliation. The report, including the agreed programme and confirmed accruals, will be brought to the committee next month.

2.4 ALTERNATIVE FUNDING

2.4.1 Estates Rationalisation/Disposal Programme

The following table provides an overview of the disposals for 2019/20.

	NBV	Actual capital receipts 2019/20	Capital Receipt Forecast 2019/20
Land and Property Disposals	**£'000**	**£'000**	**£'000**
Abergele Hospital - Grazing Land	38		38
Blaenua Ffestiniog Health Centre	168		168
Brymbo Health Centre	50		50
Ala Road, Pwylheli	100		100
Total	**356**	**0**	**356**

3.1 FINANCE OVERVIEW

The expenditure in Month 1 reflects a net spend of £0.677m.

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

3.2 Capital Resource Limit

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

All Wales Schemes	CRL 2019/20 £'000	2019/20 Expenditure M1 £'000	2019/20 Forecast Out-turn £'000	Variance £'000
Capital Projects Approved Funding				
SuRNICC - FBC works	350	5	574	224
PAS System	996	22	1,255	259
Substance Misuse - The Elms Development	265	55	625	360
Substance Misuse - Holyhead, Anglesey	418	0	676	258
Substance Misuse - Shotton, Flintshire	1,325	0	1,340	15
Emergency Department System	701	0	701	0
Ysbyty Gwynedd - Emergency Department	1,496	196	2,526	1,030
North Denbighshire Community Hospital	2,404	0	2,404	0
Progress Redevelopment of Ablett Unit @ YGC from SOC	849	0	849	0
Sub-total	**8,804**	**278**	**10,950**	**2,146**
All Wales CRL Total	**8,804**			
Discretionary Schemes				
YGC Brokerage	(1,500)	0	(1,500)	0
IM&T	3,000	0	2,775	(225)
Med Devices	1,768	134	1,768	0
Estates	9,653	265	7,732	(1,921)
Discretionary CRL Total	**12,921**	**399**	**10,775**	**(2,146)**
TOTAL CRL ALLOCATION 2018/19	**21,725**			
Development Fund/ Capital Receipts	0	0	0	0
Donated	0	0	0	0
Grant monies	0	0	0	0
	0	**0**	**0**	**0**
Grand Total	**21,725**	**677**	**21,725**	**0**

3.3 Expenditure and Forecasts at Month 1

The capital expenditure table for Month 1 reflects the current CRL resource agreed with Welsh Government.

4.1 Conclusions

This report confirms the CRL for 2019/20 and the current programme of projects together with the expected business cases to be progressed in this financial year.

4.2 Recommendations

The Committee is asked to receive this report.

Appendix 1 Summary of Expenditure Against Resource Limit Approvals

Funding	Year-end target (£'000)	Year to date performance (£'000)	% Spend to date	Risk	Notes
All Wales	8,804	278	**3%**	**Green**	
Discretionary	12,921	399	**3%**	**Green**	
Subtotal CRL	**21,725**	**677**	**3%**	**Green**	
Capital Receipts	0	0	**0%**	**Green**	
Donated Capital	0	0	**0%**	**Green**	
Grant Capital	0	0	**0%**	**Green**	
Total capital resource available	**21,725**	**677**	**3%**	**Green**	

Ysbyty Gwynedd Emergency Department report – April 2019

1. Purpose of report

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

2. Introduction

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

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

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

3. Summary of performance

Programme
The Supply Chain Partner, Interserve is working to revised programme (Rv21).

Phase 3 is progressing well and the project team continue to critically review the programme together with risks and lessons learnt to mitigate future issues. Since the last report some challenges have be encountered with the existing ductwork and fire compartmentation, matters outside the project scope have been escalated for future consideration, and items pertaining to the scheme are being costed and reviewed. The project team have received further advice on the new HTM guidance for Isolation facilities, which is being reviewed by relevant parties. The contractual completion, date has not changed since the previous report and remains at August 2019.

Cost
The latest financial report confirmed a remaining of £15k, reducing from the £25k noted in March. This reduction will be critically reviewed by the project team in line with the financial mitigation plan.

4. Recommendations

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

Finance and Performance Committee 23.5.19	 ***To improve health and provide excellent care***

Report Title:	**Integrated Quality & Performance Report (IQPR)**
Report Author:	**Ed Williams, Head of Performance Assurance,** **Dr Jill Newman Director of Performance**
Responsible Director:	**Mark Wilkinson, Executive Director of Planning & Performance**
Public or In Committee	Public
Purpose of Report:	This report provides the Committee with a summary of key quality, performance, financial and workforce indicators.
Approval / Scrutiny Route Prior to Presentation:	This paper has been scrutinised and approved by the Director of Performance.
Governance issues / risks:	**Governance** 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. **Key Performance Indicators:** Our report outlines the key performance and quality issues that are delegated to the Finance & Performance Committee. This month sees the first presentation of the report for 2019/20 Financial Year and includes the introduction of Profiles for each Measure. Furthermore, each Measure is linked to the Annual Plan 2019/20, details of which can be found in the IQPR. The **Financial Balance** is discussed in detail 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 *(indicate how this paper proposes alignment with*	√	**WFGA Sustainable Development Principle**	√

the Health Board's Well Being objectives. Tick all that apply and expand within main report)		*(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 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

Integrated Quality and Performance Report – Finance & Performance Committee

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

April 2019

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Integrated Quality and Performance Report
Finance & Performance Committee Version

April 2019

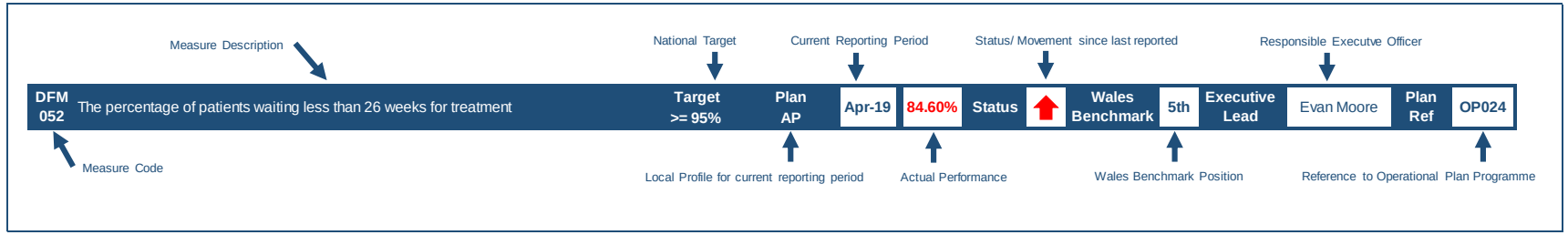
About this Report

Section 1: Report Structure

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

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

Description of the Performance Indicator bar Components:



Status Key:

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

Integrated Quality and Performance Report
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About this Report

Section 2: Report Content

Profiles
For each measure the Executive sponsor is confirming the profile of performance expected to be delivered during the year based on the actions and resourcing set out in the operational plan. The report will track performance against this profile . It is noted that profile set will reflect the reporting requirement and rate of change of performance expected. Therefore some indicators are annual, others bi-annual, quarterly, bi-monthly or monthly.

Escalated Exception Reports
When performance on a measure is worse than expected, the Lead for that measure is asked to provide an exception report to assure the relevant Committee that a) they understand the reason(s) for the level of performance being achieved b) that they have a plan and set of actions in place to improve performance, c) that there are measurable outcomes aligned to those actions and d) that they have a defined timeline/ deadline for when performance will be 'back on track', preferably demonstrable through a recovery trajectory. 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.

Cycle of business
As this report is the first report of 2019/20 this report attempts to:
a) Set out the actions in the operational plan and there associated measures which come under the TOR for this committee to scrutinise during 2019/20
b) Outline the proposed profiles for delivery of the measures assigned to this committee for 2019/20
c) Provide a report of performance against profile for April 2019 where the measure and profile is reportable monthly
In addition to this report all committees will in future be provided with a RAGP self-assessment of progress against the actions within the operational work programme. This committee will receive this additional report this month. However the future IQPR reports will be shorter than this report as they will not include elements a and b above,

Annual Plan Programmes 2019/2022 linked to Measures within the remit of F&P

Annual Plan No	Annual Plan Programme
AP022	Transform Eye Care Pathway to deliver more care closer to home, delivered in partnership with local optometrists
AP024	Systematic reviews and plans developed to address service sustainability for all planned care specialties. Implement Year One plans, for example Endoscopy, Rheumatology and Gynaecology
AP026	Implement new Single Cancer Pathway across North Wales
AP028	Demand: Improved Urgent Care Out of Hours / 111 Service
AP029	Demand: Enhanced Care Closer to Home Pathways
AP031	Demand: Improved Mental Health crisis response
AP033	Flow: Emergency Medical Model
AP037	Discharge: Integrated Health and Social care
AP038	Stroke Services
AP041	Build on Quality Improvement work to develop the BCU improvement system and delivery plan for efficient, value based health care
AP043	Deliver Year One of the 'Health & safety Imrpovement Programme' focussing on high risk/ high impact priorities whilst creating the environment for a safety culture
AP046	Deliver Year One 'Leadership Development Programme' to priority triumvirates
AP056	Delivery of information content to support flow/ efficiency
NIP	Not in Plan i.e. Mesures are required by NHS Wales Delivery Framework, but are not linked to Actions in the Operational Plan

Measure Code	Delivery Framework Measure Description	Frequency	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
DFM052	The percentage of patients waiting less than 26 weeks for treatment	Monthly	>= 95%	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP
DFM053	The number of patients waiting more than 36 weeks for treatment	Monthly	0	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP
LM053a	The number of patients waiting more than 52 weeks for treatment	Monthly	0	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP
DFM054	The number of patients waiting more than 8 weeks for a specified diagnostic	Monthly	0	<= 2,600	<=, 2,633	<= 2,666	<= 2,698	<= 2,731	<= 2,764	<= 2,796	<= 2, 829	<= 2,862	<= 2,895	<= 2,928	<= 2,961
DFM055	The number of patients waiting more than 14 weeks for a specified therapy	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0
DFM056	The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care specialities	Monthly	TBC by WG	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP
DFM057	95% of opthalmology R1 patients to be seen by their target date of within 25% in excess of their care or treatments	Monthly	>= 95%	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP
DFM063	The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis (regardless of referral route)	Monthly	>= 98%	>= 98%	>= 98%	>= 98%	>= 98%	>= 98%	>= 98%	>= 98%	>= 98%	>= 98%	>= 98%	>= 98%	>= 98%
DFM064	The percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral	Monthly	>= 95%	>= 83.22%	>= 83.04%	>= 82.86%	>= 82.68%	>= 82.50%	>= 82.32%	>= 82.14%	>= 81.96%	>= 81.78%	>= 81.60%	>= 81.42%	>= 81.20%
DFM065	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	Monthly	Improve	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP

Key - AP = Awaiting Profile N/A Q = Not Applicable - Reported Quarterly

Measure Code	Delivery Framework Measure Description	Frequency	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
DFM026	Number of health board non mental health delayed transfer of care	Monthly	Reduce	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP
DFM049	Percentage of OOH/111 patients prioritised as P1CH that started their definitive clincal assessment within 1 hour of the initial call being answered	Monthly	>= 90%	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP
DFM050	Percentage of OOH/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) base appointment seen within 1 hour following completion of their definitive clinical assessment	Monthly	>= 90%	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP
DFM066	Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours of the patient's clock start time	Monthly	>= UK Avg	>= 50%	>= 50%	>= 50%	>= 50%	>= 50%	>= 50%	>= 50%	>= 50%	>= 50%	>= 50%	>= 50%	>= 50%
DFM067	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	Monthly	>= UK Avg	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%
DFM068	Percentage of stroke patients receiving the required minutes for occupational therapy, physiotherapy, psychology and speech and language therapy	Monthly	Improve	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP
DFM069	Percentage of stroke patients who receive a 6 month follow up assessment	Quarterly	Improve	N/A Q	N/A Q	AP	N/A Q	N/A Q	AP	N/A Q	N/A Q	AP	N/A Q	N/A Q	AP
DFM070	The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Monthly	>= 65%	>= 65%	>= 65%	>= 65%	>= 65%	>= 65%	>= 65%	>= 65%	>= 65%	>= 65%	>= 65%	>= 65%	>= 65%
DFM071	Number of ambulance handovers over one hour	Monthly	0	540	341	270	248	186	120	62	0	0	0	0	0
DFM072	The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Monthly	>= 95%	>= 74%	>= 76%	>= 78%	>= 79%	>= 80%	>= 81%	>= 84%	>= 84%	>= 82%	>= 82%	>= 85%	>= 85%
DFM073	The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Monthly	0	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP
DFM074	Percentage of survival within 30 days of emergency admission for a hip fracture	Monthly	Improve	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP

Key - AP = Awaiting Profile N/A Q = Not Applicable - Reported Quarterly

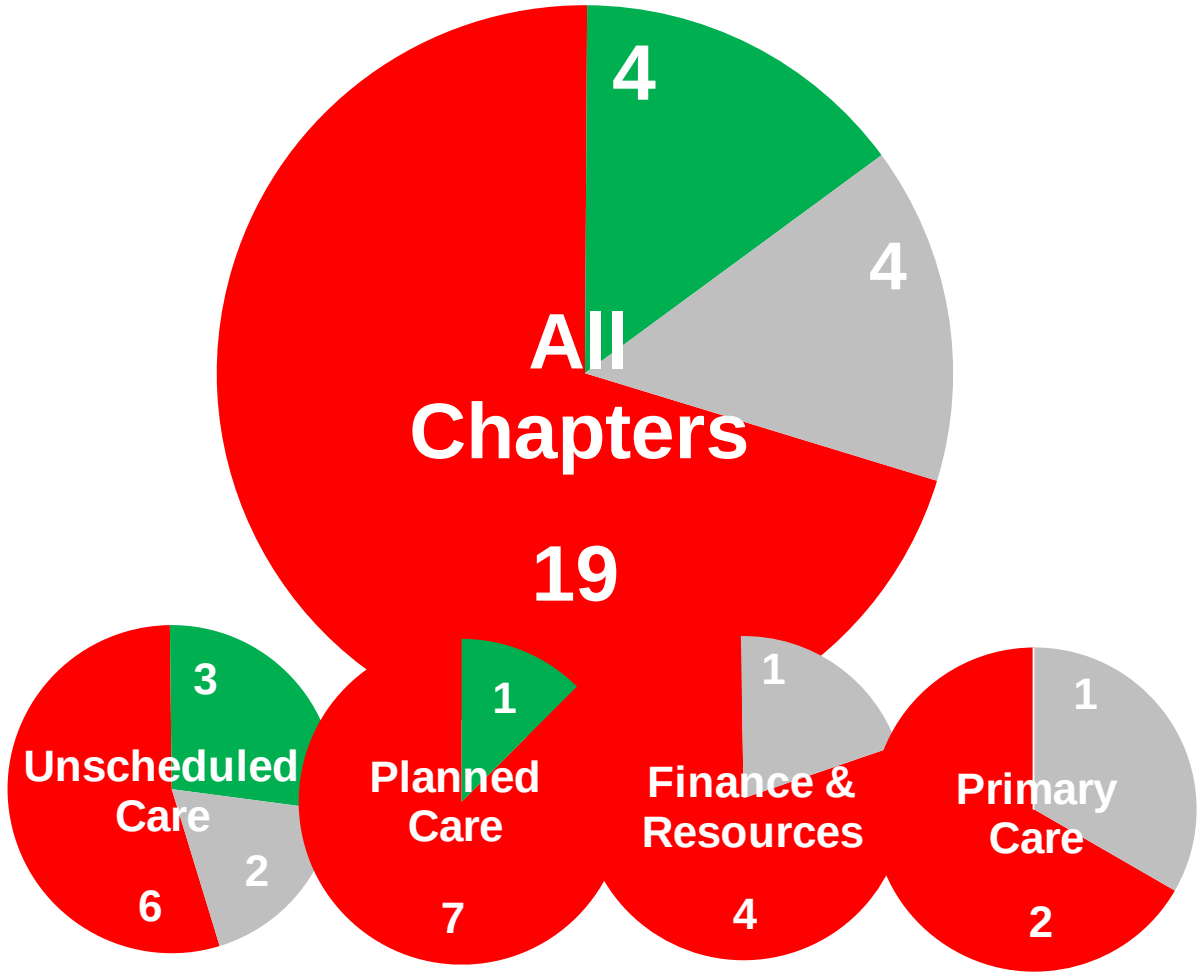
Measure Code	Delivery Framework Measure Description	Frquency	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
DFM084	Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Quarterly	Improve	N/A Q	N/A Q	>= 72%	N/A Q	N/A Q	>= 76%	N/A Q	N/A Q	>= 80%	N/A Q	N/A Q	>= 84%
DFM085	Percentage of critical care bed days lost to delayed transfer of care (ICNARC definition)	Monthly	Improve	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	<= 5%
DFM086	Percentage of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Monthly	Reduce	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP
DFM087	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Monthly	>= 85%	>= 70%	>= 73%	>= 76%	>= 79%	>= 82%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%
DFM088	Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job	Annual	Improve	N/A A	N/A A	N/A A	N/A A	N/A A	N/A A	N/A A	N/A A	N/A A	N/A A	N/A A	
DFM089	Overall staff engagement score – scale score method	Annual	Improve	N/A A	N/A A	N/A A	N/A A	N/A A	N/A A	N/A A	N/A A	N/A A	N/A A	N/A A	
DFM090	Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	Monthly	>= 85%	>= 84%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%	>= 85%
DFM091	Percentage of sickness absence rate of staff	Monthly	TBC by WG	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP
DFM092	Percentage of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment	Annual	Improve	N/A A	N/A A	N/A A	N/A A	N/A A	N/A A	N/A A	N/A A	N/A A	N/A A	N/A A	
LM001F	Cost of Agency & Locum spend within Month	Monthly	TBA	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP
LM002F	% Position against the planned Financial Balance	Monthly	TBA	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP

Key - AP = Awaiting Profile N/A Q = Not Applicable - Reported Quarterly N/A A = Not Applicable - Reported Annually

Measure Code	Delivery Framework Measure Description	Frequency	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
DFM047	Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment	Annual	Reduce	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP
DFM048	Percentage of GP practices offering daily appointments between 17:00 and 18:30 hours	Monthly	Improve	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP
DFM051	Percentage of the health board population regularly accessing NHS primary dental care	Monthly	Improve	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP

Key - AP = Awaiting Profile N/A A = Not Applicable - Reported Annually

Overall Summary



Most Improved

Measure	Status	(Target)
Stroke Care: Admission within 4 Hours	53.20%	>= 59.7%
Delayed Transfers of Care (DToC): MH	8	<= 194
Cancer: 62 Days (USC Route)	88.00%	>= 95%
Finance: Agency & Locum Spend	£2.6m	<= £2.8m

Of Most Concern

Measure	Status	(Target)
Emergency Department 4 Hour Waits (inc MIU)	69.44%	>= 95%
Emergency Department 12 Hour Waits	1,743	0
RTT 36 Weeks	6,870	0
Diagnostic Waits: Over 8 weeks	2,548	0
Follow up Backlog	87,712	<= 75,000

Integrated Quality and Performance Report
Finance & Performance Committee Version

April 2019

Executive Summary

Overall summary of performance

The table shows the comparative performance for April 2019 with March 2019, demonstrating improvement in 8 and worsened position for 14 of the Indicators reported to the Finance and Performance Committee.

Chapter	Better	Worse	Same	No Data	Total
Planned Care	1	6	1	2	10
Unscheduled Care	4	6	0	3	13
Our Resources	3	1	0	1	5
Primary Care	0	1	0	2	3
Total	**8**	**14**	**1**	**8**	**31**

Planned Care – Of the 10 measures in this chapter, performance has improved against 1 whilst it has worsened against 6. The final RTT 36 Week positon at end of April 2019 is 6,870 waiting over 36 weeks for treatment. Endoscopy with 2,389 patients waiting over 8 weeks accounts for 94% of 2,548 diagnostic breaches. The delays in endoscopy have contributed to more patients waiting beyond the 62 day threshold for cancer treatment, this is now improving with return to two week waits for USC endoscopy following action to prioritise urgent suspected cancer and clinically urgent review patients.

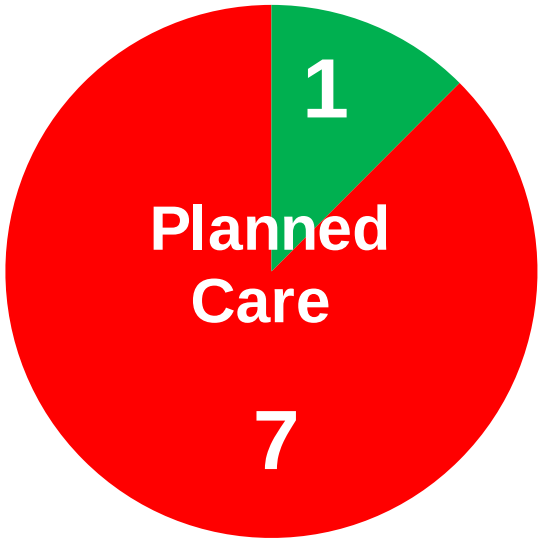
Unscheduled Care – Of the 12 Measures in this chapter, performance has improved against 5 whilst it has worsened against 6*. Performance in our Emergency Departments has dropped in April 2019 compared to March 2019 and is also worse compared to April 2018. There was an increase in the number of delays to ambulance handovers and to patients waiting over 12 hours to be treated in our emergency departments. Performance against Stroke Admission within 4 Hours achieved the target rate this month.

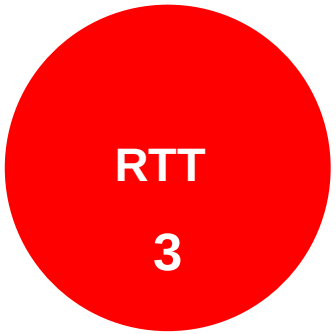
Finance and Use of Resources – Of the 5 measures in this chapter, performance against 3 measures whilst it has worsened against 1 measure* and remains static for 1 measure. The Health Board's financial position remains a serious concern and has improved details will be provided in the Financial Report.

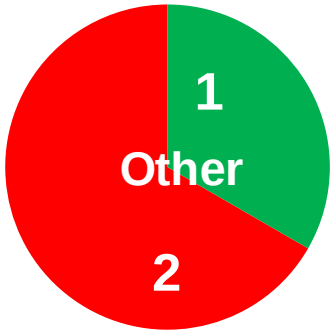
**There were no Patients recorded as Very Urgent for Out of Hours Triage in March 2019, therefore no rating is given to 1 measure.*

Chapter 1 – Summary

Planned Care







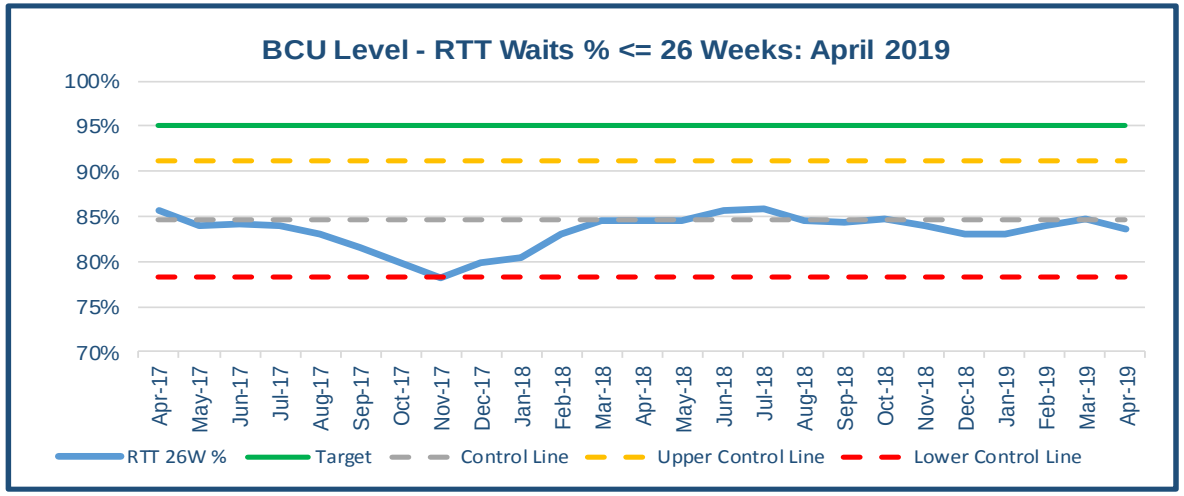
Measure	Status	(Target)
Referral to Treatment (RTT): < 26 Weeks	83.17%	>= 95%
Referral to Treatment (RTT): > 36 Weeks	6,870	0
Referral to Treatment (RTT): > 52 Weeks	2,369	0
Diagnostic Waits: > 8 Weeks	2,548	0
Therapy Waits: <= 14 Weeks	0	0
Follow-up Waiting List Backlog	88,210	75,000
Cancer: 31 Days (non USC Route)	97.00%	>= 98%
Cancer: 62 Days (USC Route)	88.00%	>= 95%

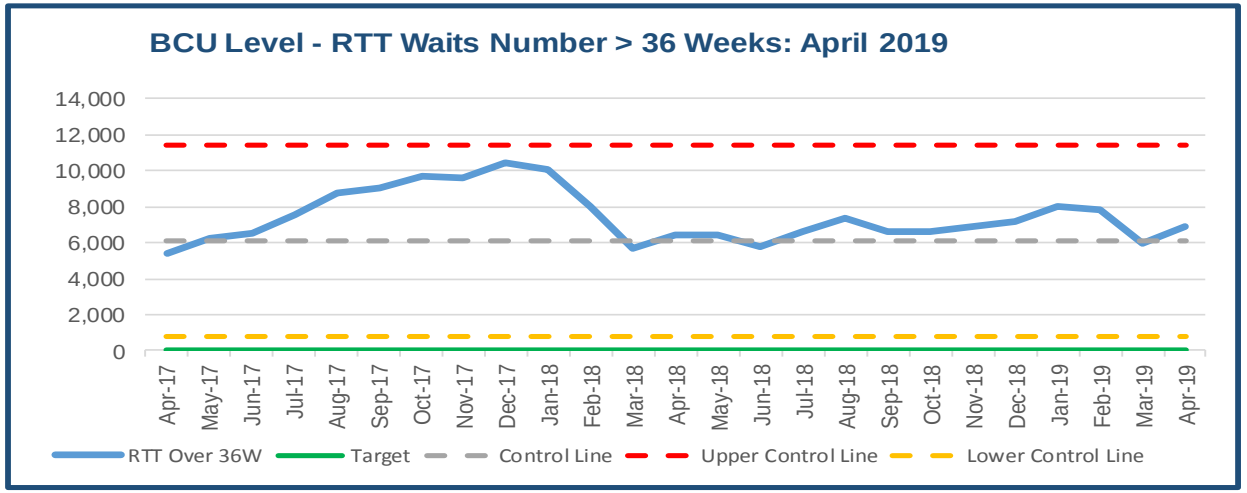
Integrated Quality and Performance Report
Finance & Performance Committee Version

April 2019

Referral to Treatment: Graphs

DFM 052	The percentage of patients waiting less than 26 weeks for treatment	Target >= 95%	Plan AP	Apr-19	83.17%	Status	↓	Wales Benchmark	7th	Executive Lead	Evan Moore	Plan Ref	AP024
DFM 053	The number of patients waiting more than 36 weeks for treatment	Target 0	Plan AP	Apr-19	6,870	Status	↓	Wales Benchmark	7th	Executive Lead	Evan Moore	Plan Ref	AP024
LM05 3a	The number of patients waiting more than 52 weeks for treatment	Target 0	Plan AP	Apr-19	2,369	Status	↓	Wales Benchmark	N/A	Executive Lead	Evan Moore	Plan Ref	AP024





Referral to Treatment: Narrative

Actions:

- Referral to Treatment (RTT) monthly and weekly trajectories in place at site and specialty level
- An integrated Follow Up Patient Treatment List (PTL) in place as of 7th May 2019
- Weekly RTT PTL meetings will monitor the delivery of the trajectories supported with mitigation on any slippage at weekly level from May 2019
- Demand and capacity tool in place
- Further sign off at Managing Director and Area Director per Health Economy in progress
- Discussions continuing with Welsh Government (WG) to confirm plan and resourcing for 2019-20

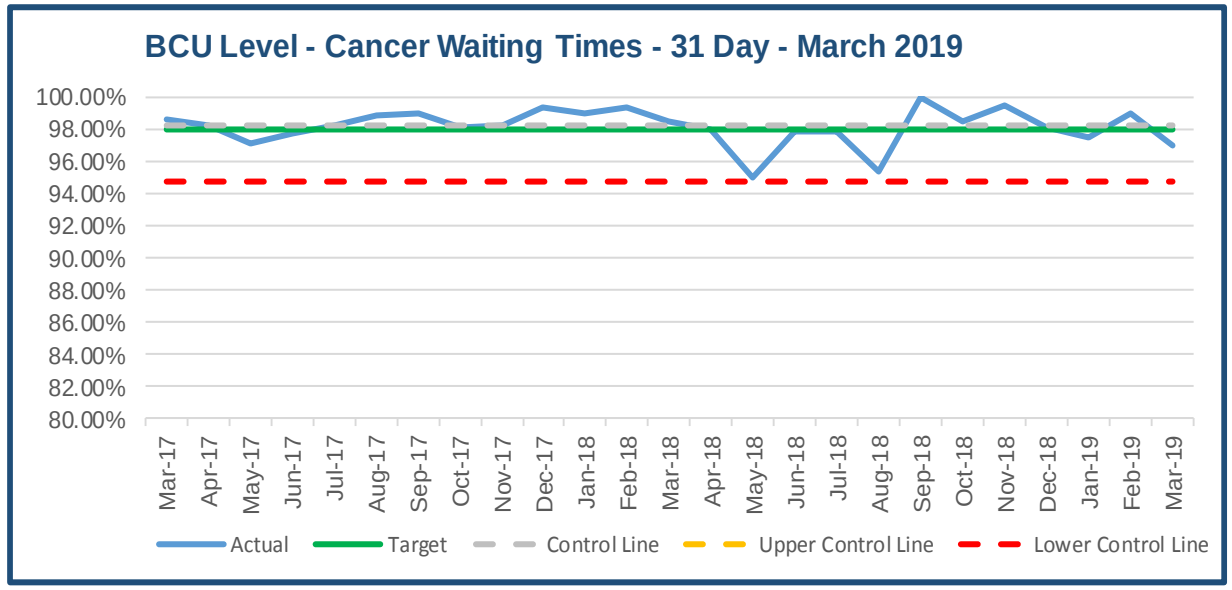
Outcomes:

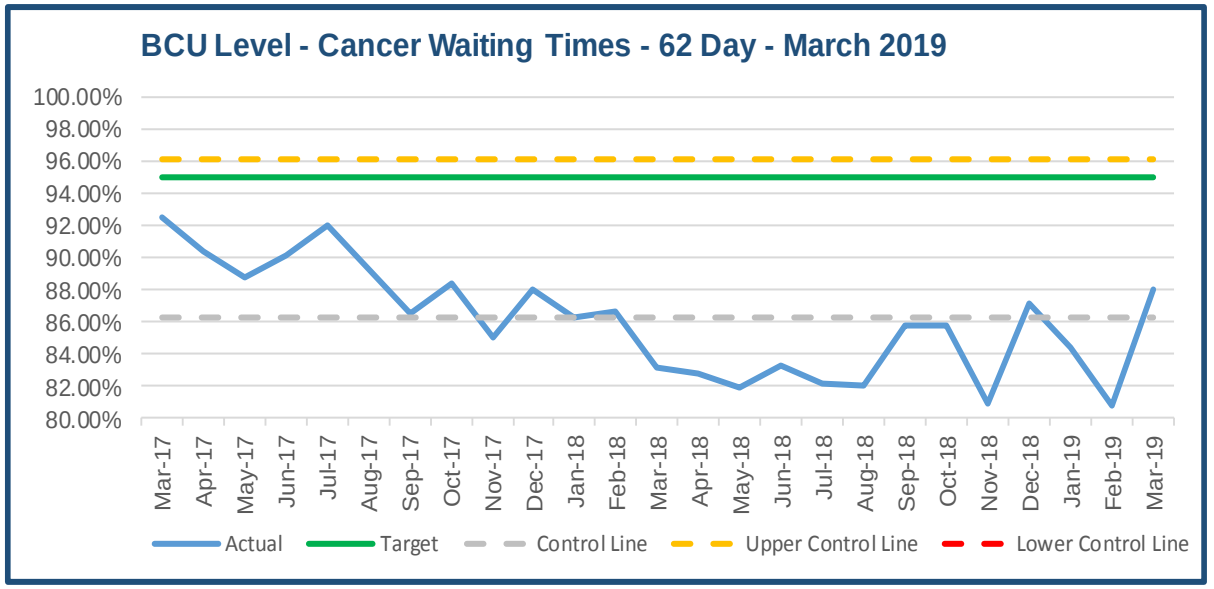
- Weekly PTL meetings designed to improve scheduling of patients to reduce backlog in line with weekly recovery profiles
- Optimise utilisation of core capacity and manage operational challenges to delivery through mitigating actions
- Delivery of the recovery profiles owned by the operational teams to reduce waiting list and improve access times
- Strong governance process for changes to capacity
- Implementation of solutions proposed within resources agreed following sign off of BCU plans
- Expecting to have an internally signed off delivery plan and profile ahead of next F&P committee meeting that demonstrates expected end of year position.

Timelines:

- Weekly profiles and PTL meetings in place across 3 sites and managing core delivery against plan
- Profile will be finalised at end of May with all MD and Area Directors signing off core plan
- Governance process implemented from April 2019
- Capacity sign off expected by end of May with Executive review meeting being scheduled for first week in June
- Solutions have been developed and costed and will be discussed further with WG at next meeting, in the meantime investment decisions from LHB allocation have been implemented and work is continuing to deliver additional activity to contain the waiting list.

DFM 063	The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis (regardless of referral route)	Target >= 98%	Plan >= 98%	Mar-19	97.00%	Status	↓	Wales Benchmark	4th	Executive Lead	Evan Moore	Plan Ref	AP026
DFM 064	The percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral	Target >= 95%	Plan >= 83.22%	Mar-19	88.00%	Status	↑	Wales Benchmark	3rd	Executive Lead	Evan Moore	Plan Ref	AP026
DFM 065	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	Target Improve	Plan AP	Apr-19		Status	N/A	Wales Benchmark	*	Executive Lead	Evan Moore	Plan Ref	AP026



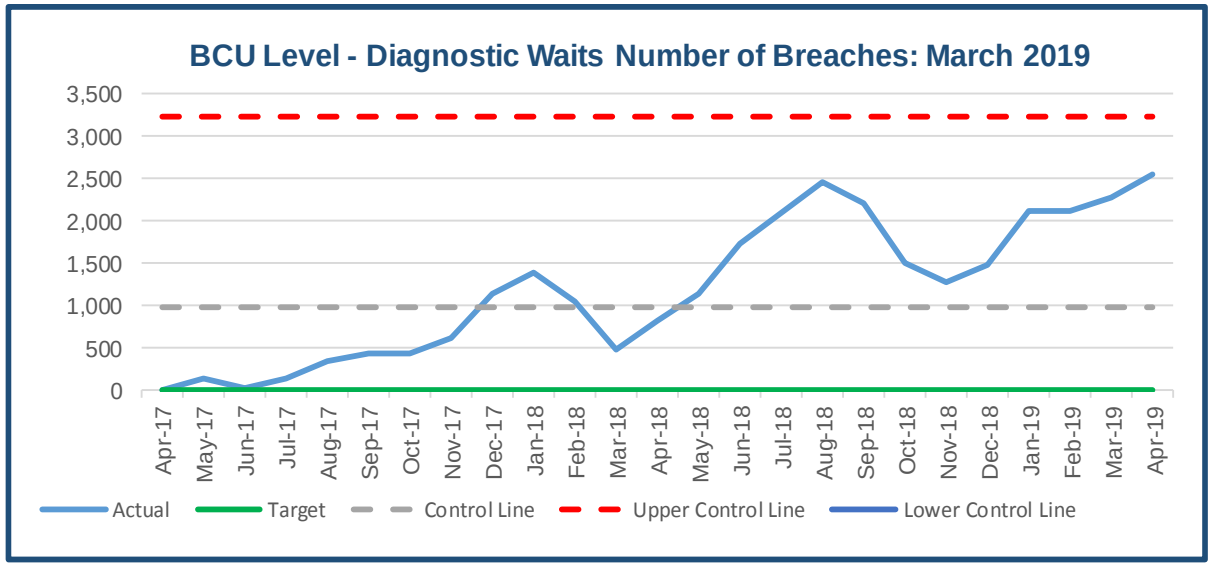


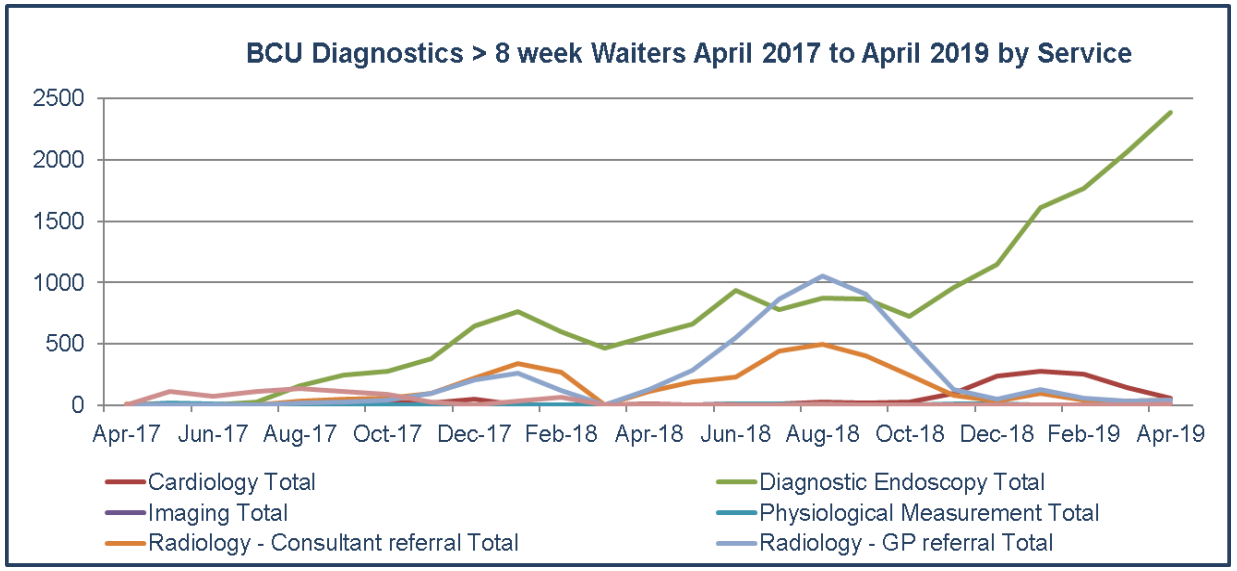
Cancer: Narrative

Actions:	Outcomes:	Timelines:
• Prioritise available endoscopy capacity for USC and other clinically urgent patients awaiting endoscopy	• Improvement in USCs booked within 2 weeks	• Achieved March 2019 but needs to be sustained to ensure continued improvement in performance
• Hold additional haematuria clinics in East for USC urology patients	• All USC urology patients seen within 3 weeks	• By end May 2019
• Hold additional breast rapid access clinics on all three sites and set up non-radiology clinics for lower risk patients. Review opportunities for patients to be seen at other sites if appropriate in order to maximise available resource	• All USC breast patients seen within 3 weeks	• By August 2019
• Agree urology surgery capacity plan for major surgery	• All cases booked within target	• By August 2019
• Track all patients on a USC pathway in order to ensure all delays escalated and remedial action taken as appropriate	• Reduction in over 62 day backlog to less than 100	• June 2019
	• Improved 62 day target performance to 90%	• September 2019

Diagnostic Waits: Graphs

DFM 054	The number of patients waiting more than 8 weeks for a specified diagnostic	Target 0	Plan <= 2,600	Apr-19	2,584	Status	↓	Wales Benchmark	7th	Executive Lead	Deborah Carter & Adrian Thomas	Plan Ref	AP024





Diagnostic Waits: Narrative

Actions:

Endoscopy

- Delivery lead now in post (24th April 2019)
- Weekly Endoscopy delivery and Patient Treatment List (PTL) being set up with each of the 3 leads across the Health Board in May 2019
- Endoscopy surveillance PTL has been developed and ready on the 14th May 2019 providing a single source of reference for the endoscopy waiting list position
- Endoscopy recovery plan being finalised to include 4 delivery phases: (1) 8 week Vanguard (2) Strengthening insourcing solution (3) Extended Vanguard to clear the surveillance backlog (4) Operational efficiency including Welsh Government Delivery Unit recommendations.

Radiology

- Continuing with insourced CT, MRI and US sessions. Progressing recruitment to substantive posts to replace insourced capacity at lower cost. Anticipate improvements in internal capacity through Q3, subject to successful recruitment.

Cardiology

- Carrying out additional sessions

Outcomes:

- Single co-ordination of focus on delivery
- Increased scrutiny, vigilance and opportunity to proactively manage the Endoscopy Waiting List
- Single data source allows for clearer cross-site monitoring of waiting lists, enabling transfers from longer wait areas to shorter ones where clinically appropriate, being one service across three sites.
- A comprehensive plan for sustained delivery of Endoscopy services that manage and meet demand through efficient use of capacity and resources.

Radiology

- Providing capacity to manage current demand whilst long-term, sustainable solutions are put in place.
- Once posts filled, anticipate reduction in outsourcing requirements and having an establishment that can efficiently manage the demands on the services.

Cardiology

- Expect a reduction of 100 by the end of May 2019

Timeline:

- April 2019
- End of May 2019
- In Place as of 14th May 2019
- Ongoing for 2019/20

Radiology

- Anticipate improvements in internal capacity through Quarter 3 2019/20, subject to successful recruitment.

Cardiology

- End of May 2019

Chapter 3a – Planned Care | Follow Up Waiting List

DFM 056	The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care specialities	Target TBC by WG	Plan AP	Apr-19	88,210	Status	↓	Wales Benchmark	7th	Executive Lead	Evan Moore	Plan Ref	AP024

Actions:

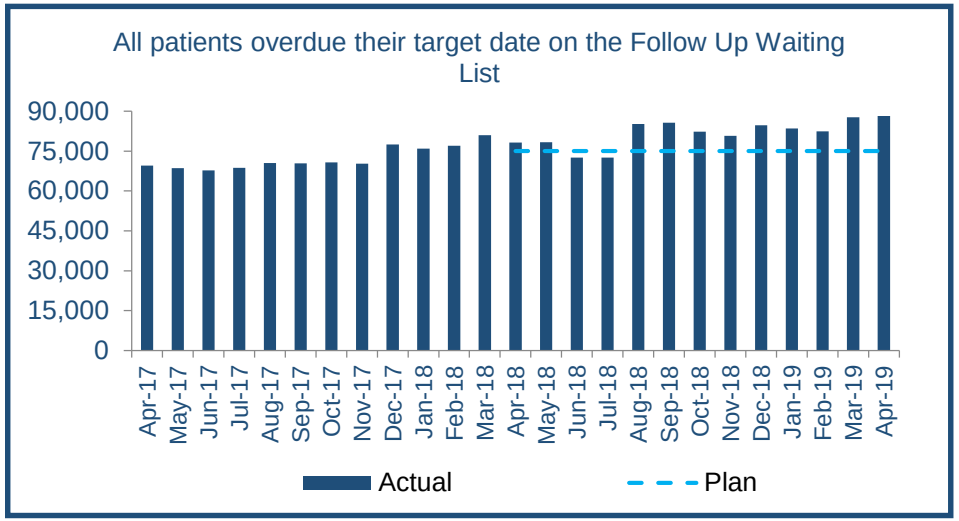
- Starting in May 2019, a recovery plan for resolving the Follow up backlog is being developed which will include Wales Audit Office (WAO) recommendations.
- Further actions will come from the National Planned Care Programmes which will be tied in with
- Actions from the Specialty Level Improvement Programmes being undertaken across the Health Board.
- Weekly Follow Up Patient Treatment List (PTL) meetings will monitor the delivery of the trajectories supported with mitigation on any slippage at weekly level from May 2019
- Demand and Capacity tool in place
- Further sign off at Managing Director and Area Director per Health Economy in progress

Outcomes:

To be confirmed by end of May 2019 as part of the development of the recovery plan

Timelines:

To be confirmed by end of May 2019 as part of the recovery plan



DFM 057	95% of opthalmology R1 patients to be seen by their target date of within 25% in excess of their care or treatments	Target >= 95%	Plan AP	Apr-19		Status	N/A	Wales Benchmark	*	Executive Lead	Evan Moore	Plan Ref	AP022

Actions: Reporting performance at the end of April 2019 has gone live – first submission of report will be made on 16th May 2019. The committee will receive verbal update on performance against target during the meeting.

The high level implementation plan has been submitted to Welsh Government (WG) this demonstrates the actions associated with:

- Data Quality and Reporting - this includes validation which to date has delivered a 29% removal rate on the 6,500 cases validated
- Patient Communications – letters will be sent to all Eye Care Measure patients on the waiting list advising of national changes to operational and clinical practices to reduce risk of harm
- Scheduling process – to commence scheduling by risk factors from June 2019
- IT systems – implementation of Wales Patient Administration System (WPAS) v 19.2 to support priority scheduling in East and Central from August 2019, development of local targeted lists prior to this and continuing for West until WPAS implemented.
- National IT systems – implementation of e-referral by December 2019 and Electronic Patient Record (EPR) tendering process to be complete by August 2019 with implementation of Glaucoma pathway EPR by March 2020. Regional Powys and North Wales implementation committee being established at end of May.
- Pathway Re-design – Completion of Direct listing for Cataract Surgery by end of June 2019 with roll out as the norm from Quarter 2. ODTC and virtual ODTC development from Quarter 2 – Quarter 4 in line with Sustainable Transformation Resource funding
- Governance: Recruitment of programme manager with AD of planned care improvement taking the lead with national planned care programme work in interim
- Eye Care Collaborative functioning.
- Clinical Engagement: Excellent engagement from Regional Optometric Committee, leadership from regional optometric advisors, ophthalmologists engaged in cataract pathway re-design. Pan-BCU clinical lead being sought.

Outcomes: The committee are asked to note that the focus on ensuring clinical risk is managed to reduce risk of harm will require the backlog of patients waiting follow up to be addressed.

This is the right thing to do, however while this is being address the performance against the target is expected to be low as the target is for 95% of R1 patients attending outpatients to do so no more than 25% beyond their due date.

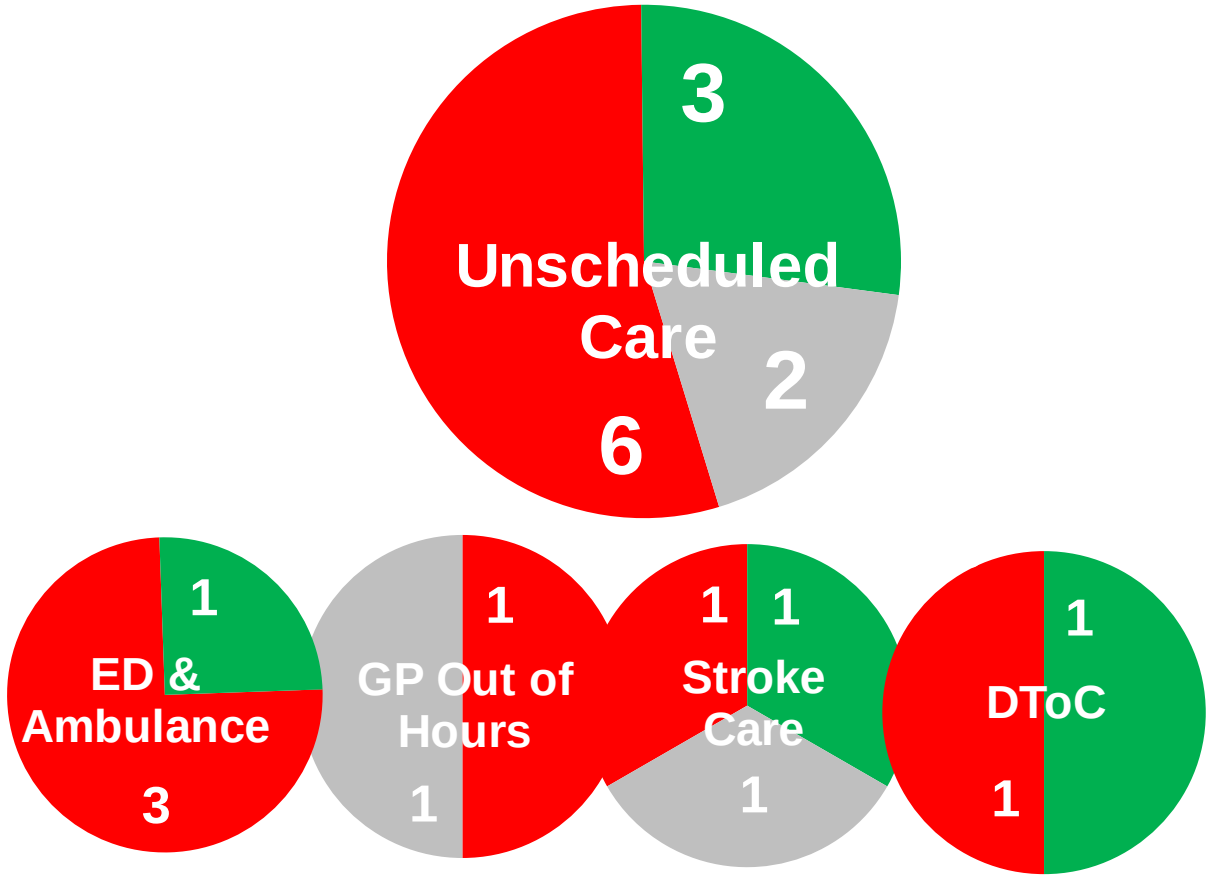
The committee are also asked to note that it is imperative to enable cataract surgery to be direct booked in order to manage eye care pathways alongside Referral to Treatment (RTT) delivery times.

BCU HB Activity Summary 2018/19

Specialty	Referrals 2018/19	OPD Activity (Core+Additional) 2018/19	IPDC Additions 2018/19	IPDC Activity (Core+Additional) 2018/19	Total March 2019 WL Volume (All Stages)	March 2019 >36 Weeks (All Stages)
GENERAL SURGERY	25486	18650	11066	6647	10512	599
UROLOGY	10926	7533	10335	3851	5958	441
TRAUMA & ORTHOPAEDICS	17642	13050	11894	6632	12904	2955
ENT	18934	14934	7036	3432	7891	405
OPHTHALMOLOGY	21361	15906	21219	10079	9211	192
ORAL SURGERY	11458	6357	4129	1588	4587	469
RESTORATIVE DENTISTRY	179	87				
ORTHODONTICS	905	974				
PAIN MANAGEMENT	3507	1883	1221	913	1766	133
GENERAL MEDICINE	1651	1624				
GASTROENTEROLOGY	10528	7004				332
ENDOCRINOLOGY	3643	2557				2
CARDIOLOGY	12547	9075				1
DERMATOLOGY	17353	12054				371
THORACIC MEDICINE	5038	3953				
NEPHROLOGY	1408	1058				
RHEUMATOLOGY	3328	2705				17
PAEDIATRICS	10025	5831				
GERIATRIC MEDICINE	3067	2439				
GYNAECOLOGY	12644	9406	7865	2557	4133	73
Total	**191630**	**137080**	**74765**	**35699**	**56962**	**5991**

Chapter 2 – Summary

Unscheduled Care



Measure	Status		(Target)
Emergency Department 4 Hour Waits (inc MIU)	69.44%	↓	>= 95%
Emergency Department 12 Hour Waits	1,743	↓	0
Ambulance Handovers within 1 Hour	438	↓	0
Ambulance Response within 8 minutes	70.00%	↓	>= 65%
Out of Hours: Within 20 Minutes	79.00%	↓	>= 98%
Out of Hours within 60 Minutes*	None	N/A	>= 98%
Stroke Care: Admission within 4 Hours	53.20%	↑	>= 59.7%
Stroke Care: Review by consultant 24 Hours	79.80%	↓	>= 84.5%
Stroke Care: Access to Therapies	N/D	N/A	Improve
Delayed Transfers of Care (DToC): Non MH	86	↓	<= 70
Delayed Transfers of Care (DToC): MH	8	↑	<= 13

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

Integrated Quality and Performance Report
Finance & Performance Committee Version

April 2019

DFM 049	Percentage of OOH/111 patients prioritised as P1CH that started their definitive clincal assessment within 1 hour of the initial call being answered	Target >= 90%	Plan AP	Apr-19	79%	Status	↑	Wales Benchmark	4th	Executive Lead	Chris Stockport	Plan Ref	AP028
DFM 050	Percentage of OOH/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) base appointment seen within 1 hour following completion of their definitive clinical assessment	Target >= 90%	Plan AP	Apr-19	None	Status	N/A	Wales Benchmark	N/A	Executive Lead	Chris Stockport	Plan Ref	AP028

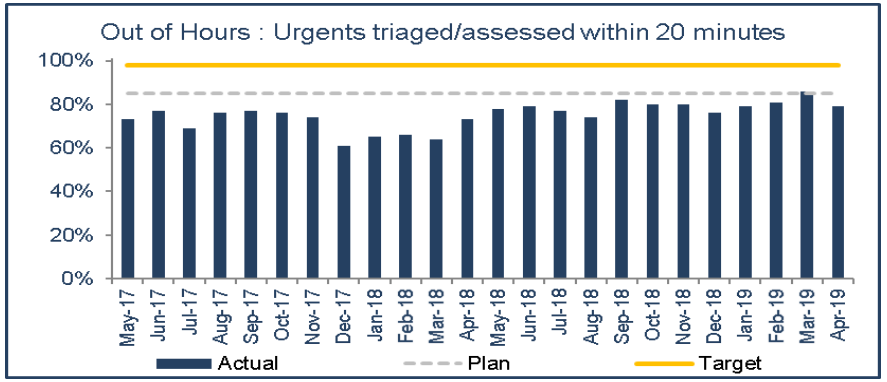
DFM055 Out of Hours: Urgent patients triaged/assessed within 20 minutes

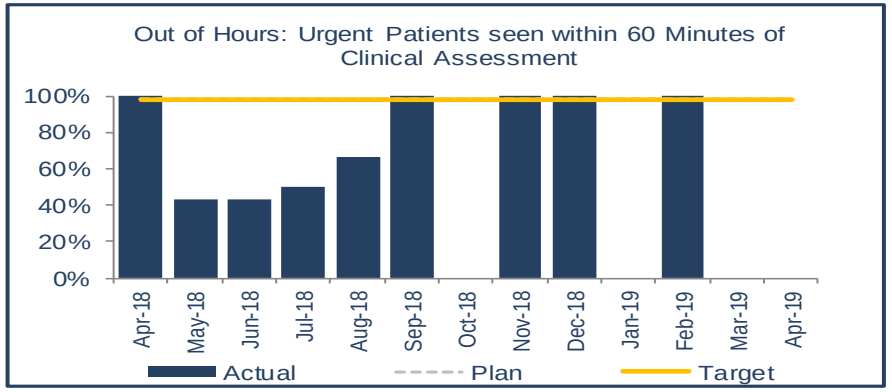
The GP OOH service received 12,508 calls in April 2019 compared to 11,715 calls in April 2018 – an increase of 793 calls (6.8%). 98% of triage nurse shifts were filled in April 2019 (compared to 99% in March 2019) and 79% of calls assessed as being URGENT were triaged within the 20 minutes performance standard compared to 86% in March 2019. We still have a few triage nurses that are relatively new to the service and we should therefore see an improvement in our performance against this standard over the next 3 months. We are currently carrying a vacancy of 0.83 wte Triage Nurses and adverts will be placed on NHS Jobs later this month.

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

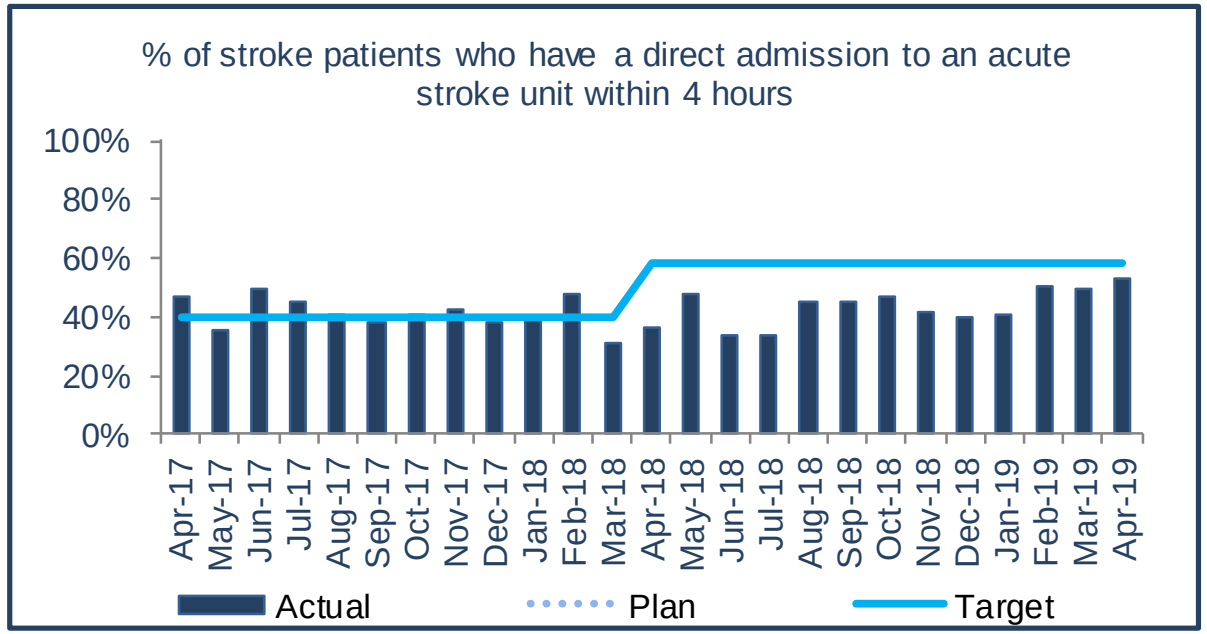
For the Month of April 2019:

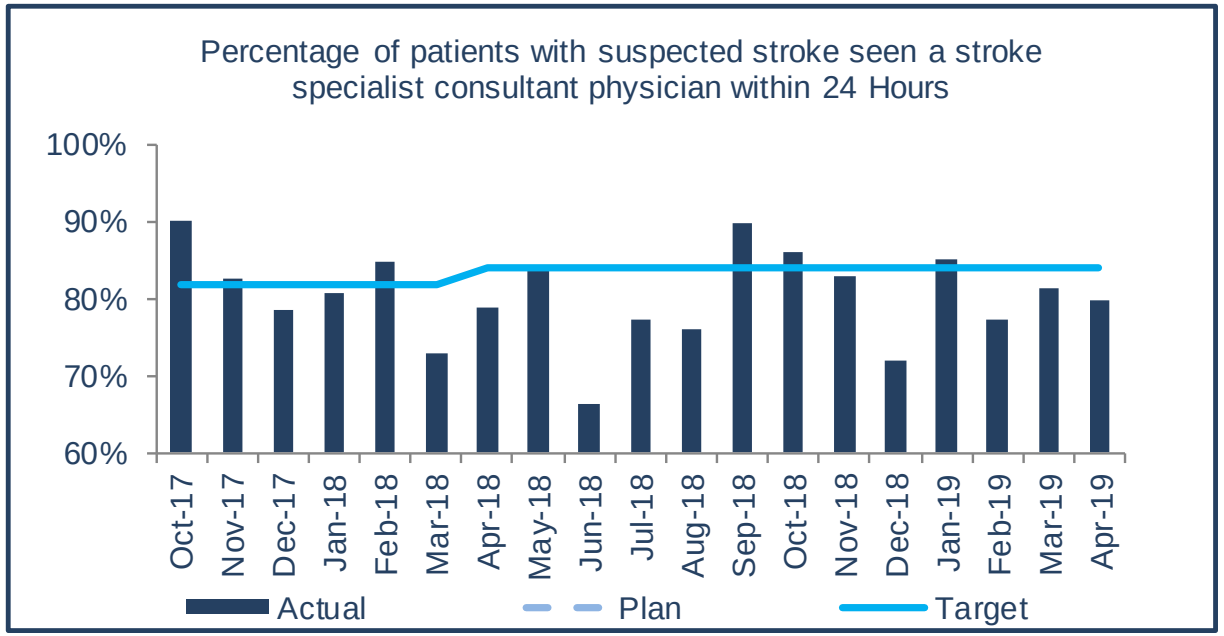
- There were no VERY URGENT (within 60 minutes) Base Appointments in April 2019.
- There were no VERY URGENT (within 60 minutes) Home Visit in April 2019





Stroke Care: Graphs





Stroke Care: Narrative

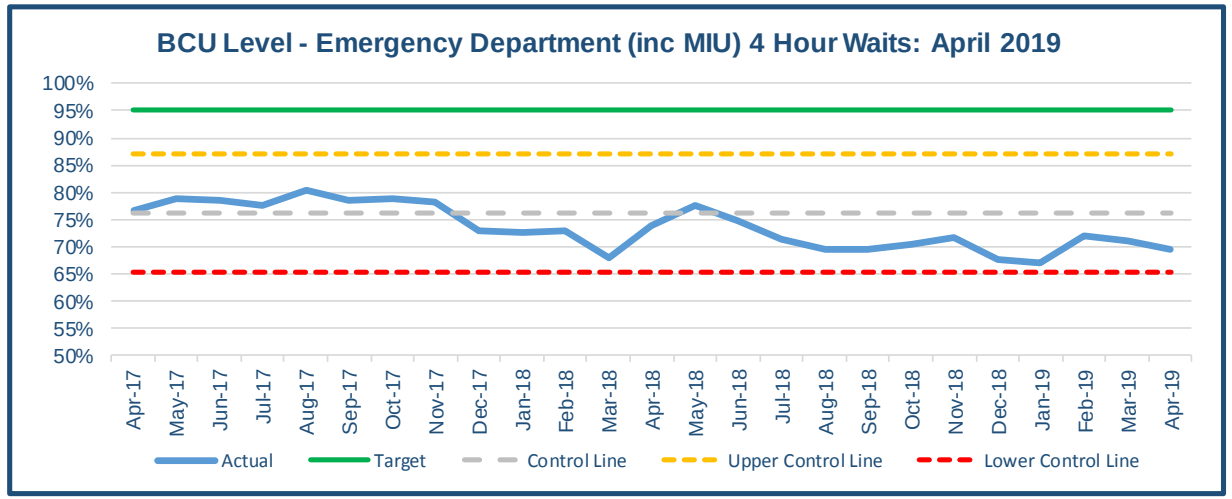
DFM 066	Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours of the patient's clock start time	Target >= UK Avg	Plan >= 50%	Apr-19	53.20%	Status	↑	Wales Benchmark	3rd	Executive Lead	Deborah Carter	Plan Ref	AP038
DFM 067	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	Target >= UK Avg	Plan >= 85%	Apr-19	79.80%	Status	↓	Wales Benchmark	3rd	Executive Lead	Deborah Carter	Plan Ref	AP038
DFM 068	Percentage of stroke patients receiving the required minutes for occupational therapy, physiotherapy, psychology and speech and language therapy	Target Improve	Plan AP	Apr-19		Status		Wales Benchmark		Executive Lead	Deborah Carter	Plan Ref	AP038

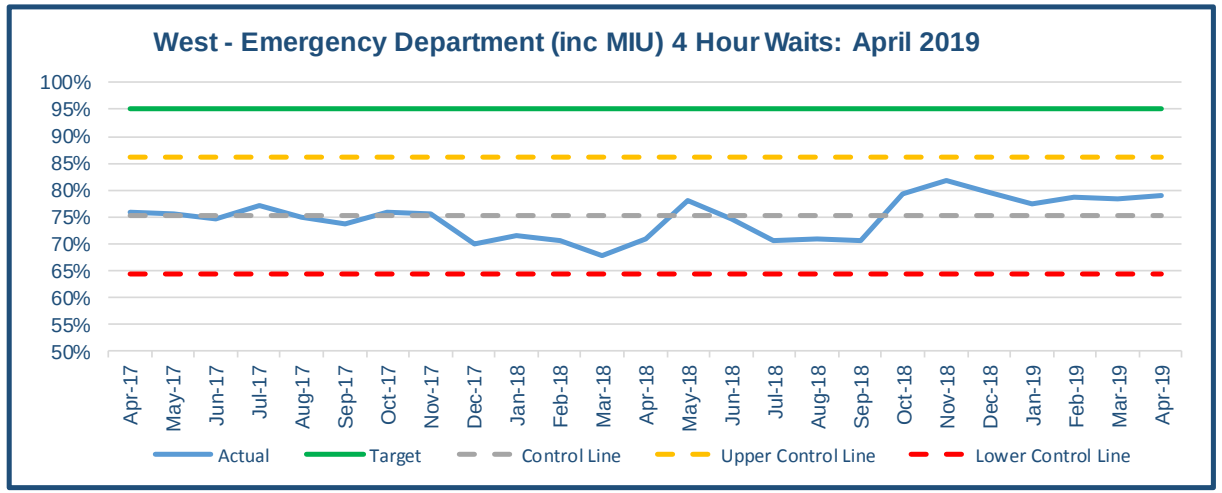
Actions

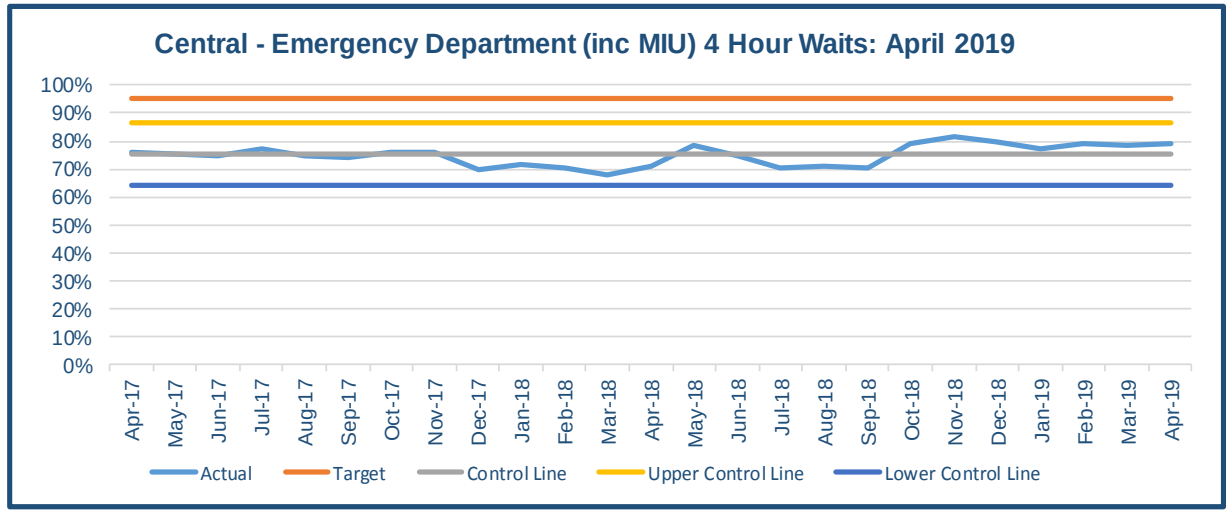
Acute Stroke Unit (ASU) has seen a small improvement in month again with the most significant in Ysbyty Gwynedd (YG) with a 22% improvement, a small improvement in Ysbyty Wrexham Maelor (YWM) although there were 3 weeks with a significant improvement and one week with a deterioration that affected the monthly figure and Ysbyty Glan Clwyd (YGC) showing a slight deterioration.

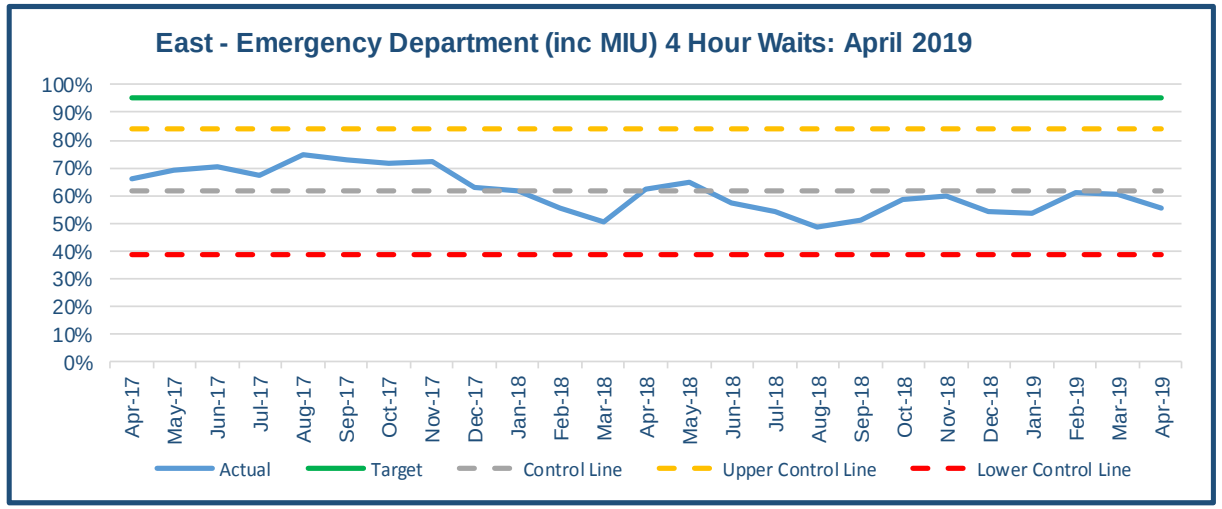
All Sites remain challenged with unscheduled care pressures and although the retention of the ring fenced beds is less on an issue, the late assessment of patients in Emergency Departments (EDs) and delayed referrals has impacted on the performance. Work continues on each site to make progress.

Consultant Assessment will fluctuate each month until additional resource is made available as the target can only be achieved when one of the Stroke Consultants is On Call at a weekend to support reviews of patients admitted at this time.


BCU Level - Emergency Department (inc MIU) 4 Hour Waits: April 2019
100%
95%
90%
85%
80%
75%
70%
65%
60%
55%
50%
Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 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 Jan-19 Feb-19 Mar-19 Apr-19
Actual
Target
Control Line
Upper Control Line
Lower Control Line


West - Emergency Department (inc MIU) 4 Hour Waits: April 2019
100%
95%
90%
85%
80%
75%
70%
65%
60%
55%
50%
Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 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 Jan-19 Feb-19 Mar-19 Apr-19
Actual
Target
Control Line
Upper Control Line
Lower Control Line


Central - Emergency Department (inc MIU) 4 Hour Waits: April 2019
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 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 Jan-19 Feb-19 Mar-19 Apr-19
Actual
Target
Control Line
Upper Control Line
Lower Control Line


East - Emergency Department (inc MIU) 4 Hour Waits: April 2019
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 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 Jan-19 Feb-19 Mar-19 Apr-19
Actual
Target
Control Line
Upper Control Line
Lower Control Line

ED & MIU 4Hour Waits: Narrative

DFM 072	The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Target >= 95%	Plan >= 74%	Apr-19	69.44%	Status	↓	Wales Benchmark	7th	Executive Lead	Deborah Carter	Plan Ref	AP033

Demand continued to increase in April 2019 compared to both March and April 2018 on all sites.

At Ysbyty Gwynedd (YG) 643 more patients presented to the Emergency Department (ED) in April 2019 compared to March 2019, and 470 more compared to April 2018. For 6 days in April 2019 the West Health Economy experienced attendances in excess of 250 per day, peaking at 291 on one day in particular. Our predicted demand range is from 120 to 145 per day. The West combined performance for April 2019 was 78.94% which is consistent with March 2019 and April 2018 performance.

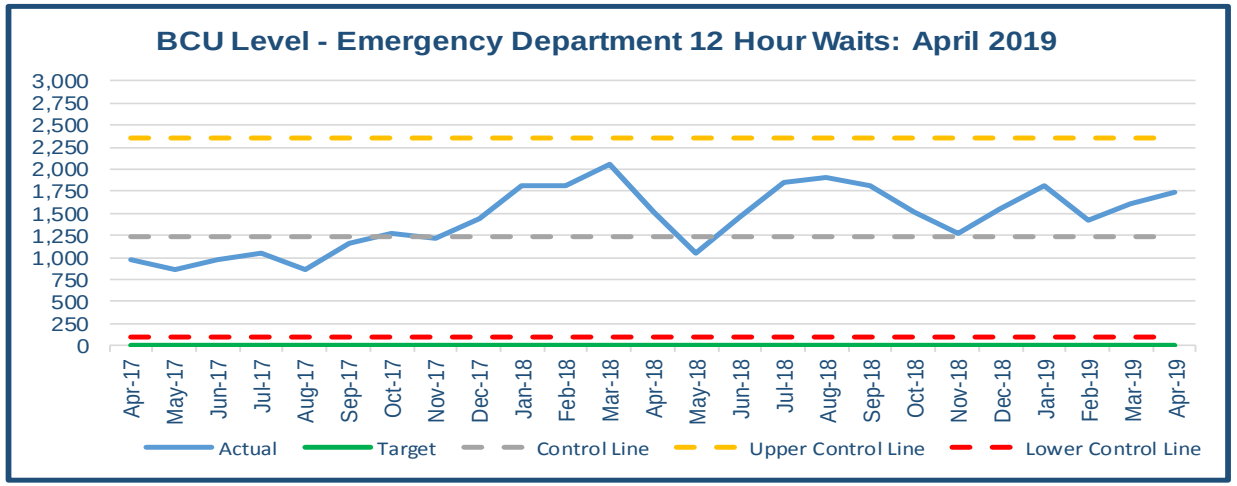
At Ysbyty Glan Clwyd (YGC) the combined April 4 hour performance 71.89% against a trajectory of 72%

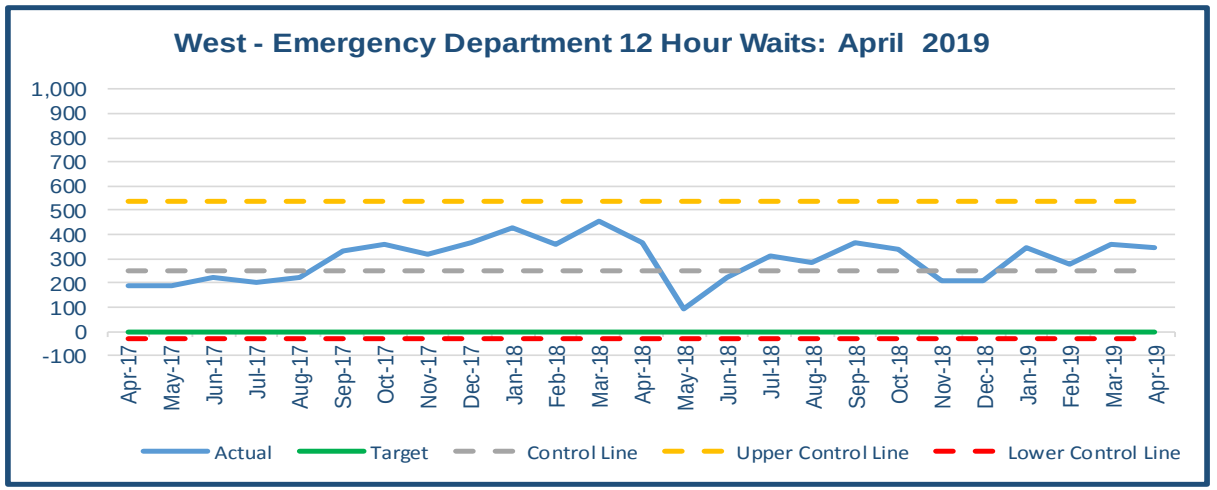
At Ysbyty Wrexham Maeulor (YWM) April 2019 has seen a deterioration in Emergency Department (ED) Type1 performance to 49.94%, with the best performing day with 61 breaches (64.74%). 15 days in April delivered 50% or less. One of the main reasons for breaches in April 2019 was delays in waiting to see an ED doctor. The Minor Injuries Unit (MIU) at Mold continues to see a slightly increased number of patients (daily average 23), however this is without a corresponding reduction in ED. The combined ED performance for April was 55.60% which is just over 5% less than February & March. On a positive note Ambulance handover continues to demonstrate improvement with a reduced daily average of 1.2 over 1 hour delays and

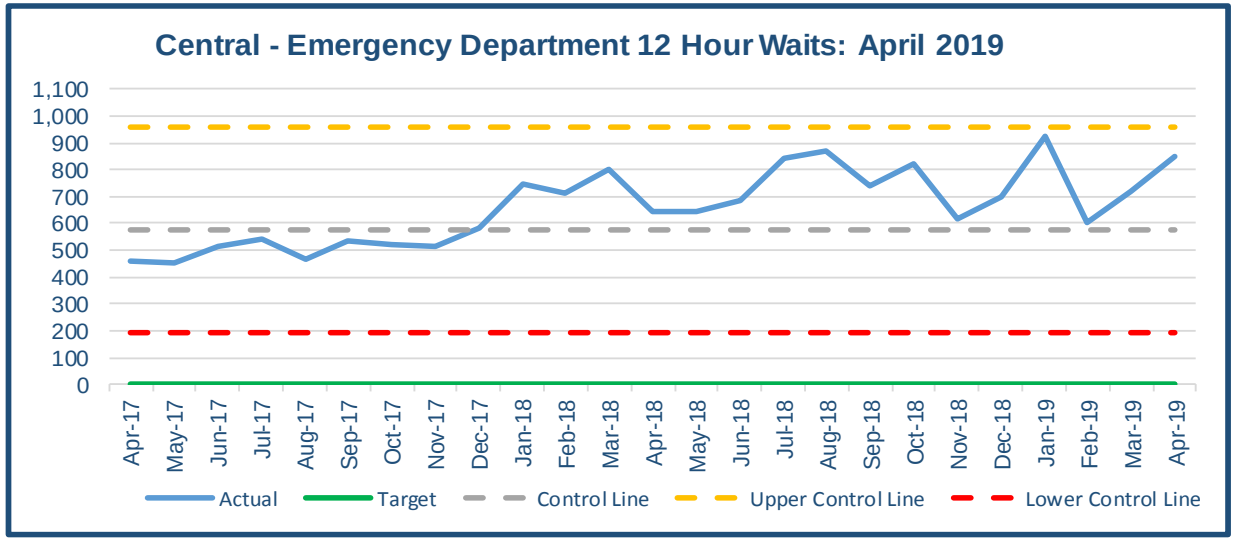
Actions
At YG the teams are currently carrying out reviews of every patient who left ED without being seen (LEDWBS), and ensuring that any lost cards across the month are located and validated, both for understanding any patient safety risks in the LEDWBS cohort, and to ensure that others have progressed through their care in a timely way.

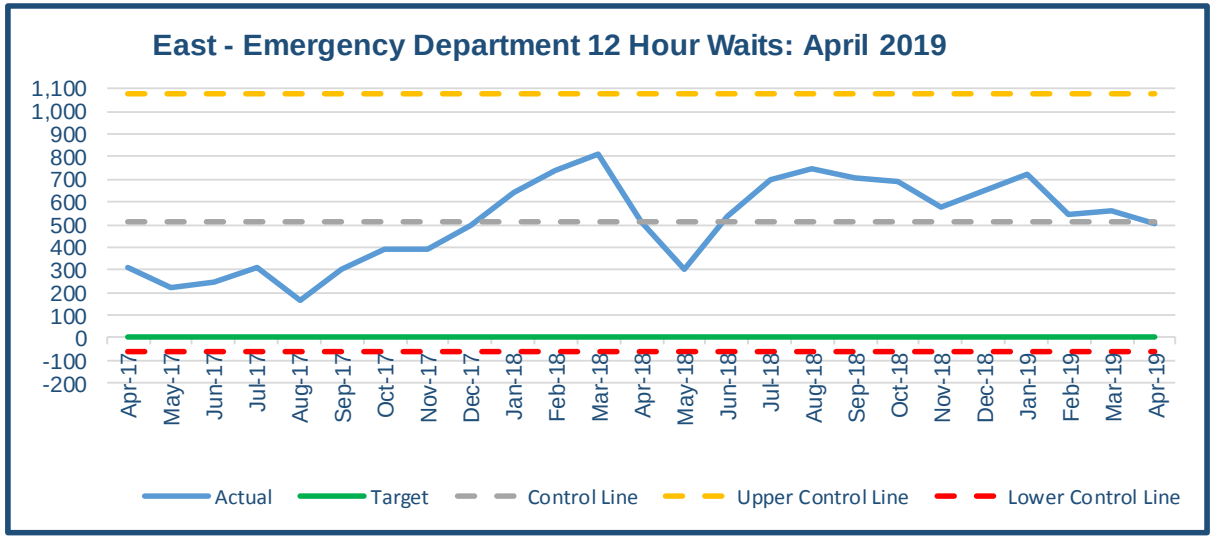
At YGC Phase 1 of the Same Day Emergency Care (Ambulatory Emergency Care) project has now been completed with a multidisciplinary workshop to be held on 1st May to agree the future model, identify Criteria for go live and actions required for go live (including quick wins/mission critical).

At Wrexham The three key elements of work required to improve flow continue. A focus on options for a local Wrexham MIU is being explored. Continued interim solutions to increase weekend reviews and discharges are being sought along with evaluation of impact for long term solutions. Executive support given to develop and introduce an ambulatory / acute medical model of care. Local conversations have been undertaken with the ED leadership team regarding short and medium term solutions to limiting the wait to be seen breaches. Further follow ups planned.


BCU Level - Emergency Department 12 Hour Waits: April 2019
3,000
2,750
2,500
2,250
2,000
1,750
1,500
1,250
1,000
750
500
250
0
Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 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 Jan-19 Feb-19 Mar-19 Apr-19
Actual
Target
Control Line
Upper Control Line
Lower Control Line


West - Emergency Department 12 Hour Waits: April 2019
1,000
900
800
700
600
500
400
300
200
100
0
-100
Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 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 Jan-19 Feb-19 Mar-19 Apr-19
Actual
Target
Control Line
Upper Control Line
Lower Control Line


Central - Emergency Department 12 Hour Waits: April 2019
1,100
1,000
900
800
700
600
500
400
300
200
100
0
Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 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 Jan-19 Feb-19 Mar-19 Apr-19
Actual
Target
Control Line
Upper Control Line
Lower Control Line


East - Emergency Department 12 Hour Waits: April 2019
1,100
1,000
900
800
700
600
500
400
300
200
100
0
-100
-200
Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 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 Jan-19 Feb-19 Mar-19 Apr-19
Actual
Target
Control Line
Upper Control Line
Lower Control Line

ED 12 Hour Breaches: Narrative

DFM 073	The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Target 0	Plan AP	Apr-19	1,743	Status	↓	Wales Benchmark	7th	Executive Lead	Deborah Carter	Plan Ref	AP033

Ysbyty Gwynedd (YG) had a deteriorated position for patients delayed in the Emergency Department (ED) for 12 hours or more. 346 patients were delayed in April 2019 compared to 340 in March 2019. This is, however an improvement on April 2018 where 364 patients were held in ED for 12 hours or more. The increase in numbers for April 2019, taken in the context of the significant increase of attendances does describe an improved percentage performance for this quality measure. However, the site recognises that actual numbers must be the focus as any delay impacts significantly on patients and their care, this is even more so for delays of 12 hours or more.

Ysbyty Glan Clwyd (YGC) also had a deterioration in the numbers of patients waiting over 12 hours within their ED.

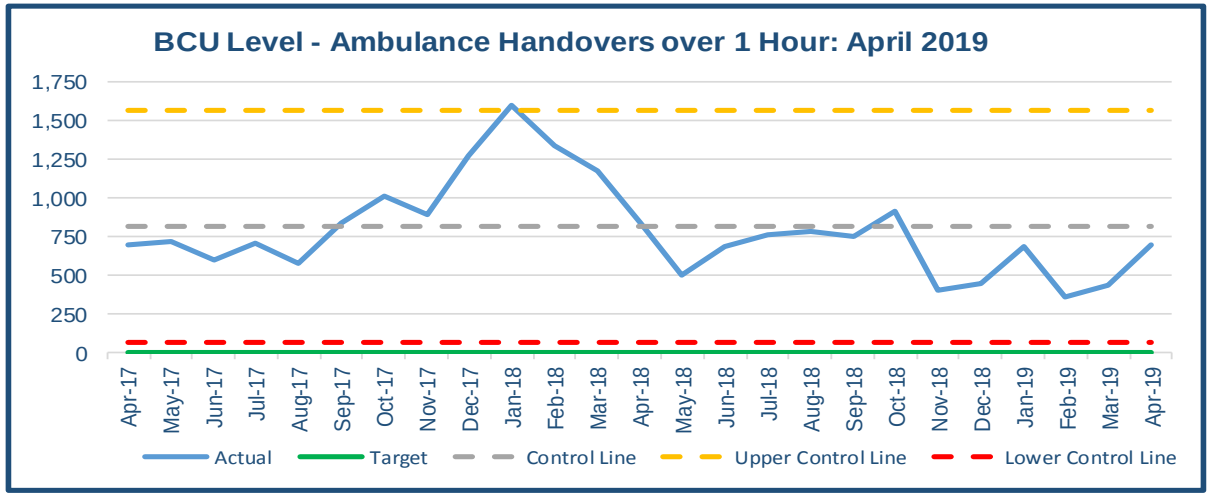
Wrexham ED waits over 24 hours reduced to a daily average of 4.5 from 7.8 in March following the introduction of a zero tolerance to 24 hour waits for patients.

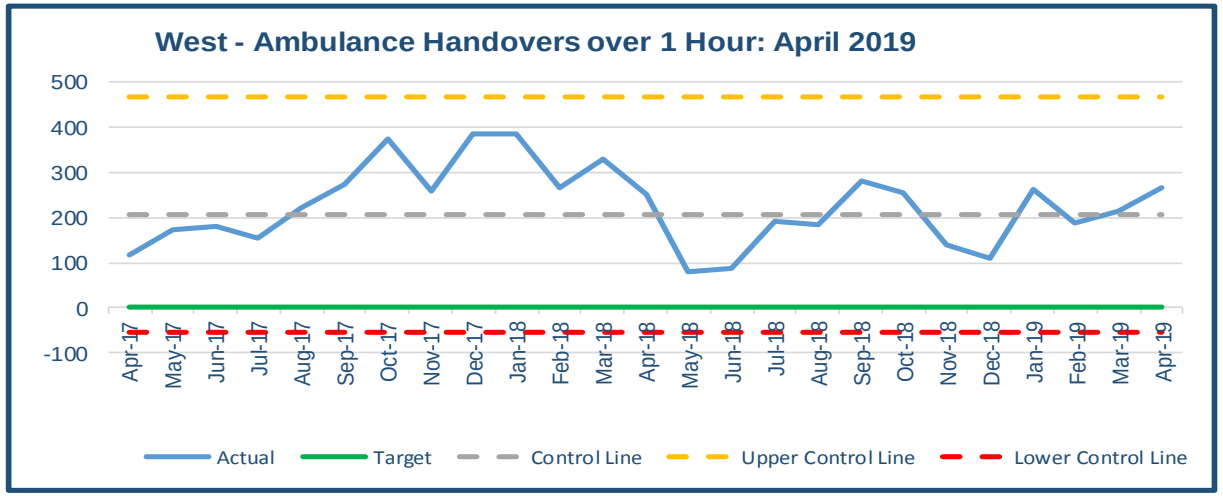
Actions

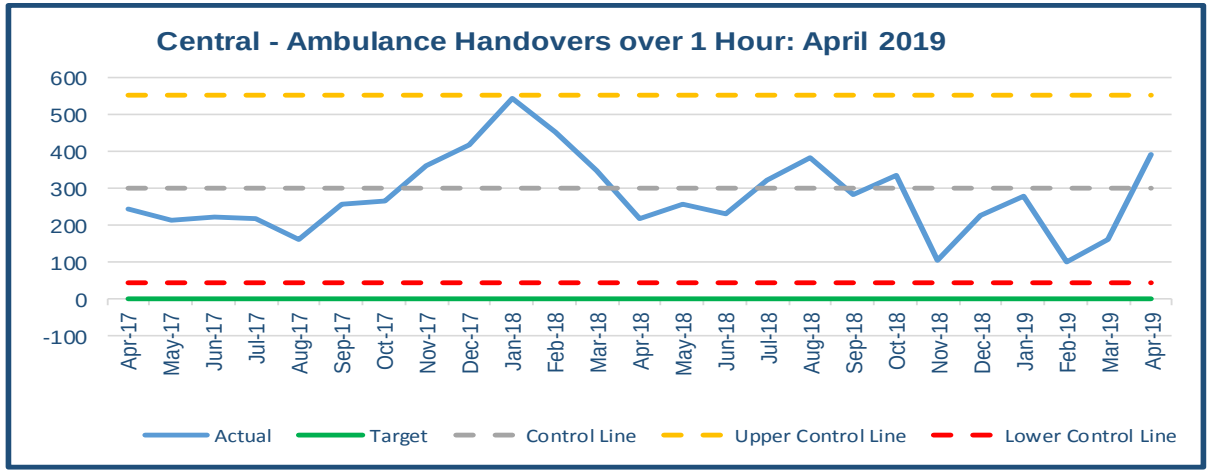
At YG the site has a continued drive to maximise the site command and control processes, and work is ongoing across the system to improve timely discharge and management of patients who are delayed after their acute care is concluded.

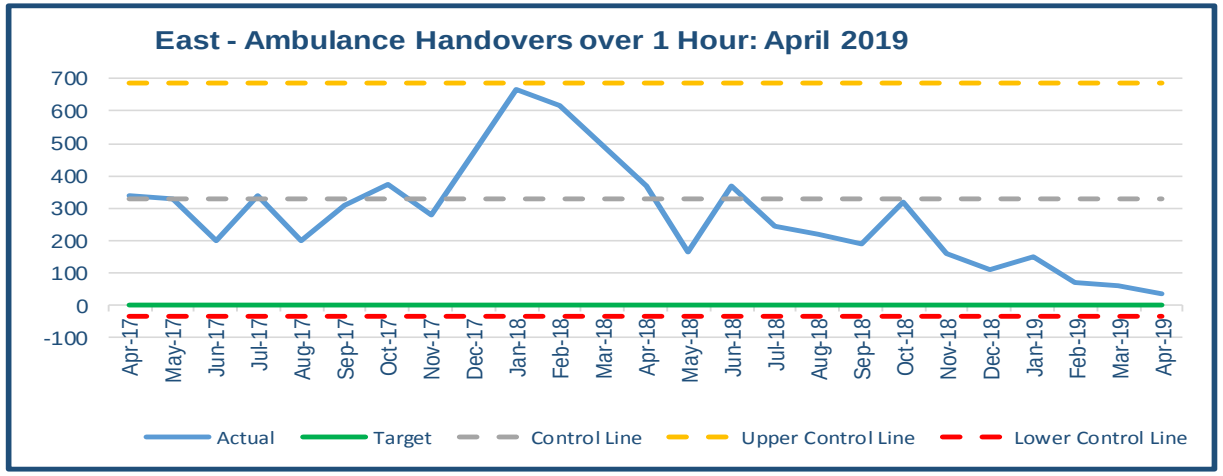
At YGC they will be improving the reporting of breaches to enable real time performance management focus on children and young people breaches, specialty response times and 12 hour breaches. Systems will be in place to enable daily deep dive analysis from 1st June 2019. Reducing 12 hour non admitted breaches will be a key outcome of the implementation of same day emergency care. Specifically for children and young people breaches, a ‘deep dive’ of April breaches is being undertaken jointly by ED and Paediatric nursing to gain a full understanding of the reasons for a sudden increase in the average daily breaches from 1 to 4. This ‘deep dive’ will be completed by 17th May . In addition, a review with the Paediatrics team will explore the feasibility of a Paediatric Assessment Unit to deliver zero tolerance of children and young people breaches.

At Ysbyty Wrexham Maelor (YWM) they will continue with a Zero Tolerance approach to any patients waiting within ED for more than 24hrs. The expectation of Datix (Incident Reporting System) and harm reviews for these patients is supporting cultural change and focussing attention.


BCU Level - Ambulance Handovers over 1 Hour: April 2019
1,750
1,500
1,250
1,000
750
500
250
0
Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 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 Jan-19 Feb-19 Mar-19 Apr-19
Actual
Target
Control Line
Upper Control Line
Lower Control Line


West - Ambulance Handovers over 1 Hour: April 2019
500
400
300
200
100
0
-100
Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 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 Jan-19 Feb-19 Mar-19 Apr-19
Actual
Target
Control Line
Upper Control Line
Lower Control Line


Central - Ambulance Handovers over 1 Hour: April 2019
600
500
400
300
200
100
0
-100
Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 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 Jan-19 Feb-19 Mar-19 Apr-19
Actual
Target
Control Line
Upper Control Line
Lower Control Line


East - Ambulance Handovers over 1 Hour: April 2019
700
600
500
400
300
200
100
0
-100
Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 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 Jan-19 Feb-19 Mar-19 Apr-19
Actual
Target
Control Line
Upper Control Line
Lower Control Line

Ambulance Handovers: Narrative

DFM 070	The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Target >= 65%	Plan >= 65%	Apr-19	70.00%	Status	↓	Wales Benchmark	4th	Executive Lead	Deborah Carter	Plan Ref	AP029
DFM 071	Number of ambulance handovers over one hour	Target 0	Plan 540	Apr-19	696	Status	↓	Wales Benchmark	5th	Executive Lead	Deborah Carter	Plan Ref	AP029

In Ysbyty Gwynedd (YG) the site experienced an increase of the number of patients delayed in an ambulance for 60 minutes or more at the point of handover. 268 patients were delayed compared to 213 in March. This is despite the number of ambulances arriving at ED being less in April than in March (1,417 in April v's 1,477 in March).

However, the site experienced significantly greater numbers of patients self presenting, many of whom with high acuity and requiring rapid transfer to a Majors area. This resulted in some patients arriving by ambulance who presented with less clinical urgency being delayed at the point of offloading.

In Ysbyty Glan Clwyd (YGC) the number of 60 minute handover delays increased in April following improvement in the last quarter of 18/19. Increased acuity and impact on length of stay were factors affecting the site's ability to ensure timely handover of ambulances.

Actions

At YG work has been done to risk assess the possibility of corridor nursing in Emergency Department (ED) when the department is full and unable to offer timely offload and patient handover. Whilst the department continues to be in the midst of major building work, corridor nursing presents a significant challenge, however, this has been agreed as a temporary solution during time of extreme pressure.

At YGC the START project (ED Streaming, Triage, Ambulance assessment, Rapid treatment, Team coordination) will be implemented in parallel with Phase 2 of the Same Day Emergency Care project (SDEC), as both projects are interdependent. The START model will be delivered by a multidisciplinary team which will be consultant led. They have agreed with WAST to conduct a snap shot audit of ambulance arrivals at YGC ED to establish if patients could have received care form an alternative care pathway. There has now also been agreement with Welsh Ambulance NHS Trust (WAST) to share data across the patient journey to help identify new care pathways or gaps in current clinical care pathways. The protocol for immediate release when required as part of the ambulance handover policy will be reinforced with frontline staff.

At Ysbyty Wrexham Maelor (YWM) they continue with a Zero Tolerance approach to any ambulance handover of more than 1 hour. Like the waits over 24 hours the expectation of Datix (Incident Reporting System) and harm reviews for these patients is supporting cultural change and focussing attention. The sustained improvement has continued month on month and learning from this is being shared across the system.

Chapter 2 – Unscheduled Care Delayed Transfers of Care

DFM 025	Number of health board mental health delayed transfer of care	Target Reduce	Plan 13	Apr-19	8	Status	↑	Wales Benchmark	1st	Executive Lead	Andy Roach	Plan Ref	AP031
DFM 026	Number of health board non mental health delayed transfer of care	Target Reduce	Plan AP	Apr-19	86	Status	↓	Wales Benchmark	*	Executive Lead	Deborah Carter	Plan Ref	AP037

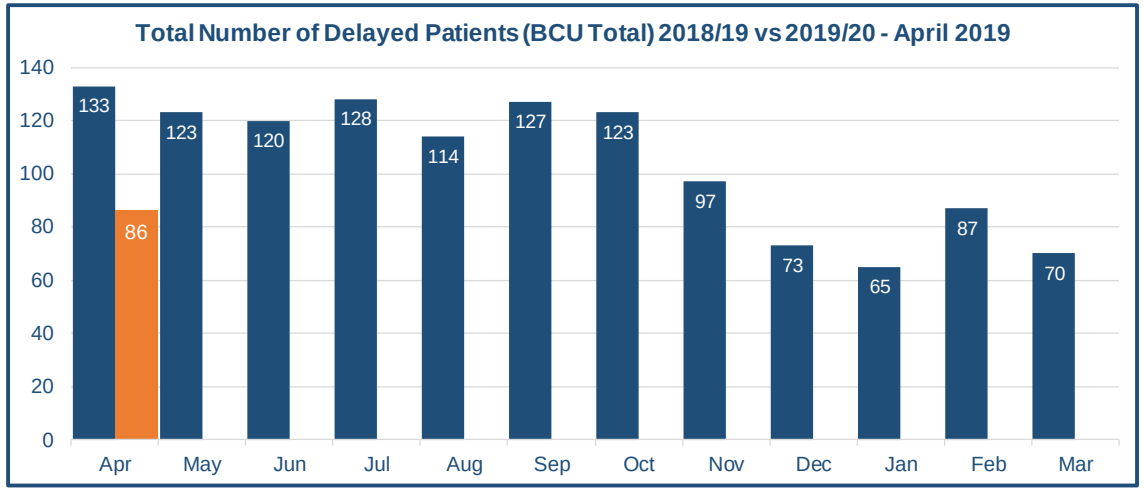
The majority of delays in the acute and community are due to placement and package of care;-

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

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

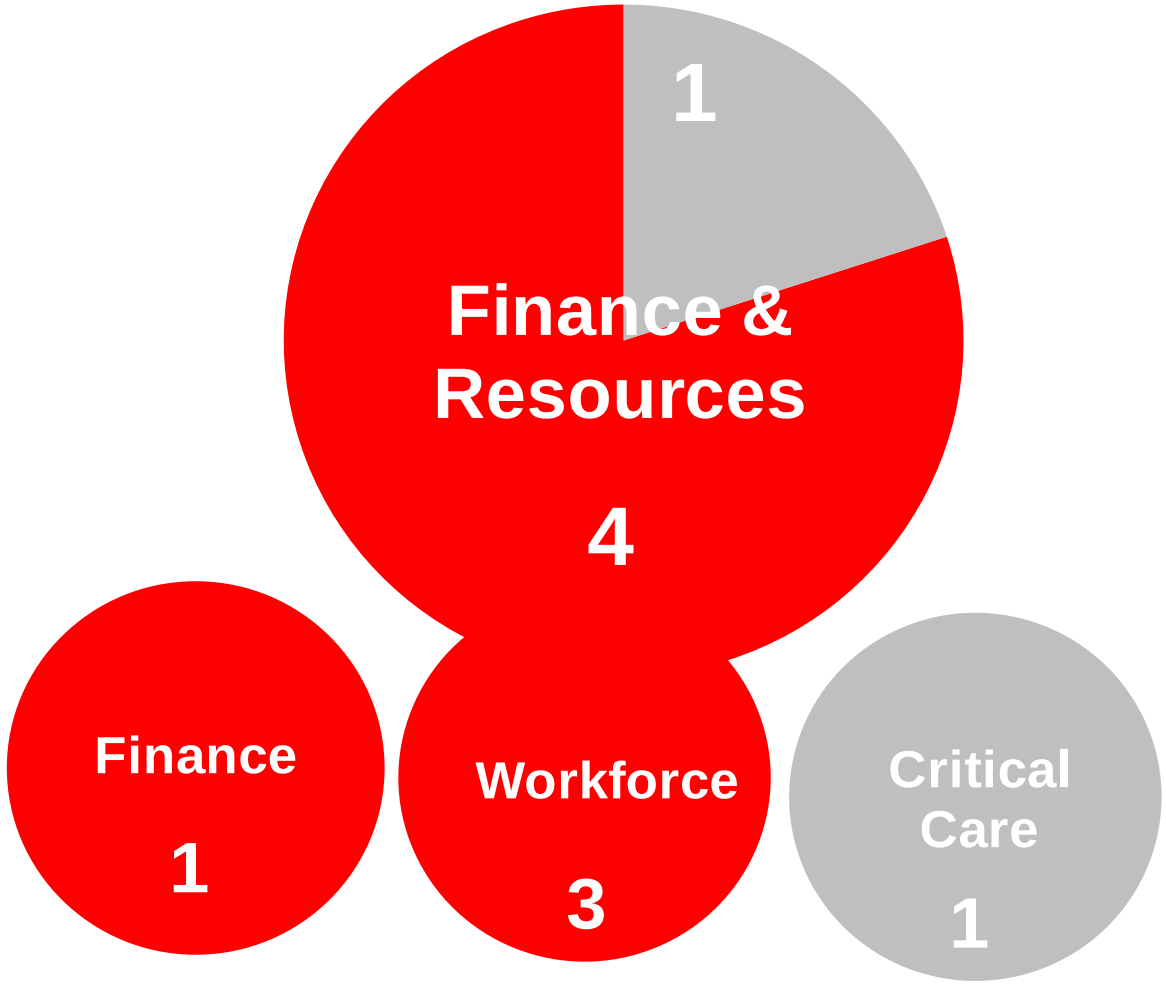
All above to Improve accuracy and early identification of potential DToC to decrease numbers and length of stay

To improve early identification of training needs and competency



Chapter 3 – Summary

Finance & Workforce



Measure	Status		(Target)
Finance: Agency & Locum Spend	£2.6m	↑	<= £2.8m
Sikness absence rates (% Rolling 12 months)	4.92%	↑	<= 4.50%
Mandatory Training (Level 1) Rate (%)	84.1%	↑	>= 85%
PADR Rate (%)	66.9%	↓	>= 85%
Critical Care Beddays Lost to DToC	N/D	N/A	Improve

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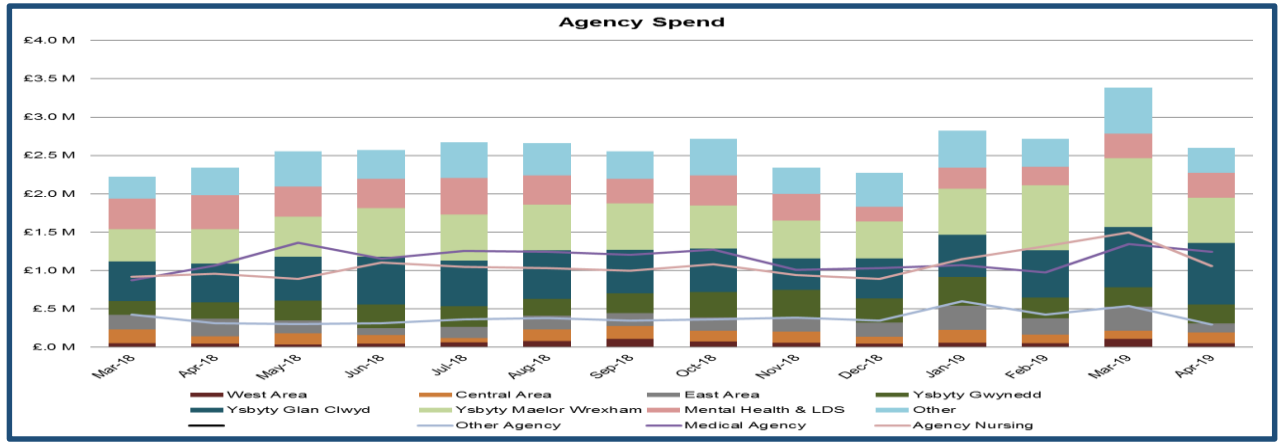
Agency and Locum Spend

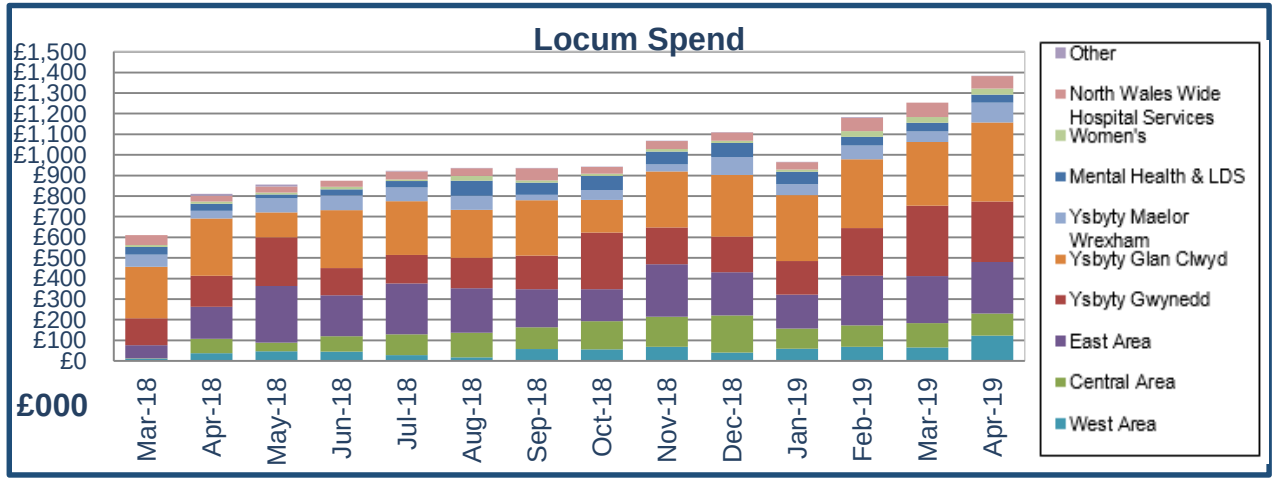
LM00 1F	Cost of Agency & Locum spend within Month	Target TBA	Plan AP	Apr-19	£2.6m	Status	↑	Wales Benchmark	N/A	Executive Lead	Sue Green	Plan Ref	NIP

Agency spend for all staff groups in April 19 was lower than the previous 3 months at £2.6 m.
Medical and Dental agency increased slightly with increased spend in Area teams and YGC. Nursing agency spend reduced slightly from £1..4m in March to £1m.
Internal Locum costs however continued to rise, in part this is due to new managed practices coming into the Health Board., increased demand in ED, a low supply of agency doctors in some areas and increased activity in March which has come through in April's returns.

Actions and outcomes
Existing Improvement projects are being reviewed and actions accelerated under the Grip and control delivery plan with PWC. These actions include enhanced controls together with actions to improve utilisation of internal capacity to reduce premium rate spend.
Actions to quantify additional resource required to deliver planned care will provide greater transparency re planned and avoidable variable pay spend.
Continued reduction in premium rate and increased controls of internal base rate spend should demonstrate reduced spend and greater value for money.

Timescales
The majority of actions in the Grip and Control delivery plan are due to be in place by end of quarter 1.





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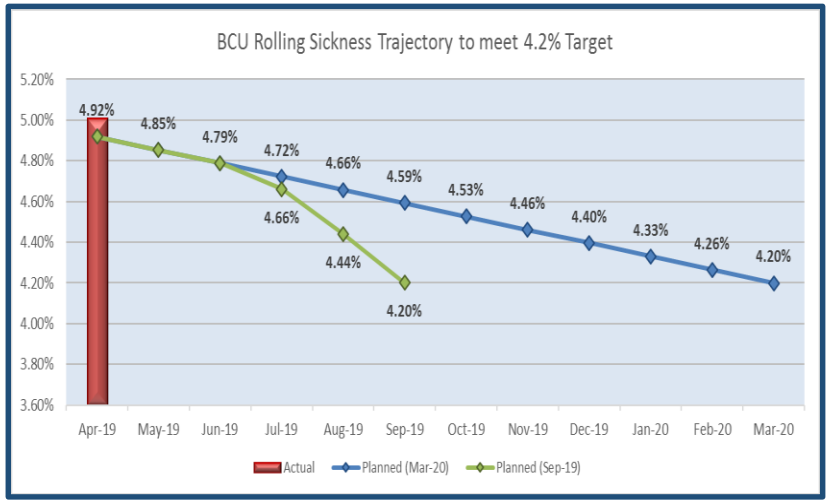
Sickness Absence

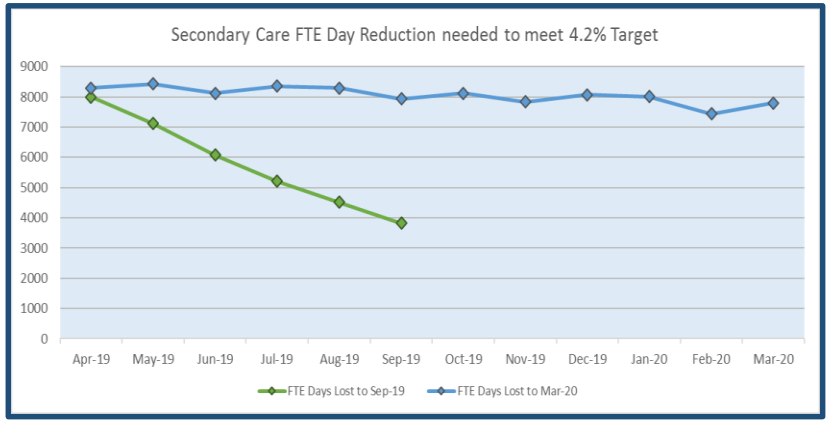
DFM 091	Percentage of sickness absence rate of staff	Target TBC by WG	Plan AP	Apr-19	4.92%	Status	↑	Wales Benchmark	3rd	Executive Lead	Sue Green	Plan Ref	AP043

Rolling 12 month sickness performance for April was 4.92%.
In order to deliver the 4.2% target for sickness absence by the end of September 2019, absence levels would need to improve dramatically. This is required to compensate for the higher than target levels from October 2018 to March 2019.
The scale of the challenge for the next 4 months is demonstrated in the Secondary Care example which details the improvements needed to meet the September 2019 target.
At this stage, the likelihood of achieving this in the current context is low. As such, trajectories have been modelled to achieve a sustainable performance level of no greater than 4.2% by March 2020.

Actions and Outcomes

Divisional performance trajectories have been developed and have been communicated to divisional leadership teams.
Improvement trajectories have been developed for Stress, MSK, Accidents and long term sickness.
A range of actions are underway including:
Analysis of the 209 staff who have been off work for more than 4 months and appropriate action required;
Analysis the 1182 staff who have been off work on 4 or more occasions within the last 12 months and appropriate action required
MSK remains the second major cause of absence. Detailed analysis of this group and themes is underway in order to focus resources in areas of greatest impact;
Stress - Following introduction of 200 local level mental wellbeing champions evaluation complete and subject to review to identify key actions;
Rapid access – Processes to access drug & alcohol services reviewed. Access to specialist services such as orthopaedics, pain clinic & rheumatology established. Ongoing discussion with mental health colleagues to review access to CPN services.





PADR (Appraisals)

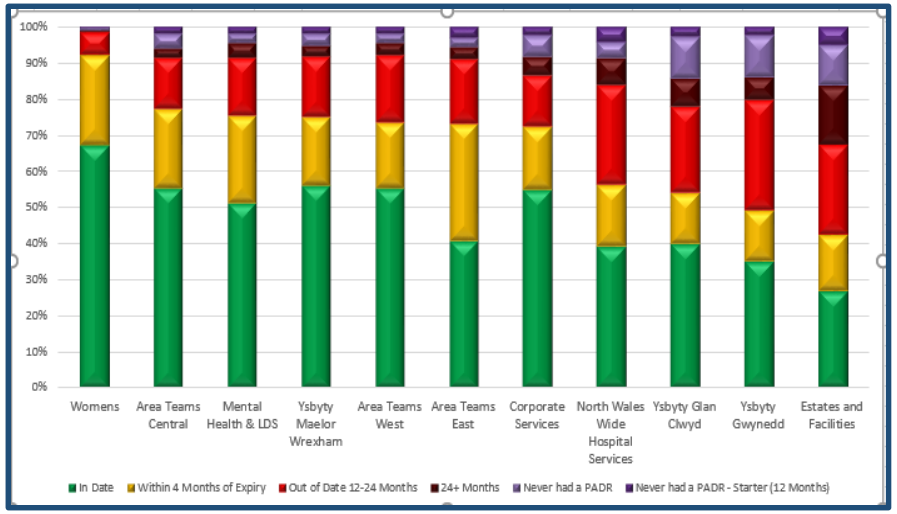
DFM 087	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Target >= 85%	Plan >= 70%	Apr-19	66.90%	Status	↓	Wales Benchmark	5th	Executive Lead	Sue Green	Plan Ref	AP046

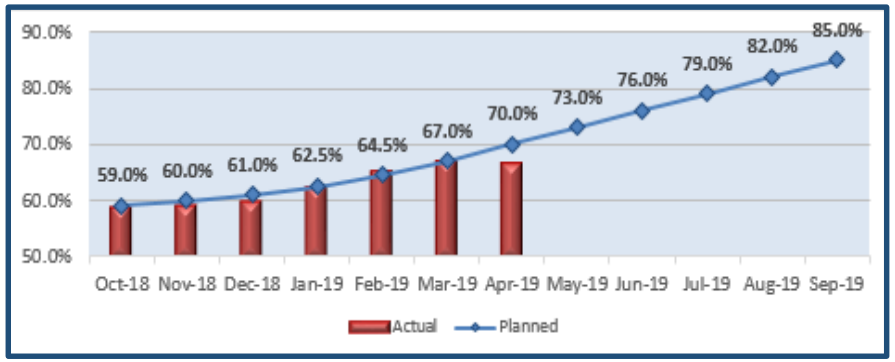
PADR compliance this month has not seen an improvement as expected and seen in previous months. Compliance for April is at 66.9% seeing a decrease of 0.2% since March. Whilst the overall organisational compliance has not improved, we have still seen significant improvements in some Corporate Divisions such as Public Health Executive, Project Monitoring Office and Chief Executive.

Actions: Each Division to be contacted where compliance is showing a decrease to offer additional support to target the highest areas of non-compliance within their Divisions.
Each Division performing below their monthly trajectory target to be contacted to discuss their Improvement plan and urgent remedial actions to bring performance back in line with the planned trajectory
Target Ward Managers and Matrons to encourage the use of Group PADR and highlight how best to tackle ESR issues via the FAQ documents.
Provide direct support to Director of Estates & Facilities to discuss key performance data and information to enable the implementation of their Divisional Improvement Plan.

Outcomes: Highlighting the highest areas of non-compliance on a regular basis ensures managers can target supervisors in order that corrective action can be taken.
Supporting ward managers and matrons with group PADR will support longer term sustainability and quality of PADR
Providing direct support at Director level ensures accountability for compliance is cascaded through senior management structures in order to improve compliance

Timelines: All Divisions will refresh their local 2019/20 PADR Improvement Plan which demonstrates how they will meet the 85% compliance target by September 2019





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Mandatory Training

DFM 090	Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	Target >= 85%	Plan >= 84%	Apr-19	84.10%	Status	↑	Wales Benchmark	1st	Executive Lead	Sue Green	Plan Ref	AP046

The Performance in April 2019 for Mandatory Training Compliance identified an increase of 0.1% for level 1 with the current level being 84.1%, level 2 training remains at 74%.

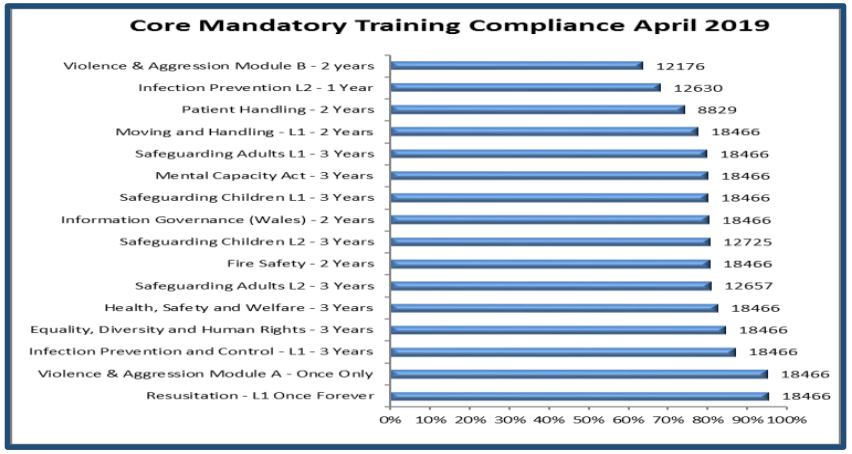
Actions:

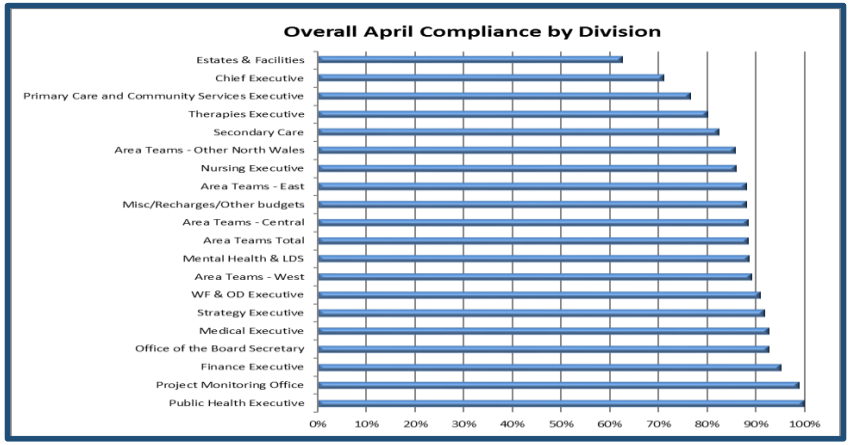
- Identify the reason for no increase in level 1 compliance for a consecutive month for Safeguarding Children and Load Handling by conducting a full review of the provision, attendance records and 'did not attend' rates, including discussion with the subject leads.
- Following identification of staff who show as below a 50% compliance, discuss with Subject Matter Experts (SME's) if staff can use prior learning elsewhere as compliance with the All Wales Standards.
- Investigate training methodologies to support Medical & Dental staff to increase their overall compliance

Outcomes:

- Identifying lack of increase for consecutive months in compliance with subject leads will highlight to divisions/departments & specific areas that further improvement is required in order to obtain an increase.
- Updating SME's with training information previously acquired which can be recognised as acceptable training compliance within BCUHB will improve both individual & staff group compliance, hence support reaching the organisational target.
- Ensuring staff within Medical and Dental can access appropriate training methodologies will support the achievement of the compliance target

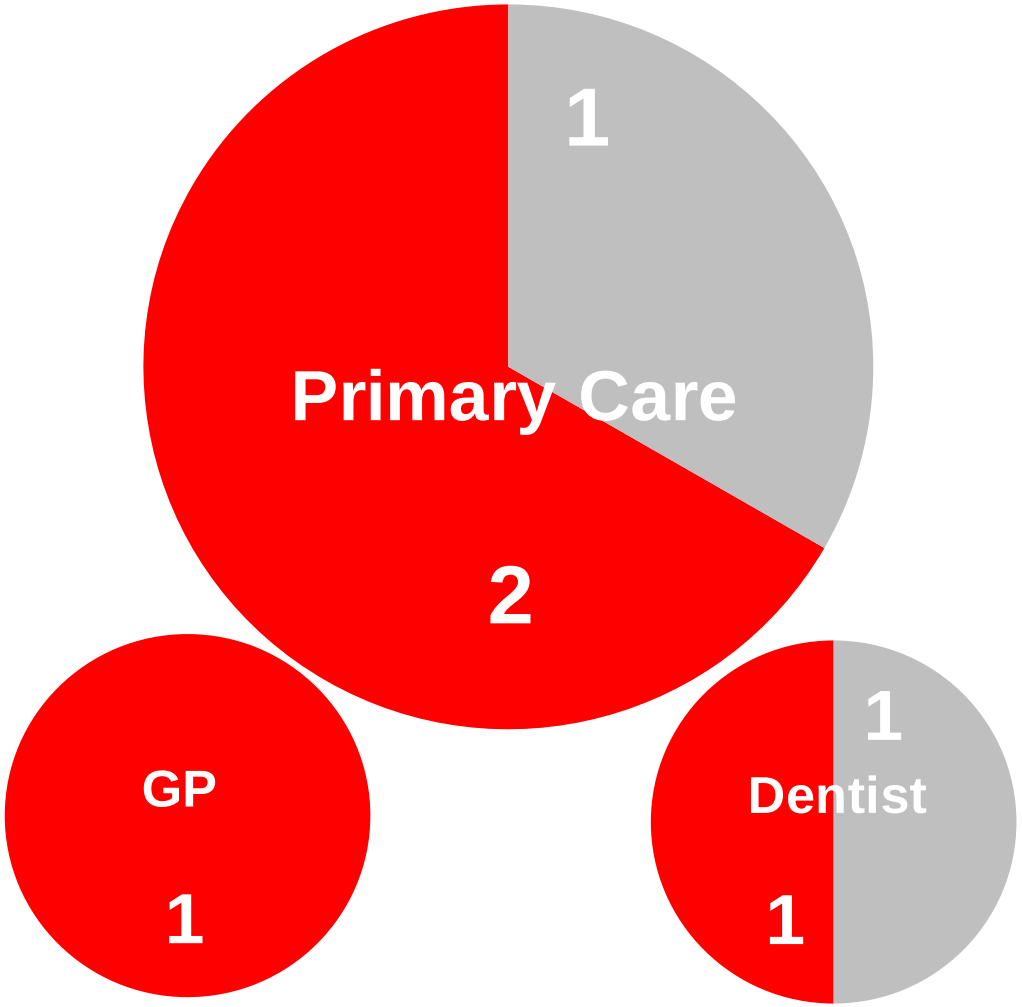
Timelines: With amendments to the Improvement Plan especially in terms of reviewing previously acquired training information, class attendance records along with further reviewing of areas of poor compliance, we anticipate being at the 84.5% target rate for level 1 training by the end of June 2019.





Chapter 4 – Summary

Primary Care



Measure	Status		(Target)
GP Practice Open 5pm to 6.30pm	66.00%	↓	>= 99%
Access to NHS Dentist	49.41%	↓	>= 54%
Dentist Follow Up	N/D	N/A	Reduce

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Chapter 4 – Primary Care Measures

DFM 048	Percentage of GP practices offering daily appointments between 17:00 and 18:30 hours	Target Improve	Plan AP	Apr-19		Status		Wales Benchmark		Executive Lead	Chris Stockport	Plan Ref	AP013
DFM 051	Percentage of the health board population regularly accessing NHS primary dental care	Target Improve	Plan AP	Apr-19	49.29%	Status	↓	Wales Benchmark	6th	Executive Lead	Chris Stockport	Plan Ref	AP007
DFM 086	Percentage of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Target Reduce	Plan AP	Apr-19		Status	*	Wales Benchmark	*	Executive Lead	Chris Stockport	Plan Ref	AP007

Appendix A: Further Information

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

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

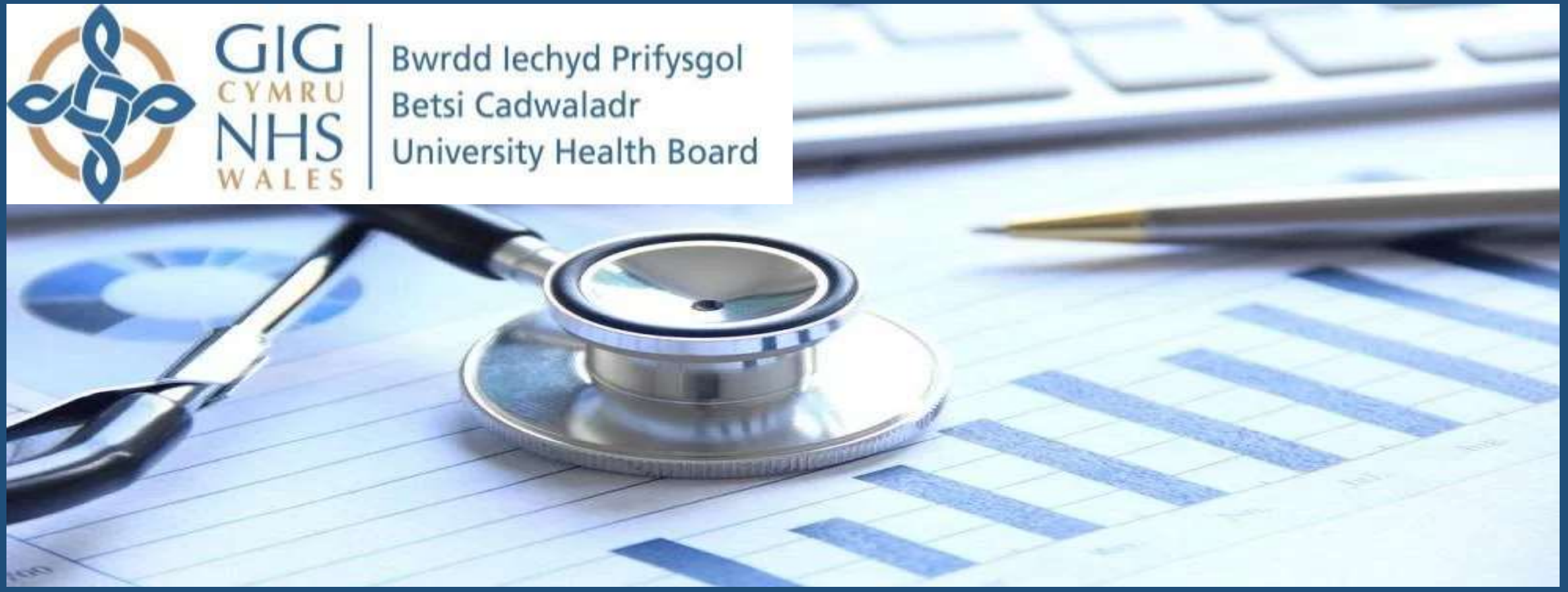
Further information on our performance can be found online at:

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

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

follow @bcuhb
http://www.facebook.com/bcuhealthboard

Three Year Outlook and 2019/20 Annual Plan: Monitoring of Progress against Actions



April 2019

About this Report

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

The ratings have been self assessed by the relevant lead executive director. All the ratings have been reviewed and approved by the executive team. Consideration will be given as to how assurance on progress can be provided on a periodic basis.

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

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

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

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

April 2019

Programme Health Improvement & Health Inequalities

Actions	Exec Lead	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Partnership plan for children progressed with a strong focus on Adverse Childhood Experiences	PH	*											
Implement the Together for Children and Young People Change Programme	PC&C	A											
Delivery of ICAN campaign promoting mental well-being across North Wales communities	MH&LD	G											
Further develop strong internal and external partnerships with focus on tackling inequalities	PC&C	G											
Healthy weight services increased	PH	G											
Explore community pharmacy to deliver new lifestyle change opportunies	PH	G											
Improve outcomes in first 1000 days programmes	PH	G											
Further develop strong internal and external partnerships with focus on tackling inequalities	PH	G											
Implement Year Three of Quality Improvement Strategy	N&M	G											

RAG	Every Month End
Red	Off track, serious risk of, or will not be achieved
Amber	Achievement as forecast; work has commenced; some risks being actively managed
Green	On track for achievement, no real concerns
Purple	Achieved

Three Year Outlook and 2019/20 Annual Plan

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

April 2019

Programme Care Closer to Home

Actions	Exec Leads	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Model for health & well-being centres created with partners, based around a 'home first' ethos	PC&C												
Develop and implement plans to support Primary care sustainability	PC&C	*											
Implementation of RPB Learning Disability strategy	PC&C	*											
Define and put in place Model for integrated Primary and Community Care Academy (PACCA) to support GP practices under greatest pressure	PC&C	A											
Model for health & well-being centres created with partners, based around a 'home first' ethos	PC&C	A											
Establish a local Gender Identity Team	PC&C	A											
Implementation of RPB Learning Disability strategy	MH&LD	G											
Establish framework for assessment for CHC and individual packages of care for people with mental health needs or learning disabilities	MH&LD	G											
Put in place agreed model for integrated leadership of clusters in at least three clusters, evaluate and develop plan for scaling up	PC&C	G											
Put in place Community Resource Team maturity matrix and support to progress each CRT	PC&C	G											
Work through the RPB to deliver Transformational Fund bid	PC&C	G											
Plan and deliver digitally enabled transformation of community care	PC&C	G											
Develop and Implement a Social prescribing model for North Wales	PC&C	G											

RAG	Every Month End
Red	Off track, serious risk of, or will not be achieved
Amber	Achievement as forecast; work has commenced; some risks being actively managed
Green	On track for achievement, no real concerns
Purple	Achieved

Three Year Outlook and 2019/20 Annual Plan

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

April 2019

Programme Planned Care

Actions	Exec Lead	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Implement the new Single cancer pathway across North Wales	T&HS	A											
Develop Rehabilitation model for people with Mental Health or Learning Disability	MH&LD	*											
Fully realise the benefits of the newly established SURNICC service	PH	*											
Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	MD	A											
Stroke Services	MD	A											
Systematic review and plans developed to address service sustainability for all planned care specialties. Implement year one plans for example Endoscopy, Rheumatology, Gynaecology	N&M, T&HS, MD	G											
Rheumatology service review	PC&C	G											
Implement preferred service model for acute urology services	MD	G											
Business case, implementation plan and commencement of enabling works for Orthopaedics (refer to estates section/ plan)	MD	G											
Centralisation of complex vascular surgery services supported by a new hybrid theatre on YGC site	MD	P											

RAG	Every Month End
Red	Off track, serious risk of, or will not be achieved
Amber	Achievement as forecast; work has commenced; some risks being actively managed
Green	On track for achievement, no real concerns
Purple	Achieved

Three Year Outlook and 2019/20 Annual Plan

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

April 2019

Programme Unscheduled Care

Actions	Exec Lead	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Demand Improved Crisis Intervention Services for Children	N&M PH	A											
Dicharge Integrated health and social care	N&M	A											
Stroke Services	MD	A											
Demand Improved Urgent Care Out of Hours/ 111 Services	N&M	G											
Demand Enhanced Care Closer to Home Pathways	N&M	G											
Demand Workforce shift to improve Care Closer to Home	N&M	G											
Demand Improved Mental Health Crisis response	N&M,M H&LD	G											
Flow Emergency Medical Model	N&M	G											
Flow SAFER implementation	N&M	G											
Flow Ablett/ PICU for Mental Health (linked to Estates section/ plan)	N&M,M H&LD	G											
Flow Early Pregnancy Service (emergency gynaecology)	PH	G											

RAG	Every Month End
Red	Off track, serious risk of, or will not be achieved
Amber	Achievement as forecast; work has commenced; some risks being actively managed
Green	On track for achievement, no real concerns
Purple	Achieved

Three Year Outlook and 2019/20 Annual Plan

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

April 2019

Programme Workforce

Actions	Exec Lead	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Deliver Year One Workforce Optimisation Objectives - reducing waste and avoidable variable/premium rate pay expenditure. Demonstrating value for money and responsible use of public funds	WOD	A											
Develop an integrated multi professional education and learning Improvement Programme in liaison with HEIW	WOD	A											
Deliver Year One Leadership Development programme to priority triumvirates	WOD	A											
Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services	WOD	A											
Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCUHB reputation	WOD	A											
Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services	WOD	A											
Establish an integrated workforce improvement infrastructure to ensure all our work is aligned	WOD	G											
Build on QI work to develop the BCU improvement system and delivery plan for efficient value based healthcare	WOD	G											
Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture	WOD	G											
Develop a Strategic Equality Plan for 2020-2024	WOD	G											
Develop an integrated workforce development model for key staff groups with health and social care partners	WOD	G											
Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCUHB reputation	WOD	G											

RAG	Every Month End
Red	Off track, serious risk of, or will not be achieved
Amber	Achievement as forecast; work has commenced; some risks being actively managed
Green	On track for achievement, no real concerns
Purple	Achieved

Three Year Outlook and 2019./20 Annual Plan

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

April 2019

Programme Estates Strategy

Actions	Exec Lead	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Wrexham Maelor Infrastructure	PP&E	R											
Laundry Services	PP&E	A											
Statutory Compliance / Estate Maintenance	PP&E	G											
Primary Care Project Pipeline	PP&E	G											
Well-being Hubs	PP&E	G											
North Denbighshire	PP&E	G											
Ruthin Hospital	PP&E	G											
Vale of Clwyd	PP&E	G											
Orthopaedic Services	PP&E	G											
Ablett Mental Health Unit	PP&E	G											
Hospital Redevelopments	PP&E	G											
Central Medical Records	PP&E	G											
Residencies	PP&E	G											
Integrated Care Fund (ICF) Schemes	PP&E	G											

RAG	Every Month End
Red	Off track, serious risk of, or will not be achieved
Amber	Achievement as forecast; work has commenced; some risks being actively managed
Green	On track for achievement, no real concerns
Purple	Achieved

Wrexham Maelor Infrastructure - Annual Plan states a Quarter 1 deadline. Seeking clarity on whether Board approval is required. If so, this will not be possible. External assistance has been commissioned to produce this Programme Business Case, and is not due to produce a draft before mid June. PBC presentation to the July Finance and Performance Committee is now the intention.

Three Year Outlook and 2019/20 Annual Plan

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

April 2019

Programme Digital Health

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

RAG	Every Month End
Red	Off track, serious risk of, or will not be achieved
Amber	Achievement as forecast; work has commenced; some risks being actively managed
Green	On track for achievement, no real concerns
Purple	Achieved

Three Year Outlook and 2019./20 Annual Plan

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

April 2019

Appendix A: Further Information

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

The link to these papers is shown below:

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

Finance and Performance Committee **23.5.19**	 ***To improve health and provide excellent care***

Report Title:	Referral to Treatment (RTT) 2019/20 Development Plan
Report Author:	Dr Jill Newman, Director of Performance
Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to update and inform Finance and Performance Committee of the progress in development of the RTT plan for 2019-20
Approval / Scrutiny Route Prior to Presentation:	This paper has been reviewed by the Executive Director of Planning and Performance and the Interim Director of Planned Care
Governance issues / risks:	This paper sets out the progress in developing the RTT plan for 2019-20 including the work on demand and capacity, service gap identification split into backlog and sustainable service gaps. The paper outlines services which are sustainable and those that require support to eliminate backlogs and investment to move to sustainability at 36week delivery. The delivery of elective RTT pathways for many years has relied on non-recurrent resource. In the 2019-20 budget set the Board approved funding of £2m towards the delivery of improvements in Access times. This resource has largely been allocated and utilised by May 2019. Work is continuing with Welsh Government as set out in this paper. As with previous years Welsh Government are signalling intent to support an agreed plan and are requesting Health Board to continue to take actions to address access times while the plan is finalised. This requires the Board to balance the risk to patients and delivery of improved waiting times v the financial governance. The operational management of delivery has been strengthened and the senior management team are focussed on ensuring operational compliance with the internal specialty and site profiles through weekly patient targeting list meetings (PTLs). Interim profiles based on 2018-19 delivery are currently being used while the plan is finalised. The operational risks to delivery are set out in the paper.
Financial Implications:	The delivery of RTT access requirements presents a significant financial challenge for the organisation for which budget has not currently been allocated. The position is slightly improved this year as the Board allocated an additional £2m within the budget set, the remainder of the requirement to support delivery is dependent on agreement with WG as to resource allocation/ year end financial deficit control limit.

Recommendation:	The Finance and Performance Committee is asked to : • Note the work underway and timescale for completion of the RTT plan and risks associated with delivery. • Acknowledge that WG are requesting the Board to continue with RTT activity at financial risk while the plan is finalised.

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 Strategic and Service Planning Performance esp. RTT and Follow Up waiting times			
Equality Impact Assessment The eye care plan forms an integral part of our three year outlook and subject to an EQIA assessment.			

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

Betsi Cadwaladr University Health Board

Finance and Performance Committee May 2019

RTT progress report

1. Purpose

This paper provides the committee with a progress report in relation to the current RTT performance, design of the 2019/20 RTT plan and WG discussions relating to delivery and resourcing of this plan, together with the next steps.

2. Background

The health board were unable to deliver the national targets for RTT access in 2019/20 within the resources available, resulting in 6,004 patients (5,918 Welsh Residents) waiting in excess of 36 weeks from referral to treatment at 31.3.19.This level of performance also resulted in claw back of £964,465. This level of claw back was set on the basis of failure to deliver an outturn position of no more than 5,700 Welsh residents waiting over 36weeks through an increased activity for long waiters of 4,300 patients and at a cost of £4,465 per patient.

In 2018/19 the outturn for elective inpatient and daycase activity within BCU was 4,555 higher than 2017/18 plus additional outsourcing activity was undertaken during the year.

Through the 2019/20 budget setting process the Health Board has allocated an additional £2m to elective RTT provision in recognition that there is a need to improve access times. This allocation is being used during April and May against both RTT and diagnostic demands on services. From an RTT perspective the Executive Directors have prioritised the allocation to :

Specialty	Allocation £,000	Activity Patients
MFS	54	200
Ophthalmology	90	250
Dermatology	12	230

Allocation has also been made to Endoscopy and Diagnostic Radiology.

It is also noted that work which commenced non-recurrently during 2018/19 is continuing in 2019/20 so as to minimise the increase in numbers of patients waiting over 36 weeks at the end of April 2019.

The end of April 2019 reporting position is expected to show an increase in the volume of over 36 week waits for a number of reasons including the activity

reduction associated with the Easter period. The aim is to hold this increase at a rate similar to that seem in 2018/19 and so not revert to delivery of activity through core capacity alone during this month.

3. Process for creation of a plan for 2019/20.

In order to design a plan for 2019/20 work has taken place with the three acute sites and the area teams to:

a) Establish a standstill model of capacity requirements by site and specialty and further to demonstrate the scale of the additional activity required to deliver 0 over 36 week breaches by March 2020.
b) Review the core capacity available to each specialty on each site, reflecting any change (temporary or permanent) in capacity from the 2018/19 baseline.
c) Apply the demand change seen over a rolling 3 year period
d) Determine the service capacity shortfall split into backlog and sustainable service gap to deliver 36 weeks at the end of March 2019
e) Propose costed solutions to reduce this service gap.
f) Design and implementation a plan which addresses core activity, backlog reduction and the timeline through which the additional solutions proposed can be delivered. This final stage of the process is presently being completed and will be available for presentation to the June finance and performance committee.

4. Progress in developing the plan for 2019/20

a) The standstill model demonstrates that the following 11 specialties are sustainable at 36weeks by March 2020 with no further investment required:
   - Restorative Dentistry
   - Orthodontics
   - Paediatric Surgery
   - General Medicine
   - Clinical Haematology
   - Respiratory Medicine
   - Nephrology
   - Rheumatology
   - Care of the Elderly
   - Paediatrics
   - Endocrinology

There were no specialties that had a service gap which related purely to backlog. The remaining specialties have a service gap which includes both backlog and sustainable elements.

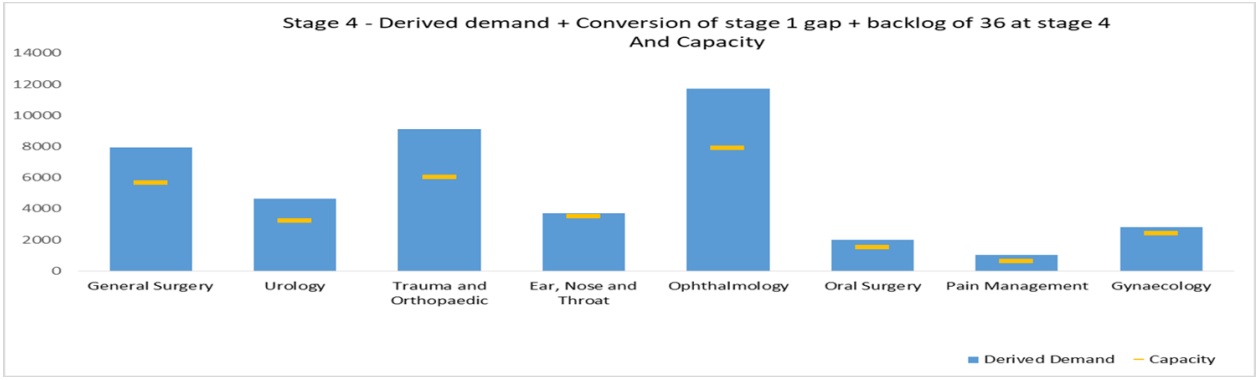
The standstill model for surgical specialties demonstrates a service gap for 2019/20 of 11,780. The comparative figure for 2018/19 was 10,190.In addition

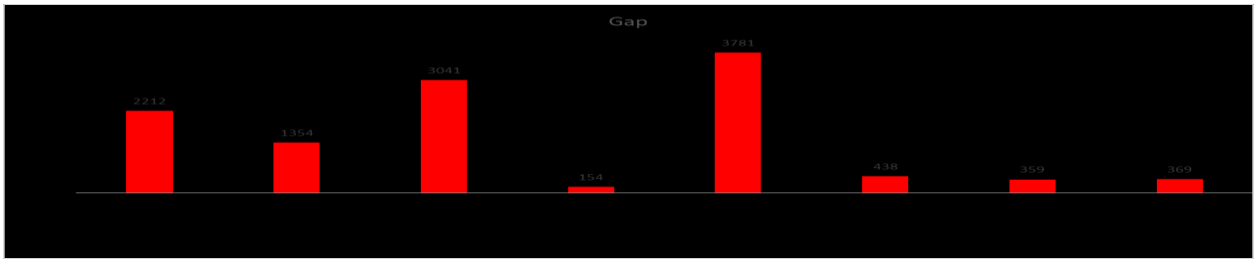
two medical specialties: gastroenterology and dermatology are also at risk of breaching 36 weeks. Therefore the standstill model demonstrates as service gap of 16,134 with 6,004 of this gap being backlog and 10,130 being a sustainable service gap to 36 weeks.

a) Review of core capacity
The sites have reviewed their 2018-19 core capacity to reflect changes in their core as a result of both temporary and permanent service changes. These changes include strategic capacity changes such as improved understanding of frequency of clinics, aligning elective capacity with unscheduled care demands and on call rotas and functional capacity changes such as risk to delivery of core due to sickness absence or vacancy factors.
These proposed changes are presently being signed off via a governance process that tracks both temporary and permanent changes. The sign off process will be complete by the end of May 2019, allowing the standstill model to be revised to reflect these changes and confirmed capacity and activity plan to be managed on a weekly basis

b) Demand changes.
Simultaneously to the confirmation of core capacity, the standstill model is being revised to reflect the rolling 3 year average demand changes at site and specialty level.

c) Service capacity shortfall –split into backlog and sustainable service.
The standstill model demonstrates the spilt of the capacity shortfall broken down into backlog and sustainable service capacity gap.
The total demand v capacity shortfall for IPDC is summarised in the graphs below:





These figures will be revised once the signed off changes to capacity and the forecast demand increases proposed are applied (by the end of May 2019).

e). Solutions

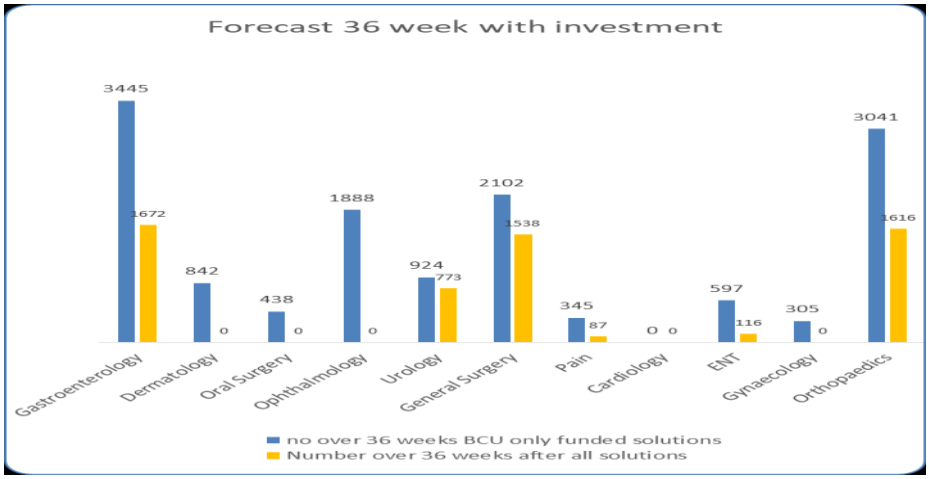
All sites and specialties have proposed costed solutions to reduce the service gaps by end of March 2020. These solutions do not at this time have agreement to fund, nor do they completely close the 36 week service gap across all specialties.

At present the solutions devised would mean that the following additional services would deliver waits of less than 36 weeks by March 2020:

- Dermatology
- Oral Surgery (MFS)
- Ophthalmology
- Cardiology and
- Gynaecology

However the following specialties would not be able to deliver 36 weeks after current proposed solutions are applied, although the volume waiting over 36 weeks would be reduced compared to the standstill model:

- Orthopaedics
- Gastroenterology
- General Surgery
- Urology
- Pain Management
- ENT



Orthopaedics

Orthopaedics is part of a three year plan to recovery to the national access targets. The scale of the orthopaedic service gaps means this will not be able to deliver 36weeks in year 1 of the plan.

Following discussions with Welsh Government, commitment has been received to support three key elements of the orthopaedic plan:

- £350,000 investment in the CMATs service to improve access times in the community
- £800,000 investment in the initial recruitment of 6wte orthopaedic consultants

- £600,000 investment in the design and procurement of the capital requirements to support the three site model of service delivery in North Wales.

No commitment has presently been given to invest in the other specialty solutions, however the Health Board have been requested to continue to undertake activity above core so as to hold and improve on current waiting times on the basis that additional resource has been provided in previous years once the plan has been confirmed. It is therefore important that the plan is finalised for the beginning of June.

f). Design and implementation of profiles, management of core activity in 2019/20 and use of recovery trajectories.

The weekly profile for 2019/20 has been designed based on assumption that activity delivered in 2018/19 can be replicated in 2019/20. The additional proposed solutions will be factored into this profile to demonstrate the waiting list and activity positions expected on each site at specialty level on a weekly basis. The approach being adopted includes containment of present core activity and reduction in backlog through use of clearance times. These profiles will be performance managed through weekly site PTL meetings, with recovery trajectories required for any service which is off profile during the year. A paper with the profiles will be presented to the June F&P committee.

5. Risks to delivery

The work undertaken to date is based on a derived demand and capacity model and while every attempt has been made to check the assumptions used within the model with operational teams, there are a number of risks that these assumptions may not be realised during the year and therefore that the service gap may be lower or higher than expected. This risk is magnified due to replication of delivery across three different acute sites with three different operating and recording processes.

For 2019/20 particular challenges arise in implementation of the additional internal capacity due to uncertainty as to whether changes in external factors such as taxation will affect willingness to undertake additional work. This risk is recognised by Welsh Government and does not apply solely to BCUHB.

Other key risks to delivery in 2019/20 include constraints related to diagnostic capacity especially endoscopy, and diagnostic radiology. Business cases for these are in preparation however the timeline to deliver increased capacity may result in bottlenecks at stage 3 for services such as general surgery and urology.

In addition no allowance has been made for the two transformational changes: the single cancer pathway and the eye care measure. Both of these will be introduced during 2019-20 and should impact on the priority given to patients in services affected by these changes, which without adjustment in activity and demand to

reflect these changes is likely to have impact on delivery of RTT waiting times for patients with lower clinical priority.

The delivery of the increased activity for RTT will have consequences for follow up demand. The follow up backlog is already sizeable and in managing overall clinical risk it is important to both reflect the capacity requirements for follow up arising from the additional RTT activity and the consequences of reducing follow up backlogs on RTT outpatient capacity. It is anticipated that new performance indicators for improving follow up backlog will be introduced during this year.

6. Next steps and timescales

The core capacity plans are to be signed off by 31.5.19. and used together with the demand change to refine the present standstill model. This will combine with the solutions proposed to provide a profiled weekly plan of activity and waiting list for the year and enable the forecasting of year end position at 31.3.20.

In order to support the implementation of this plan discussions will continue with WG as to the necessary resources available.

The costing of the plan will also include testing of value for money via consideration of the cost per case v tariff of solutions proposed. Consideration will also be given to ensure alignment of opportunities for improved efficiency and productivity contained within non-cash releasing savings plans so as to ensure benefit realisation from these plans.

It is expected that the full costed plan be presented to this committee at its June meeting.

In the interim Welsh Government are seeking confirmation that additional activity to reduce access times will continue. This activity is being tracked on a weekly basis and where this is shown to be above core the costs of this activity are being attributed to the RTT plan.

7. Recommendations

The finance and performance committee are asked to :

1. Note the work underway and timescale for completion of the RTT plan and risks associated with delivery.
2. Acknowledge that WG are requesting the Board to continue with RTT activity at financial risk while the plan is finalised.

Finance and Performance Committee **23.5.19**	 ***To improve health and provide excellent care***

Report Title:	Workforce Quarterly Performance Report Quarter 4 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. The content of this report is under review to ensure that it aligns to the Workforce Strategy delivery objectives for 2019/20
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 *(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

This summary paper in particular contributes to:

- 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

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Workforce Quarterly Performance

Quarter 4 March 2019

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

1. Purpose of Report

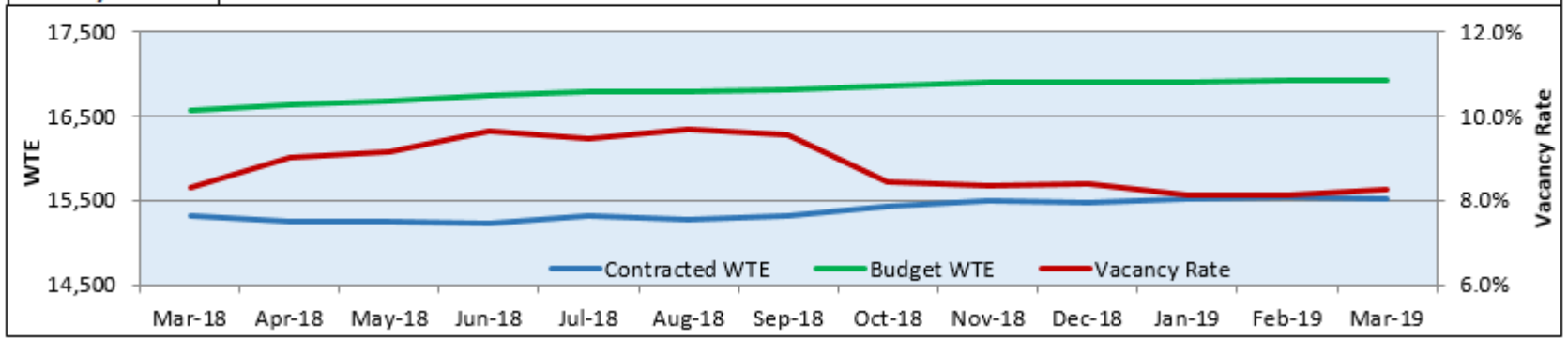
To provide the current BCUHB position and trend analysis across a number of key workforce performance metrics, to assist in the monitoring of progress against local and national targets, where applicable. Accompanying the measure of latest performance is an account of remedial action being undertaken,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

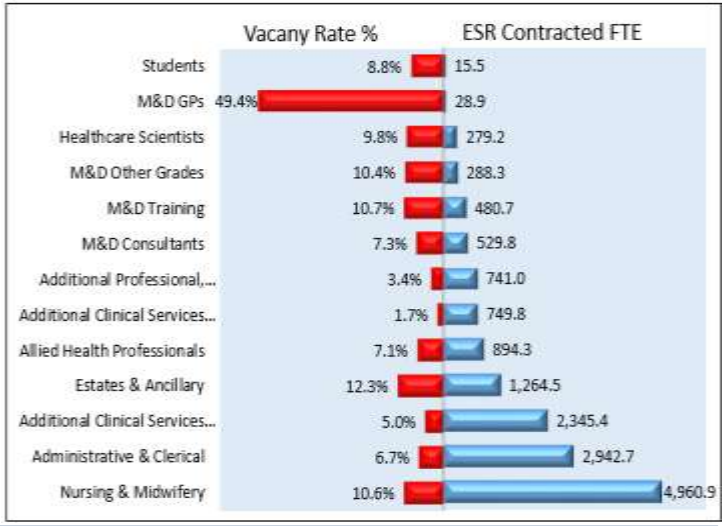
2. Introduction/Context

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

Staffing	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Contracted WTE	15,310	15,251	15,260	15,240	15,308	15,272	15,311	15,424	15,498	15,484	15,520	15,548	15,521
Budget WTE	16,559	16,641	16,676	16,738	16,793	16,788	16,798	16,845	16,907	16,899	16,889	16,923	16,922
Vacancy Rate	8.3%	9.0%	9.1%	9.6%	9.5%	9.7%	9.5%	8.4%	8.3%	8.4%	8.1%	8.1%	8.3%





Where we are and what we are doing about it:

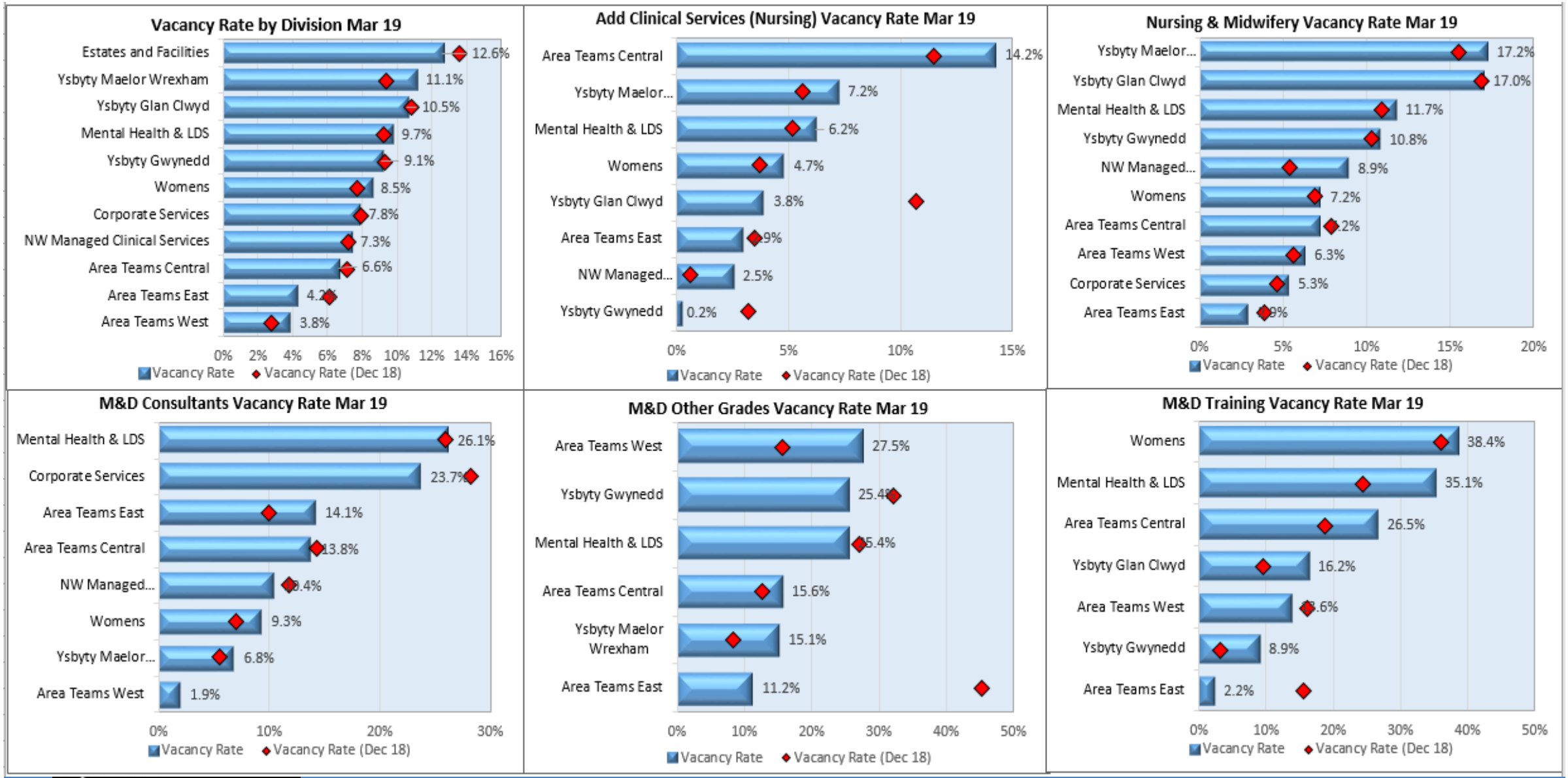
Growth in budgeted establishment continues to slow down compared to previous years; rate of increase was 3.9% 15/16 to 16/17, 3.2% 16/17 to 17/18 and 2.2% (363 WTE) 17/18 to 18/19. Year on year vacancy rates are increasing, overall rates have increased from 7.3% 15/16 to 8.3% 18/19 and registered nursing rates from 9% to 10.6%. Vacancy rates for Medical and Dental staff overall have improved from 16.4% in 15/16 to 10.8% in 18/19, however, GP vacancies are currently at 49.4%. Whilst vacancy rates are highest in Estates and Facilities, particularly Patient Services and Operational Estates East, they have reduced by 1% since last quarter and are currently 175.5 FTEs below budget establishment, however, at March 2019 only 18 vacancy FTEs were awaiting authorisation, 1 FTE was at advert and 31 successful applicants were at offer or starting.

Despite additional workforce support, vacancy rates at Wrexham Maelor have increased by 1.7% since last quarter whilst rates at other acute sites have improved. Nursing and midwifery vacancies are increasing across the acute sites and MHLD.

Budget WTE Mar-Sep 18 sourced from Finance data, Oct 18 onwards sourced from ESR. Contracted FTE is refreshed each month to reflect retrospective changes

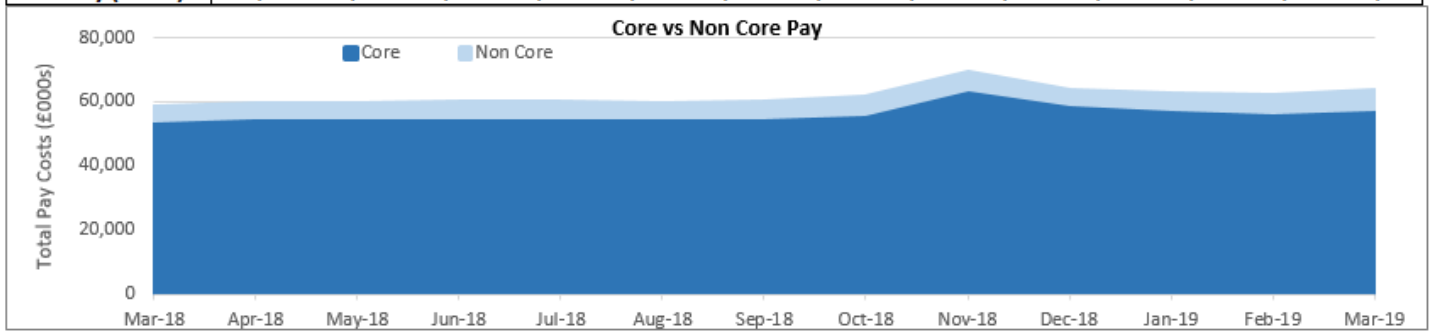
A Nurse Recruitment Day is scheduled to take place on 1 June 2019 at Wrexham Maelor. This event will seek to build upon previous successful events. Each of the acute sites has an established nurse recruitment and retention groups, as advised by HR, these groups currently report directly to the Divisional Recruitment and Retention group. Acute sites have stated that they aim to have reduced their Q4 vacancy position by half during 2019/20.

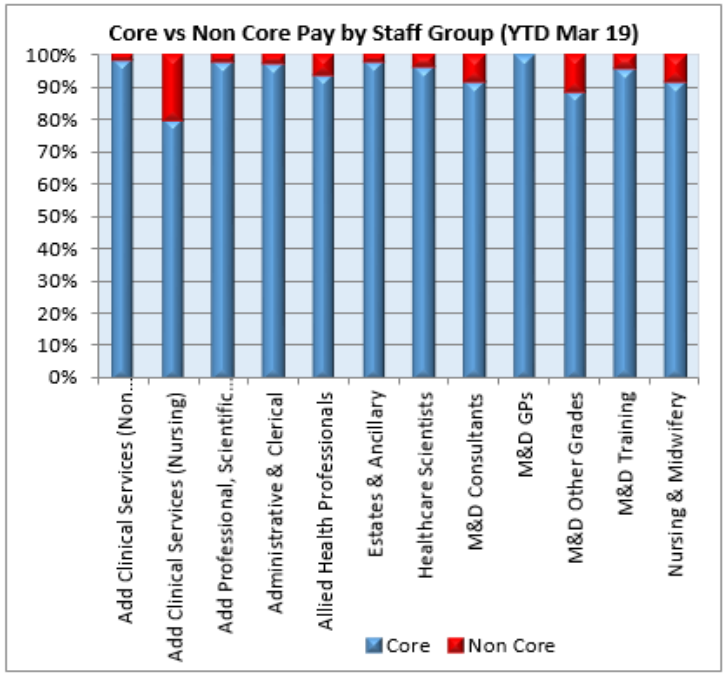
Vacancy Rates by Division and Staff Group March 2019



Workforce Costs

Pay Costs	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Agency (£000s)	2,223	2,339	2,554	2,569	2,669	2,660	2,554	2,715	2,339	2,274	2,821	2,717	3,383
Agency %	3.8%	3.9%	4.3%	4.3%	4.5%	4.5%	4.3%	4.4%	3.4%	3.6%	4.5%	4.4%	5.3%
Bank (£000s)	1,237	1,399	1,322	1,415	1,339	1,407	1,524	1,564	1,872	1,567	1,542	1,620	1,557
Bank %	2.1%	2.3%	2.2%	2.4%	2.2%	2.4%	2.5%	2.5%	2.7%	2.5%	2.5%	2.6%	2.5%
Overtime (£000s)	640	707	456	497	503	492	526	553	641	519	436	529	564
Overtime %	1.1%	1.2%	0.8%	0.8%	0.8%	0.8%	0.9%	0.9%	0.9%	0.8%	0.7%	0.9%	0.9%
Add. Hours (£000s)	306	352	258	280	2,126	261	284	295	358	325	265	315	332
Add. Hours %	0.5%	0.6%	0.4%	0.5%	3.6%	0.4%	0.5%	0.5%	0.5%	0.5%	0.4%	0.5%	0.5%
Locum (£000s)	461	811	856	874	923	936	936	942	1,068	1,111	966	1,184	1,333
Locum %	0.8%	1.4%	1.4%	1.5%	1.5%	1.6%	1.6%	1.5%	1.5%	1.7%	1.5%	1.9%	2.1%
Total Pay (£000s)	58,584	59,642	59,406	59,767	59,703	59,664	59,852	61,411	69,095	63,744	62,746	61,857	63,436



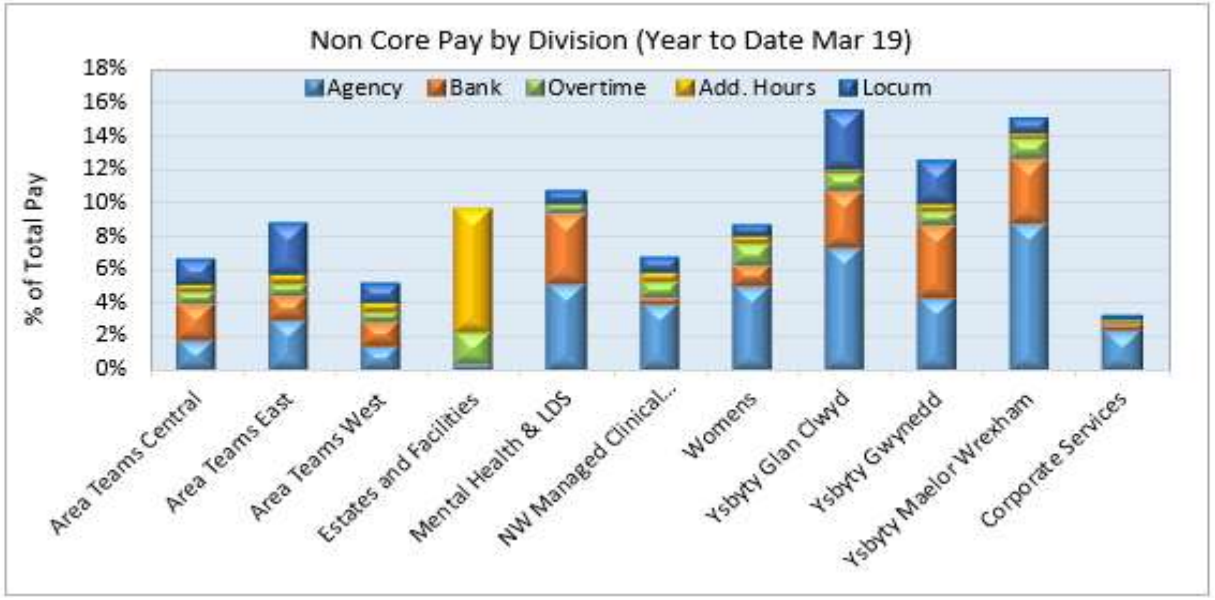


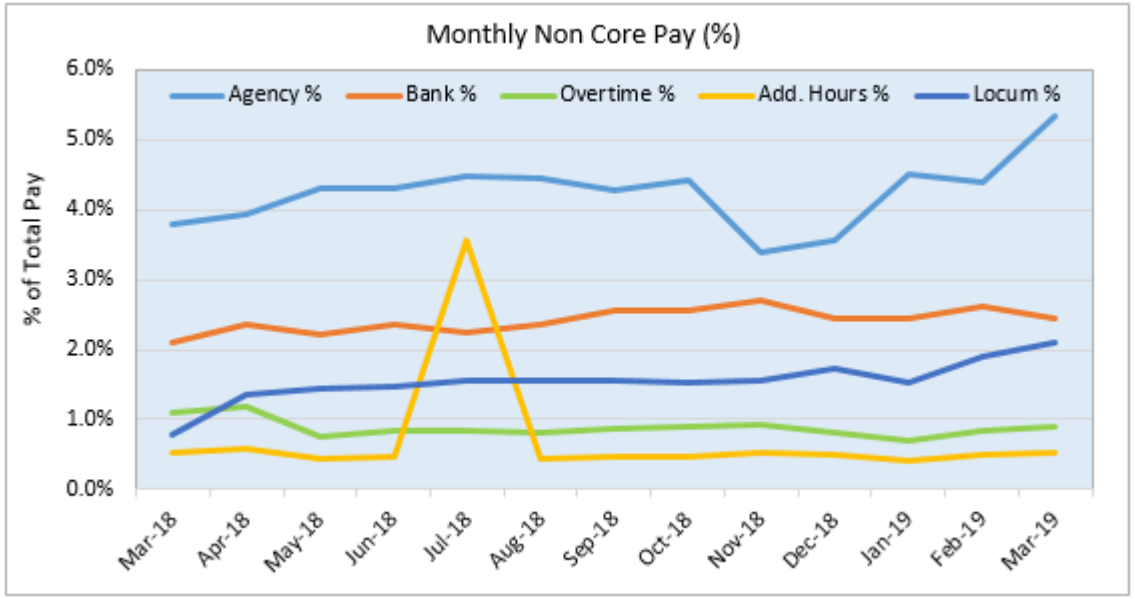
Where we are and what we are doing about it:

Agency costs are at their highest in March 2019 following a 1.7% increase in usage across M&D and Nursing and Midwifery staff groups since December 2018. Locum costs are up by 0.4% since December 18 and other non core costs, i.e. bank, overtime and additional hours, remains steady in comparison to Q4. In comparison to the position for the same period last year, agency, bank and locum costs have increased, additional hours usage is unchanged and overtime has reduced slightly. Increases of over 1% in locum costs since March 18 are the result of increased locum usage in Ysbyty Gwynedd, Ysbyty Glan Clwyd and Areas East and Central. Whilst M&D agency costs have increased over Q4, the total for 18/19 is £5.3 million lower than the total for 17/18. Increases in registered nursing agency costs of £2.6million between 17/18 and 18/19 are largely attributable to Ysbyty Maelor. Registered nursing bank costs have increased by £500k over the same period and overtime costs are down by almost £150k. Additional Clinical Services (Nursing) bank costs have increased across the acute sites between 17/18 and 18/19 and all other non core pay for this staff group remains low.

Workforce Intelligence information is being used to identify those specialties with the highest spend and to identify where additional HR support can be directed. This work includes the information from e-roster. The methodology from the priority wards proof of concept is being used to support actions to reduce sickness and PADR.

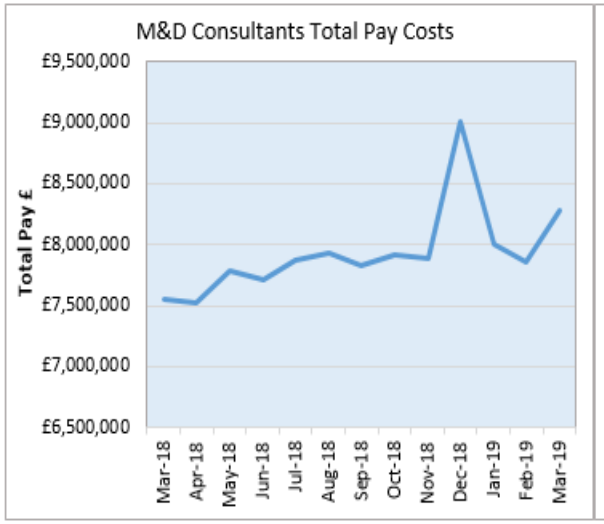
Workforce Costs Non Core Pay

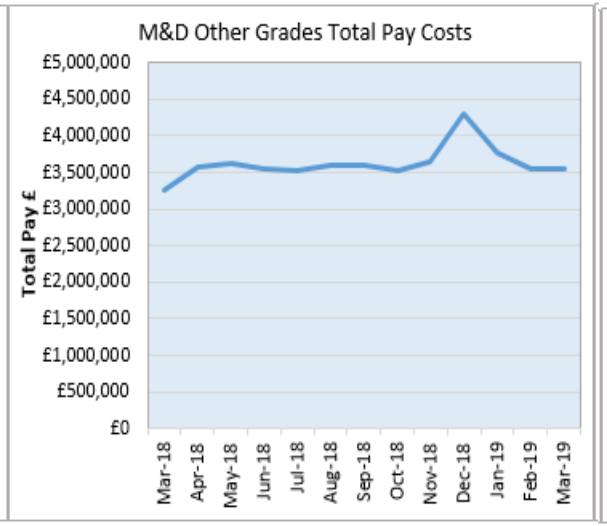


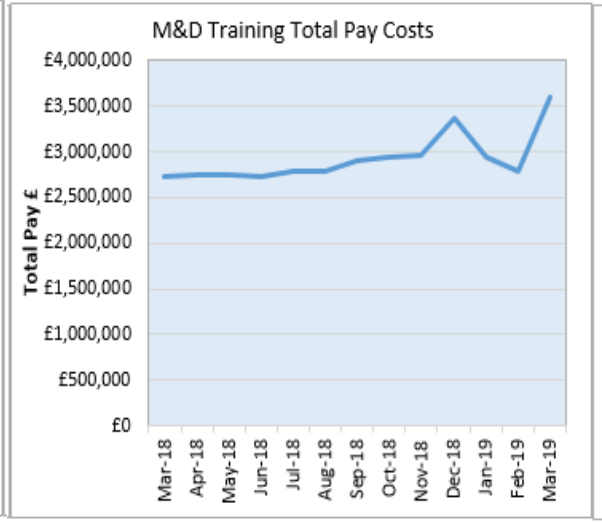


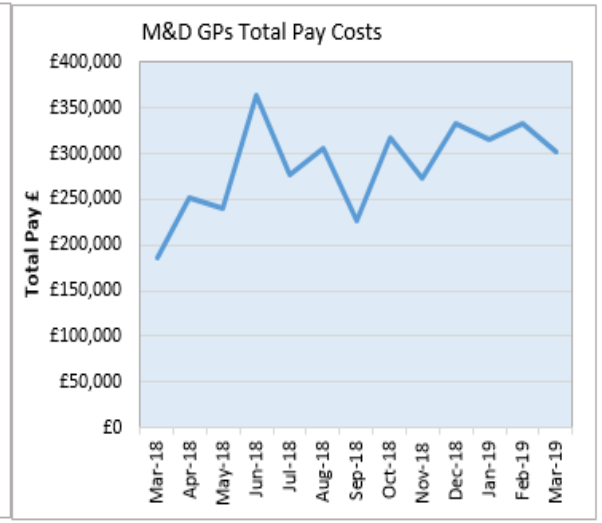
	Year to Date Mar 19					
Division	**Agency**	**Bank**	**Overtime**	**Add. Hours**	**Locum**	**Total Pay**
Area Teams Central	£1,539,043	£1,882,904	£544,665	£406,461	£1,328,681	£86,153,211
Area Teams East	£2,364,819	£1,221,089	£590,976	£455,118	£2,527,935	£81,574,760
Area Teams West	£786,127	£778,193	£314,513	£347,607	£593,491	£54,526,890
Estates and Facilities	£110,006	£0	£711,940	£2,682,794	£0	£36,652,942
Mental Health & LDS	£4,154,944	£3,496,305	£478,361	£61,550	£590,585	£82,067,207
NW Managed Clinical	£2,110,813	£203,299	£497,630	£327,047	£500,320	£54,143,818
Womens	£1,632,698	£407,999	£443,491	£170,568	£174,624	£32,955,796
Ysbyty Glan Clwyd	£6,949,611	£3,243,423	£1,003,668	£266,041	£3,366,738	£95,930,648
Ysbyty Gwynedd	£3,434,134	£3,472,234	£737,519	£354,300	£2,099,346	£80,774,757
Ysbyty Maelor Wrexh	£7,277,660	£3,262,119	£1,004,119	£315,234	£677,782	£83,995,478
Corporate Services	£1,235,156	£161,063	£97,086	£62,354	£80,579	£51,547,581
Grand Total	**£31,595,011**	**£18,128,628**	**£6,423,969**	**£5,449,075**	**£11,940,081**	**£740,323,088**

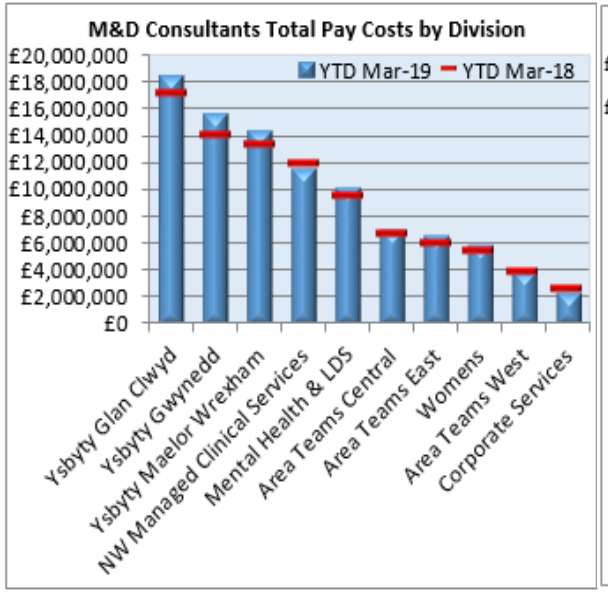
Medical and Dental Workforce Costs

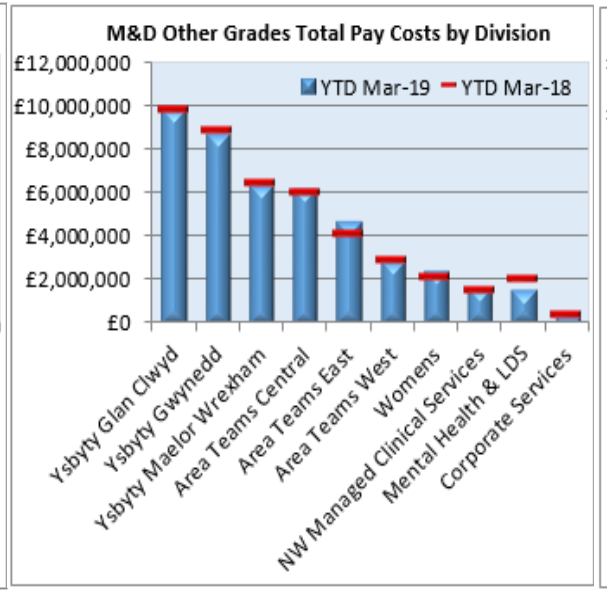


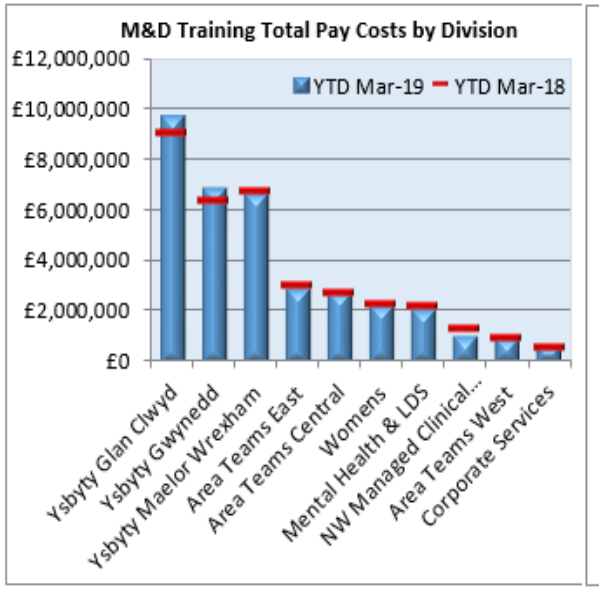


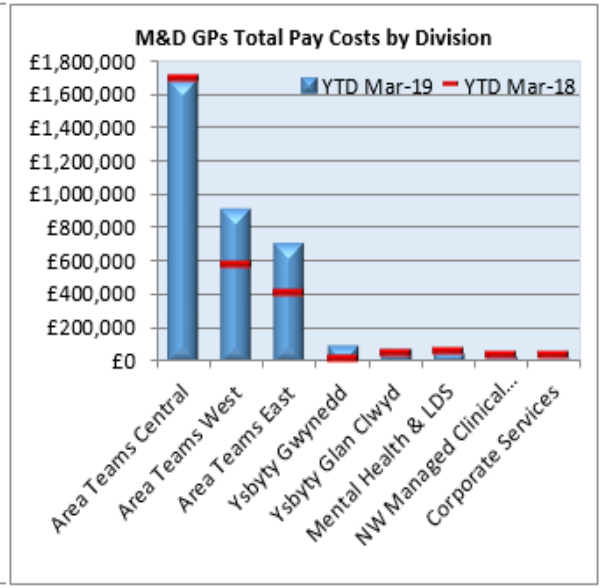




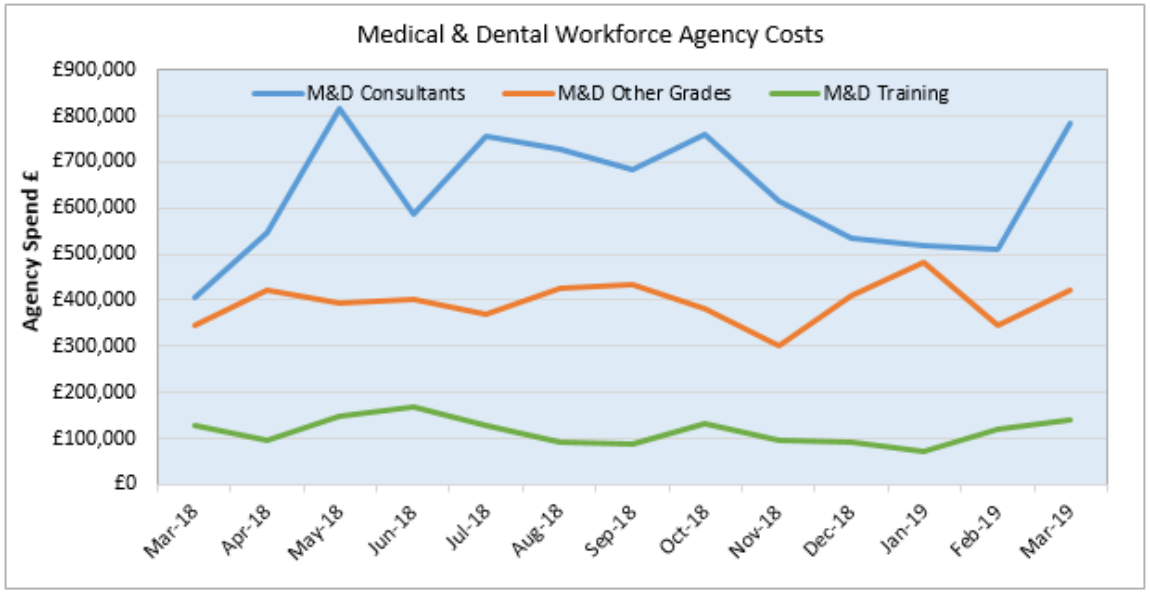


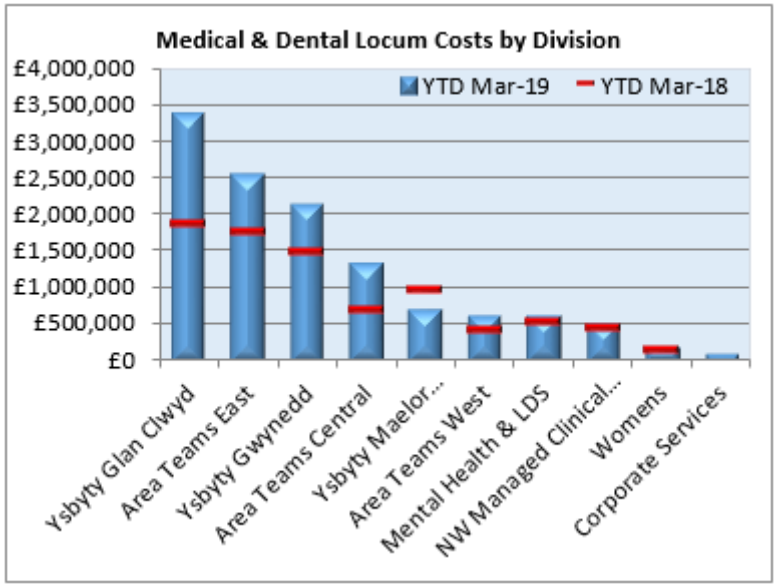


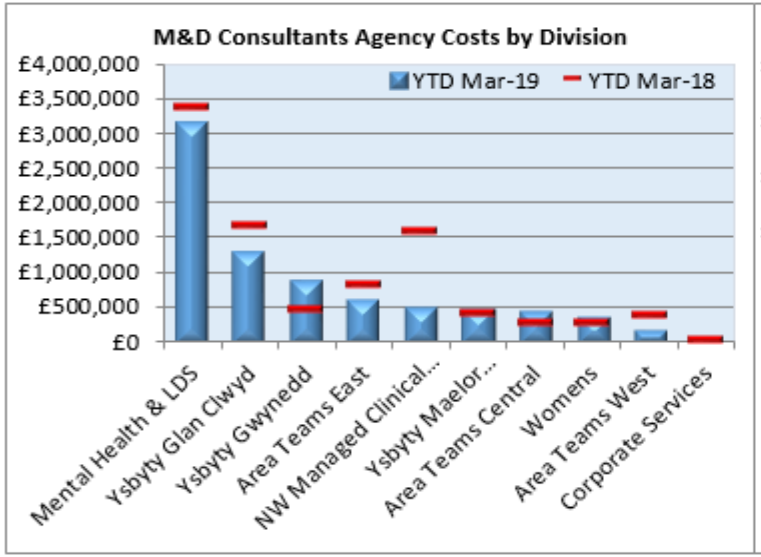


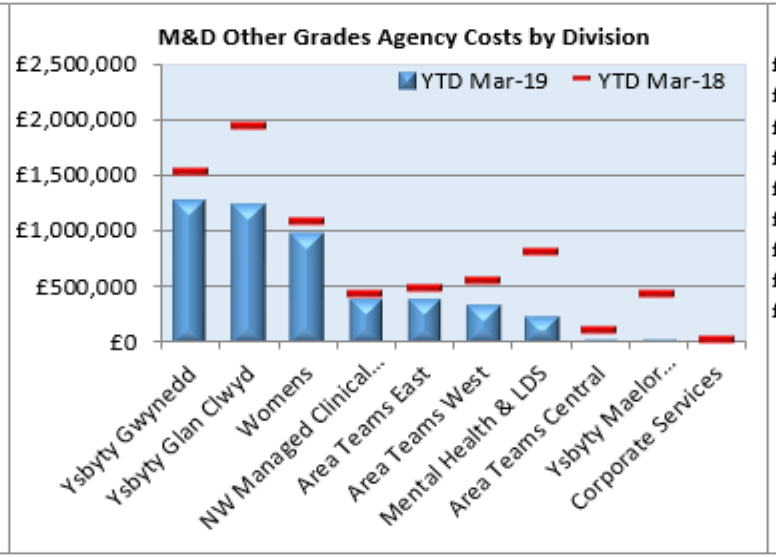


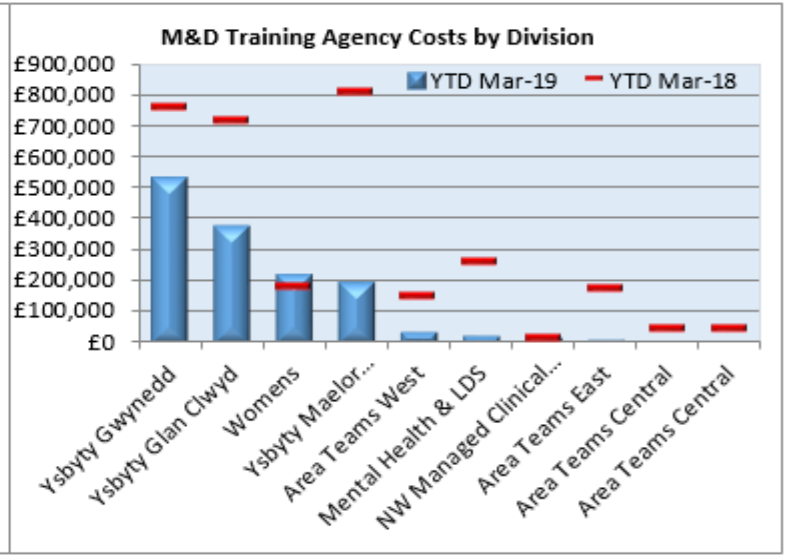
Medical and Dental Workforce Costs



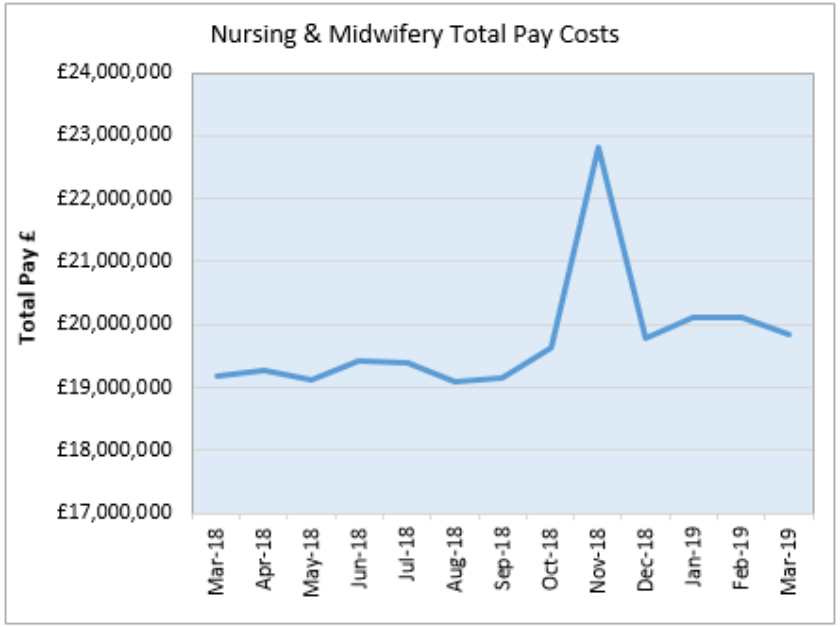


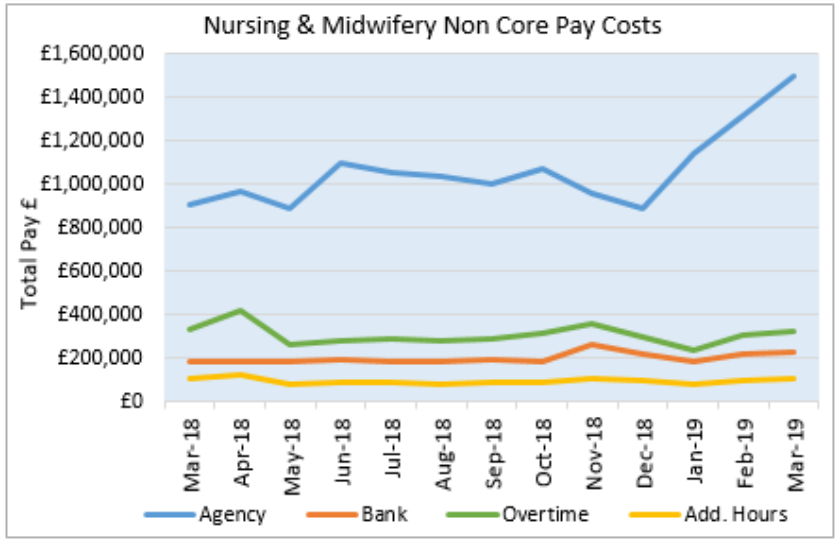


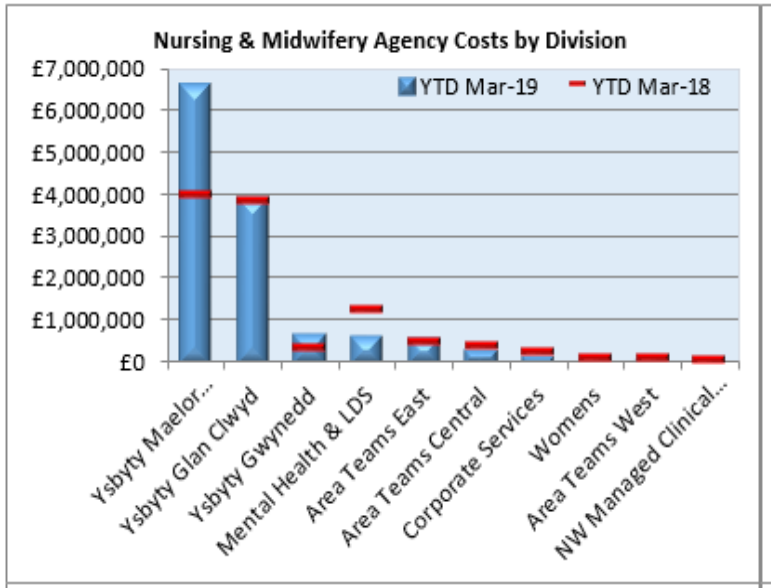


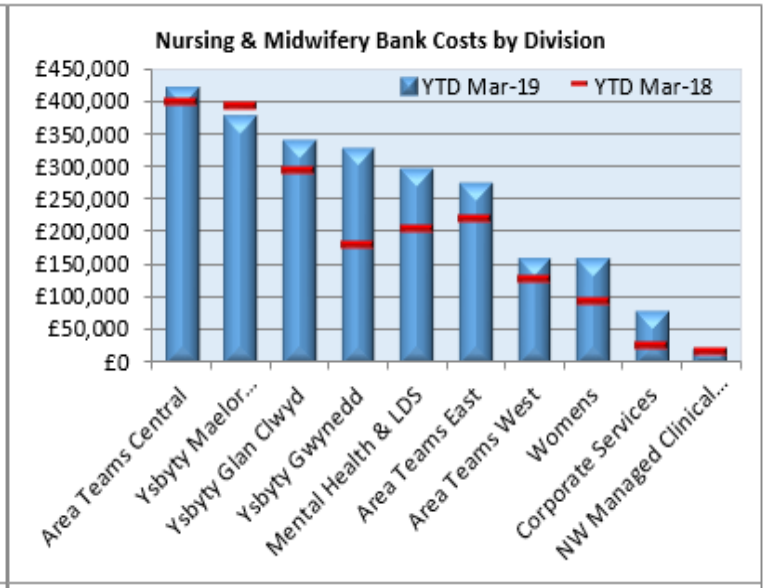


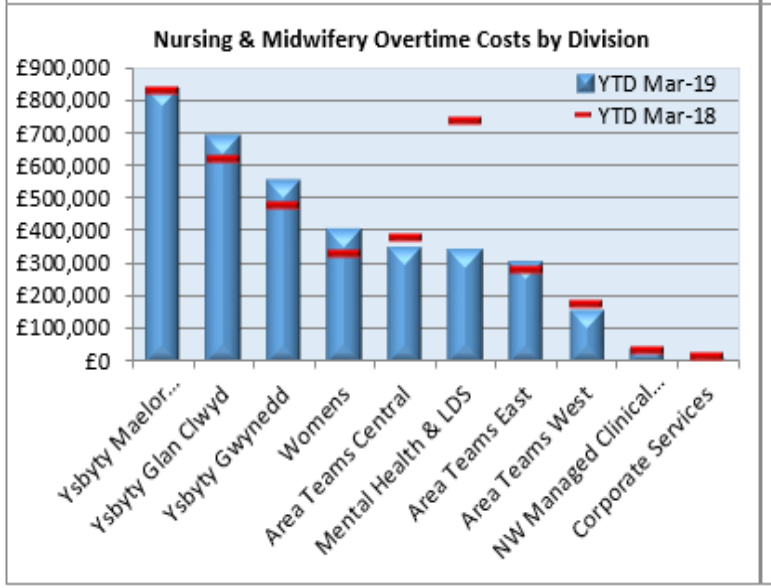
Registered Nursing Workforce Costs

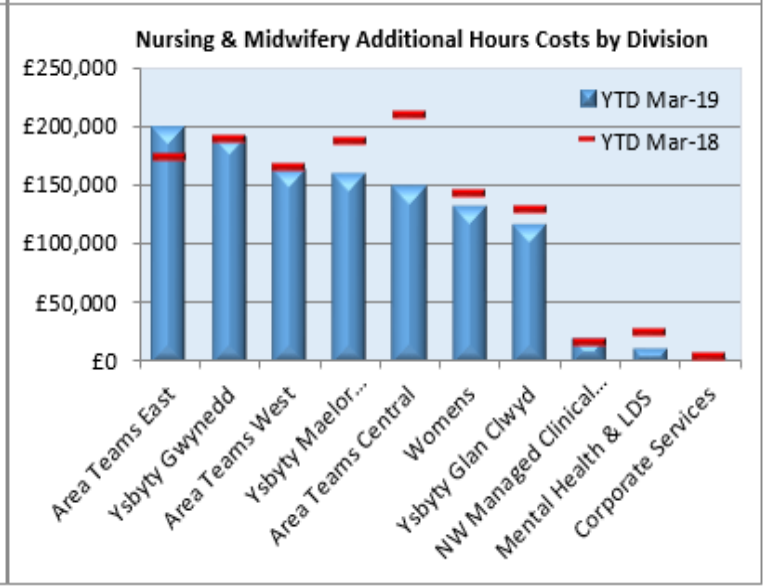




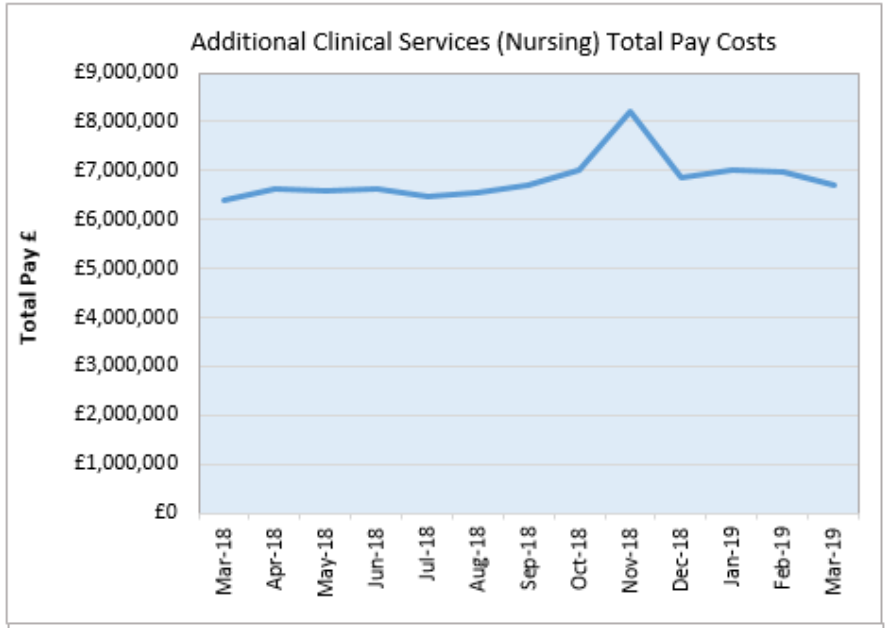


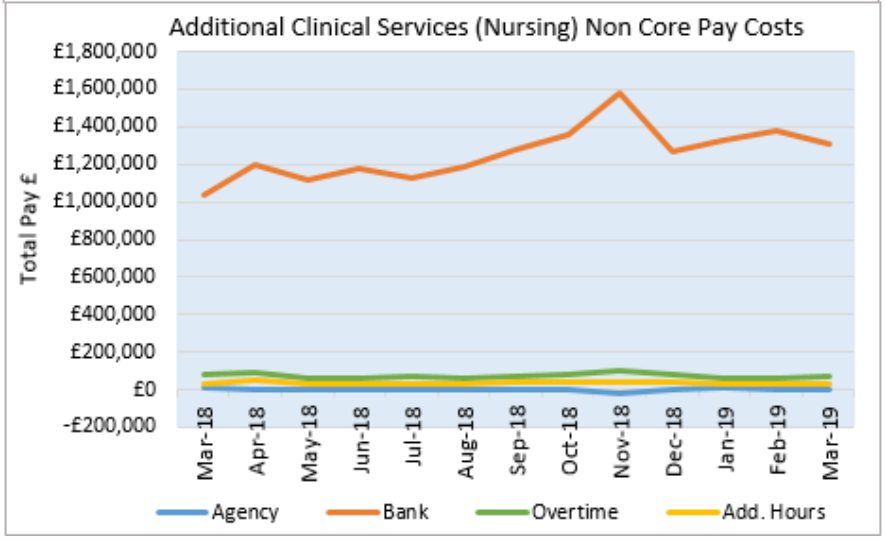


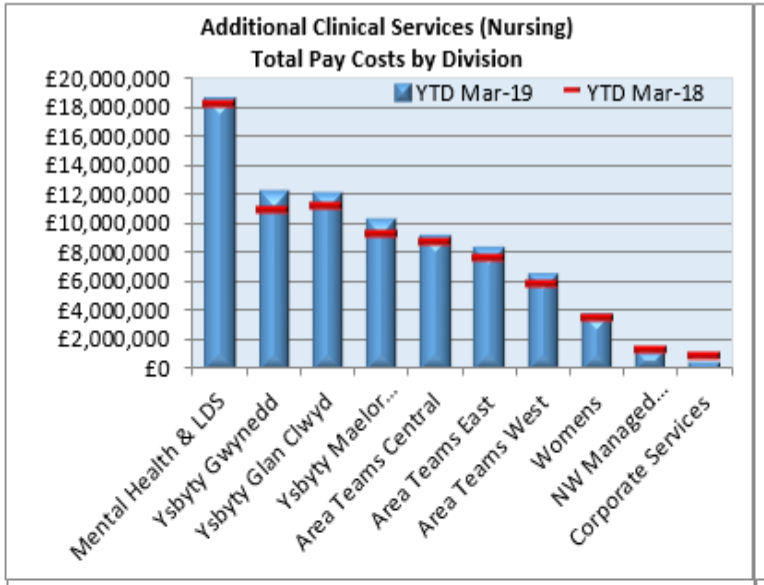


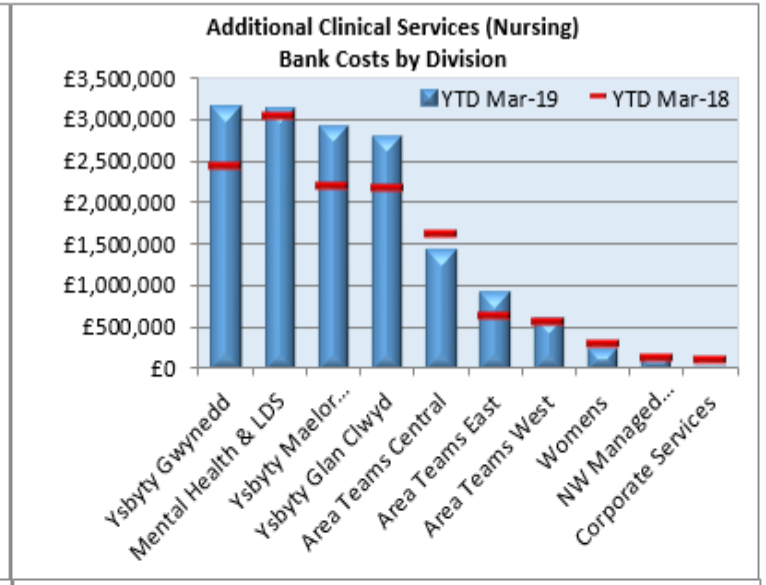


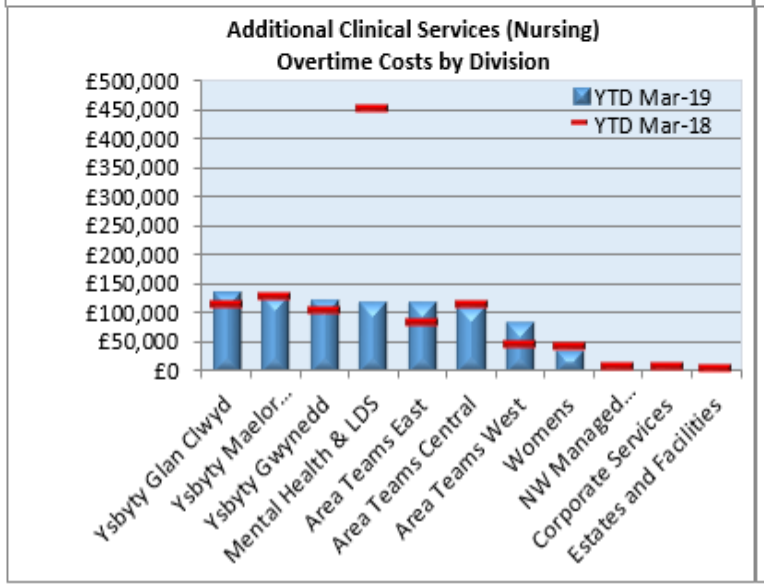
Additional Clinical Services (Nursing) Workforce Costs

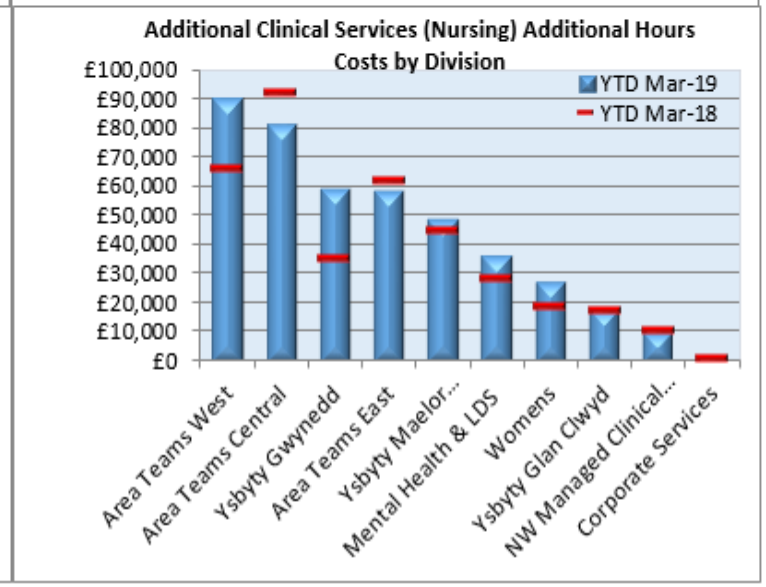




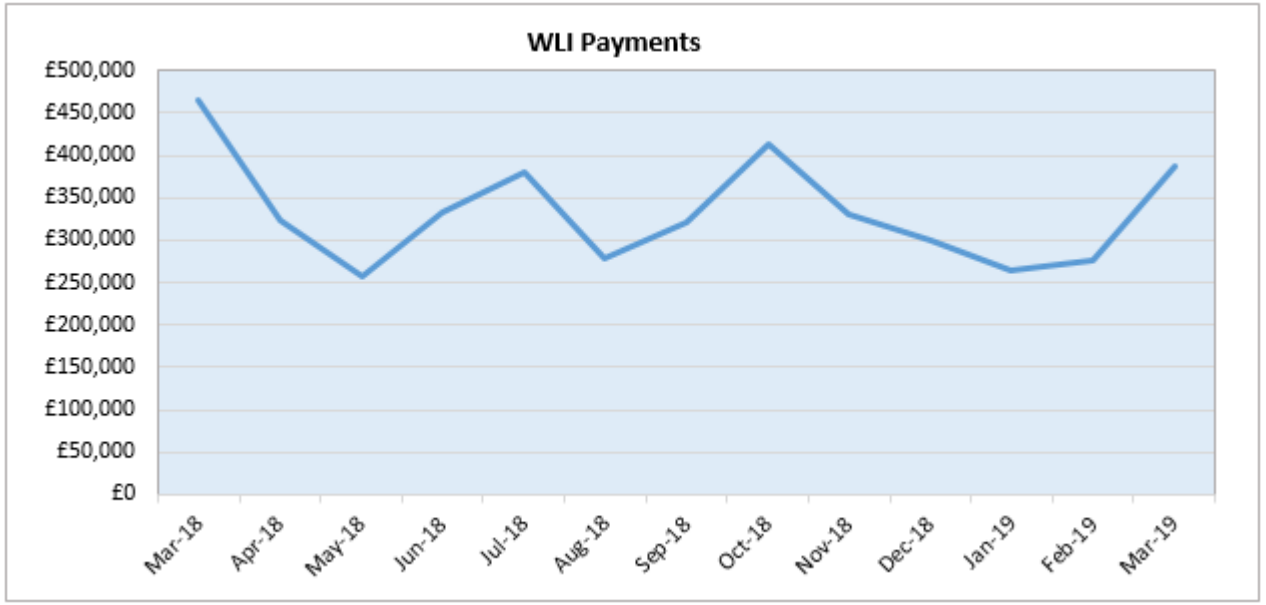


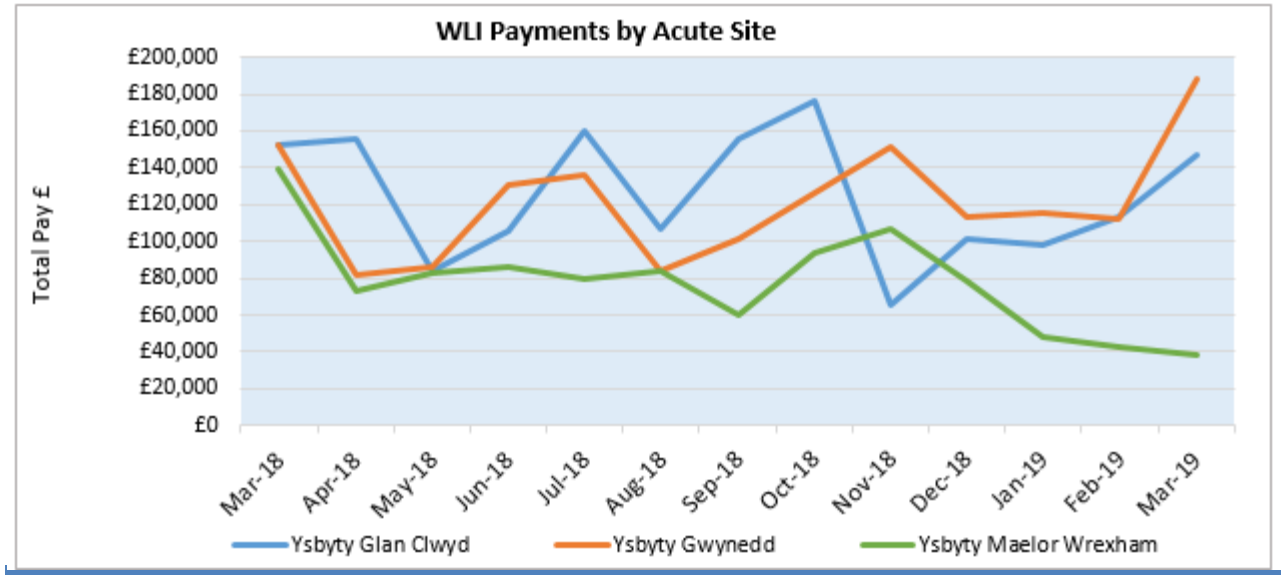


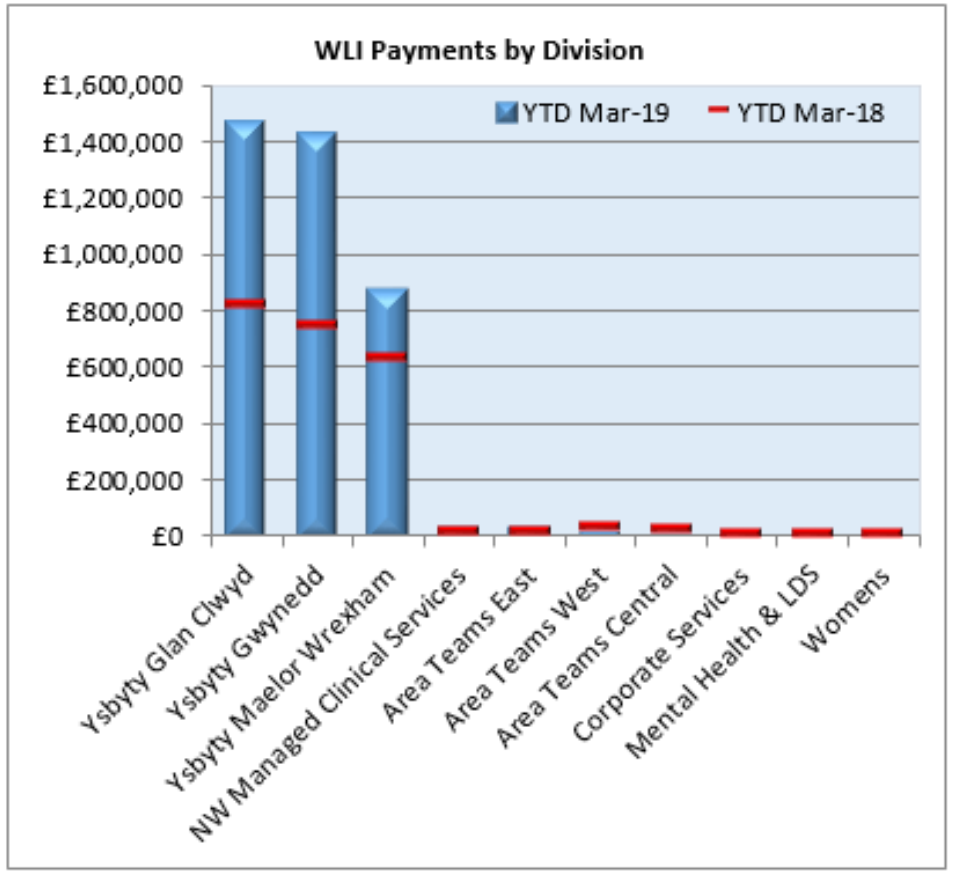




WLI Payments

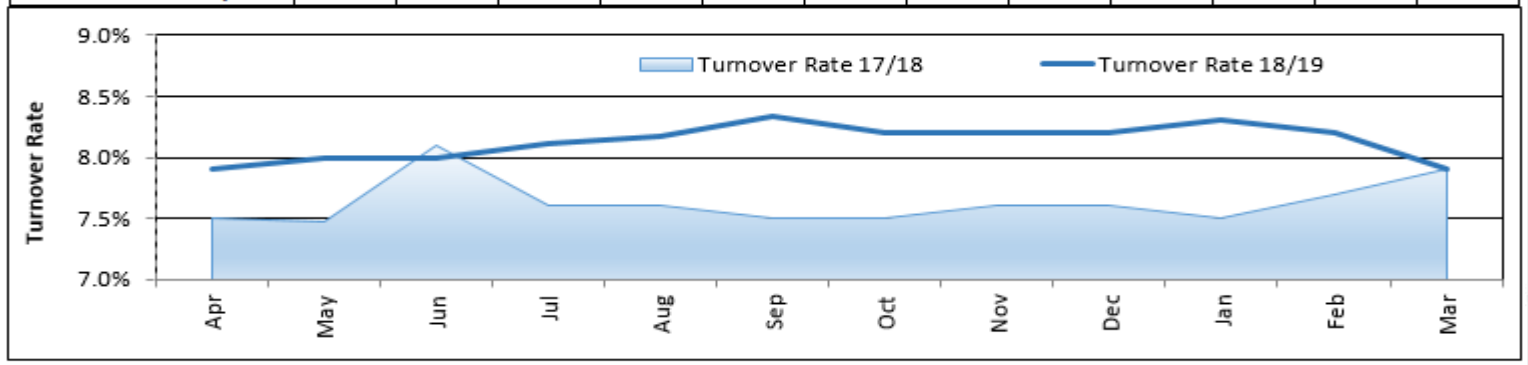


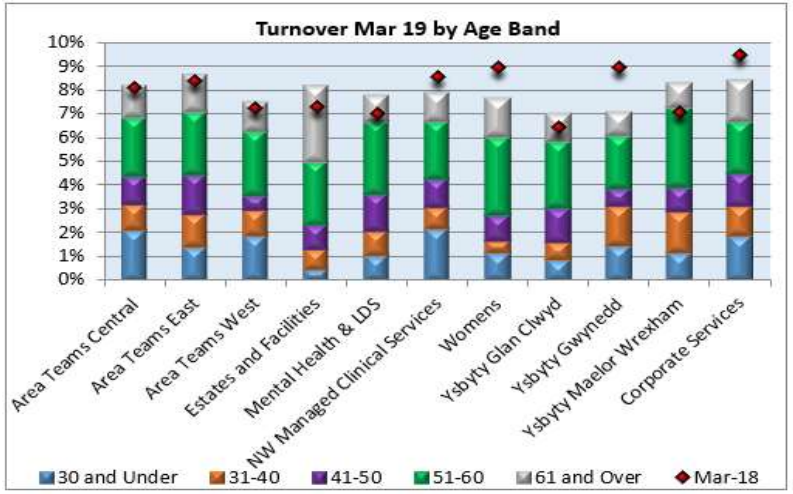




Turnover (excludes M&D Training Grades)

Turnover	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Turnover Rate 18/19	7.9%	8.0%	8.0%	8.1%	8.2%	8.3%	8.2%	8.2%	8.2%	8.3%	8.2%	7.9%
Turnover Rate 17/18	7.5%	7.5%	8.1%	7.6%	7.6%	7.5%	7.5%	7.6%	7.6%	7.5%	7.7%	7.9%





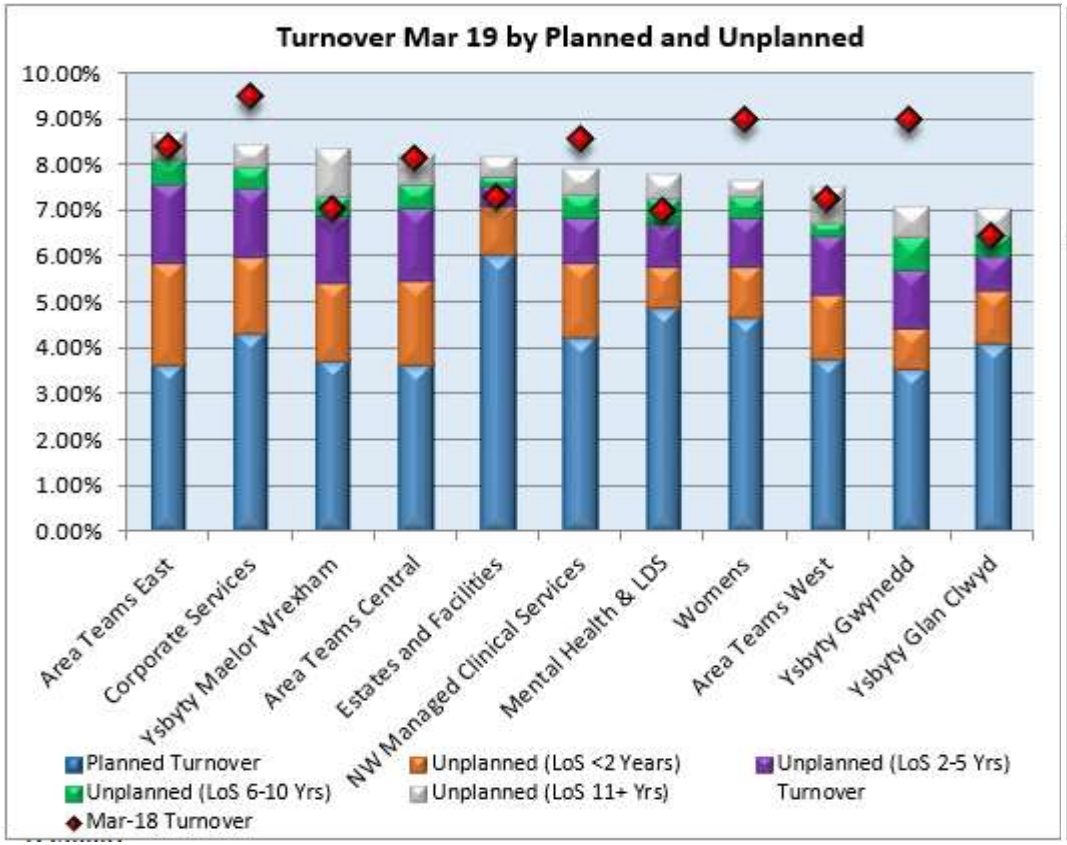
Where we are and what we are doing about it:

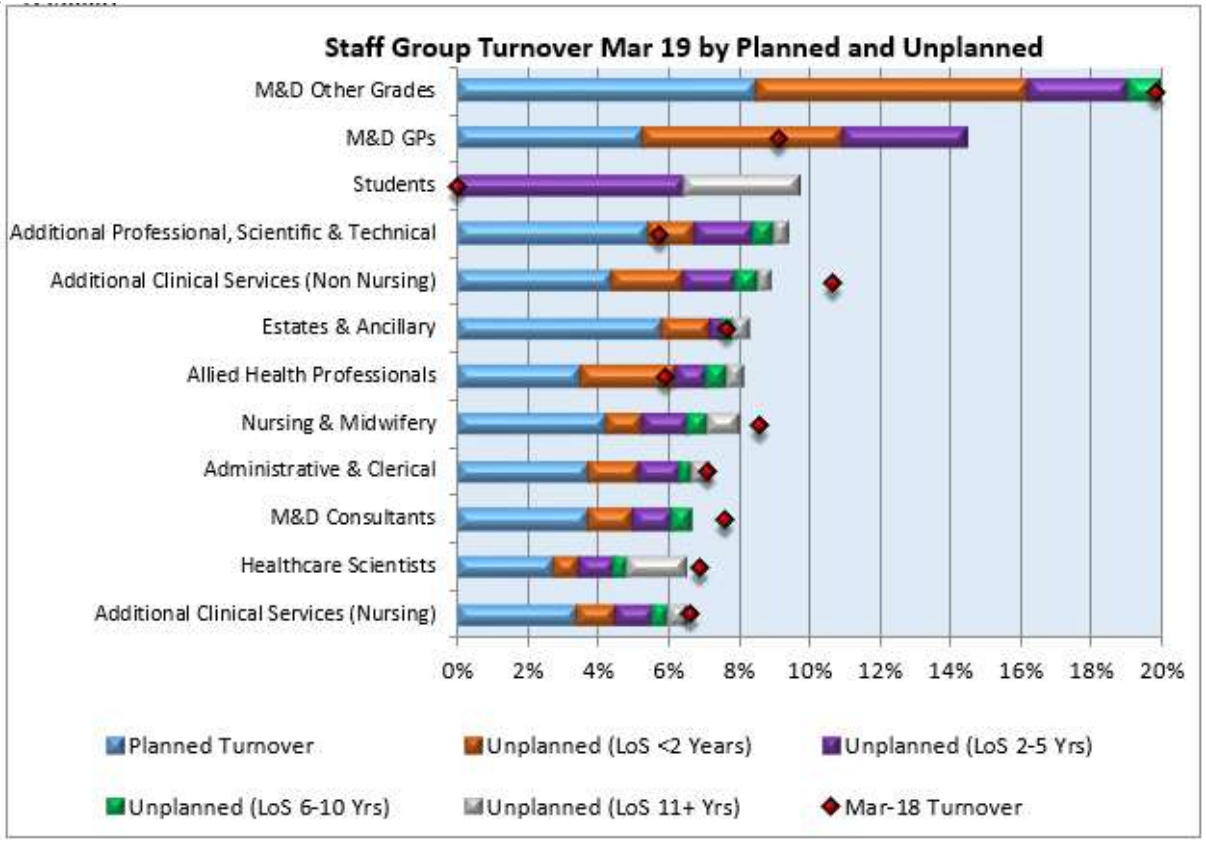
Turnover rates have been higher across 18/19 than the previous year, however, a reduction in March 19 to 7.9% reflects the position in the same period in 17/18. Unsurprisingly, turnover is higher in the younger and older age brackets and are lowest between the ages of 31 and 55. Area East and Ysbyty Maelor have the 1st and 3rd highest turnover respectively and both have a greater proportion of unplanned turnover. Resignations with less than 2 years service accounts for a quarter of the turnover in East Area. Whilst Corporate Teams has the 2nd highest turnover with a high proportion of planned turnover, rates have reduced by over 1% since March 2018. Women's and Ysbyty Gwynedd have also seen significant reduction compared to same period last year. Turnover rates in Estates & Facilities are increasing and are attributable to high levels of planned turnover (6%) which is largely down to high numbers of retirement leavers. MHLD, Women's, and Ysbyty Glan Clwyd also have higher levels of planned turnover. Turnover is highest amongst M&D Other Grades and GPs with all other staff groups falling below 10%.

Please note, rates exclude Junior Doctors

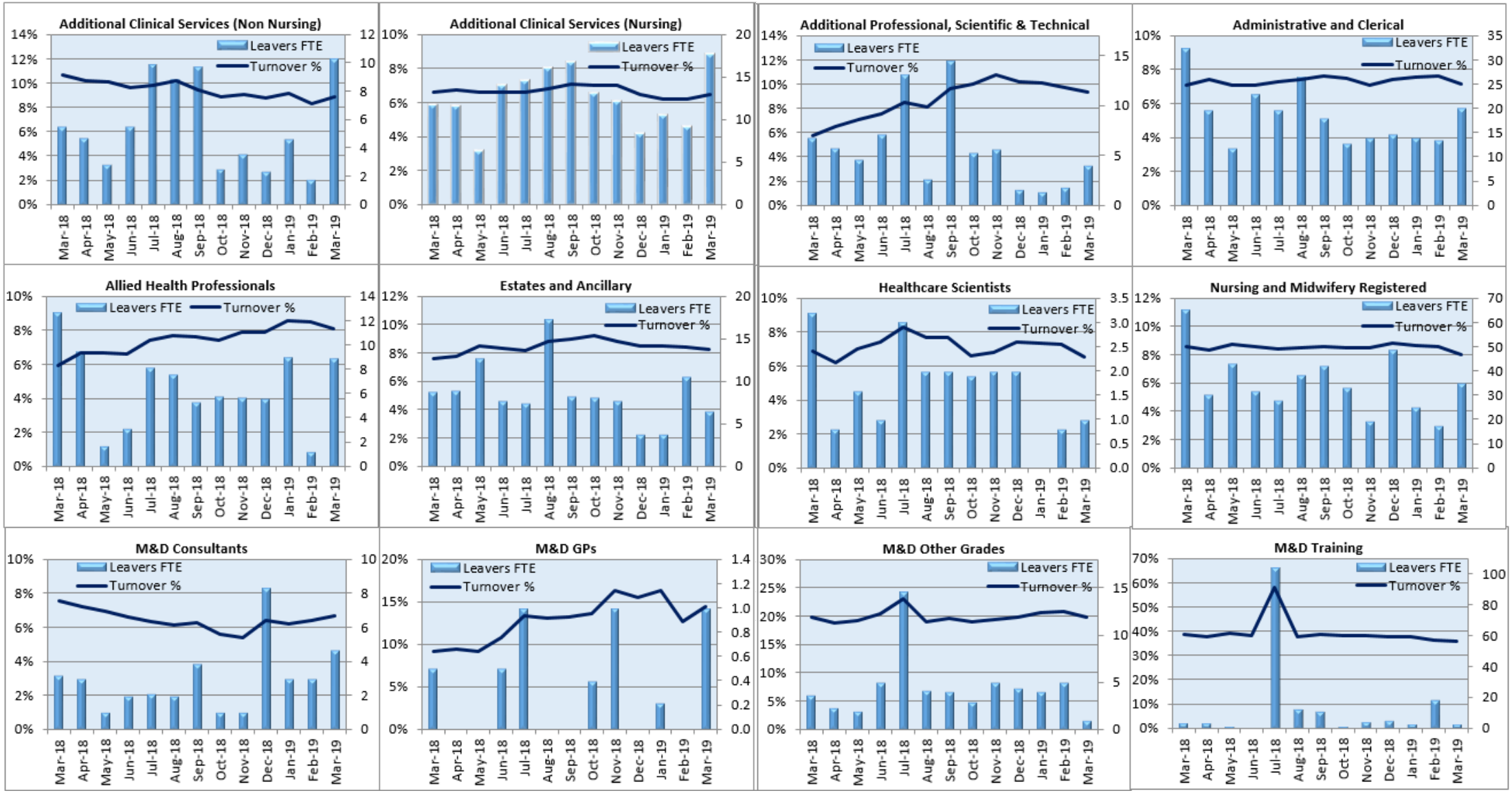
The acute site nurse recruitment and retention groups have supported the initial intake of newly qualified nurses and are working collectively on improving the numbers and experience of the new starters for this summer, processes have been developed by both the Nurse Recruitment Team and Establishment Control Team to streamline pre-employment checks and starter forms.

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

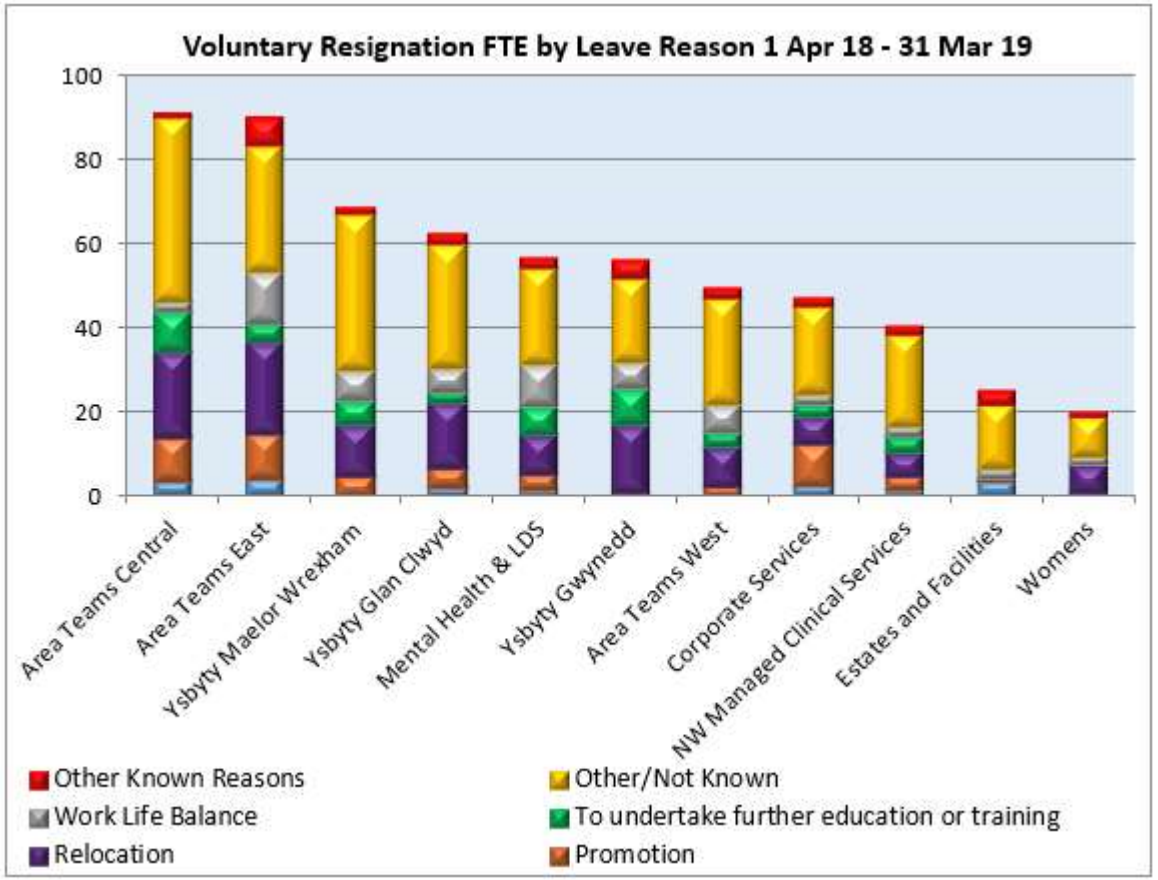


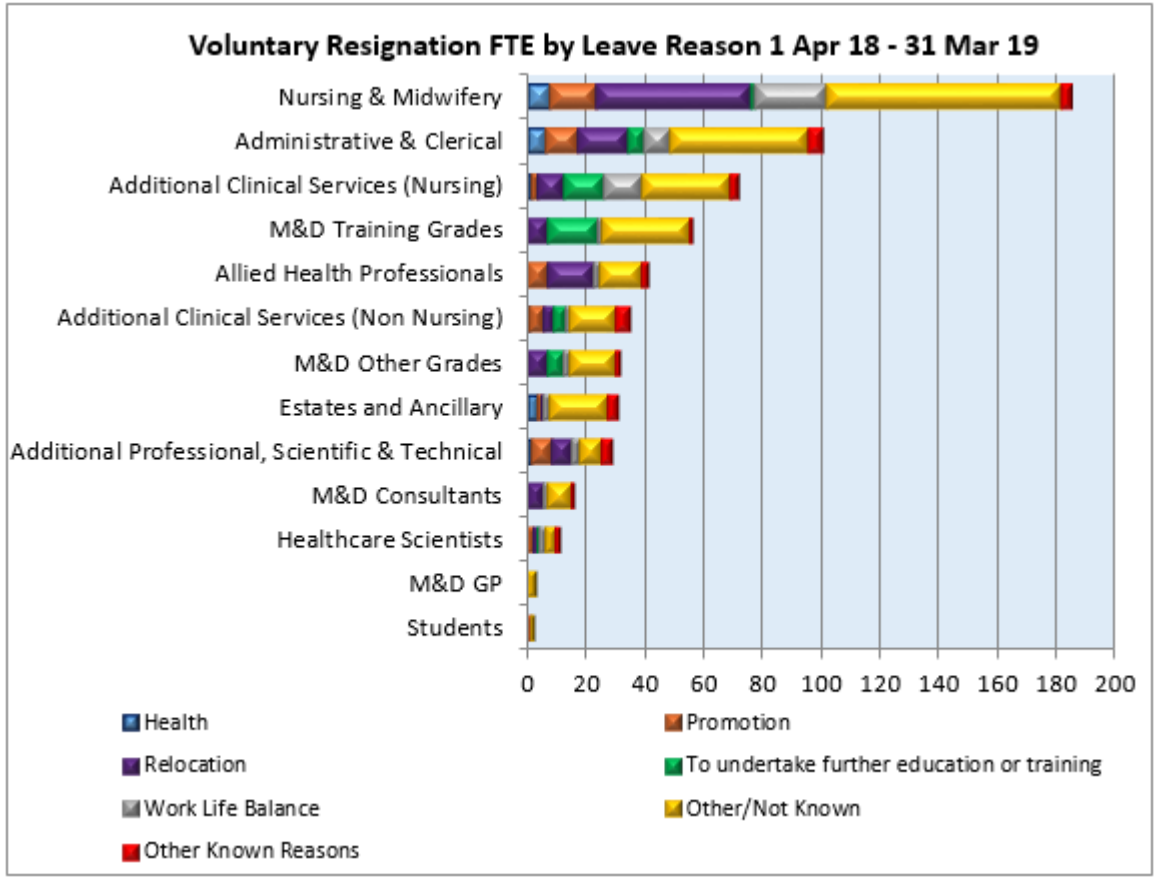


Turnover Rate (12 month) vs Leavers FTE (monthly) by Staff Group



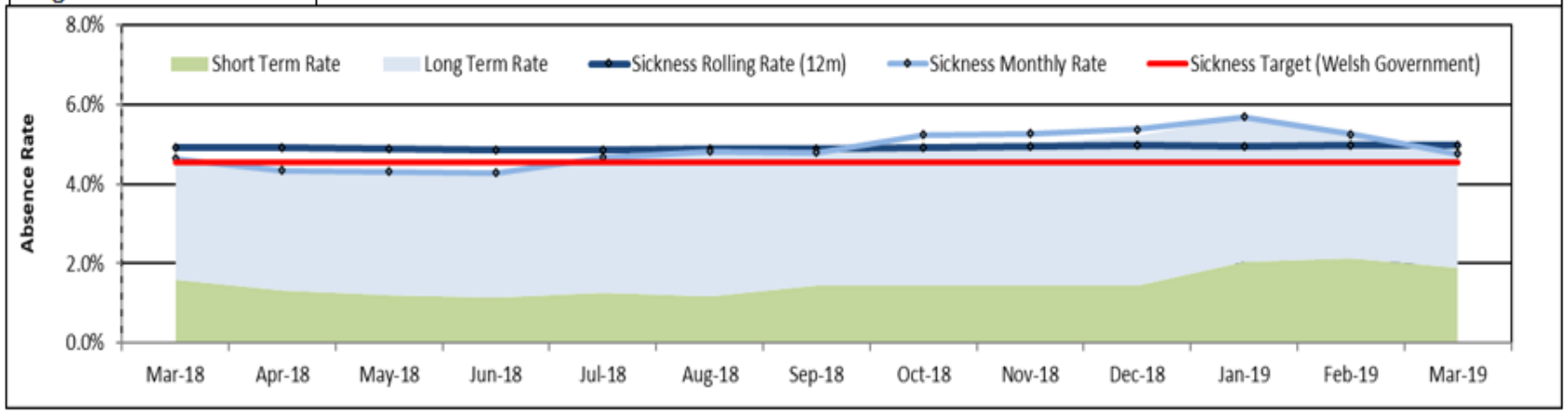
Unplanned Leavers

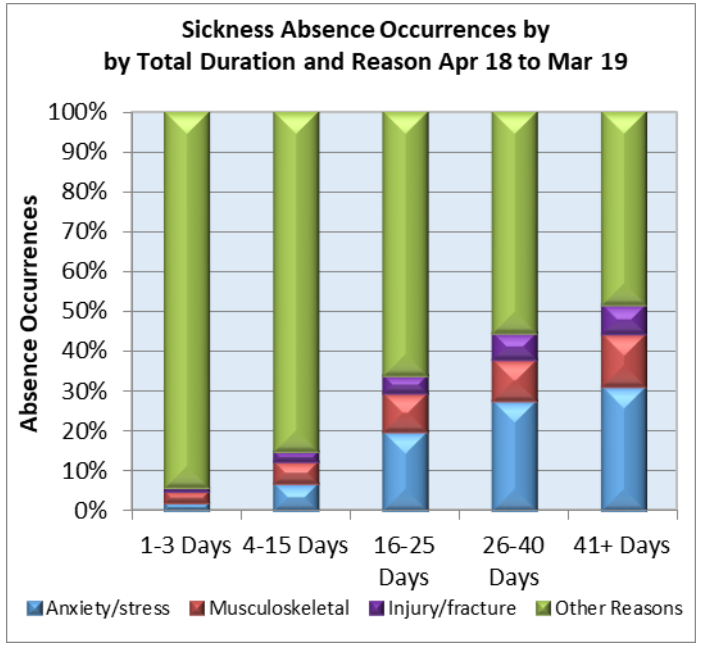




Sickness Absence

Sickness	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Sickness Rolling Rate (12m)	4.9%	4.9%	4.9%	4.9%	4.9%	4.9%	4.9%	4.9%	5.0%	5.0%	5.0%	5.0%	5.0%
Sickness Monthly Rate	4.7%	4.3%	4.3%	4.3%	4.7%	4.8%	4.8%	5.3%	5.3%	5.4%	5.7%	5.3%	4.8%
Short Term Rate	1.6%	1.3%	1.2%	1.2%	1.3%	1.2%	1.4%	1.4%	1.4%	1.4%	2.0%	2.1%	1.9%
Long Term Rate	3.1%	3.0%	3.1%	3.1%	3.4%	3.7%	3.4%	3.6%	3.6%	3.8%	3.7%	3.1%	2.9%



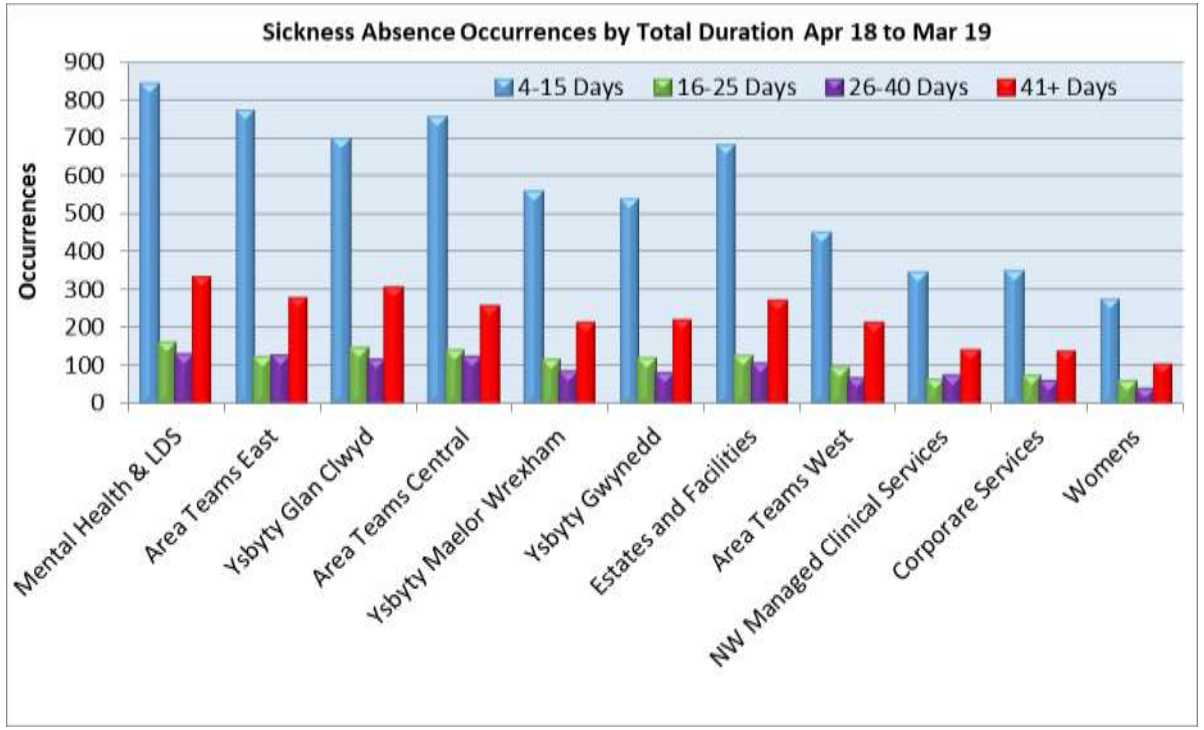


Where we are and what we are doing about it:

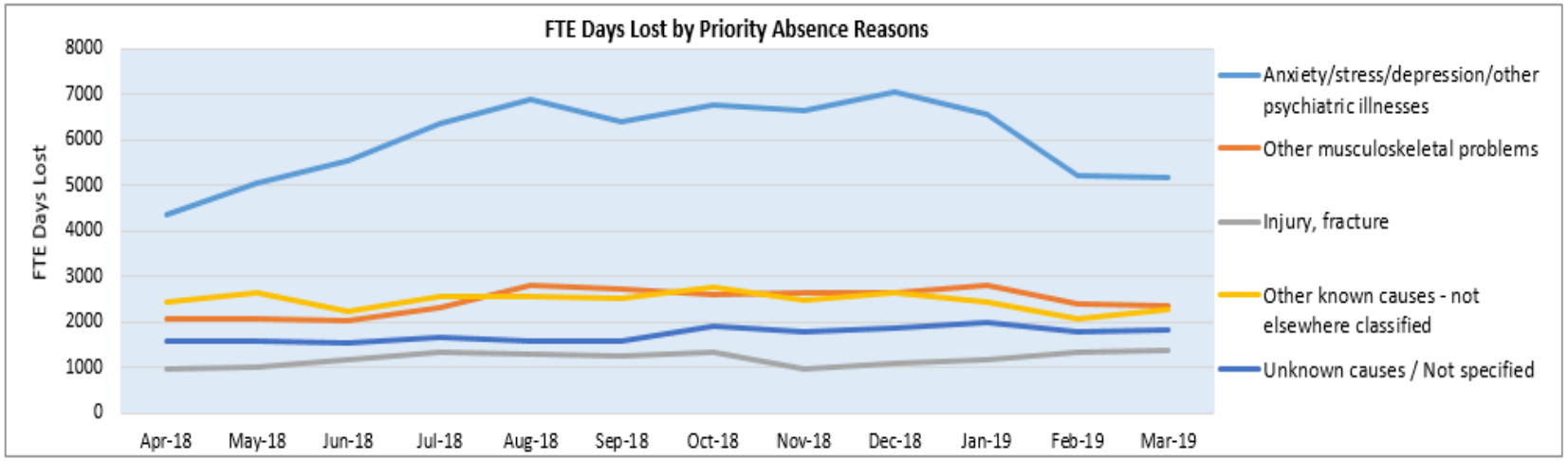
The rolling 12 month performance remains at 5% at March 2019 and is 0.5% above target with regards to the Annual Plan 2018/19 high impact objective is to reduce sickness rates to 4.5% by 31st March 2019 and to 4.2% by the end of Quarter 2 2019/20. Priority areas for action include Long Term Sickness Management, Stress/Anxiety, Musculoskeletal and accident related absence as well as overall effective management of attendance. The long term sickness rate fell to 2.9% in March 19, the lowest rate over the 13 month period having peaked at 3.8% in December 18. FTE days lost to Stress/Anxiety has reduced having also peaked during December 19, Musculoskeletal related absence FTE days is also down compared to Q3, whilst accident related absence has increased slightly. Other and unknown remain the 2nd and 4th most prevalent reasons for absence recorded with the highest number of absences recorded as such across the acute sites and MHLD. Further work on unknown is currently being looked at by Occupational Health supported by the Workforce Systems Team, with guides recently being updated to encourage completion of data.

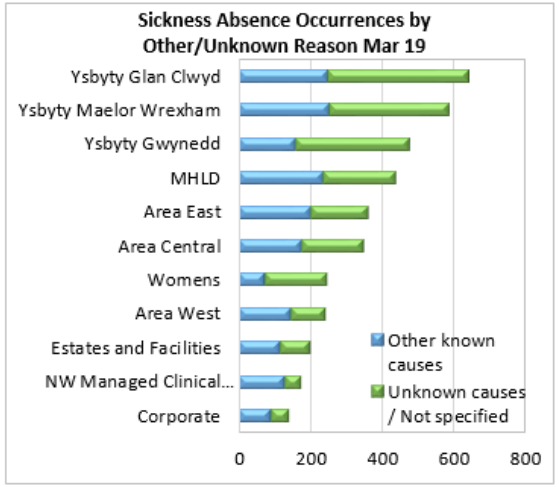
Workforce information is used each month to identify the hotspots within the SCD. The HR teams utilise the priority ward RAG actions with department managers and alongside OH input. Further work will be taken forward reviewing reasons for absence and to identify where additional advice to managers is needed.

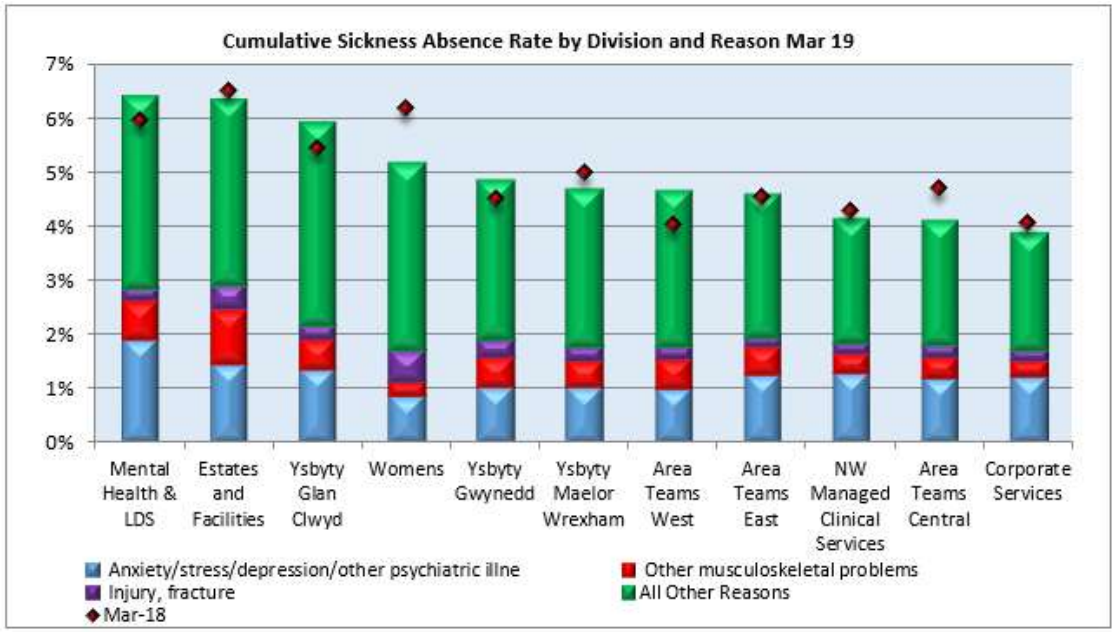
Sickness Absence : Long Term vs Short Term by Division and Staff Group *(12 month cumulative to Mar 19)*

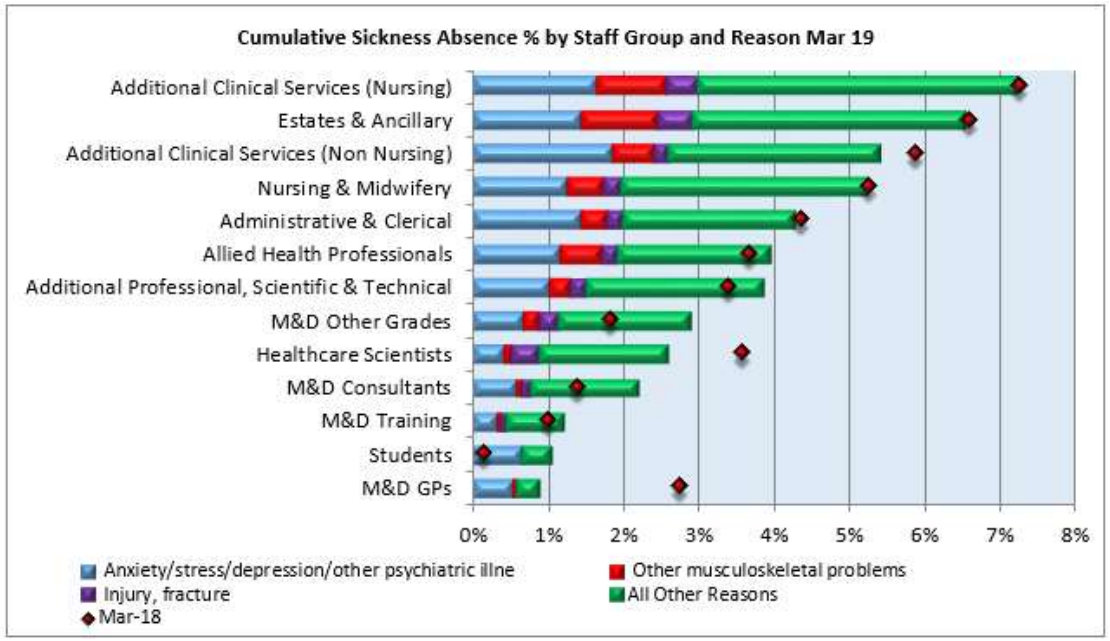


Sickness Absence by Reason *(12 month cumulative to March 2019)*



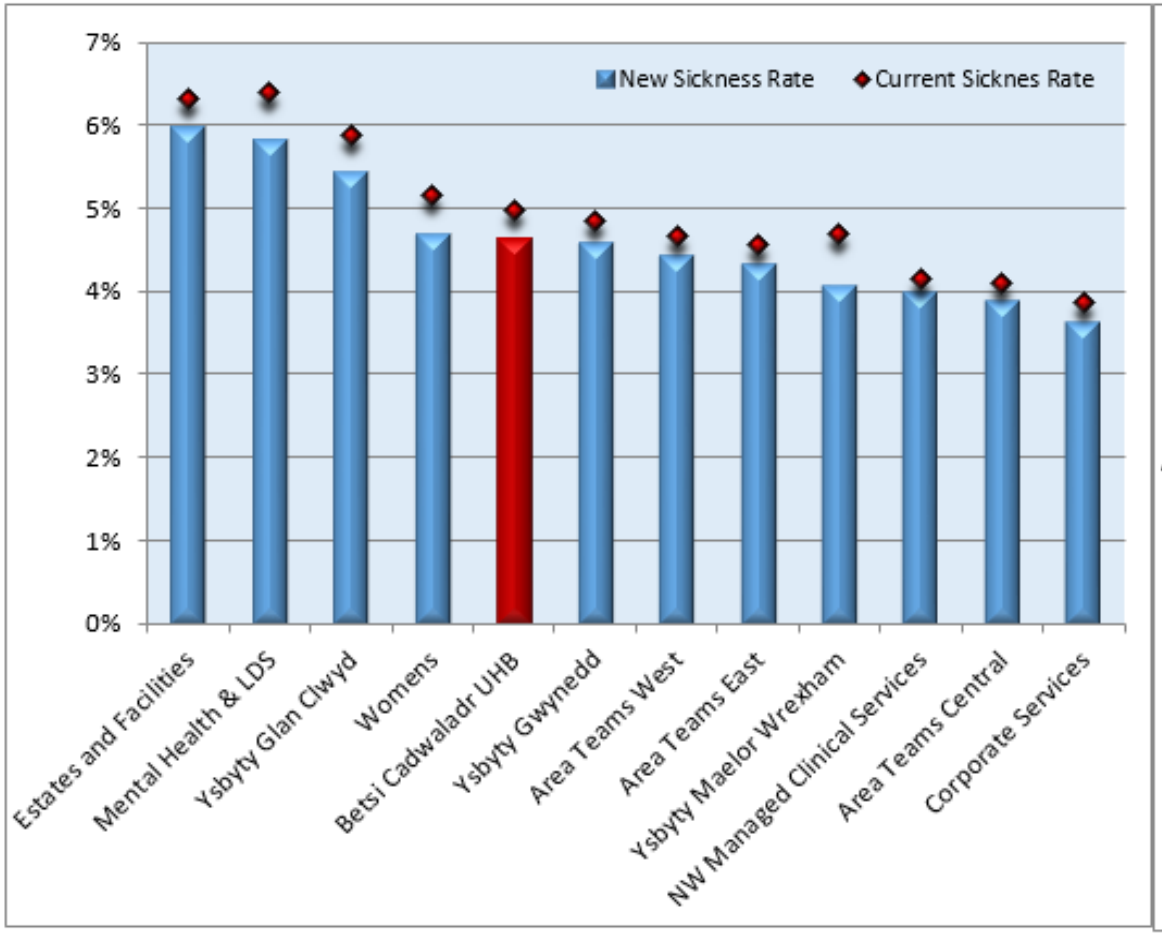




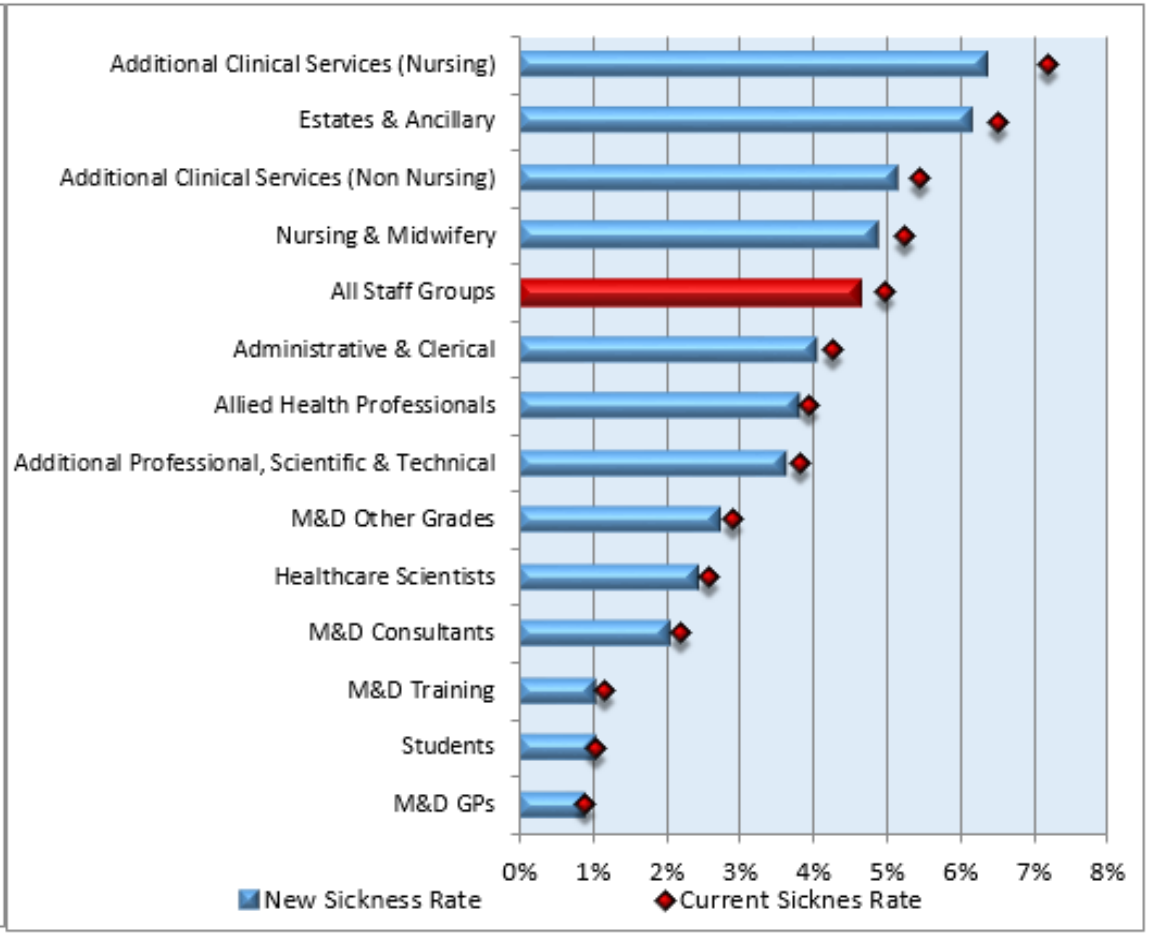


Sickness Absence : Impact of ensuring a maximum of 3 occurrences per employee within a 12 month period

By Division

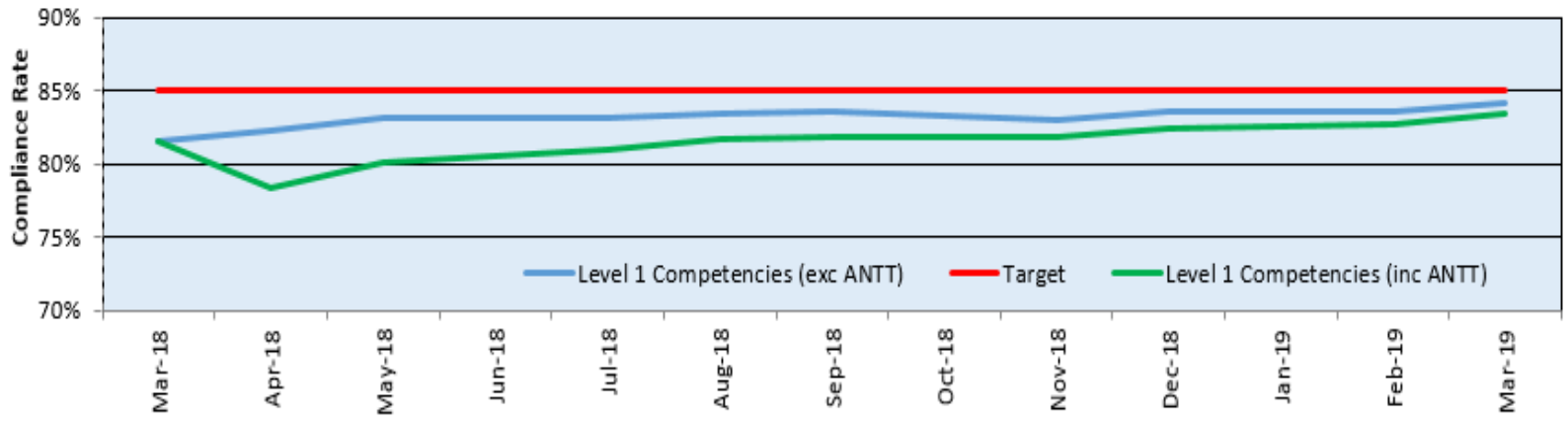


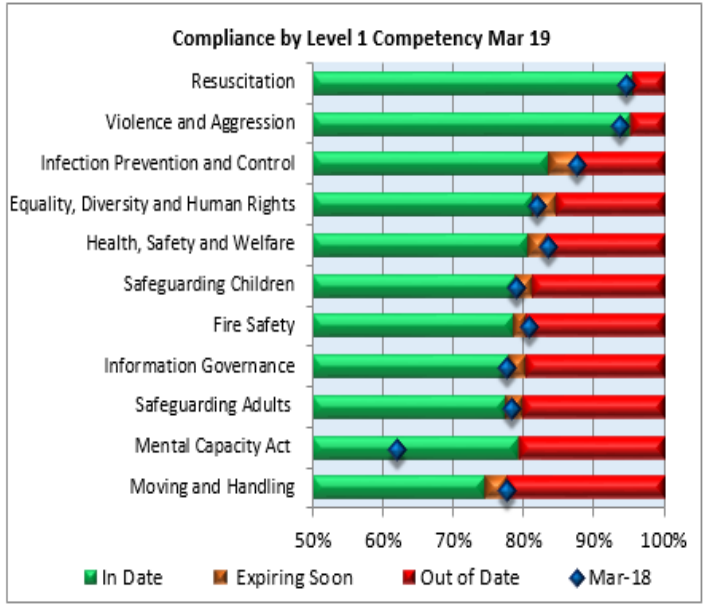
By Staff Group



Mandatory and Statutory Training Compliance (Level 1 Competencies)

Mandatory Training Compliance	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Level 1 Competencies (exc ANTT)	81.5%	82.3%	83.1%	83.1%	83.1%	83.5%	83.5%	83.3%	83.0%	83.6%	83.6%	83.5%	84.1%
Level 1 Competencies (inc ANTT)	81.5%	78.4%	80.1%	80.5%	80.9%	81.6%	81.9%	81.9%	81.8%	82.5%	82.6%	82.6%	83.4%





Where we are and what we are doing about it:

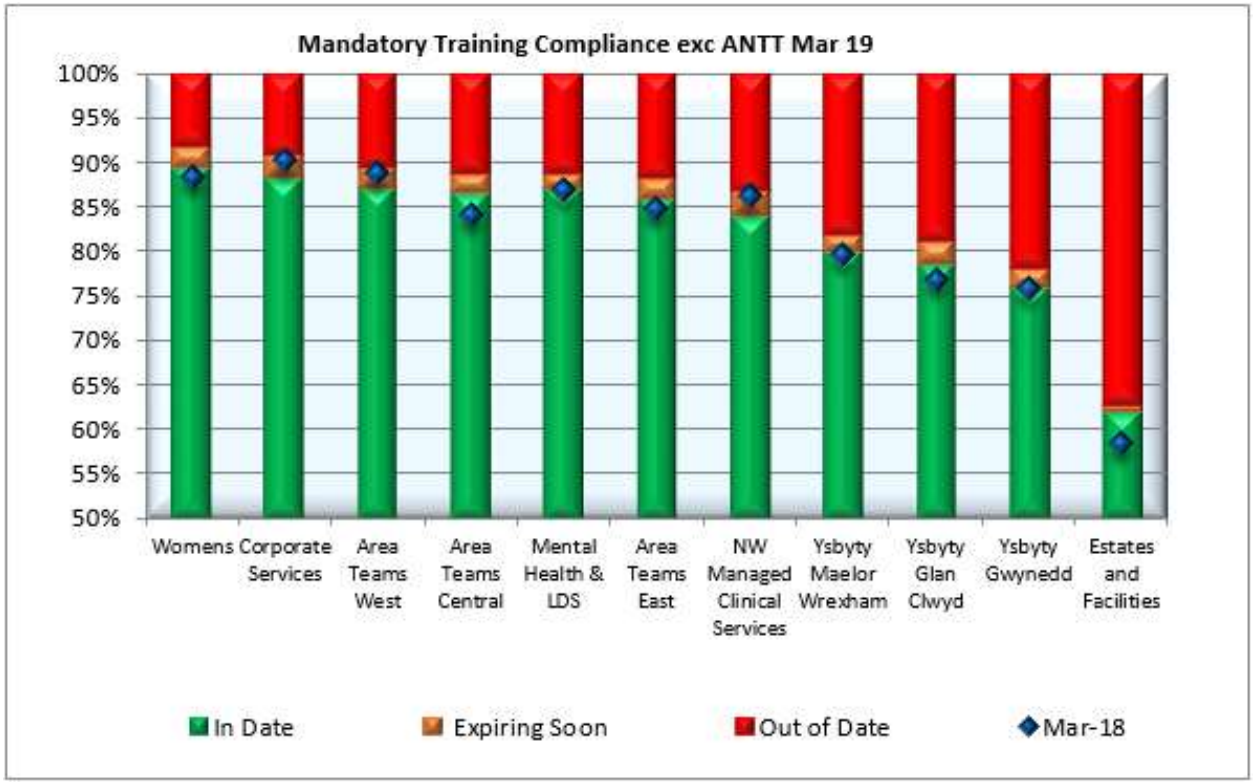
Whilst the national target of 85% has not been achieved; the organisation has made progress in March 2019 increasing 0.6% to 0.9% off the target (this excludes ANTT compliance). Over the 13 month period the organisation has a 2.6% increase in level 1 compliance. As at March 2019 only 3 level 1 competencies, Resuscitation - Level 1, Violence and Aggression (Wales) - Module A and Infection Prevention and Control - Level 1 - 3 Years are compliant with the 85% target. Equality, Diversity and Human Rights - 3 Years is close to target at 84.7%. Only Mental Capacity Act compliance has seen any significant increase since March 2018.

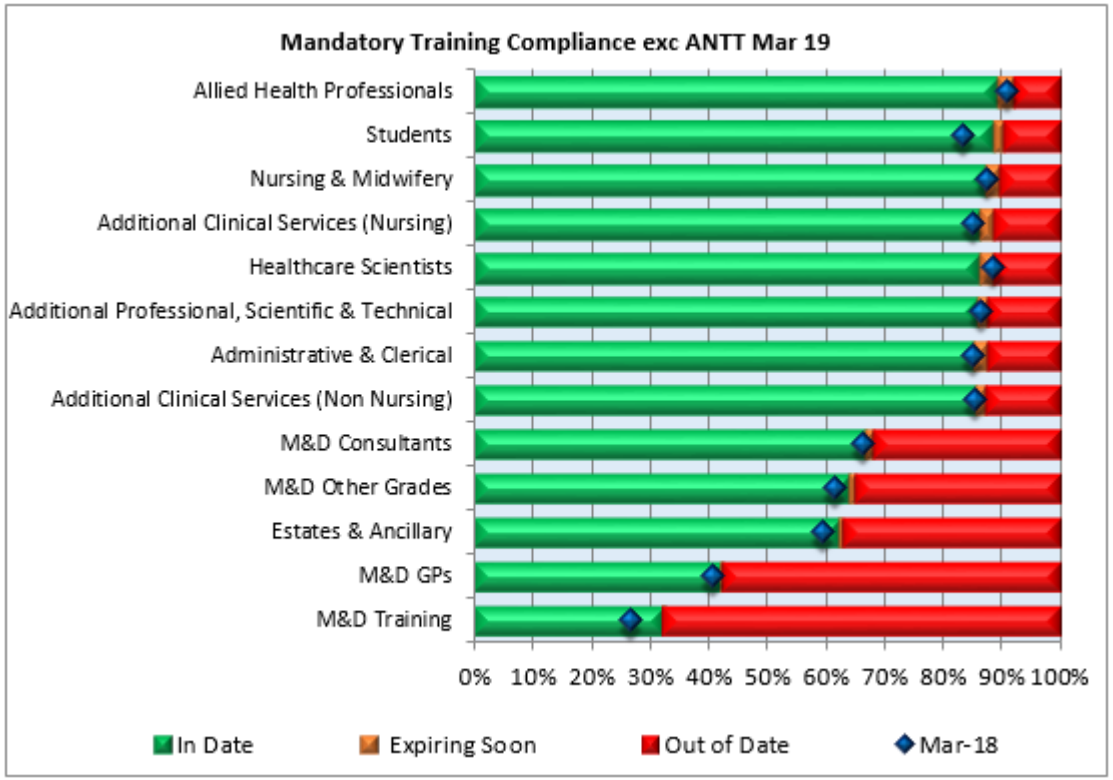
Level 1 compliance remains particularly low amongst M&D staff group with a suggestion that other sources of data are being used, and Estates and Ancillary staff within Estates and Facilities division (see next slide), however, some improvements have been realised since March 2018; Estates and Facilities Division has increased compliance by 4.25% and M&D Training Grade compliance has increased by 6%.

Workforce Systems Team currently working with M&D to understand why ESR is not being fully utilised to record training, with specific sessions with M&D staff; further work will be undertaken over next quarter to increase compliance.

***Figures exclude band and locum assignments.*

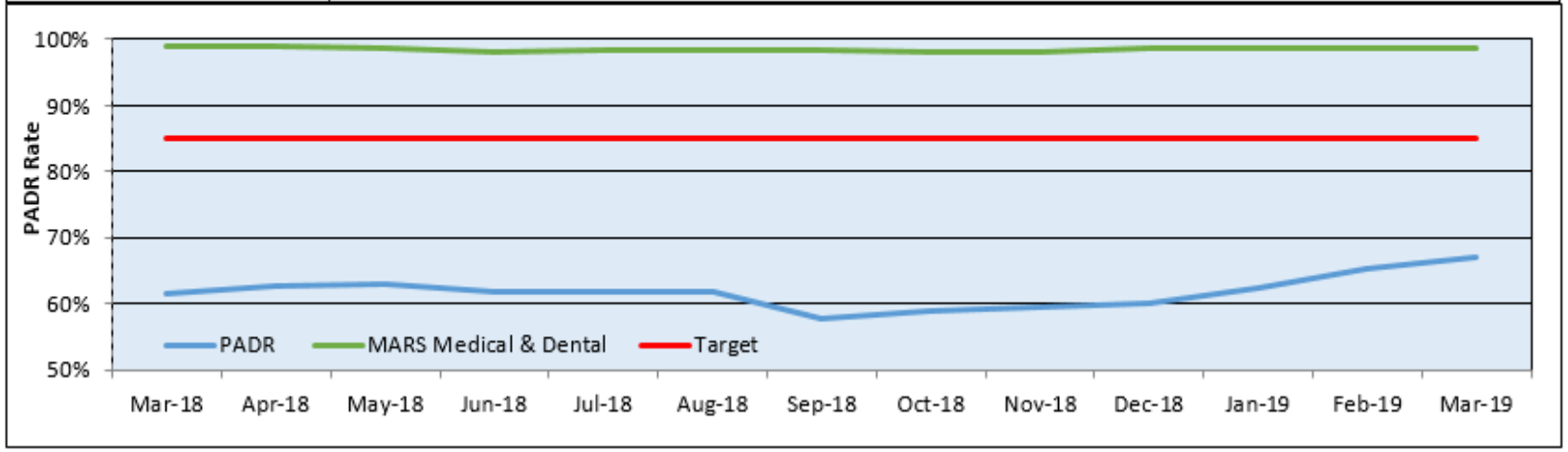
Mandatory and Statutory Training Compliance Level 1: Divisional and Staff Group Rates March 2019

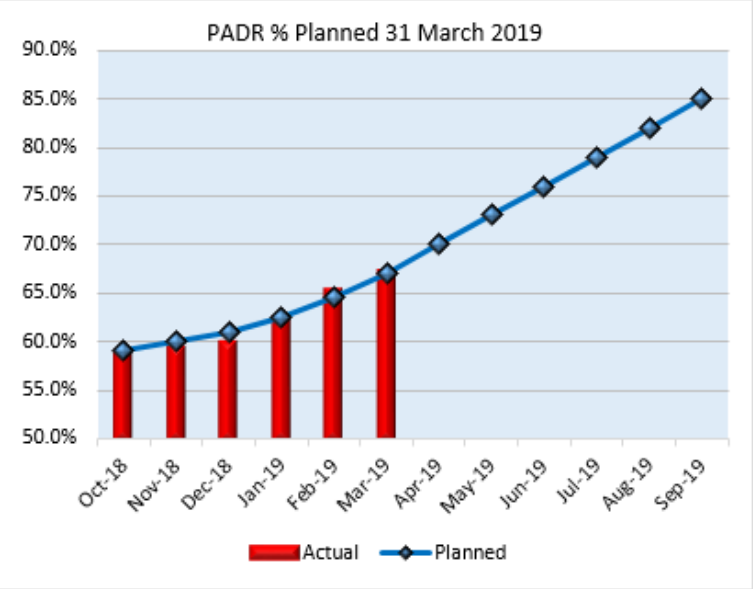




Appraisal Compliance : PADR (Non Medical & Dental staff) and MARS (Medical & Dental Staff)

Appraisal Compliance	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
PADR	61.6%	62.8%	63.1%	61.8%	61.8%	61.7%	57.9%	59.0%	59.4%	60.1%	62.5%	65.4%	67.1%
MARS Medical & Dental	99.1%	98.9%	98.6%	98.2%	98.4%	98.4%	98.4%	98.1%	98.0%	98.6%	98.6%	98.8%	98.8%





Where we are and what we are doing about it:

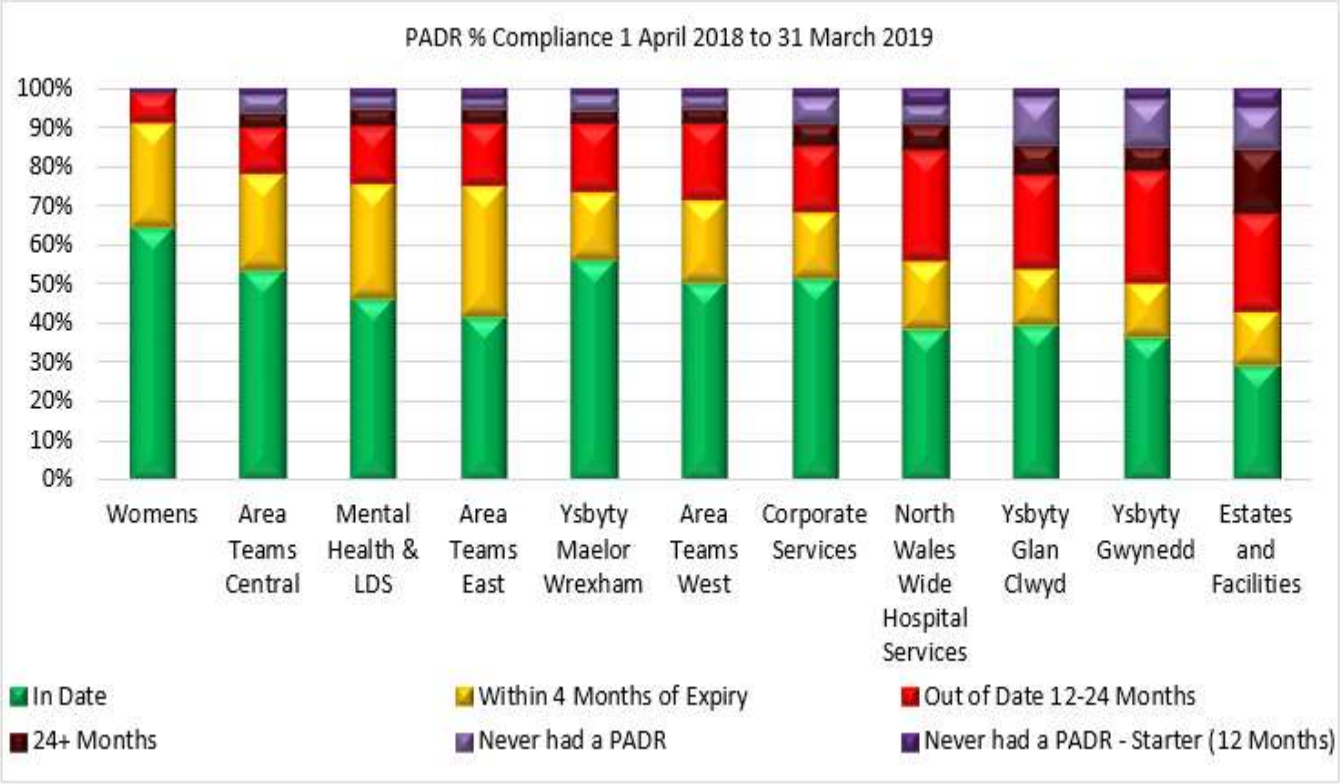
PADR remains on track achieving a 7% increase across quarter 4. The current momentum must continue in order to realise a 3% increase per month until September 2019 to achieve the National Minimum percentage of 85%. Ysbyty Glan Clwyd and Ysbyty Gwynedd were the lowest performing divisions last quarter and whilst they still trail behind the other Divisions, significant improvements have been made; Ysbyty Glan Clwyd's rates doubled between end of Q3 and end of Q4 from 27.4% to 54.1% and Ysbyty Gwynedd increased from 37% to 50.8%.

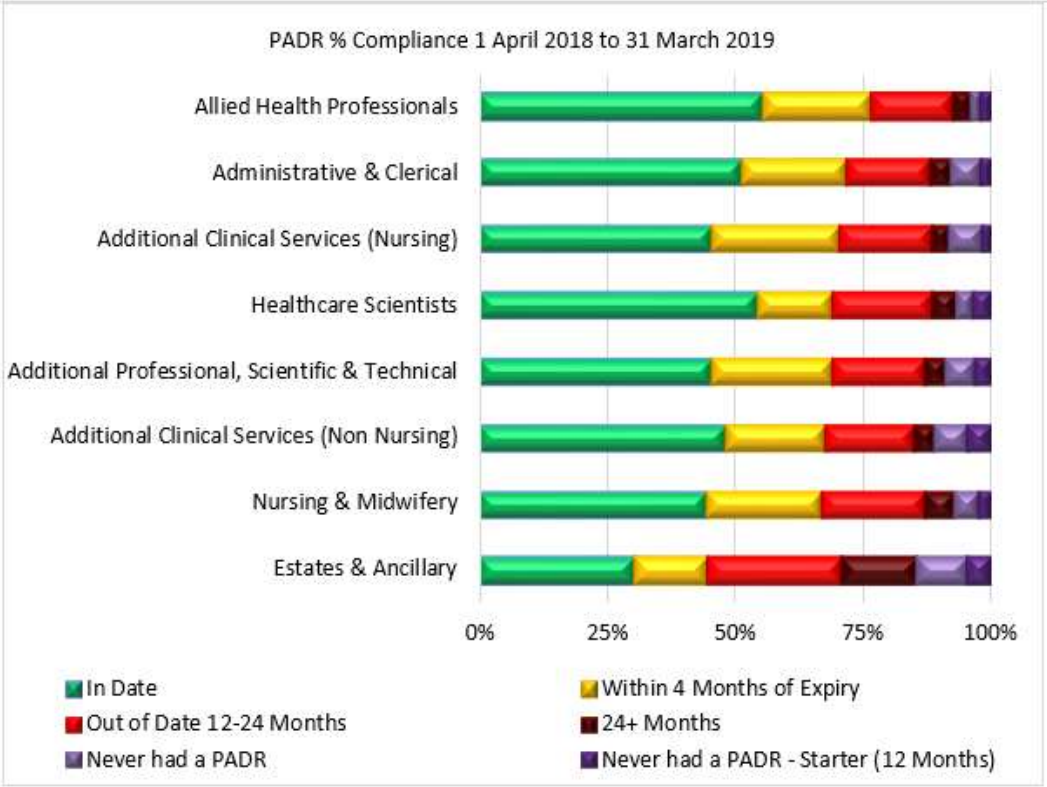
Estates and Facilities is now the lowest performing division having only achieved a 0.8% improvement in compliance between December 2018 and March 2019.

As part of the PADR Improvement plan organisational compliance data has been released as a league table demonstrating performance by ranking divisions from highest to lowest as well as all Divisions being presented with their individual monthly trajectories. As well as this, all Divisions have also received information on staff members in the category of 'within 4 months of expiry' and the impact this would have on their compliance if they were not completed prior to expiry. All this information and break down of data will ensure Divisions can proactively manage their compliance to achieve the National Minimum percentage 85% compliance by September 2019. FAQ information continues to be shared as well as best practice in the form of case studies. Group PADR's are promoted and the team are working with supervisors in Estates and Facilities to assist with the facilitation of initial Group PADR sessions.

Weekly data on PADR performance remains available to the site teams and each directorate is focused on achieving and sustaining 85% compliance

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





Conclusions / Next Steps

- Establishment Control – Work is continuing to continually monitor the process with workstreams ongoing to review areas of work. The workstream will continue to work towards use of shadow establishment to assist further with the management of vacancies and workforce planning. Baseline of data has been produced and will be monitored monthly, further analysis of this area will be provided in Q1 Report.
- 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

Finance and Performance Committee 23.5.19	 ***To improve health and provide excellent care***

Report Title:	NHS Wales Shared Service Partnership Committee Assurance Report
Report Author:	Peter Stephenson, Head of Finance & Business Development
Responsible Director:	Sue Hill, Interim Executive Director of Finance
Public or In Committee	Public
Purpose of Report:	To provide the Committee with a summary of the discussions held at the NHS Wales Shared Service Partnership Committee.
Approval / Scrutiny Route Prior to Presentation:	The paper has been approved by Neil Frow, Managing Director, NWSSP.
Governance issues / risks:	The paper reports a summary of the discussions held during the SSPC meeting on 14 March 2019. One of the main topics of discussion was the business case for the all-Wales Laundry service, the outcome of which has been separately communicated formally to the Health Board by NWSSP. The paper is provided for information only.
Financial Implications:	N/a – the paper is for information purposes only.
Recommendation:	The Committee is asked to note the report.

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 *http://www.wales.nhs.uk/sitesplus/861/page/81806*			
Equality Impact Assessment N/a – this paper is for information only and is a summary of discussion held at the SSPC meeting in March 2019**.**			

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

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Service Partnership Committee**
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	14 March 2019

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

The full agenda and accompanying reports can be accessed on our website.

1. Managing Director's Report

The Committee received a paper from the Managing Director, NWSSP which included an update on:

SBS – Members of the SMT visited SBS in Yorkshire (who provide Shared Services to a significant number of NHS bodies in England) to share experience and knowledge.

Open Exeter System – A more detailed proposal has been received from Northern Ireland to provide a replacement service. Discussions continue on the financial and legal aspects of their proposal, and this remains a red risk on the Corporate Risk Register.

Transforming Access to Medicine – The project remains on track, and the SSPC has endorsed in principle support for funding the initial project, which is looking at reviewing the options for future Pharmacy Technical Services.

2. Review of Laundry Services

The Committee received a paper asking for approval of the proposed way forward with regard to future management arrangements for an all Wales laundry service. The Committee had previously reviewed the outline business case for laundry services at its November 2018 meeting and had approved a future delivery model based on three sites across Wales, but with more work to do on the management arrangements for this service. The management arrangements were the subject of an additional workshop held at the end of January at which all organisations were represented at a senior level. The outcome of the workshop was a single provider should manage the new service. This was endorsed by all members, with the exception of BCUHB who did not want to participate in an all Wales laundry service.

The Committee then had a lengthy discussion on which organisation was best placed to provide the service (i.e. NWSSP or a Health Board) and if an additional process was needed to determine who should provide the service. The majority of members of the Committee were in favour of NWSSP providing the service due to:

- Laundry is a non-core service for Health Boards and NWSSP was established to provide such services;
- NWSSP has a good record in delivering such services, and is forecasting a £2.1m annual saving to NHS Wales for this service;
- NWSSP is truly independent in terms of providing the service, which would not be the case if a Health Board were to deliver it.

3. GP Indemnity Protocol

The GP Indemnity Scheme is due to commence with effect from 1 April under the management of NWSSP. The scheme will cover future clinical negligence liabilities for all GPs who opt into it. Welsh Government have approved the budget for 2019/20, and it is anticipated that the scheme will receive approximately 100 claims annually. The Committee approved the Protocol, which had been similarly endorsed by the Welsh Risk Pool Committee on the 13th March 2019.

4. Updated Scheme of Delegation

The Committee approved two minor changes to the Scheme of Delegation which provider greater authority for the Managing Director and Director of Finance & Corporate Services in approving internal invoices.

5. PMO Highlight Report

The Committee reviewed the report, which demonstrated that the majority of the 21 projects currently being managed by the PMO were on-track. The two current red-rated projects, which are both relatively small, are being addressed and should be back on-track shortly.

6. Finance & Workforce Report

The Committee noted that the financial performance of NWSSP was on track and that all KPIs were either green or amber. In addition, Welsh Government had recently provided £600k of additional capital funding. The Welsh Risk Pool budget is also on-track and there will be no need to call on the risk-sharing agreement for the current year.

The key message from the Workforce statistics is that sickness absence is higher than the previous year, particularly in respect of short-term absences. The most common reason for this is stress and anxiety, and work is on-going to address this.

Recruitment is also underway for the Medical Examiner Service but the launch date for this is now unlikely to be before the autumn.

7. Corporate Risk Register

There are two red-rated risks on the register. The first of these relates to the NHAIS replacement, which was covered in the Managing Director's report. The second relates to preparations for a no-deal BREXIT, for which a number of initiatives are on-going, particularly in the area of the supply chain to NHS Wales.

8. Audit Committee Highlight Report

The Committee noted the update from the January Audit Committee meeting. Six internal audit reports were presented, and all had a reasonable assurance rating. No internal audit actions are outstanding.

9. 2019/20 Forward Plan

The Committee noted the Forward Plan for the coming year.

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.

Matters referred to other Committees

N/A

Date of next meeting	23 May 2019

Finance and Performance Committee 23.5.19	 To improve health and provide excellent care

Report Title:	Summary of In-Committee business to be reported in public
Report Author:	Diane Davies, Corporate Governance Manager
Responsible Director:	Sue Hill, Interim Executive Director Finance
Public or In Committee	Public
Purpose of Report:	To report in public session that the following items were considered at the Finance and Performance Committee held in private session on 24.4.19 • Medical and Dental Agency and Locum monthly report • Eye Care Services • Non recurrent RTT spending • Board and Committee monitoring of the 2019/20 Annual Plan • Countess of Chester hospital • Ysbyty Glan Clwyd redevelopment
Approval / Scrutiny Route Prior to Presentation:	The issues were considered by the Committee at its private in-committee meeting
Governance issues / risks:	Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.
Financial Implications:	The financial implications were discussed at the meetings
Recommendation:	The Committee is asked to note the report

Health Board's Well-being Objectives *(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

- 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