

## Bundle Finance Committee 22 August 2019

- 1 09:00 - GOVERNANCE
  - 1.1 Welcome and Apologies  
*Presenter: Chair*
  - 1.2 Declarations of Interest  
*Presenter: All*
  - 1.3 Unapproved Minutes of Previous Meeting Held on 22nd July 2019  
*Presenter: Chair*
    - 1 3 Unapproved Finance Committee Minutes 22 07 19
  - 1.4 Matters Arising and Table of Actions from Meeting Held on 22nd July 2019  
*Presenter: Chair*
    - FC Table of Actions 22 07 19
- 2 09:10 - FOR DISCUSSION
  - 2.1 Finance Report Month 4  
*Presenter: Huw Thomas*
    - 2 1 Finance Report Month 4
  - 2.1a Financial Projections Report Month 4  
*Presenter: Huw Thomas*
    - 2 1a Financial Projections Report SBAR Month 4
    - 2 1a Appendix 1 Month 4 Presentation
  - 2.2 Turnaround Report Month 4  
*Presenter: Andrew Carruthers*
    - 2 2 Turnaround Report SBAR
    - 2 2 Appendix 1 Turnaround Report
  - 2.3 RTT Month 4  
*Presenter: Keith Jones*
    - 2 3 RTT Month 4
  - 2.4 Establishment Control  
*Presenter: Lisa Gostling (verbal)*
  - 2.5 Capital Financial Management  
*Presenter: Eldeg Rosser*
    - 2 5 Capital Financial Management SBAR
    - 2 5 Appendix 1 Cylch Caron Update
    - 2 5 Appendix 1a - Cylch Caron CCC Communication Document
  - 2.6 Contracts Project Implementation Plan  
*Presenter: Shaun Ayres*
    - 2 6 Contracts Project Implementation Plan
    - 2 6 Appendix 1 Contracting Timeline
  - 2.7 External Secondary Care Contracts  
*Presenter: Huw Thomas*
    - 2 7 External Secondary Care Contracts
  - 2.8 External Finance Review  
*Presenter: Huw Thomas (verbal)*
- 3 10:20 - FOR ASSURANCE
  - 3.1 Deep Dive into Continuing Health Care
    - 3.1.1 Counties  
*Presenter: Jill Patterson*
      - 3 1 1 Deep Dive into Long Term Care - Counties SBAR

3 1 1 Appendix 1 Presentation for Deep Dive into Long Term Care - Counties

3.1.2

Mental Health and Learning Disabilities

*Presenter: Liz Carroll*

3 1 2 Deep Dive into MH&LD Commissioning SBAR

3 1 2 Appendix 1 Presentation for Deep Dive into Mental Health and Learning Disabilities CHC

3.2

Deep Dive into Ring-fenced Allocation within Mental Health and Learning Disabilities

*Deferred to September 2019 Committee Meeting*

3.3

Corporate Risks

*Presenter: Huw Thomas*

3 3 Corporate Risk Report SBAR

3 3 Appendix 1 FinanceCommCorpRiskReport.070819

3.4

Finance Operational Risks

*Presenter: Huw Thomas*

3 4 Finance Operational Risk Risk Report SBAR

3 4 Appendix 1 Risk Registers

3 4 Appendix 2 Committee Reporting Structure

3 4 Appendix 3 Finance Committee August 2019

3 4 Appendix 4 Finance Themed RR August 2019

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11:40 - FOR APPROVAL

4.1

Financial Procedures

*Presenters: Jennifer Thomas/Eldeg Rosser*

4 1 Financial Procedures SBAR

4 1 Appendix 1 Budgetary Control HDdUHB Procedure - Draft v4

4 1 Appendix 2 FP 05.01-ClaimsSpecialPayments-draft August 2019

5

11:50 - FOR INFORMATION

5.1

Strategic Financial Planning Group Update Report to Strategic Enabling Group (SEG)

5 1 SFPG Update Report to SEG

5 1 Appendix 1 SFPG Risk Register

5.2

Finance Committee Update Report to Board from Previous Meeting

*Presenter: Chair*

5 2 Finance Committee Update Report to Board 22nd July 2019

5.3

Finance Committee Annual Workplan

*Presenter: Chair*

5 3 Finance Committee Workplan 2019-20 v9

5.4

Reflective Summary

*Presenter: Huw Thomas (Verbal)*

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ANY OTHER BUSINESS

7

DATE OF NEXT MEETING: Tuesday 24th September 2019, 09:30 - 12:30, Ystwyth Boardroom

**COFNODION HEB EU CYMERADWYO O GYFARFOD Y PWYLLGOR CYLLID/  
UNAPPROVED MINUTES OF THE FINANCE COMMITTEE MEETING**

<b>Date and Time of Meeting:</b>	Monday 22 <sup>nd</sup> July 2019, 9.30am – 12.30pm
<b>Venue:</b>	Boardroom, Ystwyth Building, St. David's Park, Carmarthen

<b>Present:</b>	Mr Michael Hearty, Associate Member (Committee Chair) Mr Paul Newman, Interim Vice Chair, Hywel Dda University Health Board (HDdUHB) Mr Mike Lewis, Independent Member (Committee Vice Chair) Mr Huw Thomas, Director of Finance Mr David Powell, Independent Member Mr Joe Teape, Director of Operations/Deputy Chief Executive Mr Andrew Carruthers, Turnaround Director
<b>In Attendance:</b>	Mr Benjamin Garside, KPMG LLP (part) Mr Shaun Ayres, Interim Contracting Manager Ms Janice Cole-Williams, General Manager, Withybush General Hospital (part) Ms Elaine Lorton, County Director, Pembrokeshire (part) Mrs Leanne Malough, Wales Audit Office (observer) Ms Alison Gittins, Head of Corporate and Partnership Governance Mrs Sarah Bevan, Committee Services Officer (Secretariat)

<b>AGENDA ITEM</b>	<b>ITEM</b>	
<b>FC(19)120</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
	The Chair, Mr Michael Hearty, welcomed all to the meeting.  Apologies were received from: <ul style="list-style-type: none"> <li>Mr Steve Moore, HDdUHB Chief Executive</li> <li>Mrs Ann Taylor-Griffiths, Union Representative</li> <li>Mrs Judith Hardisty, Interim Chair of HDdUHB</li> <li>Mrs Lisa Gostling, Director of Workforce &amp; Organisational Development</li> <li>Mr Keith Jones, Assistant Director of Acute Services</li> </ul>	
<b>FC(19)121</b>	<b>DECLARATIONS OF INTERESTS</b>	
	There were no declarations of interest made.	
<b>FC(19)122</b>	<b>MINUTES OF PREVIOUS MEETING HELD ON 25<sup>TH</sup> JUNE 2019</b>	
	<b>RESOLVED</b> – that the minutes of the Finance Committee meeting held on 25 <sup>th</sup> June 2019 be <b>APPROVED</b> as a correct record.	
<b>FC(19)122</b>	<b>MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 25<sup>TH</sup> JUNE 2019</b>	
	An update was provided on the Table of Actions from the meeting held on 25 <sup>th</sup> June 2019 and confirmation received that all outstanding actions had	

been progressed or were forward planned for a future Committee meeting, with the exception of:

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- **FC(19)100 Matters Arising and Table of Actions from the Meeting Held on 25<sup>th</sup> June 2019** – Mr David Powell noted that his request to retain the action relating to the inclusion of a timeline of when the Committee should begin to have concerns over the delivery of savings schemes, is not reflected in the current Table of Actions. It was agreed to reintroduce this into the forthcoming table of actions.
- **FC(19)101 Finance Month 2 Report** – Mr Joe Teape advised this action is in progress and could therefore be removed from the Table of Actions.
- **FC(19) 103 Turnaround Month 2 Report** – Mr Andrew Carruthers advised Members that having discussed the progress of electronic test requesting for pathology with the Director of Planning, Performance and Commissioning, it is unclear whether this is currently included within the Business Case and will therefore remain on the Table of Actions for an update at the next Committee meeting. Mr Powell noted that affordability should also be stipulated.
- **FC(19)103 Turnaround Month 2 Report** – Mr Huw Thomas confirmed that a presentation on the connectivity of the Turnaround Programme and the Transforming Clinical Services Strategy is on the agenda. Mr Thomas informed Members that a Strategic Enabling Group has also been established to support corporate functions with the Strategy.
- **FC(19)107 External Finance Review** – Mr Thomas advised Members that KPMG had commenced their review the previous week, and had issued an extensive request for data which the finance team is currently working through. Weekly progress meetings will be held with Mr Thomas, KPMG and the Finance Delivery Unit. Mr Paul Newman queried the timescale for the review and Mr Thomas responded that this will be 12 weeks in duration. The review will feed into the Turnaround process, will be aligned with HDdUHB's £25m control total and focus on the reduction of the underlying deficit with a resulting 3 year plan of opportunities. Mr Hearty requested confirmation that Welsh Government (WG) is commissioning the review and Mr Thomas assured Members that WG is funding and procuring the review, however it will constitute a co-produced piece of work between KPMG and HDdUHB. Mr Mike Lewis queried the terms of reference for the expected output of the review and Mr Thomas responded that KPMG's aim is to assess HDdUHB's financial planning for 2019/20, to provide assurance on the delivery of the £25m control total, and to provide an underlying deficit assessment to enable a framework of opportunities over a 3 year period. Mr Powell enquired whether the report would be for WG or for HDdUHB. Mr Thomas advised that he has been assured that nothing will be reported to WG without HDdUHB having sight of it first.

It was noted that all remaining items on the Table of Actions are reflected on the agenda for today's Committee meeting.



FC(19)123	<b>FINANCE REPORT MONTH 3</b>	
	<p>Members were presented with the Finance Report Month 3. Mr Thomas informed Members of the £5.8m allocation provided by WG for the delivery of Referral to Treatment Time (RTT), £3m of which had already been included within HDdUHB's baseline plan, with the gap of £2.8m currently being worked through. Mr Thomas informed Members of issues developing in year regarding the delivery of RTT including the temporary closure of Orthopaedic theatre capacity at Withybush General Hospital (WGH) during the summer of 2019, the requirement to deliver a reduction in outpatient follow ups, and reducing Stage 1 outpatients from 36 to 32 weeks. Mr Thomas advised that the savings requirement has been reduced from £28.7m to £25.7m with the risk to delivery therefore £4.3m.</p> <p>Members noted that HDdUHB's financial position at the end of Month 3 represented an adverse variance against plan of £0.4m, which brings the cumulative Year To Date (YTD) variance to £1.4m. Operational forecasts in excess of budget of £6.5m, on top of savings risks of £4.3m, represent an adverse variance to plan of £10.8m, which would equate to a year end deficit position of £35.8m. Mr Powell queried the £4.3m risk to delivery of the pipeline schemes and whether the total risk to delivery should also include a proportion of the £8.2m marginal risk/amber schemes. Mr Thomas acknowledged that there is some risk around the margins to delivery, however, assured Members that these are in the thousands and therefore do not pose a significant risk.</p> <p>Mr Lewis expressed some unease with the action to reduce the savings requirement and queried whether this should have remained at its original level. Mr Thomas assured Members that the reduction in the savings requirement does not alter the target for Directorates which still remains.</p> <p>Mr Thomas touched upon the challenges faced in WGH, not only in relation to surge pressures but also in relation to medical staffing within A&amp;E, both of which are on the agenda to be discussed in detail.</p> <p>Mr Thomas informed Members of the implications of the £3m reduction in savings delivery, specifically the delay in delivery of early savings. In-month achievement of £1.0m is an improvement on Month 2, however is still £0.2m behind plan. Mr Hearty queried whether the non-delivery of savings levels implies the forecasting was incorrect. Mr Thomas responded that non-delivery at this stage is marginal and that the monthly cycle of turnaround meetings will monitor the forecast. Acknowledging this, Mr Powell requested clarity on how the Committee could receive early warning of savings delivery going awry, as any non-achievement at this stage may increase the pressure when the savings requirement escalates. Mr Thomas stressed the importance of plotting actions rather than pounds, with further clarity required on the tracking of actions.</p> <p>Mr Carruthers informed Members of the recent development of an amber scheme tracker to proactively track progress against due dates and key actions. Mr Newman queried whether a similar approach is required for the green schemes. Mr Carruthers responded that green schemes will remain green, however, if a risk other than a delay to delivery is identified, they will be reclassified as amber. Mr Hearty reminded Members that schemes are</p>	

	reported to either the Chief Executive HTA meetings or the Turnaround Director HTA meetings and are therefore being dealt with in a transparent manner and with an appropriate level of grip and control.	
	The Committee <b>NOTED</b> and <b>DISCUSSED</b> the financial position for Month 3.	

<b>FC(19)124</b>	<b>FINANCIAL PROJECTIONS REPORT MONTH 3</b>	
	<p>Mr Thomas presented the Financial Projections Report Month 3, informing Members that the approach adopted in Month 2, to delay projections of when the deficit would reduce to Month 7, has now been brought forward to Month 4 as a result of the benefit of the £3m WG allocation.</p> <p>Mr Thomas advised Members of current operational pressures, not only in Withybush Hospital, but also in Pathology, Women and Children's Services and Long Term Agreements (LTAs). Pressures in relation to LTAs currently include a projected outturn of being £1.1m adrift due to the Welsh Health Specialised Services Committee (WHSSC) and Swansea Bay University Health Board (SBUHB). Mr Hearty queried whether there is active engagement on pressures within these areas to mitigate the risks involved. Mr Thomas responded that there is active engagement via the HTA process and that these areas are currently in escalated review, with the exception of Public Health which relates to the Tuberculosis (TB) outbreak in Llanelli. Mr Thomas assured Members that discussions are being held with WG to mitigate this cost pressure.</p> <p>Mr Lewis queried the level of dialogue taking place in relation to LTA pressures and Mr Thomas responded that this would be considered in the contracting update later on the agenda. Mr Joe Teape informed Members that the majority of providers are keen to be involved. Mr Shaun Ayres confirmed there are good links in place between the contracting team and operational managers.</p> <p>Mr Thomas informed Members of further risks for the remainder of 2019/20, which will require action to mitigate, including Medicines Management. Mr Thomas advised Members of a recently forecasted increase to Category M prices by the end of the year, which is a national issue.</p> <p>The impact on the underlying deficit indicates a carry forward deficit of £39.9m by the end of 2019/20, presenting a further challenge to reducing this figure.</p> <p>Mr Hearty concluded by noting the high risk associated with the revenue and savings position and that this level of risk should be reported to the Board meeting on 25<sup>th</sup> July 2019.</p>	
	The Committee <b>NOTED</b> and <b>DISCUSSED</b> the financial projection for the year.	

<b>FC(19)125</b>	<b>TURNAROUND REPORT MONTH 3</b>	
	Members were presented with the Turnaround Report Month 3. Mr Carruthers advised that the information within Appendix 1 is based on the	

	<p>known position of Month 3 as at 5<sup>th</sup> July 2019 and would be subject to change with the identification of further savings opportunities. Figures in square brackets represent the position in the previous month where they differ to the current month.</p> <p>Sections 1 and 2 detail the position for Directorates who are being monitored through the Chief Executive Holding To Account (HTA) meetings and through the Turnaround Director HTA meetings respectively. Section 3 provides information from a thematic perspective, acknowledging the potential move into a different structure, which includes the Transformation Groups.</p> <p>Mr Carruthers highlighted the Prince Philip Hospital (PPH) position, with £0.5m of the green schemes being reclassified as amber due to risks to delivery. Mr Carruthers informed Members of the sign off process in relation to Quality Impact Assessments by the Director of Quality, Safety and Patient Experience. Work is also underway with the implementation of new paperwork to provide assurance that there is no negative impact upon the quality associated with schemes.</p> <p>Questions were invited from Members. Mr Lewis highlighted that a number of the figures presented within brackets were inaccurate, in particular regarding Carmarthenshire County, Primary Care and Continuing Health Care (CHC). Mr Carruthers confirmed the inaccuracies and resolved to address these in future reports.</p> <p>Mr Hearty queried the point at which schemes being challenged at the Turnaround Director's Holding to Account meetings would be escalated to the Chief Executive's HTA's. Mr Carruthers advised that County positions, currently in section 2 are regularly covered at the same time as unscheduled care schemes, which are discussed at the escalation meetings with the Chief Executive. Mr Carruthers assured Members that delivery of schemes and escalation processes are discussed immediately following the HTA meetings.</p> <p>Mr Hearty acknowledged the difference in format of section 3 and queried whether it is anticipated to take the same format as sections 1 and 2. Mr Thomas confirmed that this is the expectation. Mr Hearty highlighted that Year To Date delivery is not graded as being on track/off track for the schemes in section 3 and Mr Carruthers noted this observation which would be resolved when the revised reporting format was introduced.</p>	
	The Committee <b>DISCUSSED</b> and <b>NOTED</b> the Turnaround Programme update report.	

<b>FC(19)126</b>	<b>REFERRAL TO TREATMENT TIME (RTT) MONTH 3</b>	
	<p>Members were presented with the RTT Month 3 report. Mr Teape presented the paper, on behalf of Mr Keith Jones, highlighting the key areas for discussion.</p> <p>Mr Teape drew Members attention to the table on page 2 of the report which illustrates the forecast cost of delivery to be £5.5m. Year to Date figures suggest that the forecast is on track with the savings target of</p>	

£1.4m being applied. The £0.5m Orthopaedic element of the £1.4m savings plan is now considered to be at significant risk due to the necessity to mitigate separate risks associated with the temporary closure of Orthopaedic theatre capacity at WGH during the Summer period 2019. Based on current and future projected expenditure patterns, the total projected expenditure for 2019/20 has been revised to £4.65m, allowing for non-delivery of the Orthopaedic savings target.

Mr Teape informed Members of the £5.8m allocation from the NHS Wales Performance Fund to support the cost of delivery of RTT. £0.5m will be allocated for delayed follow ups, £0.3m will address the achievement of a 32 week maximum waiting time target for Stage 1 outpatients, and will be used to develop more sustainable solutions for Ophthalmology and Dermatology.

Mr Teape informed Members of the current 36 week + breaches and that HDdUHB remains on course to deliver zero breaches by March 2020. Mr Teape advised that a revised trajectory would be submitted to the next Business, Planning & Performance Assurance Committee (BPPAC) meeting.

Mr Newman queried the expectation of WG for HDdUHB to reach the key targets and sought clarification on whether the cleansing of lists would be the only action taken. Mr Teape assured Members that as well the work being undertaken to cleanse and validate lists, referral guidelines for follow ups and pathways are also being developed, which will be reported to BPPAC.

Mr Hearty queried whether winter pressures are factored into trajectories and Mr Teape responded that the potential impact of winter had been included within trajectories for the year.

Mr Hearty summarised that there remain financial pressures with a number of contingencies in place and the expectation that intermediate targets will be monitored by BPPAC and that the Finance Committee should look to BPPAC for assurance that trajectories were in line with original plans. Mr Hearty also noted that HDdUHB is on track to deliver at year end and that winter planning has been recognised and factored into normal planning processes.

Mr Teape highlighted an additional risk of doctors not wishing to undertake additional sessions due to pension tax changes. Mr Teape confirmed that he had requested this be added to the Risk Register as a corporate risk.

Mr Ayres highlighted an external risk in regard to LTAs held with SBUHB and the impact upon PPH, in addition to WGH, in relation to intermediate and scheduled care.

The Committee **NOTED** the progress to Month 3 in respect of the financial plan and planned expenditure trajectory to support RTT, Diagnostic and Therapy service waiting times delivery for 2019/20.

<b>FC(19)127</b>	<b>CAPITAL FINANCIAL MANAGEMENT</b>	
	<p>Members were presented with the Capital Financial Management Report. Mr Thomas drew Members attention to the variance in year to date and the difference in planned cash spend and what is recorded. Mr Thomas advised that this is due to the Women and Children's Phase II Scheme in Glangwili Hospital and the Cardigan Integrated Care Centre. Mr Thomas assured Members that this is not a cause for concern at this stage.</p> <p>Mr Thomas informed Members that an application, in the form of a loan, to enable the release of £0.3m to commence work has been submitted by Mid and West Wales Housing to WG. Mr Newman reiterated the point raised at the previous Committee meeting regarding a reliance on the next best tender price, which could not be expected to hold indefinitely and enquired when this is likely to be resolved. Mr Thomas undertook to raise this with the Director of Planning, Performance and Commissioning and to provide an update at the next Committee meeting.</p>	<b>HT</b>
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the Capital Resource Limit for 2019/20 together with expenditure allocations and profile;</li> <li>• <b>NOTED</b> the work being undertaken to manage the financial risks identified.</li> </ul>	

<b>FC(19)128</b>	<b>CONTRACTING UPDATE</b>	
	<p>Members were presented with a contracting update on the key steps taken since the previous Committee meeting.</p> <p>In relation to the risk of a lack of standardised documentation, Mr Ayres informed Members that a conversation had been held with Betsi Cadwaladr University Health Board on how to align the documentation. Given the problems that can arise with the adoption of a standard contract, which has 3 distinct parts, a short form version is being considered.</p> <p>Mr Ayres informed Members of pressures with SBUHB and the consideration of clinical coding. Mr Lewis queried the checks that are in place to identify whether codes are incorrect and whether there is a role for Internal Audit to review this. Mr Ayres advised that such an approach is not currently adopted and Members acknowledged that there is no sight of the scale of this issue.</p> <p>Mr Thomas advised that the run rates underneath the overall contract level to specialty level needed to be reviewed, in addition to linking in with operational teams to gain intelligence. A framework will be required to capture both the data and intelligence, which will represent the first step to addressing this issue. Mr Lewis confirmed that he was happy with this approach ahead of requesting internal audit input. Mr Newman also highlighted the benefit of gaining a better understanding of LTAs as a whole.</p> <p>Mr Ayres advised that he would be in a position to be clearer on where pressures are coming from in relation to LTAs in approximately 2 months' time. Mr Thomas requested that Mr Ayres provide a project plan to the</p>	<b>HT/SA</b>

	<p>August 2019 Committee, outlining each contractual element and what is required to provide greater assurance, complete with challenges and a timeframe for actions.</p> <p>Mr Hearty noted that the report does not include either a sense of what an organisation with a well-managed approach to contract management looked like or which areas are currently a priority. Mr Hearty asked for these aspects to be added to the project plan.</p> <p>Mr Ayres informed Members that discussions are currently being held with County Directors, to identify the top contracts in terms of expenditure.</p> <p>Mr Newman noted that this update provides Members with a better understanding of what is and what is not currently in place, and suggested that this could be presented to a future Board Development Session once the action plan has been developed.</p> <p><i>Mr Teape left the Committee meeting</i></p>	HT
	<p>The Committee <b>NOTED</b> the content of the report and provided affirmation that the steps taken are in line with the Finance Committee's expectations.</p>	

FC(19)129	<p><b>DRAFT INDICATIVE FINANCIAL PLAN 2020/21</b></p> <p>Members were presented with the Draft Indicative Financial Plan 2020/21.</p> <p>Mr Thomas appreciated that this presentation of the draft indicative financial plan for 2020/21 is early on in the year, however, the draft financial plan is required to be submitted to the Board in November 2019, meaning the final plan will need to be presented to Finance Committee in October 2019.</p> <p>Mr Thomas informed Members that due to uncertainties around Brexit, WG has some uncertainty with their own financial position and therefore the plan has been drafted without knowledge of the financial settlement. It is anticipated that the financial settlement will be confirmed before Christmas 2019.</p> <p>The report provided an initial assessment of the financial challenge for the organisation for 2020/21 and an initial assessment of the scale of the savings challenge for 2020/21. The initial assessment of HDdUHB's financial position for 2020/21 is based upon a number of factors, including the underlying financial position from 2019/20. Mr Thomas informed Members that when reviewing the plan as it currently stands, the outturn for 2019/20 will be £39.9m, advising that this is based on delivering £29.8m savings based on non-recurrent measures. Mr Thomas advised that he had anticipated reaching the underlying deficit, however, the challenge is with directorate cost pressures and non-recurrent income and savings contributions.</p> <p>Mr Thomas informed Members that the total, after cost pressures, is £81m. An assumption has been made for this initial assessment that HDdUHB will receive a 2% increase on the discretionary revenue allocation from WG and Agenda for Change (A4C) pay award funding. A 1% uplift of Healthier Wales funding has not been included in this plan. The savings requirement</p>	
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	<p>will therefore be £30m. In order to achieve a deficit position of £20m, and accounting for the £3m non-recurrent savings, a further £7m of savings would need to be identified.</p> <p>Mr Thomas advised Members that the challenge at this stage is in firming up the numbers, however there is a gap in confirmed funding from WG. The important question to consider is what can be done now to reduce the underlying deficit this year in order to reduce the challenge for next year. There are a number of risks, notably the configuration of major trauma, which could cost £1.6m, and a further risk associated with an additional pension contribution, which will come under the remit of Health Boards in 2020/21.</p> <p>Mr Lewis queried the separate funding for A4C by WG. Mr Thomas responded that medical funding is part of the 2% allocation and therefore HDdUHB is expected to absorb this cost.</p> <p>Mr Newman suggested WG's expectation is for a better financial position. Mr Thomas advised that WG expect HDdUHB to break even in 2021/22, and that the KPMG review may set the trajectory to achieve this.</p>	
	<p>The Committee <b>NOTED</b>:</p> <ul style="list-style-type: none"> <li>• the initial assessment of the financial challenge for the organisation for 2020/21</li> <li>• the initial assessment of the scale of the savings challenge for 2020/21</li> </ul>	

<b>FC(19)130</b>	<p><b>EXTERNAL FINANCE REVIEW</b></p> <p>Mr Thomas introduced Mr Benjamin Garside representing KPMG LLP to Members, as the successful supplier of the external finance review.</p> <p>Mr Garside circulated a document to Members, a <i>Development of Financial Planning and Delivery Support for HDdUHB</i>, which consisted of 4 sections:</p> <ol style="list-style-type: none"> <li>1. The requirements set by WG and HDdUHB – where KPMG were asked to review 4 elements of HDdUHB's financial health: <ul style="list-style-type: none"> <li>• Financial baseline to validate and identify drivers of the underlying financial deficit;</li> <li>• The current financial plan for 2019/20 and ability to deliver the £25m control total;</li> <li>• The opportunities to improve the deficit for 2019/20 and to achieve financial sustainability;</li> <li>• The financial governance and structure of HDdUHB</li> </ul> </li> <li>2. How KPMG will take this work forward – Mr Garside informed Members that KPMG have worked with health systems in the UK and internationally and will approach the review using their framework to ensure that every provider element is efficient and working within a strong clinical governance framework. Mr Garside highlighted the 'shift left' in relation to a community-based approach to healthcare. Many health systems provide care in acute settings where there are opportunities to deliver care in the community. KPMG will ensure that</li> </ol>	
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clinical strategy can drive financial improvements. Back office and fixed costs will also be considered to reduce duplication and achieve value with the right people being in the right place, doing the right thing, at the right time. KPMG will assess and challenge the existing financial plan for 2019/20, savings plans, and in-year financial performance to identify the financial gap to be improved through an overlay of identified short to medium term opportunities which will include producing a risk assessed forecast outturn for 2019/20.

3. How KPMG will work with HDdUHB - Mr Garside assured Members that KPMG will engage with teams to deliver sustainability. The upskilling of capability of finance and operational teams will include sharing best practice to ensure teams can deliver. Mr Garside noted that KPMG's approach is *nothing about you, without you*, and will be working closely with Mr Thomas and Mr Carruthers on a weekly basis. Mr Garside assured Members that no information will be submitted to WG without first being discussed with HDdUHB.
4. Timetables and deliverables – Mr Garside informed Members of the key deliverables, commencing at the end of August 2019 through to October 2019. KPMG will build a suite of products to enable continuous financial improvement and will promote a changing culture of financial transformation at a grass roots level.

Mr Garside acknowledged the level of transparency and information provided by HDdUHB at the outset of the review and gave credit to the finance team for their cooperation.

Mr Powell queried the scope for any agility/variance to the project plan. Mr Garside assured Members that 1:1 meetings will be held with Mr Thomas and WG on a weekly basis to review this.

In relation to the 'shift left' approach, Mr Newman stressed that it would be unfortunate if the current environment to deliver the Transforming Clinical Service's Health & Care Strategy was de-stabilised. Mr Garside agreed and advised Members that KPMG have received narrative from WG that HDdUHB has invested a great deal to get to this point and should not therefore be compromised. Mr Garside assured Members that KPMG will work with HDdUHB on how to implement their recommendations and opportunities and the impact upon existing strategies.

Given that the Strategy is built on a whole system approach, and given that KPMG are working for HDdUHB only, Mr Lewis queried whether there are certain aspects which this review cannot influence. Mr Garside acknowledged the potential tensions with partners and providers who are core to the successful delivery of care, and assured Members that issues will be identified in interface with partners.

*Ms Elaine Lorton and Janice Cole-Williams joined the Committee meeting*

Mr Hearty raised some concern around the potential for confusion around the findings of the WG's Zero Based Review, the widely held assumption of HDdUHB's underlying deficit, and KPMG's review which was



	<p>acknowledged by Mr Garside. Mr Hearty also raised the potential tension between KPMG's view and the public perception of an Integrated Care model. Mr Garside advised that having read the Strategy, he would not disagree with the content and would not therefore be suggesting anything different at this stage.</p> <p>With regard to the publication of the review, Mr Garside noted it would be discussed with Mr Alan Brace, Director of Finance WG and Mr Hywel Jones, Director of Financial Delivery Unit.</p> <p><i>Mr Teape re-joined the Committee meeting.</i></p> <p>Mr Newman queried whether there is a risk that the Strategy may not be deliverable within the financial envelope. Mr Garside advised that KPMG will test the extent to which the Strategy can deliver the financial benefits and value in 2019/20. Mr Thomas remained apprehensive of the deliverability of the strategy within current resources.</p>	
	The Committee <b>NOTED</b> the External Finance Review.	

<b>FC(19)131</b>	<b>DEEP DIVE INTO CONTINUING HEALTH CARE: MENTAL HEALTH &amp; LEARNING DISABILITIES</b>	
	Deferred to August 2019 Committee meeting.	

<b>FC(19)132</b>	<b>DEEP DIVE INTO CONTINUING HEALTH CARE: COUNTIES</b>	
	Deferred to August 2019 Committee meeting.	

<b>FC(19)133</b>	<b>DEEP DIVE INTO WITBYBUSH GENERAL HOSPITAL</b>	
	<p>Members were presented with a Deep Dive into Withybush General Hospital presentation, which provided activity and performance data, illustrating the long-standing issues with 12 hour breaches and increased length of stay.</p> <p>Quality and safety challenges in A&amp;E and surge beds were discussed, specifically the full spaces, unplaced patients, and nursing resources in A&amp;E and the significant high level of surge beds over capacity. Workforce issues, including staffing A&amp;E and significant nurse and middle grade vacancies were discussed. Finance issues, relating to the increased spend on medical staff and nursing from an unprecedented period of pressure were also discussed.</p> <p>Mr Teape outlined for Members the Recovery Plan and work ongoing in the County and the hospital to address the performance challenges faced. An Improvement Project is being led by Ms Janice Cole-Williams, General Manager, within the hospital. There is also the Transformation Fund and rapid access teams, and an Urgent Response Group to review recruitment and business continuity.</p> <p>Mr Hearty asked what event had taken place in October 2017 because the evidence of the graphs appeared to suggest that this was the point at which the overall position deteriorated. Ms Cole-Williams responded that a</p>	

number of factors contributed to the increase in length of stay from this point on, including changes to medical staff and nursing leadership, and a reduction in community health providers and inability to discharge patients as quickly as would have been preferred. Ms Elaine Lorton added that the consequence of Allied and 2 other providers ceasing trading resulted in patients being absorbed into local authority provision.

Mr Newman enquired whether an increase in concerns and incidents had been witnessed and Mr Teape responded that there was no increase observed over the Winter period.

Mr Ayres queried how discharges are being managed. Ms Cole-Williams advised that daily ward rounds are undertaken which are multidisciplinary in nature. An improvement was identified to complete the discharge process early on in the day as bottle necks are often experienced in the afternoon which result in patients having to wait to be discharged until 8 or 9pm. Ms Cole-Williams informed Members that staff are also liaising with Transport services to book transport in advance, and with community teams to check care package availability, to avoid any further delays.

Ms Cole-Williams advised that the primary focus is to address the increased length of stay. Early reviews and communication with relatives are being held to improve communication to work towards discharge dates. There is also a work stream with the Quality Improvement Collaborative (QIC) for those patients who occupy beds over 7 days.

Ms Cole-Williams advised that improvements have been seen to date with a reduction in A&E waits and with surge beds. An improvement in flow through the hospital and average length of stay has also been witnessed.

Ms Lorton informed Members that there is a significant workforce challenge in Pembrokeshire. Mr Thomas acknowledged the remaining challenge of medical staffing in A&E, which presents not only a financial issue but also a patient quality and safety issue. Ms Cole-Williams advised that an improvement is anticipated to be seen from August 2019 onwards due to positive recruitment in General Medicine. However, A&E remains a challenge and efforts to recruit may take some time.

Mr Hearty summarised that whilst a plan is in place, not everything in the Recovery Plan is currently implemented but is anticipated to be in effect by October 2019.

Mr Thomas queried whether the actions which are being put in place are to ensure that the outturn will reach the £2m deficit mark and are not to reduce **from** £2m. Ms Cole-Williams confirmed the actions are to ensure that outturn will reach £2m and added that if they can recruit, this will impact positively upon spend.

The Committee **NOTED** and **DISCUSSED** the Deep Dive into Withybush General Hospital presentation.

	<p>The Turnaround Programme Structure presentation was provided to Members by Mr Carruthers. The first slide illustrated a Governance diagram for the organisation and highlighted where the Turnaround Programme Group and the Health &amp; Care Strategy Delivery Group are situated within the structure. Mr Powell noted some factual discrepancies within the structure diagram and undertook to discuss with Ms Alison Gittins following the meeting.</p> <p>Further detail was provided on the Turnaround Programme Structure specifically, which depicted the connectivity of the Board, Finance Committee, Programme Board (Executive Team Turnaround) and the Holding To Account (HTA) process. The various Delivery Programmes, and their Turnaround projects, and locally delivered schemes were represented. Mr Thomas noted the need to consider back office/support functions and to build in a review of the corporate infrastructure. Mr Thomas suggested this will need reporting back to Executive Team. Mr Carruthers advised that Ms Lisa Gostling is aware of this with a possibility for consideration by the Workforce &amp; Organisational Development Sub-Committee.</p> <p>To conclude, a Turnaround to Transformation timeline was presented to Members, illustrating the anticipated stages from Turnaround to Transition and Sustainability, and finally to Transformation. Mr Hearty advised that the ambition would be not to have Turnaround as a position by 2021/22. Mr Hearty acknowledged the importance of the Strategic Enabling Group as a key link for the Finance Committee.</p>	DP/AG
	The Committee <b>NOTED</b> the Turnaround to Transformation Structure Governance presentation.	
<b>FC(19)135</b>	<p><b>FINANCIAL PROCEDURES</b></p> <p>Members were presented with a Financial Procedures report, highlighting that the following procedures have been reviewed and are being presented for Finance Committee approval:</p> <ul style="list-style-type: none"> <li>• Cash Imprest Accounts – Rehabilitation Monies</li> <li>• Disposal of Surplus &amp; Obsolete Furniture, Equipment, Sale of Scrap and Other Waste Materials</li> <li>• Main Control Stores</li> </ul> <p>In relation to the Disposal of Surplus &amp; Obsolete Furniture, Equipment, Sale of Scrap and Other Waste Materials, Mr Powell specified the need to be explicit that there is a separate policy in place for the Disposal of Information/Information &amp; Communication Technology (ICT) Assets.</p>	HT
	The Committee <b>APPROVED</b> the revised Financial Procedures subject to addressing the action described above in regard to the Disposal of Surplus & Obsolete Furniture, Equipment, Sale of Scrap and Other Waste Materials Financial Procedure.	
<b>FC(19)136</b>	<b>FINANCE COMMITTEE UPDATE REPORT TO BOARD FROM PREVIOUS MEETING</b>	

	Members were presented with the Finance Committee Update Report to the Board from the meeting held on 25 <sup>th</sup> June 2019 for information. No questions or comments were received.	
	The Committee <b>NOTED</b> the Finance Committee Update Report to Board.	

<b>FC(19)137</b>	<b>FINANCE COMMITTEE ANNUAL WORKPLAN</b>	
	Members were presented with the Finance Committee Annual Workplan.	
	The Committee <b>NOTED</b> the Finance Committee Annual Workplan.	

<b>FC(19)138</b>	<b>REFLECTIVE SUMMARY</b>	
	<p>Mr Thomas outlined the key topics discussed during the meeting for inclusion in the Finance Committee Update Report to the next Public Board meeting:</p> <ul style="list-style-type: none"> <li>• Detailed discussion was held regarding the financial position at Month 3 and the forecast position. Focus was given to the WGH position and an informative deep dive into WGH was received by Members. The Committee noted the high risk associated with the revenue and savings position.</li> <li>• Discussion of the current Turnaround position and a presentation of the Turnaround Programme structure governance.</li> <li>• RTT position, leading to a £3m reduction in the savings requirement and the identification of further opportunities for RTT funding requirements.</li> <li>• Capital Financial Management and the slippage position at Year To Date, which is not considered a significant issue.</li> <li>• A Contracting update was provided with an action plan requested for submission to the August 2019 Finance Committee meeting</li> <li>• The Draft Indicative Financial Plan 20120/21 and the underlying deficit was discussed.</li> <li>• An introduction and update from KMPG on their review and the links to the underlying deficit for 2019/20 and opportunities in the medium term plan.</li> </ul>	
	The Committee <b>NOTED</b> the key topics discussed during the meeting for inclusion in the Finance Committee Update Report to the next Public Board meeting.	

<b>FC(19)139</b>	<b>ANY OTHER BUSINESS</b>	
	No other business was raised.	

<b>FC(19)140</b>	<b>DATE OF NEXT MEETING</b>	
	Thursday 22nd August 2019, 9.00-12.00, Boardroom, Ystwyth Building, St. David's Park, Carmarthen	

**TABLE OF ACTIONS FROM  
FINANCE COMMITTEE (FC) MEETING  
HELD ON 22<sup>nd</sup> JULY 2019**

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
<b>FC(19)122</b>	<b>Matters Arising and Table of Actions from the Meeting Held on 25<sup>th</sup> June 2019</b> – to reintroduce the action in relation to the inclusion of a timeline of when the Committee should begin to have concerns over the delivery of savings schemes	SB	August 2019	Complete
<b>FC(19)70/71</b>	<b>Finance Month 1/Turnaround Report Month 1</b> – to include a timeline of when the Committee should begin to have concerns over the delivery of savings schemes	AC	August 2019	Forward planned for inclusion within the Turnaround Report for future meetings commencing at the 22 <sup>nd</sup> August 2019 Committee meeting
<b>FC(19)127</b>	<b>Capital Financial Management</b> – to liaise with the Director of Planning, Performance and Commissioning regarding Cylch Caron and the risk of expiration of the next best tender price	HT	August 2019	Update to be provided at the 22 <sup>nd</sup> August 2019 Committee meeting
<b>FC(19)128</b>	<b>Contracting Update</b> – to provide a project plan outlining each contractual element of the contract strategy, complete with challenges and timescales for action	HT/SA	August 2019	Forward planned for inclusion on the Finance Committee agenda for 22 <sup>nd</sup> August 2019
<b>FC(19)128</b>	<b>Contracting Update</b> – to present the project plan to a future Board Seminar once developed.	HT	February 2020	Forward planned for inclusion on the Board seminar agenda for 13 <sup>th</sup> February 2020
<b>FC(19)134</b>	<b>Turnaround Programme Structure Governance</b> – to address the discrepancies within the organisational structure organigram	AG/DP	August 2019	Complete

<b>FC(19)135</b>	<b>Financial Procedures</b> - to be explicit that there is a separate policy in place for the Disposal of Information/Information & Communication Technology (ICT) Assets in regard to the Disposal of Surplus & Obsolete Furniture, Equipment, Sale of Scrap and Other Waste Materials Financial Procedure.	HT	August 2019	Complete
<b>FC(19)82</b>	<b>Finance Operational Risks Report</b> – to scrutinise and review the operational risks for propriety and to enable the Committee to gain assurance that all relevant controls and mitigating actions are in place.	HT	August 2019	Update to be provided at the 22 <sup>nd</sup> August 2019 Committee meeting
<b>FC(19)108/115</b>	<b>Financial Efficiency Framework</b> – to provide an update on the Finance Delivery Unit's Benchmarking Network Summary and HDdUHB opportunities identified by the Finance Delivery Unit to the Committee	HT	September 2019	Forward planned for inclusion on the Finance Committee agenda for September 2019
<b>FC(19)116</b>	<b>Implementing Value Presentation</b> – to provide an update on the development and implementation of Value Based Health Care (VBHC) at a future Committee meeting	MB	September 2019	Forward planned for inclusion on the Finance Committee agenda for September 2019



## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	22 August 2019
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Finance Report – Month 4 2019/20
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andrew Spratt, Assistant Director of Finance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

The purpose of this report is to outline Hywel Dda University Health Board's (HDdUHB) financial position to date against the Annual Plan and Control Total requirement and assess the key financial projections and risks for the financial year 2019/20.

#### Cefndir / Background

#### **HDdUHB's confirmed control total of £15m, following receipt of £10m new Welsh Government funding in Month 4**

The financial trajectory included in the plan for Month 4 includes the implication of the additional £10m in order to deliver the £15m control total.

#### **Month 4 position**

The Month 4 position is £0.7m operational variance to plan (£2.1m YTD).  
The Month 4 YTD variance to breakeven is £8.3m, which includes £3.3m of new Welsh Government (WG) funding, recognising this additional funding in-month has had a one-off impact to the in-month variance to breakeven of a surplus £0.5m.

Against plan, in month:

- Operational surge and vacancies covered by premium cost staff in Unscheduled Care impact of £0.4m;
- Planned Care due to increased Ophthalmology and Rheumatology drugs costs and slippage on a referral management savings scheme £0.2m;
- Local Tuberculosis (TB) outbreak in Public Health impact of £0.1m.

The financial recovery and management within available resources is critical in future months in order to assure delivery against the £15m control total.



## Savings Summary

£25.2m total savings requirement is included to meet the control total following reduction of £3.5m as a result of additional Welsh Government funding, the cost of which had already been included within the baseline plan.

- £15.2m of Assured schemes
- £5.0m of Marginal Risk schemes
- Risk to delivery is therefore £5.0m
- Month 4 delivery £1.2m; improvement of £0.2m on Month 3
- Year To Date (YTD) slippage on identified schemes is £0.5m

## Directorate Projections

- Operational forecasts in excess of budget of £7.6m
- Projection including savings risk is an adverse variance to plan of £12.6m; this would equate to a year end deficit position of £27.6m

## Further actions

- Opportunities and savings pipeline of £10.3m needs to be actively pursued and developed into actionable plans
- Recovery actions from identified opportunities required of £7.6m to recover YTD position and cost pressures in Directorate projections

## Asesiad / Assessment

### Summary of key financial targets

- HDdUHB's key targets are as follows:
  - Revenue: to contain the overspend within HDdUHB's planned deficit
  - Savings: to deliver savings plans to enable the revenue budget to be achieved
  - Capital: to contain expenditure within the agreed limit
  - Public Sector Payment Policy (PSPP): to pay 95% of Non-NHS invoices within 30 days of receipt of a valid invoice
  - Cash: While there is no prescribed limit for cash held at the end of the month, WG encourages this to be minimised and a rule of thumb of 5% of monthly expenditure is applied. For HDdUHB, this is broadly £4.0m

Key target		Annual limit	YTD limit	Actual delivery	Forecast Risk
Revenue	£'m	15.0	6.2	8.3	High
Savings	£'m	25.2	4.4	3.9	High
Capital	£'m	38.4	10.5	10.5	Medium
Non-NHS PSPP	%	95.0	95.0	95.4	Low
Period end cash	£'m	4.0	4.0	1.8	Medium

## Argymhelliad / Recommendation

The Finance Committee is asked to note and discuss the financial position for Month 4



<b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.5 Provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, giving early warning on potential performance issues and making recommendations for action to continuously improve the financial position of the organisation, focusing in detail on specific issues where financial performance is showing deterioration or there are areas of concern.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	735 (score 16) 646 (score 12)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5. Timely Care  7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve Population Health through prevention and early intervention

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on HDdUHB's financial reporting system.
Rhestr Termiau: Glossary of Terms:	BGH – Bronglais General Hospital CHC – Continuing Healthcare CIP – Cost Improvement Programme ENT – Ear, Nose and Throat DES – Direct Enhanced Services FNC – Funded Nursing Care FYE – Full Year Effect GGH – Glangwili General Hospital GMS – General Medical Services MHLD – Mental Health & Learning Disabilities MDT – Multi-Disciplinary Team NICE – National Institute for Health and Care Excellence OOH – Out of Hours PPH – Prince Philip Hospital PSPP – Public Sector Payment Policy

	RTT – Referral to Treatment Time T&O – Trauma & Orthopaedics VC – Video Conferencing VFM – Value For Money WG – Welsh Government WGH – Withybush General Hospital WRP – Welsh Risk Pool WHSSC – Welsh Health Specialised Services Committee YTD – Year to date
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to Finance Committee:	Finance Team Management Team Executive Team Finance Committee

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Financial implications are inherent within the report.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	The impact on patient care is assessed within the savings schemes.
<b>Gweithlu:</b> <b>Workforce:</b>	The report considers the financial implications of our workforce.
<b>Risg:</b> <b>Risk:</b>	Financial risks are detailed in the report.
<b>Cyfreithiol:</b> <b>Legal:</b>	HDdUHB has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year.
<b>Enw Da:</b> <b>Reputational:</b>	Adverse variance against HDdUHB's financial plan will affect its reputation with Welsh Government, the Wales Audit Office, and with external stakeholders
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not applicable

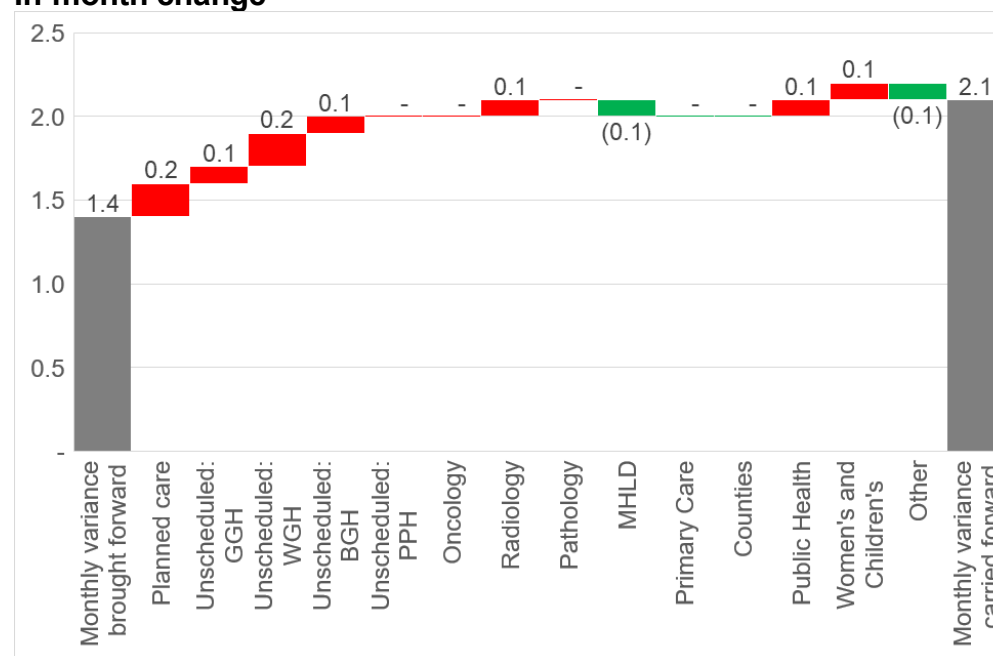
# 1. Directorate revenue position

## 1.1 Directorate financial performance

Year to date

	Month 4 YTD Actual £'m	Month 4 YTD Variance £'m	%
Planned Care	34.8	0.3	0.9
Unscheduled - GGH	14.4	0.4	2.9
Unscheduled - PPH	8.7	0.1	1.2
Unscheduled - WGH	10.4	1.0	10.6
Unscheduled - BGH	7.6	0.3	4.1
Radiology	5.5	0.2	3.8
Pathology	7.0	0.2	2.9
Women's and Children's	12.6	0.3	2.4
Oncology	4.6	0.1	2.2
Carmarthen County	7.8	0.0	0.0
Pembrokeshire County	6.7	0.1	1.5
Ceredigion County	3.6	(0.1)	(2.7)
MHLD	24.6	(0.1)	(0.4)
Facilities	12.2	0.2	1.7
Medicines Management	25.4	0.0	0.0
Primary Care	36.4	0.0	0.0
Corporate	12.7	0.0	0.0
Commissioning	34.8	(0.1)	(0.3)
Other	21.0	(0.8)	(3.7)
<b>Total</b>	<b>290.8</b>	<b>2.1</b>	<b>0.7</b>

## In-month change

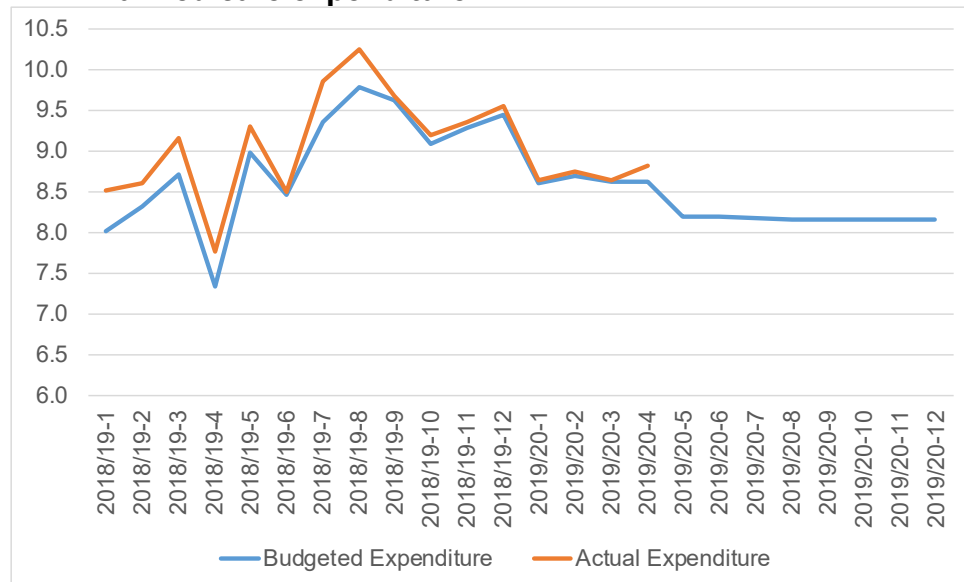


- The current month was over spent by £0.7m due to surge bed pressures in Unscheduled Care and local TB outbreak in Public Health.
- The year to date pressure has been particularly pronounced in Unscheduled Care (£1.8m, especially pronounced in WGH, driven by bed capacity, medical staffing in medical specialities and A&E).
- Material positions are reported in Section 2.2.

# 1. Directorate revenue position

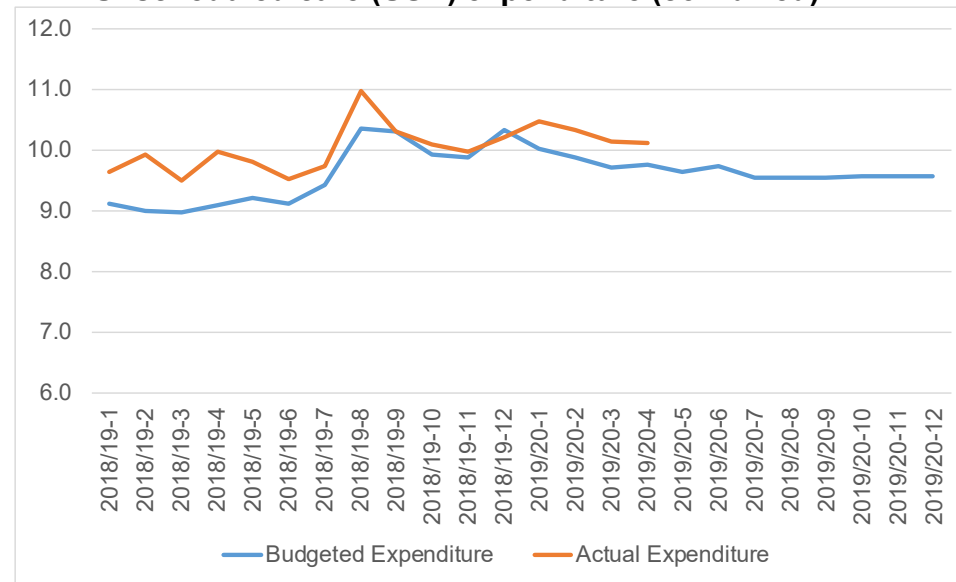
## 1.2 Material directorate area deficits

### 1.2.1 Planned care expenditure



- The in-month position showed a significant adverse variance to budget of £0.2m due to increased drugs costs in relation to Ophthalmology and Rheumatology and slippage on a referral management savings scheme. The incidence of surge beds reduced compared to quarter 1.
- The Directorate is expecting a significant benefit in efficiency and productivity, which will support the maintaining of our Referral to Treatment performance for the financial year.

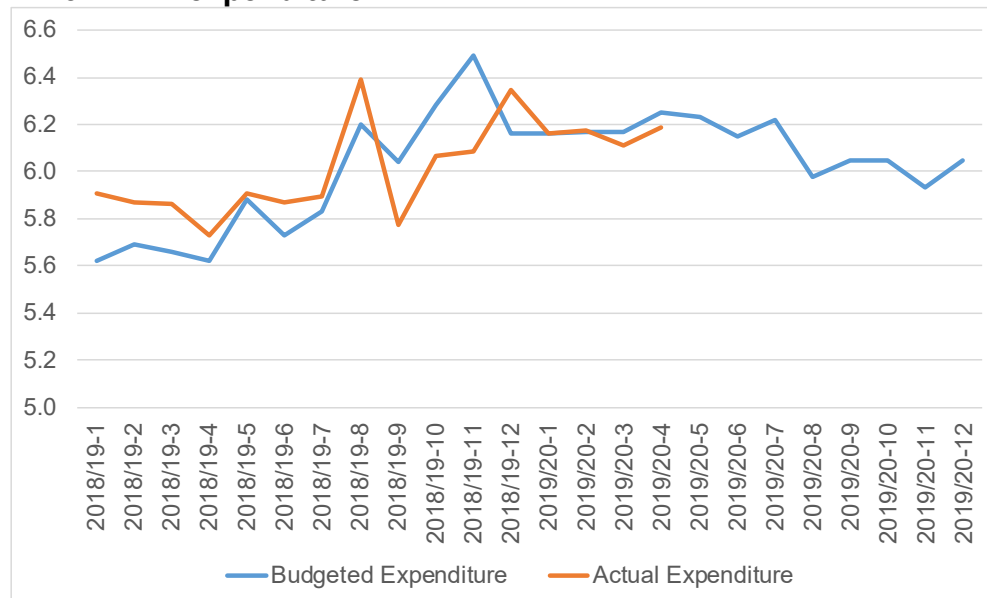
### 1.2.2 Unscheduled care (USC) expenditure (combined)



- BGH reported an overspend of £11k in-month. The impact of surge beds and high spend agency workers was partly offset by vacancies. WGH reported a significant, but improved, £172k over-spend in-month, driven by premium rate Qualified Nursing and Medical locums spend to cover surge and vacancies. A task and finish group has been established to address the issues at WGH. Glangwili General Hospital (GGH) reported an in-month overspend of £83k mainly due to Qualified Nursing costs to cover vacancies and insulin pumps; surge reduced considerably in-month. PPH again reported a breakeven position in-month; an over-spend on Medical Locums was offset by an under-spend on Health Care Support workers due to under-establishment.
- Delayed discharges of medically fit patients, unfunded surge capacity, medical staffing in medical specialities and A&E remain key drivers to the costs, which requires a system-wide focus.

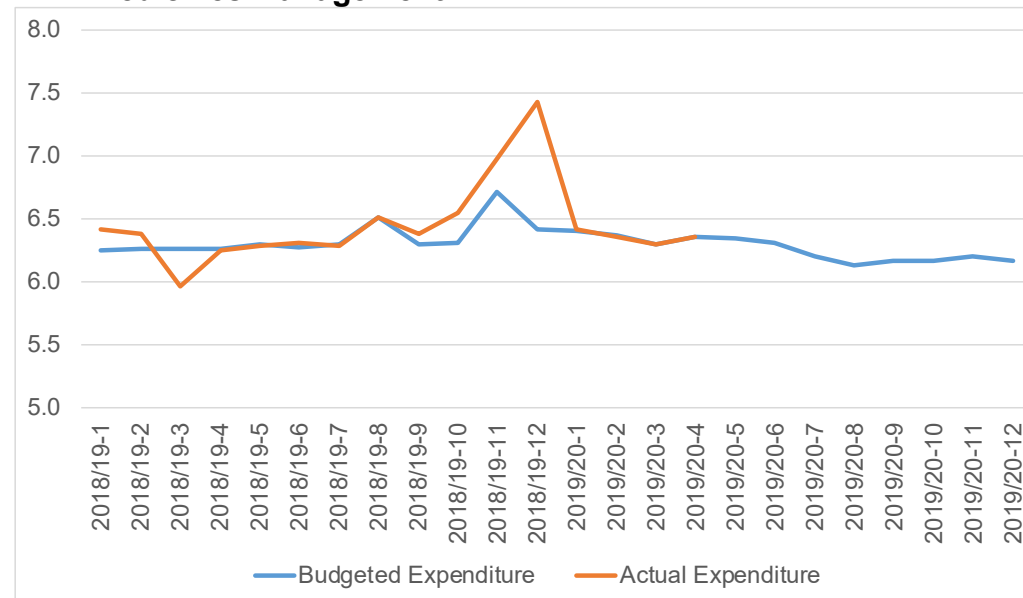
# 1. Directorate revenue position

## 1.2.3 MHL D expenditure



- The Directorate has reported an under-spend of £59k in-month, predominately due to a high level of staff vacancies offsetting the pressures in CHC costs.
- There continues to be difficulty recruiting into medical posts resulting in extra locum sessions being incurred.
- The greatest YTD pressure within MHL D is the continued growth in CHC placements and their associated costs, especially for complex packages of care. Client numbers remained static in month. Careful control of CHC, within its growth assumptions, will be key to deliver an improvement in the expenditure run rate.
- Robust care review processes have been implemented in order to manage the risks arising under CHC.

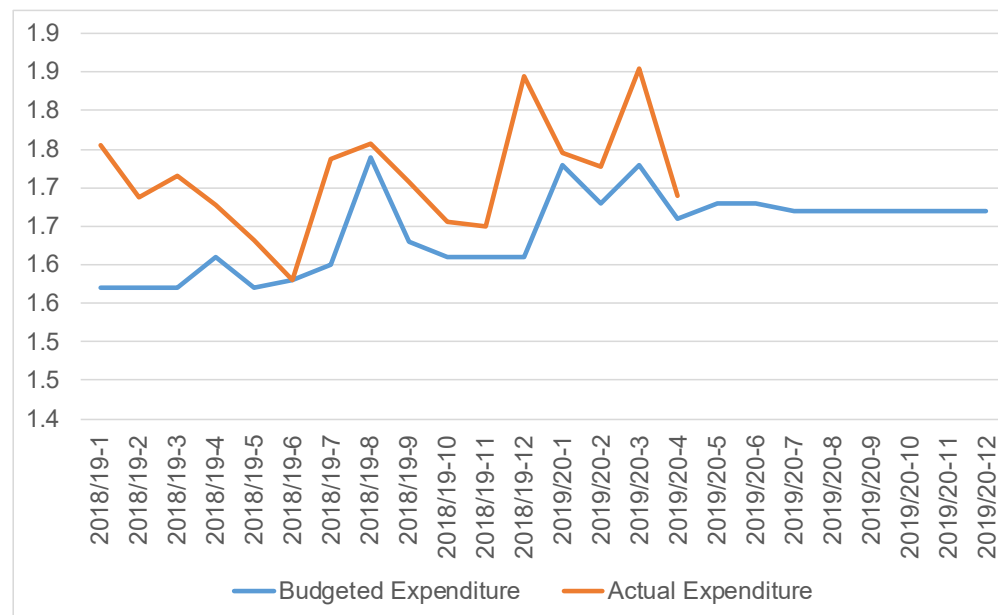
## 1.2.4 Medicines Management



- The directorate reported a break even position in-month. The projection is to break even to the end of the financial year based on modelling the outturn on a number of scenarios. The latest data continues to cause concern around the ongoing impact of No Cheaper Source Obtainable (NCSO). However, we are confident that the risk from 2018/19 has been addressed; further modelling is required to gain assurance over 2019/20. The outturn is reliant on delivering the £2.9m savings requirement; the assured and marginal risk schemes of £2.4m are delivering on plan to Month 4, however further work is urgently required to address the unidentified balance of schemes.
- There are risks of £0.6m mainly associated with item growth, the New Oral Anti Coagulant Local Enhanced Service, NCSO and Category M. Item growth is in the range of -1% to 1% but there has been a significant increase in Category M prices.

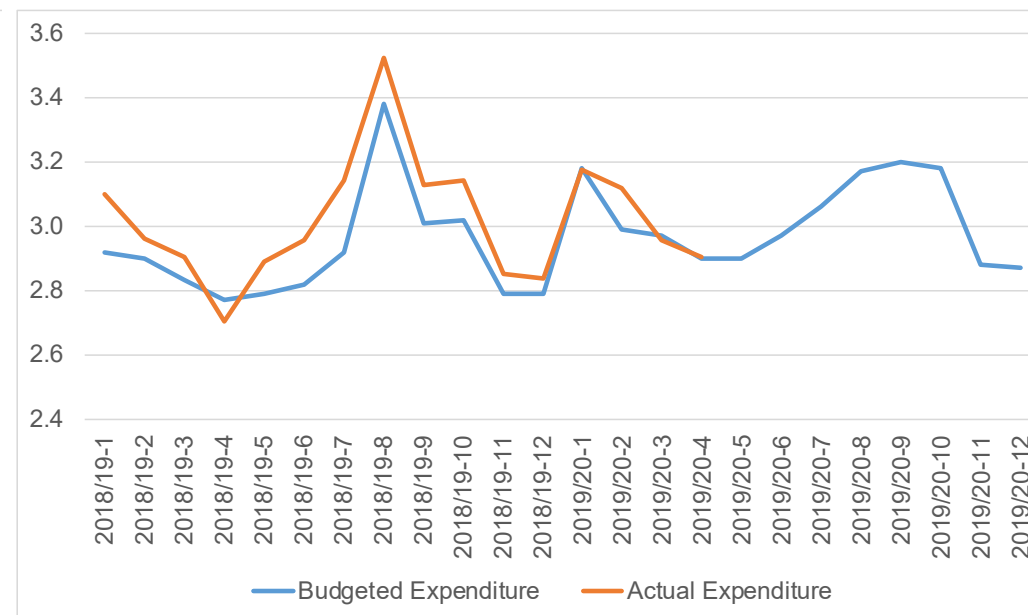
# 1. Directorate revenue position

## 1.2.5 Pathology



- The Directorate reported an adverse variance of £25k in-month.
- This was driven by increased drugs costs in relation to Haematology and a small increase in SLAs.
- The Directorate is reviewing ways of working with services to reduce demand through ensuring only appropriate test requests and through avoiding duplication.

## 1.2.6 Facilities



The Directorate reported a slight under-spend in-month.

The main areas of variance are:

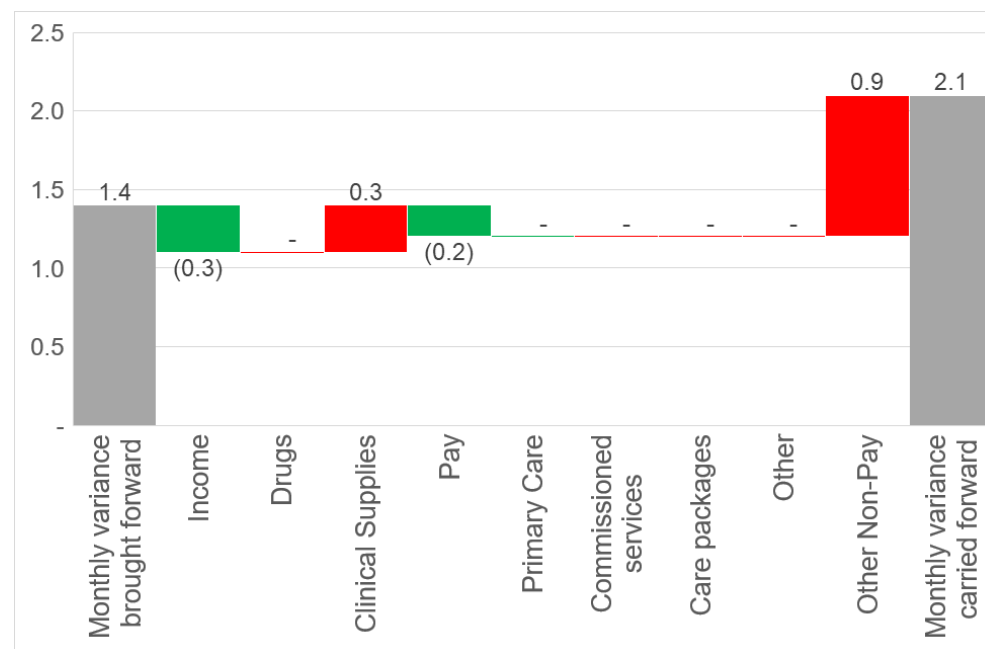
- Operations – over spend of £0.3m due to postage and stationary costs, cleaning and engineering materials and bank Pay costs.
- Property – under-spend of £0.3m due to gas and biomass fuel consumption.
- Specialist Services – an over-spend of £0.1m driven by Bank usage in Pay and Catering Provisions in Non-Pay. Again, some reductions in bank usage in-month has been achieved at BGH with close rota management; this is to be rolled out across all acute sites.

## 2. Subjective revenue position

### 2.1 Subjective summary

	Month 4 YTD Actual £'m	Month 4 YTD Variance £'m	%
Income	(17.8)	(0.9)	5.3
Primary Care (excl prescribing)	39.9	(0.2)	(0.5)
Prescribing	22.7	0.1	0.4
Pay	138.0	0.9	0.7
Clinical supplies	10.5	0.7	7.1
Drugs	13.7	0.2	1.5
Other non-pay	18.2	1.1	6.4
Commissioned services	47.7	0.1	0.2
Care packages	15.0	0.0	0.0
Other	2.9	0.1	3.6
<b>Total</b>	<b>290.8</b>	<b>2.1</b>	<b>0.7</b>

### In-month change

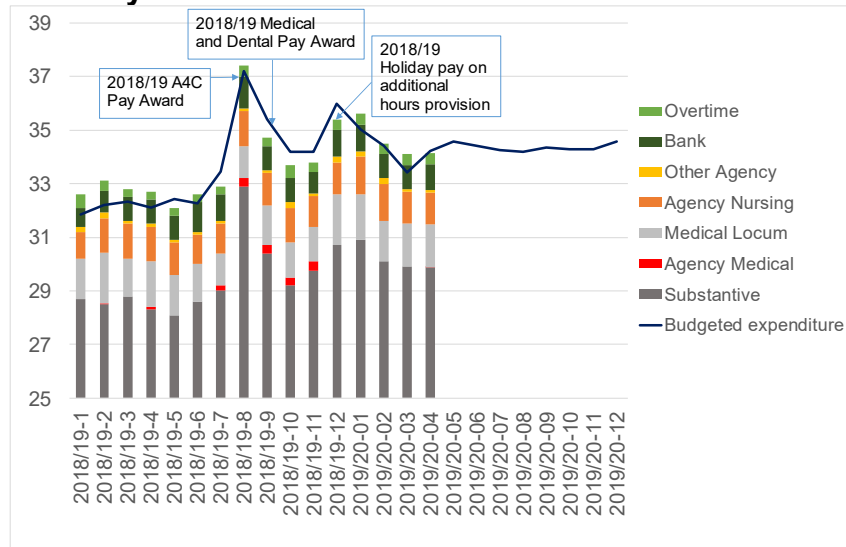


- The main pressures on the in-month position relate to Pay and Other Non-Pay; offset by Income.
- Clinical Supplies pressures are predominately within Unscheduled Care in relation to insulin pumps and Planned Care GGH in relation to consumables usage in Theatres.
- Other Non-Pay is driven by a significant Final Pension Charge in Nursing, an uplift in computer maintenance contracts, expenditure on the MRI temporary scanner in BGH, Pathology SLAs and damages in Redress.
- Detail on the changes in material cost drivers follows in Section 3.3.

## 2. Subjective revenue position

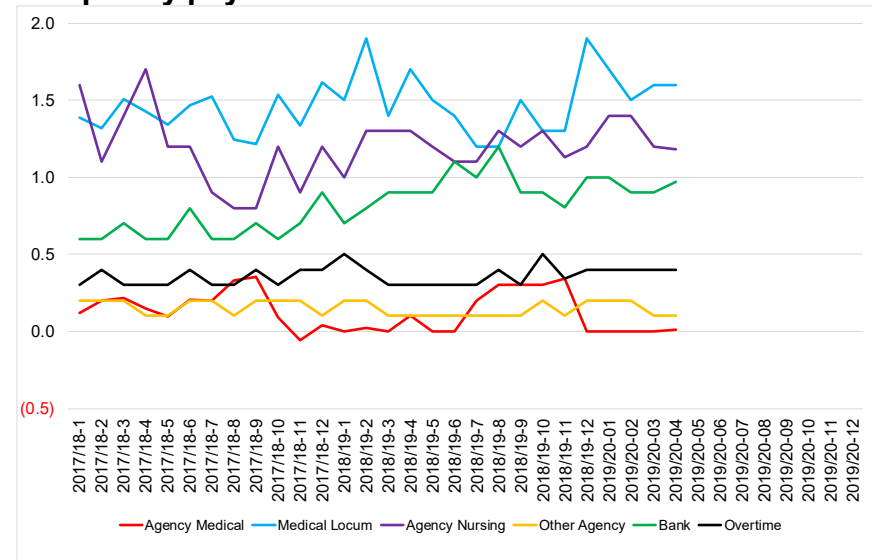
### 2.3 Material Cost drivers

#### 2.3.1 Pay

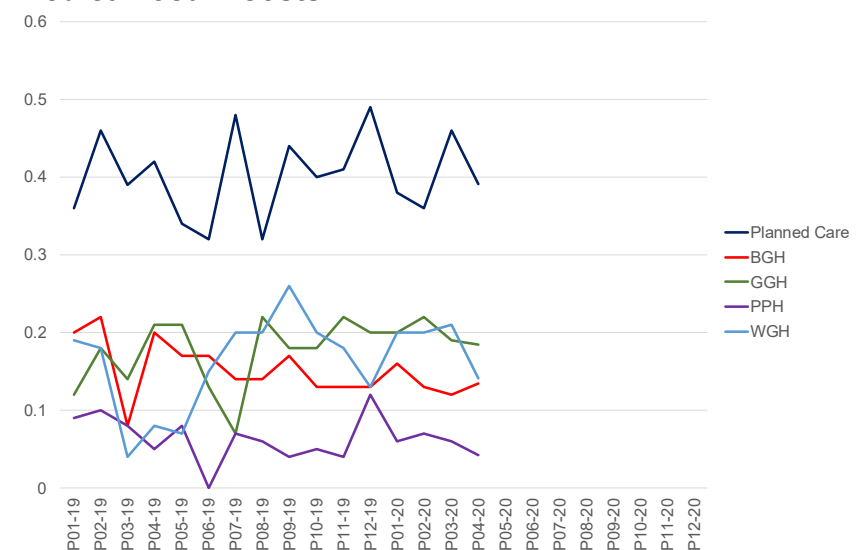


- The Month 4 expenditure is similar to that in Month 3, however lower than budget due to the virement of budgets from Non-Pay in Pay in GGH to better reflect establishment requirements.
- The cost of substantive staffing is greater than last year. In Month 12 there was a one off provision for holiday pay on additional hours of £1.1m. In Month 1 there is a one off payment of £1.2m for all staff at the top of their respective bands at the end of March 2019 in line with the new Pay deal, which is the driver for the high in-month cost.
- Increases in Bank costs were partially offset by a reduction in Nursing Agency.

#### Temporary pay costs



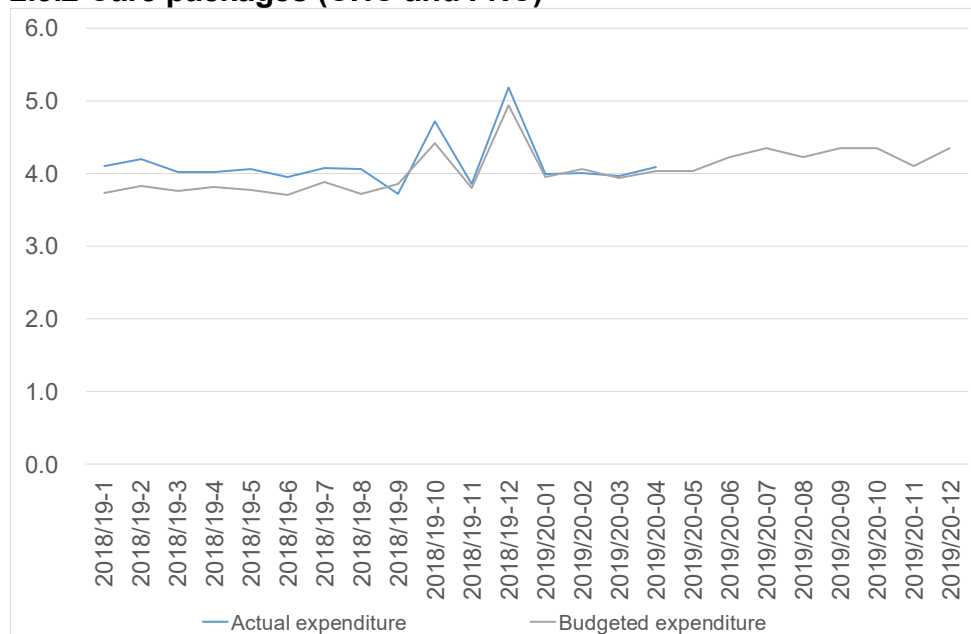
#### Medical locum costs





## 2. Subjective revenue position

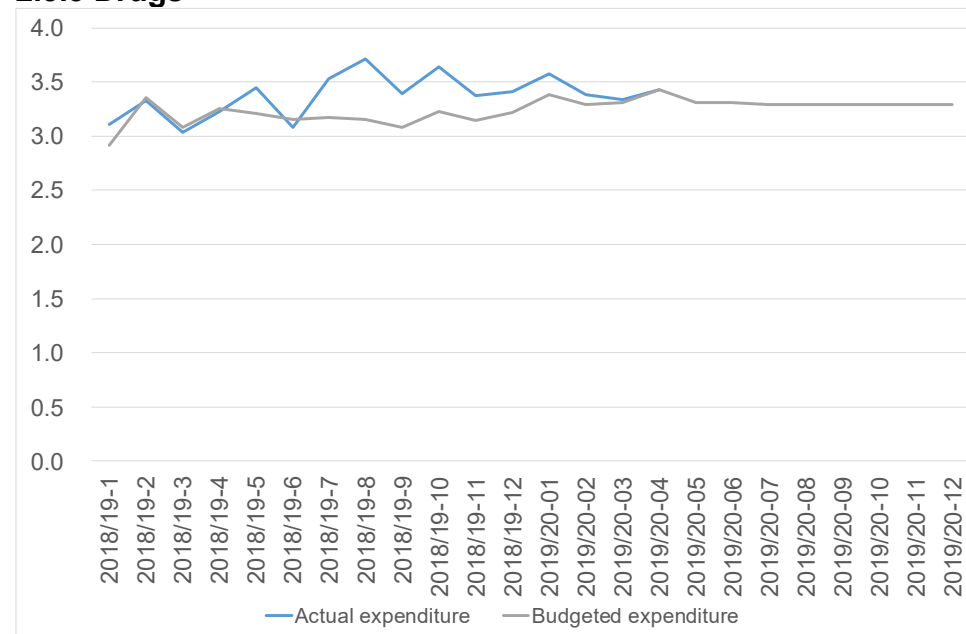
### 2.3.2 Care packages (CHC and FNC)



- The total number of cases increased. The increase in budget from Month 6 relates to the recognition of expected FNC rate changes and CHC inflation. Full confirmation is awaited, and remains a risk to the position. The complexity of cases remains a key cost driver.
- Total spend to Month 4 is £15.7m resulting in a breakeven position, of which:

£'m	Spend	Over/(under) spend
FNC/CHC	7.4	(0.3)
LD	4.6	0.3
MH	3.3	0.2
Children	0.4	(0.1)
<b>Total</b>	<b>15.7</b>	<b>0.1</b>

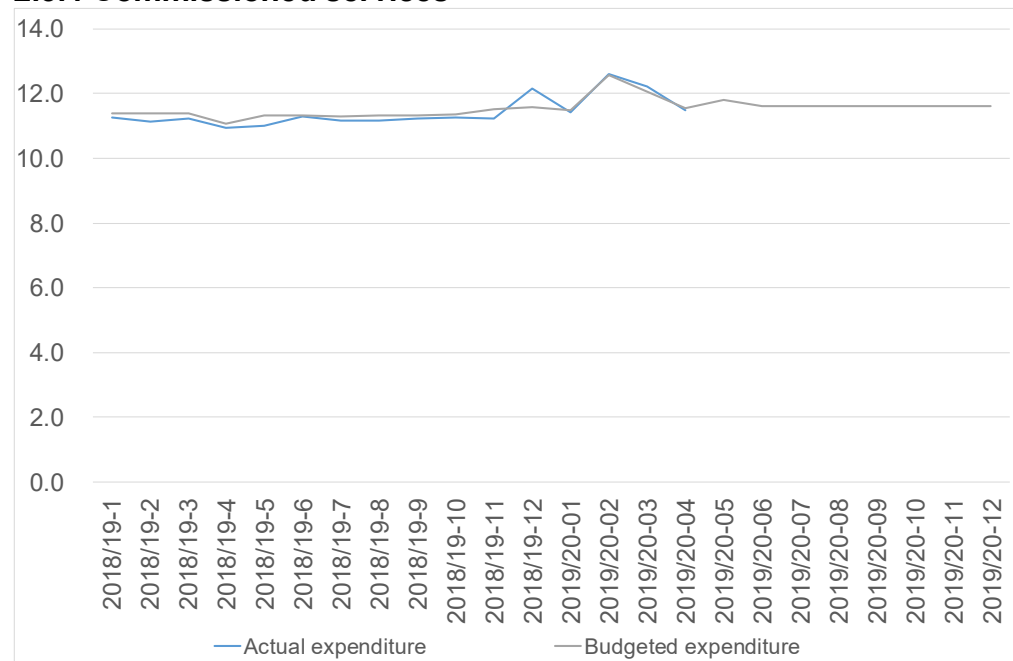
### 2.3.3 Drugs



- Drugs costs have increased over the past year, and there is a risk that this trend will continue for this year.
- Continued support will be needed from the Pharmacy team to address this growth and a number of initiatives are in place to do this. Whilst specific savings schemes are delivering in-month, pressures are being seen in other areas, particularly Dermatology, Rheumatology and Ophthalmology. The Head of Medicines Management is working with Directorates to identify and mitigate the issues.
- There has been a disruption to the local service provision of Aseptic services; as a result work has been outsourced at a premium to another provider. This is expected to continue for a number of months, for which mitigating actions will need to be identified.

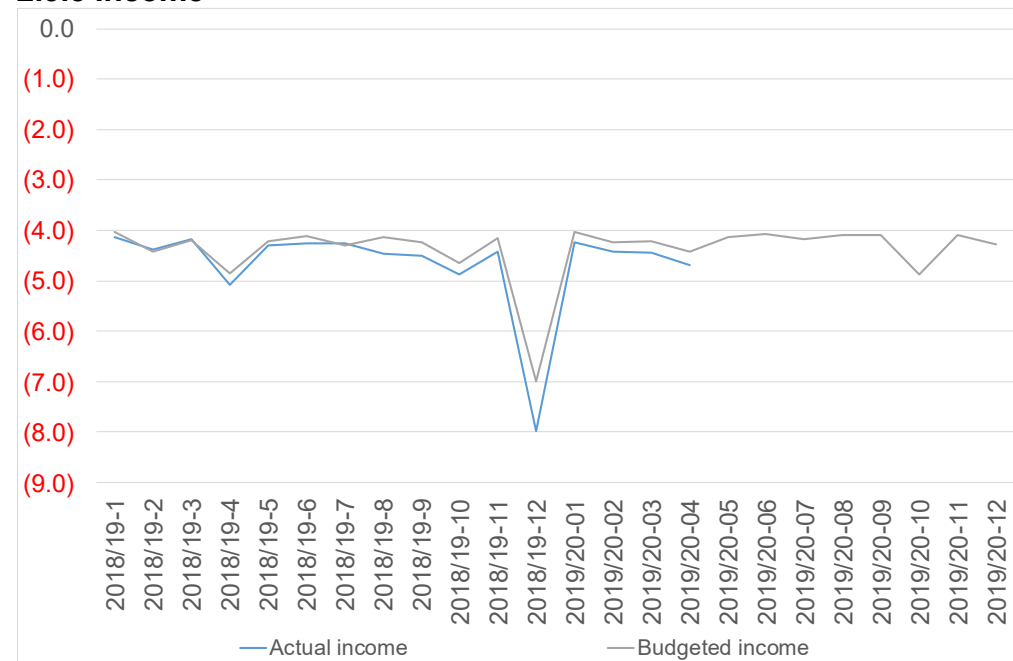
## 2. Subjective revenue position

### 2.3.4 Commissioned services



- Services that are commissioned from other NHS providers are based on activity data up to Month 3.
- All Welsh LTA contracts have been signed in line with the deadline of 31 May 2019. Budgets from Month 2 have been increased to reflect inflationary uplifts.
- The portfolio is reporting a breakeven position in-month.
- Pressures in relation to the usage of high cost drugs continue to be reported in the Swansea Bay University Health Board's monitoring information, there appear to be pressures in relation to usage of high cost drugs, which has caused an adverse variance of £0.2m in-month; this is offset by the risk-share monitoring from Welsh Health Specialised Services Committee (WHSSC) which has resulted in a favourable variance of £0.2m in-month. Validation of the impact of this on the projected end of year outturn is on-going.

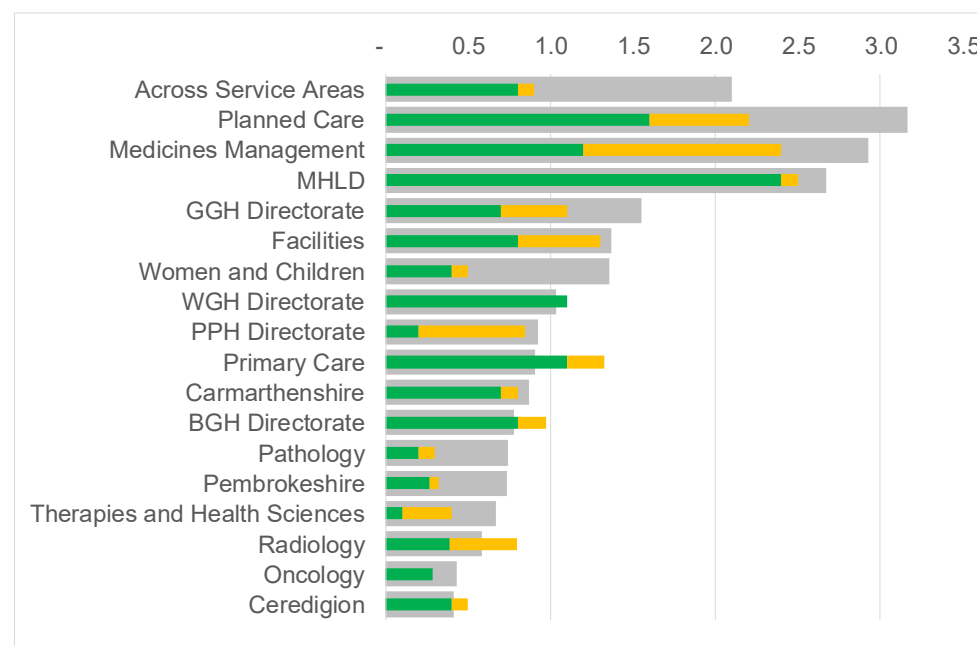
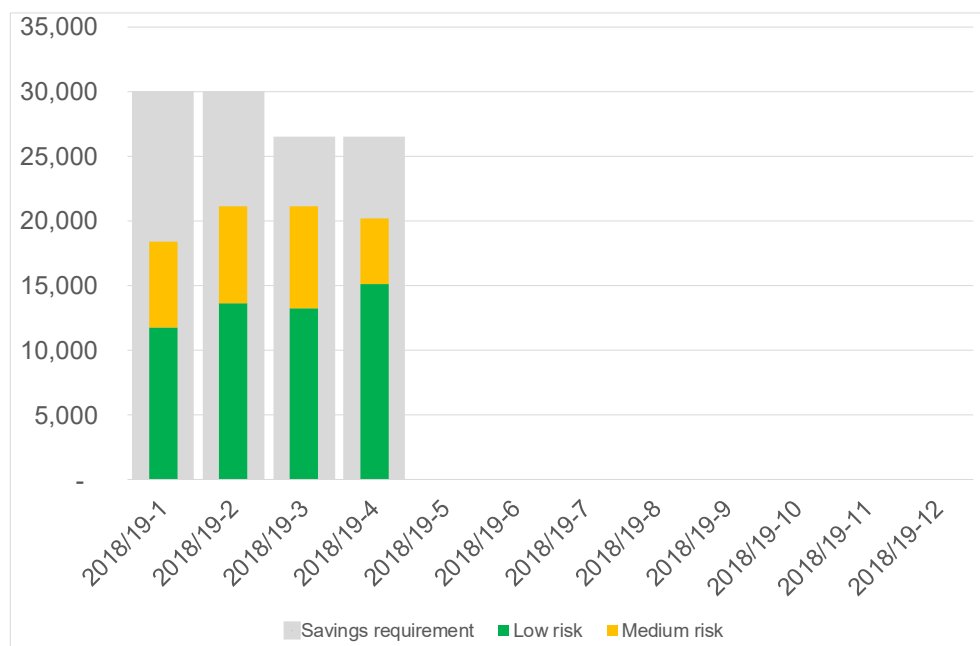
### 2.3.5 Income



- All Welsh LTA contracts have been signed in line with the deadline of 31 May 2019. Budgets from Month 2 have been increased to reflect inflationary uplifts.
- There was an in-month benefit of £55k due to increased activity for patients from Betsi Cadwaladr University Health Board and Powys Teaching Health Board.
- A project is underway to ensure that budgets for income and the associated costs are aligned. This is not expected to have a net impact on the bottom line.

### 3. Savings and turnaround actions

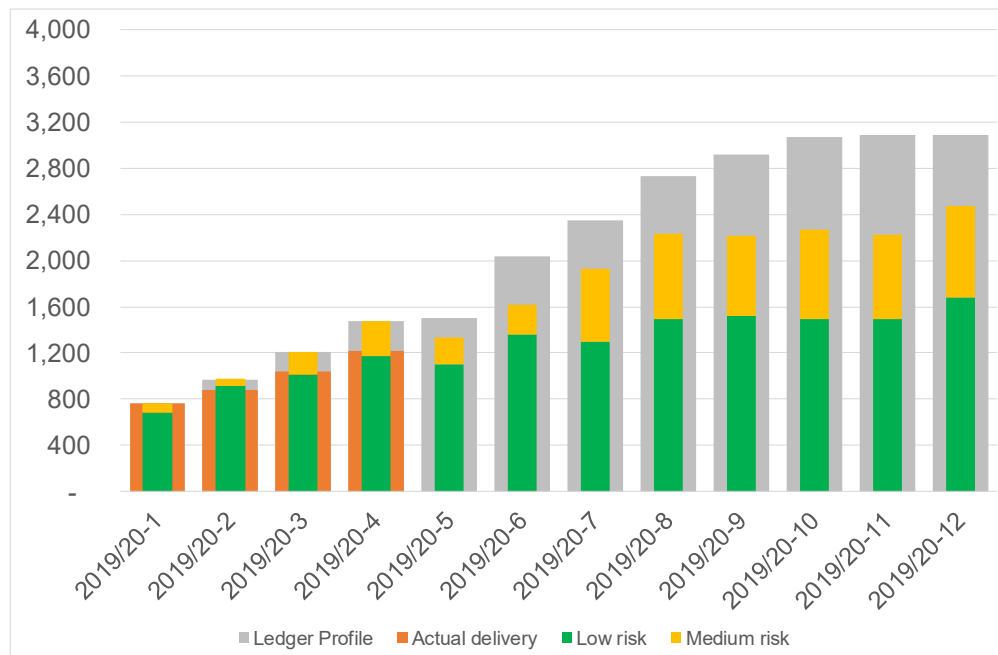
#### 3.1 Risk-assessed directorate savings forecast against target



- Total Green and Amber forecast delivery of £20.2m identified to Month 4, of which £15.2m are Green. This is a decrease of £0.9m from Month 3, primarily driven by the removal of any expected delivery against the Establishment Control scheme.
- Of the identified schemes, £14.5m are recurring and £5.7m are non-recurring.
- The savings requirement has been reduced from £28.7m to £25.2m as a result of additional non-recurrent Welsh Government funding, the cost of which had already been included within our recurrent baseline plan. This also impacts the Health Board's underlying position.
- Operational savings and opportunities pipeline of £10.3m needs to be actively pursued and developed into actionable plans.
- The Holding to Account process is focused on deliverable high value opportunities and the unidentified balance. Further opportunities are being identified using work underway in respect of Ward staffing, Establishment control and the benchmarking and opportunities framework. Turnaround Assurance Groups are to focus on pathway and Health Board wide opportunities.

### 3. Savings and turnaround actions

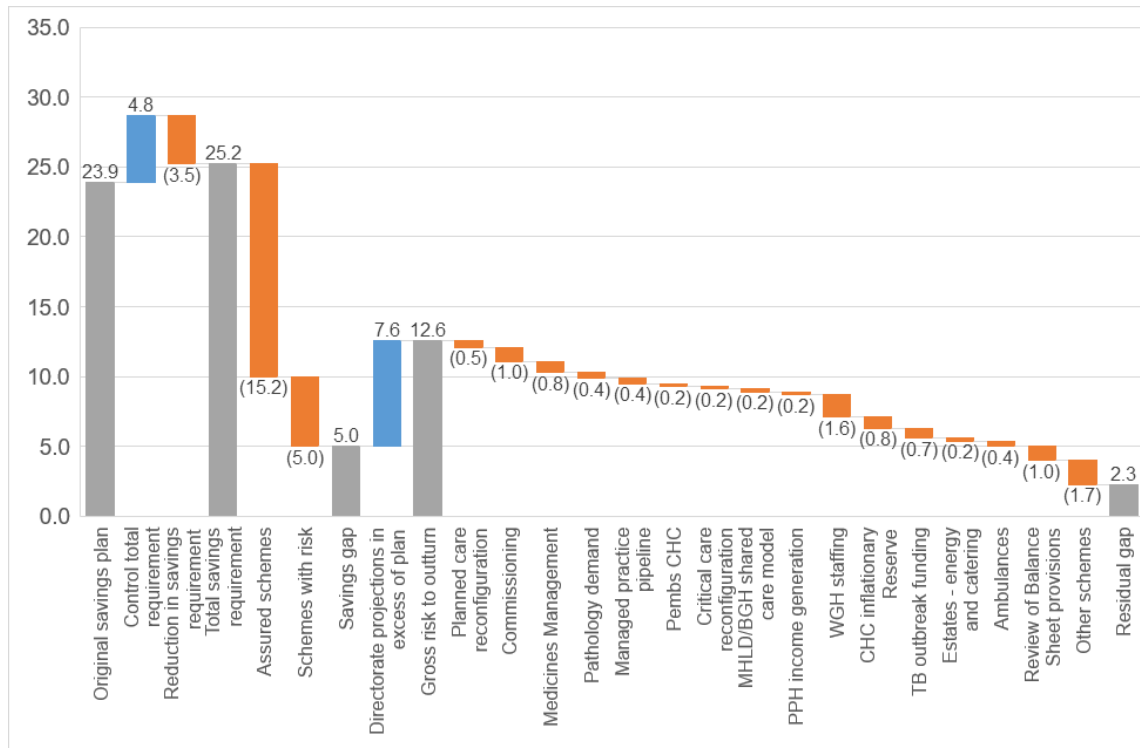
#### 3.2 Savings profile, risk and delivery



- To date, there is non-delivery against identified schemes of £0.5m. This means that against the total requirement of £25.2m, £0.5m of additional savings or mitigating actions will be required. This position has been reflected in the risk assessment in section 5.2 below.
- In-month delivery of £1.2m which is an improvement of £0.2m on Month 3, but £0.2m behind plan.
- Significant acceleration in delivery is required from Month 6; the Month 5 delivery will need to be £0.3m higher than the Month 4 delivery with further step up needed in future months.

## 4. Financial projections, opportunities and risks

### 4.1 Financial projection



- While the financial position in Month 4 represents a significant risk to the Health Board, and there are significant risks to savings delivery and operational cost management, **the Health Board's financial forecast is to achieve the required Control Total of £15.0m.**
- Current projections indicate: 1) a gap of £5.0m in fully identified savings schemes; 2) operational forecasts in excess of budget of £7.6m, giving a projection of £12.6m adverse variance to plan. This would equate to a year end deficit position of £27.6m. However, pipeline opportunities and schemes are being developed, which would reduce this by £10.3m and further actions are in train to identify opportunities to close the gap.
- Work has been on-going, in conjunction with KPMG, to identify mitigating opportunities. Through discussion in Targeted Intervention meetings, WG have indicated that they may be in a position to support on the additional costs associated with the TB outbreak and the staffing challenges within WGH. The Directorate projections include £0.65m for the TB outbreak and £1.55m for WGH.
- There are a number of gross risks which could materialise and, if mitigating actions were not identified, could affect the financial projection. These risks are presented below in section 5.3.
- This will require the Board as a whole to ensure a focus on ensuring that divisions operate within their budgets, deliver savings and manage their risks.

## 4. Financial projections, opportunities and risks

### 4.2 Opportunities

- The focus is now being narrowed by considering the key drivers of the cost base identified through benchmarking with other Health Boards via national costing returns. Detailed information has been shared with Directorates and is being utilised as part of the Recovery Plan refinement in-year. We will continue to use this in conjunction with the Efficiency Framework to translate the opportunities identified into detailed Savings Plans in support of our Financial Plan. The Finance Committee has reviewed and endorsed this approach.
- Opportunities available via Invest to Save, Integrated Care Fund and deferring uncommitted funding are being explored. Key areas of operational inefficiency being targeted are: CHC and packages of care, unfunded escalation beds and patients awaiting tertiary referral.
- Working in conjunction with KPMG, the identified pipeline schemes and opportunities will be refined and RAG-rated and further opportunities will be recognised.

### 4.3 Risks and risk management strategy

Potential Risk	£'m	Risk management approach
<b>Restated budget deficit</b>	<b>15.0</b>	
Operational projection	6.9	Escalated Holding to Account meetings are being held with all Directorates to convert pipeline into robust schemes and identify additional recovery actions and additional opportunities.
Local TB outbreak	0.7	
<b>Total Operational projection</b>	<b>7.6</b>	
Savings gap	5.0	
<b>Total deficit forecast and risks</b>	<b>27.6</b>	

## 4. Financial projections, opportunities and risks

### 4.4 Reserves

£'m	Month 4 close
ICF Bids	10.4
CHC Inflation	2.2
Performance Fund	1.8
Mental Health Improvement	1.7
Hosted Allocation – Critical Care	1.0
Medical and Dental Pay Award	1.0
Winter Pressure reserve	1.0
LTAs – Pay Award, WHSSC	0.8
Planned Care – Critical Care	0.6
RCCS	0.5
Eye Care Sustainability	0.4
Nursing Standards	0.3
Other	0.7
<b>Total</b>	<b>22.4</b>

- The Health Board's centrally-retained reserves are committed and all relate to specific anticipated cost pressures.
- ICF funds will be distributed based on finalised plans for utilisation of the funds across Healthcare and Local Authority. As Plans are not yet agreed, the reserve has been phased based on draft plans and historical indicators.
- CHC and FNC inflation have been phased according to the timeframes in which costs are anticipated to impact.
- The Health Board holds funding of £1.0m on behalf of Welsh Government to support costs incurred on behalf of the Critical Care network across Wales.
- Nursing Standards reserve will be further distributed following agreement and approval by the Executive Team.
- Winter Pressure Support will be allocated to Directorates based on finalised plans for utilisation of the funds. At present the assumption is that this Reserve will be drawn over Months 9 to 12.
- Performance funds will be allocated to Directorates based on finalised plans for utilisation of the funds.
- Reserves held for future cost pressures will be carefully managed and work is ongoing to ensure future cost pressures are minimised wherever possible.

### 4.5 Transformation Fund allocations

Transformation Fund allocations received or anticipated, are being fully utilised for the purpose they have been awarded and that this funding is not supporting the outturn positions. The YTD expenditure against the Plan is currently £nil, however the recruitment process is currently underway in line Plans in place.

## 4. Financial projections, opportunities and risks

### 4.6 Ring-fenced allocations

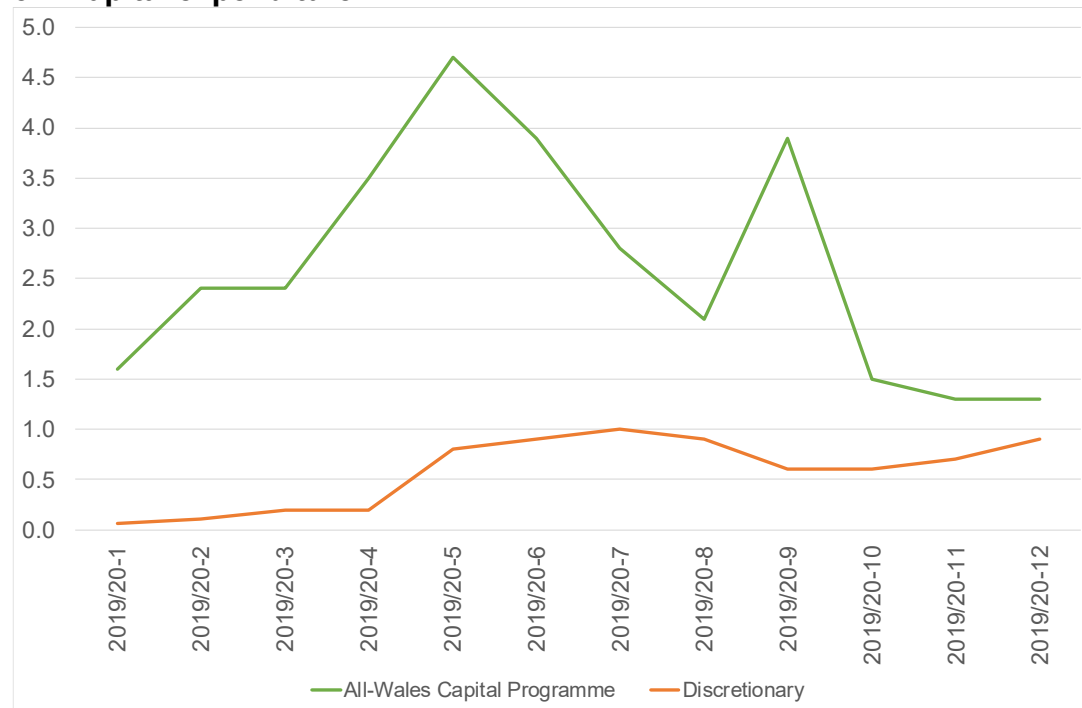
<b>Ring Fenced Allocations</b>	<b>£'m</b>
Learning Disabilities	8.7
Depreciation	20.1
Mental Health Services	76.2
Renal Services	6.7
Palliative care funding	0.7
Integrated Care Fund (Older People)	5.5
Integrated Care Fund (Learning Disabilities, children with complex needs, carers)	2.4
Integrated Care Fund (Children at the edge of care/in care)	1.8
Integrated Care Fund (Autism Allocations)	0.4
Delivery plan funding	1.4
Paramedic banding	0.7
Clinical Desk enhancements	0.1
Genomics for Precision Medicine Strategy	0.5
<b>Total 2019-20 HCHS Ring Fenced Allocation</b>	<b>125.2</b>

- The tables show the ring-fenced allocations. There is no flexibility about the use of this funding although Health Boards can choose to invest more in these areas.
- The ring-fenced allocation for Integrated Care Fund has been increased by £3.7m compared with 2018/19.
- The largest element of the ring-fence is mental health. The funding forms a floor below which spend must not fall. However, this does not exclude mental health services from making efficiencies but these savings must be re-invested to meet cost increases and new developments. The ring-fence is measured annually via the programme budgeting process.
- As at Month 4, it is projected that all ring-fence funds will be fully utilised.



## 5. Capital expenditure, working capital management and cash

### 5.1 Capital expenditure

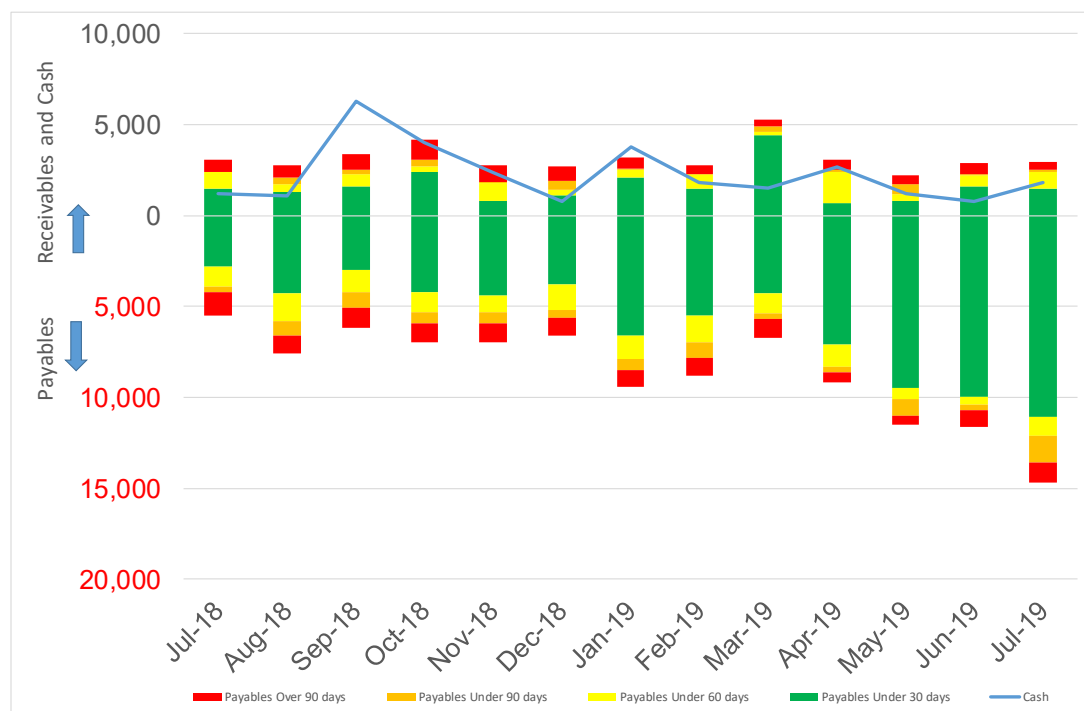


Provisional capital expenditure plan	£'m	£'m
Bronglais MRI	4.4	
Women and Children Phase II	13.4	
Wards 9 and 10 Withybush	1.7	
Aberaeron Integrated Care Centre	0.9	
Cardigan Integrated Care Centre	10.1	
Fees for development of Cross Hands	0.9	
<b>Total all-Wales funded schemes</b>		<b>31.5</b>
Medical equipment	1.5	
Estates	2.6	
IM&T	1.0	
Other	1.8	
<b>Total discretionary</b>		<b>6.9</b>
<b>Total capital</b>		<b>38.4</b>

- The Health Board has an approved Capital resource limit of £38.4m for 2019/20.
- Capital expenditure against the £38.4m total funding allocation was £10.5m to Month 4.
- The above graph shows Actual expenditure to Month 4, and Plan for future months.

## 5. Capital expenditure, working capital management and cash

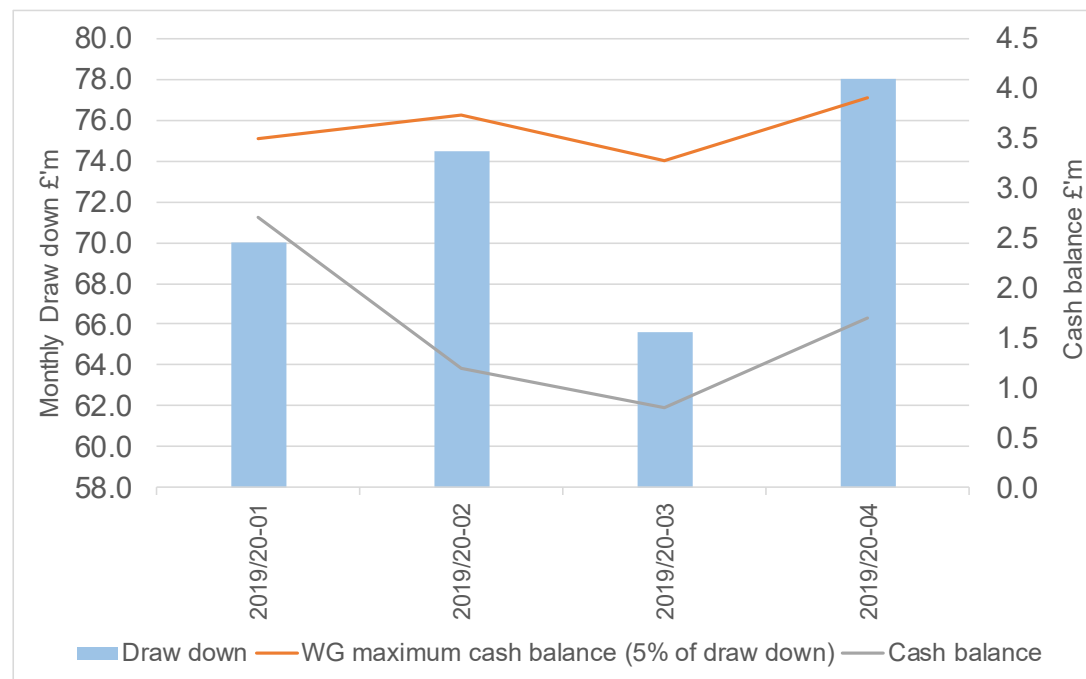
### 5.2 Working capital management



- Income collected from sources other than Welsh Government is collected through the invoicing process. It is imperative that this is collected promptly to reduce reliance on cash support from WG. Balances owed to the Health Board are £3.0m in Month 4.
- It is also important that the Health Board pays its suppliers promptly. At the end of Month 4, £14.7m was owed to suppliers, of which £11m are less than 30 days old. £7m of which were larger invoices received in June, £1m from Local Authority. Ongoing work with colleagues in NHS Wales Shared Services continues to address older balances through improving the purchase-to-pay cycle.
- The delays in authorisation of invoices is a particular issue in relation to Nurse Agency and Homecare Drugs. The finance department is introducing further checks; the authorisation process will be reviewed as well as tracking invoices on hold on a weekly basis with a view to improving this in future.
- Cash at the end of Month 4 was £1.8m.

## 5. Capital expenditure, working capital management and cash

### 5.3 Cash



- The closing balance of £1.8m did not exceed 5% of the total monthly draw down from Welsh Government.
- The Health Board has an approved cash limit of £867.5m split between revenue £829.1m and capital £38.4m.
- Total cash drawn down up to month 4 is £288m.
- The Health Board requested an emergency draw down of Capital cash for £1m in July; this was to align cumulative spend with funding.
- The cash forecast deficit for 2019/20 is estimated at £15.0m, which is the current forecast financial deficit.
- No movement in Working Balances has been factored into the cash forecast in July.
- The cash forecast will be monitored and updated monthly. The movement of Working Balances and Strategic Cash Assistance will be calculated in line with Welsh Government deadlines.

## 6. Statement of Financial Position

### 6.1 Statement of Financial Position

	2019-20 Opening balance £m	31 July 2019 £'m	Movement £'m	Analysis
<b>Non Current assets</b>				
Fixed Assets	268	275	7	Increase is due to capital expenditure of purchases offset by quarterly depreciation, indexation and the first time impairment of three capital schemes.
Other non current assets	43	46	3	Increase is due to Capital expenditure of purchases & donated assets which have been offset by quarterly depreciation and the first time impairment of three capital schemes.
<b>Current Assets</b>	<b>311</b>	<b>321</b>	<b>10</b>	
Inventories	8	9	1	
Trade and other Receivables	34	39	5	This is due to an increase in prepayments.
Cash	1	2	1	
<b>Total Assets</b>	<b>355</b>	<b>370</b>	<b>15</b>	
<b>Liabilities</b>				
Trade and other Payables	(93)	(103)	(10)	The main increases are due to accruals - Capital (£1.2m) and GMS (4m). Trade payables saw an increase of £1m in payables less than 30 days.
Provisions	(67)	(71)	(4)	Increase in provision for Clinical negligence in line with latest quantum received.
<b>Total Liabilities</b>	<b>(161)</b>	<b>(174)</b>	<b>(13)</b>	
<b>Net Assets less Liabilities</b>	<b>194</b>	<b>196</b>	<b>2</b>	
<b>Financed by:</b>				
General Fund	168	164	(4)	
Revaluation Reserve	27	32	6	Indexation (in line with District valuer rates) has been applied to properties and land from 1 April 2019.
<b>Total Funding</b>	<b>194</b>	<b>196</b>	<b>2</b>	

## 7.1 Conclusion

- The Health Board's control total is £15m following receipt of £10m new WG funding in Month 4 and plans are being developed to achieve this position.
- Month 4 position is £0.7m operational variance to plan (£2.1m YTD); This reflects pressures in Unscheduled Care, mainly in WGH, Planned Care and Public Health. Month 4 YTD variance to breakeven is £8.3m, which includes £3.3m of new WG funding; recognising this additional funding in-month has had a one-off impact to the in-month variance to breakeven of surplus £0.5m.
- The savings requirement has been reduced by £3.5m as a result of additional Welsh Government funding, the cost of which had already been included within our baseline plan.
- Current projections indicate: 1) a gap of £5.0m in fully identified savings schemes; 2) operational forecasts in excess of budget of £7.6m, giving a projection of £12.6m adverse variance to plan. This would equate to a year end deficit position of £27.6m. However, pipeline opportunities and schemes are being developed, which would reduce this by £10.3m and further actions are in train to identify opportunities to close the gap.



## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	22 August 2019
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Finance Projections Assurance
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andrew Spratt, Assistant Director of Finance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

This report provides the Finance Committee with an outline of the financial projection for the year 2019/20. Please see Appendix 1 for the presentation providing further detail for Members' consideration.

#### Cefndir / Background

The ability to project accurately is a critical requirement in order to ensure that Hywel Dda University Health Board (HDdUHB) delivers against its plans and can take remedial actions in a timely and proportionate way.

#### Asesiad / Assessment

The draft interim Annual Plan for 2019/20 was approved by Board March 2019 with a deficit of £29.8m. Welsh Government (WG) have since confirmed that HDdUHB's Control Total requirement is a deficit of £15.0m following receipt of £10.0m WG funding.

The savings requirement has been reduced from £28.7m to £25.2m as a result of additional Welsh Government funding, the cost of which had already been included within the baseline plan.

Directorate level projections are currently indicating cost pressures of £7.1m.

To achieve the Control Total requirement, additional actionable savings plans will need to be urgently identified, which will rely on both Corporate and Directorate level delivery.

#### Argymhelliad / Recommendation

The Finance Committee is asked to note and discuss the financial projections for 2019/20.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.5 Provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, giving early warning on potential performance issues and making recommendations for action to continuously improve the financial position of the organisation, focusing in detail on specific issues where financial performance is showing deterioration or there are areas of concern.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	735 (score 16) 646 (score 12)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5. Timely Care 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve Population Health through prevention and early intervention

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on the HDdUHB's financial reporting system.
Rhestr Termiau: Glossary of Terms:	BGH – Bronglais General Hospital CHC – Continuing Healthcare CIP – Cost Improvement Programme ENT – Ear, Nose and Throat

	<p>DES – Direct Enhanced Services  FNC – Funded Nursing Care  FYE – Full Year Effect  GGH – Glangwili General Hospital  GMS – General Medical Services  MHLD – Mental Health &amp; Learning Disabilities  MDT – Multi-Disciplinary Team  NICE – National Institute for Health and Care Excellence  OOH – Out of Hours  PPH – Prince Philip Hospital  PSPP– Public Sector Payment Policy  RTT – Referral to Treatment Time  T&amp;O – Trauma &amp; Orthopaedics  VC – Video Conferencing  VFM – Value For Money  WG – Welsh Government  WGH – Withybush General Hospital  WRP – Welsh Risk Pool  WHSSC – Welsh Health Specialised Services Committee  YTD – Year to date</p>
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to Finance Committee:	Finance Team Management Team Executive Team Finance Committee

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Financial implications are inherent within the report.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	The impact on patient care is assessed within the savings schemes.
<b>Gweithlu:</b> <b>Workforce:</b>	The report considers the financial implications of our workforce.
<b>Risg:</b> <b>Risk:</b>	Financial risks are detailed in the report.
<b>Cyfreithiol:</b> <b>Legal:</b>	HDdUHB has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year.
<b>Enw Da:</b> <b>Reputational:</b>	Adverse variance against HDdUHB's financial plan will affect the reputation with Welsh Government, Wales Audit Office, and with external stakeholders.



<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable

# Financial Performance – Month 4

## Health Board confirmed control total of £15m, following receipt of £10m new WG funding in Month 4

### Month 4 position

- Month 4 position is £0.7m operational variance to plan (£2.1m YTD). YTD variance to breakeven £8.3m, which includes £3.3m of new WG funding; recognising this additional funding in-month has had a one-off impact to the in-month variance to breakeven of surplus £0.5m.
  - Operational surge and vacancies covered by premium cost staff in USC impact £0.4m
  - Planned Care due to increased Ophthalmology and Rheumatology drugs costs and slippage on a referral management savings scheme £0.2m;
  - Local TB outbreak in Public Health impact of £0.1m.

Recovery and management within available resources critical in future months

### Savings summary

- £25.2m total savings requirement to meet control total following reduction of £3.5m as a result of additional Welsh Government funding, the cost of which had already been included within our baseline plan.
  - £15.2m of secure plans (green)
  - £5.0m of plans with some risk to delivery (amber)
  - Risk to delivery is therefore £5.0m

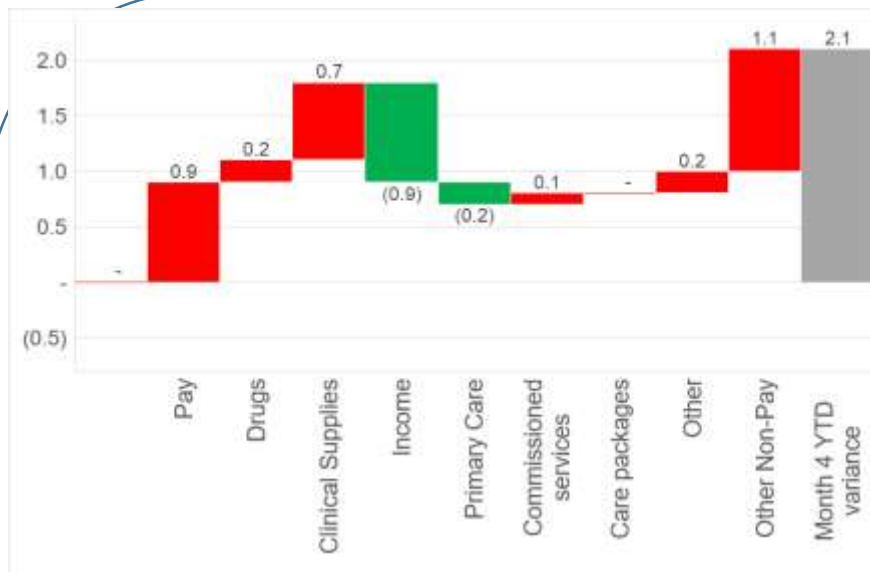
### Directorate projections variance £7.1m

Projection including savings risk is an adverse variance to plan of £12.1m; this would equate to a year end deficit position of £27.1m

### Further actions

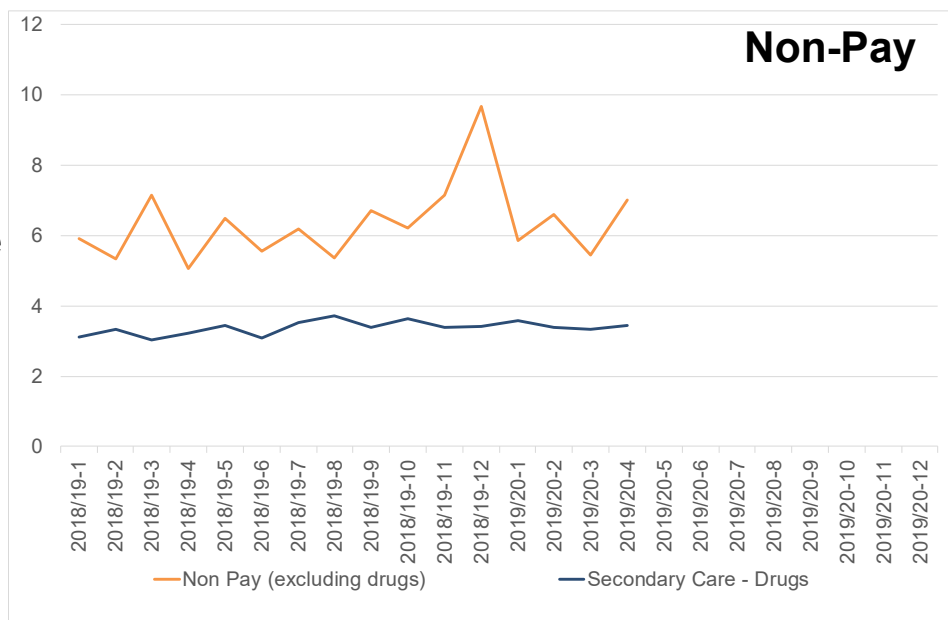
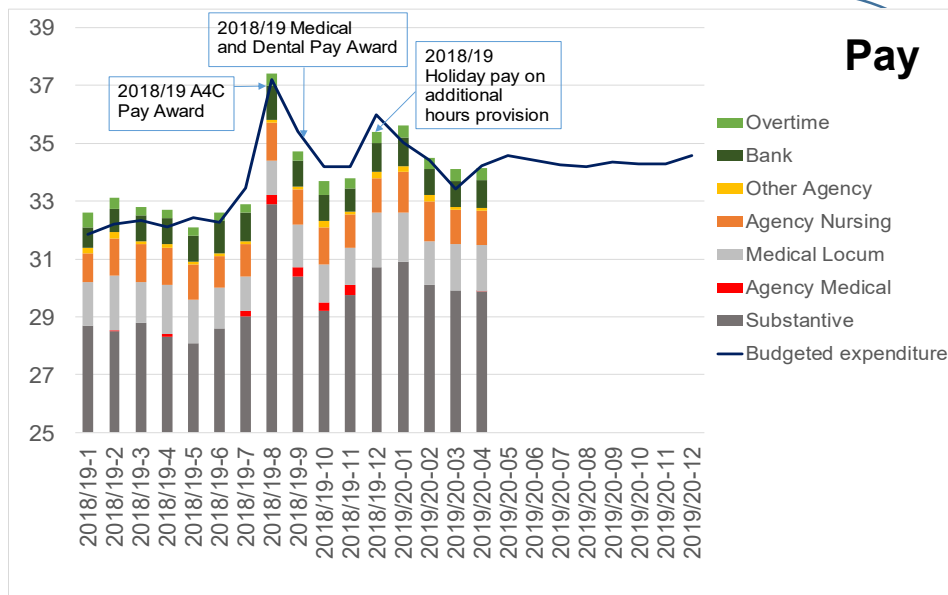
- Opportunity pipeline of £9.4m needs to be actively pursued and developed into actionable plans
- Recovery actions required of £7.1m to recover month 4 YTD position and Directorate projections

# Financial performance to date

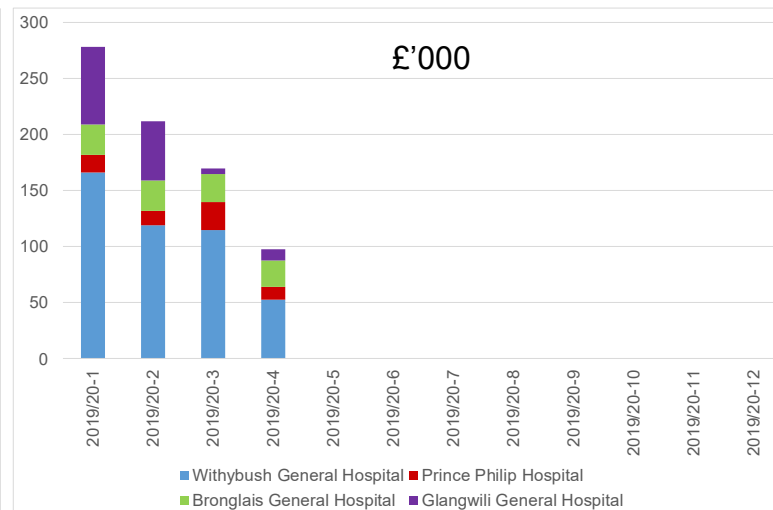
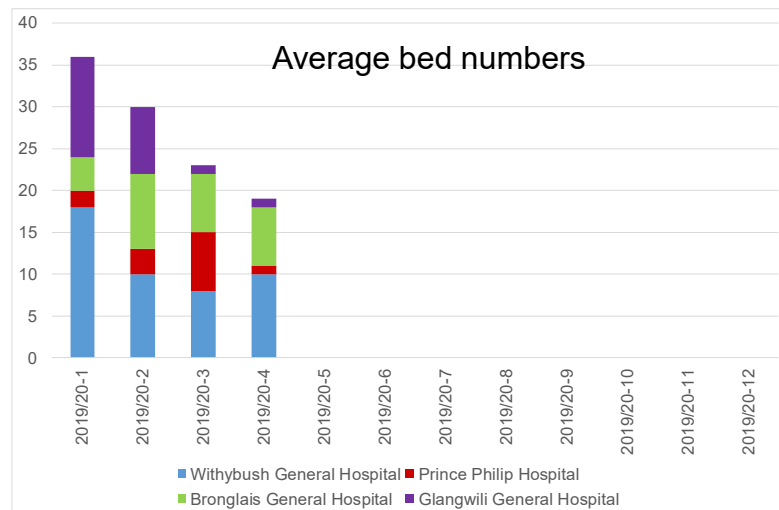


Pay costs driven by operational surge and vacancies covered by premium cost staff, medical staffing issues in medical specialities and A&E.

Pressures in Clinical Supplies predominately within USC in relation to insulin pumps and Planned Care in relation to consumables usage in Theatres. Other Non-Pay driven by a significant Final Pension Charge, an uplift in computer maintenance contracts, expenditure on the MRI temporary scanner in BGH, Pathology SLAs and damages in Redress.



## Bed pressures

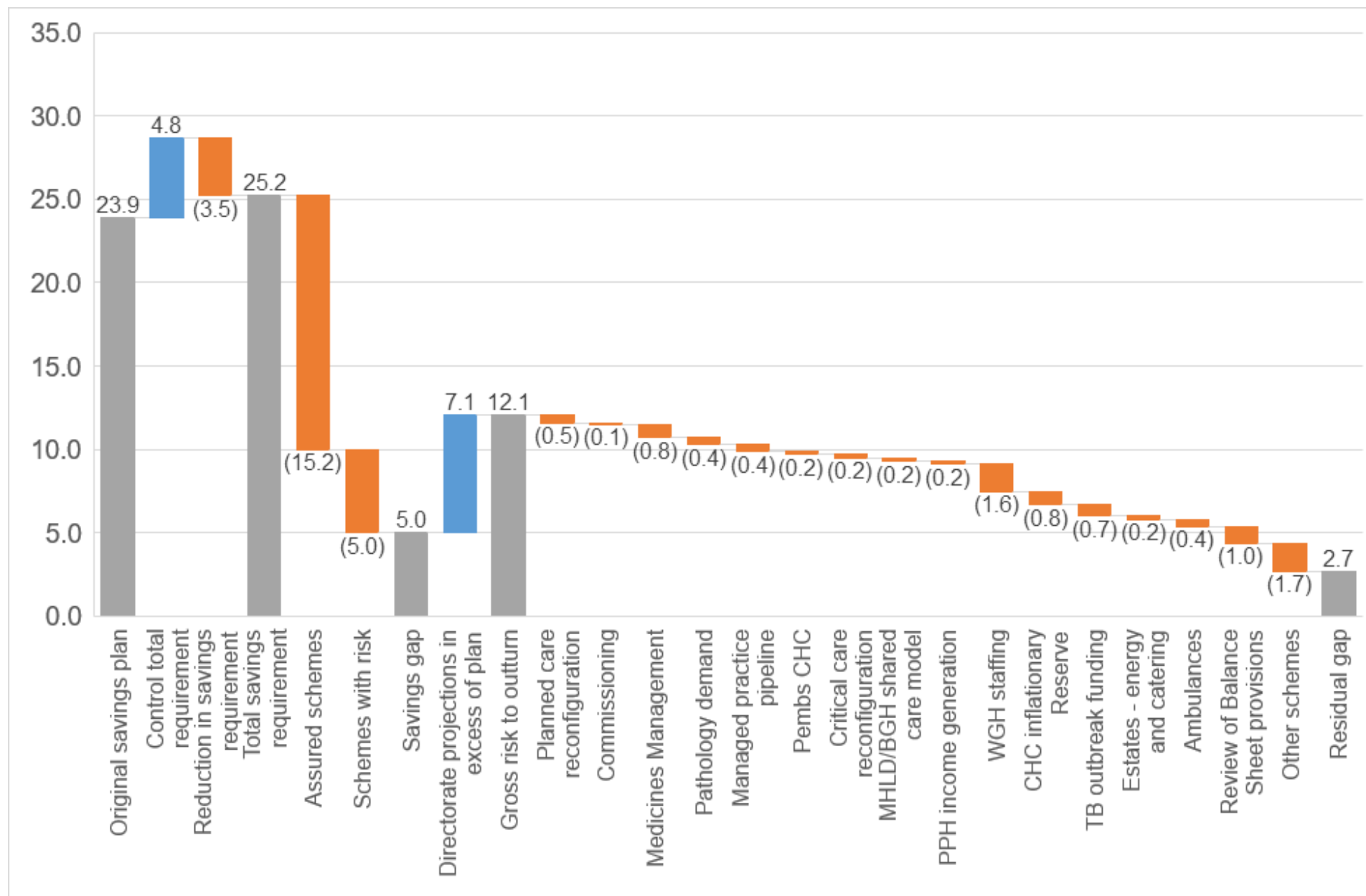


Critical Care surged on 22 occasions in Month 3, which was predominately driven by patient acuity rather than the number of beds.

## Key Actions for In-Month focus areas

- Urgent review of savings and opportunities pipeline to convert into assured schemes;
- Holding to Account Meetings will focus on this and mitigating actions to address operational risks.
- On-going KPMG workstreams to assist with in-year delivery in addition to medium and long term improvements.

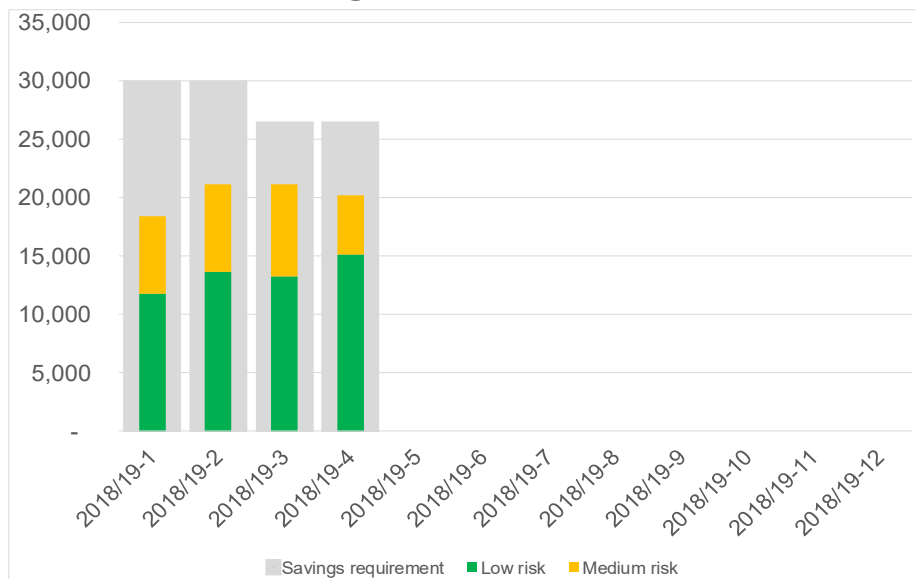
# Position against control total



Savings type	Assured (£'m)	Marginal risk (£'m)	Total (£'m)
Non-recurrent	4.8	0.9	5.7
Recurrent	10.4	4.1	14.5
<b>Total</b>	<b>15.2</b>	<b>5.0</b>	<b>20.2</b>

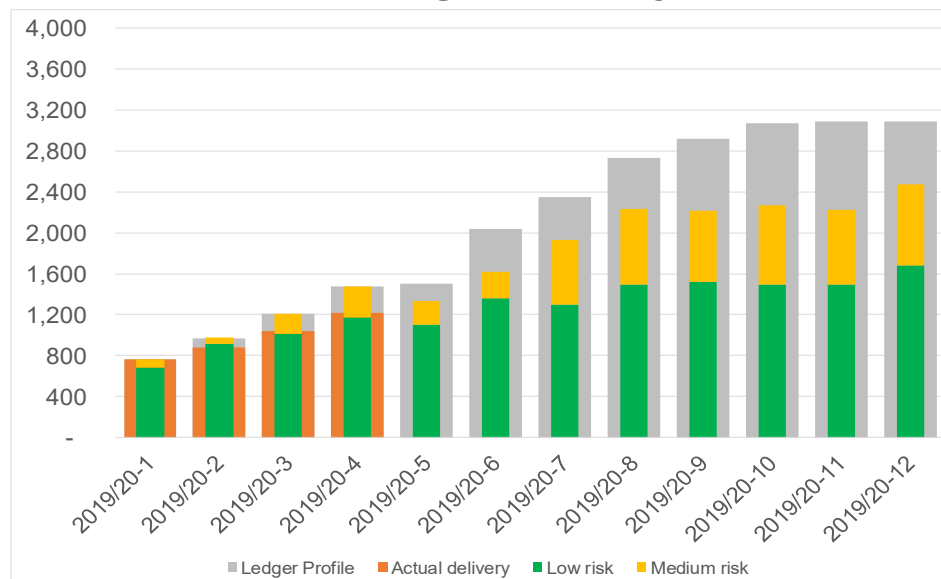
- Total requirement reduced from £28.7m to £25.2m as a result of Welsh Government funding, the cost of which had already been included in our baseline plan.

## Savings identification



- HTA process focused on deliverable high value opportunities and unidentified balance
- Further opportunities being identified, now in conjunction with KPMG, using:
  - Ward staffing work
  - Establishment control work
  - Benchmarking and opportunities framework

## Savings delivery



- In-month achievement of £1.2m is an improvement of £0.2m on Month 3, but £0.2m behind Plan
- Significant acceleration in delivery required from Month 6

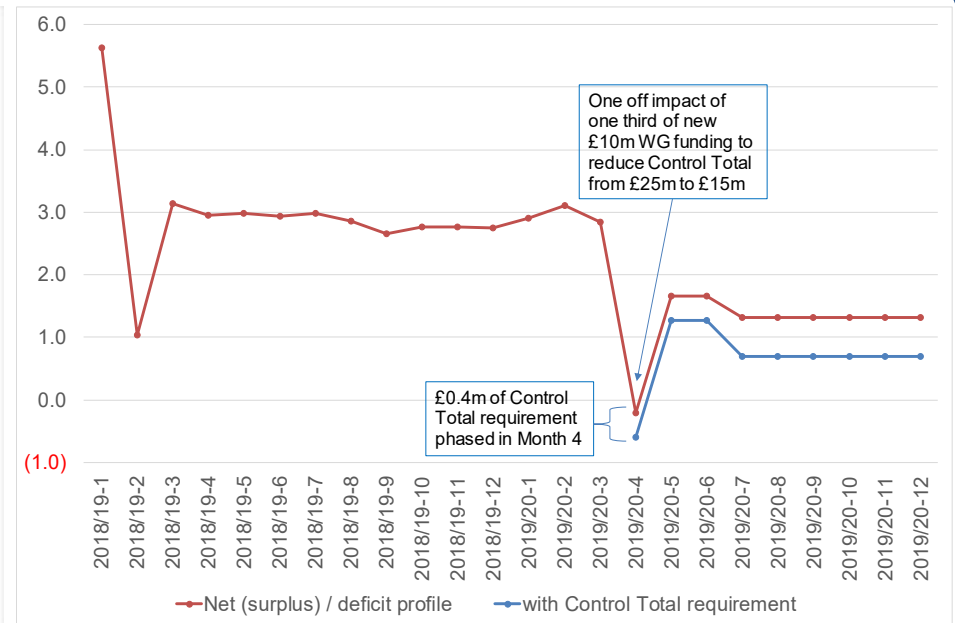
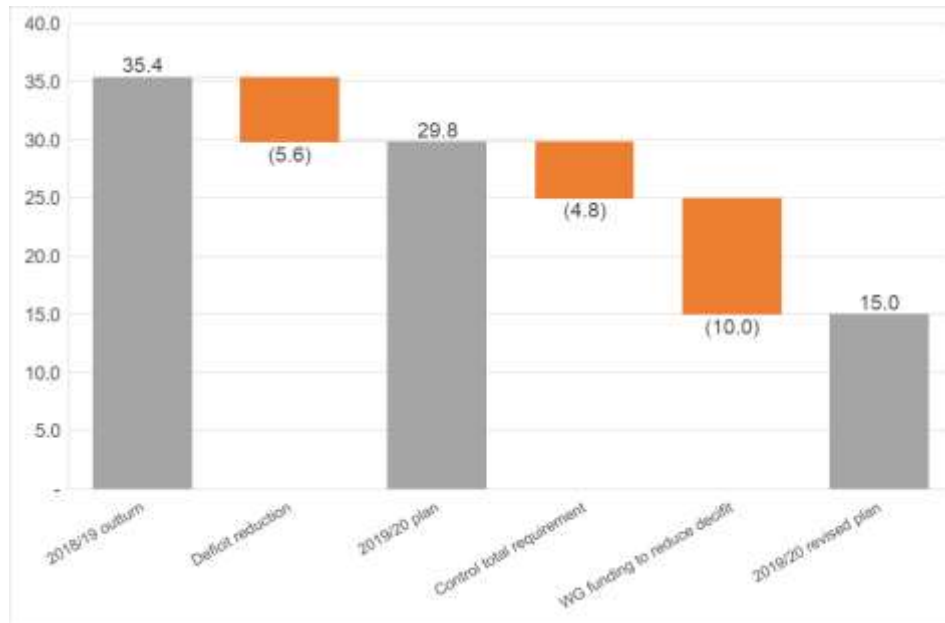


## Assured and Marginal Risk Savings Schemes

Summarised schemes (£'m)	Planned Care	Medicines Management	MHLD, Facilities and Dir Ops	Primary Care and Community	Unscheduled Care	Specialist and Support Services	Across Service Areas/ Other	Total
Workforce	483	-	1,562	1,880	2,200	1,461	389	<b>7,975</b>
Non-Pay	180	-	2,479	347	41	53	1,311	<b>4,411</b>
Commissioned Services and CHC	36	-	331	571	-	-	8	<b>946</b>
Medicines Management	207	2,333	-	-	81	447	-	<b>3,068</b>
Operational Effectiveness	737	-	228	122	1,407	710	-	<b>3,204</b>
Outpatients	562	-	-	-	9	23	-	<b>594</b>
<b>Total</b>	<b>2,205</b>	<b>2,333</b>	<b>4,600</b>	<b>2,920</b>	<b>3,738</b>	<b>2,694</b>	<b>1,708</b>	<b>20,198</b>

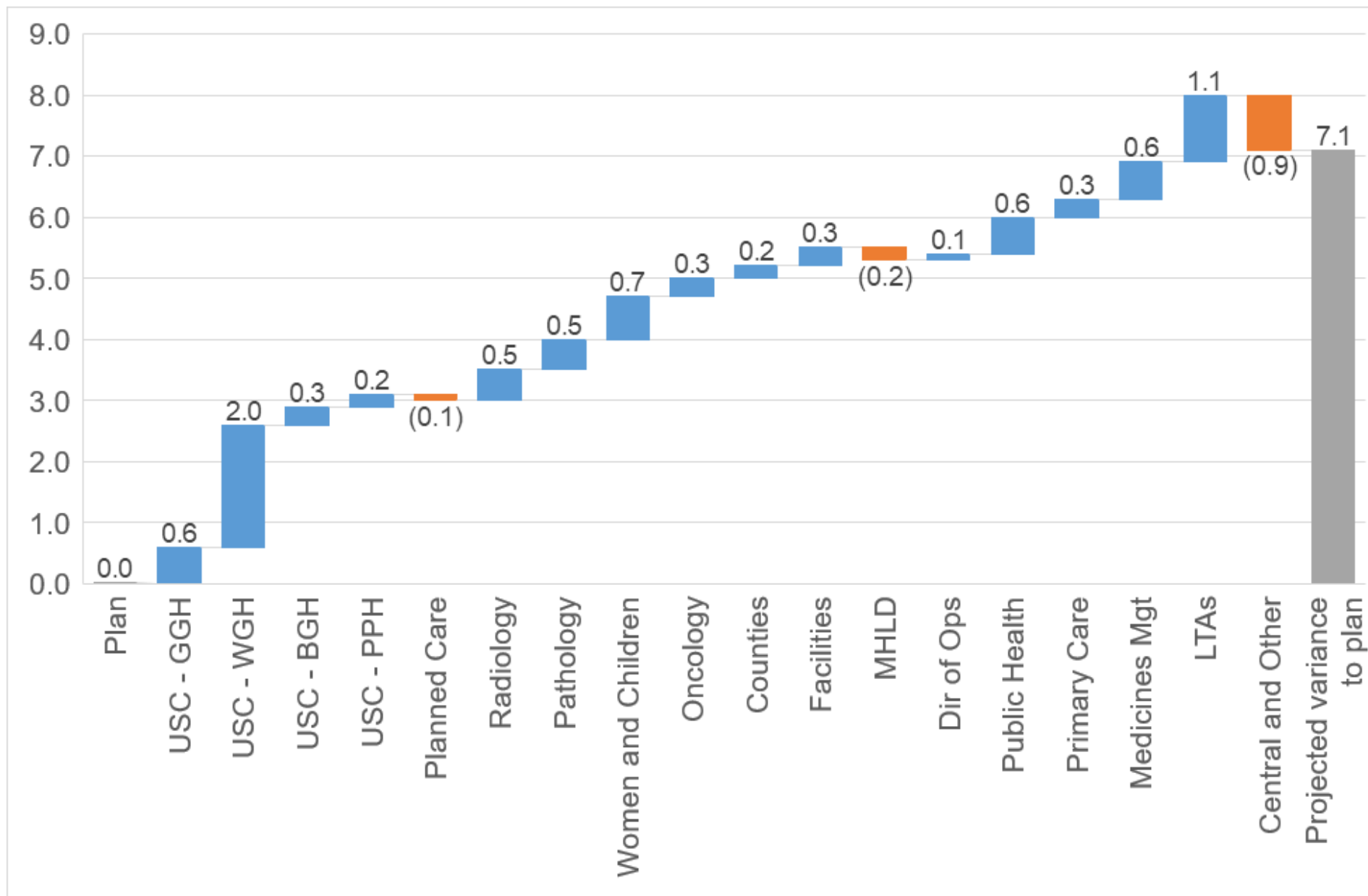
# Financial Projections Assurance – Month 4

- Draft interim Annual Plan for 2019/20 approved by Board March 2019 with deficit of £29.8m; Welsh Government have since confirmed that the Health Board's Control Total requirement is a deficit of £15.0m following receipt of £10.0m WG funding.
- The savings requirement has been reduced from £28.7m to £25.2m as a result of additional Welsh Government funding, the cost of which had already been included within our baseline plan.
- Directorate level projections are currently indicating cost pressures of £7.1m.
- To achieve the Control Total requirement additional actionable savings plans will need to be urgently identified, which will rely on both Corporate and Directorate level delivery.

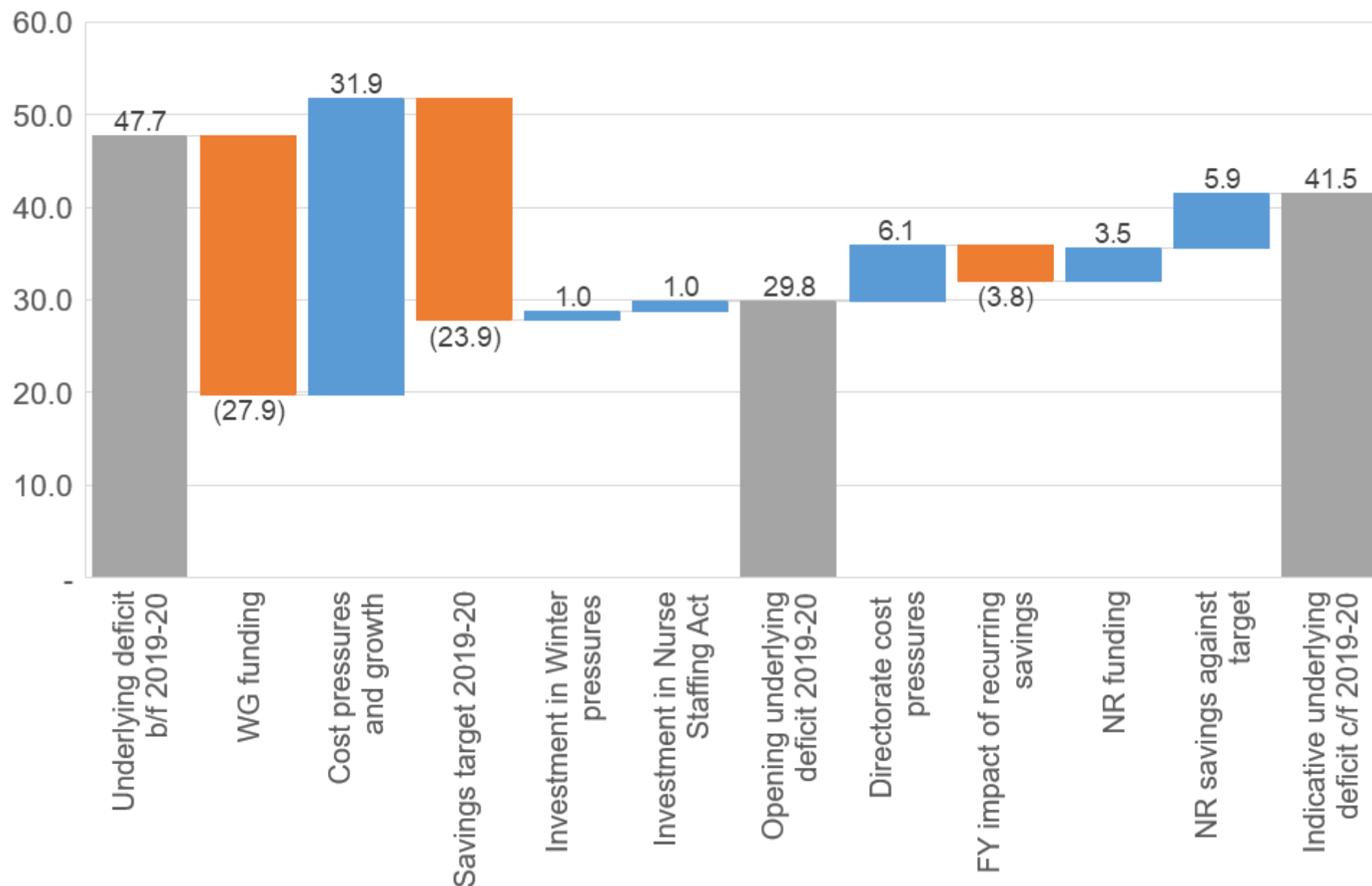


- Control Total requirement profile is a significant step change in financial performance, which presents a significant risk to end of year position.
- Phased from Month 4 and 7 to allow time for assured and actionable plans to be developed.

Variance to breakeven	YTD £'m	EOY Projection £'m
Budget	6.2	15.0
Operational pressures (see below)	7.1	7.1
Savings delivery	0.5	5.0
<b>Current projection</b>	<b>13.8</b>	<b>27.1</b>
Risks	0.0	0.0
	<b>13.8</b>	<b>27.1</b>



# Impact on Underlying deficit



# Key Actions



## Key Actions to address in-year performance

- Further work to identify savings schemes and opportunities on-going; now in conjunction with KPMG;
- Assurance groups to support delivery of savings;
- Recovery Task and Finish Group in Withybush General Hospital;
- Maintaining escalated status through Holding to Account.

## Financial Assurance Framework

- Develop dashboards for Assurance groups on key expenditure drivers across the Health Board.



## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	22 August 2019
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Turnaround Update – Month 4, 2019/20
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Turnaround Director
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Andrew Carruthers, Turnaround Director

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

This report provides an update to the Finance Committee on the Turnaround Programme as at Month 4.

#### Cefndir / Background

The Turnaround Programme was established in 2017 to provide a robust process for the delivery of savings to ensure that the Health Board meets its statutory duty to break-even over a three-year rolling basis.

This report provides an update on Turnaround activities including a savings position, recovery actions agreed, and achievements.

#### Asesiad / Assessment

The report, attached at Appendix 1, comprises four sections:

**Section 1** – Provides a summary of the 2019/20 Month 4 position for Directorates who are being monitored through the Chief Executive Holding to Account meetings. These Directorates are at an escalated status due to the assessed risk of them delivering their financial plans.

Schemes are RAG rated, in accordance with the approach agreed at Targeted Intervention:

- Green – Delivering
- Amber – Some risk to manage but will deliver
- Red – Pipeline scheme. Needs more scoping and work up before moving to delivery and Amber.

The Chief Executive Officer (CEO) has made it clear that schemes cannot impact on quality and safety of patient care or tier 1 performance. Directorates were also asked to identify all risks and mitigating actions.

The next CEO Holding to Account meetings will be held on 23<sup>rd</sup> August 2019.

**Section 2** - Provides a summary of the 2019/20 Month 4 position for Directorates being monitored through the Turnaround Director Holding to Account meetings. These Directorates were considered to be on track with delivery of their financial plans.

The next Turnaround Director Holding to Account meetings will be held on 22<sup>nd</sup> and 23<sup>rd</sup> August 2019.

**Section 3** – provides an update against each of the Turnaround Delivery Groups (TDGs) as at Month 4.

### Argymhelliad / Recommendation

The Finance Committee is asked to discuss note the Turnaround Programme update report.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.5.1 Undertaking detailed scrutiny of the organisation's overall: <ul style="list-style-type: none"> <li>Monthly, quarterly and year to date financial performance;</li> <li>Performance against the savings delivery and the cost improvement programme; assurance over performance against the Capital Resource Limit and cash flow forecasts;</li> <li>Oversee and monitor the Health Board's turnaround programme.</li> </ul>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Not Applicable

### **Gwybodaeth Ychwanegol: Further Information:**

Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termiau: Glossary of Terms:	Not Applicable
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to Finance Committee:	Not Applicable

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Not Applicable
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Not Applicable
<b>Gweithlu:</b> <b>Workforce:</b>	Not Applicable
<b>Risg:</b> <b>Risk:</b>	Not Applicable
<b>Cyfreithiol:</b> <b>Legal:</b>	Not Applicable
<b>Enw Da:</b> <b>Reputational:</b>	Not Applicable
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not Applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not Applicable

**Section 1** – Summarises 19/20 Directorate savings plans against required savings target of 3.7% for Directorates that are escalated to the Chief Executive Holding to Account meetings. The figures included in this section are based on the known position of Month 4 as at 13<sup>th</sup> August 2019 and will be subject to change with the identification of further savings opportunities. Figures in square brackets represent the position in the previous month, where different to current month.

Pathology	19/20 target £'000s	741	Total plans £'000s		239 [222]	90 [107]	421 [421]	750	Variance £'000s	(9) (9)
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions					
	Green schemes	(55)	(55)	0	N/A					
	Amber schemes	(8)	(8)	0	N/A					
	Red schemes	0	0	0	Dashboard is being progressed. Demo to be provided at clinical leads meeting in September 19. Further work to be done to add unique identifiers for each requester. Service Manager to					

					link in with Medical Education Department to discuss the inclusion of appropriate test requesting in induction programme for clinicians.
	<b>Total</b>	<b>(63)</b>	<b>(63)</b>	<b>0</b>	

<b>Scheduled Care</b>	<b>19/20 target £'000s</b>	<b>3,682</b>	<b>Total plans £'000s</b>		<b>1,710</b> [1,310]	<b>658</b> [1,0580]	<b>884</b> [1,884]	<b>3,252</b> [4,252]	<b>Variance £'000s</b>	<b>430</b> [(570)]
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Mitigating actions</b>					
	Green schemes	(347)	(251)	96	The YTD variance is mainly in relation to Ophthalmology on-call (£39k) and Conclusion of HR issues (£44k) .					
	Amber schemes	(85)	(15)	70	<ul style="list-style-type: none"> <li>Cataract activity – General Manager meeting with Provider to agree reduction in activity w/b 5/8/19.</li> <li>Reduction in INNUs –Policy to be reviewed to ensure it remains fit for purpose.</li> <li>Referral management opportunities - referral guidelines for top ten conditions needed. Separate meeting to be held outside HTA process to progress referral management programme.</li> </ul>					
	Red schemes	0	0	0	<ul style="list-style-type: none"> <li>Orthopaedics plan in development. Weekly meetings with General Manager and Turnaround Director to progress.</li> <li>Critical Care reconfiguration plan to be progressed through Turnaround process with a view to making some efficiencies in 19/20. Plans still being scoped.</li> </ul>					
	<b>All schemes</b>	<b>(432)</b>	<b>(266)</b>	<b>166</b>						

<b>BGH USC</b>	<b>19/20 target £'000s</b>	<b>786</b>	<b>Total plans £'000s</b>		<b>801</b> [626]	<b>0</b> [175]	<b>162</b> [162]	<b>963</b> [963]	<b>Variance £'000s</b>	<b>(177)</b>
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Mitigating actions</b>					
	Green schemes	(247)	(206)	41	<ul style="list-style-type: none"> <li>Roster efficiency has delivered £33k out of a total planned £78k as at Month 4.</li> <li>Length of Stay plan in place (de-risked from Amber to Green in Month 4) - progress being monitored through the Operational Effectiveness Delivery Programme. Scheme is starting to deliver 9£7k slippage to Month 4).</li> </ul>					
	Amber schemes	0	0	0						
	Red schemes	0	0	0	Collaborative Care Scheme – some elements of this scheme can be de-risked from red to amber. Value of this to be determined in Month 5.					
	<b>Total</b>	<b>(247)</b>	<b>(206)</b>	<b>41</b>	<u>Other actions agreed</u> New Gastroenterology model to be worked up in readiness for discussion at the CEO HTA on 23/08/19.					

<b>GGH USC</b>	<b>19/20 target £'000s</b>	<b>1,557</b>	<b>Total plans £'000s</b>		<b>1,348</b> [1,348]	<b>383</b> [383]	<b>0</b> [0]	<b>1,559</b> [1,559]	<b>Variance £'000s</b>	<b>(2)</b> [296]
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Mitigating actions</b>					
	Green schemes	(238)	(229)	(9)	Cumulative under-delivery of roster efficiency savings (£8k) at Month 4.					

	Amber schemes	(2)	(2)	0	<ul style="list-style-type: none"> <li>Length of Stay plans being developed and progress monitored through the Operational Effectiveness Delivery Programme. Recruitment to the Intermediate Care Service is underway to support the delivery of this scheme. Paper outlining bed reconfiguration plans to be presented to next CEO HTA meeting on 23/08/19.</li> <li>New scheme to eradicate Thornbury use by November has been included in forecast.</li> </ul>
	<b>Total</b>	<b>(240)</b>	<b>(231)</b>	<b>(9)</b>	<u>Other actions agreed</u> <ul style="list-style-type: none"> <li>No capacity for surge over next 7/8/ due to ward closure for refurbishment. Clarity on surge costs built in to forecast to be provided by next CEO HTA meeting 23/08/19 to inform the Winter Planning position.</li> <li>Acute, community and scheduled care to hold a session with Finance to explore opportunities identified in Opportunities Framework.</li> </ul>

PPH USC	19/20 target £'000s	931	Total plans £'000s		144 [234]	645 [1,129]	0 [0]	789 [1,561]	Variance £'000s	142 [(630)]
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions					
	Green schemes	(9)	(9)	0	All RN B5 posts will be filled with Sept 19 recruitment. OOH MIU savings planned from October 19. Both green schemes.					
	Amber schemes	(4)	(5)	(1)	Intermediate Care Service - Transformation Funding resource is expected to release 25% bed day reduction by March 21. Likely to be some slippage against this scheme as reduction in bed days will not be complete by October as originally thought.					
	<b>Total</b>	<b>(13)</b>	<b>(14)</b>	<b>(1)</b>	<u>Other actions agreed</u> Task and Finish Group to be established to take forward proposal to increase activity from Swansea Bay. This will generate income in excess of the savings resulting from bed reconfiguration.					

WGH USC	19/20 target £'000s	1,125	Total plans £'000s		1,125 [1,125]	0 [0]	0 [0]	1,125 [1,125]	Variance £'000s	0 [0]
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions					
	Green schemes	(317)	(274)	43	Middle Grade appointments (£35k) and Ambulatory Care schemes (£31k) have not delivered as expected in Months 2, 3 and 4. Cumulative over-delivery of Ward 8 agency reduction (£11k), sickness management (£4k) and release of locum consultant post (£4k).					
	<b>Total</b>	<b>(317)</b>	<b>(274)</b>	<b>43</b>	<u>Other actions agreed</u> <ul style="list-style-type: none"> <li>New frailty model being worked through that will require some investment into the Home Support Team.</li> </ul>					

Oncology & Cancer	19/20 target £'000s	438	Total plans £'000s		284 [284]	0 [0]	0 [0]	284 [284]	Variance £'000s	154 [154]
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions					
	Green schemes	(97)	(97)	0	N/A					
	Total	(97)	(97)	0	<u>Other actions agreed</u> <ul style="list-style-type: none"> <li>Commissioning of Aseptic Unit in WGH has been put back to December from September. Rebate against cancer drug will offset slippage against this scheme.</li> <li>LTAs/SLAs – discussions ongoing with ABMU. Costed timeline to be produced for next CEO HTA meeting on 23/08/19.</li> <li>Homecare technician opportunity to be costed up by next CEO HTA on 23/08/19</li> <li>Strategic Outline Case on TRAMS to be progressed for disussio at September CEO HTA meeting.</li> </ul>					



**Section 2** – Summarises 19/20 Directorate savings plans against required savings target of 3.7% for Directorates that are monitored through the Turnaround Director Holding to Account meetings. The figures included in this section are based on the known position of Month 1 as at 10<sup>th</sup> May 2019 and will be subject to change with the identification of further savings opportunities.

Carmarthenshire County	19/20 target £'000s	884	Total plans £'000s		636 [636]	189 [189]	0 [0]	825 [825]	Variance £'000s	59 [59]
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions					
	Green schemes	(139)	(92)	47	• Community Nurse recruitment slippage is £29k as at Month 4 and CDM and variable pay schemes have not started to deliver in Month 4 as planned (£16k & £8k respectively).					
	Amber schemes	(42)	(9)	33	• Travel and subsistence – cumulative over-delivery of £4k to Month 4. • Savings of on continence assessment unlikely to deliver until August now (£7k slippage to Month 4). Slippage of £9k on outsourced services, £4k CRTs, £7k relocation of nursing team, £4k medicine lockers and £5k sickness absence improvement. • Increased cost pressure caused by sickness. Paper on workforce related savings and their interdependencies to be produced for next TD HTA meeting on 21/08/19.					
	Total	(181)	(101)	80						

Ceredigion County	19/20 target £'000s	415	Total plans £'000s		355 [155]	60 [260]	0 [0]	415 [415]	Variance £'000s	0 [0]
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions					
	Green schemes	(93)	(93)	0	N/A					
	Amber schemes	0	0	0	N/A					
	Total	(93)	(93)	0	<u>Other agreed actions</u> De-risk three schemes from amber to green totalling £200k.					

Pembrokeshire County	19/20 target £'000s	729	Total plans £'000s		323 [323]	53 [53]	388 [388]	764 [764]	Variance £'000s	(35) [(35)]
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions					
	Green schemes	(156)	(149)	7	CHC scheme slippage of £6k to Month 4.					
	Amber schemes	(6)	0	6	Delivery from August 19 (slipped from July 19)					
	Red schemes	0	0	0	Pipeline schemes with planned delivery by March 20.					
	Total	(162)	(149)	13						

Women & Children	19/20 target £'000s	1,359	Total plans £'000s		360 [360]	61 [61]	108 [108]	529 [529]	Variance £'000s	830 [830]
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions					
	Green schemes	(52)	(47)	4						
	Amber schemes	0	0	0	Integration of on call rota - Notice of change cannot commence until consultation period is finished. Savings resulting from vacancy since February 19 to be transacted.					
	Red schemes	0	0	0	C sections – improved performance continues. Cash savings are likely to be transacted through job planning although non-pay benefit also needs to be undertood. Savings delivery to be reprofiled.					
	Total	(52)	(47)	4	<u>Other agreed actions</u> <ul style="list-style-type: none"> <li>Control total to be set of £600k</li> <li>Service to review the costs and activity around the Dedicated Ambulance Vehicle</li> </ul>					

Primary Care	19/20 target £'000s	790	Total plans £'000s		1,058 [1,058]	227 [227]	400 [400]	1,685 [1,685]	Variance £'000s	(895) [(895)]
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions					
	Green schemes	(106)	(163)	(57)	Locum cost scheme has started to deliver 4 months earlier than planned.					
	Amber schemes	(17)	0	17	<ul style="list-style-type: none"> <li>GP Hub due to start delivering in August. Plan to be produced in June.</li> <li>Salaried GPs due to start delivering in October.</li> </ul>					
	Red schemes	0	0	0	Return of managed practice to independent contractor status due to start delivering Nov 19.					
	Total	(123)	(163)	(40)						

Radiology	19/20 target £'000s	584	Total plans £'000s		390 [390]	405 [405]	0 [0]	795 [795]	Variance £'000s	(211) [(211)]
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions					
	Green schemes	(80)	(40)	40						
	Amber schemes	0	0	0	24 hour provision of Radiology services – proposed rota changes currently out to consultation. Savings to be re-profiled for revised delivery date of September (from August).					
	Total	(80)	(40)	40						

### Section 3 – Turnaround Delivery Groups

3.1 The table below provides an update against each of the Turnaround Delivery Groups (TDGs) as at Month 4.

Operational Effectiveness	19/20 target £'000s	2,491 [1,801]	832 [1,424]	1,879 [2,379]	Total	5,202 [5,604]
	Schemes	YTD planned	YTD actual	YTD variance	Progress	
	Green schemes	(435)	(303)	132	<ul style="list-style-type: none"> <li>All counties have USC plans in place. Site LOS/Reducing Harm plans and a set of metrics to evidence progress are in development.</li> <li>This workstream also encompasses £601k of Pathology improvements, £421k of which relate to the Demand Optimisation scheme, currently a red scheme. This workstream is being led by the Director of Planning, Performance, Informatics and Commissioning and progress is referenced in the Pathology table in Section 1.</li> </ul>	
	Amber schemes	(16)	(10)	6		
	Red schemes	0	0	0		
	Total	(451)	(313)	138		

Outpatients	19/20 target £'000s	25 [25]	625 [625]	146 [146]	Total	796 [796]
	Schemes	YTD planned	YTD actual	YTD variance	Progress	
	Green schemes	(8)	(6)	2	<ul style="list-style-type: none"> <li>The Health Board has been successful in its Phase 1 bid to secure funding from the Welsh Government Performance Fund to implement short term solutions that will enable the new follow-up targets to be achieved.</li> <li>An application is being finalised for Phase 2 of funding to deliver sustainable change through a long-term reduction to follow up waiting lists over the period 2019-2022.</li> </ul>	
	Amber schemes	(78)	(15)	63		
	Red schemes	0	0	0		
	Total	(86)	(21)	65		

CHC	19/20 target £'000s	30 [30]	0 [0]	388 [388]	Total	418 [418]
	Schemes	YTD planned	YTD actual	YTD variance	Progress	
	Green schemes	(10)	(29)	19	Discussion had with lead Director. Terms of Reference to be drafted.	
	Amber schemes	0	0	0		
	Red schemes	0	0	0		
	Total	(10)	(29)	19		

Patient Communications	19/20 target £'000s	TBC	TBC	TBC	Total	TBC
	Schemes	YTD planned	YTD actual	YTD variance	Progress	
	Green schemes				Proposal in development to modernise the way we communicate with our patients, allowing patients to have a choice on how the UHB communicates with them and to provide a future proofed communications platform. Plan for this to go out to the market later this year.	
	Amber schemes					
	Red schemes					
	Total					

Medicines Management	19/20 target £'000s	1,904 [1,682]	1,164 [1,186]	792 [992]	Total	3,860 [3,860]
	Schemes	YTD planned	YTD actual	YTD variance	Progress	
	Green schemes	(571)	(572)	(1)		
	Amber schemes	(69)	(69)	0		
	Red schemes	0	0	0		
	Total	(640)	(641)	(1)		

Workforce	19/20 target £'000s	6,548 [6,621]	1,916 [2,569]	1,747 [512]	Total	10,211 [9,702]
	Schemes	YTD planned	YTD actual	YTD variance	Progress	
	Green schemes	(2,047)	(1,869)	178	<ul style="list-style-type: none"> <li>New group - this Group will support operational Directorates to deliver against their drug savings plans.</li> <li>Draft ToR produced and inaugural meeting anticipated in September 19.</li> </ul>	
	Amber schemes	(262)	(193)	69		
	Red schemes	0	0	0		
	Total	(2,309)	(1,962)	247		

Commissioning	19/20 target £'000s	506 [506]	133 [133]	1,050 [1,050]	Total	1,689 [1,689]
	Schemes	YTD planned	YTD actual	YTD variance	Progress	
	Green schemes	(164)	(154)	10	Discussion had with lead Director. Terms of Reference and inaugural meeting to be set up.	
	Amber schemes	(8)	0	8		
	Red schemes	0	0	0		
	Total	(172)	(154)	18		

Non-Pay	19/20 target £'000s	3,789 [2,533]	663 [1,961]	0 [13]	Total	4,452 [4,507]
	Schemes	YTD planned	YTD actual	YTD variance	Progress	
	Green schemes	(626)	(620)	6	<ul style="list-style-type: none"><li>Second meeting scheduled for 7<sup>th</sup> August.</li><li>Draft Terms of Reference developed.</li></ul>	
	Amber schemes	(38)	(22)	16		
	Red schemes	0	0	0		
	Total	(664)	(642)	22		



## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	22 August 2019
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Referral to Treatment Time (RTT) Financial Plan & Trajectory 2019/20 – Month 4 Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Joe Teape, Deputy Chief Executive/Director of Operations
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Keith Jones, Assistant Director of Acute Services

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

This report provides the Finance Committee with progress to Month 4 (July 2019) in respect of the financial plan and planned expenditure trajectory to support Referral to Treatment (RTT), Diagnostic and Therapy service waiting times delivery for 2019/20.

#### Cefndir / Background

In July 2019, the Finance Committee received a progress report to Month 3 (June 2019) in respect of the financial plan and planned expenditure trajectory to support Referral to Treatment (RTT), Diagnostic and Therapy service waiting times delivery for 2018/19.

The total financial plan to support RTT, Diagnostics and Therapy delivery proposals for 2019/20, above core operational Directorate & service specific budgets, is summarised as below:

<b>Total forecast cost of delivery 2019/20 (as reflected in Annual Plan)</b>		
Stage 1 additional activity	£719,052	
Stage 2&3 additional activity	£60,000	
Stage 4 additional activity	£3,690,258	
Sub Total		£4,469,310
Supporting investments	£1,083,000	
Sub Total		£1,083,000
<b>Total</b>		<b>£5,552,310</b>

In return, Hywel Dda University Health Board (HDdUHB) is required to deliver:

- RTT – zero 36 weeks + breaches
- Diagnostics – zero 8 week + breaches in all disciplines
- Therapies – zero 14 week + breaches

Unlike previous years, Welsh Government requested HDdUHB to reflect the cost of delivery of these targets into the overall Annual Plan, and supporting financial plan, for 2019/20. The above sum has therefore been built into recurrent operational financial plans for 2019/20. However, this sum is held for monitoring purposes as a separate RTT / Diagnostics / Therapy services reserve to be drawn down into individual service budgets as agreed costs are incurred, and is subject to a savings and efficiency and productivity improvement challenge in a similar manner to all operational budgets.

With specific regard to the RTT, Diagnostics and Therapy delivery plan for 2019/20, a savings target to the value of £1.4m has been applied spanning the following service areas:

- **Ophthalmology** – improvements to internal core capacity levels which will reduce the dependency (and cost) of planned outsourcing via the private sector through Quarters 3 & 4, 2019/20
- **Orthopaedics** – proposals to further increase the volume of elective patients treated at Prince Philip Hospital and reduce forecast backfill and Waiting List Initiative (WLI) costs. This continues to be discussed with the Executive Team and will include winter contingency requirements.
- **Other Specialities (including Breast Surgery)** – proposals to reduce operating costs for 2019/20.

The Orthopaedic (£500k) element of the above £1.4m savings plan is now considered to be at significant risk due to the need to mitigate separate risks associated with the temporary closure of orthopaedic theatre capacity at Worthybush Hospital during the Summer period 2019.

Based on the above, it is therefore expected that maximum additional cost of RTT, Diagnostics and Therapy delivery proposals for 2019/20, above core operational Directorate and service specific budgets, will be as follows:

<b>Forecast Delivery Plan Expenditure 2019/20</b>	<b>£</b>
Forecast cost of delivery	<b>5,552,310</b>
Less Savings Target	<b>1,400,000</b>
<b>Sub Total</b>	<b>4,152,310</b>
Risk of non-delivery of Orthopaedic savings target	<b>500,000</b>
<b>Total</b>	<b>4,652,310</b>

## Asesiad / Assessment

### **RTT, Diagnostics & Therapies Delivery Financial Plan 2019/20 – Progress as at Month 4**

Progress to Month 4 (July 2019) in respect of the financial plan and planned expenditure trajectory, and any changes to previous assumptions, are described below.

A monthly tracker to monitor detailed progress against the financial plan has been jointly developed between the Planned Care Directorate and supporting finance team. Funding released up to Month 4 is based on actual claims received for internal claims and actual invoices received together with accruals for planned activity not yet invoiced for outsourcing. This shows activity to Month 4 demonstrates targeted expenditure, above core budgeted levels, of £1.437m

In considering the above, the Finance Committee is requested to note the following:

- **Ophthalmology outsourcing** – current expenditure to Month 4 totals £637k. This rate of external activity and expenditure is scheduled to reduce during Quarters 3 & 4, 2019/20 to within a total limit of £1.9m as a consequence of the planned improvements to internal core capacity referred to above. This would facilitate the targeted saving of £400k against the originally forecast expenditure level of £2.3m as reflected in the 2019/20 Delivery Plan considered by the Finance Committee in April 2019.
- **Orthopaedics** - current expenditure to Month 4 totals £451k. Extrapolated to year end, this pattern of activity and expenditure would total an approximate £1.35m. This contrasts with the previously projected expenditure level of £750k, after application of the orthopaedic savings target of £500k. As reflected above, the previously forecast savings target delivery of £500k is now considered to be at significant risk as a consequence of the need to mitigate separate risks associated with the temporary closure of orthopaedic theatre capacity at Withybush Hospital during the Summer period 2019.

Final confirmation is awaited regarding the mitigation plan for the temporary loss of theatre capacity at Withybush Hospital which may further increase planned expenditure. This wholly dependent on confirmation from the estates department on the period of time required.

A plan to mitigate the financial risk associated with the above is referenced below.

### **NHS Performance Fund**

In June 2019, HDdUHB received confirmation that a total allocation of £5.8m from the NHS Wales Performance Fund is to be made available to HDdUHB to support the cost of delivery of RTT, diagnostic, therapies and delayed follow-ups Tier 1 targets for 2019/20 as follows:

<b>NHS Wales Performance Fund Allocation to Hywel Dda UHB 2019/20 (£m)</b>	
RTT / Diagnostics / Therapies	5.3
Delayed Follow-ups	0.5
<b>Total</b>	<b>5.8</b>

A copy of the allocation letter was attached to the previous report submitted to the July 2019 Finance Committee meeting.

In addition to supporting planned expenditure in respect of HDdUHB's Delivery Plan for 2019/20, Welsh Government has specified that this allocation must also be used to:

- Develop more sustainable solutions for Ophthalmology & Dermatology
- Cover the temporary closure of orthopaedic theatres at Withybush Hospital through extended working at Prince Philip Hospital
- Address other service priorities and risks highlighted in discussion with Welsh Government, including achievement of a 32 week maximum waiting times target for all Stage 1 outpatients by March 2020
- Deliver a reduction in delayed follow-ups, reflecting new improvement targets recently agreed by Welsh Government

Whilst a detailed plan regarding application of this NHS Performance Fund allocation is being prepared, current estimates are that an additional £2.3m would be required to meet the spending commitments arising from the above schemes and that £3.5m can be released from this fund. This is possible as a result of RTT funding being already planned in the opening



budget.

The additional spend required of £2.3m also includes provision of £0.5m to mitigate lost savings opportunity as highlighted above.

The Finance Committee is requested to note that this allocation will also enable HDdUHB to mitigate the financial risk associated with alternative delivery plans required to offset the temporary closure of Orthopaedic theatre capacity at Withybush Hospital during the summer period 2019.

### **RTT Performance**

HDdUHB reported 264 36 week + breaches as at the end of July 2019. This falls within the expected range for the period and HDdUHB remains on course to deliver zero breaches by March 2020. Details by specialty are available in the latest Integrated Performance Assurance Report (IPAR).

### **Argymhelliad / Recommendation**

The Finance Committee is requested to note progress to Month 4 (July 2019) in respect of the Financial Plan and planned expenditure trajectory to support Referral to Treatment (RTT), Diagnostic and Therapy service waiting times delivery for 2019/20.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.5.1 Undertaking detailed scrutiny of the organisation's overall: <ul style="list-style-type: none"><li>Monthly, quarterly and year to date financial performance;</li></ul>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan

Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Support people to live active, happy and healthy lives
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Paper reflects delivery plan in support of a key Welsh Government Tier 1 performance target.
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to Finance Committee:	Welsh Government Delivery Unit Planned Care Directorate

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Outlined within the body of the report
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Improved waiting times is a key component for patient experience and service quality.
<b>Gweithlu: Workforce:</b>	Outlined within the body of the report
<b>Risg: Risk:</b>	Outlined within the body of the report
<b>Cyfreithiol: Legal:</b>	External outsourcing activity commissioned in accordance with NHS Wales Shared Services guidance and procedures.
<b>Enw Da: Reputational:</b>	Reduced waiting times impacts directly on HDdUHB's service and delivery reputation.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Paper reflects plans to reduce waiting times for all patients.



## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	22 August 2019
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Update on All-Wales Capital Programme - 2019/20 Capital Resource Limit and Capital Financial Management
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Huw Thomas, Director of Finance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

This update report is presented to the Finance Committee to note the Capital Resource Limit for 2019/20 expenditure allocations and profile, to note the work being undertaken to manage the financial risks identified, and to note the submission of the draft Cylch Caron Full Business Case to Welsh Government.

#### Cefndir / Background

Further to previous update reports to Finance Committee and the Capital, Estates and Information Management & Technology Sub-Committee (CEIM&TSC), this report provides the latest update on the Capital Resource Limit for 2019/20.

#### Asesiad / Assessment

##### **Capital Resource Limit (CRL) 2019/20**

The CRL for 2019/20 has been issued with the following allocations:

<b>Expenditure</b>	<b>£m</b>
All Wales Capital Programme	31.088
Discretionary Programme	7.271
<b>Balance</b>	<b>38.359</b>

The CRL has been amended since the last report to reflect the following:

- the release of contingency funding of £0.127m held by Welsh Government for the Aberaeron Integrated Care Centre
- funding of the supply chain partner Value Added Tax (VAT) costs for the development of Cross Hands Integrated Care Centre Outline Business Case, of £0.124m
- a reduction of £0.150m to reflect the phased repayment of Invest to Save capital received for the Switchboard Consolidation scheme in 2017/18 and 2018/19

- a reduction of £1m on the Women & Children Phase II allocation in 2019/20 due to the resequencing of work

The All Wales Capital Programme (AWCP) schemes being funded in 2019/20 are:

- Bronglais Hospital Magnetic Resonance Imaging (MRI) Scanner
- Women and Children Phase II Scheme, Glangwili Hospital
- Cardigan Integrated Care Centre
- Aberaeron Integrated Care Centre
- Wards 9 and 10 Refurbishment, Withybush Hospital
- Fees for the development of the Cross Hands Integrated Care Centre Business Case

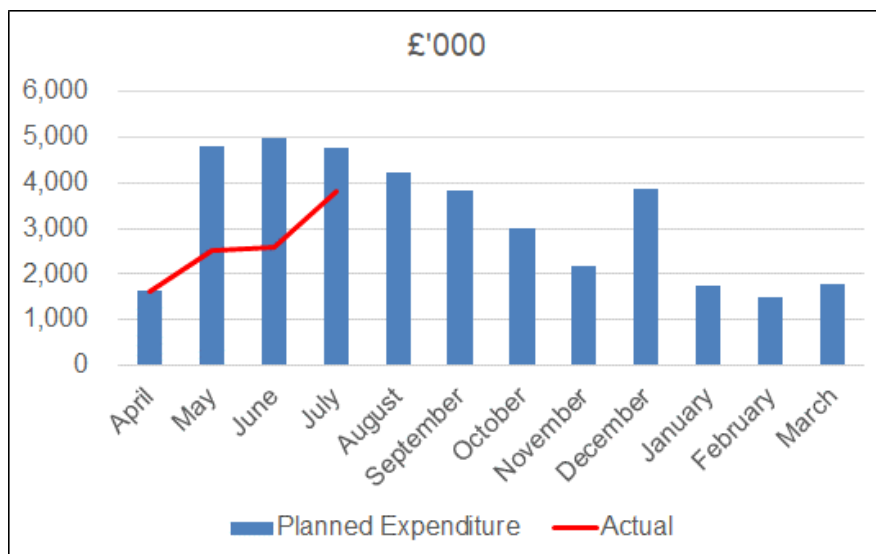
The following split of the discretionary allocation for 2019/20 has been discussed at the CEIM&TSC and agreed at the Business Planning and Performance Assurance Committee (BPPAC) in June 2019.

<b>Expenditure</b>	<b>£m</b>	<b>£m</b>
Pre-commitments		2.850
• Withybush Data Centre	0.300	
• Autoclaves	0.500	
• Autoclaves(works)	0.500	
• Penlan Development	0.700	
• Telepath DCX payback	0.444	
• Asbestos W&C payback	0.065	
• W&C provision	0.341	
Equipment		0.500
IM and T		0.700
Estates Infrastructure		0.500
Estates Statutory		0.700
Capital Support		0.300
Business Case Development		0.350
Contingency		0.300
Estates Development		0.760
• Residential Accommodation	0.200	
• Enlli Ward	0.280	
Aseptic Works	0.200	
Llanion House	0.080	
Balance not yet allocated		0.311
<b>Balance</b>		<b>7.271</b>

From an allocation perspective, Hywel Dda University Health Board's (HDdUHB's) annual review of additional VAT recovery and accruals held on schemes now complete, has been undertaken. This has released £0.576m of additional capital into the programme for prioritisation.

Utilisation of this funding was considered at the Capital Planning Group on 8<sup>th</sup> August 2019 and an update will be provided as part of the planning update to BPPAC.

The expenditure profile for 2019/20 is shown below:



The variance reported against the planned expenditure profile is associated with a lower level of expenditure than anticipated on the All Wales Capital Schemes, both on Cardigan and Women And Children's Phase II during Quarter 1. Further work to update the profiles is being undertaken by HDdUHB's cost advisors based on updated schedules of work provided by the supply chain partner. The discretionary capital profile will continue to be reviewed with Estates, IT and the Deputy Director of Operations.

Expenditure against the £38.359m allocation as at the end of Month 4 was £10.518m.

### Financial Risks

During 2019/20, the quarterly reviews of resource usage profiles are being undertaken with the cost advisors on the All Wales Capital Programme schemes and regular updates are being provided to Welsh Government and NHS Wales Shared Services on scheme progress. It is as part of this process that the financial re-profiling requirement on Women and Children Phase II, as a result of the physical resequencing of works, has been identified.

### Interserve update

At the time of preparing this report, there have been no further Cabinet Office updates. The contractor is progressing well with the delivery of the 2 schemes currently on site.

### Cylch Caron update

A progress update is attached at Appendix 1. As reported to the previous Committee meeting, a draft Full Business Case has been submitted to Welsh Government to facilitate the release of £0.300m of Integrated Care Funding (ICF) in order that progress can be made to develop the detailed design work, which is required prior to a complete Full Business Case submission.

### Argymhelliad / Recommendation

The Finance Committee is requested to:

- Note the Capital Resource Limit for 2019/20, together with expenditure allocations and profile

- Note the work being undertaken to manage the financial risks identified
- Note the submission of the draft Cylch Caron Full Business Case to Welsh Government.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.5 Provide assurance to the Board that robust arrangements are in place for financial planning, financial performance and financial forecasting.  5.13 Provide assurance to the Board that arrangements for Capital, Estates and IM&T are robust.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Capital priorities included within service risk registers. Risk 624 - Ability to maintain and address backlog maintenance and develop infrastructure to support long term strategic objectives – Current Risk Score 16
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve efficiency and quality of services through collaboration with people, communities and partners  All business cases for capital investment require alignment to the UHB's Well-being Objectives where applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Capital Allocation and prioritisation process. Capital Investment procedure and all relevant Welsh Government guidance.
Rhestr Termiau: Glossary of Terms:	Included within the body of the report

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to Finance Committee:	Capital Monitoring Forum Capital Planning Group Individual Project Boards of Capital Schemes Welsh Government Capital Review Meeting Capital, Estates and IM&T Sub-Committee
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Capital values noted within the report. Included within individual business cases and Capital prioritisation process.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Included within individual business cases and Capital prioritisation process
<b>Gweithlu:</b> <b>Workforce:</b>	Included within individual business cases and Capital prioritisation process
<b>Risg:</b> <b>Risk:</b>	Risk assessment process is integral to the capital prioritisation process and the management of capital planning within HDdUHB
<b>Cyfreithiol:</b> <b>Legal:</b>	Included within individual business cases and Capital prioritisation process
<b>Enw Da:</b> <b>Reputational:</b>	Included within individual business cases and Capital prioritisation process
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Included within individual business cases and Capital prioritisation process
<b>Cydraddoldeb:</b> <b>Equality:</b>	Equality assessments are included within individual business cases and Capital prioritisation process when required

CYLCH CARON UPDATE – 5<sup>TH</sup> AUGUST 2019**BACKGROUND**

The Cylch Caron Outline Business Case was submitted to Welsh Government as a joint business case between Ceredigion County Council and Hywel Dda University Health Board (HDdUHB), in July 2014 and approved in early 2015.

Since approval, work has been done to:

- Appoint a housing partner – Mid & West Wales Housing (MWWHA)
- Issue the tender and selection of a design and build partner

As part of the design and build tendering process, all 3 partners have clarity around the capital cost of delivering the project. The costs are higher than previously anticipated, which is partly as a consequence of the collapse of Dawnus, who had submitted the lowest tender. In addition, there is a requirement to work with WRW Construction, whose tender was higher in cost.

**CAPITAL COSTS**

The revised capital costs estimated with the scheme are as follows

Estimated Capital Costs	£m	Notes
Land	0.727	Costs already incurred by Ceredigion County Council (CCC) in acquiring the land and funded by Welsh Government (WG) Health Full Business Case (FBC) grant already received
WRW Main contract sum	10.311	Finalised proposed WRW tender cost (including Design fees and £630k of specified Furniture, Fixtures & Fittings)
Furniture, Fixtures & Fittings (FFF)	0.120	For FFF not directly specified in the WRW tender
Other On-costs	0.981	Includes £681k unrecoverable VAT, £100k capitalised interest, a Performance Bond between MWWHA and CCC and an allowance for any further fees.
MWWHA Admin/Development Costs	0.424	This is calculated at c4% per original scheme viability assessment
Contingencies	0.600	£500k basic contingency plus further £100k Cost Consultants recommendation
<b>Total</b>	<b>13.163</b>	



The funding for the scheme is now anticipated to be as follows

Proposed Funding Sources	£m	Notes
WG Health FBC Grant	0.727	Funding for land already received by CCC as part of total WG Health FBC grant funding of £1.1m
WG Social Housing Grant	4.442	Only the 34 Extra Care flats would be eligible for SHG. WG max cost (under VfM considerations) would be £225k at 58% grant rate = max grant for the housing element of £4.442 million
WG Intermediate Care Fund	1.000	This is the capped bid submitted by CCC against the regional West Wales ICF 'pot' for the 6 'Step Up/Down' flats. (Note this is less than the £1.6m required)
WG Health Grant	2.115	This is the new element in addition to the £1.1m provided for the FBC stage. The level of grant remaining was £1.823m, which has been increased by 16% for BICS inflation since Jan 2016 (£292,000) to give an assumed £2.115m
WG Financial Transactions Capital loan to MWA	2.000	Proposed loan solution to enable £4.006m of total borrowing as part of the final funding solution to make the scheme viable. The benefit of the proposed loan is to enable an additional £0.5m of borrowing whilst maintaining the same effect on the scheme as the previously proposed £3.5m borrowing through having a lower interest rate
MWA Loan	2.006	Market loan funding
Capital Receipts from Asset Sales	0.420	Future sale of Bryntirion Care Home (£180k) and Tregaron Hospital (£240k) based on June 2014 DV valuations. Values risk covered by CCC & HDUHB respectively. Cash flow impact (i.e. Payment in advance of actual receipts) already agreed to be covered by CCC & WG respectively. This case is the formal request by the Health Board to dispose of the Tregaron Hospital site to enable the contribution to the scheme.
Council Grant to MWA	0.240	Council grant has been increased from the original £170k to the maximum £240k available under current budget approvals.
MWA Development Fee	0.213	MWA is the appointed Delivery Partner. Fee is an in and out entry which partially offsets the MWA Admin/Development Costs heading in order to show the true total project cost.
<b>Total</b>	<b>13.163</b>	

A draft Full Business Case was made to Welsh Government on 28<sup>th</sup> June 2019, and HDdUHB has received the following update from Welsh Government colleagues around the funding

### **Integrated Care Fund (ICF)**

The ICF scrutiny panel approved the £1m ICF for Cylch Caron on 15<sup>th</sup> July 2019. It currently needs final ministerial approval and advice has been issued to the Minister. The £305k to enable the design work to proceed will come from the ICF capital, once approved, and the grant approval letter will confirm this.

### **Social Housing Grant (SHG)**

SHG is being processed and doesn't depend on a ministerial decision, although the Minister will need to be sighted on it as part of the package.

### **Health Capital**

The capital team have confirmed that once the Full Business Case is formally received, scrutiny of the Full Business Case will commence.

### **Financial Transactions Capital (FTC)**

FTC has been approved in principle with a final decision awaited.

Welsh Government have asked all three parties to submit letters of support and agreement to the draft Full Business Case submission.

## **DRAFT REVENUE ASSESMENT**

Based on the information currently available, the table below shows the full year impact of the revenue consequences of the scheme. Noting that when the complete Full Business case is available that this will require, in line with Welsh Government Health Capital requirement, appropriate scrutiny and consideration by HDdUHB.

	Current Annual running costs £'000	Future Annual running costs £'000
CCC Social Care	409	371
HDUHB Community Services	1,419	1,397
GMS & GP costs	541	535
Pharmacy	142	142
<b>Total Annual Revenue Cost</b>	<b>2,511</b>	<b>2,445</b>

The current projection of costs indicate that this project will generate a reduction in costs of approximately 3% across Health and Social Care.

## **COMMUNICATION UPDATE**

The appended document has been prepared and issued by the Ceredigion Council Communication Team.



# Cylch Caron



## **Staff Update July 2019**

Meeting health, housing and care needs  
in the community for today and tomorrow.

### **The purpose of this update**

The Cylch Caron draft Full Business Case has been submitted to the Welsh Government to establish the grant funding levels for the scheme.

Once the level of grant funding has been decided, the Cylch Caron partners will each need to give final approval to go ahead with the scheme.

Cylch Caron will bring services provided in Tregaron Community Hospital, Bryntirion Nursing Home and the GP surgery under one roof. If you have any questions about this, please ask your manager.

### **Contact**

We welcome questions and ideas on communicating Cylch Caron. Contact your manager or Llion Bevan, Chair of the Cylch Caron Communication Work Stream on 01545 572003 or [pressoffice@ceredigion.gov.uk](mailto:pressoffice@ceredigion.gov.uk).



## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	22 August 2019
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Contracts Project Implementation Plan
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Shaun Ayres, Interim Healthcare Contracting Consultant

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

### ADRODDIAD SCAA

#### SBAR REPORT

##### Sefyllfa / Situation

The implementation plan, attached at Appendix 1, is to inform and assure the Finance Committee of the steps currently being undertaken to align the contracts/Long Term Agreements (LTAs) across Hywel Dda University Health Board (HDdUHB).

##### Cefndir / Background

Following two previous submissions to the Finance Committee, the implementation plan has timescales attached, as requested by Committee Members in July 2019.

The implementation plan addresses a number of areas which have not previously formed part of the contracting approach.

##### Asesiad / Assessment

The implementation plan, with timescales, is predicated on the requirement to radically shift the current approach to contracting. The Gantt chart focuses on the core aspects of contracting and areas where integration is required with other Directorates.

The areas are a clear and obvious paradigm shift, as there is a shift to supporting all core contracting issues within HDdUHB across Acute, Community, Mental Health and the Third Sector.

The implementation plan is intended to provide clear assurance and demonstrable direction, both in the current financial year and thereafter.

##### Argymhelliad / Recommendation

- The Committee is asked to discuss and take an assurance from the Contracts Project Implementation Plan

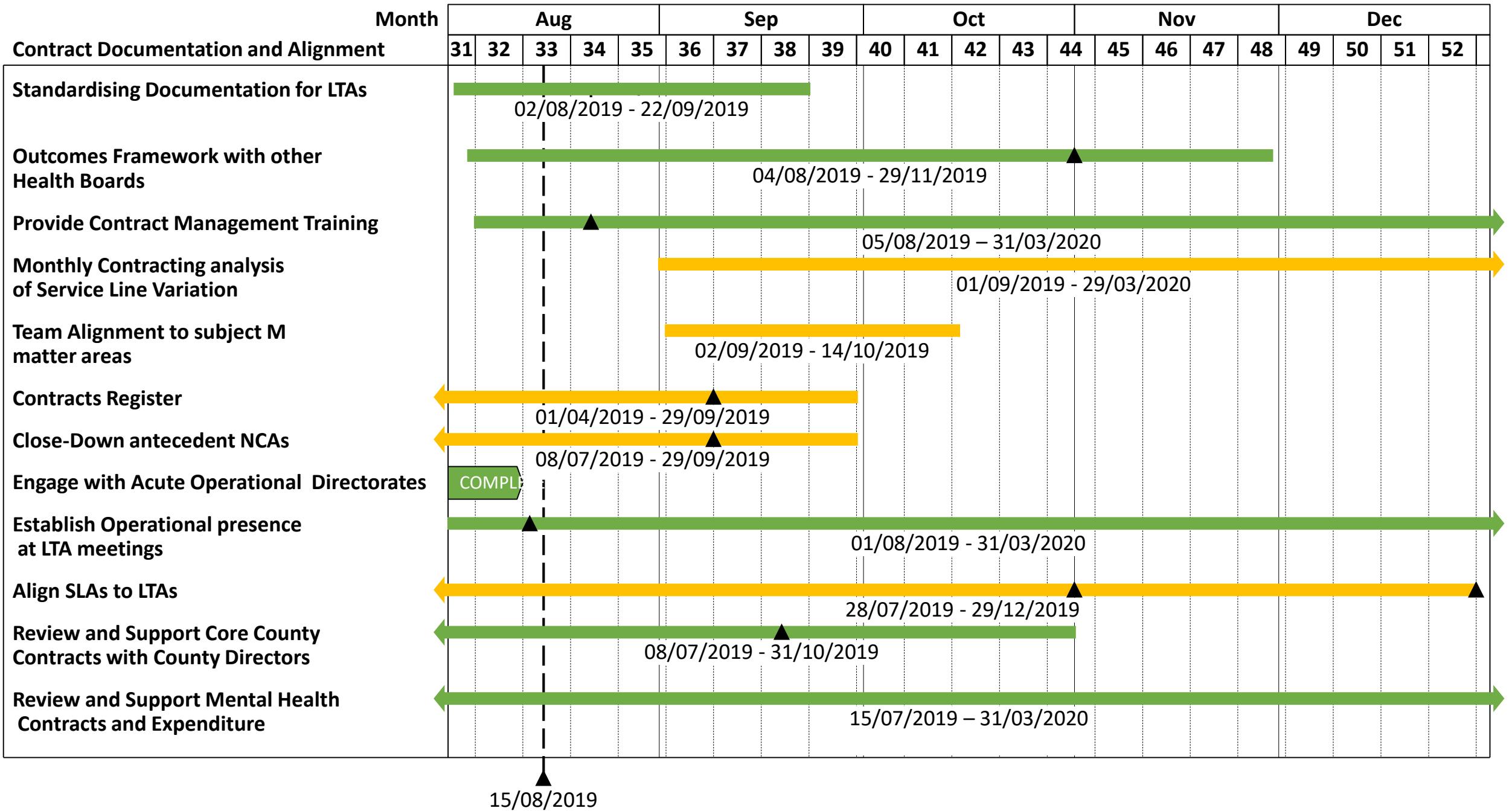
<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.5.9 Commissioning regular reviews of key contracts, suppliers and partners to ensure they continue to deliver value for money.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve efficiency and quality of services through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Contract Strategy Approach
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to Finance Committee:	Not Applicable

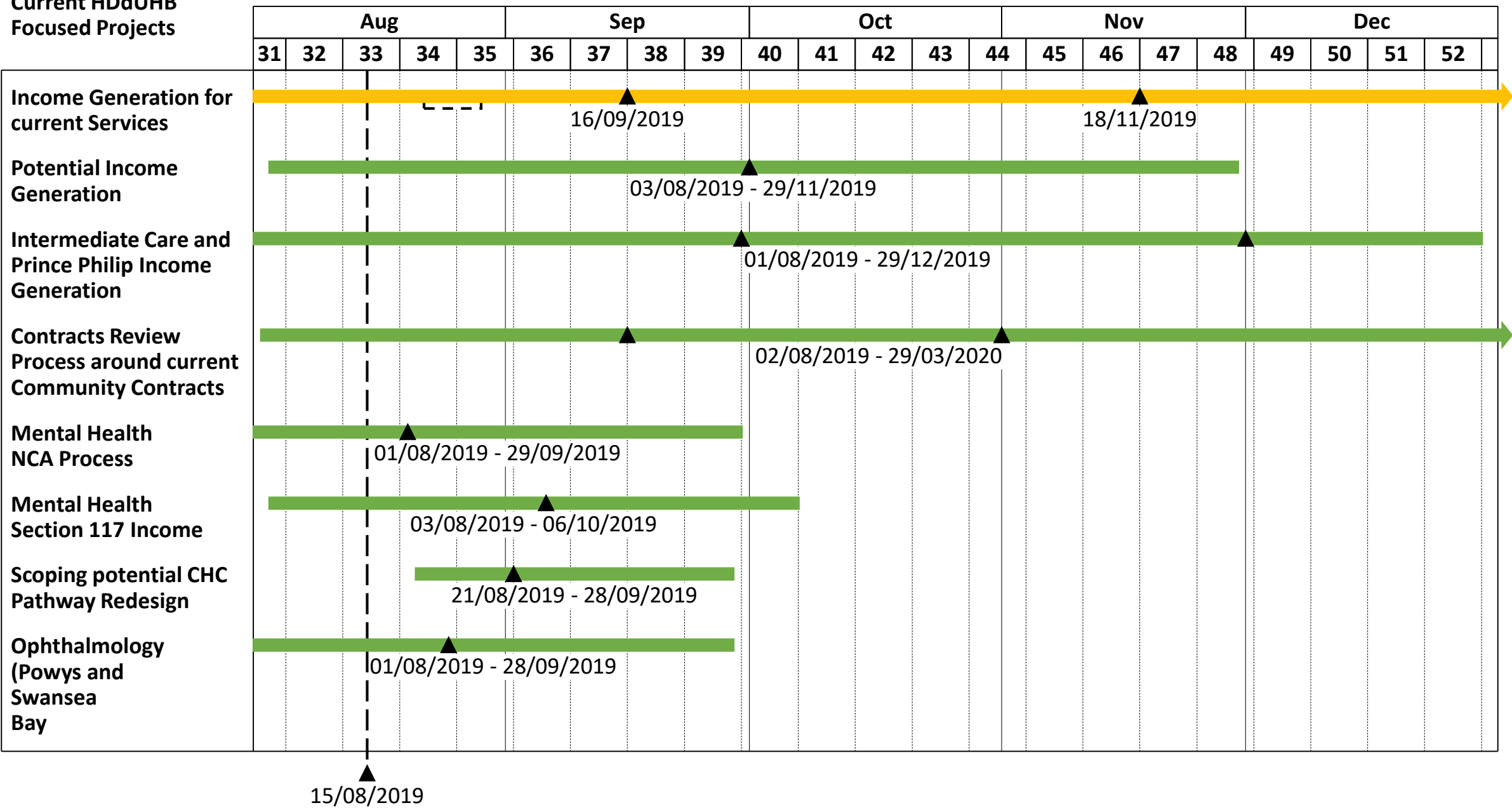
<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Not Applicable

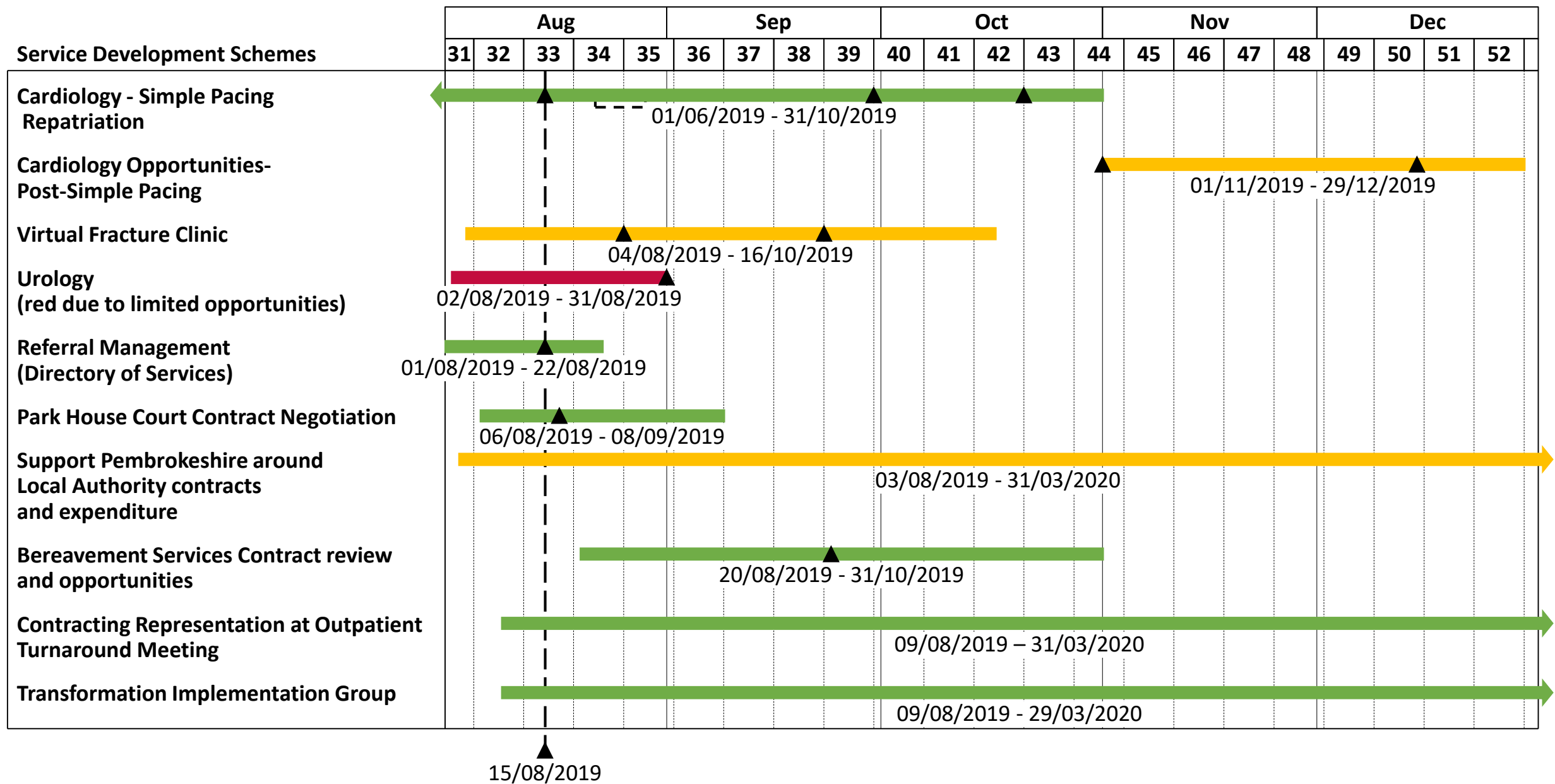
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not Applicable
<b>Gweithlu: Workforce:</b>	Not Applicable
<b>Risg: Risk:</b>	Not Applicable
<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Not Applicable
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable





**Current HDdUHB  
Focused Projects**







## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	22 August 2019
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	External Secondary Care Contracts
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Huw Thomas, Director of Finance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

### ADRODDIAD SCAA

#### SBAR REPORT

##### Sefyllfa / Situation

This report provides the Finance Committee with an update on the contractual position of external secondary care and Welsh Health Specialised Services Committee (WHSSC) contracts at 31<sup>st</sup> July 2019.

The Finance Committee is asked to note and discuss the content of this report.

##### Cefndir / Background

This report covers Externally Commissioned Services delivered through Long Term Agreements (LTAs), Non-Contracted Activity (NCA), Individual Patient Commissioned (IPC) services, which are referred to collectively as LTA budgets for the remainder of the report, in addition to income for services provided to other Health Boards.

As at Month 4, Hywel Dda University Health Board's (HDdUHB's) LTA budget is overspent by £0.07m with a forecast year end deficit of £1.13m. Income received from others is over-achieving by £0.09m with a forecast year end surplus of £0.26m.

##### Asesiad / Assessment

#### **External Health Care Commissioned Services**

The Health Care Contracting team manages a portfolio of LTAs with both Welsh and English providers. The portfolio of £137.64m is made up of LTAs for direct patient care, non-contracted activity for emergency treatment, approved funding requests for treatment considered on an individual basis, and specialised contracted activity through WHSSC.

As at 31<sup>st</sup> July 2019, the LTA budgets show a net over spend of £0.07m, with the main areas of over spend being Swansea Bay University Health Board (SBUHB) and Cardiff and Vale University Health Board (CVUHB), which is mitigated by under spend in WHSSC.

The table overleaf identifies the financial position from 1<sup>st</sup> April to 31<sup>st</sup> July 2019.

#### Month 4 - Current and Forecast Position – Financial Position – All Providers

Direct Patient Care Summary	Annual Budget	M4 YTD Budget	YTD Expenditure	YTD Variance
	£'000	£'000	£'000	£'000
Swansea Bay	33,004	11,001	11,267	265
Cardiff & Vale	5,293	1,764	1,870	106
WHSSC - Specialised Services	71,079	23,693	23,358	(335)
WHSSC - EASC	22,596	7,532	7,532	0
Aneurin Bevan	266	89	92	3
Betsi Cadwaladr	271	90	74	(16)
Cwm Taf	451	150	128	(22)
Powys	182	61	60	(0)
Velindre	964	321	305	(17)
Welsh Ambulance	1,080	360	360	0
Public Health Wales	60	20	20	0
Other UK NHS Trusts	929	310	400	90
NCA	812	271	268	(3)
IPC	650	217	217	0
<b>TOTAL - Direct Patient Care</b>	<b>137,637</b>	<b>45,879</b>	<b>45,952</b>	<b>73</b>

As part of the budget setting process and financial plan development for 2019/20, the LTA budgets were re-based with a view of more closely aligning actual spend with budget. This was undertaken at Month 6 in 2018/19. The LTA positions moved considerably between then and the year end and, as a consequence, there was a risk of overspend against the LTA budgets in 2019/20 of circa £1.7m.

Currently, the forecast year end position on the LTAs is an overspend against budget of £1.13m, attributable to:

- SBUHB - High Cost Drugs expenditure combined with the LTA activity is forecast to result in forecast overspend of £0.79m.
- CVUHB - forecast to overspend by £0.320m against budget.
- WHSSC - the year to date underspend arises from release of reserves, with the WHSSC forecast underspend to reduce considerably to £0.095m at year end. Significant additional investment has been made in the WHSSC LTA for 2019/20 as agreed via the WHSSC Joint Committee.

In accordance with the Welsh Government timetable, all Welsh Long Term Agreements were agreed by 31<sup>st</sup> May 2019. All Welsh LTAs have been uplifted by 2% for inflation. An additional 1% uplift for 'A Healthier Wales', has been included within the financial quantum, however the application of this additional funding is to be agreed based on the Provider's ability to demonstrate a positive impact for the relevant commissioner population.

Activity information for Month 3 has been received from Welsh Providers and has been used to project the Month 4 and year end performance.

The main providers of secondary health care for HDdUHB are SBUHB and CVUHB, whose performance is highlighted overleaf:

### Swansea Bay University Health Board (SBUHB)

In July 2019, the activity element of the LTA is under-performing to the value of £0.055m identified over the following attendance types. Despite the underperformance in activity, there is currently a budget shortfall of £1m in respect of NICE and High Cost Drugs and therefore the overall position is £0.265m over-spent at Month 4 with a forecast year end over spend of £0.791m.

The performance and drug costs against the contract will be monitored closely due to the financial risk.

Organisation	Agreed Activity	Activity to Month 3	Actual Activity	Variance
<b>Swansea Bay</b>				
Elective Inpatients	1,316	329	312	(17)
Emergency Inpatients	3,116	779	858	79
<i>Total Inpatients</i>	<i>4,432</i>	<i>1,108</i>	<i>1,170</i>	<i>62</i>
Day Cases	2,035	509	487	(22)
Regular Day Attendances	1,123	281	196	(85)
Neurology Patient Days	439	110	250	140
Total Outpatients	28,738	7,185	6,940	(245)
<i>Other</i>	<i>25,306</i>	<i>6,326</i>	<i>6,352</i>	<i>26</i>
<b>Total Activity</b>	<b>62,073</b>	<b>15,518</b>	<b>15,395</b>	<b>(123)</b>

Following the appointment of the Contracting Consultant, the LTA is being reviewed for areas where spend can potentially be reduced, both from possible repatriation and querying whether there have been any changes to coding practice as some anomalies, which merit further investigation, have been highlighted. These have been identified and are being queried in the first instance in relation to Cardiology as a result of the work in progress to develop a Business Case for the repatriation of Pacing.

The format for the LTA meetings with SBUHB has been revised to focus more on service development and quality aspects involving Service Delivery Managers rather than purely activity and finance. The first of the revised meetings is taking place in August 2019.

### Cardiff and Vale University Health Board (CVUHB)

In July 2019, the LTA activity element is under-performing to the value of £0.150m identified over the following attendance types in the table overleaf:

Organisation	Agreed Activity	Activity to Month 3	Actual Activity	Variance
<b>Cardiff &amp; the Vale</b>				
Elective Inpatients	348	87	59	(28)
Emergency Inpatients	324	81	80	(1)
<i>Total Inpatients</i>	<i>672</i>	<i>168</i>	<i>139</i>	<i>(29)</i>
Day Cases	300	336	278	(58)
Regular Day Attendances	48	12	128	116
New Outpatients	1,152	288	245	(43)
Follow Up Outpatients	3,864	966	857	(109)
Outpatient Procedures	168	42	41	(1)
Total Outpatients	5,184	1,296	1,143	(153)
Orthopaedics	255	64	42	(22)
Mental Health Day-care	36	9		(9)
<b>Total Activity</b>	<b>6,495</b>	<b>1,885</b>	<b>1,730</b>	<b>(155)</b>

However, the activity under performance is offset by the High Cost Services (NICE, Intensive Therapy Unit), which are over spent by £0.145m. Combined with the budget setting deficit, this results in the net overall position of a £0.106m overspend at July 2019 with a forecast year end overspend of £0.320m.

### Welsh Health Specialised Services Committee (WHSSC)

The re-basing of the overall risk share agreement between Health Boards has been enacted in 2019/20. The risk share is financially volatile, due to the range of specialist services commissioned on behalf of Health Boards in Wales. The Health Care Contracting team is using information provided by WHSSC as the basis for forecasting. This is because using an internal model in 2018/19 resulted in a significant adverse variance at year end. The team will work closer with WHSSC to try to understand and pre-empt any additional swings in the performance of specialised contracts managed by WHSSC.

The Month 4 risk share forecast from WHSSC shows a net underspend of £0.335m at July 2019. However, this is due mainly to the release of non-recurring reserves relating to 2018/19, with the year end forecast underspend reducing to £0.095m. The drivers affecting the forecast are:

- Velindre high cost drugs - £1.5m forecast variance reported by the Trust, due to high immunotherapy uptake. £0.5m is currently included at Month 4, however there is a risk of £1m deterioration if Velindre assumptions are valid
- Exceptional high cost burns patient - £400k has been included in the year to date and forecast position.
- IPC – Home Parenteral Nutrition – high number of high cost new approvals since April 2019, which will cause a forecast cost pressure of £500k above the £400k 2019/20 plan uplift.
- Mental Health – the Medium Secure case management teams continue to reduce the number and length of placements, with a further £0.7m of savings forecast above the planned savings target of £0.5m.

Variance against current requirement WHSSC £71,418 EASC £22,596	Allocation of Monthly Variance		
	£'000	£'000	£'000
	Month 4	Month 3	Variance
WHSSC	(448)	(242)	(206)
EASC	0	0	0
<b>Total reported through WHSSC</b>	<b>(448)</b>	<b>(242)</b>	<b>(206)</b>
<b>Variance against budget</b>	<b>(335)</b>	<b>(109)</b>	<b>(226)</b>
<b>End Of Year Forecast</b>			
WHSSC	(581)	(428)	(153)
EASC	0	0	0
<b>Total reported through WHSSC</b>	<b>(581)</b>	<b>(428)</b>	<b>(153)</b>
<b>Variance against budget</b>	<b>(95)</b>	<b>5</b>	<b>(100)</b>

## English Providers

HDdUHB commissions services from 3 main English Trusts. Activity is currently in line with 2018/19 outturn levels, which presents a risk against budget of circa £0.25m.

## Non Contracted Activity (NCA)

Invoices received for the first three months of 2019/20 were lower than anticipated, however, an increase had been observed in July 2019. At present, it is presumed that spend can be contained within budget.

## Individual Patient Commissioning (IPC)

A budget virement has been enacted as the Planned Care Directorate now manage the Home Care Drugs which was previously charged to IPC. The remaining budget of £0.65m is forecast to breakeven at Month 4.

## Long Term Agreement - Provider Income from Other Health Boards

HDdUHB provide patient treatments for other Health Boards in Wales and these are listed below with the value of the income to 31<sup>st</sup> July 2019.

### Income Agreement

Provider	2019/20 LTA Quantum £,000s	Month 4 (over-performance) / Under-Performance £000s
Swansea Bay	4,342	0.01
Aneurin Bevan	340	0.00
Betsi Cadwaladar	4,379	(0.01)
Cardiff & Vale	349	0.00
Cwm Taf Morgannwg	418	0.00
Powys	7,277	0.10
Powys	238	0.00
WHSSC	1,581	0.00
Private Patient		(0.01)
<b>Total Value</b>	<b>18,924</b>	<b>0.09</b>



In addition to health care services provided to other health boards in Wales, HDdUHB receives income for emergency treatment for residents from other parts of the United Kingdom, income from treatment following road traffic accidents, and from patients not resident in the United Kingdom. HDdUHB also receives an allocation for education and training. Currently, the income received from other NHS organisations in Wales is exceeding the budgeted values by £0.090m. This is mainly due to an over-performance in activity with Betsi Cadwaladr University Health Board and Public Health Wales for Cervical Screening. The forecast over performance at year end is approximately £0.260m.

### **Next Steps**

#### **Contracting Team**

- Agree the application of the 1% Healthier Wales funding allocation for HDdUHB as both a Commissioner and Provider of Services.
- Better use of the Commissioning Information Portal (CIP) to understand the flow of patients throughout England and Wales.
- Accessing and utilising the My Analytics and Information Report (MAIR) Financial and Activity information to identify more detailed activity information on the services commissioned by WHSSC.
- Enhance the working relationship with Commissioning Group and other fora to proactively manage new services commissioned by HDdUHB.

Managing contractual relationships more closely will enable HDdUHB to reduce risk, monitor and increase quality, taking corrective action where required, and closely monitor future costs, to ensure a cost effective approach to externally commissioned healthcare.

This work is underway with significant support from the Contracting Consultant to engage with Service Delivery Managers to change the dynamic of the contracting conversation with external providers.

#### **Argymhelliad / Recommendation**

The Committee is asked to note and discuss the financial position on the main external contracts at July 2019, and to note the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.4 Regularly review contracts with key delivery partners.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve efficiency and quality of services through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Information received from other Health Boards and WHSSC
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to Finance Committee:	Not Applicable

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Financial implications are set out in the report
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Report deals with financial implications only
<b>Gweithlu:</b> <b>Workforce:</b>	Report deals with financial implications only

<b>Risg: Risk:</b>	Financial risks are set out in the report
<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Enw Da: Reputational:</b>	Not applicable
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable



## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	22 August 2019
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Deep Dive into Long Term Care - Counties
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Jill Paterson, Director of Primary Care, Community and Long Term Care
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Vicki Broad, Head of NHS Long Term Care Heledd Bingham, Performance Manager, Long Term Care

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

This report and the accompanying presentation provides the Finance Committee with an outline of the work and activity of the NHS Long Term Care team (LTC) within Hywel Dda University Health Board (HDdUHB).

The Committee is asked to note the content of this report and the presentation.

#### Cefndir / Background

The NHS Long Term Care Commissioning budget and spend is under continuous scrutiny and review. Continuing Health Care (CHC) spend, which forms part of the overall expenditure, continues to be subject to the Turnaround process in 2019/20.

During 2018/19, the Long Term Care team transformed the service and implemented the Long Term Care Pathway. The implementation of the in-reach service delivered cost avoidance of £1.08m to the Health Board in year during 2018/19. This transformation was achieved through the re-configuration of the Team and without additional resource.

As part of this focus on spend and operational delivery, the Finance Committee has requested a Deep Dive specifically around Continuing Health Care Funded Nursing Care (CHC/FNC) and other related externally commissioned spend.

#### Asesiad / Assessment

Annual spend for CHC and FNC has been under increasing pressure over a number of years. CHC has been subject to the Turnaround process since 2017.

CHC continues to be a cost risk to the Organisation due to the nature of the service and the fact that spend is based on demand. There has been significant pressure during 2019/20 around CHC fee uplifts for Care Homes and Domiciliary Providers, which has been exacerbated by the fragility of the Market, especially in relation to Domiciliary Care and

Providers.

The implementation of the Long Term Care pathway in 2018/19 absorbed the anticipated annual growth in CHC. Despite this, there continues to be significant cost pressures on the budget, which will impact on the ability to deliver continued efficiencies both in-year and into following years.

The presentation draws on the above issues and provides the Committee with a detailed overview of the:

- Current position,
- Overview of the policy context
- Achievements to date/ Service transformation
- Caseload and trends
- Pressure points within LTC
- Risks
- Opportunities

### **Argymhelliad / Recommendation**

The Finance Committee is asked:

- to note the content of the report
- to note the transformation of the LTC Service and in-year delivery of efficiencies
- to note the increasing cost pressures and service pressures relating to the continued delivery of LTC
- to note the risks outlined in the presentation, particularly regarding the fragility of the Provider Market
- to note the opportunities going forward

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.5.2 Receiving assurances in respect of directorate performance against annual budgets, capital plans and the cost improvement programme and innovation and productivity plans.  5.5.9 Commissioning regular reviews of key Contracts, Suppliers and Partners to ensure they continue to deliver value for money.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 2.1 Managing Risk and Promoting Health and Safety 2. Safe Care 3. Effective Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Growing older well. 4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.

Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Support people to live active, happy and healthy lives Improve Population Health through prevention and early intervention Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Complex Care Database
Rhestr Termau: Glossary of Terms:	ABI: Acquired Brain Injury BCUHB: Betsi Cadwaladr University Health Board CHC: Continuing NHS Healthcare FNC: Funded Nursing Care FYE: Full Year Effect. LA: Local Authority LTC : Long Term Care LTC SN: Long Term Care Specialist Nurse MDT: Multidisciplinary Team PoC: Package of Care
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to Finance Committee:	Not Applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Financial risks are outlined in the presentation.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Quality and patient care have been highlighted within the presentation.
<b>Gweithlu: Workforce:</b>	The workforce issues and risk to service are outlined in the presentation.
<b>Risg: Risk:</b>	Risks in relation to Service provision and d Domiciliary Care provision is highlighted in the presentation.

<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Not Applicable
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable

# NHS Long-term Care Review: Finance Sub Committee August 2019



# Overview

- Policy Context and NHS Long-term Care
- Transforming the Long-term Care Pathway
- Budget Setting and Trends
- Achievements 2018/19
- Pressures and Challenges
- Risks and Opportunities

# Policy Context

- What is CHC/ FNC?
- National Health Service (Wales) Act 2006
- The National Framework for the Implementation of Continuing NHS Healthcare in Wales (2014)
- NHS Funded Nursing Care in Care Homes (2004)
- Social Services and Well-being (Wales) Act (2014)
- Mental Capacity Act 2005, Deprivation of Liberty Safeguards (MCA DoLS)
- Sustainable Care Planning in Continuing NHS Healthcare (2011)
- Fast Track Guidance
- Responsible Body Guidance
- Section 117 Guidance



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CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# What is NHS Long- term Care

- Policy and Law
- Assessment and Eligibility
- Panel and Governance
- Service Provision and Review
- Quality Assurance
- Disputes and Appeals
- Retrospective Claims
- Deprivation of Liberty Safeguards

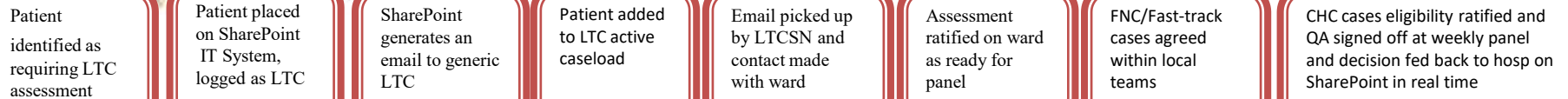


# Hywel Dda Market Position

- 28 Nursing Homes
- 1,242 Registered Nursing Beds
- 719 occupied by Health Board funded (58%)
- 25 Domiciliary Care agencies
- 3,177 weekly commissioned hours of care
  - Pembrokeshire : 2,224 (70%)
  - Carmarthen : 605 (19%)
  - Ceredigion: 347 (11%)
- 4 agencies exited market in 2018/19
- 6 Homes embargo 2018/19
- 8 Homes under escalating concerns 2018/19
- Funded Caseload LTC\*: **784** (430: CHC/ 354: FNC)

# Transforming Long Term Care

# Hywel Dda University Health Board, Regional Long-term Care Pathway



## Long-term Care Specialist Nurse Support

Where possible the (LTCSN's) will liaise with the Nursing Home or DN's to increase support and avoid an admission to hospital

Expert LTC Nurse to support turnaround back to Nursing Home at front door where appropriate

Following admission, patients requiring LTC will be added to the SharePoint list and then actions will be supported/prompted by the LTCSN, Where appropriate throughout the patient's pathway, this may include encouraging the implementation of the Sustainability and Care Home of Choice policies, family support, liaison with the Care Home and hand over of care to LTCSN responsible for reviews in that Home

**LTC/CHC Complex Case Weekly Panel**  
cases submitted following scrutiny by the Expert LTC Nurse

- Ratify Eligibility
- Quality Assure Placement
- Agree Commissioned POC
- Agree Assessment bed

Nursing Home

Own Home

LTC SharePoint caseload

Own Home

Nursing Home

**Hospital**

4 Acute sites +  
Community Hospitals



## Impact of the newly developed Regional Long-term Care Pathway

Reduction in inappropriate admission, Reduced length of stay, reduced duplication and waste, improved quality of assessments submitted, ability through SharePoint to accurately report LTC caseload and match patients with care prior to DToC, application of sustainability to manage unrealistic expectations, application of choice policy and appropriate intelligence sharing regarding options available for care, increased support and advice for ward staff and improved experience for patients and families

# Pathway Efficiencies and Savings

- Turnaround Process
- **£1.08m** efficiency savings
  - Reduction in LoS
  - Right Sizing Care
  - Right Decisions re criteria of care
  - Sustainable Care planning
- Realignment of FNC/ CHC numbers
- S117 efficiencies

# Budget and Budget Setting





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Hywel Dda  
University Health Board

# Approaches to Budget Setting

- Budget for 2019/20 recognised two elements of growth (using projected year end at Month 9 2018/19 as baseline)
  - Increase in client numbers
  - Increase in costs (inflation)
- Settlement based on increases seen in 2018/19 and anticipated demand for 2019/20 by client group – differential uplift
- Budgets are distributed to Counties for CHC and FNC with Women & Children and MH & LD directorates receiving funding for their elements





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Hywel Dda  
University Health Board

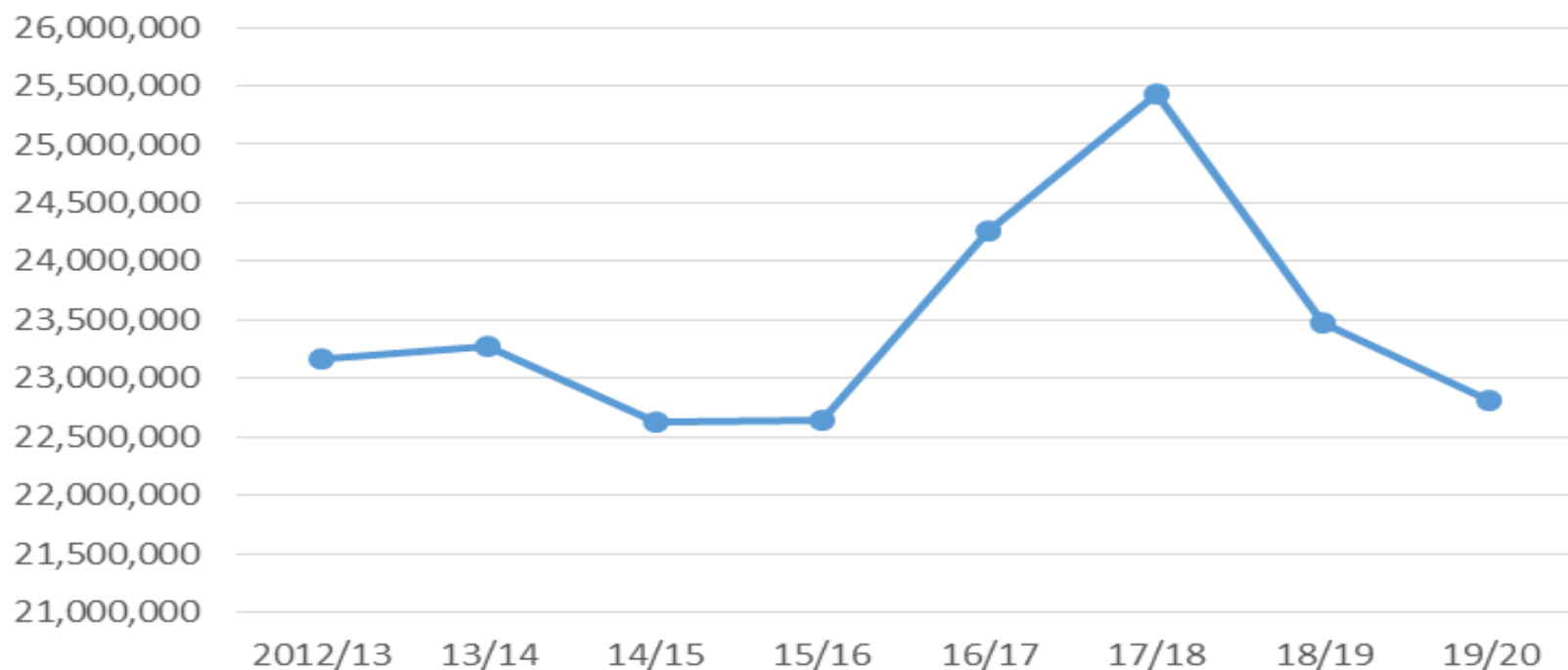
# Approaches to Budget Setting

- Growth funding for increased client numbers distributed at start of the year
- Inflationary uplift held in reserves until in-year settlement agreed
- Funded Nursing Care – agreed on a national basis (awaiting confirmation for 2019/20)
- CHC – local determination
- Executive Team ratify increases
- Once funding is released to directorates they can direct as they want – budget is not ring-fenced.



# Annual Budget for Commissioned Long Term Care

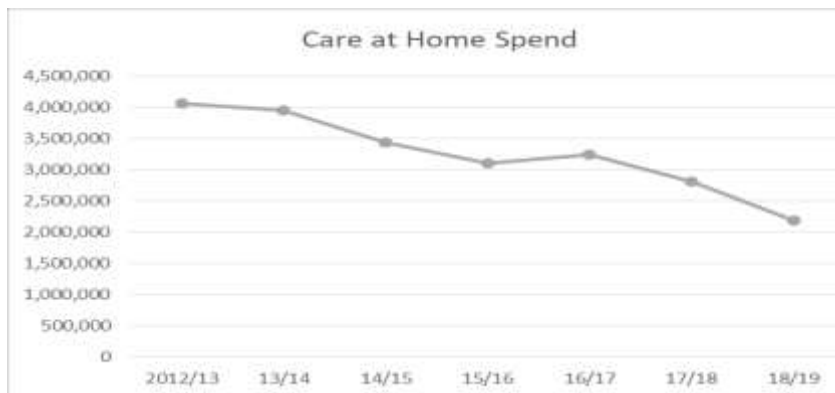
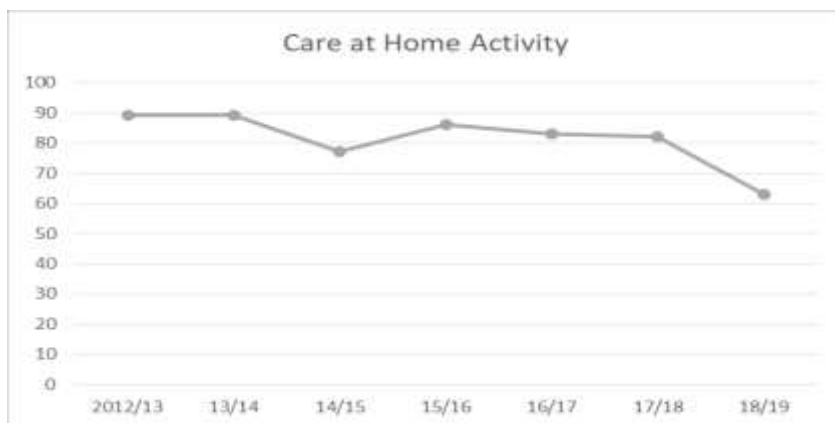
County Budget for Commissioned Long Term Care



# Caseload and Trends

# Care at Home

## Historic Data



## M3 2019/20 Data and projections

Carm (No.)	24	41%
Cere (No.)	8	14%
Pemb (No.)	26	45%
<b>Total (No.)</b>	<b>58</b>	<b>100%</b>

Carm (Hrs)	605	19%
Cered (Hrs)	347	11%
Pemb (Hrs)	2,225	70%
<b>Total (PAC)</b>	<b>3,176</b>	<b>100%</b>

Carm (PAC)	£0.609m	31%
Cered (PAC)	£0.206m	20%
Pemb (PAC)	£1.103m	53%
<b>Total PAC</b>	<b>£1.919m</b>	<b>100%</b>

# General Nursing / ABI

## Historic Data



## M3 2019/20 Data and Projections

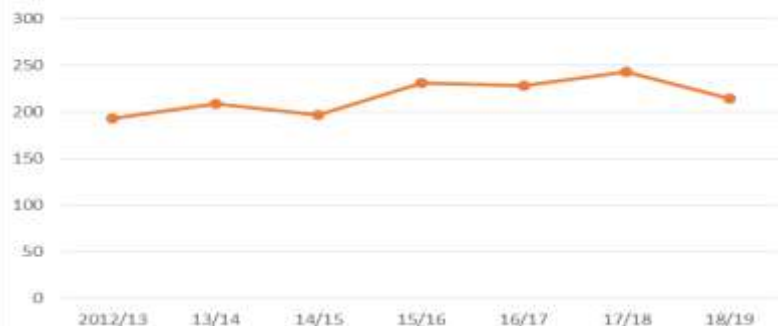
Carm (No.)	41	31%
Cere (No.)	22	17%
Pemb (No.)	70	52%
<b>Total (No.)</b>	<b>133</b>	<b>100%</b>

Carm (PAC)	£2.026m	31%
Cere (PAC)	£1.271m	20%
Pemb (PAC)	3.325m	53%
<b>Forecasts at M3</b>	<b>£6.277m</b>	<b>100%</b>

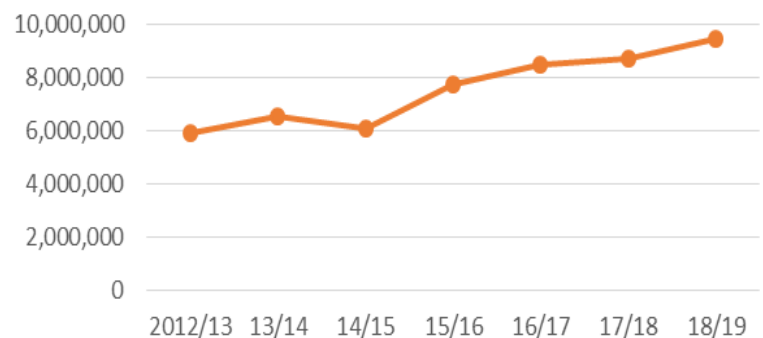
# EMI/ Dementia (Inc. S117)

## Historic Data cases and spend

Dementia / EMI Activity



Dementia / S117) Spend (inc Fee uplifts)



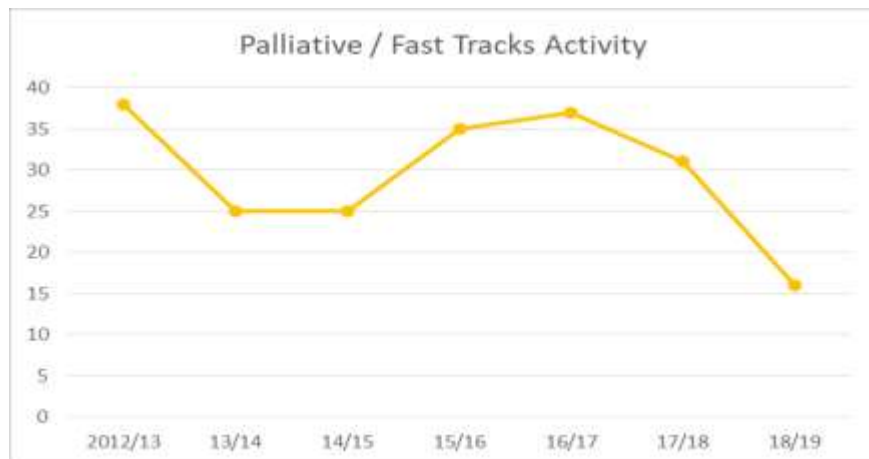
## M3 2019/20 data and F.Y projections

Carms (No.)	102	50%
Cere (No.)	32	16%
Pembs (No.)	72	35%
<b>Total (No.)</b>	<b>206</b>	<b>100%</b>

Carms (PAC)	£4.240m	51%
Cere (PAC)	£1.180m	14%
Pembs (PAC)	£2.859m	34%
<b>Total PAC</b>	<b>£8.371m</b>	<b>100%</b>

# Palliative Care (Fast-Tracks)

## Historic Data – Cases and Spend



## M3 2019/20 Data and Projections

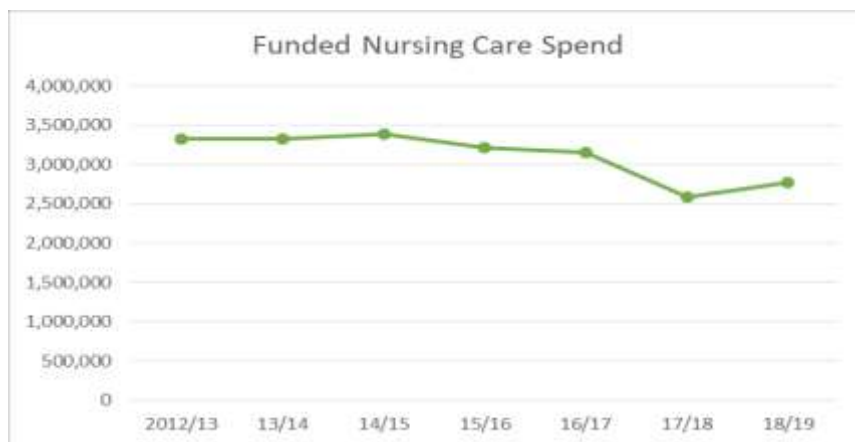
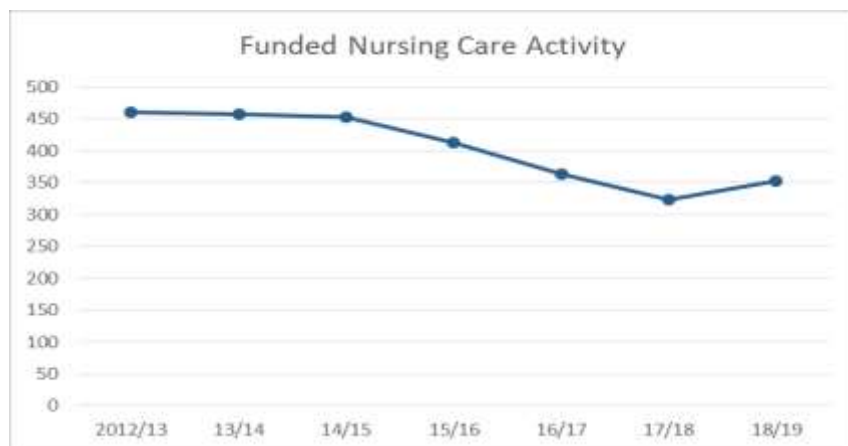
Carms (No.)	7	27%
Cere (No.)	3	11.5%
Pembs (No.)	16	61.5%
<b>Total (No.)</b>	<b>26</b>	<b>100%</b>

Carm (PAC)	£0.098m	30%
Cere (PAC)	£0.083m	25%
Pemb (PAC)	£0.147m	45%
<b>Total PAC</b>	<b>£0.328m</b>	<b>100%</b>



# Funded Nursing Care (FNC)

## Historic Data – Cases and Spend



## M3 2019/20 Data and Projections

Carm (No.)	157	44%
Cere (No.)	88	25%
Pemb (No.)	109	31%
<b>Total (No.)</b>	<b>354</b>	<b>100%</b>

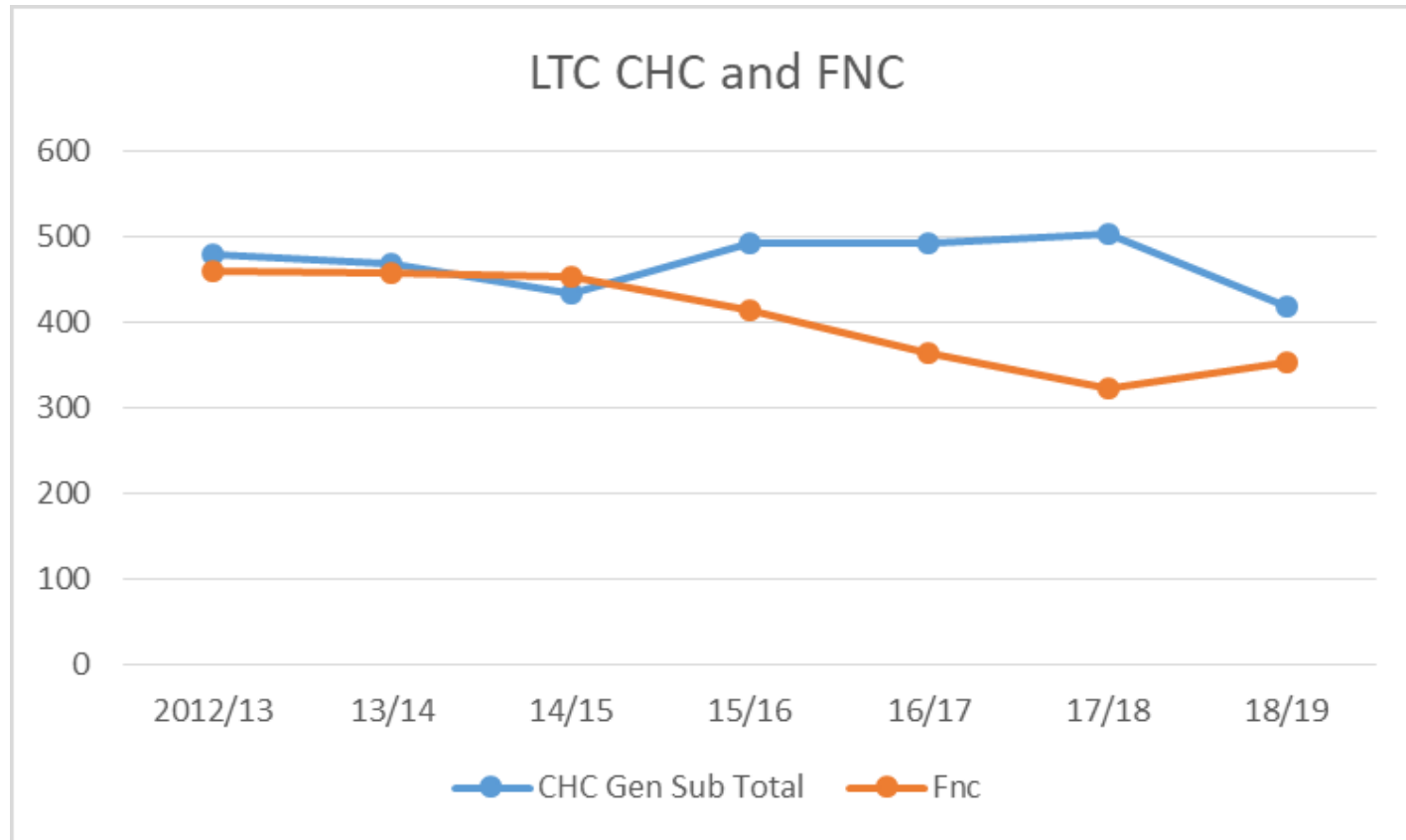
Carm (PAC)	£1.355m	45%
Cere (PAC)	£0.731m	24%
Pemb (PAC)	£0.918m	31%
<b>Total (PAC)</b>	<b>£3.003m</b>	<b>100%</b>

# Achievements 2018/19

# Savings and Efficiencies 2018/19

Schemes	2018/19 Savings Achieved
LTC (Long Term Care pathway)	£1.08m
Carmarthenshire County (CCT/ FNC/Discharge Liaison Nurse)	£0.191m
Ceredigion County (Telecare and response service)	£0.102m
Pembrokeshire County (CHC savings)	£0.134m
<b>Total</b>	<b>£1.507m</b>

# CHC / FNC Trends (activity)



# All Wales Benchmarking

Health Board	CHC (%)	FNC (%)	CHC per 50k population (numbers)	FNC per 50k population (numbers)	Total per 50k population (numbers)	Share of CHC+ fnc % Wales
<b>HDd 2017/18</b>	<b>61</b>	<b>39</b>	<b>65</b>	<b>42</b>	<b>108</b>	<b>9.3</b>
<b>HDd March 2019</b>	<b>55</b>	<b>45</b>	<b>56</b>	<b>46</b>	<b>102</b>	<b>n/a</b>
AB	48	52	59	64	123	17.8
ABM	27	73	41.3	110	152	17.1
BCU	63	37	105	61	166	25.3
CT	38	62	55	89	143	9.7
C&V	30	70	49	113	162	16.3
P	31	69	45	102	146	4.4
Wales	45	55	n/a	n/a	n/a	n/a

# High Cost Cases Pre / Post LTC Pathway

## High Cost Cases: February 2018

Budget	No.	£ p/w	F.Y.E(£)
Care at Home	19	33K	1.7m
Dementia/ S117	17	29k	1.5m
General	32	53k	2.7m
Total	68	114k	5.9m

## High Cost Cases: July 2019

Budget	No.	£ p/w	F.Y.E (£)
Care at Home	12	19k	1m
Dementia / S117	16	25k	1.3m
General	28	44k	2.3m
Total	57	88k	4.6m

- Reduction of 11 high cost cases
- Efficiencies of £25,548 per week
- Efficiencies of £1.13m F.Y.E.

# On-going Cost Pressures and Challenges

# Section 117

- 88 Section 117 Clients
- 85 EMI Beds
- 2 General Nursing Beds
- 1 Community Funded
- £43,753 per week
- £2.32m FYE. Costs sit within the EMI Budget line
- Outlier in Wales in terms of numbers of S117 and where costs sit.
- Driver for higher costs within the EMI budget



# Top Ten Most Expensive Packages

Placement	Cost pw £	Cost (pa) £	Funded Since	Cost to date based on current rate
Community (Pembs)	3.8k	0.200m	19.11.12	1.338m
Out of County Home (Bariatric)	3.6k	0.189m	23.06.17	0.398m
Dementia / EMI	2.5k	0.131m	05.08.15	0.520m
Community (Pembs)	2.5k	0.130m	03.06.09	1.318m
Cwm Gwendraeth / Dementia	2.3k	0.121m	10.04.18	0.158m
Cwm Gwendraeth/ Dementia	2.3k	0.121m	16.11.17	0.207m
Cwm Gwendraeth/ Dementia	2.3k	0.121m	24.07.17	0.245m
Yr Ysgol / Dementia	2.3k	0.121m	03.08.16	0.363m
Tan yr Allt	2.2k	0.117m	20.07.16	0.361m
Stanley House	2k	0.107m	01.06.16	0.338m
Total	26k	1.358m	1,942 wks	5.246m

# Interdependencies

- Accountability with Director of PC, budget sits with County Teams
- County Budget efficiency targets
- Capacity within Community Nursing
- Demand continues to drive costs – essential that assessments from acute are accurate
- In house teams need to be ring fenced for CHC clients (not LA) – no capacity for NHS to discharge patients homes with a Package of Care. Bridging initiative reduced capacity and increased costs for LTC CHC in 18/19

# Key Risks

- Domiciliary market (finance and escalating concerns)
- Care home market (finance and quality)
- Fees: cost pressure
- Local Authorities: individual fee model structure
- Sustainability, culture and expectation
- Retrospective costs
- Development of costing models in other HBs may impact on HD fee structure
- Capacity with LTC Team
- Choice (or lack of) driving up costs
- Joint tendering (increased rates)

# Opportunities

- Joint Commissioning with Local Authority to deliver community packages
- Further development of the LTC Pathway
- Substantive LTC Pathway coordinator role
- Enhanced Support for fee modelling
- Development of database
- Increased integration between various budgets and external funding e.g. ICF.
- Transformation fund and impact on community pathways and cluster budgets.

# Questions



## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	22 August 2019
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Deep Dive into Mental Health and Learning Disabilities Commissioning
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Liz Carroll, Interim Director of Mental Health and Learning Disabilities
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Matthew Richards, Head of Mental Health and Learning Disabilities Commissioning

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

### ADRODDIAD SCAA

#### SBAR REPORT

##### Sefyllfa / Situation

The Finance Committee has requested a Deep Dive into Mental Health and Learning Disabilities (MH&LD) Continuing NHS Healthcare (CHC) and other related externally commissioned spend.

The accompanying presentation provides an overview of the MH&LD Individual Patient Commissioning team work, financial update, challenges and opportunities.

The Committee is asked to note the content of this report and the presentation.

##### Cefndir / Background

The MH&LD Commissioning team is responsible for the commissioning of all Learning Disability and Adult Mental Health placements made with private sector providers and has a budget of £22,429,053. As at August 2019, the number of individuals that have a commissioned package of care is 474, of which 235 are Learning Disability service users and 239 are Adult Mental Health services users. 125 different providers are currently commissioned across a range of services which include:

- Low secure hospital placements
- Locked rehabilitation inpatient services
- Residential & Nursing Care
- Supported Living
- Domiciliary Care / Community Support
- Day Services (Private & Local Authority)
- Residential schools and colleges
- Respite

Generally, MH&LD placements are bespoke and individually commissioned, therefore costs vary dependant on assessed needs and provider. The majority of packages (82%) are jointly funded with the Local Authorities who lead commission and agree rates in collaboration with the MH&LD team. 18% of cases are fully funded by health and these are solely the

responsibility of Hywel Dda University Health Board (HDdUHB).

Most placements are made within the HDdUHB area or over the western border/ M4 corridor. Placements made beyond this are generally due to the need for a specialist service, which is not available locally, or due to patient choice. 77% of placements are in the HDdUHB area, 19% out of area but within Wales, and 4% are outside of Wales.

For 100% health funded residential placements, HDdUHB commissions using 2 national frameworks hosted by the National Collaborative Commissioning Unit (NCCU). These are:

- National Collaborative Framework for Residential Homes for Adults with Mental Health and Learning Disability
- National Collaborative Framework for Low Secure and Adult Child and Adolescent Mental Health Service (CAMHS) Mental Health and Learning Disability Hospitals

These provide the necessary procurement and contract governance arrangements, and tendered rates with set opportunities for fee refresh.

The MH&LD Commissioning team currently consists of 10.6 Whole Time Equivalent (WTE) staff, which currently includes 4.6 WTE nurse advisors who are responsible for the scrutiny of service requests and the review of all placements and providers of care.

### Asesiad / Assessment

The MH&LD Individual Patient Commissioning budget has been consistently scrutinised over the last few years through the Holding To Account (HTA) and Turnaround processes.

There are increasing client numbers driving increased spend and significant sector cost pressures affecting provider rates. Frequency of new cases can be unpredictable and the complex nature of MH&LD needs means that individual costs can be high and therefore long term spend is volatile.

The presentation provides the Committee with a detailed overview of the:

- Service structure
- Current financial position
- Savings delivery and cost avoidance
- Service data and wales comparison
- Challenges and Opportunities

### Argymhelliad / Recommendation

The Finance Committee is asked:

- to note the content of the report and presentation
- to note the increasing cost and service pressures
- to note the actions undertaken and planned to mitigate budget pressures
- to note the opportunities going forward.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference:  
Cyfeirnod Cylch Gorchwyl y  
Pwyllgor:

5.5.2 Receiving assurances in respect of directorate performance against annual budgets, capital plans and the cost improvement programme and innovation and productivity plans.

	5.5.9 Commissioning regular reviews of key contracts, suppliers and partners to ensure they continue to deliver value for money.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk reference 227, current score 8
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 2.1 Managing Risk and Promoting Health and Safety 2. Safe Care 3. Effective Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Growing older well. 4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Support people to live active, happy and healthy lives Improve Population Health through prevention and early intervention Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Complex Care Database
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to Finance Committee:	Not Applicable.

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Financial risks are outlined in the presentation.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Quality and patient care impacts are highlighted within the presentation.



<b>Gweithlu: Workforce:</b>	The workforce issues and risk to service are outlined in the presentation.
<b>Risg: Risk:</b>	Risks in relation to service provision are highlighted in the presentation.
<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Not Applicable
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable

# **Mental Health and Learning Disability CHC Commissioning Review**

**Finance Committee 22<sup>nd</sup> August 2019**

1 Introductions & Overview

2 Financial position

3 Savings delivery

4 Challenges & Risks

5 Service data

6 Wales comparison

7 Opportunities & Progress

8 Questions & Answers

9

# Introductions

Liz Carroll – Interim Director of Mental Health and Learning Disabilities

Matthew Richards – Head of Commissioning



Mental illness is something that 1 in 4 adults will experience in their lifetime, which for some people might be a single episode of difficulties, for others it may be more often. Like any other health condition Mental Health can vary in its severity and complexity, but for the individual it is personal and unique.

## *Services include*

- Child and adolescent Mental Health Services
- Adult Mental Health Services
- Older Adult
- Learning Disabilities
- Psychological therapies
- Commissioning

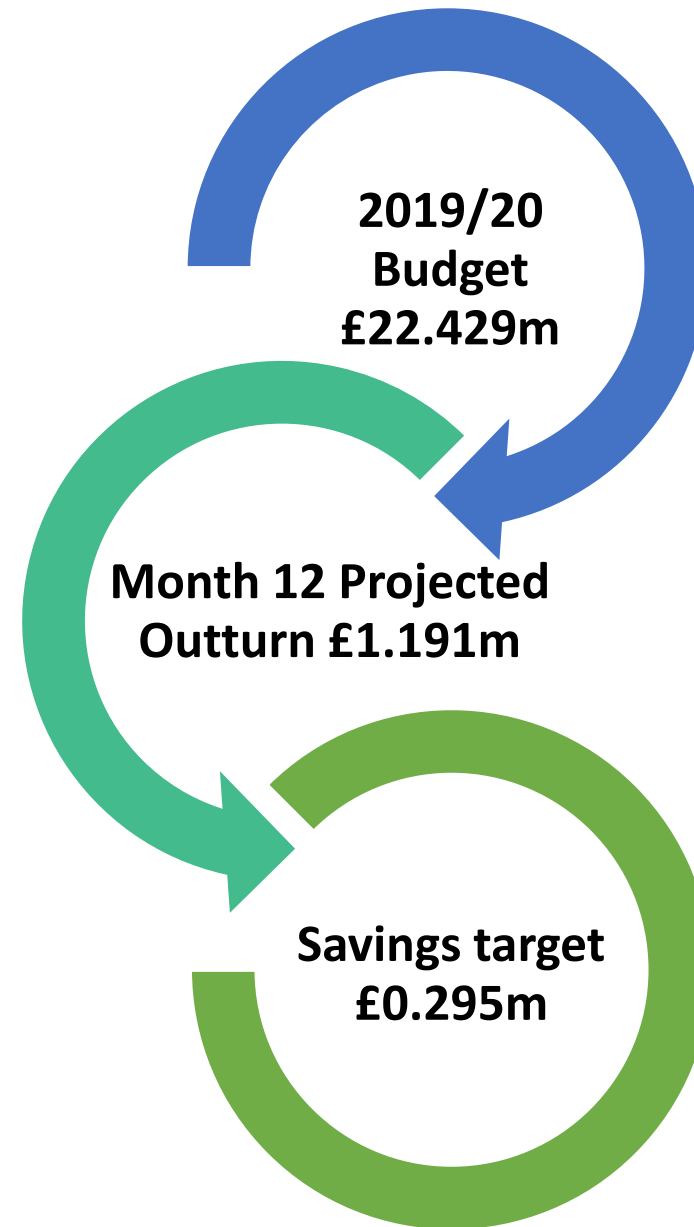
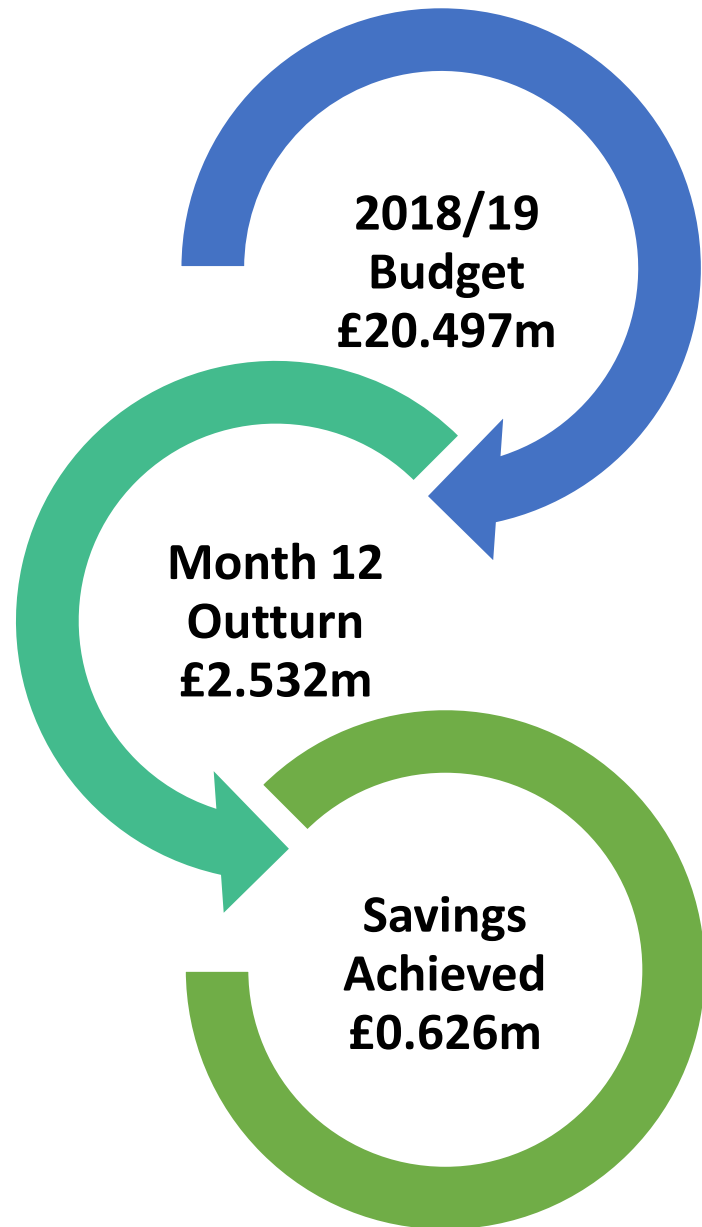


- Team responsibilities
- Structure
- Safeguarding & Quality assurance
- Placement data
- Current Provider Market



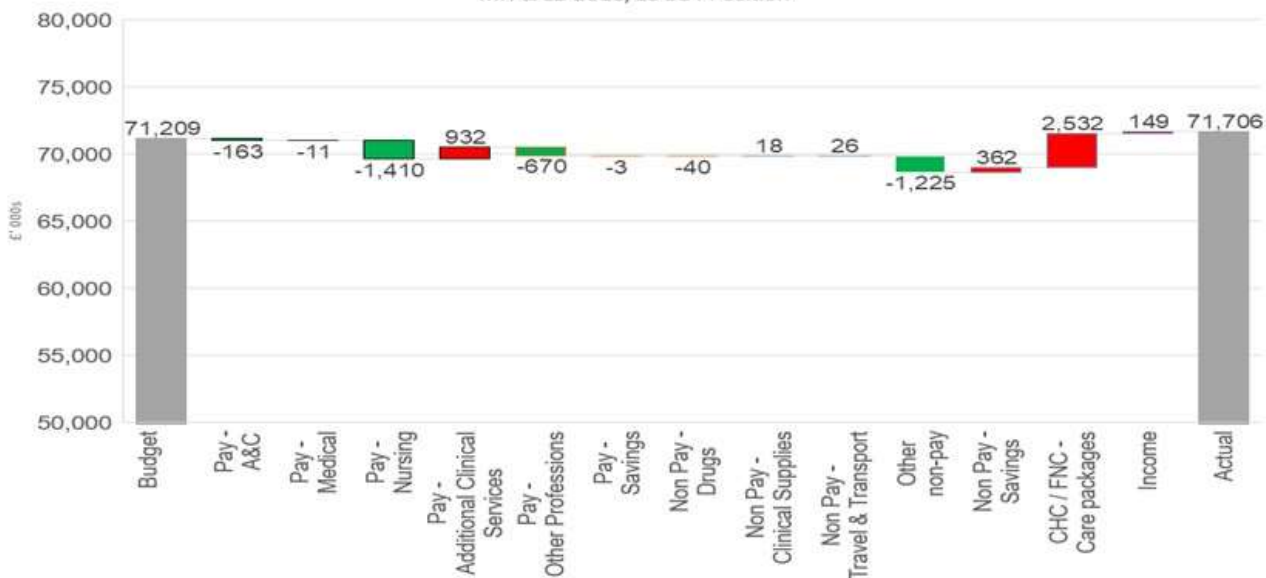
## Financial position



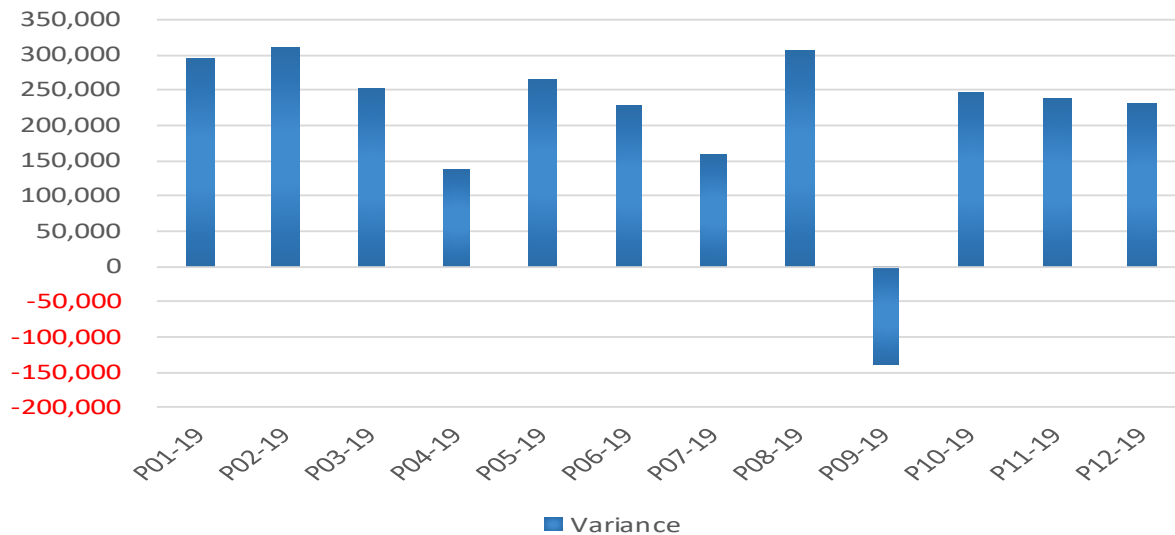


# Financial Outturn position 2018-19

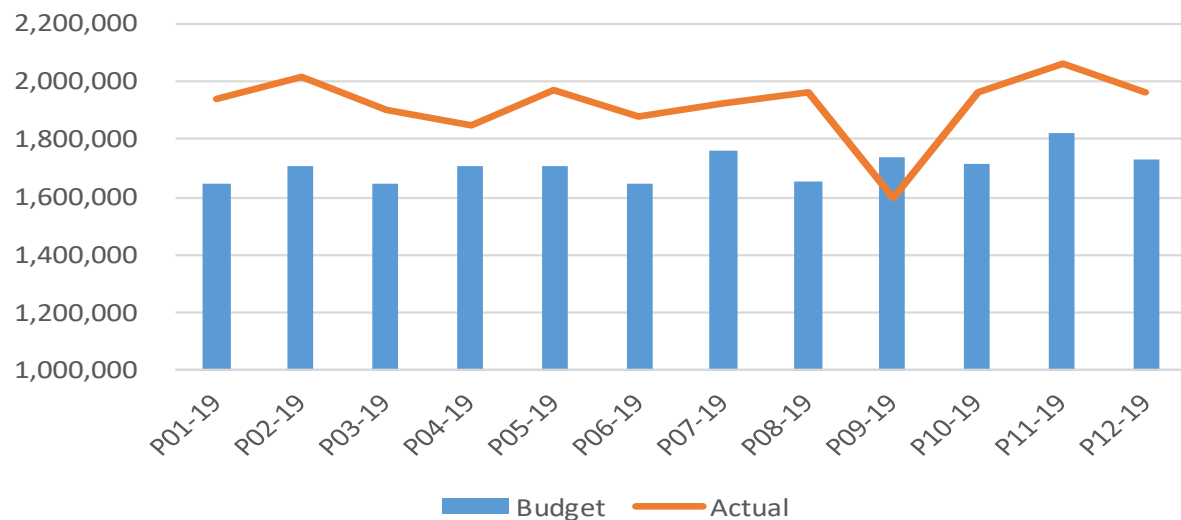
MH & LD 2018/19 EOY Position



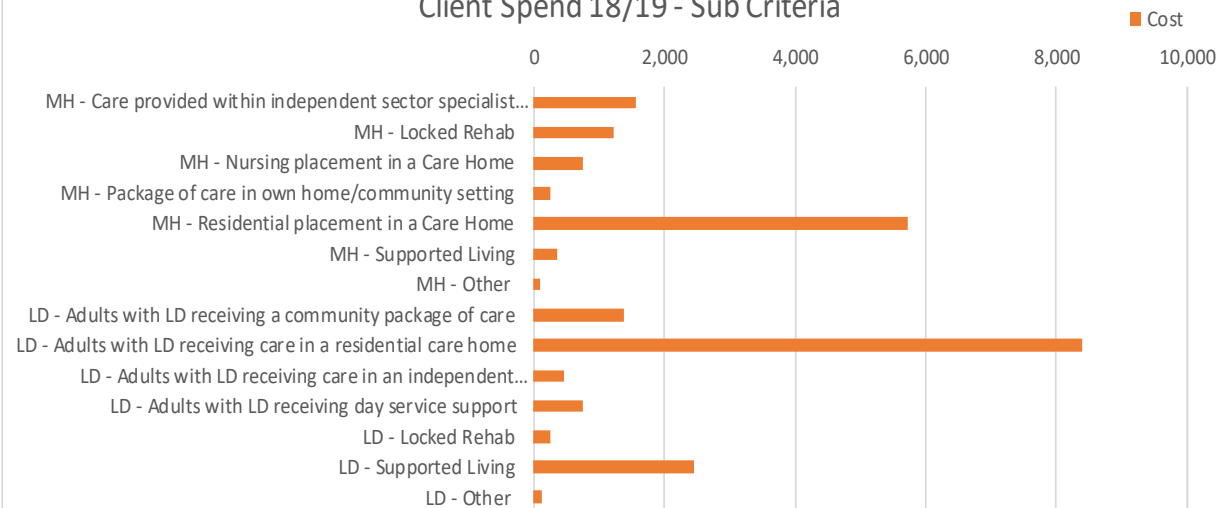
Cumulative Variance 18/19



Commissioning Budget V Actual



Client Spend 18/19 - Sub Criteria



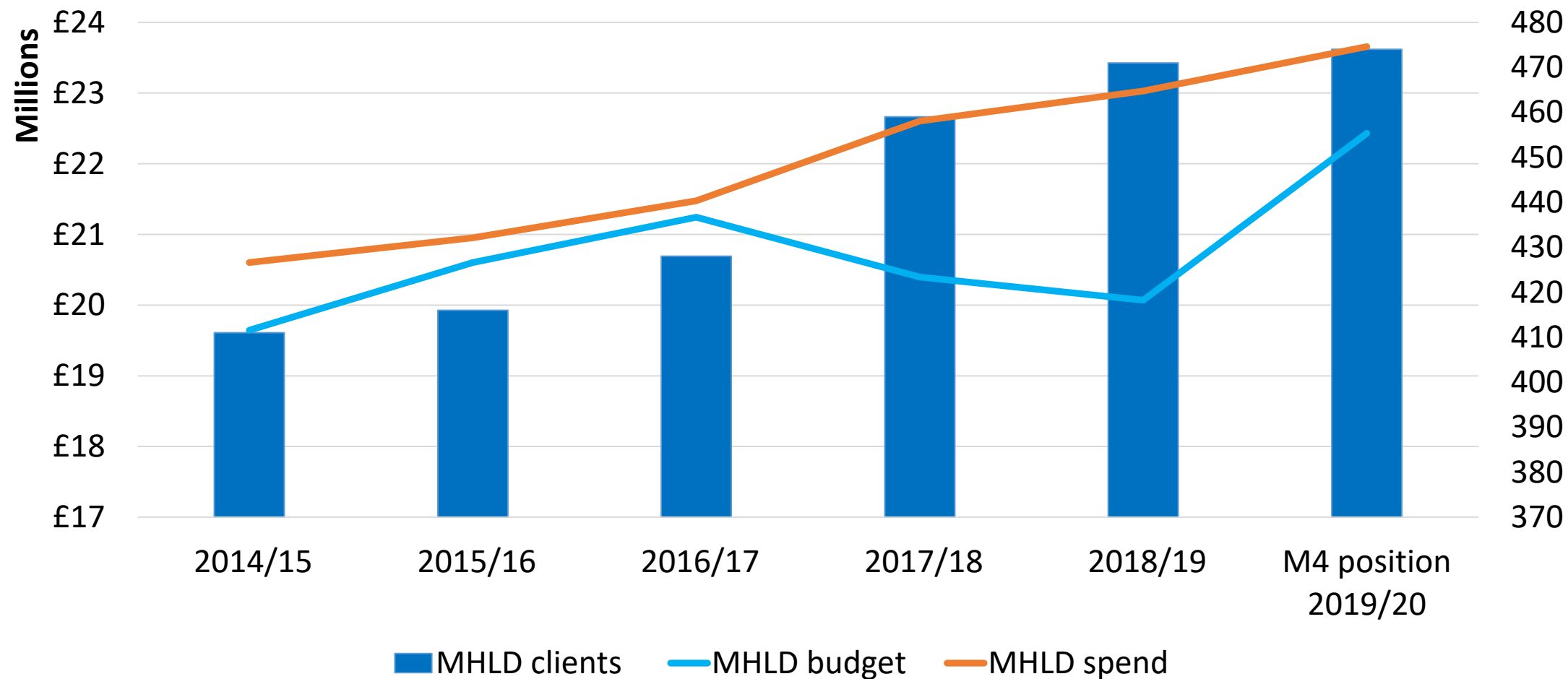
# Savings Delivery

<b>Schemes 18/19</b>	<b>Savings target</b>	<b>Savings Achieved</b>	<b>Variance from Plan</b>
Bespoke Repatriation	£229,000	£229,000	0
CCAPS framework Transfers	£157,000	£157,000	0
Targeted Desktop Review	£150,000	£153,973	£3,973
CCAPS review of LD placements	£86,000	£86,071	£71
<b>Schemes 19/20</b>		<b>M4</b>	
Commissioning reviews	£275,000	£92,000	0
Supported living ICF Capital bid	£20,000	0	0
<b>Total</b>	<b>£917,000</b>	<b>£718,044</b>	<b>£4,044</b>

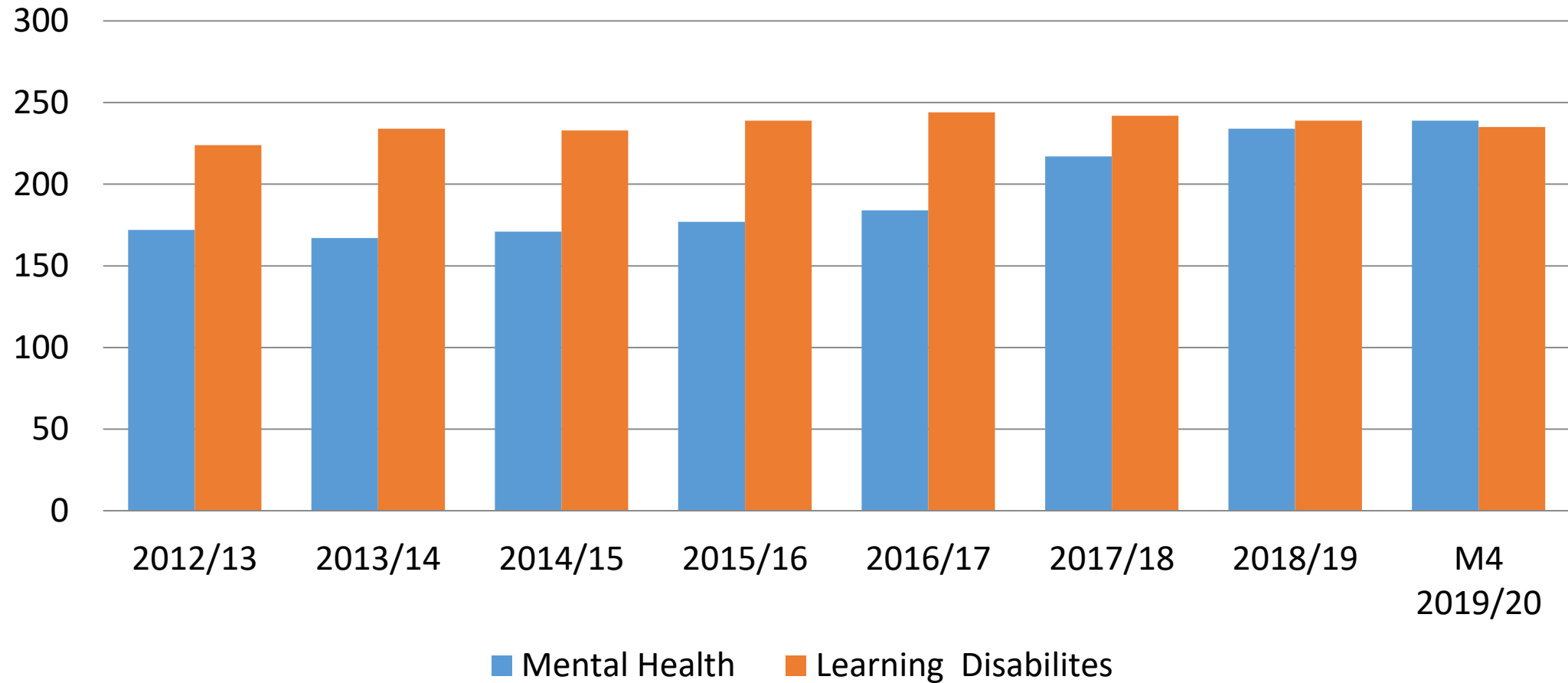
# Challenges and opportunities

- Increasing Demand & Complexity
- Provider cost pressures
- Safeguarding & Quality Assurance
- Team capacity & Legacy Position
- Market availability and fragility
- High Cost placements & unpredictability
- LD Inpatient move on
- MH bed pressure

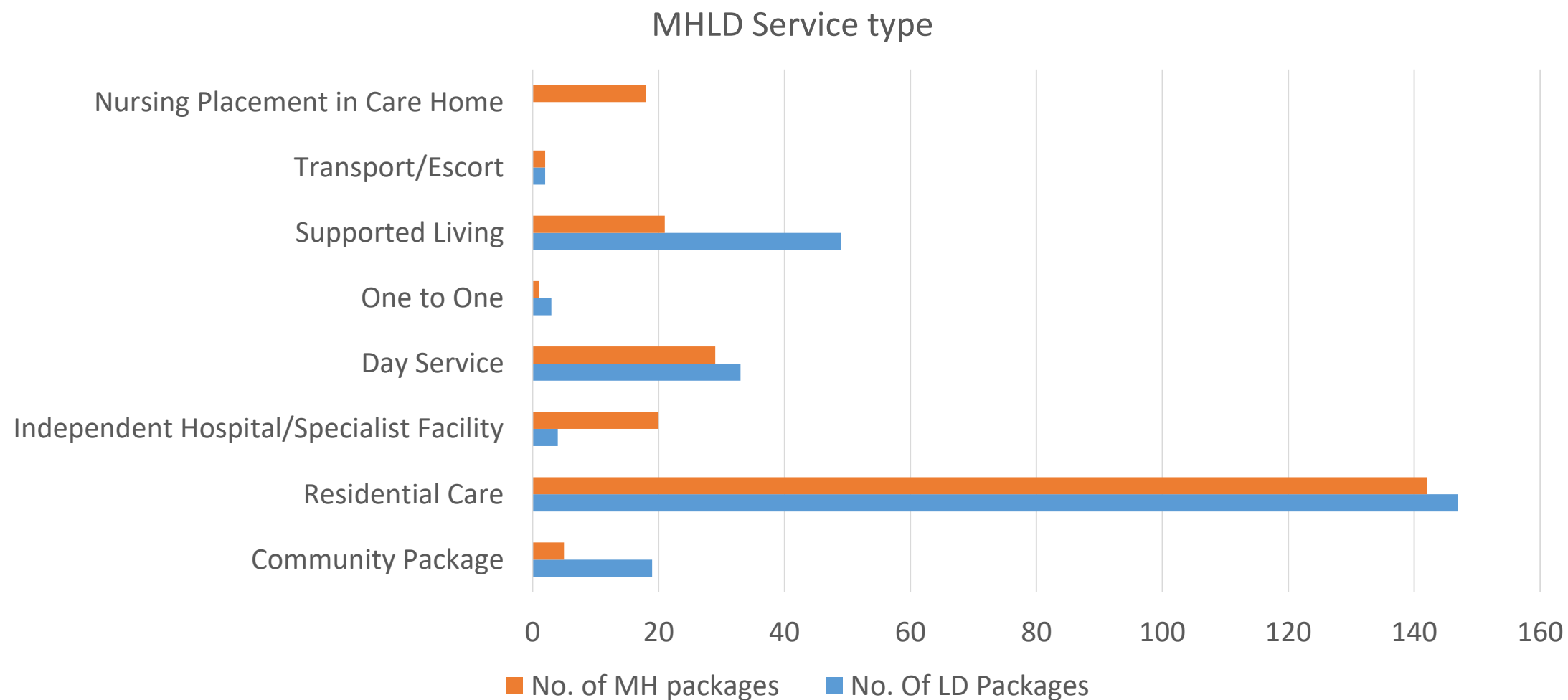
## MHLD budget, spend and placements 2014-19



## MH& LD placement numbers



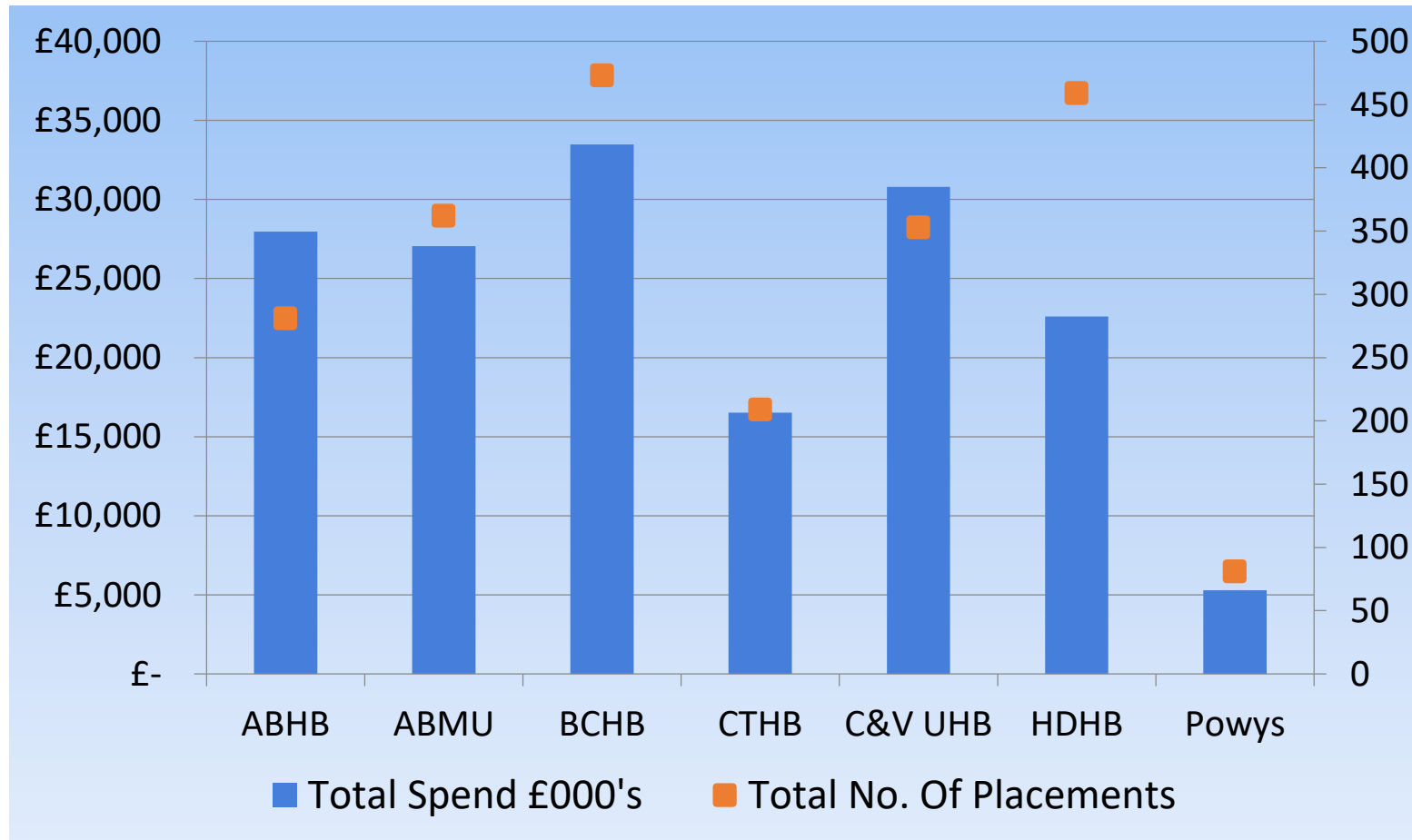




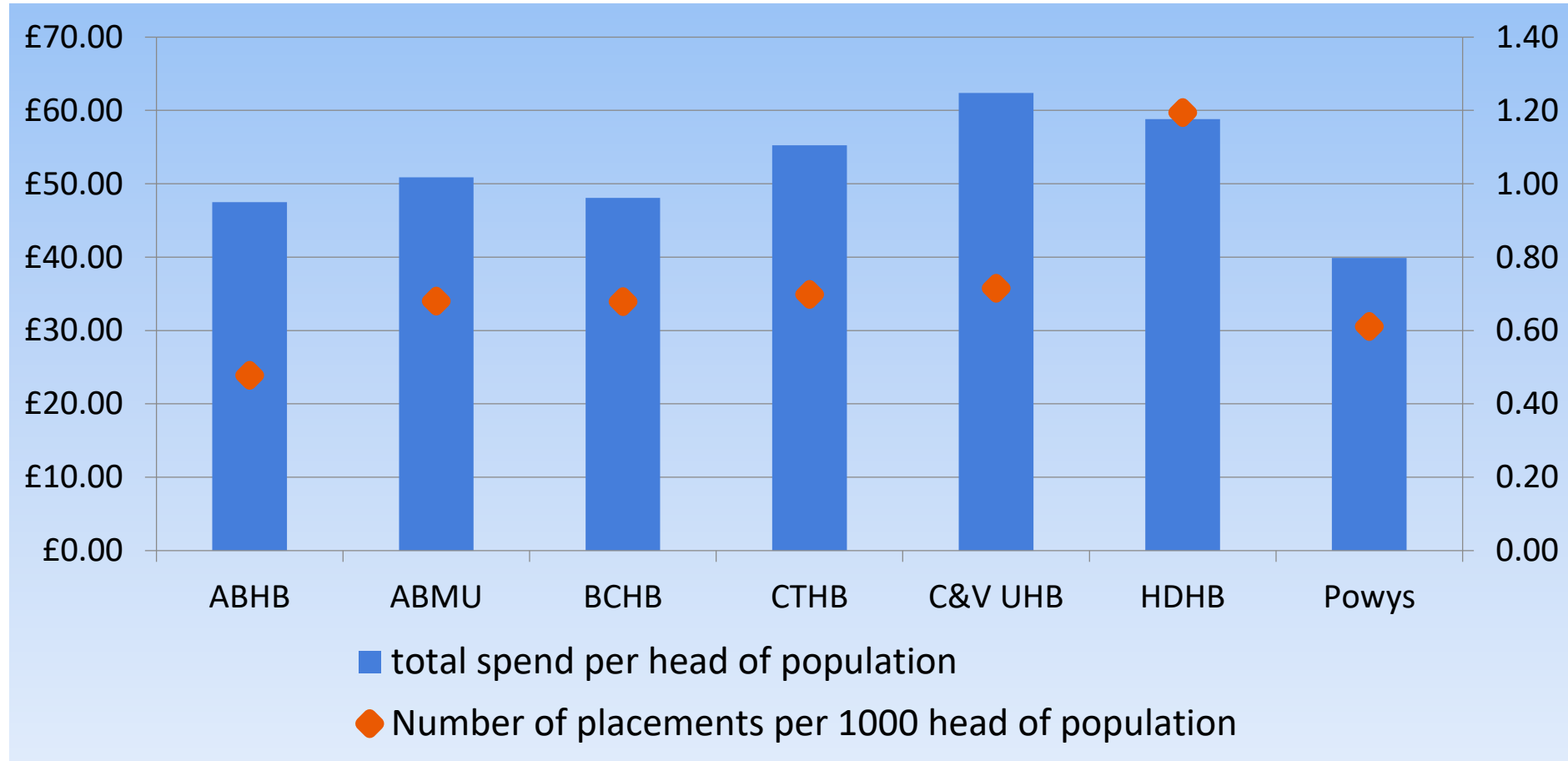
# Top 10 MHL D High Cost placements

Service Type	Service User Group	LA	Total cost pw (rounded)	Cost pw to HB £ (rounded)	Cost to HB (pa) £ (rounded)	Date Package Commenced (total weeks)	Approx cost to date to HB (based on current rate - rounded)
Community	LD	Pembs	£5,476	£5,476	£285,555	29/11/2010 (454)	2.486m
Community	LD	Carms	£4,757	£4,757	£248,091	16/06/2012 (373)	1.774m
Locked Rehab	LD	Carms	£4,620	£4,620	£240,901	19/03/2019 (21)	0.097m
Residential	LD	Pembs	£5,562	£4,172	£217,534	28/12/2012 (345)	1.439m
Community	LD	Carms	£4,144	£4,144	£216,088	25/06/2013 (320)	1.326m
LSU	MH	Carms	£4,116	£4,116	£214,621	20/03/2017 (125)	0.515m
Community	LD	Carms	£3,812	£3,812	£198,755	06/01/2014 (292)	1.113m
Locked Rehab	MH	Carms	£3,656	£3,656	£190,635	29/01/2015 (236)	0.863m
Residential	LD	Carms	£4,712	£3,534	£184,273	10/11/2014 (248)	0.876m
Residential	LD	Carms	£4,668	£3,501	£182,547	18/11/2009 (507)	1.775m
LSU	MH	Carms	£3,473	£3,473	£181,093	14/09/2018 (47)	0.163m
Community	LD	Carms	£3,363	£3,363	£175,335	01/05/2017 (119)	0.400m
TOTAL			£52,359	£48,624	£2,535,428	3,087	£12,827m

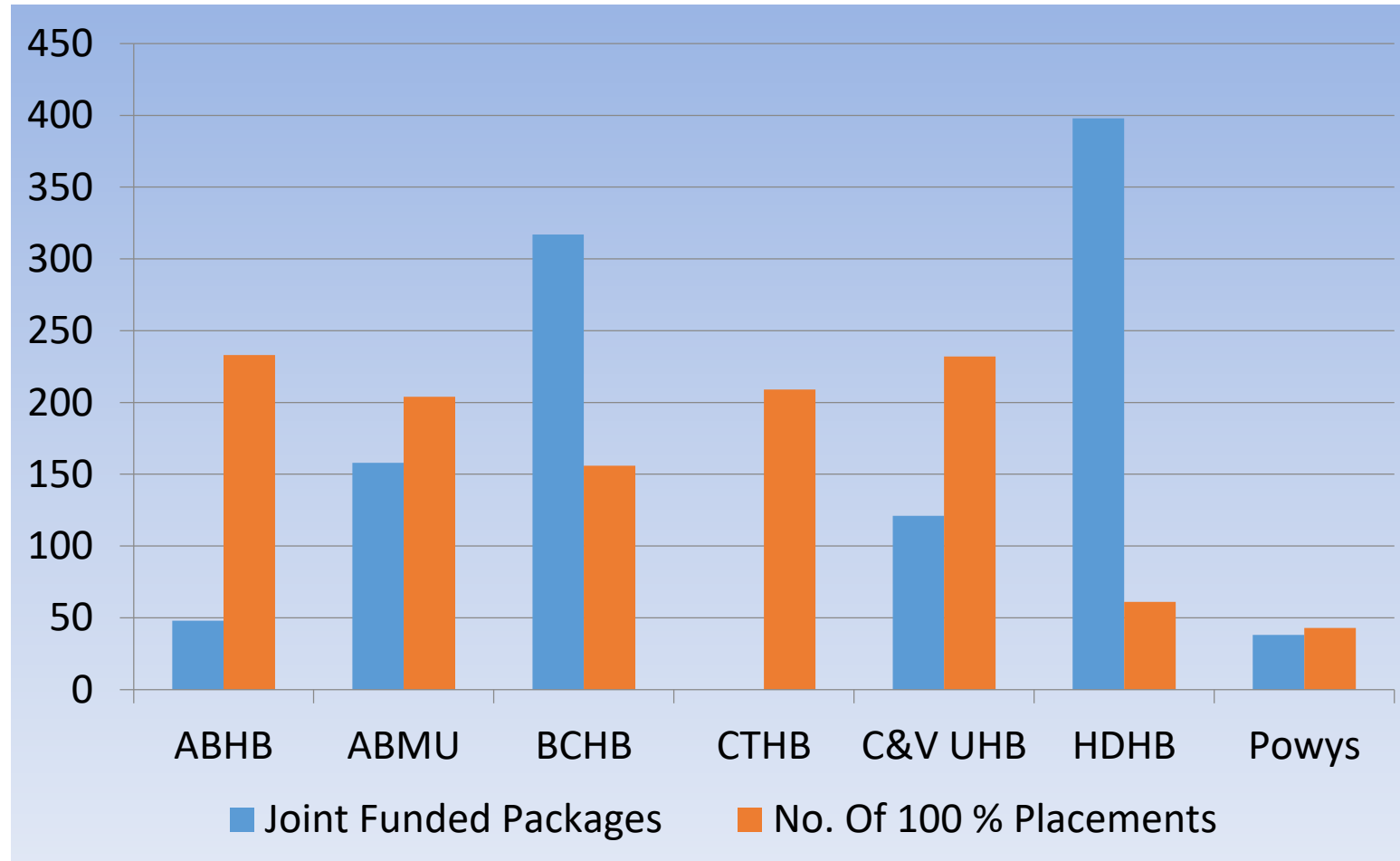
## MHLD total spend v placements

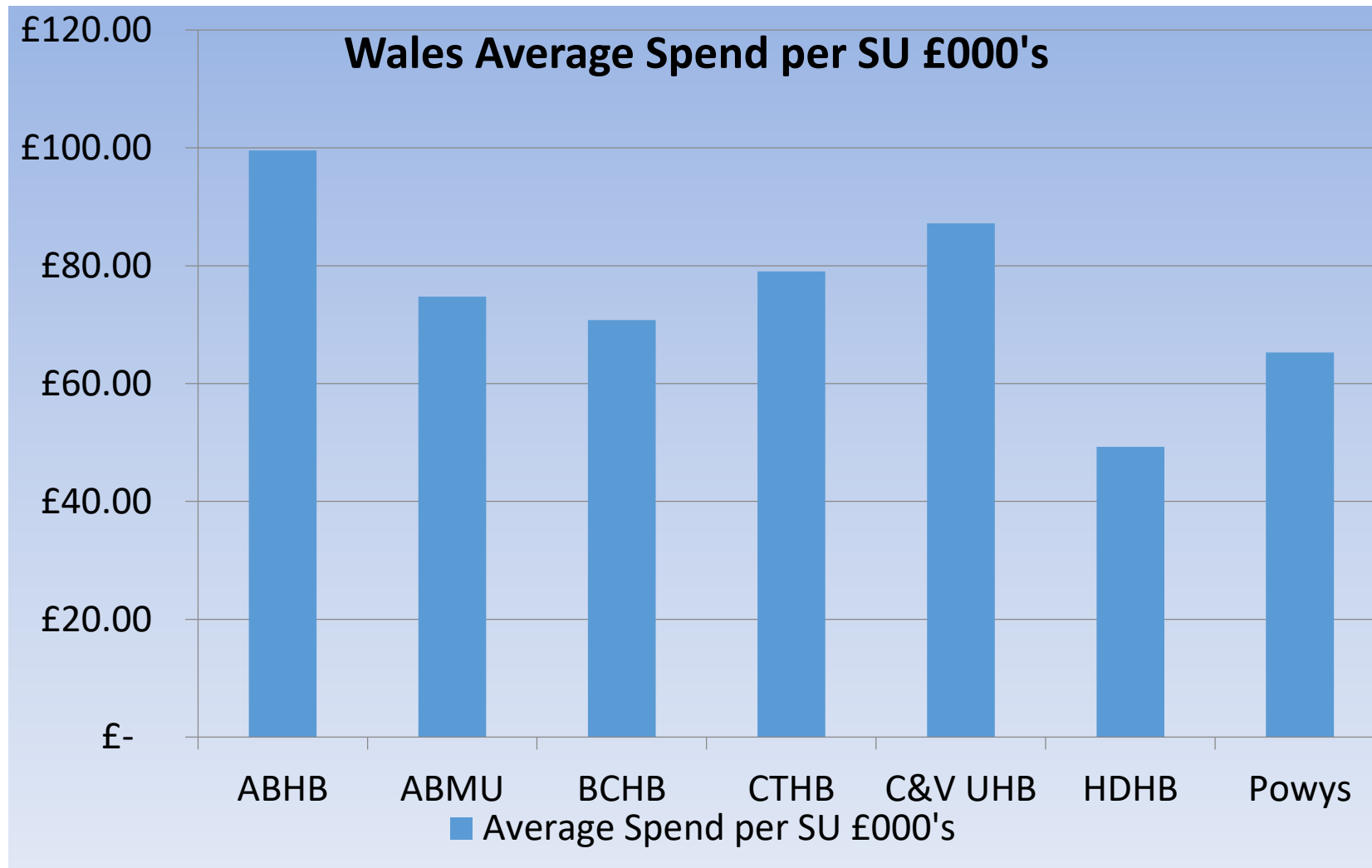


## Spend by population v Number of placements

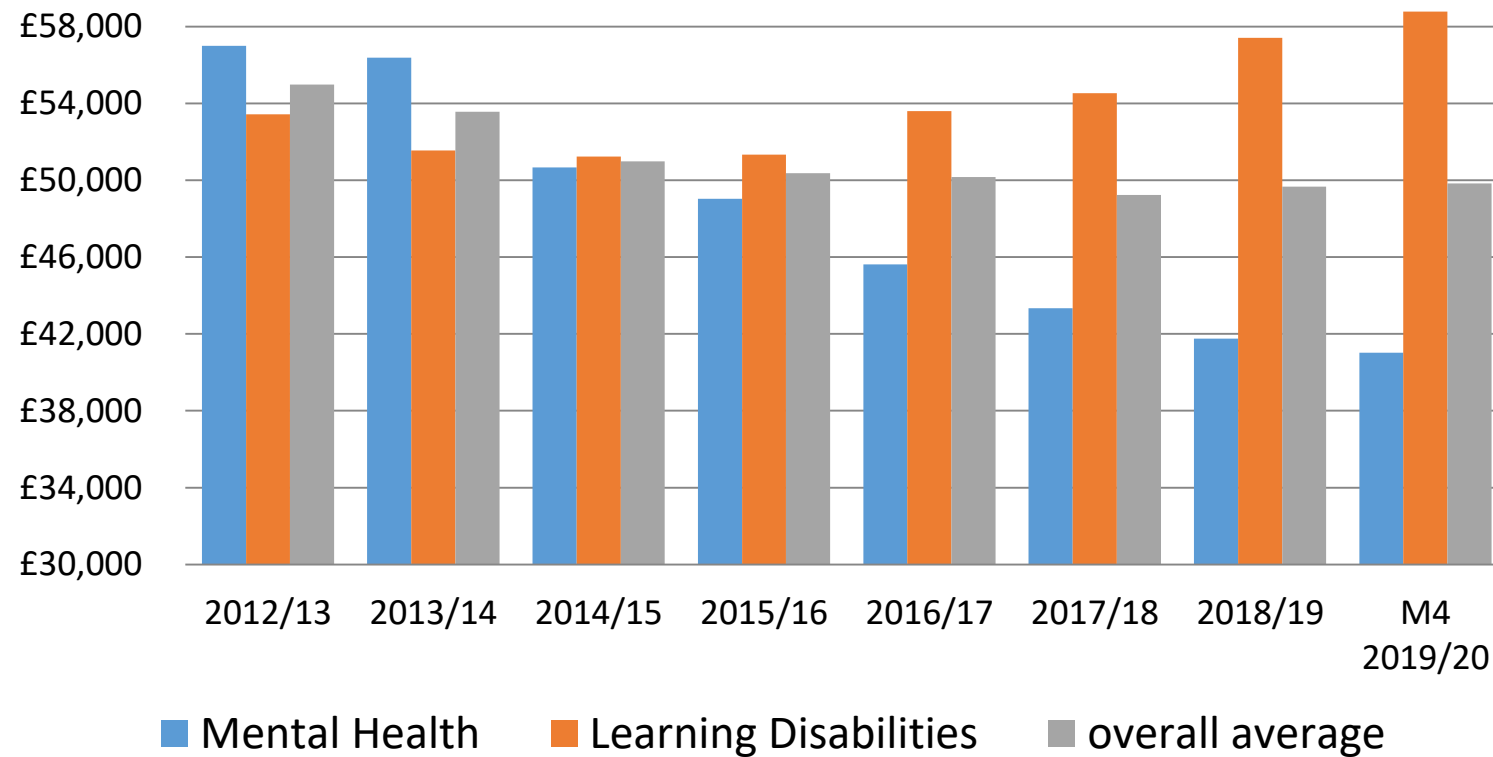


# Wales: Joint funded v 100% funded

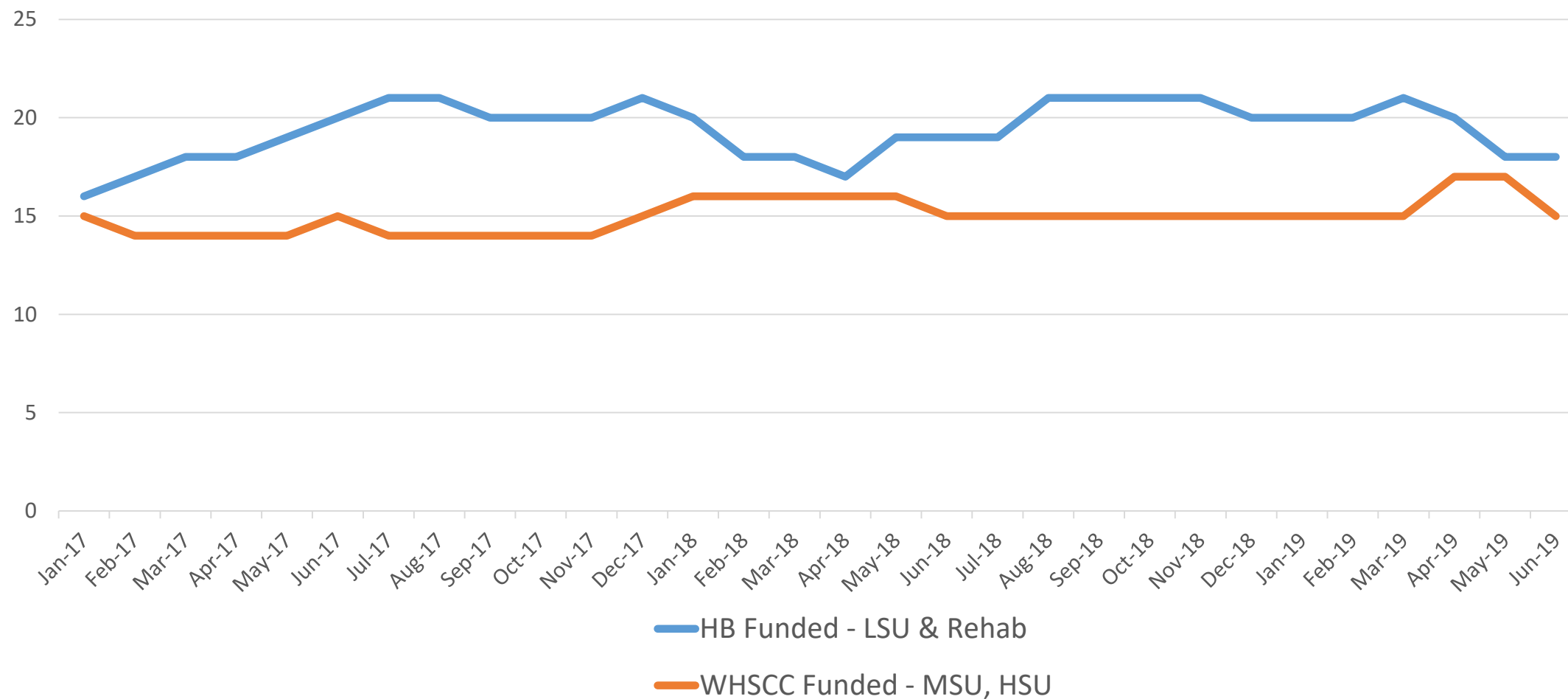




## HDUHB Average Spend per Individual Patient



# High Cost - Secure/inpatient placements





# Opportunities

- MH & LD Transformation –Development of Core and Community based services
- ICF & MH Transformation funding – Increased Team Capacity to deliver efficiencies
- Development of Joint Funding Guidance
- Regional Collaboration- Integration and Market Development
- National Collaborative Commissioning Unit support
- Improved processes and data
- Inpatient in reach & service support
- Bespoke repatriation & Community Rehabilitation

**Questions?**



## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	22 August 2019
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Corporate Risk Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mr Huw Thomas, Director of Finance Mr Andrew Carruthers, Turnaround Director
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Mrs Charlotte Beare, Head of Assurance and Risk

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

### ADRODDIAD SCAA

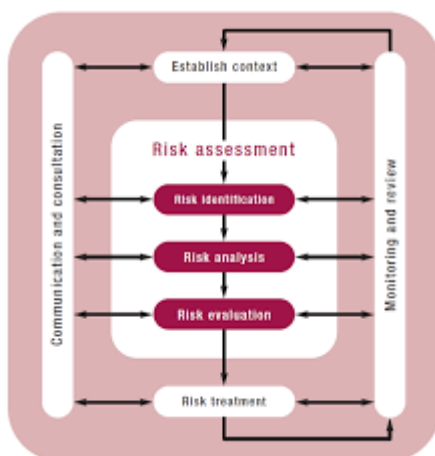
#### SBAR REPORT

##### Sefyllfa / Situation

The Finance Committee is asked to request assurance from listed Executive Directors that the corporate risks in the attached report, at Appendix 1, are being managed effectively.

##### Cefndir / Background

Effective risk management requires a 'monitoring and review' structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.



(Risk Management Process, ISO 31000)

The Board's Committees are responsible for the monitoring and scrutiny of corporate level risks within their remit. They are responsible for:

- Seeking assurance on the management of principal risks on the Board Assurance Framework (BAF)/Corporate Risk Register (CRR) and providing assurance to the Board that risks are being managed effectively and report areas of significant concern, for example, where risk appetite is exceeded, lack of action, etc.
- Reviewing principal and operational risks over tolerance and, where appropriate, recommend the 'acceptance' of risks that cannot be brought within Hywel Dda

University Health Board's (HDdUHB) risk appetite/tolerance to the Board through the Committee Update Report.

- Provide annual reports to Audit and Risk Assurance Committee (ARAC) on the effectiveness of the risk management process and management of risks within its remit.
- Identify through discussions any new/emerging risks and ensure these are assessed by management.
- Signpost any risks outside of its remit to the appropriate HDdUHB Committee.
- Use risk registers to inform meeting agendas.

The Executive Team agreed the content of the CRR. These risks have been identified via a top down and bottom up approach and are either:

- Associated with the delivery of the objectives set out in the Annual Plan 2019/20; or
- Significant operational risks escalated by individual Directors and agreed by the Executive Team as they are of significant concern and require corporate oversight and management.

Each risk on the CRR has been mapped to a Board level Committee to ensure that risks on the CRR are being managed appropriately, taking into account the gaps, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

The Board has delegated a proportion of its role of scrutiny of assurances to its Committees to make the most appropriate and efficient use of expertise. Therefore, Committees should also ensure that assurance reports, relevant to the principal risks, are received and scrutinised, and an assessment made as to the level of assurance it provides. The reports should take into account the validity and reliability behind its generation and its compatibility, i.e. source, timeliness, methodology, with other assurances. This will enable the Board to place greater reliance on assurances, if they are confident that they have been robustly scrutinised by one of its Committees, and to provide Board with greater confidence about the likely achievement of strategic objectives, as well as providing a sound basis for decision-making. It is the role of Committees to challenge where assurances in respect of any component are missing or inadequate. Any gaps should be escalated to the Board.

### Asesiad / Assessment

The Finance Committee Terms of Reference state that it will:

- 5.3 Seek assurance on the management of principle risks within the BAF and CRR allocated to the Committee (financial risks), and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk appetite is exceeded, lack of timely action.
- 5.4 Recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.

There are 3 risks aligned to the Committee from the 29 currently identified on the corporate risk register, which have been aligned to HDdUHB's objectives for 2019/20.

1. Deliver the Annual Plan 2019/20 by the end of March 2020
2. Deliver the agreed financial control total for 2019/20 by the end of March 2020
3. Achieve the agreed savings requirement for 2019/20 by the end of March 2020
4. Maintain performance and delivery of Referral to Treatment Time (RTT) by the end of March

2020

5. Deliver year 1 of the Health and Care Strategy by the end of March 2020

6. Deliver year 1 of Board approved strategies (Health and Well-Being, Continuous Engagement and Quality Improvement) by the end of March 2020

7. Development of the three year plan for 2020 – 2023 (Integrated Medium Term Plan (IMTP)).

Each of these risks have been entered onto a 'risk on a page' template which includes information relating to the strategic objective, controls, assurances, performance indicators, and action plans to address any gaps in controls and assurances.

### Changes since previous report

Total Number of Risks	3	See note 1
New risks	1	
Increase in risk score ↑	0	
No change in risk score →	0	See note 2
Reduction in risk score ↓	0	
De-escalated/Closed	1	

*The Committee is asked to note that a new risk is in the process of being assessed in respect of the successful delivery of the financial plan for 2019/20, which will replace risk 630 (Ability to deliver the Financial Plan for 2018/19).*

#### Note 1 - New Risks

Risk 735 (Ability to deliver the Financial Plan for 2019/20 affecting the whole Health Board) – This risk to the delivery of the financial plan for 2019/20 by the end of March 2020 was agreed to go on the Corporate Risk Register by Executive Team, via Chair's action, on 21/05/19.

#### Note 2 Removed/De-escalated Risks

Risk 630 (Ability to deliver the Financial Plan for 2018/19) - the Executive Team agreed to close this risk as the 2018/19 financial year has ended and a new financial plan for 2019/20 has been agreed. A new risk (above – Risk 735) has been approved in respect of the risk to deliver the financial plan for 2019/20.

The Committee is asked not to devolve its responsibility for seeking assurances on corporate risks to its Sub-Committee structure. However, it can reassign risks to another Board level Committee if it is agreed that it better fits within their remit.

### Argymhelliad / Recommendation

The Committee is asked to seek assurance that:

- All identified controls are in place and working effectively.
- All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.
- Challenge where assurances are inadequate.

This in turn will enable the Committee to provide the necessary assurance to the Board, through its Committee Update Report, that HDdUHB is managing these risks effectively.

**Amcanion: (rhaid cwblhau)**  
**Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Contained within the report
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within the report
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services reviewed by risk leads/owners
Rhestr Termiau: Glossary of Terms:	Not Applicable
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to Finance Committee:	Not Applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Gweithlu: Workforce:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Risg: Risk:</b>	No direct impacts from report however organisations are expected to have effective risk management systems in place.
<b>Cyfreithiol: Legal:</b>	No direct impacts from report however proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.

<b>Enw Da: Reputational:</b>	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.
<b>Gyfrinachedd: Privacy:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Cydraddoldeb: Equality:</b>	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No



## CORPORATE RISK REGISTER SUMMARY AUGUST 2019

[illegible]




Risk Ref	Strategic Objectives	Risk Title (for more detail see individual risk entries)	Risk Owner	Controls	Domain	Current Risk Score (L x I)	Target Risk Score (L x I)	Performance Indicators	Assurance from What? (sources/providers of assurance) L1, L2 & L3 (see below key)	Latest paper	Assurance Sufficient? (Y/N)	Control RAG rating (see below key)	Risk on page no...
730	3. Achieve the agreed savings requirement for 2019/20 by the end of March 2020	Failure to realise all the efficiencies and opportunities from the Turnaround Programme in 2019/20	Carruthers, Andrew	<p>Turnaround Programme Director in post.☐</p> <p>☐</p> <p>Fortnightly 'Holding to Account' (HTA) meetings including a monthly Chief Executive HTA session for the highest risk directorates.☐</p> <p>☐</p> <p>Each Directorate has signed up to a savings plan and recovery plan - costed and RAG rated.☐</p> <p>☐</p> <p>Identified Exec lead for red schemes and for key Turnaround Improvement Programmes.☐</p> <p>☐</p> <p>Specific aspect of Performance Review focus on finance and link to HTA session.☐</p> <p>☐</p> <p>Escalation process to HTA monthly meeting.☐</p> <p>☐</p> <p>Executive Team Turnaround Meetings.</p>	Statutory duty/inspections	4x5=20	2x4=8	<p>Performance against agreed savings plan☐</p> <p>☐</p> <p>In-month financial monitoring</p>	<p>Performance against plan monitored through HTA meeting with Services (L1)☐</p> <p>☐</p> <p>Executive Performance Reviews (L2)☐</p> <p>☐</p> <p>Finance Committee oversight of current performance (L2)☐</p> <p>☐</p> <p>Turnaround &amp; Financial Report to Board &amp; BPPAC (L2)☐</p> <p>☐</p> <p>WG scrutiny through Targeted Intervention (TI)(L3)☐</p> <p>☐</p> <p>WG scrutiny through Joint Executive Team (JET) (L3)☐</p> <p>☐</p> <p>WAO Structured Assessment 2018 (L3)</p>	<p>* Mth 12 Finance Report &amp; Turnaround Report - Board Apr19☐</p> <p>☐</p> <p>* Finance Report &amp; Turnaround Report - Mar19 Finance Committee</p>	Y		6

735	2. Deliver the agreed financial control total for 2019/20 by the end of March 2020	Ability to deliver the Financial Plan for 2019/20 affecting the whole Health Board.	Thomas, Huw	Financial reports provided to directorates in a timely way, focused on trends; cost drivers; projected expenditure; risks and actions. Turnaround Director Holding to Account meetings. CEO Holding to Account meetings. Executive Performance meetings. Commissioning arrangements with key partners (Local Authorities; Care home sector; Other NHS providers; Primary Care; Third Sector). Process of review of recovery plans process in place from Month 3 and approaching of system-wide issues.	Finance inc. claims	4x4=16	2x4=8	Identification and delivery of savings schemes. Financial performance and projections reported on a monthly basis. Breakeven recovery plans where deficits are projected. Financial process assurances. Internal Audit and Wales Audit Office reports.	Finance dashboards (L1) Finance report to Finance Committee and Board (L2)Medium CEO Holding to Account meetings (L2)Medium Financial assurance report to Audit Committee (L2)Medium Year-end reporting to Audit Committee (L3)	* Month 3 Finance Report 2019/20 reports - Finance Committee - July 2019	Y		<a href="#">8</a>
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646	2. Deliver the agreed financial control total for 2019/20 by the end of March 2020 3. Achieve the agreed savings requirement for 2019/20 by the end of March 2020	Ability to achieve financial sustainability over medium term.	Thomas, Huw	Understanding the underlying deficit. An initial assessment has been completed. Very high level base-case long term financial model. Assessing the full financial implications of A Healthier Mid and West Wales.	Finance inc. claims	3x4=12	2x3=6	Operational agreement to underlying deficit assessment. Plan in place to develop a long term financial plan. High level financial assessment of A Healthier Mid and West Wales in place.	Reporting to Finance Committee (L1).	N/A	N		<a href="#">10</a>
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**Assurance Key:**

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

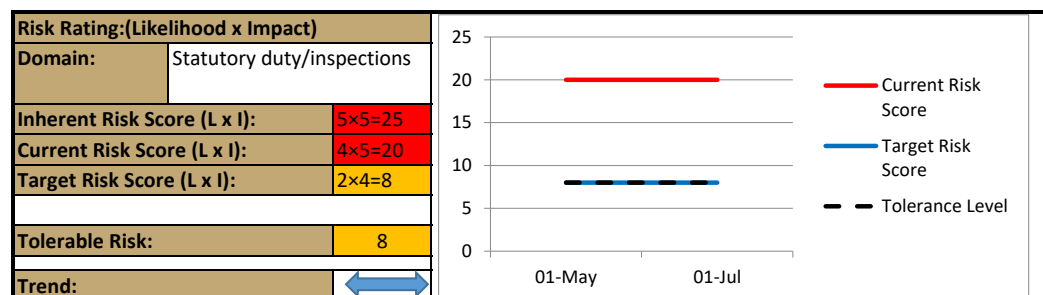
Key - Assurance Required		<i>NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you</i>
	Detailed review of relevant information	
	Medium level review	
	Cursory or narrow scope of review	

Key - Control RAG rating	
<b>LOW</b>	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
<b>MEDIUM</b>	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
<b>HIGH</b>	Controls in place assessed as adequate/effective and in proportion to the risk
<b>INSUFFICIENT</b>	Insufficient information at present to judge the adequacy/effectiveness of the controls

<b>Strategic Objective:</b>	9. To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
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<b>Executive Director Owner:</b>	Carruthers, Andrew	<b>Date of Review:</b>	May-19
<b>Lead Committee:</b>	Finance Committee	<b>Date of Next Review:</b>	Jun-19

<b>Risk ID:</b>	<b>730</b>	<b>Principal Risk Description:</b>	There is a risk the UHB not delivering the planned recurrent savings of £24m by end of March 2020. This is caused by a failure to realise the opportunities identified in the Turnaround programme. This could lead to an impact/affect on a failure to meet its financial statutory duty to breakeven, attain an approvable IMTP, loss of stakeholder confidence in the organisation's ability to deliver its objectives and increased scrutiny by WG.
<b>Does this risk link to any Directorate (operational) risks?</b>			yes



<b>Rationale for CURRENT Risk Score:</b>
At this point in time there is a possibility that the UHB will fail to deliver the full £24m savings in 2019/20. Currently as at the end of Mar19, the Health Board has identified £20.5m against that target for 2019/20.

<b>Rationale for TARGET Risk Score:</b>
As the Turnaround programme is an intervention aimed at supporting delivery of the overall financial plan, and as such has had the in year recovery actions required to achieve breakeven, the target score has been set to align with the risk to delivery of the overall financial plan.

<b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)
<p>Turnaround Programme Director in post.</p> <p>Fortnightly 'Holding to Account' (HTA) meetings including a monthly Chief Executive HTA session for the highest risk directorates.</p> <p>Each Directorate has signed up to a savings plan and recovery plan - costed and RAG rated.</p> <p>Identified Exec lead for red schemes and for key Turnaround Improvement Programmes.</p> <p>Specific aspect of Performance Review focus on finance and link to HTA session.</p> <p>Escalation process to HTA monthly meeting.</p> <p>Executive Team Turnaround Meetings.</p>

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Lack of sufficient capacity to support and facilitate the delivery of Turnaround programme.	Increase capacity of programme management office (PMO) and service improvement capability to support delivery of Turnaround Programme.	Ryan-Davies, Libby	30/06/2019	Capacity to support the Turnaround programme activity has been agreed by the Board in Mar19 however the recruitment process will mean that the additional capacity will be unlikely to be in place before Jun19.
Ability to control operational priorities that adversely affect delivery of savings plans, eg, winter pressures, vacancy position.	Work closely with the Director of Operations to ensure robust operational and contingency plans are in place that minimise additional cost, and align with turnaround savings actions.	Carruthers, Andrew	31/03/2020	Joint Chairs of Operational Effectiveness Group and Unscheduled Care Programme Board.
Lack of clarity in organisation about true priorities specially achieving balance quality performance, TCS and finance delivery.	Chief Executive setting out the organisations goals for 2019/20 to Executive Team.	Moore, Steve	31/05/2019	Executive Team away day set up to clarify goals and the contribution each portfolio needs to make to them.

<b>ASSURANCE MAP</b>
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<b>Control RAG</b>
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<b>Latest Papers</b>
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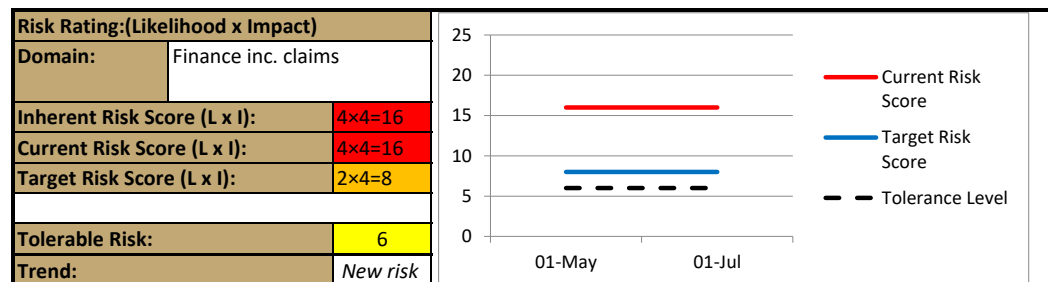
<b>Gaps in ASSURANCES</b>
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Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance	Rating (what the assurance is telling you about your controls)	(Committee & date)	Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
			Current Level							
Performance against agreed savings plan	Performance against plan monitored through HTA meeting with Services	1st			* Mth 12 Finance Report & Turnaround Report - Board Apr19  * Finance Report & Turnaround Report - Mar19 Finance Committee	None				
In-month financial monitoring	Executive Performance Reviews	2nd								
	Finance Committee oversight of current performance	2nd								
	Turnaround & Financial Report to Board & BPPAC	2nd								
	WG scrutiny through Targeted Intervention (TI)	3rd								
	WG scrutiny through Joint Executive Team (JET)	3rd								
	WAO Structured Assessment 2018	3rd								

<b>Strategic Objective:</b>	10. To deliver, as a minimum requirement, Outcome and Delivery Framework Targets and specifically eliminate the need for unnecessary travel and waiting times, as well as return the organisation to a sound financial footing over the lifetime of this Plan.
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<b>Executive Director Owner:</b>	Thomas, Huw	<b>Date of Review:</b>	Jul-19
<b>Lead Committee:</b>	Finance Committee	<b>Date of Next Review:</b>	Aug-19

<b>Risk ID:</b>	<b>735</b>	<b>Principal Risk Description:</b>	There is a risk the Health Board not achieving its agreed financial plan for the 2019/20 financial year. This is caused by the savings plans for the year not being delivered; or the operational cost pressures arising from the requirement to meet performance targets of quality measures. This could lead to an impact/affect on the Health Board's reputation with Welsh Government and other stakeholders.
<b>Does this risk link to any Directorate (operational) risks?</b>			



<b>Rationale for CURRENT Risk Score:</b>
The Health Board has not yet fully identified the savings requirement for the year in full. There are risks which are foreseeable through the operational unscheduled care pressures in particular, especially as we enter the latter part of the year; alongside other risks such as the closure of the Aseptic Unit and the management of commissioned solutions which could lead to reduced cost pressures.

<b>Rationale for TARGET Risk Score:</b>
The Health Board needs to demonstrate that it is able to manage its financial position effectively, cognisant of the risks which are inherent in the delivery of safe and timely care. Given the challenge in delivering the financial position this year, it is unlikely that the Health Board will achieve a risk which is in line with the tolerable risk for the year. Consequently, the target risk score exceeds the tolerable risk at this point. This is not an acceptable position, and further work is ongoing to manage this risk.

<b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)
Financial reports provided to directorates in a timely way, focused on trends; cost drivers; projected expenditure; risks and actions.
Turnaround Director Holding to Account meetings.
CEO Holding to Account meetings.
Executive Performance meetings.
Commissioning arrangements with key partners (Local Authorities; Care home sector; Other NHS providers; Primary Care; Third Sector).
Process of review of recovery plans process in place from Month 3 and approaching of system-wide issues.

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Finance support is not currently sufficient.	Complete outstanding appointments to key finance roles through OCP to support in understanding and developing actions.	Thomas, Huw	<del>30/06/2019</del> 30/09/2019	Assistant DoF and Senior Finance Business Partners appointed and in post (one ADOF vacancy from July 2019, to be filled). Finance Business Partners appointed, majority in post. Band 7, 6 & 5 appointments made/slotting complete. Slotting of Band 4 & 3 in progress, transitional arrangements in progress.
Responsiveness and accountabilities need to be reinforced.				
Process to become embedded and refined.				
Variable arrangements, to be harmonised to enable effective commissioning.	Directorates to sign accountability statements in relation to Budget 2019/20.	Thomas, Huw	<del>31/05/2019</del> 31/08/2019	Meetings embedded in monthly business processes. Residual queries being resolved and will be concluded by end of August 2019.



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	Review of contracting arrangements.	Thomas, Huw	30/06/2019	Paper regarding proposed approach to healthcare contract management discussed at Finance Committee November 2018. Team being established as part of Finance OCP - Bands 8c, 8a, 7 and 6 now in post. Regular Papers providing updates on progress timetabled into Finance Committee Agendas. Strategy presented at June and July 2019 Finance Committees by Interim Commissioning Manager to address identified gaps in assurance. Setting timeline next step.
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ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance
			Current Level
Identification and delivery of savings schemes.  Financial performance and projections reported on a monthly basis.  Breakeven recovery plans where deficits are projected.  Financial process	Finance dashboards	1st	
	Finance report to Finance Committee and Board (Medium)	2nd	
	CEO Holding to Account meetings (Medium)	2nd	
	Financial assurance report to Audit Committee (Medium)	2nd	
	Year-end reporting to Audit Committee	3rd	

Control RAG Rating (what the assurance is telling you about your controls)

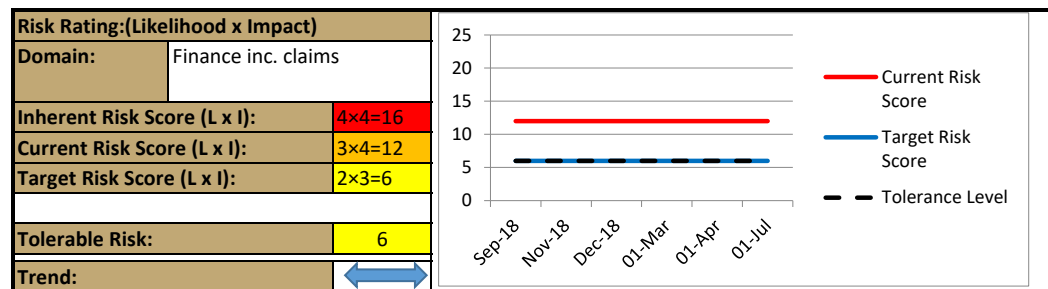
Latest Papers (Committee & date)
* Month 3 Finance Report 2019/20 reports - Finance Committee - July 2019

Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
None				

<b>Strategic Objective:</b>	10. To deliver, as a minimum requirement, Outcome and Delivery Framework Targets and specifically eliminate the need for unnecessary travel and waiting times, as well as return the organisation to a sound financial footing over the lifetime of this Plan.
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<b>Executive Director Owner:</b>	Thomas, Huw	<b>Date of Review:</b>	Jul-19
<b>Lead Committee:</b>	Finance Committee	<b>Date of Next Review:</b>	Aug-19

<b>Risk ID:</b>	<b>646</b>	<b>Principal Risk Description:</b>	There is a risk the Health Board not achieving breakeven over the medium term. This is caused by the inability to either: 1. Develop a sufficiently robust financial plan which shows an achievable improvement trajectory, or 2. Manage the necessary changes in such a way that the financial gains are realised and an improvement trajectory is achieved. This could lead to an impact/affect on a detrimental impact on the Health Board's reputation with Welsh Government and other stakeholders.
<b>Does this risk link to any Directorate (operational) risks?</b>			Corporate risk



<b>Rationale for CURRENT Risk Score:</b>
The Health Board has not developed a full long term financial base-case model, which can then be used to assess the impact of A Healthier Mid and West Wales and other medium term changes. The Health Board's underlying deficit also requires further work to fully explore and understand the opportunities for improvement which can be realised over the medium term.

<b>Rationale for TARGET Risk Score:</b>
Achieving financial balance on a three-year rolling basis is a statutory requirement for the Board, and a clear requirement from the Board and Welsh Government.

<b>Key CONTROLS Currently in Place:</b> (The existing controls and processes in place to manage the risk)
Understanding the underlying deficit. An initial assessment has been completed.
Very high level base-case long term financial model.
Assessing the full financial implications of A Healthier Mid and West Wales.

Gaps in CONTROLS				
Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed	By Who	By When	Progress
Calculation has not been subject to operational scrutiny.	Testing the underlying deficit assumptions with directorates.	Thomas, Huw	<del>30/11/2018</del> 31/05/2019 31/12/2019	Welsh Government and UHB commissioning external advisors to prepare report on deficit position. Specification agreed and work commenced July 2019. Expected to conclude October 2019.
Assessment not subject to planning scrutiny.				
High level assessment of resource				

	requirements for social model for health.	Refining assessment in conjunction with W&OD and Planning.	Thomas, Huw	30/11/2018	Initial calculations regarding the effect of the zero based review allocation and early high level affordability for option B of consultation shared via the TCS Design Team and with the Director of Finance. The Strategic Financial Planning Group (Strategy Finance Enabling Group) met in May and agreed a series of actions to inform the work of the forthcoming meetings of the 3 Strategy Programme Delivery Groups and <u>Enabling Group. Work underway.</u>
		Developing a high level assessment of the resource requirements of "A Heathier Mid and West Wales" Strategy. Understanding full financial implications of TCS, including the Community/Social Care model.	Thomas, Huw	<del>31/03/2019</del> 31/03/2020	Activity Based costing refined based on updated Activity and Capacity Assumptions and impact on the 2017/18 baseline financial data + Zero based Review funding (Completed)  Collated detail in draft Strategy to begin to build up a bottom up financial costing. Strategic Enabling Group working with Health and Care Strategy Programme Groups to both inform the groups regarding current detail and translate into financial and workforce end point model. Also to assist in this the Finance team have met with Capita and the Assistant Director of Informatics to discuss the revised modelling, the financial data it will contain and what outputs are required.

ASSURANCE MAP			
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance
		(1st, 2nd, 3rd)	Current Level

Control RAG Rating (what the assurance is telling you about your controls)
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Latest Papers (Committee & date)
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Gaps in ASSURANCES				
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
	Further action necessary to address the gaps			

<p>Operational agreement to underlying deficit assessment.</p> <p>Plan in place to develop a long term financial plan.</p> <p>High level financial assessment of A Healthier Mid and West Wales in place.</p>	Reporting to Finance Committee .	1st			N/A	<p>Process to be put in place over May to October with the assistance of KPMG.</p> <p>Approach to costing impact of A Healthier Mid and West Wales to be developed.</p>	<p>Communication with directorates and responses required from July for the duration of the engagement.</p> <p>Now Strategy is agreed we are moving on to a bottom up assessment of the Financial Planning options and implications of "A Healthier Mid and West Wales".</p> <p>TCS Finance Enabling "Plan for a Plan" - has been considered by the Strategic Financial Planning Group and Finance Committee.</p>	<p>Thomas, Huw</p> <p>Thomas, Huw</p>	<p><del>31/10/2018</del> 31/07/2019 31/12/2019</p> <p><del>31/03/2019</del> 31/03/2020</p>	<p>Welsh Government and UHB commissioning external advisors to prepare report on deficit position. Specification agreed and work commenced July 2019. Expected to conclude October 2019.</p> <p>Initiating the establishment of a multidisciplinary Strategic Enabling Group as agreed by the Board on 28/03/19 tied into the Strategy Governance to begin to flesh out service design options and trade-offs to inform and promote debate in co-design process.</p> <p>Intensive work initiated for 2019-20 to support design process, inform 10 year financial plan and feed into IMTP for 2020-2023.</p>

## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	22 August 2019
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Operational Risk Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Joe Teape, Deputy Chief Executive/ Director of Operations Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Huw Thomas, Director of Finance

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

### ADRODDIAD SCAA SBAR REPORT

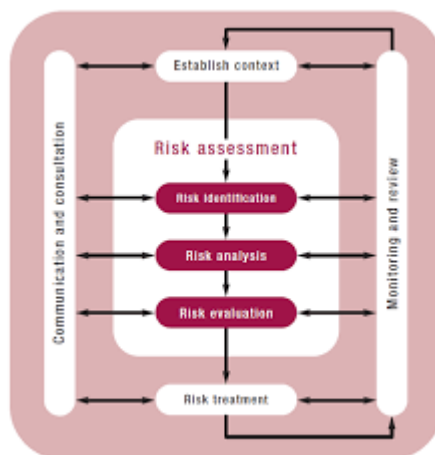
#### Sefyllfa / Situation

The Finance Committee is responsible for providing assurance to the Board that risks affecting finance are being identified, assessed and managed effectively.

The Committee is asked to seek assurance from lead officers/representatives of the Directorates that the operational risks in the attached reports are being managed effectively.

#### Cefndir / Background

Effective risk management requires a 'monitoring and review' structure to be in place, to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.



(Risk Management Process, ISO 31000)

Operational risks must be managed within Directorates under the ownership and leadership of individual Executive Directors, who must establish local arrangements for the review of their risk registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks. In addition to these local arrangements, formal monitoring and scrutiny processes are in place within Hywel Dda

University Health Board (HDdUHB) to provide assurance to the Board that risks are being managed effectively.

All risks identified within the Datix Risk Module must be aligned to a formal Board Committee, Sub-Committee or Group who will be responsible for monitoring and scrutinising risks which relate to their remit. Appendix 1 shows the different levels of risk registers within HDdUHB. Appendix 2 shows how risk is reported within HDdUHB.

The Committee, Sub Committee and Group structure is responsible for the monitoring and scrutiny of operational risks within their remit. They are responsible for:

- Scrutinising operational risks within their remit; either through receiving the risk registers or through Service Reports
- Gaining assurance that risks are being appropriately managed, effective controls are in place, and planned additional controls are being implemented
- Challenging pace of delivery of risk actions
- Identifying, through discussions, new and emerging risks and ensuring these are assessed by those with the relevant responsibility
- Providing assurance to its parent committee that risks are being managed effectively and report risks which have exceeded tolerance through its Sub-Committee/Group update report
- Using risk registers to inform meeting agendas.

It is therefore essential that the membership of these Committees and Sub-Committees includes the appropriate representation from Directorates and that they are in attendance to provide assurance and to respond to queries.

The discussion needs to be reflected in the Committee Update Report to the Board to provide assurance on the management of significant risks. This would include risks that are not being managed within tolerance levels (see [Risk Appetite Statement](#)), and any other risks, as appropriate.

### Asesiad / Assessment

The Finance Committee Terms of Reference state that it will:

- Seek assurance on the management of principle risks within the BAF and CRR allocated to the Committee (financial risks), and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk appetite is exceeded, lack of timely action.
- Considering and keeping under review the organisation's medium term financial strategy in relation to both revenue and capital risks.

The 10 risks presented in the attached risk register at Appendix 3 as at 8th August 2019 have been extracted from Datix based on the following criteria:

- Finance Committee has been selected by the risk lead as the 'Assuring Committee' on Datix
- The current risk score exceeds the tolerance level, as discussed and agreed by the Board on 27<sup>th</sup> September 2018.
- Risks have been approved at Directorate level on Datix
- Risks have not been escalated to the Corporate Risk Register.

The risks have been scored against the following 'impact' domains':

- Finance, including claims: 9 risks.
- Safety - Patient, Staff or Public: 1 risk.

Below is a **summary** of the 10 risks, ranked highest to lowest by current score, which meet the criteria for submission to the Finance Committee on 22<sup>nd</sup> August 2019.

TOTAL NUMBER OF RISKS	10
NEW RISK (134)	1
INCREASE IN CURRENT RISK SCORE ↑	0
NO CHANGE IN RISK SCORE ↔	9
REDUCTION IN RISK SCORE ↓	0
REMOVED RISKS: 6 risks no longer meet the criteria for submission: 4 risks have been 'Archived/Closed' (519, 527, 531 & 522) 1 risk has been reduced to Service level (528) 1 risk is now below tolerance (522)	6
EXTREME (RED) RISKS (based on 'Current risk score')	3
HIGH (AMBER) RISKS (based on 'Current risk score')	7

Risk Ref	Date Risk Identified	Title	Directorate	Current Risk Score	Rationale for the current risk score	Target Risk Score
525	18/06/18	Scheduled care financial pressure due to continuation of the BGH theatres compensatory rest policy.	Scheduled Care	16 ↔	Process is at an impasse with Staff Side relations. This issue should be resolved by July 2019	4
685	28/09/18	Limited availability of patients trolleys in the Emergency Department (ED) affecting WGH.	USC: WGH & Stroke & COTE	16 ↔	ED full and surged, most days. Spare hospital beds will be used if no trolleys available. More chairs have been ordered and have arrived in the department.	4
693	05/11/18	Withybush Hospital will exceed the financial budget.	USC: WGH & Stroke & COTE	16 ↔	Surged bed base due to poor patient flow. There is a delay in transfer of care back to the community and or primary care due to short falls in Local Authority domiciliary care and Re-ablement packages.  Over reliance of agency medical and nursing staff due to recruitment	2

					issues.	
238	30/05/17	Financial Plan: Risk to service delivery at BGH unable to deliver £1.5m savings plan.	USC: BGH & Gastrology & Neurology	12 ↔	Despite the control measures above, recruitment especially for nursing staff continues to be a high risk. Financial savings focus has been on increasing efficiencies and LOS reduction.  The clinical risk is mitigated by the use of high cost agency nurses to back fill vacancies, however of course, this impacts negatively on the financial position	8
132	19/01/17	Difficulty in delivering services within the budget allocated to PPH.	USC: PPH & Diabetes & Respiratory	12 ↔	External pressures such as increases in demand and levels of DTOC limit the ability of the directorate to deliver a balanced financial plan.	8
526	18/06/18	Scheduled Care financial impact of drugs for AMD treatment affecting Amman V & BGH, GGH, PPH & WGH.	Scheduled Care	12 ↔	Following the withdrawal of pilot funding for AMD, the cost of the high-cost drugs have continued to increase in line with patient numbers.	3
523	18/06/18	Scheduled Care General Surgery, Financial cost pressure due to Locum use to cover employee relations issues at GGH & WGH.	Scheduled Care	12 ↔	Financial risk remains fixed due to need to provide clinical teams.	3



134 NEW	08/01/15	HB wide, financial loss arising from inability to trace potentially contaminated surgical instruments.	Central Operations	10	There is no system currently available on the market to track supplementary instruments on an individual basis.	10
516	27/05/16	Health Board wide risk regarding VAT advice on historic Design for Life Schemes is incomplete.	Finance	8 ↔	No rationale added.	8
513	01/05/16	Lack of modernisation of the Finance Directorate resulting in limited financial support across the Health Board.	Finance	8 ↔	No rationale added.	2

The risk register at Appendix 3 details the responses to each risk, i.e. the risk action plan.

The risk register at Appendix 4 contains 100 risks which have identified a finance theme e.g. a risk with an impact on finance that is caused by allocated budgets, which are insufficient to deliver core services due to increased activity. These 'themes' have been included on Datix to improve the 'oversight' of risks by specialist areas and functions within HDdUHB, These are able to provide guidance to those responsible for managing risk and can also develop/improve organisational controls, i.e., policies, procedures, systems, processes, in order to reduce the risk to HDdUHB.

A monthly reminder is circulated to Management Leads requesting that the risk assessment and risks actions are reviewed and updated in line with the following timescales for review.

RISK SCORED	DEFINITION	MINIMUM REVIEW FREQUENCY
15-25	Extreme	This type of risk is considered extreme and should be reviewed and progress on actions updated, at least monthly.
8-12	High	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

### Argymhelliad / Recommendation

The Finance Committee is asked to:

- Review and scrutinise the risks included within this report to seek assurance that all relevant controls and mitigating actions are in place.
- Discuss whether the planned action will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact should the risk materialises.

This in turn will enable the Committee to provide the necessary assurance to the Board that these risks are being managed effectively.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Contained in report
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained in report
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Not Applicable

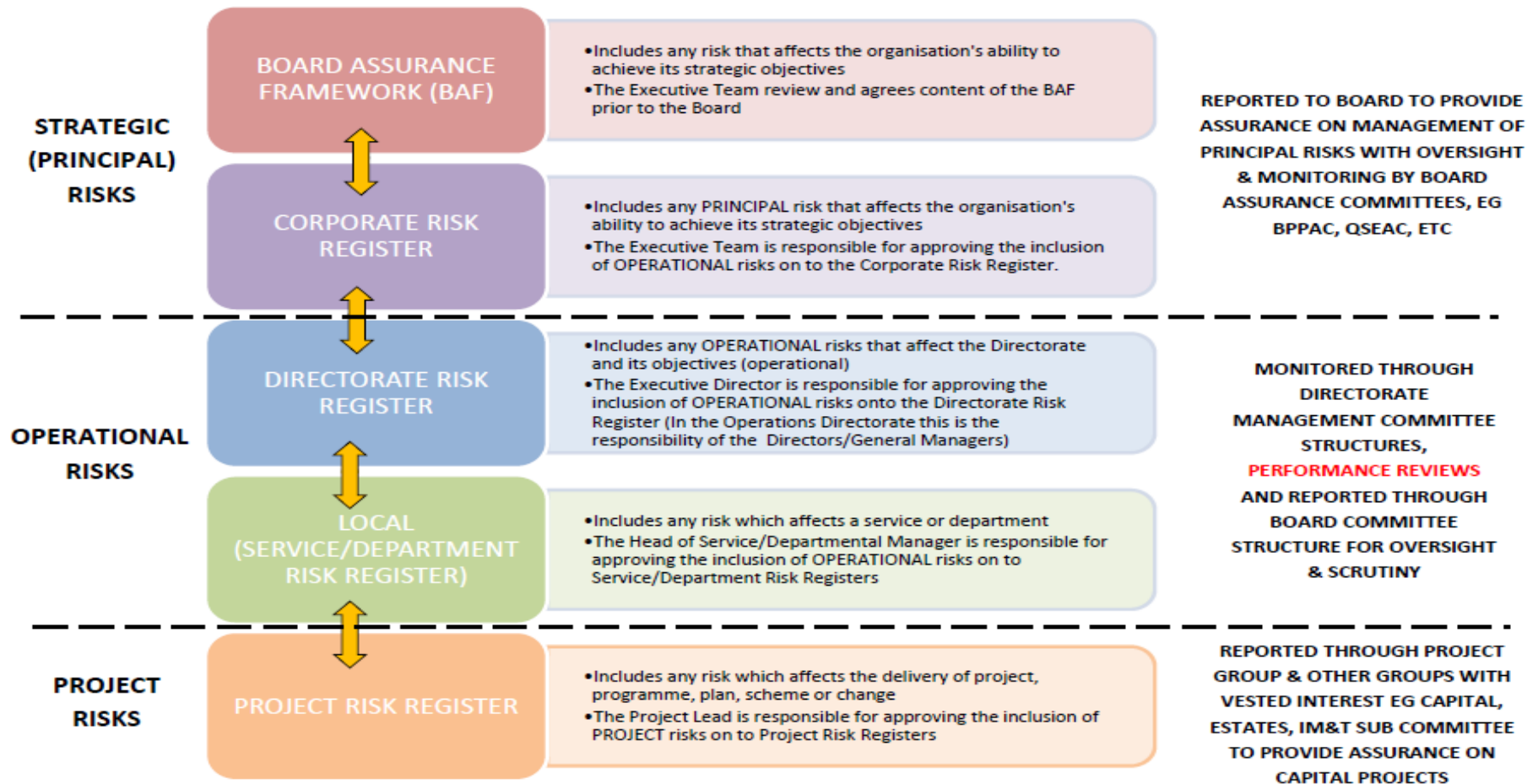
<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services reviewed by risk leads/owners
Rhestr Termau: Glossary of Terms:	Risk Appetite - <i>the amount of risk that an organisation is willing to pursue or retain</i> (ISO Guide 73, 2009) Risk Tolerance - <i>the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives</i> (ISO Guide 73, 2009)
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to Finance Committee:	Not Applicable, risk registers are submitted to Performance Reviews. However this is not a consultation process.

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Gweithlu:</b> <b>Workforce:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Risg:</b> <b>Risk:</b>	No direct impacts from report however organisations are expected to have effective risk management systems in place.

<b>Cyfreithiol: Legal:</b>	No direct impacts from report however proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
<b>Enw Da: Reputational:</b>	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.
<b>Gyfrinachedd: Privacy:</b>	No direct impacts from report however impacts of each risk are outlined in risk description.
<b>Cydraddoldeb: Equality:</b>	Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No



## Appendix 1: Risk Registers





Risk Ref	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Date Reviewed	
525	Standard 7.1 Workforce	Scheduled Care: Theatres	Hire, Stephanie	Knight, Diane	18/06/2018	<p>There is a risk of financial pressure for the department through both payments and the requirement for an increased nursing and Operating Department Practitioners (ODP) workforce to provide safe staffing levels.</p> <p>This is caused by the site specific policy for compensatory rest following on-call weekend shifts.</p> <p>This will lead to an impact/affect on the financial sustainability of the service. Safe staffing levels through pressure to recruit a larger workforce.</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Maintenance of current model of compensatory rest, which contradicts Agenda for Change agreements as identified by the Internal Audit review of theatres.</p> <p>New roster to commence 29/04/2019</p>	Finance inc. claims	6	4	4	16	<p>SBAR for removal of compensatory rest has been submitted for review by the Nursing Directorate.</p> <p>Implementation plan following the Executive decision to be drafted and agreed with the BGH Theatre team and TU reps..</p>	<p>Knight, Diane</p> <p>Nichols-Davies, Mandy</p>	<p>Completed</p> <p>Completed</p>	<p>Subsequent request for Executive Team paper.</p> <p>Discussed at Executive Team meeting 2/5/18; 25/7/18. To be considered again 15/8/18.</p> <p>No agreemtn with SCRUB team on changes OCP beginning on the 16/1/19 for 90 days to support changes to Terms of Conditions. Awaiting decision</p> <p>OCP has been concluded</p>	Finance Committee	1	4	4	11/06/2019
685	Standard 2.9 Medical Devices, Equipment and Diagnostic Systems	USC: WGH	Cole-Williams, Janice	Andrews, Bethan	28/09/2018	<p>There is a risk of poor patient care and experience due to lack of patient trolleys in Emergency Department(ED).</p> <p>This is caused by extra trollies required due to surge of patients in ED, more areas in ED now require trolleys. Some trolleys have broken and are unable to be repaired.</p> <p>This will lead to an impact/affect on increased delays in ambulance offloading. Needing to wait for trolleys to return to wards when transferring which again delays offload. Some patients sit on chairs for longer periods of times. At times of surge within the hospital there are insufficient beds to cope with the demand in ED as well as the demand from the surge areas.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Utilisation of beds within the ED department.</p> <p>Utilising chairs for patients whenever possible. This however leads to concerns from families and patients especially when they are sleeping in chairs for long periods especially overnight</p>	Safety - Patient, Staff or Public	6	4	4	16	<p>Awaiting trial of trolleys from 2 different companies that procurement have allowed. ED and Radiology must be satisfied with the quality of the trolleys.</p> <p>Submit a bid to capital for funding for the trolleys, to be submitted by 2019.</p> <p>Order to be placed for Trolleys to be funded through revenue.</p>	<p>Cole-Williams, Janice</p> <p>Cole-Williams, Janice</p> <p>Murray, Andrew</p>	<p>Completed</p> <p>Completed</p> <p>08/05/2019</p>	<p>Senior Nurse Manager has been in contact with the companies. Trial completed.</p> <p>Capital bid to be applied for now in 2019. Not suitable for capital bid. Funding for the equipment will need to be sourced else where.</p> <p>New Action. 13 trolleys have now been ordered however further trolleys required.</p>	Finance Committee	1	4	4	16/07/2019

Risk Ref	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Date Reviewed
693	USC: WGH	Cole-Williams, Janice	Andrews, Bethan	05/11/2018	<p>There is a risk of WGH exceeding the financial budget.</p> <p>This is caused by surged bed base due to poor patient flow. There is a delay in transfer of care back to the community and or primary care due to short falls in Local Authority domiciliary care and Re-ablement packages.</p> <p>Over reliance of agency medical and nursing staff due recruitment issues.</p> <p>This will lead to an impact/affect on overall poor financial postilion of the Health Board.</p> <p>Potential risk to service as WGH site strives to reduce its burden.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Health Board savings plan.</p> <p>Active recruitment drive to reduce variable pay spend.</p> <p>Monthly budget meeting with in-patient departments and management accounts officer.</p> <p>Allocated Business Partner to work alongside the Triumvirate team.</p> <p>WGH Management team will be holding weekly staff meetings.</p> <p>Twice weekly meetings with Community and LA to review all medical optimised patients within acute and community hospitals.</p>	Finance inc. claims	6	4	4	16	<p>Allocation of Business Partner to work alongside with the Triumvirate team.</p> <p>Active recruitment drive for Medical and nursing staff to aid in the reduction of agency spend.</p>	<p>Cole-Williams, Janice</p> <p>Cole-Williams, Janice</p>	<p>Completed</p> <p>30/04/2019</p>	<p>Meeting have already started.</p> <p>On going recruitment drive.</p>	Finance Committee	1	2	2	10/06/2019
238	USC: BGH	Davies, Hazel	Davies, Claire	30/05/2017	<p>There is a risk of The ability of the BGH site to meet its financial savings target remains a risk due to the impact of nurse recruitment and the need to incur the cost of agency premium.</p> <p>This is caused by Inability to easily recruit nurses due to rurality and relative isolation. Significant success however has been achieved in reducing variable pay cost for doctors and removal of all agency premium</p> <p>This will lead to an impact/affect on The nursing deficit (approx. 40%) impacts significantly on the site's financial delivery and ability to achieve turnaround. Other risks inherent describe all efforts to improve this position including a 1-5 year nursing workforce strategy.</p> <p>Risk location, Bronglais General Hospital.</p>	<p>The clinical strategy for Bronglais which recognises its place within Mid Wales is now well understood and sits within the wider Health Board TCS strategy. This is now supported by a developed 5 year Nursing Workforce strategy which will drive local nurse education and enable the growth of our own local workforce. The senior team are working closely with Swansea and Aberystwyth Universities to achieve this.</p> <p>Short term actions - driving down unit price for nurse agency</p> <p>Financial recovery plan which accounts for actions to improve HCSW and Band 4 role development (2 year plan)</p> <p>Incentivised bank - awaiting approval for second launch</p> <p>Bronglais Summit - held in November to ensure executive colleagues are sighted on the risks and supportive of all actions to improve</p>	Finance inc. claims	6	3	4	12	<p>Develop A clinical strategy for Bronglais General Hospital and agree key themes.</p> <p>Develop a Complimentary workforce strategy which takes account of other non traditional workforce options.</p>	<p>Davies, Hazel</p> <p>Davies, Hazel</p>	<p>Completed</p> <p>Completed</p>	<p>Clinical strategy for Bronglais General Hospital will be informed by the current improvement programme of transforming clinical strategy scheduled for public consultation Summer 2018. Regular bronglais specific strategy meetings are held with a final agreement due August 2018. Capita are due to complete a workforce strategy ready to present to the Health Board in November 2018.</p> <p>New ANP posts are currently being advertised to support our clinical model with an ANP in cardiology commenced in post. We have also recently appointed an ANP in COTE and frailty. We have also recently appointed three Physician Associates, with two starting in September 2018 and one due to start in December 2018.</p>	Finance Committee	4	2	8	08/05/2019



Risk Ref	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Date Reviewed
												Explore ALL options to reduce agency in nursing and medics - including roster improvement to increase utilisation of our own existing staff (links to nursing plan above).	Davies, Hazel	Completed	We have two high cost medics in post, one agency (capped rate) and one NHS (enhanced rate). Both of these will be displaced when the medics recruited are in post. We have successfully recruited doctors to fill the deanery vacancies on our junior medical rota and reduced the number of zero hours locum doctors. We have recruited four staff grade doctors who are due to be in post September 2018. Workforce panel approval is needed for any agency staff appointed and agency and locum cap rates have been introduced which limits the amount we can pay locum staff.					
												Agree a clinical model for colorectal cancer surgery at Bronglais General Hospital.  1 colorectal consultant starts January 2019 2nd consultant awaiting start date  CRC model intrinsically linked to the timeline for opening of new theatres at BGH (Scheduled care plan)	Davies, Hazel	Completed	Subject to start date of second CRC surgeon and opening of new theatres, the colorectal model will be able to go live at BGH. Still awaiting appointment of 2nd colorectal surgeon					
132	USC: PPH	Denning, Brett	Jones, Alex	19/01/2017	There is a risk of it is proving difficult to deliver services in PPH within the allocated budget due to increased patient activity.  This is caused by multiple risks to savings plans due to variation in demand and inter-dependencies with other services that are also under pressure.  This will lead to an impact/affect on ability to deliver service and health board overall over spend.  Risk location, Prince Philip Hospital.	Oracle.  Quick View.  Variable pay controls.  Finance reports.  Finance meetings with triumvirate.  Finance appointment of business partner complete.	Finance inc. claims	6	3	4	12	Undertake a PPH budget allocation review.  Delivery of savings plans for 2017/18.  PPH participating in the turnaround process.  Delivering 2018/19 financial plans which has been agreed at exective level.	Denning, Brett Denning, Brett Denning, Brett Denning, Brett	Completed Completed 31/12/2017 31/12/2019 Completed	Being undertaken with budget holders.  Complete.  A number of sub meeting groups are in place working on specific projects to reduce costs.  Review with the Triumvirant team on a timely basis to ensure plans are being monitored. Business partner has now been appointed.	Finance Committee	2	4	8	05/08/2019

Risk Ref	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Date Reviewed	
526		Scheduled Care: Ophthalmology	Hire, Stephanie	Buckingham, Carly	18/06/2018	<p>There is a risk of financial pressure to the service to continue to provide the current Age related Macular Degeneration(AMD)treatments of Lucentis and Eylea drugs.</p> <p>This is caused by the cost of on-going high cost drug treatment becoming a departmental cost pressure following the ending of pilot funding from Welsh Government in 2017.</p> <p>This will lead to an impact/affect on the ability of the service to provide assurance for financial prudence.</p> <p>Risk location, Amman Valley Hospital, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital, Wthybush General Hospital.</p>	<p>Review of medication usage.</p> <p>Review of Ophthalmology patient pathway.</p> <p>Flagging of cost pressure through budget setting.</p>	Finance inc. claims	6	4	3	12	<p>New drug (Avastin) has been identified as providing good outcomes for patients with AMD. The drug was primarily licensed for use on Diabetic retinopathy, but was found to be effective for AMD.</p> <p>It has been adopted by NHS England, but is subject to a judicial review regarding medical licensing.</p> <p>Decision on use is with Welsh NHS.</p>	Buckingham, Carly	31/01/2019 30/09/2019	<p>Health Board Clinicians are examining the potential use of the drug for effectiveness vs other treatments. If suitable for adoption may reduce drug costs up to £500K.</p> <p>Changes are still under operational / pharmacy review.</p> <p>Awaiting response to Judicial Review SBAR drafted in Sept 2018 Awaiting Welsh NHS decision on licensing.</p>	Finance Committee	1	3	3	12/04/2019
523		Scheduled Care: General Surgery	Hire, Stephanie	Lewis, Caroline	18/06/2018	<p>There is a risk of financial cost pressure.</p> <p>This is caused by the requirement to engage locum clinicians to provide cover for staff currently not in work as a result of employee relation issues.</p> <p>This will lead to an impact/affect on the ability to provide care within the departmental budget.</p> <p>The ability to provide continuity of care to patients.</p> <p>The moral and motivation of the clinical teams involved.</p> <p>Risk location, Glangwili General Hospital, Wthybush General Hospital.</p>	<p>Probity on the locum contracts being agreed to ensure continuity of service.</p> <p>Adherence to Health Board HR Policies in the management of cases.</p>	Finance inc. claims	6	4	3	12	<p>Develop management plans for continued locum payments to cover GGH consultant off work due to employment relation issues to be specified, including time line for likely conclusion of situation.</p> <p>Develop a management plan for continued locum payments to cover WGH consultant off work due to long term sickness, including time line for likely conclusion of situation.</p> <p>Develop management plans for continued locum payments to cover WGH middle grade covering a consultant off work due to employment relation issues to be specified, including time line for likely conclusion of situation.</p>	<p>Lewis, Caroline</p> <p>Lewis, Caroline</p> <p>Lewis, Caroline</p>	<p>Completed</p> <p>13/08/2018 30/06/2019</p> <p>Completed</p>	<p>In progress.</p> <p>HR strategy to bring a solution to issues in development in conjunction with Medical HR.</p> <p>In progress.</p>	Finance Committee	1	3	3	11/04/2019

Risk Ref	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Date Reviewed	
134	Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	Central Operations: HSDU	Rees, Gareth	Flear, Philip	08/01/2015	<p>There is a risk of needing to destroy large numbers of surgical instruments following suspected prion contamination arising during invasive procedures.</p> <p>This is caused by the inability to be able to mark individual instruments to enable them to be tracked and traced through the decontamination processes as there is no instinctually reliable system available on the market.</p> <p>This will lead to an impact/affect on an inability to trace instruments should a look back exercise be required e.g. possible patient infection. Unable to defend possible litigation claims. In the event of detected contamination all similar instruments will need to be destroyed with consequential financial impacts.</p> <p>Risk location, Health Board wide.</p>	<p>Supplementary instruments are colour coded to allow the surgical speciality to be identified;</p> <p>Where the same supplementary instrument is used for the same procedure, these have been added to the relevant instrument sets;</p> <p>Stock of supplementary instruments within theatres have been reduced and continue to be monitored with the aim of reducing further;</p> <p>Single use instruments are used where available;</p> <p>All Wales Group representing organisation;</p> <p>Lead Committee - Finance Committee.</p>	Finance inc. claims	6	2	5	10	<p>HSDU management to continue reviewing new technologies which could possible mitigate this risk.</p> <p>Discuss with other Health Boards in England to establish how others are approaching this challenge. Continue to review technology for an acceptable resolution.</p> <p>Head of HSDU attending All Wales Group to identify a Wales wide approach.</p>	<p>Flear, Philip</p> <p>Flear, Philip</p> <p>Flear, Philip</p>	<p>43/06/2018 31/01/2019</p> <p>Completed</p> <p>31/12/2019</p>	<p>Currently there is no systems being within current knowledge and invention to do so safely. Regular update of no progress since 2018.</p> <p>Discussed with other health boards and with Hospital Sterilisation and Decontamination Unit (HSDU) management from Derriford, who have etch marked their single instruments. However this is against manufacturer's warranty procedures.</p> <p>No suitable system in place to mitigate this risk as at August 2017. Update 13.08.18 - No further update. 23.10.18 Intend visiting to view a system to be updated in December of any progress. Update 27.12.18 Visit took place system on trial in enabling health board will review results in 3 months time.</p> <p>New action.</p>	Finance Committee	2	5	10	31/07/2019

Risk Ref	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Date Reviewed
516	Finance	Thomas, Huw	Hayes, Rebecca	27/05/2016	<p>There is a risk of the Health Board recovering an incorrect amount of VAT on advice given on historic and incomplete Design for Life Schemes.</p> <p>This is caused by difficulty in obtaining VAT advice from D4L nominated VAT advisor.</p> <p>This will lead to an impact/affect on the capital program with any incorrect or blocked VAT claims needing to be repaid. This may increase as final reviews are undertaken.</p> <p>Risk location, Health Board wide.</p>	<p>This contract is managed by NHS Shared Services on behalf of Welsh Government.</p> <p>Welsh Government are informed through Capital Review Meetings. It is likely any issues will be funded by Welsh Government as they arise from an all Wales VAT advice contract.</p>	Finance inc. claims	6	4	2	8	<p>Identify a provider for VAT advice.</p> <p>Work with Shared Services and Deloitte's to resolve the older D4L schemes.</p>	Eve, David (Inactive User)	Completed	<p>For new D4L schemes the VAT advisory work will be undertaken by the HB current VAT advisors. The issue for new D4L schemes is resolved.</p> <p>2 schemes are currently with HMRC for closure, another 3 schemes remain outstanding and 1 scheme is on-going. Work continues to resolve the older schemes. Deloitte are supporting the HB with current HMRC queries and correspondence. Discussions between HMRC Policy Team and Deloitte took place in December 2017, with internal HMRC discussions following in January 2018. HMRC visited the HB in July 2018 and reviewed all of the schemes in detail. As a result, Deloitte have prepared revised work in respect of final account assessment; this was submitted to HMRC in October 2018 for feedback. The follow up work on the Front of House scheme has now been passed over to KPMG who are working with the HB to respond to HMRC queries.</p>	Finance Committee	4	2	8	14/05/2019
513	Finance	Thomas, Huw	Hayes, Rebecca	01/05/2016	<p>There is a risk of lack of modernisation of the Finance Directorate.</p> <p>This is caused by withdrawal of the earlier Organisational Change Plan OCP.</p> <p>This will lead to an impact/affect on the level of financial support will be less than optimal.</p> <p>Risk location, Health Board wide.</p>	<p>The Director of Finance is in close liaison with the Senior Finance Team on budget performance, the underlying run-rate and Savings profiles.</p> <p>Temporary agency staff are filling some of the vacancies, until permanent recruitment is made, within the department and this will be retained until permanent solutions are concluded as part of the consultation.</p>	Finance inc. claims	6	4	2	8	Recruit finance staff for vacant positions.	Thomas, Huw	29/06/2018 31/03/2019 30/06/2019	<p>Director appointment in Dec18. OCP commenced its implementation in Jul18 and is on-going; Senior Finance Team appointed and in post by Nov18. OCP process being cascaded down the team. Bands 5, 4 and 3 are in process.</p>	Finance Committee	1	2	2	14/05/2019

Risk Ref	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Date Reviewed
750	USC: WGH	Cole-Williams, Janice	Andrews, Bethan	24/06/2019	<p>There is a risk of unavoidable delays in the treatment of patients in Emergency Department at WGH.</p> <p>This is caused by a lack of substantive middles grade and high reliance on agency locum cover. Poor fill rate form agency. Some substantive middle grades have now handed in their notices.</p> <p>This will lead to an impact/affect on patients could come to harm or poor outcomes. Further impacts include unable to run a full rota. Unable to meet Tier 1 targets. Increased ambulance off load delays. Increased mortality and morbidity, a decreased level of supervision of junior doctors. Further burden on WGH financial position.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Daily review of team strengths by rota co-ordinators and service manager unscheduled care. Issues identified escalated to GM and SDM.</p> <p>Recruitment program on-going to fill gaps and recruit into vacant posts.</p> <p>Medacs agency filling whenever possible with long term locums.</p> <p>Continuous monitoring of the team strengths to ensure consultant and senior support and supervision.</p> <p>Medical rota team continually manage and report on any short falls to the Triumvirate team.</p>	Safety - Patient, Staff or Public	8	5	4	20	All funded post out to advert. Working closely with recruitment. All funded posts are with Medacs Agency for permanent and interim appointments.	Andrews, Bethan	09/02/2019	Meeting at 2.7.19 with all WGH consultants to review situation. Senior management team will be attendance.	Operational Quality, Safety & Experience Sub Committee	2	3	6	02/07/2019
756	MD: Research & Development	Evans, John	Tattersall, Chris	28/06/2019	<p>There is a risk of Reduced research and research income to the Health Board.</p> <p>This is caused by A loss of key researchers and a lack of new researchers throughout different specialties and staff groups.</p> <p>This will lead to an impact/affect on Reduced research and research income to the Health Board would put existing research and research staff at risk, thereby also reducing the opportunities for the population to enter research studies.</p> <p>Risk location, Health Board wide.</p>	<p>The expansion of the innovation team within Hywel Dda by the appointment of a Researcher Development Manager with a remit to assist in the development of research studies (to increase CIs) and the grant application process (to gain portfolio status).</p> <p>The streamlining of the approvals process in line with HCRW to make obtaining research approval less onerous.</p> <p>Delivery teams actively involved with study set-up and coordination for local researchers (to increase PIs).</p>	Quality/Complaints/Audit	8	4	4	16	<p>Monitor at the monthly op and senior team meetings.</p> <p>R&amp;D manager (study set-up) to assist / advise the post of Researcher Development Manager as needed to ensure local CIs are encouraged and in-house research is approved in a rigorous but streamlined way.</p> <p>Implement the reorganising of R&amp;D staffing to allow delivery staff to assist in facilitating research for PIs.</p>	<p>Tattersall, Chris</p> <p>Tattersall, Chris</p> <p>Tattersall, Chris</p>	<p>31/07/2019</p> <p>30/08/2019</p> <p>31/12/2019</p>	<p>On the agenda as a standing item of the Operational Team.</p> <p>R&amp;D manager and Researcher Development Manager working closely to develop the Sponsorship Review Panel and advise on research permissions/governance.</p> <p>Revision of the staffing structure in R&amp;D currently being lead by R&amp;D Director and Senior team. Progressing to HB and HCRW approval.</p>	Research & Development Sub Committee	2	4	8	10/07/2019

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724	Standard 2.1 Managing Risk and Promoting Health and Safety	USC: PPH	Denning, Brett	Denning, Brett	09/04/2019	<p>There is a risk of patients being located within inappropriate areas resulting in a delay in patient assessment and treatment.</p> <p>This is caused by insufficient clinical space due to increased medical inpatient activity and admissions.</p> <p>This will lead to an impact/affect on patient outcomes and quality of care, poor patient experience with potential concerns and claims as a result. Staff having to work in crowded and challenging environment due to patient group and poor co-ordination of care.</p> <p>Risk location, Prince Philip Hospital.</p>	There is a Navigator and triage system currently in place.	Safety - Patient, Staff or Public	6	4	4	16	<p>To set up a monitoring system to review activity in the AMAU area.</p> <p>The PPH General Manager is meeting with the Estates design team to review the footprint of the AMAU area and the possibility of relocating the Ambulatory Care Bay.</p> <p>The General Manager, Hospital Director and the Clinical Lead for MIU to arrange visits to other hospitals to see how their ambulatory care works within MIU.</p>	Webber, Gill	08/01/2019	<p>The monitoring system is in place and it feeds the Directorate Governance Meeting.</p> <p>Completed action. This meeting happened within an action point in the monthly AMAU meeting and two possibilities were drawn up for re location.</p> <p>A date has been confirmed for September.</p>	Operational Quality, Safety & Experience Sub Committee	2	3	6	05/08/2019
107		USC: Cardiology	Perry, Sarah	Bowen, Caryl	21/04/2017	<p>There is a risk of significant patient harm due to IT errors and inefficiencies.</p> <p>This is caused by an ageing McKesson IT system (picture archiving and communication system (PACS)).</p> <p>Lack of financial resource to replace McKesson archive system.</p> <p>This will lead to an impact/affect on the efficiency of co-ordinating patient care and ability to monitor patients along the cardiac pathway.</p> <p>Ability to integrate with the All Wales cardiac informatics solution.</p> <p>Catastrophic failure of the McKesson archive carries immediate and significant impact on patient safety. Inability to store diagnostic images and reports, inability to report electronically.</p> <p>Ability to realise efficiencies through the use of technology.</p> <p>Risk location, Health Board wide.</p>	<p>Continued use of existing systems.</p> <p>Image archives: Capital bid has been developed and to go to Capital Meeting November 2017 (submitted). Capital bid approved STA signed awaiting confirmation of delivery date and installation</p>	Safety - Patient, Staff or Public	6	4	4	16	<p>Cardiac IT specialist post identified in cardiology strategy.</p> <p>Replace McKesson archive.</p>	Perry, Sarah	31/12/2017	<p>Cardiology Integrated Medium Term Plan (IMTP).</p> <p>Risk highlighted, IT submitted Capital bid 17/18. Cardio physiology to develop capital bid to support McKesson upgrade - @ £500K Dec 2017.</p>	Operational Quality, Safety & Experience Sub Committee	1	4	4	30/01/2019
685	Spaces, Equipment and Diagnostic Systems	USC: WGH	Cole-Williams, Janice	Andrews, Bethan	28/09/2018	<p>There is a risk of poor patient care and experience due to lack of patient trolleys in Emergency Department(ED).</p> <p>This is caused by extra trollies required due to surge of patients in ED, more areas in ED now require trolleys. Some trolleys have broken and are unable to be repaired.</p> <p>This will lead to an impact/affect on increased delays in ambulance offloading. Needing to wait</p>	<p>Utilisation of beds within the ED department.</p> <p>Utilising chairs for patients whenever possible. This however leads to concerns from families and patients especially when they are sleeping in chairs for long periods especially overnight</p>	Safety - Patient, Staff or Public	6	4	4	16	Awaiting trial of trolleys from 2 different companies that procurement have allowed. ED and Radiology must be satisfied with the quality of the trolleys.	Cole-Williams, Janice	Completed	Senior Nurse Manager has been in contact with the companies. Trial completed.	Finance Committee	1	4	4	16/07/2019



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	Standard 2.9 Medical Devices				for trolleys to return to wards when transferring which again delays offload. Some patients sit on chairs for longer periods of times. At times of surge within the hospital there are insufficient beds to cope with the demand in ED as well as the demand from the surge areas.  Risk location, Withybush General Hospital.							Submit a bid to capital for funding for the trolleys, to be submitted by 2019.	Cole-Williams, Janice	Completed	Capital bid to be applied for now in 2019. Not suitable for capital bid. Funding for the equipment will need to be sourced else where.						
												Order to be placed for Trolleys to be funded through revenue.	Murray, Andrew	08/05/2019	New Action. 13 trolleys have now been ordered however further trolleys required.						
525	Standard 7.1 Workforce	Scheduled Care: Theatres	Hire, Stephanie	Knight, Diane	18/06/2018	There is a risk of financial pressure for the department through both payments and the requirement for an increased nursing and Operating Department Practitioners (ODP) workforce to provide safe staffing levels.  This is caused by the site specific policy for compensatory rest following on-call weekend shifts.  This will lead to an impact/affect on the financial sustainability of the service. Safe staffing levels through pressure to recruit a larger workforce.  Risk location, Bronglais General Hospital.	Maintenance of current model of compensatory rest, which contradicts Agenda for Change agreements as identified by the Internal Audit review of theatres.  New roster to commence 29/04/2019	Finance inc. claims	6	4	4	16	SBAR for removal of compensatory rest has been submitted for review by the Nursing Directorate.	Knight, Diane	Completed	Subsequent request for Executive Team paper.	Finance Committee	1	4	4	11/06/2019
												Implementation plan following the Executive decision to be drafted and agreed with the BGH Theatre team and TU reps..	Nichols-Davies, Mandy	Completed	Discussed at Executive Team meeting 2/5/18; 25/7/18. To be considered again 15/8/18.  No agreemtn with SCRUB team on changes OCP beginning on the 16/1/19 for 90 days to support changes to Terms of Conditions. Awaiting decision  OCP has been concluded						
716	Standard 2.6 Medicines Management	P,C,LTC: Medicines Management	Pugh-Jones, Jenny	Rees, Stuart	01/01/2019	There is a risk of of considerable additional cost for the provision of aseptic products e.g. chemotherapy, due to the fragility of the Aseptic Services.  This is caused by lack of capacity to manufacture all products at current HB aseptic units, increasing the number of products that need to be out-sourced to other manufacturing units at increased cost.  This will lead to an impact/affect on increased pressure on the finances of the HDUHB. Service not meeting the savings required and overspend on budgets incurring increasing costs to the HB.  Risk location, Health Board wide.	Units in BGH and WGH supporting the provision of Chemotherapy to GGH and PPH patients reducing the number of items outsourced  Process in place to review out-sourced products to ensure best value between manufacture and out-sourcing.	Finance inc. claims	6	5	3	15	Project group to identify an appropriate site for new Aseptic Unit, from a short list of options.	Pugh-Jones, Jenny	31/05/2019	Project group developing a process for option appraisal of sites, ranked in order of preference according to set criteria. Awaiting final decision for site.	Medicines Management Group	2	3	6	30/07/2019
												Finalise layout of new unit, following decision on location.	Pugh-Jones, Jenny	31/07/2019	Detailed plans available but finalisation will depend on chosen site.						

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692	Standard 3.1 Safe and Clinically Effective Care	USC: WGH	Cole-Williams, Janice	Andrews, Bethan	03/09/2018	<p>There is a risk of complex medical conditions not being recognised and not treated in a timely manner in elderly, frail patients under the care of the orthopaedic speciality.</p> <p>This is caused by delay of identifying clinical deterioration of these patients. The medical and nursing teams not recognising the complexity of the medical conditions of frail, elderly patients.</p> <p>WGH only has 1 WTE orthogeriatrion to support the orthopaedic ward.</p> <p>This will lead to an impact/affect on potential result in significant harm to the patients including death.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Local orthopaedic Governance group set up to monitor implementation of agreed action plan.</p> <p>Action plan has been developed and agreed by Service alongside ASI team.</p> <p>Training programme developed for medical and nursing staff. Medical training has been incorporated into weekly medical training sessions. Workshops planned for April 19' for nursing staff. All R/N will have been updated in AKI/ILS.</p> <p>Bed base has been reconfigured resulting in reduction of beds to mitigate the impact of increased R/N vacancies.</p>	Safety - Patient, Staff or Public	6	3	5	15	<p>Training programme developed for medical and nursing staff. Medical training has been incorporated into weekly medical training sessions. Workshops planned for April 19' for nursing staff. All R/N will have been updated in AKI/ILS.</p> <p>Action plan has been developed and agreed by Service alongside ASI team.</p>	Hawkings, David	Completed	<p>Training programming developed and will be commence in April 2019. Will complete in June 2019. Mop up sessions now booked in Sept2019</p> <p>Action plan in draft, Local Governance Group meeting monthly to monitor risk</p>	Operational Quality, Safety & Experience Sub Committee	2	3	6	17/07/2019



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550		E&F: Property Performance	Elliott, Rob	Williams, Paul -	22/12/2017	<p>There is a risk of the Health Board failing to meet carbon reduction targets as outlined by Welsh Government in line with international aspirations.</p> <p>This is caused by the challenges facing the organisation e.g. the poor condition of the estate, a lack of required resources and not undertaking sufficient opportunities to embed decarbonisation into decision making processes.</p> <p>This will lead to an impact/affect on legal compliance with the Environment Act and Wellbeing of Future Generations Act, financial pressures as being reactive, at a later date, will be more disruptive and costly, poor operational performance and non achievement of cost improvement plans (CIPs) as well as reputational damage because, as a public sector body, the UHB should be leading the way in proactive and progressive behaviour.</p> <p>Risk location, Health Board wide.</p>	Development of an Estate Strategy to support the Transforming Clinical Services (TCS) agenda. The TCS will inform the Estate Strategy and the decarbonisation recommendations within it.	Statutory duty/inspections	8	4	3	12	<p>Commission Carbon Trust to develop a long term decarbonisation plan to focus on energy supply and building fabric and operations in TCS outcomes.</p> <p>Delivery of energy efficiency schemes namely steam traps surveys and replacements and insulation lagging at GGH.</p> <p>Identify how best to approach the Welsh Government and Environmental Act target to reduce carbon emissions. Present SBAR Strategy to CEIM&amp;TSC to facilitate discussion on wider Health Board implications linked to Procurement, Transport, IM&amp;T, Environment and service delivery. This also links to work being undertaken for Wellbeing of Future Generations Act and TCS.</p>	Williams, Paul -	20/12/2019	<p>A meeting was held with the Carbon Trust (on behalf of WG) to outline the current position and action required to meet the 2030 target. AM also identifying baseline and levels of reduction expected for HDUHB.</p> <p>Action transferred to risk 549.</p> <p>Need to commence a carbon management group under the direction of the CEIM&amp;T or an equivalent group e.g. exec team. To be lead by the new SEO following commencement. Change delivery date to 01.10.19</p>	Capital, Estates and IM&T Sub Committee	3	3	9	07/03/2019
559		3 Counties: Carmarthenshire	Dawson, Rhian	Rees, Craig	23/10/2014	<p>There is a risk of community services and managed practices estate is not fit for purpose and a lack of community equipment required to deliver a safe and high quality patient 'care closer to home' service.</p> <p>This is caused by a lack of investment in primary and community facilities and infrastructure (IT and equipment) over a number of years which has been exacerbated by inadequate programmes of routine maintenance.</p> <p>This will lead to an impact/affect on the ability to deliver services closer to home which will put increased pressure on acute services. This will lead to increases in costs when renting accommodation or hiring equipment to provide safe services, e.g. leg ulcer clinics and community equipment.</p> <p>Risk location, Amman Valley Hospital, Cross Hands Health Centre, Meddygfa Minafon - (Kidwelly, Trimsaran &amp; Ferryside), Meddygfa Teifi, Llandysul, Meddygfaâ€™r Sarn, Pontyates, Pond Street Clinic, The Surgery, Carmarthen.</p>	<p>Limiting clinical activity within the current accommodation.</p> <p>Annual Health and Safety workplace assessments.</p> <p>Reporting on specific issues to estates as and when required.</p> <p>Business continuity plans.</p> <p>Discuss in Local Health and Safety meetings within local partnership forums.</p> <p>Priorities within A Regional Collaboration for Health (ARCH), Mid and West Wales Collaborative and Public Services Board (PSB) in each county.</p> <p>Bespoke premises meeting set up every 2 months with Heads of Service and Estates, Fire Security and Health &amp; Safety.</p> <p>The risk is updated in the Carmarthenshire Heads of Service meeting and submitted to County Management team meeting for approval.</p>	Quality/Complaints/Audit	8	3	4	12	<p>Review and rationalise the Health Board estate. Identify future developments with Capital Planning Process.</p> <p>Seek investment and utilisation of technological developments in the delivery of community services.</p> <p>Develop opportunities with Social Care partner organisations.</p>	Rees, Craig	12/03/2017 30/04/2020	<p>Reviews continue on individual county and site basis. Capital schemes being progressed at different stages to reflect differing priorities and funding streams. Pond street relocating to Penlan in 2020.</p> <p>Welsh Government Funding secured awaiting allocation through the capital program. Amman Valley Hospital received 2 refurbishments, 1st floor and ward area. New bid submitted in April for clinical drug area.</p> <p>These are being developed but come with a cost. Reduced cost of occupancy in Eastgate. New options being considered, relocation to Llwynhendy site or Ashgrove managed practice.</p>	Operational Quality, Safety & Experience Sub Committee	2	4	8	21/05/2019

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												Link with proposed acute services and partners to consider flexible ways of providing services.	Rees, Craig	04/09/2017 31/03/2020	Opportunities for Community Clinics, e.g. leg ulcer, continence. Options continuing to be explored, joint venture with Ceredigion to support staff and patients in Teifi GP practice. Further scoping exercise being undertaken results due in June 2019.					
549	E&F: Property Performance	Elliott, Rob	Williams, Paul -	22/12/2017	<p>There is a risk of escalating utility consumption and associated costs resulting in financial and reputational risks.</p> <p>This is caused by an increase in cost of fossil fuels, the complexity of energy markets, failure of buildings and infrastructure, no investment in onsite generation and renewables. Main efficiency barriers are funding, awaiting long term service plans and not enough resource or time to deliver sustained improvement.</p> <p>This will lead to an impact/affect on higher levels of expected spend and high levels of unnecessary spend. Failure to contribute to statutory obligations e.g. the Environment Act and Wellbeing of Future Generations, etc.</p> <p>Risk location, Health Board wide.</p>	<p>Verification of invoices including monthly and quarterly readings referencing the energy monitoring system (Medic). There are discussions with Operational staff and comparisons against previous years' consumption.</p> <p>Work with specialists from the Carbon Trust and Green Growth Wales to undertake reviews and feasibilities to identify opportunities to reduce consumption and cost e.g. a solar farm at Hywel Dda, rooftop photovoltaic (PV) system and decarbonising GGH.</p> <p>Low cost spend to save actions within the annual capital allowance e.g. steam trap efficiencies and pipework insulation projects.</p> <p>Phase II energy and carbon saving project has been approved in principle by Welsh Government but no funding is available to progress via central capital.</p> <p>Welsh Government spend to save projects focussing on PV systems on roofs, LED lighting and controls.</p> <p>Building Energy Management systems are in place to monitor and control building environments.</p> <p>Energy Awareness Campaign.</p> <p>Control of energy costs via an All Wales contract and managed via the energy price risk management group.</p>	Finance inc. claims	6	3	4	12	<p>Determine suitability of additional resource options, external support, consultancy or additional resource within the Environmental and wider Facilities function.</p> <p>Delivery of energy efficiency schemes namely steam traps surveys and replacements and insulation lagging at GGH.</p> <p>Review &amp; agree responsibilities within site based maintenance teams to focus on a sustained approach to energy best practice. Identify issues and where possible take action to minimise energy use as part of current roles. Delivery through best practice implementation of site based systems e.g. Building Energy Management, assigning priority to energy related Planned Preventative Maintenance systems</p> <p>Consult with the Turnaround Teams, in the development of a energy awareness campaign and the Communication team to identify and communicate key messages across the Health Board.</p>	Williams, Paul - Corcoran, Rhian Williams, Paul - Corcoran, Rhian	31/09/2019 Completed 28/09/2018 30/09/2019 Completed	<p>Appointment of SEO in place. Admin officer has been appointed due to start Sept 19. Continue to work with the Energy Service team, ASDM (Aqua Fund)and Inspire. Finance Business Partner appointed and meetings on going to better support team. On target to reach conclusions for target date.</p> <p>All orders placed and additional improvement schemes identified and incorporated. Mini tender undertaken. Work underway with completion by End of Mar 19</p> <p>Monthly performance with Director of Estates have been on going to review and monitor consumption. Some embedding of process has occurred but further work needed for this to be fully established on all sites. Procedure on roles and responsibilities need to be formally adopted. Actions on going.</p> <p>Resource restrictions meant that this campaign could not be prioritised. Will consider for next financial year. Action to be closed, and new action will be raised when capacity available</p>	Capital, Estates and IM&T Sub Committee	2	4	8	24/07/2019

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180	Standard 3.1 Safe and Clinically Effective Care	Scheduled Care: Ophthalmology	Hire, Stephanie	Buckingham, Carly	05/11/2015	<p>There is a risk of avoidable harm to patients' sight due to Glaucoma and Age related Macular Degeneration (AMD) as a result of patients not receiving timely care.</p> <p>This is caused by capacity not meeting demand currently. The 14-day pathway for AMD appointments currently experiences delays which impacts on patients being seen and treated appropriately.</p> <p>This will lead to an impact/affect on the potential sight of patients and longer term impacts on future lifestyle.</p> <p>Inability to meet Referral to Treatment (RTT) targets.</p> <p>Risk location, Amman Valley Hospital, Bronglais General Hospital, Crymych Health Care Centre, Crymych, Glangwili General Hospital, Prince Philip Hospital, Withybush General Hospital.</p>	<p>A 12-step action programme led by the Health Board Executive Eye Board to improve patient access to follow ups for Macular Degeneration and AMD.</p> <p>Transfer of patients to community optometrists.</p> <p>Capacity and demand training.</p> <p>Clinical validation with established Consultant through waiting list sessions to validate clinical notes and take a decision on the need for treatment.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Management of follow-up waiting list.</p> <p>Admin validation approved.</p> <p>Clinicians have identified patients on follow up lists who many be at risk.</p> <p>Report to QSEAC + BPPAC in Febraury 2018 to outline updated actions and risks around services</p> <p>Agreement to be sought for Community Optometrists to review high risk Glaucoma patients in order to assess follow-up requirements.</p> <p>Wet AMD pathway to be reviewed to ensure that appropriate safeguards are in place to bring patients in for appropriate review</p> <p>Wet AMD SBAR update to be submitted to Joe Teape.</p> <p>Joint community / HES workforce planning to be undertaken to understand service development and capacity for managing patients in the community.</p>	Wragg, Gordon Wragg, Gordon Wragg, Gordon Mills, Caroline Wragg, Gordon Wragg, Gordon Wragg, Gordon	Completed Completed Completed Completed Completed 31/03/2019 Completed Completed	<p>Reporting - ensuring that any patient identified as being harmed by a delayed follow up is reported and lessons learned as part of the process of work.</p> <p>Demand and capacity plans completed.</p> <p>12 step action programme monitored by the Eye Care Group.</p> <p>Admin validation has begun.</p> <p>Engaged clinical leads in the prioritisation if their patients and the identification of those most at risk of harm.</p> <p>Papers submitted COMPLETED</p> <p>Plan in place for the clinical review of 1200 patients by Community Teams. Start date to be confirmed</p> <p>In progress by Clinical Lead. All pathways and staffing are under review (financial, safety, mangerial, clinical) as part of the Eye Care Plan development.</p> <p>Paper in draft</p> <p>Meeting booked for 26/9/18</p>	Operational Quality, Safety & Experience Sub Committee	2	4	8	11/04/2019

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381	P,C,LTC: Long Term Care	Paterson, Jill	Broad, Vicki	12/02/2018	<p>There is a risk of domiciliary care providers ceasing to operate within the Hywel Dda University Health Board region.</p> <p>This is caused by workforce and financial complexities of operating domiciliary care agencies at a viable and profitable level.</p> <p>This will lead to an impact/affect on Delayed Transfers of Care numbers within the Health Board and an increased risk of increased emergency admissions to hospital or Care homes if there is insufficient capacity to provide care locally to patients already in receipt of Continuing NHS Funding within their own homes. This will also lead to additional pressure to find capacity within the NHS to absorb patients if care provision ceases to be available.</p> <p>Risk location, Carmarthenshire, Health Board wide, Pembrokeshire.</p>	<p>In house domiciliary teams established.</p> <p>Working group established.</p> <p>Process of meeting with providers in place. Process to escalate issues raised by providers in place.</p> <p>Contingency plans in the event of provider exiting the market are in place for all patients who are in receipt of care at home through CHC funding. Process establish to review the contingency plans annually.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Strengthen in-house provision.</p> <p>Review and benchmark agencies, capacity and tariffs across the Health Board footprint.</p> <p>Review capacity and activity within in-house CHC delivery Teams.</p> <p>Ensure that packages of care for CHC that are agreed for delivery at home are sustainable into the future.</p>	<p>Paterson, Jill</p> <p>Bingham, Heledd</p> <p>Broad, Vicki</p> <p>Broad, Vicki</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>This work is being delivered and led by County Teams. Additional Posts have been agreed through the Turnaround Process, staff were to be in place in Carmarthenshire and Pembrokeshire by April 2018, however delays in recruitment processes etc delayed this commencement date. Carmarthenshire staff are largely in place. Pembrokeshire and Ceredigion progressing with appointments. Slippage on dates in Ceredigion has led to a revised timescale of September 2018 of staff in post. To be reviewed against revised timescales.</p> <p>Work to be undertaken during the 2018/19 financial year.</p> <p>Work will be progressed during 2018/19, in line with the timescales of joint working group arrangements and integrated partnership work.</p> <p>This will be reviewed through the Expert Officer project and will ensure that the principles of the All Wales Sustainable Care Planning is followed to ensure that packages of care prescribed are affordable and proportionate to need and sustainable in terms of continuity of service in the event of reducing in the number of available care agencies locally. Additional work has been undertaken following on from the financial issues with Allied Healthcare. As part of the Hywel Dda Contingency plan, a revised Risk Assessment and contingency agreement has been implemented. Currently being rolled out</p>	Operational Quality, Safety & Experience Sub Committee	2	4	8	29/07/2019

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												Update of current position and recommendations.	Broad, Vicki	Completed	SBAR Paper drafted by Head of Long Term Care for the Executive Team for discussion. This has been completed. Awaiting Exec approval.					
												Continue to partake in the All Wales NHS Conference Call and provide updates and information in line with the requirements of the group.	Broad, Vicki	Completed	Head of Long Term Care is leading on the Allied position on behalf of the Health Board. Head of Long Term Care is part of the All Wales Conference Call meetings.					
												Contingency plans for Children's packages and Adult packages currently being provided by Allied.	Broad, Vicki	Completed	Contingency planning is well advanced. Local Authorities have advised of their intention to TUPE Allied staff over to their in house teams. Plans are in place for the Local Authority in Carmarthenshire and Pembrokeshire to take over the joint packages of care (Adult's). This will take place from the 12th December 2018. Work is on-going on ensuring that there is sufficient capacity within in-house teams and other providers to take over the fully funded packages of care. Discussions are on-going between Children's services and other agencies with the view taking over the packages of care					
												Develop plans for the eventuality that alternative packages of care will not be able to be sourced.	Broad, Vicki	Completed	Carmarthenshire In house team will be taking on 2 packages from Allied. Currently unable to source care for 1 large package due to no capacity within in house teams and other providers. Patient is currently in respite care and this placement will continue to be funded until alternative arrangements can be made. Pembrokeshire County Team is currently reviewing options and trying to source packages. There is no identified capacity to take on packages in Pembrokeshire. In the short term the Care at Home Team and ART will provide an element of care, with families providing support in the interim.					



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												SBAR to Exec	Broad, Vicki	31/07/2019 30/09/2019	Paper has been circulated to counties for comments. Comments have been incorporated. Final draft awaiting Exec team discussion.					
												Decision on Domiciliary Care fees 2019/20	Bingham, Heledd	31/07/2019 30/09/2019	Awaiting All Wales decision from CEOs / DoFs on the FNC uplift for 2019/20. likely cost pressure has been calculated. Paper to be taken to Exec Team in September 2019.					
												Full roll out of SharePoint and the Long Term Care pathway across Withybush General Hospital.	Broad, Vicki	Completed	Pathway has been extended to Withybush. Specialist Nurse in place. Currently working through the implementation phase.					
238	USC: BGH	Davies, Hazel	Davies, Claire	30/05/2017	<p>There is a risk of The ability of the BGH site to meet its financial savings target remains a risk due to the impact of nurse recruitment and the need to incur the cost of agency premium.</p> <p>This is caused by Inability to easily recruit nurses due to rurality and relative isolation. Significant success however has been achieved in reducing variable pay cost for doctors and removal of all agency premium</p> <p>This will lead to an impact/affect on The nursing deficit (approx. 40%) impacts significantly on the site's financial delivery and ability to achieve turnaround. Other risks inherent describe all efforts to improve this position including a 1-5 year nursing workforce strategy.</p> <p>Risk location, Bronglais General Hospital.</p>	<p>The clinical strategy for Bronglais which recognises its place within Mid Wales is now well understood and sits within the wider Health Board TCS strategy. This is now supported by a developed 5 year Nursing Workforce strategy which will drive local nurse education and enable the growth of our own local workforce. The senior team are working closely with Swansea and Aberystwyth Universities to achieve this.</p> <p>Short term actions - driving down unit price for nurse agency Financial recovery plan which accounts for actions to improve HCSW and Band 4 role development (2 year plan) Incentivised bank - awaiting approval for second launch Bronglais Summit - held in November to ensure executive colleagues are sighted on the risks and supportive of all actions to improve</p>	Finance inc. claims	6	3	4	12	<p>Develop A clinical strategy for Bronglais General Hospital and agree key themes.</p> <p>Develop a Complimentary workforce strategy which takes account of other non traditional workforce options.</p>	Davies, Hazel	Completed	<p>Clinical strategy for Bronglais General Hospital will be informed by the current improvement programme of transforming clinical strategy scheduled for public consultation Summer 2018. Regular bronglais specific strategy meetings are held with a final agreement due August 2018. Capita are due to complete a workforce strategy ready to present to the Health Board in November 2018.</p> <p>New ANP posts are currently being advertised to support our clinical model with an ANP in cardiology commenced in post. We have also recently appointed an ANP in COTE and frailty. We have also recently appointed three Physician Associates, with two starting in September 2018 and one due to start in December 2018.</p>	Finance Committee	4	2	8	08/05/2019

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												Explore ALL options to reduce agency in nursing and medics - including roster improvement to increase utilisation of our own existing staff (links to nursing plan above).	Davies, Hazel	Completed	We have two high cost medics in post, one agency (capped rate) and one NHS (enhanced rate). Both of these will be displaced when the medics recruited are in post. We have successfully recruited doctors to fill the deanery vacancies on our junior medical rota and reduced the number of zero hours locum doctors. We have recruited four staff grade doctors who are due to be in post September 2018. Workforce panel approval is needed for any agency staff appointed and agency and locum cap rates have been introduced which limits the amount we can pay locum staff.						
												Agree a clinical model for colorectal cancer surgery at Bronglais General Hospital.  1 colorectal consultant starts January 2019 2nd consultant awaiting start date  CRC model intrinsically linked to the timeline for opening of new theatres at BGH (Scheduled care plan)	Davies, Hazel	Completed	Subject to start date of second CRC surgeon and opening of new theatres, the colorectal model will be able to go live at BGH. Still awaiting appointment of 2nd colorectal surgeon						
695	d 2.1 Managing Risk and Promoting Health and Safety	P,C,LTC: Long Term Care	Paterson, Jill	Broad, Vicki	05/02/2019	<p>There is a risk of the unmanaged closure and de-registration of Nursing and Nursing EMI care home beds within the Hywel Dda Footprint.</p> <p>This is caused by financial, operational and service issues within a number of care homes across the Hywel Dda University health Board.</p> <p>This will lead to an impact/affect on a lack of on-going nursing home bed provision locally, risk of admission of residents to hospital, increased risk of DTOC (both from LA and Health)and on going capacity issues within the sector.</p> <p>Risk location, Carmarthenshire, Ceredigion, Health Board wide, Pembrokeshire.</p>	<p>Joint Escalating Concerns and Joint Processes for reviewing management information from care homes in place across the Health Board footprint.</p> <p>The Long term Care team monitors the care and support delivered to residents placed in health commissioned beds. Process established regarding the escalating of concerns around provider performance. Currently across the Hywel Dda footprint there are a number of homes subject to the Escalating Concerns process.</p> <p>Provider meetings are in place. Provider meetings enables an insight into issues that providers have and allow for an early discussion around any financial or service issue and on-going plans regarding the registration of beds.</p>	Safety - Patient, Staff or Public	6	3	4	12	Head of Long Term Care to continue to attend HOSG and JIMP meetings and to escalate to the Executive team updates on the outcome of meetings and likelihood of homes to continue under escalating concerns/ cease to trade.	Broad, Vicki	Completed	HoLTC attends the meetings and has carried out a number of unannounced visits where care homes are subject to an Embargo. HoLTC is leading on this matter on behalf of the Health Board.	Business Planning and Performance Assurance Committee	2	4	8	29/07/2019

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	Standards											Contingency plans to be developed in the event of home closures	Broad, Vicki	Completed	This is being progressed through the formal escalating concerns process. Provider and all interested parties are involved in this work.	Busi				
												Increased monitoring of homes subject to the Escalating Concerns process is required by the Long Term Care Team.	Broad, Vicki	Completed	Increased monitoring has taken place at all homes subject to the formal Escalating Concerns process. Head of Long Term Care has carried out a number of unannounced visits and been central to the identification of issues and required improvements in identified homes. The Long Term Care specialist nurses have increased the monitoring at homes subject to the escalating Concerns process. Improvement plans are in place and are monitored.					
												Development of a long term market strategy	Broad, Vicki	29/03/2019	Initial meetings have been held with providers. Discussions have commenced on the need to shape the market into the future to ensure the development of a sustainable, effective and safe service which will meet the on-going needs of the population Area plans are being developed in line with Welsh Government requirement as part of the Social Care and Well Being Act. This is being led by the Mid and West Wales Partnership Board.					
												Cross organisational sign off of the Joint Pre Placement Agreement and Schedules	Broad, Vicki	31/03/2020	Meetings and working groups have been established. Meeting held in June 2019 to review final drafts of the schedules to the PPA. Awaiting final comments and amendments to the Pre Placement Agreement. Consultation with the sector to commence during the Autumn 2019. Contract in place will enable increased contract monitoring arrangements to commence.					



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												Development of a Regional Fee Model.	Broad, Vicki	31/03/2020	Regional Partnership are leading on this project. Work is on-going. Local Authorities working through their individual fee model process and arrangements. Gantt chart in place. Completion date March 2020.						
												2019/20 fee agreement	Bingham, Heledd	31/07/2019 30/09/2019	Paper being drafted for Exec approval. Awaiting confirmation of FNC rate. Anticipated paper will be taken to September exec meeting.						
689	Standard 3.5 Record Keeping	MD: Revalidation & Appraisal	Evans, John	Williams, Helen	28/01/2019	<p>There is a risk of compromised patient safety.</p> <p>This is caused by improper completion or organisation of medical records and non-conformity to agreed best practices and standards.</p> <p>This will lead to an impact/affect on unnecessary delay, frustration, clinical misadventure and litigation.</p> <p>Risk location, Health Board wide.</p>	<p>Regular audits are being undertaken to monitor standards of record keeping.</p> <p>Concerns highlighted relating to individual and or Team record keeping performance are addressed through signposting to relevant courses based on required record keeping standards.</p> <p>Concerns highlighted relating to individual and or Team record keeping performance are reflected upon at appraisal and evidence of remediation included as part of the appraisal information.</p> <p>Doctors are being reminded of the importance of good record keeping on a regular basis by the Medical Director through email and letter communication.</p>	Quality/Complaints/Audit	8	3	4	12	<p>Medical Director to increase communications regarding the importance of good record keeping and send regular bimonthly updates with details of relevant courses.</p> <p>Medical Appraisers to reinforce the importance of good record keeping during appraisal and signpost to relevant courses where applicable.</p> <p>Health Board e-learning module relating to good record keeping is in the process of being developed and will be complete by the end of April 2019.</p>	Evans, John	Completed	Letter was sent out on 10th July 2018. Further correspondence to follow and important of good record keeping to be added to MD newsletter.	Quality, Safety and Experience Assurance Committee	2	4	8	28/01/2019
388	Central Operations: Clinical Engineering	Rees, Gareth	Hopkins, Mr Chris	23/09/2017	<p>There is a risk of avoidable harm to patients and staff arising when medical equipment is used on patients not in accordance with its design and manufacture.</p> <p>This is caused by inadequate staff training and general awareness of the safety and legal issues.</p> <p>This will lead to an impact/affect on potential injury of patients and staff, delayed care and potential enforcement action.</p> <p>Risk location, Health Board wide.</p>	<p>Recruitment of a medical device trainer in March 2018.</p> <p>Review of staff training to identify categories required for each staff group.</p> <p>Medical Devices Training Sub-Group established reporting to the Medical Devices Sub-Committee.</p>	Statutory duty/inspections	8	3	4	12	<p>Establish a Medical Device Training Sub-Group.</p> <p>Develop a training record of users of medical devices showing that users know how to use the device safely and have received the relevant training.</p> <p>Develop a sustainable governance model for Medical Device Training.</p>	Oliver, Angie (Inactive User)	06/01/2018	Medical Device Training Sub-Group established. Work ongoing to Develop a training record of users of medical devices showing that users know how to use the device safely and have received the relevant training and develop a sustainable governance model for Medical Device Training.	Operational Quality, Safety & Experience Sub Committee	2	4	8	19/06/2019	

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542		Estates & Facilities	Elliott, Rob	Evans, Paul	27/06/2018	<p>There is a risk of an inability to fully adhere to the principles stated within the recent Accountability Agreement form as issued to the Chief Executive Officer (CEO) on 16th of May 2018.</p> <p>This is caused by financial pressures created by the demands of the Facilities services which are not currently funded within the budget. These include escalation in utilities, supporting additional services required by clinical teams and staffing additional ward areas etc. without associated revenue.</p> <p>This will lead to an impact/affect on the overall financial deficit of the organisation and targeted intervention.</p> <p>Risk location, Health Board wide.</p>	<p>The Director of Facilities is fully aware of the requirements laid out in the Standard Financial Instructions and Accountability Agreement Statement.</p> <p>The Director of Facilities has communicated this key issue to all responsible budget holders to enable concerns and issues to be addressed promptly.</p> <p>The Director of Facilities reviews budgets on a monthly basis with the assistance of financial colleagues and staff.</p> <p>The Director of Facilities is fully aware not to incur expenditure where there is insufficient funding and budgets. Detailed discussions are being held regularly with lead managers to bring expenditure in line with budget levels.</p> <p>The Director of Facilities is fully aware not to recruit over funded establishment.</p> <p>The Director of Facilities will confirm and escalate any urgent or temporary staffing requirements required to the Deputy CEO.</p> <p>The Director of Facilities has set a forecasted savings plan for the facilities directorate for 2018-19 and monitors the efficiency and delivery of this regularly with accountable budget holders.</p>	Finance inc. claims	6	3	4	12						Finance Committee	2	4	8	15/02/2019
551		E&F: Property Performance	Elliott, Rob	Williams, Paul -	22/12/2017	<p>There is a risk of potential pollution, a risk to human health through incorrect handling of sharp and infectious waste, fines, inefficient disposal and negative public perception, e.g. poor reuse and recycling.</p> <p>This is caused by the potentially harmful nature of waste, the level of regulatory control, obligations and Welsh Governments aspirations for long term sustainable waste management, costs associated with waste disposal and poor resource efficiency.</p> <p>This will lead to an impact/affect on staff, patients and visitors through incorrect handling and storage, negative publicity through wasteful practices, unnecessary spend through inefficient waste segregation and purchasing practices and regulatory fines for not meeting legal requirements.</p> <p>Risk location, Health Board wide.</p>	<p>The Waste Management Policy (V2 2017) is in place.</p> <p>Departmental waste procedures are in place in, for example, labs, Hotel Services and Pharmacy.</p> <p>Legal compliance monitoring as part of ISO 14001 standard.</p> <p>Auditing as part of ISO 14001 including operational audits of storage and transport and internal audits of training, segregation, etc.</p> <p>A Waste Management Strategy is in place.</p> <p>Delivery of segregation projects in line with Welsh Government and statutory targets and requirements.</p> <p>Training programmes have been developed. Clinical waste training is also included in Infection Control induction basic level 1 and 2.</p>	Statutory duty/inspections	8	3	4	12	<p>Environmental Team to collate and review departmental procedures for hotel services, Pathology, Pharmacy, Theatres, Maintenance and provide feedback as required.</p> <p>Ensure all sites have appropriate waste paper work files, given the move towards e-consignment notes. Environmental team to audit as part of ISO 14001 audit schedule.</p> <p>Investigate options to have a wider staff base to undertake waste segregation audits e.g. facilities, link Nurses and Infection Control teams.</p>	<p>Corcoran, Rhian</p> <p>Corcoran, Rhian</p> <p>Corcoran, Rhian</p>	<p>24/4/2018 31/05/2019</p> <p>31/08/2019</p> <p>30/11/2018</p>	<p>Delivery still impacted by resource, date to be delayed to end of May 2019</p> <p>Delayed slightly more due to reduced resource, new target in line with ISO 14001 (2015) standard implementation programme following commencement of new Senior Environmental Officer.</p> <p>Attend meetings with associated teams over summer 2018.</p>	Capital, Estates and IM&T Sub Committee	2	4	8	07/03/2019	

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												Update waste management strategy.	Corcoran, Rhian	28/09/2019	Update to strategy has commenced but not completed due to competing priorities. Target date amended due to resource changes within the environment team, expect the document to be completed within 6 months of the new senior environmental officer starting.					
												Deliver waste segregation project at Prince Philip and Withybush hospitals in line with Welsh Government requirements.	Corcoran, Rhian	29/03/2019	Work plan for Prince Philip complete and quotes being obtained to purchase bins.					
												Develop training schedule to complete waste paper work training and waste portering training. Waste training for staff will be undertaken in line with the roll out of waste segregation projects.	Corcoran, Rhian	29/03/2019	Portering training undertaken at Bronglais hospital. Need to schedule for other sites.					

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132		USC: PPH	Denning, Brett	Jones, Alex	19/01/2017	<p>There is a risk of it is proving difficult to deliver services in PPH within the allocated budget due to increased patient activity.</p> <p>This is caused by multiple risks to savings plans due to variation in demand and inter-dependencies with other services that are also under pressure.</p> <p>This will lead to an impact/affect on ability to deliver service and health board overall over spend.</p> <p>Risk location, Prince Philip Hospital.</p>	<p>Oracle.</p> <p>Quick View.</p> <p>Variable pay controls.</p> <p>Finance reports.</p> <p>Finance meetings with triumvirate.</p> <p>Finance appointment of business partner complete.</p>	Finance inc. claims	6	3	4	12	<p>Undertake a PPH budget allocation review.</p> <p>Delivery of savings plans for 2017/18.</p> <p>PPH participating in the turnaround process.</p> <p>Delivering 2018/19 financial plans which has been agreed at exective level.</p>	<p>Denning, Brett</p> <p>Denning, Brett</p> <p>Denning, Brett</p> <p>Denning, Brett</p>	<p>Completed</p> <p>Completed</p> <p>34/4/2017-31/12/2019</p> <p>Completed</p>	<p>Being undertaken with budget holders.</p> <p>Complete.</p> <p>A number of sub meeting groups are in place working on specific projects to reduce costs.</p> <p>Review with the Triumvirant team on a timely basis to ensure plans are being monitored. Business partner has now been appointed.</p>	Finance Committee	2	4	8	05/08/2019
387		Clinical Engineering	Rees, Gareth	Hopkins, Mr Chris	23/09/2017	<p>There is a risk of avoidable harm to patients resulting from equipment in service with known issues which compromise its safety.</p> <p>This is caused by inadequate management of information and a lack of a robust alert system.</p> <p>This will lead to an impact/affect on harm to patients, enforcement action and incorrect capital purchases.</p> <p>Risk location, Health Board wide.</p>	<p>Review and evaluation of potential systems to mitigate the risk.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Review the processes for effective safety notice receipt, distribution and closure.</p> <p>Procure or develop a suitable externally maintained safety notice repository.</p>	Rayani, Mandy	04/01/2018	<p>Discussion taking place between Deputy CEO and Nurse Director on funding.</p>	Operational Quality, Safety & Experience Sub Committee	2	4	8	19/06/2019
233		USC: WGH	Cole-Williams, Janice	Andrews, Bethan	28/10/2014	<p>There is a risk of poorer outcomes and increased mortality for stroke patients.</p> <p>This is caused by insufficient nursing staff to patient ratio. Insufficient stroke therapy staff and lack of 7 day consultant cover.</p> <p>This will lead to an impact/affect on delayed assessments and treatments of patients. Increased length of stay due to insufficient therapy treatment. Failure to meet National Stroke Standards.</p> <p>Non compliance of Tier 1 targets. Stroke</p>	<p>Compliance with agreed levels of treatment/therapy monitored annually via Royal College of Physician audit and monthly via Quality Improvement Meetings (QIMs) with appropriate action taken as follows.</p> <p>Active recruitment for all vacancies.</p> <p>Allied Health Professional leads allocate staff to ensure staffing is as equitable and safe as possible.</p> <p>Weekly stroke review meetings to monitor progress against national stroke targets.</p>	Quality/Complaints/Audit	8	3	4	12	<p>Review staffing levels and deficits as identified against national stroke standards.</p> <p>Stroke delivery reviewed by QSEAC and the Health Board Stroke Steering Group and investment priorities identified.</p>	<p>Mansfield, Simon</p> <p>Mansfield, Simon</p>	<p>30/04/2018-31/12/2018</p> <p>Completed</p>	<p>Staffing deficits identified in Stroke plan, presented to QSEAC in August 2017.</p> <p>No further staffing up lift has been secured (part of the HB stroke plan)</p> <p>Tier 1 target for classification of stroke consultant changed, therefore compliance is likely to improve from August 2017.</p>	Quality, Safety & Experience Sub Committee	2	4	8	10/06/2019

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					performance.  Evidence, Delays in admission to Stroke unit. Untimely care. Mortality reviews.  Risk location, Health Board wide.	Monthly Health Board stroke committee meetings.						Scoping work being undertaken to develop a Hyperacute stroke unit in conjunction with ABMU as part of the ARCH programme.	Mansfield, Simon	01/04/2018 31.12.18, 31.12.19	Scoping discussions held with ARCH and current service data being collated. Assistance being provided by the Delivery Unit to model the requirements of a Hyperacute Stroke Unit in Morriston Hospital.  HB still in full discussion with ARCH. Now must include the TCS process with the scoping work been under taken. Public consultation now closed.  Modelling work now undertaking by WAST, ARCH and the DU with the HB.	Operational Quality					
43	Standard 6.2 Peoples Rights	P&CS: Welsh Language	Jennings, Sarah	Williams, Enfys	13/10/2015	There is a risk of the UHB being unable to achieve compliance with the statutory Welsh Language Standards (WLS) which will come into place Mar 19.  This is caused by a lack of resources including Welsh speaking staff, lack of funding and an inability to fully implement the Bilingual Skills Strategy.  This will lead to an impact/affect on increased complaints (resulting from poor patient experience of Welsh speaking patients as they are unable to be treated in their language of choice), potential fines and a damage to corporate reputation.  Risk location, Health Board wide.	Bilingual Skills Strategy.  Support from the Welsh Language Services Team for translation, to support staff to improve Welsh Language skills and improve staff awareness of Welsh Language legislation and standards to improve patient experience.	Statutory duty/inspections	8	3	4	12	Welsh Language Awareness sessions to existing staff. These are provided to staff as requested by teams/services.  Increase percentage of Welsh language skills information collected from staff.  Continue to promote and produce resources to support staff to work bilingually.  Increase percentage of Welsh language skills information collected from staff.  Support managers during recruitment process to assess Welsh language requirement for vacant posts.	Williams, Enfys Williams, Enfys Williams, Enfys Williams, Enfys Williams, Enfys	31/03/2019 31/03/2019 31/03/2019 31/03/2019 30/05/2019 31/03/2019 30/05/2019	80 members of existing staff received Welsh Language Awareness training between April and November 2018.  82% of staff have their Welsh Language Skills recorded on ESR at 30 September 2018. Despite pro active efforts from the Welsh Language and W&OD teams this figure has remained quite static during 2018/19.  New resources printed and launched during Diwrnod Shwmae in September 2017 - these have been reprinted during October 2018.  82% of staff have their Welsh Language Skills recorded on ESR at 30Sept18. Despite pro active efforts from the Welsh Language and W&OD teams this figure continues to remain quite static during 2018/19.  Support is being given to managers when requested. However the organisation needs to ensure that it is embedded into the recruitment process.	Improving Experience Sub Committee	2	4	8	19/03/2019

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												Welsh Language Awareness sessions to existing staff. These are provided to staff as requested by teams/services.	Williams, Entys	31/03/2019 30/05/2019	100 members of existing staff received Welsh Language Awareness training between Apr18 and Mar019. This work is on-going.					
												Developing Business Case to fund an internal translator, tutor and resources to promote the introduction of the Welsh Language Standards.	Williams, Entys	31/03/2019	Initial business case has been drafted and presented to directorate team meeting. Business Case to be submitted to Executive Team for approval in Feb19.					
												Continue to promote and produce resources to support staff to work bilingually.	Williams, Entys	Completed	New resources printed and launched during Diwrnod Shwmae in Sep17 - these have been reprinted during Oct18. Additional resources to support the implementation of the Welsh Language Standards have been procured in Mar19.					
												Reporting arrangements will be reviewed when the WLS are finalised in January 2019.	Williams, Entys	31/03/2019 30/05/2020	Final compliance notice from Welsh Language Commissioner received which indicates the requirement for the Health Board to produce an annual report. Welsh Language Commission holding workshops during Q4 to provide further information on requirements and format of annual report. Date given is 12 months from implementation date.					
												To develop KPIs when WLS have been finalised in January 2019 & ensure they are monitored to the Improving Experience Sub-Committee.	Williams, Entys	31/03/2019 30/05/2019	Final compliance notice from Welsh Language Commissioner has been received - first implementation date is 30 May 2019.					
63	Operations: Private Patients	Rees, Gareth	Campbell, Michelle	27/06/2016	There is a risk of avoidable commercial risk to the Health Board arising from its private patient work.  This is caused by a lack of proper and adequate clear process to support both good governance and to ensuring invoices are appropriately itemised for services received.  This will lead to an impact/affect on financial loss and statutory duty compliance. The risk is	TPW Ltd Tariff has been approved for use by the Finance, however only the self pay section can be applied until such time contracts are secured with the top 5 insurance companies.  The Business Support Manager is actively	Finance inc. claims	6	4	3	12	Implement medium term measures included in the Feb-17 Executive Team paper which include issuing to tender the general administration of the Health Board's private practice work.	Rees, Gareth	Completed	SBAR completed and to be reviewed at next ET meeting for final decision on which option to outsource.	Finance Assurance Committee	2	3	6	31/07/2019



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		Central C			considered to be Health Board wide and predominates at acute centres.  Risk location, Health Board wide.	checking each private patient episode from April 2019 onwards to ensure PP status is correct and the undertake to pay form has been received.						Executive Team decision support requested to proceed with proposal A to ensure each internal audit recommendation could be properly implemented.	Campbell, Michelle	Completed	Executive Team approved the expenditure. The exception being the expenditure related to in-house costs and that £100k savings should be returned in year. For this reason, it was impossible to continue negotiations with the preferred partner.	Business Planning and Performance				
												Request ARAC support on the revised negotiations undertaken through July and August 2018.	Campbell, Michelle	Completed	ARAC support given on 21st August					
												Further to the Oracle order progressed in September 2018 and initial set up meeting with TPW, work to commence.	Campbell, Michelle	Completed	Due to preferred partner ill health, work should commence early 2019.					
												TPW team arrived on site on 16th January 2019 to discuss implementation plan and an initial meeting was held with the Clinical Director also on this date.	Campbell, Michelle	Completed	TPW Team are on site again on 28th & 29th January. Contacts are being made with teams (sites) along with attending a task and finish group.					
												Second PP set up meeting scheduled for 26th Feb'19 to review progress to date in respect of Forensic billing; development of policy & procedures, tariff, training.	Campbell, Michelle	Completed	meeting date reset					
												Two meetings to be held with Medical Director and Asst. Director of Finance. These are to discuss the setting of a Group to manage oversee the governance of PP and getting the developed tariff adopted	Campbell, Michelle	Completed	Meetings held					
												Tariff to be approved by Finance Committee	Campbell, Michelle	Completed	Reviewed the need to gain authorisation with Finance					
												Consultancy company to develop policies and procedures	Campbell, Michelle	30/06/2019 30/09/2019	Focussing upon income recovery process in the first instance					
												Training of staff in respect of new policies and procedures	Campbell, Michelle	30/09/2019	New action					

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												Consultancy company to liaise with top 5 insurance companies	Campbell, Michelle	Completed	New action					
												Consultancy company to attend medical staffing committee's or alternative to raise awareness	Campbell, Michelle	Completed	Poor attendance at Carmarthenshire meeting, therefore met with Mark Henwood on 30th July to discuss. MH agreed to write to consultants outlining the underrecovery process and the need for consultants to submit to central ops a copy of their indemnity policy.					
												Received a New Recognition template to complete from BUPA. Details to be completed relate to provider details, Facilities, Specialty and procedures undertaken for OP/IP/DC/Diagnostics/Therapies/Consultant specific details (GMC number)	Campbell, Michelle	28/06/2019 31/10/2019	Work effort focussing upon recovery process in the first instance					
												Scrutinise undertake payment to agree forms for last 4/5 years to ascertain name of insurance company	Campbell, Michelle	24/06/2019 30/09/2019	Cataloguing to include self pay patients too.					
556	MD: Research & Development	Evans, John	Tattersall, Chris	07/08/2018	<p>There is a risk of failure to meet Key Performance Indicator (KPI) 'C' set by Health and Care Research Wales (HCRW) to increase the quantity of high quality research being undertaken in NHS Wales.</p> <p>This is caused by a failure to increase the number of portfolio studies by 10% per year and commercial studies by 5% per year.</p> <p>This will lead to an impact/affect on a reduction of the amount of studies available to patients and possibly reduced income available for Research &amp; Development to reinvest in further research and research posts.</p> <p>Risk location, Health Board wide.</p>	<p>Close working relationships with the Research Delivery Manager to maintain staff in crucial nursing roles.</p> <p>Monitoring of the situation at a monthly Research &amp; Development (R&amp;D) Operational Team meeting and escalated as needed.</p> <p>Managing the R&amp;D funding allocation to provide sustainable research posts to ensure compliance with the Key Performance Indicators.</p>	Quality/Complaints/Audit	8	4	3	12	Monitor the new KPI at the monthly Operational and Senior team meetings. Delivery staff leads to report to these groups.	Tattersall, Chris	04/12/2018 29/01/2020	14.6.19 remains under review at monthly Operation and senior team meetings. position at end of 18-19 Q4: Portfolio 120% of target, commercial 79% of target.	Research & Development Sub Committee	2	3	6	14/06/2019



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557		MD: Research & Development	Evans, John	Tattersall, Chris	07/08/2018	<p>There is a risk of failure to meet Key Performance Indicator 'D' set by HCRW to increase the opportunity for NHS patients to participate in, and benefit from, clinical trials and other well designed studies.</p> <p>This is caused by a failure to increase the number of patients recruited to portfolio studies by 10% per year and to commercial studies by 5% per year.</p> <p>This will lead to an impact/affect on a reduction of the amount of patients being offered for the newest treatments and possibly a reduced income available for Research &amp; Development (R&amp;D) to reinvest in further research and research posts.</p> <p>Risk location, Health Board wide.</p>	<p>Close working relationships with Research Delivery teams to maintain staff in crucial nursing roles.</p> <p>Monitoring the situation at a monthly Operational Team meeting and updating as needed in weekly staff meetings, escalating to the R&amp;D Senior Team.</p> <p>Managing the R&amp;D allocation to ensure personnel are in place to ensure compliance with the Key Performance Indicators.</p>	Quality/Complaints/Audit	8	4	3	12	Monitor the new KPI at the monthly Operational and Senior team meetings. Delivery staff leads to report to these groups.	Tattersall, Chris	04/12/2018 29/01/2020	14.6.19 remains under review at monthly Operation and senior team meetings. position at end of 18-19 Q4: Portfolio 98% of target, commercial 53% of target.	Research & Development Sub Committee	2	3	6	14/06/2019
140	Standard 5.1 Timely Access	MH&LD	Carroll, Mrs Liz	Amner, Karen	16/10/2014	<p>There is a risk of avoidable detriment to the quality of patient care.</p> <p>This is caused by an increasing demand for diagnostic services to individuals (children and adults) requiring assessment for Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).</p> <p>This will lead to an impact/affect on clients who require services are not being provided with timely assessments and interventions.</p> <p>Risk location, Health Board wide.</p>	<p>Waiting List initiative agreed.</p> <p>Service available for individuals up to the age of 18 years.</p> <p>Diagnostic only service available to adults known to services.</p> <p>Cross service and organisational working group established to support the needs of this client group in a co-ordinated and individualised way, maximising resources available.</p> <p>Waiting list reporting system in place.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Development of a business case for a service as detailed in the Three Year Integrated Medium Term Plan.</p> <p>Waiting list reviewed and reported on a monthly basis to monitor progress and improvement.</p> <p>Service specification to be worked up to be submitted to Welsh Government to draw on Integrated Care Fund for new funding (July 17). Recruitment and implementation of new model (Jan 18).</p> <p>Meeting arranged with Informatics and Performance colleagues to analyse referral rates and look at trajectories as it is evident that referrals are increasing and there is limited capacity within the service to meet demand.</p>	<p>Carroll, Mrs Liz</p> <p>Carroll, Mrs Liz</p> <p>Carroll, Mrs Liz</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>Additional Welsh Government funding has been received and recruitment is underway.</p> <p>The waiting times remain of concern due to fixed term appointments and national demand for some healthcare professionals involved in the service. At a Joint Executive Team meeting with Welsh Government held in June the Directorate have been asked to submit a plan to address the current backlog.</p> <p>Data reporting in place from 1st April 2019.</p>	al Health and Learning Disabilities Quality, Safety & Experience Sub Committee	2	3	6	02/07/2019

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												Delivery Unit are due to meet with the Directorate to look at a model for demand and capacity in order that we can understand what resource is required to provide assessments in a more timely manner.	Carroll, Mrs Liz	42/06/2019 31/12/2019	Delivery Unit provided training workshop to senior management team on the 7th of May. Further meeting held on 7th of June at which point DU confirmed they would support the Directorate in undertaking a review of current demand with a view to establishing what a robust service requirement would be in order to meet the waiting times associated with the Welsh Government performance target. This piece of work will begin in September.	Men					
251	Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	Estates & Facilities	Elliott, Rob	Jones, Elfyn	07/04/2017	<p>There is a risk of avoidable loss of Joint Advisor Group (JAG) accreditation, which is essential to support the provision of clinical services within endoscopy units as required by Welsh Government.</p> <p>This is caused by due to a strong and intrusive smell of Peracetic Acid within the decontamination area of the endoscopy unit.</p> <p>This will lead to an impact/affect on loss of JAG accreditation which results in non-compliance with Welsh Government's requirements for endoscopy and a consequential impact on the Health Board's ability to attract junior doctors to fulfil placements within the unit.</p> <p>Risk location, Bronglais General Hospital.</p>	<p>SMTL have carried out gas analysis testing within the clean and dirty areas, which were below the acceptable exposure limit. A contract has been set up to monitor gas exposure on a quarterly basis.</p> <p>Paracetic Acid containers are stored in a carbon filtered COSHH cupboard.</p> <p>Endoscopy staff receive annual COSHH training.</p>	Business objectives/projects	6	3	4	12	<p>Prepare SBAR outlining option appraisals to take endoscope decontamination forward.</p> <p>Procure Paracetic Monitors for the clean and dirty areas of the endoscope decontamination unit.</p> <p>Obtain updated quotation for replacement of air handling unit.</p>	<p>Flear, Philip</p> <p>Flear, Philip</p> <p>Griffiths, Jill (Inactive User)</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>20.05.19 It has been requested that this risk is now transferred to the Estates risk register.</p> <p>Capital bid submitted, funding approved. Awaiting delivery of Peracetic monitors. Update 13.08.19 Monitors received and have been installed for use. 14.09.18 Update 14.09.18 Peracetic monitors received and identified to be faulty - replacement monitor received 12.09.18 will continue to monitor closely and review in a months time. 26.10.18 Continuing to work effectively being monitored on a regular basis. 30.11.18 The paracetic monitor is working effectively no further action needs to be on this action.</p> <p>Quotation received.Update 13.08.19 Looking at re locating the decontamination service into HSDU 2019/20. No further update 14.09.18 26.10.18 - No further update on the centralisation of decon into HSDU however whilst this remains a priority the endoscopy washers at PPH are problematic causing cycles failures on a regular basis and will therefore need addressing prior to BGH. 30.11.18 No further update. Update 27.12.18</p>	Capital, Estates and IM&T Sub Committee	1	5	5	02/07/2019

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743	Standard 7.1 Workforce	P&CS: Charitable Funds	Jennings, Sarah	Llewelyn, Nicola	30/11/2018	<p>There is a risk of reputational damage if the Health Board becomes implicated by default, in events outside of the HB's control, due to association, or perceived association with any external charitable organisations.</p> <p>This is caused by no requirement for external charitable organisations to conform to the HB's policies and procedures. Donations given to the HB to say thank you for the care received are sometimes made to HB staff involved in external charities of their own where their interests may not have been declared.</p> <p>This will lead to an impact/affect on the HB's reputation if association by default occurs with external charitable organisations which appear to have HB involvement and/or participation and seem to be aligned to the Health Board (either via staff association or name). This may result in a decrease of donations, charitable giving, lack of trust by patients, carers and members of the public, media interest and/or concerns or complaints raised.</p> <p>Risk location, Health Board wide.</p>	<p>UHB policies:</p> <p>Standards of Behaviour Policy (Incorporating Declarations of Interests, Gifts, Hospitality, Honorarium and Sponsorship).</p> <p>The above policy is referenced in all HDdUHB (A4C) contracts of employment where it states "I hereby confirm that I accept this appointment on the terms and conditions set out above and contained in the Hywel Dda University Health Board Standards of Business Conduct".</p> <p>Charitable Funds: Financial Administration and Governance Policy.</p>	Adverse publicity/reputation	8	3	4	12	<p>Revise the UHB's Standards of Behaviour Policy to incorporate guidance on the declaration of interests involving external charitable organisations and those with any financial associations.</p> <p>Develop a communications plan to raise awareness of the updated Standards of Behaviour Policy and the importance of declaring all external interests, especially those involving external charitable organisations and those with any financial associations.</p> <p>Work with key clinicians to communicate the importance of declaring all external interests, especially those involving external charitable organisations and those with any financial associations e.g. via the Medical Leadership Forum and 1:1 meetings with key clinicians.</p> <p>Work with senior Operations Directorate managers to communicate the importance of supporting all staff to declare external interests, especially those involving external charitable organisations and those with any financial associations e.g. awareness raising session at Operations Business Meeting.</p>	Llewelyn, Nicola	31/07/2019	<p>The Standards of Behaviour Policy has undergone a full review and been assessed against similar policies in place across Wales. The revised policy is currently in the consultation stage. Consultation end date mid July 2019 following its passage through Staff Partnership Forum (10th June) and Workforce &amp; OD Sub-Committee (4th July).</p> <p>Communications plan to be implemented across the UHB when the revised policy has been approved.</p> <p>Assistant Director Medical Directorate has begun to meet with key clinicians to discuss the declaration of interests in external charitable organisations. Awaiting approval of revised policy to begin wider dissemination across the whole Medical Directorate.</p> <p>Presentation delivered at the May Operations Business Meeting on the revised Standards of Behaviour Policy as part of targeted consultation. Awaiting approval of revised policy to begin wider dissemination across the whole of the Operations Directorate.</p>	Charitable Funds Committee	1	4	4	05/06/2019

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												Develop a 'model' Memorandum of Understanding to be introduced with all relevant external charitable organisations to discuss and agree how both organisations will collaborate and co-operate and the establishment of relevant governance structures.	Llewelyn, Nicola	31/05/2019 30/06/2019	Following a longer than anticipated period of consideration due to the nature of the enquiry, Legal & Risk Services have advised that it would be more appropriate to develop a new corporate policy on the operations of external charities on UHB premises and their working arrangements with the UHB rather than introduce individual Memorandums of Understanding. New corporate policy to be developed.						
135	Standard 3.1 Safe and Clinically Effective Care	MH&LD	Carroll, Mrs Liz	Rees, Sara	16/10/2014	<p>There is a risk of avoidable detriment to the quality of patient care.</p> <p>This is caused by the current configuration of inpatient services and functions of wards due to isolation of units, no clear model and alternatives to hospital beds. A historic skill mix, variable across the service which leaves inpatient services with more novice professionals working with very complex patients.</p> <p>This will lead to an impact/affect on potential increase in adverse incidents of risk within inpatient services due to high levels of novice professionals and their capacity for complex decision making. Patients in hospital who could with appropriate alternatives available be supported in community settings which would enable independence to be maintained which in turn reduces long term health risks and increases personal resilience.</p> <p>Risk location, Health Board wide.</p>	<p>Mental Health Programme Group (MHPG) is now an implementation group.</p> <p>Multi-agency group including service users and carers reports directly to the Capital, Estates and Information Management and Technology Sub Committee.</p> <p>Management structures have been revised that have enabled greater clinical presence and support for inpatient services.</p> <p>Medical lead sessions are in place to support specialities including adult and older adult inpatient services.</p> <p>Psychological interventions access is in place across inpatient services to enhance therapeutic engagement. Five Psychology Assistants have been appointed to work within adult and older adult MH services.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Review of third sector grants to explore opportunities for alternative community bed provision.</p> <p>Develop a formal framework for commissioning of services.</p> <p>Formal consultation on alternative model complete.</p> <p>Independent evaluation completed.</p>	Carroll, Mrs Liz	01/03/2017 01/04/2021	The transforming Mental Health Implementation Group has been established under the Chairmanship of Director of Operations. The Implementation Group has established a risk register and will update accordingly.	Mental Health and Learning Disabilities Quality, Safety & Experience Sub Committee	1	4	4	02/07/2019

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254	Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	Central Operations: HSDU	Rees, Gareth	Flear, Philip	08/01/2015	<p>There is a risk of avoidable delays to the supply of sterilised equipment to theatres at WGH.</p> <p>This is caused by the reliability of the existing four sterilisers which, being over 10 years old, are 1 year beyond their maximum replacement date and are often out of service due to breakdowns or other failed sterilisation cycles; spare parts are often difficult to source (41 days downtime in 8 months).</p> <p>This will lead to an impact/affect on interruption to both planned and emergency theatre sessions, and delays to patient recovery times following surgery. Delays in emergency cases can also present more significant impacts, which will have an impact on the Referral to Treatment (RTT) times.</p> <p>Risk location, Worthybush General Hospital.</p>	<p>A contingency plan is in place to be implemented when necessary.</p> <p>Daily checks by Hospital Sterilisation &amp; Decontamination Unit (HSDU) staff help with failure prediction.</p> <p>Ongoing monitoring of each cycle.</p> <p>Recording of each cycle failure, which forms part of the Quality Management System Key Performance Indicators (KPIs).</p> <p>Failed Steriliser cycle Standard Operating Procedures (SOPs) are in place, which are routinely audited.</p> <p>Weekly preventative maintenance checks are carried out by qualified estates staff and these pick up imminent failures, which are addressed when least likely to impact on productive time.</p> <p>Quarterly maintenance is carried out by qualified estates staff, which assists in preventing unforeseeable breakdowns.</p> <p>Each item unloaded from the steriliser is checked by HSDU staff prior to dispatch to the customer, which helps pinpoint loads that might be returned before they arrive at theatres.</p> <p>Time steam and temperature indicators are</p>	Service/Business interruption/disruption	6	3	4	12	Develop and submit a capital bid with the view of replacing.	Flear, Philip	31/12/2018 26/02/2021	20.05.19 Control measures remain satisfactory at this time. 24.07.19 Since the transfer of the maintenance from EBME to Estates it has been agreed that shared services will provide an awareness training session on the maintenance of sterilisers which should improve the performance and reliability.	Capital, Estates and IM&T Sub Committee	1	4	4	24/07/2019
520		Central Operations: Clinical Engineering	Rees, Gareth	Hopkins, Mr Chris	15/06/2018	<p>There is a risk of interruptions to business continuity arising from overdue replacement of medical equipment.</p> <p>This is caused by Discretionary Capital Program (DCP) allocations falling well short of quantified replacement requirements annually.</p> <p>This will lead to an impact/affect on patient services being interrupted or lease options having to be taken out with consequential overheating of revenue budgets.</p> <p>Risk location, Health Board wide.</p>	<p>Equipment replacement priorities are constantly reviewed.</p> <p>DCP allocations reviewed.</p> <p>Equipment due for replacement is pushed back if the replacement is not deemed critical at any time.</p>	Service/Business interruption/disruption	6	3	4	12	<p>Continue representation to Welsh Government on limited DCP allocation.</p> <p>Continued review of replacement plans moving back what is deemed non urgent.</p>	Williams, Paul	31/12/2018	<p>Update due from the risk owner.</p> <p>Inventory work is ongoing and due to complete on 22nd June 2018. Once the inventory work is complete we can examine the replacement needs and forward to the Prioritisation meetings arranged.</p>	Capital, Estates and IM&T Sub Committee	1	4	4	19/06/2019
264	3 Counties: Ceredigion	Skitt, Peter	Hawkes, Jina	01/04/2016	<p>There is a risk of avoidable harm to patients and staff arising from inherent building and engineering hazards at Aberaeron hospital.</p> <p>This is caused by widespread Health and Safety issues, deteriorating condition, lack of disability access, etc.</p> <p>This will lead to an impact/affect on injury to patients and staff, or a need to limit activity on site.</p>	<p>Welsh Government approval of Business case for redevelopment and relocation of services fit for purpose.</p> <p>Scoping exercise of the options has been completed.</p> <p>Process in place to monitor the condition and respond to the works required to maintain a safe environment.</p>	Safety - Patient, Staff or Public	6	3	4	12	Community and Primary Care Project Board established to provide services in a fit for purpose facility. Recent acquisition of building within Aberaeron will enable reprovision of services from the old facility.	Hawkes, Jina	03/09/2018 28/09/2019	Good progress is being made with this project. Work streams are established. Consultation event with Public completed. developers are on site.	Capital, Estates and IM&T Sub Committee	1	4	4	15/07/2019	



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					Site. Expectation of the public is that there will be a capital solution currently has commenced.  Risk location, Aberaeron Hospital.	Stakeholder group implemented to fully engage the public.	S					Reporting of current unsafe environmental issues to the estates department.	Evans, Tracey -	Completed	Regular communications with maintenance	Operational Quality, Safety					
												Undertake a risk assessment and develop a mitigation plan.	Jones, Eiflyn	Completed	Incidents have been communicated from Aberaeron Hospital. Independent estates survey has been undertaken. Estates have visited the site and supplied de-humidifier.						
												There is a lack of communication from the IT department in forming the overall project scheme, which raises risks as IT is fundamental to the agile working programme.	Skitt, Peter	Completed	The risk has been raised and noted at the Aberaeron Integrated Care Centre Board meeting. Workshops with IT will be held in May 2019 for staff to engage						
577		3 Counties: Ceredigion	Skitt, Peter	Hawkes, Jina	23/10/2014	There is a risk of avoidable harm to patients and staff arising from inherent building and engineering hazards at Cardigan hospital.  This is caused by widespread Health and Safety issues, deteriorating condition, lack of disability access, etc.  This will lead to an impact/affect on injury to patients and staff, or a need to limit activity on site. Expectation of the public is that there will be a capital solution currently has commenced.  Risk location, Cardigan Memorial Hospital.	Welsh Government approval for a Business Case for the construction of a fit for purpose new build.  Scoping exercise of the options has been completed.  Process in place to monitor the condition and respond to the works required to maintain a safe environment.  Stakeholder group implemented to fully engage the public.	Safety - Patient, Staff or Public	6	3	4	12	Implementation of the new build scheme.	Skitt, Peter	31/12/2019	Scheme running within contingencies of plan.	Operational Quality, Safety & Experience Sub Committee	1	4	4	15/07/2019
709		Scheduled Care: Theatres	Hire, Stephanie	Knight, Diane	20/12/2018	There is a risk of avoidable patient harm, disruption to service delivery due to potential for Operating tables to fail due to their age.  This is caused by 24 of the operating tables being used within the Health Board are between 10 & 29 years old and are in need of being replaced. A number of out of support with the manufacturers and some have been condemned.  This will lead to an impact/affect on service delivery, increased RTT, patient dissatisfaction, complaints, adverse publicity  Risk location, Health Board wide.	Regular servicing of operating tables and repair where parts are available.	Service/Business interruption/disruption	6	4	3	12	Undertake trial of operating tables to identify preferred replacement	Knight, Diane	Completed	Trial completed and preferred option chosen	Operational Quality, Safety & Experience Sub Committee	2	2	4	07/06/2019
												Prepare capital bid for replacement of operating tables	James, David	Completed	Capital bid submitted						

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719	Standard 2.1 Managing Risk and Promoting Health and Safety	USC: Pathology	Perry, Sarah	Stiens, Andrea	01/03/2019	<p>There is a risk of that staff (mortuary staff, porters and Funeral Directors and deceased patients) could be injured and failure to ensure dignity and respect of deceased patients.</p> <p>This is caused by the body store installed in 2000 is no longer fit for purpose. Due to insufficient body storage capacity, door apertures are not sufficiently wide enough to accommodate the increasing numbers of larger deceased patients the rollers are less efficient due to age of equipment unable to repair.</p> <p>This will lead to an impact/affect on potential for injury to staff and lack of dignity for deceased patients. Reputational impact for the Health Board due to relatives complaints and claims.</p> <p>Risk location, Prince Philip Hospital.</p>	<p>Standard operating procedures.</p> <p>Staff training and education, staff are required to undertake manual handling training.</p> <p>Process in place when capacity is reached,transfer to GGH Mortuary.</p> <p>Process for dealing with bariatric patients, blankets available.</p>	Safety - Patient, Staff or Public	6	3	4	12	<p>Develop a capital bid for funding to replace existing body store.</p> <p>Identify a supplier to design and complete works.</p> <p>Original capital funding allocated did not cover the enabling works</p> <p>Contingency arrangements whilst the body store fridges are out of action to be worked up and costed - for submission to capital Planning Group Contingency options 1 bring temporary body store fridges / move bodies to other HB mortuaries or a mixture of both options. This will be depend on the timescale for decommission/installation work.</p>	<p>Stiens, Andrea</p> <p>Completed</p> <p>30/08/2019</p> <p>Completed</p> <p>28/06/2019</p>	<p>Capital funding allocated for 2019/20.</p> <p>New action start of process.</p> <p>The original capital bid submitted to Capital Planning had not included the enabling works which was on a separate form. This has been flagged to Gareth Rees.</p> <p>Pathology are working with LEEC and Estates to confirm contingency arrangements and their costs.</p>	Capital, Estates and IM&T Sub Committee	1	4	4	05/06/2019
711	Scheduled Care: Theatres	Hire, Stephanie	Knight, Diane	20/12/2018	<p>There is a risk of insufficient numbers of power tools in Prince Philip Theatres. 2 sets of power tools and 2 sets of cordless drivers required to allow sufficient turn around between cases.</p> <p>This is caused by the increased orthopaedic workload in PPH (7 days a week at times) due to waiting list initiatives.</p> <p>This will lead to an impact/affect on service delivery, RTT.</p> <p>Risk location, Prince Philip Hospital.</p>	<p>Staff liaise with HSDU to arrange a quick turnaround of used power tools.</p>	Service/Business interruption/disruption	6	4	3	12	<p>Prepare capital bid for additional tools.</p>	<p>James, David</p> <p>Completed</p>	<p>Capital bid submitted.</p>	Operational Quality, Safety & Experience Sub Committee	2	2	4	07/06/2019	

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751		Scheduled Care: Theatres	Hire, Stephanie	Knight, Diane	25/01/2019	<p>There is a risk of of failure of the Storz camera systems in theatre 2 and Preseli theatre.</p> <p>This is caused by the age of the camera systems currently in use within theatre 2 and Preseli theatre which are now out of support by the manufacturer.</p> <p>This will lead to an impact/affect on service delivery, complaint &amp; organisational reputation.</p> <p>Risk location, Glangwili General Hospital.</p>	Regular servicing of camera systems and repair where parts are available.	Service/Business interruption/disruption	6	4	3	12	To identify if a managed service is a viable option.	James, David	30/08/2019	Under consideration.	Operational Quality, Safety & Experience Sub Committee	2	2	4	03/07/2019
752		Scheduled Care: Theatres	Hire, Stephanie	Knight, Diane	25/01/2019	<p>There is a risk of of the failure of the 3 Storz camera systems in use in DSU 1, DSU 2 &amp; DSU 3.</p> <p>This is caused by the age of the 3 camera systems currently in use within DSU 1, DSU 2 and DSU 3 which are now out of support with the manufacturer.</p> <p>This will lead to an impact/affect on service delivery, complaint &amp; organisational reputation.</p> <p>Risk location, Bronglais General Hospital.</p>	Regular servicing of the camera systems and replacement of parts where available	Service/Business interruption/disruption	6	4	3	12	To identify if a managed service is a viable option.	James, David	30/08/2019	Ongoing.	Operational Quality, Safety & Experience Sub Committee	2	2	4	03/07/2019
753		Scheduled Care: Theatres	Hire, Stephanie	Knight, Diane	25/01/2019	<p>There is a risk of of the potential failure of the Storz camera system in main theatres in PPH.</p> <p>This is caused by the age of the camera system currently in use within main theatres which is now out of support with the manufacturer.</p> <p>This will lead to an impact/affect on service delivery, complaints and organisational reputation.</p> <p>Risk location, Prince Philip Hospital.</p>	Regular servicing and replacement of parts where available.	Service/Business interruption/disruption	6	4	3	12	To see if a managed service is a viable option.	James, David	30/08/2019	Ongoing.	Operational Quality, Safety & Experience Sub Committee	2	2	4	03/07/2019



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754		Scheduled Care: Theatres	Hire, Stephanie	Knight, Diane	25/01/2019	<p>There is a risk of of the potential for the failure of the Storz camera system in theatre 1.</p> <p>This is caused by the age of the camera system in use in theatre 1 which is now out of support with the manufacturer.</p> <p>This will lead to an impact/affect on service delivery, complaint &amp; organisational reputation.</p> <p>Risk location, Withybush General Hospital.</p>	Regularly serviced and repaired where parts are available.	Service/Business interruption/disruption	6	4	3	12	To see if a managed service is a viable option.	James, David	30/08/2019	ongoing.	Operational Quality, Safety & Experience Sub Committee	2	2	4	03/07/2019
183		Scheduled Care	Hire, Stephanie	Mills, Caroline	01/09/2016	<p>There is a risk of avoidable harm to patients attending North Road Eye Clinic due to the condition and function of the internal environment.</p> <p>This is caused by the ground floor of building being too small to accommodate patients attending clinics on a daily basis in a space shared by Ophthalmology and GUM. The corridor is used as both a waiting room and equipment store. All calls and discussions at the clinic reception can be overheard by others in the area.</p> <p>This will lead to an impact/affect on the health and safety of patients, staff and visitors in terms of slips trips and falls, breaches of patient confidentiality, compromise of patient treatment in the event of a medical emergency or fire, and impact the ability of the service to increase capacity to meet current and future demand.</p> <p>Risk location, North Road Clinic.</p>	<p>Reduction in clinic size and alternating pre-assessment clinic with Optical Coherence Tomography (OCT) clinics.</p> <p>Music played in waiting area to mask conversations from reception and consultation rooms.</p> <p>Where possible, transfer patients requiring confidential discussions to another area.</p> <p>Environmental monitoring in place.</p> <p>Programme of minor improvements undertaken (improvements made to treatment room, additional waiting room, flooring replacement).</p> <p>Occupational Health involvement.</p>	Safety - Patient, Staff or Public	6	4	3	12	<p>Relocate GUM and dental services elsewhere in the Health Board and reconfigure internal building to acceptable safe standards.</p> <p>Project plan to be confirmed for North Road site.</p> <p>Project plan to be confirmed for North Road site.</p>	<p>Mills, Caroline</p> <p>Completed</p> <p>Wragg, Gordon</p> <p>Completed</p> <p>Wragg, Gordon</p> <p>30/11/2018 31/01/2019</p>	<p>Task and finish group set up in Ceredigion led by County Director with estates representation.Update being sought on options available Referred to Rob Elliott for inclusion on Estates Risk Register and action.</p> <p>Currently working on options with the estates teams.</p> <p>Working project group established to ensure phase 1 (minor works) are planned for short term improvements and phase 2 (replacement). Project plan has been requested.</p> <p>Timescales + costs are being established</p>	Quality, Safety and Experience Assurance Committee	1	4	4	18/04/2019	
726		Scheduled Care: Theatres	Hire, Stephanie	Knight, Diane	29/04/2019	<p>There is a risk of a reduced provision of laparoscopic surgery in the Theatre at Withybush General Hospital.</p> <p>This is caused by the failure of a 12 year old camera system in Theatre 4.</p> <p>This will lead to an impact/affect on service delivery, increased RTT times, patient complaints, organisational reputation. There is also on-going financial risk if we need to keep the loan system after May 2019 as this will incur a charge of £800 - £1000 per week.</p> <p>Risk location, Withybush General Hospital.</p>	Storz will provide the Health Board with a loan system for the month of May 2019 only. The camera system will need to be returned after this loan period.	Service/Business interruption/disruption	6	4	3	12					Operational Quality, Safety & Experience Sub Committee	2	2	4	07/06/2019

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727	Standard 2.1 Managing Risk and Promoting Health and Safety	USC: Care of the Elderly	Cole-Williams, Janice	Andrews, Bethan	24/01/2019	<p>There is a risk of patients who have suffered fragility fractures being managed sub-optimally and subsequently suffering further fractures and increased risk of mortality.</p> <p>This is caused by lack of a coherent Fracture Liaison Service across the Health Board to identify patients at risk and to manage their condition appropriately.</p> <p>This will lead to an impact/affect on patients as they may not be treated appropriately, which will lead to a risk of further fractures and increased mortality. This also impacts services who would need to manage these preventable fractures and the costs incurred in doing this.</p> <p>Please note that costs identified are if no patients were to be managed through any form of fracture liaison service as identified in April 2018 by the National Osteoporosis Society.</p> <p>Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital, Withybush General Hospital.</p>	<p>In Bronglais General Hospital, a fracture liaison service was previously set up.</p> <p>There is currently a DXA scanner on site with reports interpreted by Dr. Phil Jones.</p> <p>There are clinicians reviewing Osteoporosis cases in Glangwili Hospital and Prince Phillip Hospital.</p> <p>There is a visiting mobile DXA scanner from Swansea Bay Health Board, which provides a sporadic service.</p>	Safety - Patient, Staff or Public	6	3	4	12	Development of a business case for the introduction of a Health Board wide Fracture Liaison Service. This is being developed in conjunction with the Royal Osteoporosis Society and based upon the number of patients over the age of 50 at risk of recurrent fractures across the Health Board. The business case is planned to provide a coherent service across the Health Board to ensure equity.	Mansfield, Simon	31/05/2019	Initial discussions held with Advance Nurse Practitioner Osteoporosis (Debbie Stone), and gap analysis to be undertaken by the Royal Osteoporosis Society with each of the clinicians within the Health Board.	Quality, Safety and Experience Assurance Committee	1	4	4	16/07/2019
526		Scheduled Care: Ophthalmology	Hire, Stephanie	Buckingham, Carly	18/06/2018	<p>There is a risk of financial pressure to the service to continue to provide the current Age related Macular Degeneration(AMD)treatments of Lucentis and Eylea drugs.</p> <p>This is caused by the cost of on-going high cost drug treatment becoming a departmental cost pressure following the ending of pilot funding from Welsh Government in 2017.</p> <p>This will lead to an impact/affect on the ability of the service to provide assurance for financial prudence.</p> <p>Risk location, Amman Valley Hospital, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital, Withybush General Hospital.</p>	<p>Review of medication usage.</p> <p>Review of Ophthalmology patient pathway.</p> <p>Flagging of cost pressure through budget setting.</p>	Finance inc. claims	6	4	3	12	<p>New drug (Avastin) has been identified as providing good outcomes for patients with AMD. The drug was primarily licensed for use on Diabetic retinopathy, but was found to be effective for AMD.</p> <p>It has been adopted by NHS England, but is subject to a judicial review regarding medical licensing.</p> <p>Decision on use is with Welsh NHS.</p>	Buckingham, Carly	31/01/2019	<p>Health Board Clinicians are examining the potential use of the drug for effectiveness vs other treatments. If suitable for adoption may reduce drug costs up to £500K.</p> <p>Changes are still under operational / pharmacy review.</p> <p>Awaiting response to Judicial Review</p> <p>SBAR drafted in Sept 2018</p> <p>Awaiting Welsh NHS decision on licensing.</p>	Finance Committee	1	3	3	12/04/2019
523		General Surgery	Hire, Stephanie	Lewis, Caroline	18/06/2018	<p>There is a risk of financial cost pressure.</p> <p>This is caused by the requirement to engage locum clinicians to provide cover for staff currently not in work as a result of employee relation issues.</p>	<p>Probity on the locum contracts being agreed to ensure continuity of service.</p> <p>Adherence to Health Board HR Policies in the management of cases.</p>	Finance inc. claims	6	4	3	12	Develop management plans for continued locum payments to cover GGH consultant off work due to employment relation issues to be specified, including time line for likely conclusion of situation.	Lewis, Caroline	Completed	In progress.	Finance Committee	1	3	3	11/04/2019

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		Scheduled Care			<p>This will lead to an impact/affect on the ability to provide care within the departmental budget.</p> <p>The ability to provide continuity of care to patients.</p> <p>The moral and motivation of the clinical teams involved.</p> <p>Risk location, Glangwili General Hospital, Withybush General Hospital.</p>							<p>Develop a management plan for continued locum payments to cover WGH consultant off work due to long term sickness, including time line for likely conclusion of situation.</p> <p>Develop management plans for continued locum payments to cover WGH middle grade covering a consultant off work due to employment relation issues to be specified, including time line for likely conclusion of situation.</p>	Lewis, Caroline	30/06/2019	<p>HR strategy to bring a solution to issues in development in conjunction with Medical HR.</p> <p>In progress.</p>						
128	Standard 2.6 Medicines Management	Central Operations: Out of Hours	Rees, Gareth	Davies, Nick	01/09/2016	<p>There is a risk of delays to patients receiving treatment, administration or availability of control drugs and medication due to stock levels and of "Just in Case" or appropriate care planning.</p> <p>This is caused by a lack of a coordinated approach for pharmacy supervision of stock levels as well as restrictions in conveyance of controlled medications by GPs whilst on duty. There is also an issue involving day time practitioners who do not always complete care plans resulting in avoidable visits to OOH services.</p> <p>This will lead to an impact/affect on Out of Hours services having to attend to avoidable calls. In turn, patients may face delays in receiving timely care. Journey times and distances travelled by clinicians also increase as they need to return to base to collect required medication for certain calls.</p> <p>Risk location, Health Board wide.</p>	<p>GPs ensure that they carry sufficient drug stocks in the vehicles during home visits. If attending to palliative care calls, GPs are to give consideration to obtaining controlled drugs prior to attending.</p> <p>Close working with practices and Palliative Care Teams, and Paul Sartori Foundation and Macmillan Cancer Support, etc. to ensure that where appropriate 'Just In Case Boxes' are available in the patients home. Special notes should be made available on Adastra to indicate those patients.</p> <p>Close collaboration with Acute Response Teams allow the most appropriate clinician to respond to the call.</p>	Quality/Complaints/Audit	8	4	3	12	<p>Discussions have been held with Pharmacy regarding increasing pharmacy provision throughout Carmarthenshire and Pembrokeshire in line with the Ceredigion model.</p> <p>Costings and plan are awaited.</p>	Pugh-Jones, Jenny	31/03/2019	14/5/19 On-going discussions with pharmacy leads continue with a policy and procedure being prepared in order to increase availability of controlled drugs to the OOH service. Chasing email sent for update today (14/5)	Medicines Management Group	1	3	3	14/05/2019

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134	Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	Central Operations: HSDU	Rees, Gareth	Flear, Philip	08/01/2015	<p>There is a risk of needing to destroy large numbers of surgical instruments following suspected prion contamination arising during invasive procedures.</p> <p>This is caused by the inability to be able to mark individual instruments to enable them to be tracked and traced through the decontamination processes as there is no instinctually reliable system available on the market.</p> <p>This will lead to an impact/affect on an inability to trace instruments should a look back exercise be required e.g. possible patient infection. Unable to defend possible litigation claims. In the event of detected contamination all similar instruments will need to be destroyed with consequential financial impacts.</p> <p>Risk location, Health Board wide.</p>	<p>Supplementary instruments are colour coded to allow the surgical speciality to be identified;</p> <p>Where the same supplementary instrument is used for the same procedure, these have been added to the relevant instrument sets;</p> <p>Stock of supplementary instruments within theatres have been reduced and continue to be monitored with the aim of reducing further;</p> <p>Single use instruments are used where available;</p> <p>All Wales Group representing organisation;</p> <p>Lead Committee - Finance Committee.</p>	Finance inc. claims	6	2	5	10	<p>HSDU management to continue reviewing new technologies which could possible mitigate this risk.</p>	Flear, Philip	43/06/2018 31/01/2019	Currently there is no systems being within current knowledge and invention to do so safely. Regular update of no progress since 2018.	Finance Committee	2	5	10	31/07/2019
												<p>Discuss with other Health Boards in England to establish how others are approaching this challenge. Continue to review technology for an acceptable resolution.</p>	Flear, Philip	Completed	<p>Discussed with other health boards and with Hospital Sterilisation and Decontamination Unit (HSDU) management from Derriford, who have etch marked their single instruments. However this is against manufacturer's warranty procedures.</p> <p>No suitable system in place to mitigate this risk as at August 2017. Update 13.08.18 - No further update. 23.10.18 Intend visiting to view a system to be updated in December of any progress. Update 27.12.18 Visit took place system on trial in enabling health board will review results in 3 months time.</p>						
												<p>Head of HSDU attending All Wales Group to identify a Wales wide approach.</p>	Flear, Philip	31/12/2019	<p>New action has the meeting taken place?</p>						

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93	USC: Pathology	Perry, Sarah	Stiens, Andrea	01/10/2014	<p>There is a risk of avoidable harm to staff and others by contact, ingestion or inhalation of hazardous substances.</p> <p>This is caused by ineffective segregation of formaldehyde which is now a category 1 carcinogen.</p> <p>This will lead to an impact/affect on serious harm to staff from exposure to formaldehyde leading to sensitisation and lasting health issues. Criminal prosecution under Health &amp; Safety law.</p> <p>Risk location, Glangwili General Hospital.</p>	<p>Risk assessments completed March 2015.</p> <p>Formaldehyde environmental monitoring in place. Levels are below recommended safety levels.</p> <p>Staff who display symptoms are referred to Occupational Health for advice and on-going monitoring.</p>	Safety - Patient, Staff or Public	6	2	5	10	<p>Estates review of relocation of tissue processors into a separate room with adequate ventilation - no available space within Pathology GGH footprint - would need to relocate staff from adjacent rooms. Application for additional space in Teilo to decant Consultant Cellular Pathologists was unsuccessful.</p> <p>Feasibility study to assess potential relocation of either Microbiology or Cellular Pathology from GGH location to Science Block in National Botanical Garden of Wales.</p> <p>Exploring the option of modular laboratories as an interim solution.</p> <p>Option identified to build 3 Consultant offices above current flammable stores structure adjacent to Pathology, which would release space adjacent to current cellular pathology laboratory for reconfiguration to house tissue processors etc. this reduces the health and safety risks.</p>	Stiens, Andrea	Completed	<p>Cost of this option has been deemed to high. Estates team are now costing a modular solution.</p> <p>Modular solution also too expensive.</p>	Operational Quality, Safety & Experience Sub Committee	1	5	5	29/05/2019
												<p>Feasibility study to assess potential relocation of either Microbiology or Cellular Pathology from GGH location to Science Block in National Botanical Garden of Wales.</p>	Stiens, Andrea	Completed	<p>All Wales bid via Efficiency Through Technology Fund (ETTF)bid submitted - Unsuccessful.</p> <p>Cost for HDUHB per annum Year 1 to 3 60K, Year 3 onwards 35K.</p> <p>All Wales bid has been resubmitted to ETTF September 2017. Bid has been unsuccessful. NBGOW option too expensive. Option to build additional offices to relaease space adjacent to lab, costs can be reduced if team can be relocated to space released by Finance at GGH - refer to separate action.</p>					
												Exploring the option of modular laboratories as an interim solution.	Stiens, Andrea	Completed	Cost of this option has been deemed to high, Estates team are now costing a modular solution. Cost of modular solution also too expensive.					
												Option identified to build 3 Consultant offices above current flammable stores structure adjacent to Pathology, which would release space adjacent to current cellular pathology laboratory for reconfiguration to house tissue processors etc. this reduces the health and safety risks.	Stiens, Andrea	Completed	Fully costed SBAR has been submitted to the capital Health and Safety group. Joe teape has requested a review of options to identify if the project can be segregated into smaller projects to aid resolution. Refer to remaining actions.					



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												Relocation of Consultant Cellular Pathologists and Medical secretarial team to vacant space created by moving back office functions off site. This has been flagged with Sarah Perry GM for GGH site.	Perry, Sarah	Completed	Awaiting movement of back office functions to release space.Due to take place July 2018. Capital Funding to make estate changes agreed July 2018. relocation to this space is no longer the preferred choice due to distance from the Cellular pathology laboratory.						
												Reconfigure released Consultant Cellular pathologist office space adjacent to Cellular pathology cut up room to include ventilation to house tissue processor analysers.	Elliott, Rob	28/12/2018	This action cannot progress until space is released and capital is agreed						
												Alternative space to house Consultant Cellular pathologist team and medical Secretary staff is being explored - two options in the main hospital corridor are being explored and assessed - this is being taken forward via the GGH Accommodation Group	Perry, Sarah	Completed	Current two options are being assessed						
												6 offices identified for relocation of Consultant Cellular Pathologist team (currently located in Pathology GGH and Gorlan) to main corridor first floor GGH	Stiens, Andrea	28/06/2019	Waiting for the current staff to move from these offices to enable the move to happen.						
												Office space identified off main corridor first floor GGH for relocation of Cellular Pathology administrative staff from Gorlan	Thomas, Helen	28/06/2019	Office space identified has had to be used temporarily to house secretaries relocated because their office space is currently out of use.						
671	Standard 3.1 Safe and Clinically Effective Care	MH&LD: Substance Misuse	Carroll, Mrs Liz	Hughes, Geraint	26/11/2018	<p>There is a risk of individuals being unable to access timely opiate substitute therapy.</p> <p>This is caused by a lack of specialist prescribers, primarily in Llanelli.</p> <p>This will lead to an impact/affect on clients of the Community Drug &amp; Alcohol Team (CDAT) being unable to access prescribing, putting them at greater risk of overdose.</p> <p>This could lead to an increase in Drug Related Deaths and reputational risks to the Health Board if it is unable to meet its Key Performance Indicators.</p> <p>Risk location, Health Board wide.</p>	<p>Case management processes are in place to ensure gaps in prescribing are identified early.</p> <p>Policies/procedures.</p> <p>Medical Services Meeting.</p> <p>Quality Performance Planning Meeting (QPP.</p> <p>Quarterly Performance Reports to Area Planning Board Commissioners.</p>	Safety - Patient, Staff or Public	6	2	5	10	to meet with APB Commissioners to identify finance to enable the development of Non Medical prescribing and the establish a Specialist Prescribing Service (SPS) in Llanelli.	Jones, Richard	Completed	have met with APB Commissioners and identified funding from 01.11.18-31.03.19 to implement Non Medical prescribing Pembrokeshire, further develop Non-Medical Prescribing in Ceredigion and to establish a Specialist Prescribing Service (SPS) in Llanelli.	Operational Quality, Safety & Experience Sub Committee	1	5	5	23/05/2019

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												To recruit into Non-Medical Prescribing post in Pembrokeshire.	Hughes, Geraint	04/02/2019 23/07/2019	Vacancy to be approved by Directorate and Health Board panel.Work ongoing. Appointed temporarily whilst funding is confirmed for 2019-2020. 23.05.19 still awaiting confirmation of funding for 2019-2020 from the Area Planning Board.	Of					
												To revised the management structure in CDAT Ceredigion locality to enable additional Non-Medical Prescribing resource.	Hughes, Geraint	Completed	Vacancy to be approved by Directorate and Health Board panel.						
												To establish a Specialist Prescribing Service (SPS) in Llanelli.	Hughes, Geraint	Completed	Meeting Prescribers and Commissioners on 26.11.18 to agree implementation.						
528	Standard 2.6 Medicines Management	Scheduled Care: Rheumatology	Hire, Stephanie	Morris, Donna	18/06/2018	<p>There is a risk of financial pressure through the prescription of high cost medication.</p> <p>This is caused by the exclusive license for Humira (Adalinamab) creates a cost pressure for this drug, which is only able to be prescribed from a Hospital Setting. In 2018-19 the patent expires which allows for the prescribing of bio-similar medications.</p> <p>This will lead to an impact/affect on a cost saving per patient with an expected 40% saving on medication costs, resulting in a £250k whole year saving.</p> <p>Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital, Withybush General Hospital.</p>	Clinical teams are prepared for change over once possible.	Finance inc. claims	6	3	3	9	<p>Transition plan required for patients to map time frame for change over of prescription.</p> <p>Transition plan being deployed with expected impact to be felt from M6 2019/20</p> <p>Transition of patients onto new drug regime in line with best clinical practice</p>	Harry, Debora	Completed	Forecasting underway - clinical team mapping the number of patients and how they can be clinically reviewed and transitioned to new drugs.	Finance Committee	2	3	6	12/06/2019
													Harry, Debora	Completed	PID has been developed to support transition and identify potential cost reduction						
													Harry, Debora	30/09/2019	Patient transition to bio-similar medication in progress and on trajectory for completion in line with project plan outlined.						
561	Standard 2.2 Preventing Pressure and Tissue Damage	3 Counties: Carmarthenshire	Dawson, Rhian	Rees, Craig	01/11/2015	<p>There is a risk of avoidable harm to patients in the community, manifesting through pressure damage when attending A&amp;E departments.</p> <p>This is caused by an increased aging population with high levels of frailty being cared for at home or in a care home. These patients are often not known to community services before they present at A&amp;E departments.</p> <p>This will lead to an impact/affect on potential to result in increasing numbers of emergency medical admissions, patients' discomfort, pain and loss of independence.</p> <p>Risk location, Health Board wide.</p>	<p>Safeguarding Policy in place.</p> <p>All pressure damage serious incidents are reported into the Strategic Safeguarding Sub Committee.</p> <p>Triage and assessment process in situ for all admissions.</p> <p>Review Datix reports and take immediate action to investigate, including referral to Safeguarding when appropriate.</p> <p>The risk is updated in the Carmarthenshire Heads of Service meeting and submitted to County Management team meeting for approval.</p>	Safety - Patient, Staff or Public	6	3	3	9	<p>Training workshops to be undertaken in each County with representation from Datix, Tissue Viability and Safeguarding Teams.</p> <p>Community flowchart (for process) to be implemented.</p>	Rees, Craig	Completed	Training commenced, All specific Lead staff trained.	Operational Quality, Safety & Experience Sub Committee	2	3	6	21/05/2019
													Rees, Craig	Completed	Carmarthen completed. To be monitored by integrated dashboards within each Carmarthenshire County Management meeting.						

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673	Standard 3.1 Safe and Clinically Effective Care	P,C,LTC: Primary Care	Bond, Rhian	Bond, Rhian	26/11/2018	<p>There is a risk of cost pressure to the General Medical Services(GMS)budget.</p> <p>This is caused by national agreements on Directed Enhanced Services (DES) with no additional funding.</p> <p>This will lead to an impact/affect on overall budget position unless other enhanced services are decommissioned to meet the cost pressure.</p> <p>Risk location, Health Board wide.</p>	No controls currently in place as information on new DES awaited from Welsh Government (WG)as part of their contract negotiations.	Finance inc. claims	6	3	3	9	Review of risk once detail of Directed Enhanced Services are known and the associated financial impact.	Bond, Rhian	04/04/2019 30/09/2019	Further information requested from Welsh Government.	Operational Quality, Safety & Experience Sub Committee	2	3	6	22/07/2019
294	Women & Children's: Community Children's Services	Jones, Keith	Devonald-Morris, Margaret	24/04/2017	<p>There is a risk of delayed and sub-optimal care of paediatric patients requiring community nursing and a holistic approach to palliative care needs in line with NICE Guidance 61 End of Life care for infants.</p> <p>This is caused by non-compliance with Royal College of Nursing Standards re ratio of nursing to child or young people population. In addition, the Royal College of Paediatric and Child Health recommendation of increasing community nursing capacity all, which are dependent on funding.</p> <p>This will lead to an impact/affect on timely interventions and clinical outcome, for children and families coming to terms with the prognosis.</p> <p>Risk location, Health Board wide.</p>	<p>One Hywel Dda children's community nursing team in place.</p> <p>Traffic Light System in place to ensure a safe and sustainable Children's Community Nursing Service that has the flexibility to meet the holistic nursing needs of current caseload.</p> <p>Recruitment of 47.5 hours Band 5 to replace a Band 7 to support maximising nursing capacity.</p> <p>Paediatric Palliative Care draft service specification and the provision of 24/7 advice service from the All Wales Clinical Network for Paediatric Palliative Care in place.</p> <p>Health Board Delivery Action Plan in place.</p> <p>All Wales Paediatric Advanced Care Plan in place.</p>	Quality/Complaints/Audit	8	3	3	9	Existing caseload to be monitored, referrals to be reviewed against the traffic light framework to ensure a safe, sustainable service delivery.	Devonald-Morris, Margaret	31/04/2018 30/06/2019	Ongoing appraisal of case load and referrals monitored.	Operational Quality, Safety & Experience Sub Committee	1	3	3	06/06/2019	
Ensure investment into the Service Delivery is included in the Delivery action plan for 2018 onwards.												Devonald-Morris, Margaret	31/04/2018 30/06/2018	SBAR developed for Community Nursing Services for budget setting 2018/19 submitted, no investment to date. Investment for 2019-2021 included in IMTP.							
Develop a paediatric action & delivery plan in line with NICE guidance self assessment.												Devonald-Morris, Margaret	13/4/2018 31/03/2019 31/08/2019	Email sent to palliative care lead consultant and nurse to arrange a date to develop. This meeting was postponed, to rearrange. This meeting has not progressed, SDM/SN to request a date to develop an action & deliver plan.							
Develop an additional SBAR which includes nursing and medical staffing as an action from the Paediatric Task and finish Group.												Devonald-Morris, Margaret	31/12/2018	Draft SBAR completed and presented to Paediatric Task and finish group, ammendments required. 21/11/18 Paediatric Task & finish Group, Presentation by General Manager re: Withybush Paediatric Assessment Care Unit and Acute Model, elective and planned surgery and investment for community. Position remains unchanged.							



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102	USC: Pathology	Perry, Sarah	Stiens, Andrea	08/09/2016	<p>There is a risk of failure of the Blood Bank Issue room fridge leading to delay in access to blood products and an impact on patient safety.</p> <p>This is caused by lack of air conditioning and temperature control in the Blood Bank Issue room.</p> <p>This will lead to an impact/affect on the &gt;10 year old Blood issue fridge is over compensating to maintain safe temperature for storage of blood stocks. Risking failure of this fridge which will result in wastage of blood products and possible life threatening delay to patients requiring emergency blood transfusions. Blood inappropriately stored can become contaminated with bacteria and if given to patients can result in adverse transfusion reaction.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Maintenance contract in place for Blood Issue fridge.</p> <p>Contingency plans in place should fridge fail.</p>	Safety - Patient, Staff or Public	6	3	3	9	<p>Capital Bid submitted for consideration in the 2017/18 capital allocation process.</p> <p>Submit capital bid to 2019/20 capital programme</p>	Stiens, Andrea	Completed	<p>Await outcome of the allocation of HB capital. No capital funding identified in 2017/18.</p> <p>No progress to date</p>	Operational Quality, Safety & Experience Sub Committee	1	3	3	05/06/2019
101	USC: Pathology	Perry, Sarah	Stiens, Andrea	08/09/2016	<p>There is a risk of delay in blood transfusion and impact on patient safety.</p> <p>This is caused by blood Issue Fridge and Blood Stock Fridge being over 17 years old and maintaining required temperatures is an issue.</p> <p>This will lead to an impact/affect on cross matched blood and also the emergency issue blood would have to be moved to the Blood Stock fridge within blood transfusion. This would impact on patient safety as emergency blood would not be available as quickly. Blood Stock fridge does not have the capacity for holding large amounts of issue blood, there would be an increased potential for incorrect unit selected for patients resulting in transfusion reactions.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Maintenance contract in place for Blood Issue fridge and Blood stock Fridge.</p> <p>Contingency plans in place should fridge fail.</p>	Safety - Patient, Staff or Public	6	3	3	9	<p>Capital Bid submitted for consideration in the 2017/18 capital allocation process.</p> <p>Submit capital bid to 2019/20 capital programme</p>	Stiens, Andrea	Completed	<p>Await outcome of the allocation of HB capital.</p> <p>Stock fridge 15K.</p> <p>Issue fridge 15K.</p> <p>No capital funding identified in 2017/18.</p> <p>No progress to date</p>	Operational Quality, Safety & Experience Sub Committee	1	3	3	05/06/2019

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103	USC: Pathology	Perry, Sarah	Stiens, Andrea	08/09/2016	<p>There is a risk of delay in blood transfusion and an impact on patient safety.</p> <p>This is caused by no back up platelet incubator being available.</p> <p>This will lead to an impact/affect on unable to store platelets causing delay to blood transfusion service provision. Platelets would have to be arranged for daily delivery from Welsh Blood Service increasing cost of transportation and delay to patient flow and discharge.</p> <p>Risk location, Withybush General Hospital.</p>	<p>Maintenance contract in place for Platelet Incubator.</p> <p>Contingency plans in place should fridge fail.</p>	Safety - Patient, Staff or Public	6	3	3	9	<p>Capital Bid submitted for consideration in the 2017/18 capital allocation process.</p> <p>Capital bid to be submitted to the 2019/20 programme</p>	Stiens, Andrea	Completed	<p>Await outcome of the allocation of HB capital £10k.</p> <p>No capital funding identified in 2017/18.</p> <p>Capital bid not approved in 2017/18</p>	Operational Quality, Safety & Experience Sub Committee	1	3	3	04/06/2019
516	Finance	Thomas, Huw	Hayes, Rebecca	27/05/2016	<p>There is a risk of the Health Board recovering an incorrect amount of VAT on advice given on historic and incomplete Design for Life Schemes.</p> <p>This is caused by difficulty in obtaining VAT advice from D4L nominated VAT advisor.</p> <p>This will lead to an impact/affect on the capital program with any incorrect or blocked VAT claims needing to be repaid. This may increase as final reviews are undertaken.</p> <p>Risk location, Health Board wide.</p>	<p>This contract is managed by NHS Shared Services on behalf of Welsh Government.</p> <p>Welsh Government are informed through Capital Review Meetings. It is likely any issues will be funded by Welsh Government as they arise from an all Wales VAT advice contract.</p>	Finance inc. claims	6	4	2	8	<p>Identify a provider for VAT advice.</p> <p>Work with Shared Services and Deloitte's to resolve the older D4L schemes.</p>	Eve, David (Inactive User)	Completed	<p>For new D4L schemes the VAT advisory work will be undertaken by the HB current VAT advisors. The issue for new D4L schemes is resolved.</p> <p>2 schemes are currently with HMRC for closure, another 3 schemes remain outstanding and 1 scheme is on-going. Work continues to resolve the older schemes. Deloitte are supporting the HB with current HMRC queries and correspondence. Discussions between HMRC Policy Team and Deloitte took place in December 2017, with internal HMRC discussions following in January 2018. HMRC visited the HB in July 2018 and reviewed all of the schemes in detail. As a result, Deloitte have prepared revised work in respect of final account assessment; this was submitted to HMRC in October 2018 for feedback. The follow up work on the Front of House scheme has now been passed over to KPMG who are working with the HB to respond to HMRC queries.</p>	Finance Committee	4	2	8	14/05/2019

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73		Central Operations: Out of Hours	Rees, Gareth	Davies, Nick	01/10/2010	<p>There is a risk of avoidable harm to paediatric patients as a result of no dedicated paediatric service during Out of Hours (OOH) operational times.</p> <p>This is caused by no dedicated paediatric service being available.</p> <p>This will lead to an impact/affect on GPs having to manage medically compromised children with insufficient specialist paediatric support on site. Experience of the receiving service in GGH not able to accept a sick child. Potential significant harm to sick children with large claims and reputational damage to the organisation.</p> <p>Risk location, Llynyfran Surgery, Llandysul, Prince Philip Hospital, Withybush General Hospital.</p>	<p>Guidelines on the management of paediatric patients are circulated to all staff.</p> <p>A triage and transfer model is in place.</p> <p>On-going liaison with the Women and Children's Directorate.</p> <p>Guidance has been received with regards to direct admission to GGH in the OOH period.</p>	Safety - Patient, Staff or Public	6	2	4	8	<p>Develop a link with the Women and Children Directorate, and liaise between the clinical lead.</p> <p>Identify dedicated ambulance transport.</p> <p>Establish and provide clear guidelines and protocols and promote and encourage Incident Reporting where deficits in protocols are identified and incidents occur.</p>	Davies, Nick	Completed	<p>The OOH service has been included in the Paediatric Task and Finish Group assessing the provision in Pembrokeshire.</p> <p>Dedicated Ambulance Vehicle (DAV) transport is to continue for the foreseeable future.</p> <p>Established guidelines and incident reporting are in place and under frequent review.</p>	Operational Quality, Safety & Experience Sub Committee	2	4	8	14/05/2019
444		PP&C: Informatics - Information and Communication Technology	Tracey, Anthony	Solloway, Paul	01/06/2014	<p>There is a risk of increased costs could be incurred by the Health Board and inefficiencies in software licensing.</p> <p>This is caused by lack of defined software asseting procedures and tools.</p> <p>This will lead to an impact/affect on audits being undertaken by software vendors to identify if the Health Board is correctly licensed for the software it uses. Any shortfalls could have financial implications for the Health Board.</p> <p>Risk location, Health Board wide.</p>	<p>Software installations are closely monitored to ensure compliance.</p>	Finance inc. claims	6	2	4	8	<p>Review Asset Management Procedures.</p> <p>Update procedures and communicate to all IT department.</p> <p>Provide regular reports on software assets.</p>	Solloway, Paul	Completed	<p>Benchmarking exercise completed by Microsoft license specialist.</p> <p>Procedures being updated in line with best practice, date delayed due to lack of resources.</p> <p>No progress to date, date delayed due to lack of resources.</p>	Capital, Estates and IM&T Sub Committee	3	2	6	07/05/2019
677	Standard 3.3 Quality Improvement Research and Innovation	MH&LD: Older Adult Mental Health Services	Carroll, Mrs Liz	Evans, Melanie	02/04/2018	<p>There is a risk of avoidable detriment to financial robustness and performance.</p> <p>This is caused by inefficient use of staff resources on Enlli Ward as it is a 7 bedded unit with a nursing staff compliment of 24.39 WTE. Other units providing a similar function have 25 WTE to manage 15 beds.</p> <p>This will lead to an impact/affect on avoidable detriment to financial robustness and performance.</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Ensuring rosters are efficient with annual leave and study leave proportioned within the headroom to avoid the unnecessary need to incur any variable pay costs. Sickness absence monitoring is in place. PADRs 90.91%</p>	Finance inc. claims	6	2	4	8	<p>Plans are being developed to ensure a more efficient use of staff resource which will also provide an enhanced service for patients.</p>	Carroll, Mrs Liz	04/01/2019	<p>Capital bid has been developed and detailed floor plan and specification being developed.</p>	Capital, Estates and IM&T Sub Committee	3	2	6	14/02/2019

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226		Estates & Facilities	Elliott, Rob	John, Stephen	01/02/2018	<p>There is a risk of avoidable incidence of patients suffering severe burns from coming into contact with hot surfaces, i.e. radiators, located throughout in-patient wards and side rooms at WGH.</p> <p>This is caused by unprotected cast iron radiators situated throughout clinical areas including side rooms. Prolonged contact often occurs because people have fallen and are unable to move away from the heat source.</p> <p>This will lead to an impact/affect on patients health resulting in burns and potential for loss of limb or death.</p> <p>This would also lead to HSE prosecution if this were to occur.</p> <p>Risk location, Worthybush General Hospital.</p>	<p>Radiator thermostats fitted.</p> <p>Communal ward locations are lower risk as radiator tends to be positioned centrally.</p> <p>Risks highlighted at Managers Passport Training.</p> <p>Site Operations Manager looking into appropriate radiator covers.</p>	Safety - Patient, Staff or Public	6	2	4	8	<p>Further review/surveys to determine extent of unprotected surfaces to determine full extent of issue. This will also help to assess the level of capital required to address the risk.</p> <p>Introduction of local risk assessments with clinical staff in areas where there are known cases of unprotected surfaces.</p> <p>Review of incidents that have occurred over the last 12 months.</p>	Evans, Duncan Evans, Duncan Evans, Duncan	25/11/2019 18/11/2019 08/05/2019	<p>No progress to report on this at this stage.</p> <p>Discussions on this issue have commenced with H&amp;S and operations on the development of a risk assessment.</p> <p>No progress to report on this issue as yet.</p>	Emergency Planning and Health and Safety Sub Committee	1	4	4	26/06/2019
156	Standard 2.1 Managing Risk and Promoting Health and Safety	MD: Medical Education & Knowledge	Evans, John	Noble, Jayne	25/05/2016	<p>There is a risk of the Health Board having reduced SIFT (Service Increment for Teaching) income if medical student numbers are reduced or removed.</p> <p>This is caused by failure to meet the Welsh Government standards on accommodation and associated facilities set for Health Boards or failure to find external accommodation that meets the student placement requirements.</p> <p>This will lead to an impact/affect on the Health Board contributing more to the recurring costs and reducing the opportunity to recruit Foundation Doctors to work in our hospitals.</p> <p>Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital, Worthybush General Hospital.</p>	<p>Inceased use of external accommodation due to increased student numbers and an increase in locum doctors and agency nurses.</p> <p>Students are asked to report problems early to their local Medical Education team.</p> <p>End of Placement evaluations that highlight problems are acted on before the next students arrive.</p> <p>Medical School Evaluations.</p>	Finance inc. claims	6	2	4	8	<p>BGH is experiencing problems with their student only block, being used by agency nurses and F1 doctors due to poor standards in the F1 block. Very poor accommodation standards have been reported across the Health Board, but are worse in BGH.</p> <p>Continue to use medical school feedback to make improvements.</p>	Noble, Jayne Noble, Jayne	Completed Completed	<p>Work with Hotel Facilities to reduce the numbers of agency nurses using the student block in BGH. New process in place to secure student accommodation and not release rooms to locums.</p> <p>External accommodation for Mental Health students identified in Trinity College for the Carmarthen area</p> <p>T&amp;FG in place to review all accommodation and Action Plan produced. Requesting discretionary capital to undertake worst affecting accommodation, particularly in BGH and WGH</p> <p>The Undergraduate Annual Review highlights the need for improvements. T&amp;F Group in place with Action Plan. Continue to monitor Medical School feedback to feed into the T&amp;F Group.</p>	Capital, Estates and IM&T Sub Committee	1	4	4	06/06/2019

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												Improvements in Wi-Fi access.	Noble, Jayne	Completed	Wi-Fi problems are being reported by students. BT are increasing bandwidth in the residences. SIFT is to contribute to this through existing accommodation funding in BGH, GGH and PPH and new funding received from WGH and Mental Health.					
												An Accommodation Task and Finish Group has been set up reporting to the Capital, Estates and Information Management and Technology (CE&IMT) Sub-Committee.	Preece, Karen (Inactive User)	Completed	A scoping exercise has been carried out to ascertain conditions against standards and reviewing the level of discretionary capital required for short and long term improvements. Capital now identified for 2018-2019. Quality control systems are in place to ensure the cleanliness of rooms and protection of prepared rooms for student occupancy.					
												Year 1 Works programme in place on each site, utilising £200K of discretionary capital. Due to finish by end of March 2019.	Noble, Jayne	Completed	Works completed.					
												T&F Group to develop the plans for Year 2 Capital Bid.	Evans, John	31/07/2019	Preparing costing report for CEIM&T in June 2019.					
518	E&F: Property Performance	Elliott, Rob	Williams, Paul -	04/12/2017	<p>There is a risk of pollution incidents, disruption to continuity of supply and quality of fuel oil, leading to an increased revenue spend.</p> <p>This is caused by a failure in fuel oil containment due to age, condition and procedures, linked to a failure to comply with Water Resources (Control of Pollution Oil Storage) Regs 2016. Also, diminished supply (especially Heavy Fuel Oil), linked to EU legislation / volatility of global energy markets.</p> <p>This will lead to an impact/affect on ground or surface water pollution leading to costly remedial work, potential fines or enforcement action depending on severity of environmental impact. Also interruption to heating and hot water from some primary (GGH) but mainly secondary supplies, negative publicity. Escalating revenue costs by not moving away from oil use.</p> <p>Risk location, Aberaeron Hospital, Cardigan Memorial Hospital, Cross Hands Health Centre, Glangwili General Hospital, Hafan Derwen, Minaeron, Tregaron Hospital, Ty Myddfai - Psvchotherapy Withybush General Hospital</p>	<p>1)Planned Preventative Maintenance(PPMs) and procedure in place covering the delivery and storage of oil.</p> <p>2)ISO 14001 audits review action taken inline with legal compliance and operational procedures, highlighting areas of non conformance for improvement.</p> <p>3)External assessments by suitably qualified contractors undertaken to tanks, bunds and pipework against the oil storage regulations. Minimum and best practice recommendations provided.</p> <p>4)Capital investment in high priority recommendations to ensure compliance with oil storage regulations.</p> <p>5)Internal assessment undertaken to replace oil at Hafan Hedd and Minaeron with LPG.</p> <p>6)External feasibility undertaken to determine short and long term energy use at GGH, to move away from Heavy Fuel Oil use. Includes the assessment on the cleaning vs replacement of</p>	Statutory duty/inspections	8	2	4	8	<p>Update operations procedures in line with pollution prevention / ISO recommendations</p> <p>Upgrade PPMs to reflect new procedures. Provide awareness sessions to maintenance staff on new requirements.</p> <p>Ensure audits are undertaken in line with ISO 14001 audit schedule, and any non conformances are actioned within appropriate timescales.</p> <p>Review and fund priority compliance works in line with Oil Storage Regulations</p>	<p>Corcoran, Rhian</p> <p>Corcoran, Rhian</p> <p>Corcoran, Rhian</p> <p>Corcoran, Rhian</p>	<p>40/08/2018 30/06/2019</p> <p>28/09/2018 30/06/2019</p> <p>21/12/2018 31/05/2019</p> <p>29/03/2019 31/08/2019</p>	<p>To be done by the end of Nov 2019 (delays due to resource change. Work underway.</p> <p>To be done by the end of Nov/Dec - (delays due to resource change) Work underway 24/7/19</p> <p>Some audits have been done and an audit schedule created. Work ongoing with a gap analysis due Nov 19.</p> <p>Progress reported against non conformances and 2018 T&amp;O's in M6 ISO 14001 Review at CEIM&amp;T in July 2019. 2019 T&amp;O's approved.</p> <p>Delayed in line with WGH project delivery. Work ongoing</p>	Capital, Estates and IM&T Sub Committee	1	4	4	24/07/2019



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						<p>existing oil tanks.</p> <p>7)Internal assessment of WGH oil storage condition and contingency requirement to develop scheme for capital funding.</p> <p>8)Decommissioning of Aberaeron Oil tank in line with property disposal timescales.</p> <p>9)Energy Price Risk Management Group (EPRMG) meet quarterly to assess energy price trends and support forward planning.</p> <p>10)All Wales contract in place covering the supply of oil.</p>						<p>To identify and develop a scheme proposal to manage short and medium term risks associated with oil use and storage at GGH and WGH.</p> <p>Obtain quotes for cleaning of tanks / replacement of pipework etc at GGH and WGH to aid delivery of the design scheme.</p> <p>Deliver capital scheme upgrading oil (or alternative) storage solutions at GGH and WGH.</p>	Williams, Paul - Corcoran, Rhian - Williams, Paul -	26/10/2018 31/08/2019 Completed 27/09/2019	<p>WGH: scheme not yet agreed but aim to complete by end of 19/20 financial year. Scheme still under development and Capital funding requires approval. GGH - Reduced scheme, replacing one of the oil tanks with LPG instead of 3 which will be a spend to save project. Timescales for delivery will be end of 19/20 financial year.</p> <p>Quotes sought, awaiting final submissions Quotes provided to design team as part of evidence base to deliver scheme.</p> <p>GGH project underway. Further scoping to be undertaken at WGH.</p>					
563	3 Counties: Carmarthenshire	Dawson, Rhian	Rees, Craig	04/10/2017	<p>There is a risk of avoidable patient harm and increased admissions to the acute sector GGH and PPH.</p> <p>This is caused by the potential for the Integrated Care Fund (ICF) to cease in March 2020 and a requirement to fund services from current budgets which may not be possible, therefore newly established services brought to reality by the ICF may cease.</p> <p>This will lead to an impact/affect on services to patients' may be delayed resulting in delayed transfers of care, risk of hospital acquired infection along with loss of capacity to keep care for patients at their own homes, or a negative financial impact on Health Board finances.</p> <p>Risk location, Amman Valley Hospital, Glangwili General Hospital, Llandovery Cottage Hospital, Prince Philip Hospital.</p>	<p>Position paper set out in an SBAR to the Business Planning and Performance Assurance Committee on October 2017.</p> <p>Welsh Government been made aware via quarterly reports. Regional Board and County Boards will highlight any issues as they arise.</p> <p>The risk will be updated after the Carmarthenshire County Management Team meeting.</p>	Safety - Patient, Staff or Public	6	2	4	8	Seek clarity on funding agreement between Welsh Government and the Health Board.	Dawson, Rhian	31/12/2018 30/08/2019	Continue to review with the west wales care partnership and Welsh Government. ICF funding bids have been submitted to Welsh Government awaiting outcome.	Operational Quality, Safety & Experience Sub Committee	1	4	4	21/05/2019
575	3 Counties: Ceredigion	Skitt, Peter	Hawkes, Jina	04/10/2017	<p>There is a risk of avoidable patient harm and increased admissions to the acute sector.</p> <p>This is caused by the Integrated Care Fund (ICF) ceasing in March 2020 and a requirement to fund services from current budgets which may not be possible, therefore newly established services brought to reality by the ICF may cease.</p> <p>This will lead to an impact/affect on patients' loss</p>	<p>Position paper set out in an SBAR to the Business Planning and Performance Assurance Committee on October 2017.</p> <p>Welsh Government been made aware via quarterly reports. Regional Board and County Boards will highlight any issues as they arise.</p>	fety - Patient, Staff or Public	6	2	4	8	Create an SBAR to demonstrate the risk and any mitigations in place.	Hawkes, Jina	Completed	SBAR Created	Experience Sub Committee	1	4	4	15/07/2019

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					of functional ability, delayed transfers of care, risk of hospital acquired infection along with loss of capacity to keep care for patients at their own homes, or a negative financial impact on Health Board finances.  Risk location, Health Board wide.		Sa					Assurance is required with regards to Regional Governance arrangements and guidance to engage with the Regional process.	Hawkes, Jina	Completed	Regional Governance arrangements have been raised with the Regional Team. Regional Governance arrangements have been raised with Sarah Jennings who is a West Wales Board Member	Operational Quality, Safety & Experience Sub Committee					
												Awaiting feedback from Sarah Jennings	Hawkes, Jina	Completed	Review of current Regional Governance arrangements is underway General feedback is still being discussed (18/3/19) A Ceredigion Joint Leadership Group has been established.						
												Exploring next steps with roles who are currently funded by ICF, including re-deployment, redundancy etc	Hawkes, Jina	Completed	Met with HR to start next steps. Reviews have now been completed. The ICF panel will meet on the 3rd July to determine which schemes are to cease. A Ceredigion Joint Leadership Group has been established.						
												A Ceredigion Joint Leadership Group has been established. Awaiting direction from this group.	Skitt, Peter	22/08/2019	The group met for the first time in June 2019 to agree TOR						
734		Scheduled Care: Theatres	Hire, Stephanie	Knight, Diane	01/05/2019	There is a risk of the inability to perform radio-guided lymphatic mapping and tumour localisation surgery.  This is caused by the failure of the current Navigator GPS system in Withybush general hospital.  This will lead to an impact/affect on patients cancer diagnosis, RTT, patient satisfaction and reputational risk.  Risk location, Withybush General Hospital.	Navigator 2.0 system on hire at cost of £500:00 per week.	Service/Business interruption/disruption	6	4	2	8	Prepare capital bid for replacement of the Navigator GPS system.	James, David	Completed	Bid completed	Operational Quality, Safety & Experience Sub Committee	2	2	4	12/07/2019
												Financial mapping of impact of additional spend on theatres as part of savings plans with exit strategy.	Knight, Diane	07/12/2019	In progress. Ongoing no capital available.						
588	Safe and Clinically Effective Care	Podiatry & Surgical Appliances	Vanderlinden, Natalie	Mulroy, Mike	30/12/2016	There is a risk of failure to meet clinical standards Putting Feet First (Feb 2013), NICE Clinical Guideline 19, Prudent Health Diabetic Foot Pathway (All Wales DBM Foot Group 2017)  This is caused by insufficient investment in new specialised services and inadequate clinical accommodation. Also a lack of recognised MDT in high risk and acute diabetic foot disease across 4 hospital sites.  This will lead to an impact/affect on patient	Podiatrists travelling to Carmarthen to use lab facilities as there are no lab facilities currently available in Ceredigion for cast offloading insole manufacture and minor adjustments on modular/stock orthotics. Patients are offered access to Carmarthenshire specialist services, i.e. Glangwili and PPH vascular, CMATS podiatry and casting clinics if patients willing/able to travel.  CMATS Podiatry clinic started in Lampeter.	Quality/Complaints/Audit	6	2	4	8	Discuss room use with physiotherapists as plaster techs have no designated plaster room and have to use shared room on OPD with limited access.	Mulroy, Mike	Completed	Discussion with Physio re room availability - no problem. Orthotic manager to enquire re further training of plaster techs.	Safety & Experience Sub Committee	1	4	4	25/06/2019
												Start CMATS Podiatry clinic in BGH Leri Day Unit clinic room.	James, Enlys	Completed	CMATS podiatrist from Carmarthen will attend clinics in March 2019.						

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	Standard 3.1	Therapies & Health Science			outcomes due to delay in accessing podiatry high risk (casting), vascular and CMATS podiatry services. Also delays in surgical opportunity to reduce the requirement of amputation. Affects poor delivery of key existing and future services as identified in IMTP. HB's performance due to non compliance with clinical standards and legislation and inequity of service delivery across the Health Board.  Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital, Withybush General Hospital.	Vascular clinic held once monthly in BGH.						Explore possible provision of lab in BGH Leri Day Unit and identify need on future accommodation plan.  Establish MDT pilot in PPH for business plan and training requirements for ward staff pre and post operatively. Dedicated anaesthetist pre op session to be arranged and support by DBM consultant.  Complete plaster technician training.	James, Enlys  Morris, Joanne  Davies, Andrew	28/06/2019 31/12/2022  31/03/2019 25/06/2019 17/09/2019  30/09/2019	Requirements submitted to therapy lead. Planned refurbishment of Leri Day Unit for 2020. Existing services and wishlist submitted to estates. Ongoing meetings attended by Podiatry Lead. New facility anticipated to be complete in 2022.  Ongoing meetings with Exec level. Some staffing shortfall identified. 25/06/2019 update - SBAR in place and ward has been identified by executives but surgical team feel that DBM management is best done on Ward 5. Awaiting anaesthetist and pre-assessment input and evidence. Pilot was successful.  Training done but awaiting supervision of one casting for assessment.	Operational Quality, Sa					
721	Standard 3.1 Safe and Clinically Effective Care	MD: Effective Clinical Practice	Evans, John	Eden, Ingaret	08/03/2019	There is a risk of NICE guidance not being disseminated to appropriate staff in a timely manner.  This is caused by resources being limited to a staff of 0.4 WTE Band 7 and 0.4 WTE band 5.  This will lead to an impact/affect on the possibility that services will not be fully aware of their responsibilities in relation to NICE guidance. The Health Board is expected to ensure that provision is made to enable healthcare staff to implement NICE guidance as expected by the Welsh Government.  Risk location, Health Board wide.	NICE policy.  Staff of 0.4 WTE Band 7; 0.4 WTE Band 5.  Robust system for dissemination and collection of baseline information.	Quality/Complaints/Audit	8	4	2	8	Directorate lead to identify further resources and with Co-ordinator to identify new ways of working.	Eden, Ingaret	31/10/2019	New action.	Effective Clinical Practice Sub Committee	2	2	4	18/04/2019
374	P,C,LTC: Medicines Management	Pugh-Jones, Jenny	Rees, Stuart	03/02/2011	There is a risk of of disruption of the production of aseptically prepared medication (e.g. chemotherapy)to patients..  This is caused by non-compliance with national standards.  This will lead to an impact/affect on services to patients due to the closure of the aseptic units resulting in delay of aseptically prepared products being available.  Risk location, Bronglais General Hospital, Withybush General Hospital.	Standard operating procedures, regular monitoring of environment, ongoing audit and Quality Control with regular input of Quality Assurance/Quality Control lead.  Additional 0.5 Whole Time Equivalent (WTE) Assistant Technical Officer approved for all sites to enable the Health Board to remain compliant with Medicines and Healthcare Products Regulating Agency (MHRA) standards.  External audit of WGH and BGH units have been undertaken and action plans in place to address recommendations	Quality/Complaints/Audit	8	2	4	8	Continue to progress work of Project Group  Business Justification Case to be submitted to Welsh Government following confirmation of appropriate process from WG	Simons, Delyth  Williams, Paul	Completed  28/09/2018 01/09/2019	Monthly project group meetings in place  The Strategic Business Case for a new Aseptic facility is under discussion and will be completed by the end of August 19.	Medicines Management Group	1	4	4	01/08/2019	



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						Rationalisation of out-sourced products.  1wte Technician transferred from GGH to WGH						Task and finish group to prepare BJC for presentation to Welsh Government. Plans to be developed for a new unit in WGH to support Chemotherapy and Radio-Therapy	Pugh-Jones, Jenny	31/12/2019	Medicines Management working with planning and estates department to ensure plans are presented to WG						
												Develop a new aseptic unit.	Pugh-Jones, Jenny	31/08/2021	Option appraisals considered. Outline cost of a new unit being reviewed.						
667	Standard 2.1 Managing Risk and Promoting Health and Safety	Therapies & Health Science: Podiatry & Surgical Appliances	Vanderlinden, Natalie	Mulroy, Mike	20/11/2018	There is a risk of harm to patients.  This is caused by potential delay in fitting spinal bracing to unstable spinal fractures.  This will lead to an impact/affect on patient having to be immobilised unnecessarily with associated risks (DVT, PE, hypotension, muscle atrophy; delayed transfer of care and increased bed occupancy). Patient risk of permanent disability if fracture dislocates. Ward staffing - severely compromised when patient needs to be moved, fed, etc as it takes 5 members of staff to do this. Cancellation of clinics resulting in delayed care affecting patient outcomes.  Risk location, Bronglais General Hospital, Glangwili General Hospital, Withybush General Hospital.	Outside Contracted Orthotist on various sites most days.  In house orthotist has trained plaster technicians, physiotherapy, T&O specialist nurses in stable fracture bracing.	Safety - Patient, Staff or Public	6	2	4	8	SBAR to identify further investment to provide mid week orthotist hours.	Mulroy, Mike	Completed	SBAR submitted 8/2/19. Awaiting outcome from Service Delivery Manager for Trauma and Orthopaedics and feedback from their meetings.	Operational Quality, Safety & Experience Sub Committee	1	4	4	25/06/2019
												Referral for bracing for T4 unstable fracture in Bronglais Hospital resulted in cancellation of clinic sessions for urgent measures and fitting of bespoke brace. Complexity of orthotic management required 3 sessions of orthotist and assistant time and ongoing monitoring.	James, Enfys	Completed	Brace fitted. Patients re-appointed within 8 weeks of cancellation.						
513		Finance	Thomas, Huw	Hayes, Rebecca	01/05/2016	There is a risk of lack of modernisation of the Finance Directorate.  This is caused by withdrawal of the earlier Organisational Change Plan OCP.  This will lead to an impact/affect on the level of financial support will be less than optimal.  Risk location, Health Board wide.	The Director of Finance is in close liaison with the Senior Finance Team on budget performance, the underlying run-rate and Savings profiles.  Temporary agency staff are filling some of the vacancies, until permanent recruitment is made, within the department and this will be retained until permanent solutions are concluded as part of the consultation.	Finance inc. claims	6	4	2	8	Recruit finance staff for vacant positions.	Thomas, Huw	29/05/2018 31/03/2019 30/06/2019	Director appointment in Dec18. OCP commenced its implementation in Jul18 and is on-going; Senior Finance Team appointed and in post by Nov18. OCP process being cascaded down the team. Bands 5, 4 and 3 are in process.	Finance Committee	1	2	2	14/05/2019

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270	Standard 3.4 Information Governance and Communications Technology	PP&C: Informatics - Clinical Systems & Informatics Programmes	Tracey, Anthony	Smart, Richard	05/10/2017	<p>There is a risk of the implementation of Welsh Community Care Information Solution (WCCIS) not being cost neutral.</p> <p>This is caused by the complexity of the implementation, the numbers of service resources needed and the reliance on NWIS and the supplier to deliver functionality.</p> <p>This will lead to an impact/affect on increased costs incurred by the Health Board.</p> <p>Risk location, Health Board wide.</p>	<p>Regional Project Board in place which covers Health and Social Care.</p> <p>Work is progressing within the Health Board to identify potential resources from efficiencies, for example, travel costs for district nurses returning to base to enter information into the system.</p>	Business objectives/projects	6	2	3	6	<p>Implementation of business case to be developed ready for March 2018 and signing of deployment order.</p> <p>Appoint WCCIS Project Manager to replace previous PM.</p> <p>Prepare briefing paper and arrange meeting to progress PM's work plans.</p> <p>Prepare exec paper regarding proposed new approach.</p> <p>Review risk after feedback from Executives.</p> <p>Update paper to go to BPPAC in January 2019</p>	Smart, Richard	Completed	<p>A business justification case has been presented to the Board for socialisation, which outlined the benefits and associated costs for WCCIS.</p> <p>Further work has been requested which is due to be presented to BPPAC (27th Feb) which details the possible funding solutions available. Notwithstanding this, there is a significant capital and revenue investment required, circa £7.4m over a 5 year period.</p> <p>ICF funding agreed. Interviews undertaken, provisional offer made. going through the employment checks. 2nd post approved by workforce panel. Both posts going through employment checks. Waiting for references, start dates agreed for early Oct 18.</p> <p>new action. meeting held to prepare plans. Briefing paper has been superseded by separate action.</p> <p>Initial draft prepared. paper to be available for review by 22/11/18 for mtg 30/11/18. Paper being represented 29/11/18.</p> <p>Paper being presented to execs 29/11/18. Requested to take paper, draft deployment order and legal comment to BPPAC.</p> <p>Draft of paper prepared. If revised approach is agreed risk can be closed as a managed risk. paper submitted. outcome will determine next step</p>	Business Planning and Performance Assurance Committee	2	4	8	19/07/2019

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												Updated Deployment Order to be prepared and submitted - to include the changes requested	Smart, Richard	28/02/2019 01/08/2019	DO Drafted - awaiting feedback from WCCIS commercial group. Feedback received. documents to be further updated. IM has undertaken assurance and agreed Awaiting final update from NWIS/Care Works						
161	Standard 2.1 Managing Risk and Promoting Health and Safety	MD: Medical Education & Knowledge	Evans, John	Noble, Jayne	25/05/2016	<p>There is a risk of the Health Board losing funding to run our L&amp;KS Service.</p> <p>This is caused by reduced Deanery funding due to budget changes with the new HEIW Body. Also reduced Deanery funding if Junior Doctors numbers are reduced in Hywel Dda or moved to less sites.</p> <p>This will lead to an impact/affect on the Health Board to provide the funding lost from the external source.</p> <p>Risk location, Health Board wide.</p>	HEIW to commence in April 2018, first six months there will be a shadowing period.	Finance inc. claims	6	2	3	6	<p>Awaiting implementation of the Health Education Wales (HEIW), an integrated body for health training investment, in April 2018. Expect no changes until this time.</p> <p>HEIW confirmed at Commissioning Meeting on 3rd April, that review of Library funding will be undertaken but not a priority.</p>	Noble, Jayne	Completed	<p>HEIW commenced 1st October. HEIW investing in All Wales Libraries, still awaiting any news on local budgets</p> <p>Await news from HEIW on Library budgets, not expected to be reviewed until 2020.</p>	Workforce and OD Sub Committee	2	3	6	06/06/2019
593	3 Counties: Pembrokeshire	Lorton, Elaine	Hay, Sonia	03/09/2018	<p>There is a risk of ICF funding for existing services will be discontinued or cease.</p> <p>This is caused by by the Integrated Care Fund (ICF) ceasing in March 2020.</p> <p>This will lead to an impact/affect on Financial pressure to county operational revenue budgets through unfunded posts. Staff &amp; cause uncertainty in relation to role &amp; employment. Patients physical and mental health may decline due to a reduction or cease of current service provision, eg, loss of functional ability &amp; deconditioning due to a reduction in rehabilitation funded posts. Timely discharge from acute &amp; community hospitals due to lack of service provision.</p> <p>Risk location, Pembrokeshire.</p>	<p>Existing community services funded by ICF are regularly reviewed.</p> <p>Welsh Government made aware by quarterly reporting of outcomes and impacts of services funded.</p> <p>Position paper highlighting potential impact and risk was shared in SBAR to BPAC in October 2017.</p>	Workforce/OD	8	2	3	6	<p>Ensure all ICF funded projects and services have clear exit strategies.</p> <p>Review all vacancies in line with potential ICF posts.</p> <p>Ensure the potential risk of ICF funding is highlighted on Operational Business Team Meeting for monitoring impact on wider services.</p>	Hay, Sonia	Completed	<p>All posts and projects reviewed, potential funding gap to be incorporated into IMTP plans.</p> <p>Completed</p> <p>Funding gap identified as part of IMTP.</p>	Finance Committee	2	3	6	08/08/2019	

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760	Standard 7.1 Workforce	MD: Medical Education & Knowledge	Evans, John	Noble, Jayne	17/07/2019	<p>There is a risk of to service provision if HEIW de-commission training posts.</p> <p>This is caused by reduction of junior doctor numbers impacting on the ability to provide a supportive teaching environment due to an insufficient critical mass of juniors.</p> <p>This will lead to an impact/affect on the ability to sufficiently populate junior doctor rotas, as a consequence of having posts de-commissioned, other training posts could be lost.</p> <p>Risk location, 22 Wellfield Road (MHLD), Bronglais General Hospital, Brynmair Clinic (MHLD), Canolfan Bro Cerwyn St Nons and St Caradogs, Glangwili General Hospital, Gorwelion (MHLD), Hafan Hedd (MHLD), Haverfordia House - MHLD Joint Service, Penlan (MHLD), Prince Philip Hospital, Swn-y-Gwynt Day Hospital (MHLD), Ty Gwili (MHLD), Withybush General Hospital.</p>	Notice period given by HEIW for posts that are to be de-commissioned to allow Health Boards to plan.	Service/Business interruption/disruption	6	2	3	6	Close engagement with HEIW to fully contribute to any Specialty training reviews that affect junior doctor posts in Hywel Dda UHB	Noble, Jayne	22/07/2019	Commissioning Visit confirmed review of Psychiatry training will be undertaken, but no firm plans in place. HEIW confirmed there are no current plans to decommission any training posts. As part of a wider process of interaction and communication, an informal mid-year meeting between the Health Board and HEIW will be established to provide an opportunity to discuss issues and forthcoming initiatives in more detail.	Workforce and OD Sub Committee	2	3	6	17/07/2019
664	Standard 3.1 Safe and Clinically Effective Care	Women & Children's: Community Children's Services	Jones, Keith	Devonald-Morris, Margaret	09/11/2018	<p>There is a risk of unsustainable care delivery for children and young people who have continuing care packages delivered by two 3rd sector providers.</p> <p>This is caused by one of the three third sector providers giving notice to cease delivery with the transfer of packages across to the two remaining providers, one provider covers Carmarthenshire and the other covers Ceredigion and Pembrokeshire.</p> <p>This will lead to an impact/affect on on potential increase to hourly rate due to lack of competition. Furthermore, remaining provider in Pembrokeshire has had issues with one package where family dynamics/expectations has been a contributing factor in retaining and recruiting care staff. This can lead to increased admissions to secondary care.</p> <p>Risk location, Health Board wide, Pembrokeshire.</p>	<p>Implemented impact assessments and contingency plans for all care packages HB wide.</p> <p>Children's Community Nursing Service working with Health &amp; Safety and Social Care to address the family's dynamics and expectations.</p> <p>Use of HB bank staff to cover packages of care to avoid admission to secondary care.</p>	Workforce/OD	8	2	3	6	<p>Liaise with providers, Service Delivery Manager (SDM)/Senior Nurse (SN) Community, Children's Community Nurse Team Leader and Nurse Assessor to ensure the lease disruption to transfer of care delivery from one provider to another.</p> <p>SDM/SN Community to work with Finance team to explore increase in nursing resource to develop 'in-house home care team' funded via the Continuing Care Budget.</p> <p>Two health Care Support Workers (HCSW) have received child specific training to undertake bank shifts to support delivery of a Pembrokeshire Care Package where recruitment and retention of staff is problematic. Family dynamics is a contributory factor to retention of staff. Quality Performance document in place, and will be used to escalate concerns to CIW.</p>	<p>Devonald-Morris, Margaret</p> <p>Devonald-Morris, Margaret</p> <p>Devonald-Morris, Margaret</p>	<p>Completed</p> <p>31/07/2019</p> <p>31/07/2019</p>	<p>Children's Community Nursing Team Leader and Nurse Assessor to undertake weekly monitoring of care,identify gaps in service and implement action plan to address.</p> <p>SDM/SN Community liaising with finance lead. Establishment for Continuing car packages identified on IMTP. Meeting arranged for 11th June with finance team to develop business case.</p> <p>Progress with recruitment and training of staff, use of bank HCSW minimal.</p>	Operational Quality, Safety & Experience Sub Committee	2	3	6	20/05/2019

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377	Standard 3.1 Safe and Clinically Effective Care	Women & Children's: Midwifery/Maternity	Jones, Keith	Jenkins, Mrs Julie	01/03/2016	<p>There is a risk of patient safety and delivery of timely antenatal care and diagnosis.</p> <p>This is caused by absence of scanning facilities, staff with appropriate training, limited sonographers resulting in insufficient appointments and non compliance with ASW standards. Obstetrician's facilitating departmental scans not linked to PACS and scan equipment outside Antenatal Screening Wales standards.</p> <p>This will lead to an impact/affect on quality and continuity of Consultant led antenatal care and timely patient referral inline with Antenatal Screening Wales and Royal College of Obstetricians and Gynaecologists (RCOG) Standards. Quality of patient experience as patients attend additional appointments in other sites to access scans.</p> <p>Risk location, Bronglais General Hospital, Glangwili General Hospital, Prince Philip Hospital, Witherbybush General Hospital.</p>	<p>Alternative scanner has been sourced to ensure a quality safe service Provision at BGH.</p> <p>Service delivery manager and Lead for gynaecology reviewing compliance for minimum standards for scanning proficiency.</p> <p>Meetings held with radiology department to assess current non compliance and potential measures to mitigate risk.</p> <p>Midwife sonograms facilitating some sessions to assist with capacity.</p> <p>Paper presented to MDT Obs and Gynae team. GM to present to Executive Board for consideration of options paper.</p>	Safety - Patient, Staff or Public	6	3	2	6	<p>Identify an alternative scanner to ensure a quality safe service Provision at BGH.</p>	Owen, Lesley	Completed	Alternative scanner sourced and has been implemented.	Operational Quality, Safety & Experience Sub Committee	2	2	4	07/02/2019
												Facilitate with Midwife sonograms undertaking sessions to assist with capacity.	Owen, Lesley	Completed	Midwife sonograms have undertaken a number of sessions to assist with capacity.						
376		P,C,LTC: Long Term Care	Paterson, Jill	Broad, Vicki	04/06/2013	<p>There is a risk of financial implications to the Health Board following the Supreme Court judgement on FNC (NHS-funded Nursing Care) and Nursing responsibilities.</p> <p>This is caused by Local Authorities in Wales appealing the decision of the High Court Appeal in the Supreme Court.</p> <p>This will lead to an impact/affect on changes in the funding arrangements around the nursing provision in a care home environment and have a significant financial effect both retrospectively (back to 2014) and going forward.</p> <p>Risk location, Health Board wide.</p>	<p>All Wales working Group and Board Established- Director level member chairs Board.</p> <p>Process established to ensure that risk is communicated within the organisation. Risk has been communicated to the Executive Team and The Board through All Wales Directors of Finance Group.</p> <p>Financial impact to the organisation established.</p> <p>Work is on-going both at a National and Local level. Director of Primary care and long term care Chairs the All Wales Technical Group. Head of Long Term Care attends the Heads of Complex Care Meetings and the Assistant Director of Finance attends the All Wales Finance meetings. Internal Health Board meetings have taken place between Finance and Long Term Care to develop a clear plan around ensuring that the Health Board is compliant with guidance issued by the All Wales Steering group.</p>	Finance inc. claims	6	2	3	6	<p>Finance team are reviewing the financial impact (retrospective impact and impact in 2018/19).</p> <p>Legal advice being sought on an All Wales basis by the CHC Lead on potential liabilities around back payment of Continuing Health Care fees.</p> <p>Agreement with Local Authorities regarding the payment process of the 2014 - 2017 element and agreement of on going uplifts to the Local Authority element of the FNC payment.</p> <p>Accrual of self funder costs into 2018/19</p> <p>Identification of short fall in funding from Welsh Government</p>	Bingham, Heledd	Completed	No update.	Finance Committee	2	2	4	24/06/2019
												Paterson, Jill	27/07/2018 31/12/2019	Continue to await legal advice Awaiting further feedback from Welsh Government and Care Forum Wales. CHC will be reviewed once further information has been received and assessment can be made on the known and associated risks.							
												Broad, Vicki	Completed	Agreement has been reached on the back-pay element. This is completed. Local Authorities are still considering the 2018/19 update.							
												Davies, Rhian	Completed	Based on recent guidance from Welsh Government							
												Davies, Rhian	Completed	completed							



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												Decision by CEOs regarding uplift model for 2019/20	Broad, Vicki	29/03/2019 31/09/19	Options paper has been drafted by the NHS lead. Paper has been delayed due to queries from Care Forum Wales regarding elements of the rate increase. This is to be discussed further by Assistant Directors of Finance group. Decision to be taken by CEOs on the 29th July 2019						
511		Finance	Thomas, Huw	Hayes, Rebecca	01/05/2016	<p>There is a risk of operational problems in delivering adequate payment systems within NHS Wales Shared Services.</p> <p>This is caused by duplicate &amp; incorrect payments, with no confidence that all incorrect or duplicates are recovered. Delayed payments, lost invoices, suppliers placing Health Board on hold, loss of reputation, failed Public Sector Payment Performance (PSPP)target, in excess of £3m of invoices on hold.</p> <p>This will lead to an impact/affect on reputational damage, service continuity issues and failure to meet Welsh Government(WG)targets for the prompt payment of suppliers.</p> <p>Risk location, Health Board wide.</p>	<p>Additional control measures have been implemented both within procurement and financial accounting in order to attempt to mitigate the current issues.</p> <p>Additional resources have been secured in order to deliver plan.</p> <p>Shared services have attended the Audit Risk and Assurance Committee (ARAC) in order to provide assurance that remedial action will be taken to put the action plan back on track.</p> <p>Regular updates have been provided to ARAC.</p>	Service/Business interruption/disruption	6	2	3	6	Improve the current performance and engagement in the payments process. Monitored to maintain progress within NHS Wales Shared Services Procurement NWSSP.	Thomas, Huw	30/09/2017 30/08/2018	<p>Monitoring and engagement in place. System enhancements (Oxygen) fully implemented in 2018 by Shared Services; contributing to compliance with the Health Board's prompt payment policy.</p> <p>The Health Board reported 96.7% compliance with the policy for Quarter 1 2018/19. This will however continue to be an on-going risk to monitor.</p>	Finance Committee	1	3	3	04/10/2018
170	Standard 2.1 Managing Risk and Promoting Health and Safety	MD: Medical Education & Knowledge	Evans, John	Noble, Jayne	09/12/2016	<p>There is a risk of reduction of SIFT to the Health Board if student numbers drop.</p> <p>This is caused by reduction in medical student numbers due to changes in the curriculum which the Health Board cannot provide and increased student numbers requiring the need to find external accommodation.</p> <p>This will lead to an impact/affect on the reduction of SIFT funding and an increased reliance on Health Board funding to cover recurring costs. Increasing student numbers has impact on hospital accommodation and requirements for external accommodation.</p> <p>Risk location, Health Board wide.</p>	<p>Increased student numbers from both Swansea and Cardiff Medical Schools.</p> <p>Pockets of difficulties delivering the curriculum, working with the Service to find ways to deliver the training required.</p>	Finance inc. claims	6	2	3	6	Student numbers increased for 2017/2018. New Chronic Disease Block has gone ahead but Consultant staffing issues in Rheumatology and Dermatology may result in block being cancelled or numbers reduced due to in ability to cover the placement curriculum. Increasing consultant staffing problems across GGH, PPH and WGH for 2018-2019 academic year.	Noble, Jayne	Completed	Increased student weeks for 2017/2018, recurring into 2018-2019. Appropriate external accommodation identified to house extra student numbers. Discussions with Honorary Senior Lecturers to decide on student numbers for 2018-2019. Consultant appointments have improved for GGH and PPH in relation to the CD2 placements, however, this has worsened in WGH. Looking at working with GPs with special interest in Dermatology.	Workforce and OD Sub Committee	1	3	3	06/06/2019

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	Stand											Requirement for external accommodation, resulting in pressures for Mental Health.	Noble, Jayne	Completed	External accommodation found for Carmarthen students in Trinity College if needed.						
												Student feedback poor in the Woman, Child and Family block. Unhappy with the exposure available in WGH. Local meeting to discuss issues with Consultant link tutors	Noble, Jayne	Completed	Await outcome of local meeting and contact Cardiff Medical School with our findings  Paeds students from Cardiff Medical School removed from Withybush due to lack of acute exposure. Review taking extra students from the Primary Care Academy (Swansea Medical School)						
												Risks still in place for students in Women, Family & Children remaining in Withybush. Students remained for 2018-2019 academic year, await review from Cardiff Medical School. Review of CPD 2 across Wales also in place due to lack of Dermatology Consultants in Hywel Dda.	Noble, Jayne	28/06/2019 30/08/2019	Still awaiting Cardiff Medical School review.						
584	Standard 3.1 Safe and Clinically Effective Care	Therapies & Health Science: Podiatry & Surgical Appliances	Vanderlinden, Natalie	Mulroy, Mike	30/12/2016	<p>There is a risk of avoidable detriment to the quality of patient care</p> <p>This is caused by a delay in the provision of orthotic products exacerbated by an increase in demand for certain products without accompanying budget, i.e.CMATs service has increased demand for surgical appliances as well as new advanced posts in podiatry, physiotherapy and OT MSK services.</p> <p>This will lead to an impact/affect on on patients' health, mobility, pain and quality of life, and may cause an increase in hospital stays.</p> <p>Risk location, Health Board wide.</p>	<p>Wales Product Formulary providing best product at best price.</p> <p>Monitor number of non-formulary items issued on shared drive.</p> <p>Patients advised to purchase own appliances commercially where available.</p> <p>Issue and fit of orthotic items by other professionals where governance controls in place. Orthotist training available to other professionals.</p> <p>Inclusion in future initiatives as stakeholders to ensure adequate provision of funding, i.e. Stroke Service Redesign workshops, Ceredigion Falls service meetings.</p>	Safety - Patient, Staff or Public	6	2	3	6	<p>Implement new Orthotist contracts to deliver further savings - Bespoke contract and Orthotist only contract due to start 2019.</p> <p>Attend Stroke Pathway Redesign Steering Group meetings to ensure inclusion in adequate planning and provision of orthotic products during acute and long term rehab.</p> <p>Order catalogue stock for orthotic items to be issued immediately in clinics.</p>	Mulroy, Mike	31/03/2019 31/10/2019	Orthotist contract agreed and starting August 2019. Training needs identified and in place.	Operational Quality, Safety & Experience Sub Committee	1	3	3	25/06/2019
													Mulroy, Mike	31/03/2019 31/12/2019	Meeting 27/3/19 identified actions for all departments to action forward plan and new integrated ways of working. Ongoing meetings to be planned. Stroke Service Redesign meeting attended 15th May 2019. Next meeting 9/7/2019 - orthotist attending.						
													Mulroy, Mike	17/09/2019	Stock in Carmarthenshire and Pembrokeshire adequate. Limited space identified in BGH and Cardigan. New CICC will have adequate storage space but limited in Leri Day Unit, BGH until refurbishment of ward.						

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547		E&F: Property Performance	Elliott, Rob Williams, Paul -	31/03/2017	<p>There is a risk of failing to meet a mandatory Welsh Government requirement to operate an environmental management system (EMS) certified to the 2015 ISO 14001 standard, externally audited by a UKAS approved auditor.</p> <p>This is caused by insufficient resources and enablers, e.g. within the environment team and supporting teams and the wider staff base. Inherent difficulties are associated with behavioural change, engagement, leadership and limited funding for improvement projects, and the cost of assessment and consultancy.</p> <p>This will lead to an impact/affect on the organisation's ability to achieve or maintain the ISO 14001 standard, which is also the principal means through which environmental and resource efficiency performance and continual improvement is delivered and measured.</p> <p>Risk location, Health Board wide.</p>	<p>The 2006 ISO 14001 standard, 3 year UKAS (United Kingdom Accreditation Service) certification, was achieved in 2012 and continued to maintain key systems reviewed by external auditors.</p> <p>Utilised consultancy support to update system documentation to the 2015 standard during 2017/18.</p> <p>Key ISO 14001 requirements have been integrated into Health Board systems e.g. governance objectives and targets and management review via the Capital, Estates and Information Management &amp; Technology (CEIM&amp;T) committee and risks via Datix Risk Assessment Forms.</p>	Statutory duty/inspections	8	2	3	6	<p>Arrange a tender to appoint a new contractor to undertake UKAS audits of the EMS to the 2015 ISO 14001 standard.</p> <p>Complete all remaining training packages (environment / waste segregation / waste paperwork / oil deliveries) and begin training programme.</p> <p>Complete updates of operational controls i.e. 3 maintenance procedures, utilities work instructions, waste procedures.</p> <p>Complete and receive approval for annual environmental Objectives and Targets.</p> <p>Complete EMS documentation updates to reflect the new 2015 standard.</p> <p>Focus action on the new standard requirement for evidencing organisational leadership on environmental management. this will include completing briefing note, attendance of exec team, ops board and other meetings, one on ones with key staff e.g. CE and chair, procurement, etc</p> <p>Undertake the annual management review</p> <p>Be externally audited against the 2015 ISO 14001 standard</p>	<p>Williams, Paul -</p> <p>Corcoran, Rhian</p> <p>Corcoran, Rhian</p> <p>Williams, Paul -</p> <p>Corcoran, Rhian</p> <p>Williams, Paul -</p> <p>Williams, Paul -</p> <p>Williams, Paul -</p>	<p>31/05/2019</p> <p>29/03/2019 31/05/2019</p> <p>29/03/2019 30/06/2019</p> <p>29/03/2019 31/05/2019</p> <p>29/03/2019 30/06/2019</p> <p>31/07/2019</p> <p>31/07/2019</p> <p>29/11/2019</p>	<p>Tender documentation to be prepared in April, give 3 weeks for companies to bid. Need to award by end of May. 07.03.19 update - on target.</p> <p>This has been progressed, but will not be completed until May 2019 due to temporary reduced resource in the team.</p> <p>This has been progressed, but will not be completed until June 2019 due to temporary reduced resource in the team</p> <p>This will be decided with the new SEO who commences April 2019. Aim for papers to be submitted to the May CEIM&amp;T committee</p> <p>Some have been completed, the remainder need to be completed with new SEO. Planned for end of June 2019</p> <p>To be commenced and planned by the new Senior Environmental Officer following their appointment in March 2019. 07.03.19 update - on target.</p> <p>Complete review document alongside completion of the annual sustainability report. Present at July CEIM&amp;T committee. 07.03.19 update - on target.</p> <p>Follow tender, aim to have a Phase 1 audit in July / August and then the main audit in November. Further actions to be documented following the Phase 1 audit. 07.03.19 update - on target.</p>	Capital, Estates and IM&T Sub Committee	1	3	3	07/03/2019



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151	Standard 2.1 Managing Risk and Promoting Health and Safety	MD: Medical Education & Knowledge	Evans, John	Noble, Jayne	23/05/2016	<p>There is a risk of service provision impacted if Junior Doctor posts are removed.</p> <p>This is caused by the failure to deliver the GMC Standards for training and failing to deliver the specialty curriculum.</p> <p>This will lead to an impact/affect on the Health Boards ability to recruit or retain medical staff due to poor training resources and facilities.</p> <p>Risk location, Health Board wide.</p>	Review of physical space to deliver clinical skills/simulation and review of Educators across the Health Board. Review to be complete by end of February 2018.	Service/Business interruption/disruption	6	2	3	6	<p>Lack of physical space to delivery clinical skills/simulation in BGH. Review Clinical Skills Educators in PPH.</p> <p>T&amp;FG to be organised to review resources for Clinical Skills across the Health Board.</p> <p>Highlight lack of space in the L&amp;KS Service (Library and Knowledge Services) for GGH.</p>	Noble, Jayne	Completed	Collaborative review teaching rooms in BGH awaited, progress reliant on other Services. Clinical Skills/Faculty sub group, Clinical Skills Hub working to collate all equipment and personnel.	Workforce and OD Sub Committee	1	3	3	06/06/2019	
					<p>Clinical Skills Hub set up, first meeting held on 11th Jan.</p> <p>Clinical Skills/Simulation Faculty to be organised - first meeting to be held by March 2018.</p> <p>Monitor Educational Contract adherence.</p> <p>Work with College Tutors.</p> <p>Monitor education contract components through the ECAS system for all Specialties from August 2017.</p> <p>Raise issues early if any deterioration.</p>	<p>Monitor educational contract, adopting 'live' system from the Wales Deanery.</p>	Noble, Jayne		Completed	Deanery to continue monitoring educational contracts and provide Health Board with exception reports from August 2017 through to July 2018.												
						<p>Work with College Tutors if deterioration occurs.</p>	Noble, Jayne		Completed	Implement reporting system for College Tutors through the Medical Education Board.												
						<p>Deanery Exception report tool (ECERT) available from September 2018, replacing ECAS. Trainees encouraged to report exceptions when they cannot fulfil the Education Contract due to service pressures, etc.</p>	Noble, Jayne		Completed	Trainees encouraged to use ECERT to provide early warning that training is not being met.												
						<p>Recruit clinical skills trainers for introduction of Internal Medicine Training Programme on PPH, GGH and WGH sites.</p>	Noble, Jayne		31/07/2019	Clinical Skills Faculty to be set up, with Hywel Board lead in place ongoing.												
						<p>Ensure that Teaching clinics are in place for IMT in GGH, PPH and WGH.</p>	Noble, Jayne		31/07/2019	New Action.												

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278	Women & Children's: Community Children's Services	Jones, Keith	Devonald-Morris, Margaret	20/02/2015	<p>There is a risk of delayed and sub-optimal care of paediatric diabetic patients as a result of current non-compliance with Diabetes Peer Review standards.</p> <p>This is caused by insufficient staff funding. Paediatric Dietetic time is managed by County teams.</p> <p>This will lead to an impact/affect on the timing of patient reviews and advice resulting in the subsequent risk of increased long-term diabetes-related morbidity and mortality, with deteriorating HbA1c.</p> <p>Risk location, Health Board wide.</p>	<p>Paediatric Diabetes nurse capacity combined across the Health Board to maximise availability of current resource to each county.</p> <p>Deficits in Dietetic resource has been highlighted via monitoring reports to Quality, Safety &amp; Experience Assurance Committee (QSEAC) and prioritised with Pembrokeshire County Integrated Medium Term Plan (IMTP) submission 2016/17 and again for 2017/18.</p> <p>Paediatric team prioritise patient access and reviews according to known clinical priority.</p> <p>Presented SBAR to the Quality &amp; Safety (Q&amp;S) meeting 26/04/2017.</p> <p>Funding agreed for dietetic support on October 2018</p>	Safety - Patient, Staff or Public	6	2	3	6	<p>Dietetic service to progress recruitment of additional Dietetic time via IMTP plans.</p> <p>Senior Nurse Community Paediatrics to undertake further assessment of Paediatric Diabetes Specialist Nurse(PDSN) Workforce.</p> <p>Identify appropriate funding to support PDSN bank staff.</p> <p>Develop a local management arrangement between paediatric ward staff and PDSN.</p>	Devonald-Morris, Margaret	Completed	<p>Dietetic Service further reviewing plans for additional dietetic team resource. In the meantime triage of all referrals and prioritisation of cases. Status remains the same with regards to resource in addition a recent vacancy based at BGH has not been recruited to but have been permitted to seek a period of locum cover. Directorate unable to progress until 18/19 financial balance achieved. 26/11/18, Instruction from Executive board to fund 0.6</p> <p>Directorate unable to further progress within available funding. Issue to be further highlighted via IMTP proposals.</p> <p>Revision and reallocation of caseloads. 16/05/19 establishment of 2.6 WTE in post.</p> <p>PDSN bank is being used to support nursing services.</p> <p>Local management arrangements in place and review for periods of leave.</p> <p>Recruited 0.8 WTE to 1.0 WTE post, commencement date end July 2018. 0.2 WTE vacancy currently funding bank hours. 0.8 WTE PDSN increased to 0.91WTE and 0.6 WTE increased to 0.69 WTE. PDSN bank not being used as current establishment filled.</p>	Operational Quality, Safety & Experience Sub Committee	1	3	3	16/05/2019

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380	P,C,LTC: Long Term Care	Paterson, Jill	Broad, Vicki	12/02/2018	<p>There is a risk of less frequent scrutiny and monitoring of cost and activity once pooled funds for Older Adults in Care Homes has been implemented.</p> <p>This is caused by the potential that the lead commissioner, pooled fund manager role will be carried out by Local Authority partners and that financial reporting will be aligned to their own reporting timescales.</p> <p>This will lead to an impact/affect on the Health Board's ability to produce early, frequent and accurate financial forecasts and may as a consequence result in financial risks to the organisation.</p> <p>It will also reduce our on-going ability to apply efficiency targets on the budget areas that are within scope of the Pooled Fund agreement.</p> <p>Risk location, Health Board wide.</p>	<p>Governance Structure in place.</p> <p>Steering Group in place and shadow Board meeting arrangements (attended by lead Directors of the 4 organisations).Steering group and Shadow Board have oversight over the implementation of the project.</p>	Finance inc. claims	6	2	3	6	<p>Health Board and Executive Team engaged on risks associated with Pooled funds arrangements, especially around financial implications.</p> <p>Director of Finance updated on All Financial recommendations and risks.</p> <p>Partnership agreement signed off by 31/3/18.</p>	Jill Paterson, Jill Paterson, Jill	Completed Completed Completed	<p>Paper was taken to Board in March 2018 along with the Joint Partnership Agreement, and Board were updated accordingly. Therefore this action has been completed to date but will require on-going updates on the on-going risks associated with the Pooled funds agreements.</p> <p>Director of Finance lead meetings have taken place and further scheduled to take place. Director of Finance meetings includes representation from the Health Board.</p> <p>Finance Staff are on the Finance sub group and have developed the recommendations with their Local Authority Colleagues.</p> <p>This has been actioned and completed , however, this will now apply to the work going forward across the Region during the 2018/19 financial year and therefore this will need to be actioned further.</p> <p>Partnership Agreement for Pooled funds - Older Adults has been signed off by all 4 organisations and is now going through the process of applying official seals to it.</p> <p>The Agreement was discussed at the Health Board's March Board Meeting on the 29th March 2018.</p>	Finance Committee	1	3	3	27/03/2019

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												Sign off of the Pre Placement Agreement and supporting documents.	Broad, Vicki	29/03/2019 29/03/2020	by the Head of Corporate Office (Health Board). Further discussions are on-going. Legal to legal meetings have taken place. Schedules are being completed through various work stream groups. Next steps will be to engage with the Care Home Sector and their legal representatives. Work is being led by Pembrokeshire County Council and therefore the Health Board has limited scope in respect of timescales.					
305		PP&C: Informatics - Clinical Systems & Informatics Programmes	Tracey, Anthony	Smart, Richard	01/09/2010	<p>There is a risk of currently funded systems staff being lost.</p> <p>This is caused by a lack of funding for staff. Where staff are funded from NWIS provided project funding.</p> <p>This will lead to an impact/affect on the delay of planned implementation of projects, such as MTeD, Welsh Clinical Communications Gateway (WCCG), and other national projects.</p> <p>Risk location, Health Board wide.</p>	Business objectives/projects	6	3	2	6	Raise timing of funding letter with NWIS	Smart, Richard	20/03/2019	Discussed at meeting with NWIS 14/02/19. David Sheard has assured programme leads that letter of funding to HBs for 2019/20 will be provided soon. 10/06/19 - NWIS yet to provide confirmation	Capital, Estates and IM&T Sub Committee	1	1	1	19/07/2019
676	Standard 2.1 Managing Risk and Promoting Health and Safety	Women & Children's: Midwifery/Maternity	Jones, Keith	Owen, Lesley	29/11/2018	<p>There is a risk of misinterpretation and lack of consistency of foetal heart rate monitoring. Health Board Guidelines need updating in line with National Guidelines and an All Wales Maternity Standard.</p> <p>This is caused by the need for current Guideline update following introduction of All Wales Foetal Monitoring guidelines which advocates Federation Internationale of Gynaecologists and Obstetricians (FIGO)in contradiction to current NICE Guidelines.</p> <p>This will lead to an impact/affect on all women receiving electronic Cardiograph (CTG) fetal monitoring with the potential impact of adverse perinatal outcome and the need for delivery by caesarean section</p> <p>Risk location, Health Board wide.</p>	Safety - Patient, Staff or Public	6	1	5	5	<p>Mandatory training annually for the MDT team.</p> <p>Use of pre-existing guidelines to ensure consistency.</p> <p>All unexpected poor outcomes are reviewed by Clinical Risk Manager.</p> <p>Hourly 'Fresh Eyes' review of fetal heart monitoring (CTG) recordings</p> <p>2 hourly senior midwifery review of all high risk intrapartum cases.</p>	Thomas, Sharon	20/09/2019	<p>Guidelines updated inline with All Wales Fetal surveillance standards.</p> <p>Updated fetal intra partum monitoring stickers circulated 06/2019</p>	Operational Quality, Safety & Experience Sub Committee	1	5	5	12/03/2019

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436		PP&C: Informatics - Information and Communication Technology Tracey, Anthony	Solloway, Paul	01/04/2014	<p>There is a risk of inefficient printing practices are operating across the organisation.</p> <p>This is caused by the lack of a defined printing strategy for Hywel Dda where we have:- Lack of visibility of printing costs, Inefficient printing models, Not leveraging latest technologies and no defined replacement scheme.</p> <p>This will lead to an impact/affect on increased costs to the organisation of its printing estate.</p> <p>Risk location, Health Board wide.</p>	None.	Finance inc. claims	6	5	1	5	Create tender document to engage with third party to audit, assess and provide recommendations on printing estate.	Solloway, Paul		No progress to date as not on Informatics Operational Plan	Capital, Estates and IM&I Sub Committee	2	1	2	08/12/2018
152		MD: Research & Development Evans, John	Tattersall, Chris	26/05/2016	<p>There is a risk of failure to meet targets set by Welsh Government on the Key Performance Indicators 'B' (Manage appropriate use of R&amp;D income).</p> <p>This is caused by failure to adopt and roll out the new All Wales R&amp;D finance policy in a timely manner and having sufficient staff in place to oversee invoicing processes.</p> <p>This will lead to an impact/affect on R&amp;D would be unsustainable with both research support posts and ultimately trial patients put at risk.</p> <p>Risk location, Health Board wide.</p>	<p>In conjunction with Health &amp; Care Research Wales develop and accept the Wales-wide Finance Policy). Approved at the November R&amp;D sub-committee).</p> <p>Use of national costing templates and guidance.</p> <p>Staff education sessions by R&amp;D and finance teams.</p>	Finance inc. claims	6	1	4	4	<p>Local R&amp;D to retain membership of national working groups developing processes and guidance on research income and costings.</p> <p>Further development of cost recovery processes.</p>	<p>Tattersall, Chris 31/03/2019</p> <p>Tattersall, Chris 31/03/2020</p>	<p>31/03/2019</p> <p>31/03/2020</p>	<p>Active representation from HDUHB's R&amp;D Department continues on various Health and Care Research Wales working groups, and relevant progress is reported at monthly R&amp;D Operational Team meetings, at quarterly R&amp;D Sub-Committee meetings and twice a year to the University Partnership Board (via KPI data reports). To continue until national system in place.</p> <p>Tracking of cost recovery processes improved and staff educated in the raising of invoices. 16.10.18: Process in place, therefore to assess this process alongside HCRW performance monitoring.</p> <p>15.7.19 New finance staff to discuss with R&amp;D re processes in the coming quarter.</p>	Research & Development Sub Committee	1	4	4	15/07/2019

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277	Women & Children's: Paediatrics & Neonates	Jones, Keith	Morrissey, Mr David	01/01/2012	<p>There is a risk of compromise in the care of infants born at Bronglais General Hospital who subsequently need to be transferred for special care to a neonatal unit.</p> <p>This is caused by the absence of a neonatal transport service and retrieval service 24hours a day. Infants who require neonatal care have to be transported from Bronglais General Hospital to a Special Care Baby Unit when their condition may suddenly deteriorate.</p> <p>This will lead to an impact/affect on the potential timeliness of neonatal care provided with potential adverse clinical outcomes.</p> <p>Risk location, Bronglais General Hospital.</p>	<p>Existing All Wales Neonatal retrieval service (CHANTS) available only for 12 hours per day.</p> <p>Paediatrics and Obstetrics work together to identify at risk pregnancies which can be transferred prior to delivery.</p> <p>Wherever possible, the mother is transported to be with the infant as soon as possible.</p> <p>A patient risk identification programme in place to identify any women likely to require neonatal support so that care can be transferred to appropriate closest available maternity bed pre-delivery.(Consultant led Care Guideline in place)</p> <p>Pending arrival of retrieval teams, babies are cared for by the Paediatric team (with support of on-site paediatrics nurses and midwives) with telephone access to the Neonatal Units at GGH, Singleton/Cardiff and the en-route retrieval team.</p>	Safety - Patient, Staff or Public	6	1	4	4	<p>Highlight and report any adverse effects due to the lack of 24 hour provision</p> <p>Midwifery staff based at BGH to rotate annually to Singleton Level 3 NICU to update neonatal skills</p>	Morrissey, Mr David	Completed	<p>Likelihood of occurrence has significantly reduced as a result of control measures identified. Risk severity not expected to reduce further due to the consequential impact on the neonate's health which could be death or disability.</p> <p>To be reviewed annually.</p> <p>training manual formatted with competencies and honorary contract process being established to support rotation of HDUHB midwives to Singleton Swansea Bay neonatal Unit.</p>	Operational Quality, Safety & Experience Sub Committee	1	4	4	07/02/2019
326	P,C,LTC: Low Vision	Paterson, Jill	Martin, Donna	01/03/2016	<p>There is a risk of possible reductions in the quality and range of low vision aids available to Low Vision Service Wales (LVSW) patients through this service due to the way the procurement process works.</p> <p>This is caused by the inability at present to resolve the NHS Wales Shared Services Partnership (NWSSP) procurement services requirements which require a clinical specification for each item on the LVSW aids contract which if not correctly identified could allow for inferior items becoming part of the LVSW catalogue.</p> <p>This will lead to an impact/affect on the Health Board prescribing products that may not stand up to use and will need to be replaced multiple times at a cost to the Host Health Board. There could be damage to service reputation and an impact on patients with inferior products being more difficult for patients to use and therefore creating much less positive outcomes for patients.</p> <p>Risk location, .</p>	Shared Services Partnership (SSP) Procurement are currently working up the contract specification.	Safety - Patient, Staff or Public	6	2	2	4	<p>SSP are to address the new contract and devise a feasible way to progress when SSP have resource. Ongoing discussions have resulted in SSP declaring that Clinical Specifications of different types of clinical low vision aids for patients must be drawn up in order to inform the tender process.</p> <p>LVSW Manager and Clinical lead to continue to work with NWSSP (ahead of the tender proper due in January 2020) to ensure only appropriate quality of LV aids are considered during the tender process</p>	Martin, Donna	30/4/2017-17/09/2018	<p>The Service Manager has been informed that legal advice has now been clarified by NWSSP Procurement and a way ahead which ensures that popular prescribing items are specified has been identified to take this forward. The LVSW clinical lead has put together an expert panel to support the creation of technical specifications of items that need to be included in the tender process for the new supplier to the LVSW. The panel has met a number of times and NWSSP are now responsible for taking this forward.</p> <p>New person identified within NWSSP who is now leading on this work and the PIN notice has been issued and a date for the contract announced. NWSSP are fully aware of the quality concerns and are working closely with the service to build safeguards into the tender around this.</p>	Operational Quality, Safety & Experience Sub Committee	1	2	2	02/08/2019



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97		USC: Pathology	Perry, Sarah	Stiens, Andrea	09/12/2015	<p>There is a risk of compromising the dignity and respect of bariatric deceased patients, avoidable detriment to the quality of patient care, non compliance of regulations and detriment to organisational reputation.</p> <p>This is caused by a lack of bariatric storage facilities within the Mortuary Body Store and a change in Bariatric ward bed width which has compromised the ability to utilise the bariatric fridges at GGH.</p> <p>This will lead to an impact/affect on loss of public confidence, non compliance of legislation, transfer of bariatric deceased patients to the GGH Mortuary and families being unable to undertake a viewing locally.</p> <p>Risk location, Health Board wide.</p>	Bariatric patients will be transferred to the GGH facility.	Quality/Complaints/Audit	8	2	2	4	<p>Plan space for Bariatric storage when current Body Stores are replaced. Requirement of Human Tissue Authority (HTA) to log on risk register.</p> <p>Purchase via charitable funds one bariatric blanket for each hospital site.</p>	<p>Stiens, Andrea</p> <p>Stiens, Andrea</p>	<p>30/09/2018 30/11/2018</p> <p>Completed</p>	<p>Bid submitted in September 2016. Refreshed capital bids have been submitted for 2017/18 capital equipment cycle £50k. No capital funding has been identified in 2017/18.</p> <p>Approval has been secured for BGH and WGH. Awaiting outcome of discussions with PPH and GGH. A bariatric blanket is now available in every mortuary.</p>	Operational Quality, Safety & Experience Sub Committee	1	2	2	08/02/2019
515		Finance	Thomas, Huw	Hayes, Rebecca	27/05/2016	<p>There is a risk of the Health Board is failing to comply with HMRC (IR35) regulations, in relation to Off payroll arrangements.</p> <p>This is caused by a request to identify individuals that are paid on average £220 per day over a 6 month period and seek assurance from these individuals, that they comply with UK Revenue and Tax obligations. As identified via a directive from Welsh Government (WG).</p> <p>This will lead to an impact/affect on the health board may be subject to a fine of over £1m.</p> <p>Risk location, Health Board wide.</p>	Medical staffing contact all doctors based on information received from Medacs and Staff Flow to seek assurance of compliance.	Finance inc. claims	6	2	2	4	The Director of Finance is to link with HR to establish a Health Board task and finish group to look at developing a work plan to ensure that compliance is achieved.	Thomas, Huw	09/01/2017	New compliant system is now in place.	Finance Committee	1	2	2	29/11/2018
553		P,C,LTC: Medicines Management	Pugh-Jones, Jenny	Rees, Stuart	01/08/2018	<p>There is a risk of non-compliance with the European Union's Council Directive 2011/62/EU.</p> <p>This is caused by the regulation requiring those supplying medication to patients to verify the authenticity of a drug using an unique identifier barcode and checking an anti-tamper device.</p> <p>This will lead to an impact/affect on on patient safety and could lead to patient harm through the supply of falsified medicines.Financial penalties for non-compliance with EU law could lead to restrictions in access to medicines and inability to supply medication to patients leading to major</p>	<p>Attendance at All Wales workshops to understand the full implications.</p> <p>Capital Pro-forma submitted for funding.</p> <p>Working at All-Wales level with NWIS.</p> <p>Scanners on all sites</p> <p>Working SOPs in place and staff raining undertaken</p> <p>Working draft SOPs in place and staff training undertaken</p>	Statutory duty/inspections	8	1	4	4	<p>Submit brief to the Executive Team (ET).</p> <p>Meet with the local IT lead to raise awareness of the NHS Wales Informatics Service (NWIS) workstream.</p>	<p>Pugh-Jones, Jenny</p> <p>Pugh-Jones, Jenny</p>	<p>Completed</p> <p>Completed</p>	<p>Writing brief for the ET meeting in August.</p> <p>The meeting is to be arranged.</p>	Medicines Management Group	1	1	1	12/06/2019

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					service implications i.e no medication could be supplied to wards or patients from hospital pharmacies.  Risk location, Health Board wide.							Attendance at All-Wales update meetings to ensure updated with All-Wales position  All scanners ordered and delivered to sites. Need configuration to ensure working correctly. SOP's need to be in place to ensure correct and consistent operation  Finalise SOPs	Simons, Delyth  Rees, Stuart	Completed  31/05/2019	Awaiting dates of meetings  Awaiting commissioning of scaners  Working SOPs to be ratified					
639		P, C, LTC: Medicines Management	Pugh-Jones, Jenny	Rees, Stuart	05/11/2018  There is a risk of disruption and delays to the supply of Radiopharmaceuticals.  This is caused by no Deal Brexit, resulting in inability or delays in transition, and importation arrangements on leaving E.U. Inability to stock pile Radiopharmaceuticals due to short lifespan.  This will lead to an impact/affect on disruption, delays or inability to provide treatment, clinical trials and routine clinical care due to lack of radio pharmaceuticals. May result in increase in patient distress. Increased financial costs. Increased staff resources required to manage shortages.  Risk location, Health Board wide.	Pharmacy Staff already deal with disruptions to the supply of and shortages of medicines, including sourcing alternative suppliers and advising on the use alternative medicines which are available.	Quality/Complaints/Audit	8	3	1	3	Monitor for any WG correspondence	Pugh-Jones, Jenny	31/03/2019	All correspondence from WG to be assessed for impact and required action	Medicines Management Group	1	4	4	30/05/2019
147		MD: Research & Development	Evans, John	Seale, Lisa	26/05/2016  There is a risk of principal investigators' research fund balances reducing to zero.  This is caused by insufficient funding income being secured, which may be due to a failure to carry out new research studies or a failure to recruit research subjects to existing studies.  This will lead to an impact/affect on researcher account balances could become insufficient to sustain the employment of research staff whose posts are dependent upon continued research income.  Risk location, Health Board wide.	Options to help support active researchers from the R&D funding allocation discussed regularly.  Quarterly meetings between R&D and Finance to consider the Investigator accounts.  Monthly statements of Investigator Research account balances issued to Principal Investigators, and prior warnings issued where account balances appear to be reducing over time with no income to offset expenditure.  Investigator Research Accounts Terms and Conditions (Version 2, January 2017 approved by R&D Sub-Committee on 13/02/17).	Finance inc. claims	6	1	3	3	In conjunction with Health & Care Research Wales develop and accept the Wales-wide Finance Policy to include terms and conditions of Investigator Accounts. Disseminate/promote terms and conditions document to investigators.	Tattersall, Chris	31/03/2018 28/01/2020	Localised finance policy discussed with Health and Care Research Wales on 15/09/17. Local R&D Finance Policy approved at R&D Sub-Committee (20/11/17). 16.10.18: Assessment of compliance with the policy with HCRW during 2018/19 to be undertaken, initial meeting held on 26.09.2018.  29.1.19 Investigator accounts now reported to investigators by finance. Recording and tracking of income / RRB process development on-going between R&D and finance.	Research & Development Sub Committee	1	3	3	29/01/2019



Risk Ref	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Date Reviewed	
512		Finance	Thomas, Huw	Hayes, Rebecca	01/05/2016	<p>There is a risk of Her Majesty's Revenue and Customs (HMRC), querying on an All-Wales basis the operation of the Out Of Hours GP scheme, would rule that payments should be made net of tax and National Insurance (NI).</p> <p>This is caused by discussions with HMRC and Deloitte's advising Local Health Boards and Boards whereby Health Boards have agreed to bring General Practitioners (GP's) Out of Hours (OOH) doctors within tax and NI deduction at source from 1st November 2017.</p> <p>This will lead to an impact/affect on the stability of the OOH service which the Operations Directorate are working to mitigate. The remaining risk with HMRC relates to the backdating of Tax and NI liability to 6th April 2017 at significant cost.</p> <p>Risk location, Health Board wide.</p>	<p>Hywel Dda has commissioned Deloitte LLP to provide advice.</p> <p>Links have also been made with other Health Boards in Wales in order to ensure that a consistent approach is being adopted.</p> <p>Deloitte LLP are providing Tax advice to the Health Board on this issue.</p> <p>The HMRC have accepted that there will be no backdating of reclaim before 31/03/2017.</p> <p>From November 2017 all ad hoc OOH GPs have been processed through payroll in accordance with IR35 requirements.</p>	Service/Business interruption/disruption	6	3	1	3	HMRC have confirmed that OOH is within the scope of IR35. HMRC have accepted there will be no backdating of reclaim before 31/03/17; the period under risk is April - November 2017 in relation to the PAYE, Employee's and Employer's NIC. Professional advice from Deloitte is required.	Thomas, Huw	30/09/2017 31/01/2019	<p>Deloitte are co-ordinating the process in relation to the PAYE, Employee's and Employer's NIC for the period April - November 2017 on behalf of Health Boards in Wales to reach satisfactory settlement with HMRC.</p> <p>The maximum liability has now been confirmed by HMRC, and sufficient provision was made in 2017/18 to cover this maximum value. Negotiations are still on-going between HMRC and Deloitte.</p> <p>From November 2017, all ad hoc OOH GPs have been processed through payroll in accordance with IR35 requirements.</p>	Finance Committee	3	1	3	12/11/2018
605	Standard 5.1 Timely Access	Therapies & Health Science: Physiotherapy	Vanderlinden, Natalie	Annandale, Helen	02/04/2018	<p>There is a risk of patient harm due to potential staffing reduction.</p> <p>This is caused by additional CIPs on service due to variable pay recurring target, unfunded CMAT regrading and recurring income target. No identified long term plan to deliver recurringly in 2019/20 unless significantly decrease in core staffing levels.</p> <p>This will lead to an impact/affect on decrease core staffing of 15.36 whole time equivalent (WTE) will result in ceasing a core service. e.g. No community paediatric service across the Health Board or No physiotherapy service in the 4 stroke units, elective orthopaedic &amp; trauma units or No CMATS clinical service within the Health Board.</p> <p>Risk location, Health Board wide.</p>	<p>Financial and service delivery plan submitted to Executive Directors Team.</p> <p>Utilise current vacancies to manage risk for 18/19 and underspend within other services within directorate to balance directorate budget at year end 2018/19.</p>	Finance inc. claims	6	1	3	3	<p>Submit cost pressures as part of validation</p> <p>Submission to Execs regarding requirement of CIP for 19/20 &amp; service risks</p> <p>Confirm savings plan within service and across directorates</p>	<p>Annandale, Helen</p> <p>Annandale, Helen</p> <p>Annandale, Helen</p>	<p>Completed</p> <p>Completed</p> <p>21/06/2019</p>	<p>Submitted cost pressures as part of directorate submission</p> <p>Agreement to deliver no recurring savings for 19/20 but requirement for longer term plan</p> <p>.</p>	Operational Quality, Safety & Experience Sub Committee	1	2	2	23/05/2019

Risk Ref	Health and Care Standards Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Date Reviewed	
640	Standard 2.6 Medicines Management	P,C,LTC: Medicines Management	Pugh-Jones, Jenny	Rees, Stuart	05/11/2018	<p>There is a risk of disruption and delays to the supply of medicines.</p> <p>This is caused by no Deal Brexit, resulting in inability or delays in transition and importation arrangements on leaving E.U.</p> <p>This will lead to an impact/affect on disruption, delays or inability to provide treatment, clinical trials and routine clinical patients. May result in increase in patient distress. Increased financial costs.</p> <p>Risk location, Health Board wide.</p>	<p>Department of Health &amp; Social Care &amp; UK Government arrangements will be in place, suppliers will be asked to stockpile and additional 6 weeks supply of medicines within the UK.</p> <p>Air freight those medicines with a short shelf-life.</p>	Safety - Patient, Staff or Public	6	2	1	2	Ensure that Medicines Management Service is kept updated with any developments. No developments currently	Rees, Stuart	30/11/2018 30/03/2019	Attend All- Wales meeting	Medicines Management Group	1	1	1	30/05/2019



## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	22 August 2019
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Financial Procedures
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Huw Thomas, Director of Finance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

### ADRODDIAD SCAA

#### SBAR REPORT

##### Sefyllfa / Situation

Each year, planned reviews are undertaken of the financial procedures operated by Hywel Dda University Health Board (HDdUHB). The procedures, which set out the main financial system controls, are reviewed in terms of:

- Relevance
- Best practice
- Audit recommendations
- System change
- Health Board policy

A proposal for review was presented to the Finance Committee in February 2019.

##### Cefndir / Background

The following procedures have been reviewed and are presented to the Finance Committee for approval:

1. Budgetary Control, attached at Appendix 1
2. Losses and Special Payments, attached at Appendix 2

##### Asesiad / Assessment

The above financial procedures have been reviewed by key personnel within Finance, Procurement, Counter Fraud and the Turnaround Director.

The Budgetary Control procedure has been re-written to reflect a review of procedures elsewhere in Wales and England in addition to incorporating suggestions made by the Finance Delivery Unit and KPMG. Please note that, as this procedure is a rewrite, the Committee is receiving the reworked version with no strikethrough deletions or red font additions.

The Losses and Special Payments procedure includes deletions and additions, which is summarised by an appropriate version control schedule.

Both procedures are covered by a general overarching Financial Procedures Equality Impact Assessment (EqIA).

### Argymhelliad / Recommendation

The Finance Committee is asked to approve the attached revised financial procedures.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.7 Review and approve financial procedures on behalf of the Health Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve efficiency and quality of services through collaboration with people, communities and partners

### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

Ar sail tystiolaeth: Evidence Base:	Previous procedures, internal audit report recommendations, standing financial instructions
Rhestr Termiau: Glossary of Terms:	AP - Accounts Payable AR – Accounts Receivable NWSSP - NHS Wales Shared Services Partnership PO – Purchase Order PSPP - Public Sector Payment Policy VAT - Value Added Tax EqIA – Equality Impact Assessment
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to Finance Committee:	HDdUHB Finance Team HDdUHB Management Team Executive Team Finance Committee NWSSP

### **Effaith: (rhaid cwblhau)**

<b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Financial implications are inherent within the report
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not applicable
<b>Gweithlu: Workforce:</b>	Not Applicable
<b>Risg: Risk:</b>	Financial risks are detailed in the report.
<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Financial procedures are required to ensure good governance and sound financial control
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	EqIA has been undertaken with no negative impacts on those with protected characteristics



# Budgetary Control Procedure

FP 04 01

**THIS IS A DRAFT DOCUMENT FOR CONSULTATION PURPOSES ONLY**

**All comments on this document should be sent to the author by the consultation end date, using the comment form on the policy consultation pages.**

**Approved Hywel Dda University Health Board policies can be found on the [Policies and Procedures Approved section of the intranet](#)**

Procedure Number:		Supersedes:		Classification	Financial
LOCCSIP Reference:		NATSSIP standard:	List standard ( <a href="#">NATSSIPS Standards</a> )		
Version No:	Date of EqIA:	Approved by:	Date Approved:	Date made active:	Review Date:
4		Finance Committee			3 years

Brief Summary of Document:	To outline and document the budgetary control process and responsibilities of budget holders within the Health Board
Scope	The Board delegates responsibility for budgets to the Chief Executive who in turn delegates these through management structures. Whilst the policy primarily applies to all managers and clinicians that are given financial responsibilities as part of their roles and job descriptions, all staff of the health board have a part to play in effective budgetary control.

To be read in conjunction with:	Standing Orders Standing Financial Instructions Financial Procedures
Patient information:	

Owning committee/group	Finance Committee
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# HYWEL DDA UNIVERSITY HEALTH BOARD

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
2	Review of procedure	28/02/2012
3	Review of procedure	08/03/2016
4	Review of procedure	

## Glossary of terms

Term	Definition

Keywords	Budget, Allocation Funding, Expenditure, Income, Virement
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## Budgetary Control Procedure

Please check that this is the most up to date version of this written control document

Paper copies of this document should be kept to a minimum and checks made with the electronic version to ensure that the printed version is the most recent

# HYWEL DDA UNIVERSITY HEALTH BOARD

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# HYWEL DDA UNIVERSITY HEALTH BOARD

## 1. Introduction

Hywel Dda University Health Board (the UHB) has a statutory duty to break even against the resource limit set by Welsh Government (WG) over a period of 3 years as set out in section 175 and 176 of the NHS (Wales) Act 2006 as amended by section 2 of the NHS Finance (Wales) Act 2014. This 3 year duty is reduced to one year where the UHB does not have an approved Integrated Medium Term Plan (IMTP).

The Integrated Medium Term Plan (IMTP) therefore provides the foundation for the financial year by expressing the service, workforce and financial plan for year 1 of the three year plan and forms the basis of the Budget for the year.

The revenue resource limit is the allocation of financial resources from Welsh Government for the financial year. The Board has a statutory responsibility to deliver services and must provide its services within this allocated resource. A key mechanism for ensuring that this objective is met is sound budgetary control and processes which are laid out in this procedure.

## 2. Aim of procedure

To provide a framework for effective Financial and Budgetary Control to ensure that the Board can deliver its financial duty.

## 3. Objectives

To provide a framework for financial control to enable financial probity, clarity of accountability in the organisation to meet its statutory duty, by:

- Describing how the organisation's Budget is approved based in turn on the first year of the Integrated Medium Term Plan which is now a statutory requirement of the Health Board.
- Detailing how budgets are formally delegated through the organisation following approval by the Board.
- Setting out budget holders' responsibilities and accountability to deliver services within the allocated budget.
- Setting out a defined process that is to be followed by budget holders if budget overspends arise.

## 4. Scope

The Board delegates responsibility for budgets to the Chief Executive who in turn delegates these through management structures. Whilst the policy primarily applies to all managers and clinicians that are given financial responsibilities as part of their roles and job descriptions, all staff of the health board have a part to play in effective budgetary control.

# HYWEL DDA UNIVERSITY HEALTH BOARD

## 5. Roles and Responsibilities

### 5.1. The Board

The Board is responsible for ensuring that it meets its financial duty as set out in section 175 of the National Health Service (Wales) Act 2006 as amended by the National Health Service Finance (Wales) Act 2014.

The Board is responsible for approving the Integrated Medium Term Financial Plan and Budget for the organisation.

### 5.2. Chief Executive

The Chief Executive has overall executive responsibility for the LHB's activities and is responsible to the Board for ensuring that it meets its statutory financial duty.

The Chief Executive initiates a formal process of budget delegation following approval of the Budget by the Board.

### 5.3 Director of Finance

Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Executive, prepare and submit budgets for approval by the Board.

The Director of Finance will devise and maintain systems of budgetary control.

The Director of Finance will ensure that appropriate training is available for budget holders

### 5.4 Director of Workforce and Organisational Development (OD)

Effective financial management is a key personal objective for budget holders and therefore the Director of Workforce and OD will set up appropriate systems to ensure competencies are met, recorded and encapsulated within job descriptions across the organisation.

### 5.5 Director of Planning, Performance & Commissioning

The Director of Planning, Performance & Commissioning will ensure that processes are in place to develop the draft Integrated Medium Term Plan (IMTP) for Board approval and onward submission to Welsh Government in line with mandated timescales set out in current planning guidance.

### 5.6 Budget Holders

A budget holder is defined as a person to whom a budget is delegated. At the lowest level the budget holder is defined as the person responsible for managing resources at the lowest cost centre level and is able to approve expenditure for goods and services against a cost centre budget within financial approval limits set by their line manager. The line manager is likely to be managing a number of budget areas delegated to others within their management area

## HYWEL DDA UNIVERSITY HEALTH BOARD

but is nevertheless also a budget holder with responsibility for a number of budgets delegated to others.

Accountability for budgetary control is exercised through line management relationships and this principle applies through all tiers of management where budgetary control is applicable.

Detailed responsibilities are set out in Annex A and a summary of key responsibilities are:

- Budget holders are responsible for providing the services within their respective budget within the available financial resources delegated to them and is held accountable for managing within the budget.
- Budget Holders are responsible for developing recovery plans if budget overspends arise.
- Budget holders are responsible for formally recording recovery plan meetings with their line manager.
- Budget holders must keep a record of agreements to transfer budgets to other budget holders (Virements)
- Budget holders must review their budget reports on a monthly basis to review their accuracy and maintain their understanding of their financial position. It is the budget holder's responsibility to report any anomalies on staffing information or non-pay expenditure to their relevant Finance Business Partner
- Budget holders must report any known financial risks that may materialise in year to their Finance Business partners so that this information can be factored into the monthly year end forecast that are prepared for each area

### 5.7 Role of Finance Business Partners

Finance Business Partners will support budget holders by the management and provision of professional financial support, advice and information to enable managers and leaders to effectively and proactively manage their respective budgets and finances to ensure the achievement of financial targets, thereby contributing to the Health Board's statutory financial duties.

They will support the achievement of all financial targets by ensuring an appropriate performance management framework is in place, identifying and reporting relevant issues and projected variances and advising on potential corrective courses of action. Ensuring that reporting is based on future trends and projections based on sound evidence.

## 6. Process

### 6.1 Approval of the Integrated Medium Term Plan (IMTP)

It is a statutory requirement to produce an IMTP or Annual Plan as agreed with Welsh Government. The Plan must be approved by the Board prior to the start of the financial year. The Plan will express service and workforce plans for the organisation over the period and will include a Financial Plan that is derived from those plans.

The Board will:

- Approve the Plan prior to the beginning of the financial year of implementation. Following Board approval the Plan will be submitted to Welsh Government prior to the beginning of the financial year of implementation.
- Approve a Financial Plan as part of the Integrated Medium Term or Annual Plan, which meets all probity and value for money requirements; and
- Prepare and agree with the Welsh Government a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where the LHB plan is not in place or in balance.

### 6.2 Budget

The organisation's budget plan for the forthcoming year will be developed from the first year of the Board's Integrated Medium Term Plan (IMTP) or Annual Plan. The corporate processes that develop the IMTP will ensure that service and workforce plans are developed and agreed by the organisation before the beginning of the financial year and are at a sufficient level of detail that enable budgets to be developed for the year.

The Director of Planning, Performance & Commissioning will ensure that processes are in place to produce a final IMTP or Annual Plan by 31 December which will have sufficient detail within year 1 of the plan to enable the development of budgets for the forthcoming year financial year.

Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Executive, prepare and submit budgets for approval and delegation by the Board. Such budgets will:

- Be in accordance with the aims and objectives set out in the Integrated Medium Term Plan and Medium Term Financial Plan, and focussed on delivery of safe quality patient centred quality services
- Accord with Commissioning, Activity, Service, Quality, Performance, Capital and Workforce plans;
- Be produced following discussion with appropriate budget holders including completion of financial templates highlighting risks and opportunities agreed by them;

# HYWEL DDA UNIVERSITY HEALTH BOARD

- Be prepared within the limits of available funds;
- Take account of ring-fenced or specified funding allocations;
- Take account of the principles of sustainable development; and
- Identify potential risks.

The plan will make explicit assumptions about budget reserves and contingencies for the year.

## 7. Delegation and Accountability

The Health Board has a statutory duty to manage its services within the Revenue Resource Limit allocated from WG. The Board therefore delegates responsibility for delivering a balanced budget to the Chief Executive within the framework of its Standing Orders and Standing Financial Instructions.

The Chief Executive may delegate the management of a budget or part of a budget to permit the performance of a defined range of activities. This delegation is made through management structures and defined in job descriptions and annual objectives. The delegation will cover:-

- the amount of the budget;
- the purpose(s) of the budget;
- the requirement to achieve a balanced budget

Except where otherwise approved by the Chief Executive, taking account of advice of the Director of Finance, budgets shall be used only for the purpose for which they were provided.

Budgets are delegated with assumptions about the levels of service to be provided within the available resources described by the budget. Budget holders do not have authority to commit resources beyond the resources delegated in the budget.

Expenditure for which no provision has been made in an approved budget, or is not subject to funding under the delegated powers of virement, shall only be incurred after authorisation of the Chief Executive. Non-recurring budgets must not be used to finance recurring expenditure without the authority in writing of the Chief Executive or nominated identified deputy for the purposes of the Financial Control Procedure.

Managers must deliver a balanced budget within each and every financial year.

The key principle of delegation is that accountability for budgetary control is exercised through the line management hierarchy. Budgets are therefore formally delegated through the management hierarchy. Budget holders must not overspend against their budget. The requirement to deliver within the allocated budget must therefore form part of all budget holder's annual objectives and be reviewed as part of the annual review process.

## HYWEL DDA UNIVERSITY HEALTH BOARD

Budgets are delegated to nominated budget holders. A budget is set for a cost centre and only the nominated budget holder is able to commit expenditure against their respective cost centres. There can only be one nominated budget holder for a cost centre and the nominated budget holder is held accountable for managing within the budget. Budget holders must adhere to approval limits set out in the Hywel Dda University Health Board 'Scheme of Delegation' and the approval hierarchy must follow the line management hierarchy. These approval limits must not be exceeded but may be restricted or tightened by the organisation or by individual managers who have delegated responsibility to budget holders within their responsibility area.

If budget managers are unable to approve expenditure for their respective budgets due to absence then the principle of only upward delegation will apply.

The principles of delegation mean that accountability for budget management is to the immediate line manager. The discussion about performance against budget is therefore encapsulated as part of the line management Performance Appraisal Development Review (PADR) process in the context of the wider performance review of quality, safety and other targets. The principles and responsibilities set out in this policy therefore relate to all managers with budgetary responsibility and their line managers.

### 8. Process of Delegation

Following agreement of the Board to the Budget the Chief Executive will issue a formal budget letter to each Director who in turn will issue similar letters to their line managers. This process will be repeated through each tier of management, setting out the expectations and responsibilities in terms of budgetary control and financial management. This letter will cover:

- The budget allocation.
- That the budget holder is accountable for the delivery of a balanced budget position each financial year and is also accountable for the recovery of any deficits within the same period.
- That budgetary performance must form part of all budget holders' annual objectives and to be reviewed as part of the annual performance review.
- That formal mechanisms are in place to ensure that budget management is effective across their management area and that budget holders are held to account for their budgetary performance through every level of line management.
- That all line managers review their direct reports in relation to their budget performance at least on a monthly basis.
- That appropriate mechanisms are set up to control expenditure particularly where there are high cost and variable use items.
- That budget holders comply with policies that aid budgetary control specifically:
  - Protocol for the Booking of Bank and Agency Staff
  - Overtime Policy



## HYWEL DDA UNIVERSITY HEALTH BOARD

- Sickness Absence Policy
- Expenses Policy
- Study Leave Policy
- Recruitment Procedures
- Financial Procedure - Requisitioning, Ordering & Receipt of Supplies and Services
- Financial Control Procedure – Purchase Order Compliance Policy

The formal budget letter must be issued from each line manager as soon as possible following the start of the financial year. An example of a delegation letter is attached in Appendix 1. Every time a budget is delegated a formal letter of agreement should be sent from the manager delegating and signed by the budget holder accepting responsibility for that budget.

If a budget holder wished to express a view that the budget they have been issued with is not sufficient then they must raise this as an issue and provide details why this is the case with the Director of Finance as part of their response to the delegation letter. The Director of Finance will deal with these issues on a case by case basis and may need to refer the issues to the Executive Team and Chief Executive for further discussion and resolution.

### 9. Changes to the Budget

There may be times during the financial year when it is necessary to make adjustments to the budget agreed by the Board, for example if additional funding is made available to the Board from the Welsh Government. In these circumstances the Director of Finance, will as part of the monthly financial report specify this on behalf of the Chief Executive to the Board. A reserve will be created for the purpose that it was allocated until such time that the Board has approved the use of additional funding.

### 10. Budgetary Control and Reporting

The Director of Finance will devise and maintain systems of budgetary control. These will include:

- Financial reports to the Board showing performance against budget for the period and an assessment of the outturn for the full financial year.
- Issuing financial reports on a timely basis to budget holders covering the areas for which they are responsible.
- Following the end of a month a report will be produced for the Finance Committee and Directorates setting out the year to date budget performance.
- Providing support from appropriately qualified and experienced finance staff to support managers in their analysis and management of budget performance. This will include the development of lead indicators that aid budget holders in identifying potential issues.

Budget holders in conjunction with their Finance Business Partners will ensure:

## HYWEL DDA UNIVERSITY HEALTH BOARD

- Accountability for budgetary control is exercised through line management relationships and this principle applies through all tiers of management where budgetary control is applicable.
- Budget performance is discussed by managers and their immediate reports at least on a monthly basis.
- Review of lead indicators is done and issues highlighted to Finance Business Partners so that they can be reflected in monthly reporting.
- End of year forecast is routinely conducted identifying to line managers where overspend might occur and instigating remedial action.
- That significant financial issues are reported to the line manager so that the Director responsible can report the issue to Executive team and Board.

### 11. Performance Management

Hywel Dda University Health Board has a statutory duty to deliver its services within its allocated budget. The Board via the Chief Executive and tiers of line management formally delegates this responsibility to individual budget holders across the organisation. Budget holders are held to account for budgetary performance through formal line management arrangements and are expected to manage within delegated resources on both a monthly and annual basis. This requirement links to the Health Board's statutory requirement to manage within its Revenue Resource Limit.

Where budget variances or forecast overspends arise the following actions must be undertaken by the budget holder and line manager in a formal process of escalation:

- If a budget is overspent in any one month the budget holder where practicable will recover the position by the next reported period.
- If a deficit will take longer than one month to correct and recover then the budget holder and line manager will :  
*Either*
  - agree recovery actions over a period not exceeding 3 months
  - Or*
  - agree virement from another area of budgetary responsibility

A record of actions agreed must be made. A suggested format for recording actions is shown in Appendix 2. The plan should be submitted to the Assistant Director of Finance (Business Partnering) for review and sign off.

- If a deficit cannot be recovered within a period of 3 months or virement agreed, the budget holder and line manager will have to agree remedial actions with the Directorate Manager.
- If remedial actions to recover the deficit or virement still cannot be agreed with Directorate Manager then the line management team will agree remedial actions or virement with the responsible Executive Director.



# HYWEL DDA UNIVERSITY HEALTH BOARD

- If remedial actions to recover the deficit or virement still cannot be agreed with an Executive Director, the Executive Director will agree remedial actions or agree virement with the Chief Executive.
- If there is continued failure to agree a recovery plan or virement Executive Director and Chief Executive will agree remedial actions with the Finance Committee and Board.
- A record of the meeting to discuss and agree recovery actions must be made. A suggested pro forma is attached in Appendix 2 to record agreed actions.
- Budgetary control must form a key objective each year for all management staff with budget responsibilities.
- Managers will be held to account for not meeting budgetary targets and subject to formal review as part of their wider performance management review with their line manager.

## 12. Virement

Where budget funding is transferred between budget holders, known as a virement, a form must be completed to formally record the agreement and transfer of funds. A form is attached in Appendix 3.

The virement or allocation of central budget reserves will be reported to the Board as appropriate through the financial year.

## 13. Reserves

The Director of Finance will endeavour to create such reserves as are deemed necessary to secure the ability of the Health Board to meet its financial duties. They are resources set aside to meet costs that will arise in the year.

Reserves may be established as part of the financial planning process for items such as

- Pay awards
- Price inflation
- Service developments
- Performance achievement e.g. Referral to treatment time (RTT)
- Revenue consequences of capital projects
- Unforeseen contingencies
- Other specific items not yet allocated to individual budgets

The Director of Finance may exercise discretion to partly or wholly allocate reserves directly to departments for subsequent allocation to specific budgets.

Reserves will be reviewed on a monthly basis to determine both their adequacy and necessity.

Funds will only be released from reserves when the Director of Finance is satisfied that

- The appropriate approval process and procedures have been complied with
- There is a sound financial strategy in place for spending the resource

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- The purpose is in line with the Health Board strategic objectives

## 14. Savings

The Chief Executive, after taking advice from the Director of Finance, will decide how much is required from saving schemes for the year ahead. Factors affecting that level will include:

- Shortfalls in funding from the Welsh Government, other Health Boards etc
- Directives from the Welsh Government.
- Funds required to be generated internally

The Chief Executive and Director of Finance will determine the level of savings required from budget holders and this may take the form of a general savings target or as specific targeted savings. The savings targets will be deducted from Directorate budgets.

Specific savings schemes designed to achieve the savings targets will result in reductions to individual budget lines and should not normally be reflected as a general unspecified negative budget. There may be instances whilst savings schemes are worked up where savings targets are held centrally.

The Director of Finance will monitor progress on savings targets throughout the year in line with Welsh Government guidance and report accordingly to the Finance Committee and the Board.

Savings may result from recurrent or non-recurrent schemes. However, the latter should be replaced with schemes that generate recurring savings in future years.

## 15. Control Totals

If the organisation's initial Financial Plan does not align to the control total issued by Welsh Government in any year then a decision has to be made as to how this is to be reflected in the organisation's budgets. Consideration will be given to:

- Increased savings targets, if so how and where?
- Are pay or non-pay budgets to be amended?
- Are there any amendments to reserves being held?

Once agreed these amendments will require reporting as part of the monthly Finance Report to the Finance Committee and Board.

## 16. Training

The Director of Finance will ensure that appropriate training is available and accepted by senior managers and clinicians, who are required to fulfil the requirements of the policy. This will include training provided by one-to-one contact with finance department staff, formal financial management training, briefings, and finance content within other management development programmes.

Help will also be provided to support budget managers from other corporate departments.

## 17. Responsibility

Responsibility for maintenance and development of this policy rests with the Chief Executive and Director of Finance.

## 18. References

### Welsh Health Circulars

Welsh Government Allocation Letter

Welsh Government Planning Guidance

**DRAFT**

To: All Budget Managers

### Accountable Officer Letter: Delegations and Financial Delivery for 20xx-xx

Dear colleague

This letter formally designates you as the Accountable Officer for the budgets which have been assigned to you, a copy of which is provided alongside this letter as the Opening Budget Book 20xx-xx **Annex A**. Details of your responsibilities are set out in the Accountability Agreement at **Annex B**. I am conferring this to you in my role as Accountable Officer for Hywel Dda University Health Board (HDUHB) in order for you to support me to deliver my responsibilities.

The challenge presented by our financial performance in recent years is clearly a key concern for the Health Board and Welsh Government (WG) as we move into 20xx/xx and indeed the next 5 year period. It is recognised by the Board that, whilst we have made good progress in stabilising and improving the performance of the Health Board in most other respects, the financial performance has become the key factor in our continuing Targeted Intervention status and needs to be significantly improved in 20xx-xx.

This coming year will be one of considerable pressure for HDUHB, where we will need to deal with increasing demands - providing safe, timely and accessible services while also looking to transform and improve the way we work. This is in the context of a tight financial environment and challenging savings agenda. This will require an effective and efficient response in terms of the allocation and the management of all resources.

### Governance

Good governance is about how we achieve our objectives as an organisation and should support, not hinder it. For 20xx-xx, our Annual Plan outlines the agreed vision for HDUHB.

You and your teams have been responsible for developing our Annual Plan and in order to allow us to deliver all of it I want us to have as few rules and layers of approval as possible so we can become a more dynamic and streamlined organisation. We must, however, have in place appropriate and proportionate internal controls so I can assure myself that we are managing all resources effectively.

Our strengthened governance process will continue into 20xx/xx, and I continue to chair a single day of 'Holding To Account meetings' (HTA meetings) in week 3 of each month, supported by the Turnaround Director, Director of Finance and Director of Operations. This will ensure an integrated approach to the performance management of in year financial performance and savings delivery.

As in 20xx/xx directorates of concern in financial performance and delivery terms, will be placed in a fortnightly or weekly cycle of HTA meetings with the Turnaround Director. You will be expected to fully participate in this process providing updates in accordance with required deadlines. Where appropriate, additional corporate support will be identified to support directorates that are struggling to develop and deliver robust savings plans.

# HYWEL DDA UNIVERSITY HEALTH BOARD

Corporate Directorate Plans will be monitored and performance managed through the monthly Executive Team Turnaround meeting.

## Risk Management

HDUHB is facing considerable scrutiny, and need to deliver substantial changes at pace while maintaining safe and effective services. Any change will need a risk management strategy that will support managers to be innovative and improve. At all times, however, we must ensure our core business is operationally and financially stable, public money is handled with propriety, regularity and providing value for money and, above all, ensuring our staff, patients and the public are safe and well cared for.

As a result of the diverse activities we undertake there will be differing approaches to risk ranging from avoidance when dealing with statutory compliance and the safeguarding of information, for example, to those where you are looking to be innovative and looking at opportunities for service reform and transformation.

However, taking any informed risks should not be at the expense of due process or regard to corporate systems to which we all must adhere. You are therefore required to carefully balance the need for innovation with a prudent approach to risk taking that recognises the particular sensitivities of managing public money.

In order to appropriately consider and gain approval for the risks you may propose taking please ensure your Risk Registers properly reflect risk, controls, mitigations and assurance on all schemes. Changes which significantly impact on service performance or quality (such as bed configurations) must be escalated for approval by the Director of Operations and the relevant Clinical Execs (MD, DoN, Doth). If in doubt these issues and their governance should be a matter for discussion in the Turnaround meetings.

## Financial control principles

You are required to manage the delegated budget without exceeding the financial sum, including the achievement of delegated savings targets. Any unforeseen / new expenditure commitments arising within year must be subject to Executive Team approval based on the submission of a mitigating financial plan.

You should plan to spend the delegated budget evenly throughout the year. Where you are aware that particular fluctuations in expenditure will occur you should discuss with your financial lead how best to manage these such that the overall financial statements of the organisation accurately reflect the financial position against the annual plan.

You should at all times adhere to the principles of economy, efficiency and effectiveness in the application of resources.

In respect of Pay expenditure, the following are to be strictly observed:

- Approved Payroll procedures, especially in regard to ESR documentation;
- Approved authorisation procedures for the control of vacancies and variable pay;
- Adherence to the terms of reference for the Pay Control Group; and
- Approved procedures for the management of staff absence.

# HYWEL DDA UNIVERSITY HEALTH BOARD

In respect of Non-pay expenditure, the following are to be strictly observed:

- The Health Board's "No PO (Purchase Order) No pay" procedure;
- The appropriate and prompt receipting of goods;
- The prompt authorisation of invoices for payment where not covered by receipted purchase orders, in accordance with delegated limits;
- Adherence, where appropriate, to the terms of reference for the Non Pay Control Group.

## Delegations and Responsibilities

The delegated budget must be committed in accordance the Health Board's draft Annual Plan for 20xx-xx.

Management of the delegated budget is subject to the provisions of the Health Board's Standing Orders, Standing Financial Instructions and Financial Procedures. In particular the budget holders' attention is drawn to the Budgetary & Allocation Control Policy and its various provisions and annexes available on the Intranet.

A summary of the budgets allocated to you in 20xx-xx is appended alongside this letter. From time to time during the year these figures are likely to change to take account of additional allocations or transfers but this letter will remain in force as the covering delegations for any revisions.

For the avoidance of doubt, any funding not agreed within your appended budget cannot be assumed, and you cannot therefore commit expenditure against assumed funding except when specifically agreed by Executive Directors.

Should in-year commitments be made by the Board then you will be notified accordingly of such commitments and an appropriate budget adjustment will be made. You should not incur expenditure against a budget you are not directly responsible for.

## Further Delegations

You may further delegate to your staff some or all of the budgets which I have delegated to you, although you will still retain accountability in full for these budgets, just as I am ultimately responsible for the HDUHB budget as a whole. You are each responsible for deciding on the exact arrangements but your delegations should be clear, unambiguous and conferred and accepted in writing.

The individuals to which you sub-delegate your budget should have the appropriate training and understand fully their responsibilities as a budget holder to carry your confidence that they can discharge their duties to the same standard that you will be held.

## Confirmation

I ask that you acknowledge your understanding and acceptance of these delegations by signing and returning to your local finance lead the proforma attached to this letter at **Annex B by no later than xx April 20xx**.

I am very grateful to you for your support to me as Accounting Officer and I am committed to do everything I can to support you in your own roles.

# HYWEL DDA UNIVERSITY HEALTH BOARD

Yours sincerely



**Steve Moore**  
**Chief Executive**

cc. Huw Thomas, Director of Finance

**DRAFT**

### Opening Budget Book 20xx-xx Letter

Name of Budget Holder	
Directorate	
Opening Budget Book	£xx

This letter, and the associated budget book, authorises the above budget holder to exercise control of the named directorate / departmental budget in accordance with the Health Board's approved scheme of delegation.

Please note the base budget book includes the following items in respect of the 20xx-xx financial year:

- Roll-forward recurrent budgets from 20xx-xx,
- Full year impact of 20xx-xx savings plans
- A4C pay budgets have been set at .....
- Medical & Dental budgets have been currently set at .....
- Settlement of agreed cost pressures for 20xx-xx
- Please note your month 1 budgets will also include funding adjustments for the following:
  - Agreed savings plans for 20xx

The following amendments will

You are required to complete and sign the Accountability Agreement by xx<sup>th</sup> April, returning to your finance lead.

Following your discussions with the Chief Executive Officer, you are again reminded of the requirement to deliver both breakeven and savings targets, in full, from the budgets detailed in your budget book attached. Please contact your financial representative who will be happy to answer any questions you may have.

Yours sincerely

Huw Thomas  
Director of Finance



## ACCOUNTABILITY AGREEMENT

Name of Budget Holder	
Directorate	
Opening Budget Book	£xx

1. I confirm that I have read, understood and will make my best endeavours to comply with the requirements laid out in the Standing Financial Instructions. I understand that my performance as a budget manager may be scrutinised at any time by the Board; Internal Audit or the Wales Audit Office.
2. I confirm that I accept the budget which has been allocated to me, and which is detailed in the appended Budget Book.
3. I confirm that I understand what it is expected that I will make my best endeavours to deliver the Health Board's safety, quality and performance requirements within the budget allocated to me. Patient and staff safety will not be compromised.
4. I confirm that I will:
  - Remain accountable for my budget, even where I have delegated responsibility to others;
  - Review my budget on a regular monthly basis with the assistance and advice of finance colleagues when called for;
  - Seek advice promptly from my finance lead as the need arises.
5. I confirm that in relation to costs against my budget, I will
  - Not knowingly incur expenditure where I do not hold sufficient budget;
  - Not knowingly attempt to charge expenditure to a budget which I am not directly responsible for;
  - Not knowingly commit recurrent expenditure against a non-recurrent budget;
  - Not knowingly recruit over my funded establishment;
  - Not knowingly incur temporary staffing costs over my total available budget without agreeing this in advance via the Escalation process and / or Executive Director. Where temporary staffing costs need to be incurred urgently or out of hours, these will be confirmed retrospectively with the same;
  - Ensure that staffing data held on the ESR system or on E-rostering is accurate and up to date to the best of my knowledge and belief and that staff overpayments are minimised by informing Employment Services in a timely manner of any relevant changes;
  - Ensure as far as I am able that all non-pay expenditure complies with the requirements of the Standing Financial Instructions including the requirement for an official purchase order to be raised in advance of incurring the expenditure.
6. Where I identify a potential or actual overspend during the financial year, I confirm that I will:
  - Develop an action plan designed to bring the position back into line within the financial year;
  - Involve my finance lead and my line manager, and other expert sources of advice, such as W&OD lead, in developing the action plan;

## HYWEL DDA UNIVERSITY HEALTH BOARD

- Make my best endeavours to deliver the requirements of the action plan to ensure a full-year balanced position.
- 7. I confirm that I have identified and managed (and escalated if appropriate) any risks to achieving the financial objectives I am responsible for. Risks may be listed below (see point 14).
- 8. I confirm that I will support the Health Board to ensure that the needs of the Health Board's catchment population as a whole are met.
- 9. I am able to provide reasonable assurance of compliance with legal and regulatory frameworks relevant to my areas of responsibility. These will be achieved through adhering to the Health Board's policies.
- 10. All staff within my area of responsibility have been apprised of their duty to raise concerns and to deal promptly and efficiently with any concerns raised with them in line with the relevant health board policy.
- 11. I am able to confirm that all staff within my area of responsibility will be expected to receive an annual appraisal over the financial year, and will be expected to complete their mandatory training as required.
- 12. I confirm that I am aware of my duties and responsibilities under the NHS Code of Conduct.
- 13. I confirm that should I become aware of any suspected fraud, bribery or corruption, I will advise the Local Counter Fraud Service promptly and support any investigation.
- 14. Risks to budget – please list here any risks you foresee at the time of signing this document. I confirm that I will keep my finance lead and line manager aware of any significant changes to risks over the year.

Signed:	
Job Title:	
Date:	

## BUDGETARY CONTROL POLICY

Record of Line Manager/Budget Holder Meeting to  
Agree Budget Overspend Recovery Actions

## 1. Attendees

List of Staff Attending Recovery Meeting	Position
Date of Meeting:	

## 2. Agreed Actions to Recover Budget Overspend

List Actions	Effective Date

## 3. Agreement

Delegated Budget Holder	Date
Line Manager Signature	Date

Authorised by .....

Date.....

# HYWEL DDA UNIVERSITY HEALTH BOARD

## APPENDIX 3

### BUDGETARY CONTROL POLICY VIREMENT FORM

#### 1. Reason for the Virement (Budget Transfer)

Description of Service or Rationale for Transfer	WTE	£
Budget Transfer Timescale i.e. Non recurrent, Recurrent or Time limited		

#### 2. Transfer Agreement

Budget Holder Transferring Funds	Budget Holder Receiving Funds
Name:	Name:
Position:	Position:
Name of Budget Transferring:	Name of Budget Transferring:
Budget Cost Centre Number:	Budget Cost Centre Number:
Signed:	Signed:
Date:	Date:

#### 3. For Finance Use

Oracle Account Code			£ Dr		£ Cr	
CC	Subj	Analysis				
Actioned By:						
Name:						
Signed:						
Date:				Ledger Mth/Yr		



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# FP05/01 LOSSES AND SPECIAL PAYMENTS PROCEDURE

Procedure Number:	066	Supersedes:		Classification	Financial	
Version No:	Date of EqlA:	Approved by:		Date Approved:	Date made active:	Review Date:
3		Finance Committee				3 years
Brief Summary of Document:	This document is one in a series of financial procedures providing clear process to be followed.					
Scope	Health Board wide procedure					
To be read in conjunction with:	Standing Orders. Standing Financial Instructions. Other Financial Procedures. 004 – Claims Management Policy					
Owning group	Finance Team					

# HYWEL DDA UNIVERSITY HEALTH BOARD

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Procedure	
2	Full review	

## Glossary of terms

Term	Definition

Keywords	Losses
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# HYWEL DDA UNIVERSITY HEALTH BOARD

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# HYWEL DDA UNIVERSITY HEALTH BOARD

## 1. SCOPE

The financial procedure is Health Board Wide.

## 2. AIM

The aim of this procedure is to ensure that a sound system exists for identifying, reporting, recording and investigating all losses occurring within the Health Board, except those relating to Clinical Negligence or Personal Injury which are dealt with through the Claims Management Policy.

## 3. OBJECTIVES

The aim of this procedure is to ensure the effective recording, reporting and investigation of all losses in a timely manner.

## 4. INTRODUCTION

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. **By their nature they are items that ideally should not arise.** They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government. **They are divided into different categories, which govern the way each individual case is handled. This guidance is not applicable to any losses or special payments that arise from inter NHS Wales transactions.**

**In considering losses and special payments, it is always important to look beyond whether the proposed write off or payment represents value for money. The need for corrective action may be carefully assessed to minimise the number (and cost) of future cases. This includes and wider lessons for NHS Wales as a whole.**

**NHS Wales Health Boards do not have unlimited powers to make special payments or to write off losses. They must obtain written approval of the Welsh Government H&SSG Financial Director before writing-off a loss or making, or undertaking to make, any special payment that exceeds their delegated limit. Where cover is provided through the Welsh Risk Pool, the delegated limits apply to the gross loss suffered by the NHS Wales body and the Welsh Risk Pool, but again net of any amount recovered or covered by insurance and excluding any defence or administrative cost.**

All Health Board Employees have a general responsibility for the security of Health Board property and for minimising the risk of loss. Service Delivery Managers have additional responsibility for the security of patients' property and monies where it has been deposited for safe custody in accordance with the following financial procedures;



## HYWEL DDA UNIVERSITY HEALTH BOARD

- FP10/01 Patients Property - Receipt of Patients Private cash and property into safe keeping
- FP10/02 Patients Property - Handling of Cash
- FP10/03 Patients Property - Patients Income, Benefits and Investments (All Services)
- FP10/04 Patients Property - Disposal of Patients Property (All Services)

Managers have a responsibility to notify their Heads of Department/Service Managers/Service Delivery Managers/Directorate General Manager and Director of Finance in writing off of all losses, using the appropriate documentation outlined in this procedure. Where cases of fraud or corruption are suspected, the guidance given in the Health Board's Counter Fraud Policy and Response Plan should be followed.

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# HYWEL DDA UNIVERSITY HEALTH BOARD

## **5. PRINCIPLES**

This financial control procedure incorporates Welsh Office Circular WHC (99) 33 and the principles to be followed are those as included in the accompanying Manual of Guidance.

The Manual of Guidance includes the Welsh Government's delegated authority to HBs to approve payment and write off losses within specified limits. Any write offs and all payments made by Hywel Dda University Health Board will be compliant with these instructions.

The Manual of Guidance also describes the different categories of loss and special payments that may arise for Health Bodies. These are detailed in Appendix 1 of this procedure. On discovering a loss or considering a special payment Hywel Dda University Health Board will take the appropriate action as set out in the guidance. The detailed procedures to be followed for each category of loss or special payment will be those as described in the manual.

The Audit and Risk Assurance Committee of the Health Board will be adequately informed to ensure it is in a position to make proper decisions with regards to the following key points:

- The nature of the case and the circumstances in which it arose,
- What recovery action has been taken, if any,
- Reasons why the write-off or special payment should be approved by the Board (if the case falls within the level of delegated limits given to Health Board), or the Health and Social Care Department – Resource Directorate in Welsh Government,
- Whether legal advice has been sought, and if so, its content,
- Whether fraud, dereliction of duty or failure of supervision is involved,
- Whether appropriate legal and/or disciplinary action has been taken, and if not, why not,
- Whether investigation has shown defects in existing systems of control and, if so, what remedy is proposed,
- Whether any general lessons emerge which are of benefit to other NHS Health bodies,
- The Health Board will ensure that approval of case write-off is obtained from either the Health Board's Audit and Risk Assurance Committee or Welsh Government depending on the level of delegation given to Health bodies,
- The Health Board will close the case once all reasonable action pertaining to the case has been taken.

## **6. MANAGEMENT AND STAFF RESPONSIBILITIES**

This section outlines the responsibilities of the Director of Finance and other key staff in relation to this financial control procedure:

### **A. Director of Finance**

- Notify the Police and Welsh Government,
- Ensuring that management implement financial and other related management controls to promptly detect any losses,
- Approving ex-gratia payments in line with the delegated authorisation limits,
- Maintaining the computerised losses and special payments register held on LASPAR (or other systems in use),
- Reporting all losses to the Audit and Risk Assurance Committee.

### **B. Service Managers / Heads of Department/Service Delivery Managers/Directorate General Managers**

- Reporting losses (see section 7),
- Approving ex-gratia payments in line with the delegated authorisation limits,
- Ensuring internal controls are in place to promptly detect any losses,
- Undertake full management investigation where losses have occurred.

### **C. All staff**

- Directly notify his/her Service Manager/Head of Department of losses without undue delay.

## **7. RECORDING, REPORTING AND INVESTIGATION OF LOSSES**

### **7.1 REPORTING AND INVESTIGATION OF LOSSES**

Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their head of department or line manager, who must immediately inform the Chief Executive or the appropriate officer under the scheme of delegation and/or the Director of Finance.

Where a criminal offence is suspected, the Director of Finance shall immediately inform the Police if theft or arson is involved. If the case involves suspicion of fraud and corruption, then the Director of Finance must inform the Local Counter Fraud Specialist and the Operational Team (Wales) Office of the Counter Fraud & Security Management Service, in accordance with the Welsh Government's directions to NHS Bodies on counter fraud measures.

The Director of Finance or the Local Counter Fraud Specialist must notify the Audit Risk and Assurance Committee, the External Auditor and the Fraud Liaison Officer within the Resource Directorate in Welsh Government of all frauds.

For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must notify:

- the Audit and Risk Assurance Committee on behalf of the Board and
- an external audit representative

The Audit and Risk Assurance Committee shall approve the writing off of losses including bad debts, or the making of special payments within delegated limits at least twice a year.

Losses are to be divided into three categories in accordance with the manual of guidance on losses and special payments.

- Category 1 – Losses apparently caused by theft, fraud, arson, neglect of duty or gross carelessness.
- Category 2 – Losses apparently caused through the inefficient operation of administrative control of financial control systems.
- Category 3 – Losses of any kind not falling into categories 1 and 2.

All losses reported should have sufficient details attached as to the circumstances surrounding the loss. Such details should include where appropriate; statements from members of staff, date of loss, cause (if known), its value based either on historic or replacement value, a description of the items, model number etc., together with recommended preventative action which could be taken to prevent a recurrence.

## **7.2 RECORDING OF LOSSES**

In accordance with WHC (99) 33, all payments made by Hywel Dda University Health Board which fall under the Welsh Government category of Losses and Special Payments shall be recorded using the Losses and Special Payments Register (LaSPaR) system. The electronic losses & special payments register database has been incorporated into the Manual of Guidance and is therefore an integral component of this Financial Procedure.

The main control procedures to be followed by Hywel Dda University Health Board in administering the LaSPaR system are set out below:

- The Health Board will register any losses and special payments cases onto the LaSPaR system on a case-by-case basis;
- The Health Board will nominate a named individual to be its case system administrator;
- The Health Board will formally transfer structured settlement cases to the Welsh Risk Pool once approval to settle on a structured basis has been secured from Welsh Government (legal responsibility will continue to lie with the Health Board);
- The Health Board will regularly monitor its cases on LaSPaR to ensure the system is accurately maintained and that they are always fully appraised of the status of each case.

## **7.3 SPECIAL (EX-GRATIA) PAYMENTS**

Special payments are those defined as such in the Welsh Government Losses and Special Payments Manual.

In practice, the vast majority of special payments made by the Health Board will be in respect of compensation payments for Clinical Negligence and Personal Injury claims which are dealt with separately under the Claims Management Policy. This procedure outlines the process to be followed for ex-gratia payments for other minor claims.

Ex-gratia payments are payments which a Health Body is not obliged to make or for which there is no statutory cover or legal liability. An example is a payment to compensate for financial loss resulting from an act or failure of the body or its servants which does not give rise to legal liability or the payment of compensation claims or damages. Such payments must be directly related to and arise from the services which the body is authorised or required to provide. Other examples are payments made to meet hardship caused to persons by official failure or delay, or special payments to avoid legal proceedings against the Government on grounds of official inadequacy.

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Types of ex-gratia payments are:

- loss of personal effects;
- clinical negligence with advice;
- personal injury with advice;
- other clinical negligence and injury;
- other cases including settlements on termination of employment;
- maladministration cases; and
- patient referrals outside the UK and EEA guidelines
- voluntary early release VERS scheme

## **Loss or Damage to Health Board Property**

All incidents which result in loss or damage to Health Board Property should be reported promptly by a Manager to the Director of Finance using the Loss or Damage to Health Board Property Form (Appendix 2).

This covers cases including:

Culpable causes e.g. suspected or proven criminal damage (including arson), fraud or sabotage (whether proved or suspected), neglect of duty or gross carelessness.

- Other causes for example
  - loss by fire (other than arson);
  - losses by weather damage or by accident proved on due enquiry to be beyond the control of any reasonable person;
- Loss due to deterioration in use and deterioration in store due to some defect in administration such as
  - over provisioning;
  - retention of excess or obsolete stocks;
  - storage of items with a known shelf life in quantities greater than could be turned over within that life;
  - failure to turn over stocks in proper sequence; and
  - failure to set and to observe property standards to keep stock in good condition.

In the case of buildings, the amount to be written off depends on whether the building is repaired. If a decision is made not to repair it, the amount to be written off is the value of the building (or part) and lost contents immediately prior to the incident. If it is repaired, the amount to be written off is either the cost of repair to the building and contents, or the estimated value of the contents if destroyed, less any sum received from the sale of scrap.

In the case of vehicles, the amount to be written off is either;

## HYWEL DDA UNIVERSITY HEALTH BOARD

- the cost of repairs to the vehicle (if readily ascertainable) less any sums recovered from an insurance company or other party should be treated as a stores loss.
- payments to an insurance company or other party should be treated as compensation payments (made under legal obligations).
- if the vehicle is a total loss the amount to be written off is the value immediately prior to the accident less any sum received from the sale of scrap.

Unless there are special features or circumstances justifying exceptional treatment, all losses of bedding and linen in use should be valued at 50% of the current replacement cost. Where stores losses and write-offs occur they should be valued at book value less net disposal proceeds.

Where equipment on loan to patients is lost or becomes valueless in circumstances not justifying recovery of the cost, it should be treated in the same way as articles that have deteriorated in use. Failure to recover a sum due to be paid by a patient should be treated as a bad debt.

### **Loss or Damage to Personal Property**

All incidents which result in loss or damage of personal property should be reported promptly by a Manager to the Director of Finance. Where no ex-gratia payment is to be made, losses forms are not required.

To initiate the claim procedure, the claimant will need to complete Personal Property Form PP1 (Appendix 3) and submit this form to the Manager where the incident occurred.

The Manager will need to investigate the details stated in the PP1 form and decide on the recommended course of action, whether the Health Board is liable for the loss, and ultimately whether or not to authorise an ex-gratia payment. It is also important to note that any payment should be made on an indemnity basis.

If an ex-gratia payment is to be made, an Approval for Payment of Ex-Gratia Compensation Form (Appendix 4) should be completed by a Manager and authorised in accordance with the delegated authorisation limits stated in section 5.

When determining the value of the payment to be made, a reasonable value may need to be offered taking into account the age of the item. The Head of Department will also need to consider taking appropriate action to reduce the risk of similar incidents occurring in the future.

When submitting a claim to the Director of Finance please ensure the following is included:

- PP1 form (completed by the claimant)
- PP2 form (completed by the Manager and authorised in line with the Health Board's delegated authorisation limits)
- Evidence to substantiate the amount claimed
- Copy of the Datix report

## HYWEL DDA UNIVERSITY HEALTH BOARD

Once the claim has been fully authorised, the Losses and Compensation Accounting Officer will arrange for the ex-gratia payment to be processed and record the loss on the Health Board's Losses and Special Payments Register (LaSPaR).

### **Loss or Damage to Personal Property (Staff)**

Ex-gratia payments to staff for the loss or damage to their personal property follows the procedure above, but may only be made when all the following criteria apply:

- the incident occurs during the course of their employment;
- the articles lost or damaged were reasonably carried during the course of their employment;
- the articles are sufficiently robust for the treatment they might reasonably be expected to bear;
- the loss or damage is not due to the officer's own negligence, and
- the loss or damage is not covered by insurance or by any provision for free replacement.

Where the article can be repaired the payment should cover the actual cost of repair. However, where it is lost or damaged beyond repair the value of the property immediately before the incident should be paid (the cost of replacement less the estimated amount by which the property had depreciated since purchase).

### **Clinical Negligence & Personal Injury**

Claims for alleged Clinical Negligence and Personal Injury should be dealt with through the Health Board's Claims Management Policy and recorded on the Losses and Special Payments Register (LaSPaR).



## **8. DELEGATED AUTHORISATION LIMITS**

The Welsh Government Manual for Losses and Special Payments specifies the Health Board's delegated authorisation limits by type of loss (Appendix 1).

The delegated limit for approving ex-gratia payments for personal property claims within directorates is as follows:-

- Up to £100 – Directorate Managers
- Up to £250 – General Managers
- Above £250 – Director of Finance

It should be noted where Welsh Government approval is required to write-off any Loss or Special Payment, the loss should not be recorded in the Register until approval has been received. The Welsh Assembly Government will allocate a loss reference number, which should be noted in the Health Board's Register, and identified as such on the annual return (TFR4) submitted to Welsh Government.

**DRAFT**

# HYWEL DDA UNIVERSITY HEALTH BOARD

## APPENDIX 1 - DELEGATED LIMITS

The delegated limits relate to the requirement for NHS Wales health bodies to obtain approval for write-off of the loss or special payment.

<u>CATEGORY OF LOSS/SPECIAL PAYMENT</u>	<u>DELEGATED LIMITS (£)</u>
---	-----------------------------

**Losses (except in respect of primary care provider services)**

- |  |         |
|--|---------|
| 1) Loss of cash due to:  |         |
| a. theft, fraud, etc   | 50,000  |
| b. overpayment of salaries, wages, fees and allowances   | 50,000  |
| c. other causes, including un-vouched or incompletely vouched payments, overpayments other than those included under 1(b); physical losses of cash and cash equivalents e.g., stamps due to fire (other than arson), accident and similar causes | 50,000  |
| 2) Fruitless payments (including abandoned capital schemes)  | 250,000 |
| 3) Bad debts and claims abandoned:   |         |
| a. private patients (Sections 65 and 66 NHS Act 1977)  | 50,000  |
| b. overseas visitors (Section 121 NHS Act 1977)  | 50,000  |
| c. cases other than a-b  | 50,000  |
| 4) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to:  |         |
| a. culpable causes eg, theft, fraud, arson or sabotage whether proved or suspected, neglect of duty or gross carelessness  | 50,000  |
| b. other causes  | 50,000  |

**Special payments (except in respect of primary care provider services)**

- |  |   |
|--|---|
| 5) Compensation payments made under legal obligation   | FULL *                                  |
| 6) Extra contractual payments to contractors   | 50,000                                  |
| 7) Ex-gratia payments  |   |
| a. to patients and staff for loss of personal effects  | 50,000                                  |
| b. for clinical negligence (negotiated settlements following legal advice) where the guidance relating to such payments has been applied | 1,000,000 including plaintiff's costs * |
| c. for personal injury claims involving negligence where legal advice obtained and relevant guidance has been applied                    | 1,000,000 including plaintiff's costs * |
| d. other clinical negligence cases and personal injury claims  | 50,000 *                                |

## HYWEL DDA UNIVERSITY HEALTH BOARD

- |    |  |        |
|----|--|--------|
| e. | other, except cases for maladministration where there was <u>no</u> financial loss by claimant | 50,000 |
| f. | maladministration where there was <u>no</u> financial loss by claimant                         | NIL    |
| g. | patient referrals outside the UK and EEA guidelines  | NIL    |
- \* For all clinical negligence and personal injury cases (including court cases) the use of periodical payments should be considered for any settlement (exclusive of legal costs) involving costs to the NHS of £250,000 or more, or for lower awards when this represents good value for money. Proposed out of Court periodical payment awards require approval from the WG DHSS&C D&D&FD [WHC(97)7 refers].**
- |    |   |     |
|----|---|-----|
| 8) | Extra statutory and extra regulatory payments | NIL |
|----|---|-----|

### Losses and special payments in respect of provision of primary care provider services

Losses		Limit £
9)	a. Losses due to overpayments to practitioners of fees, allowances or salary	
	i. involving fraud	1,000
	ii. other	1,000
	b. unvouched or incompletely vouched payments	1,000
10)	Claims abandoned	1,000
<b>Special Payments</b>		
11)	Ex gratia payments	1,000
12)	Extra statutory and extra regulatory payments	
	a. to pharmacist contractors for drugs supplied in good faith in respect of forged, etc, prescriptions forms	1,000
	b. excusal of statutory charges for replacement dentures in certain circumstances	up to appropriate maximum statutory charge
	c. other	NIL

### Losses: Fraud cases under investigation

13)	a. Losses in cases investigated by the health body in respect of prescription fraud.	1,000
	b. Losses in cases investigated by the health body in respect of dental fraud.	1,000
	c. Losses in cases investigated by the health body in respect of ophthalmic fraud.	1,000

# HYWEL DDA UNIVERSITY HEALTH BOARD

## APPENDIX 2 – LOSS OR DAMAGE TO HEALTH BOARD PROPERTY

### FORM

DATIX Case Reference (Attach a copy of the DATIX report):

--

State the date and location of the incident


State the reason for the loss or damage and the circumstances in which it arose


Record the item(s) and value(s) based either on historic or replacement value(s)


Is the value of the loss reduced by insurance?


Was theft involved? If so, have the police been informed?


What actions have been taken, including any legal action to cover the loss ?


Did an investigation show defects in existing systems of control and, if so, what remedy is proposed?

**HYWEL DDA UNIVERSITY HEALTH BOARD**


Approved by (Manager):

Signature			
Print Name		Date	/ /
Position			

This form is to be submitted to the Director of Finance

**DRAFT**

# HYWEL DDA UNIVERSITY HEALTH BOARD

Form Number:

## APPENDIX 3 - FORM PP1 – LOSS OR DAMAGE TO PERSONAL PROPERTY

This form is to be completed by the claimant

### Personal Details

Name:	
Address:	
Postcode:	
Telephone Number:	

At the time of the occurrence please indicate whether you were (please circle):

Patient	Visitor	Staff Member
---------	---------	--------------

### Incident Details

Please state where the incident occurred:

Ward / Department	
Hospital / Premises	

Date of Occurrence	/ /	Approximate Time	
--------------------	-----	------------------	--

Details of loss or damage caused:


## HYWEL DDA UNIVERSITY HEALTH BOARD

If personal articles / possessions were lost or damaged, please state:

Item Description	Date Purchased	Approximate cost at date of purchase	Cost of repair (where applicable)
	/ /	£	£
	/ /	£	£
	/ /	£	£
	/ /	£	£
	/ /	£	£

Attach documentation to substantiate the cost of replacement or repair (eg official quotations, invoices, receipts etc). Failure to provide documentation may result in no payment.

Do you have a personal insurance policy against which a claim could be made?	Yes		No	
--	-----	--	----	--

### Additional Information


I confirm that the information provided is true and accurate to the best of my knowledge.

Signature		Date	
-----------	--	------	--

Print Name	
------------	--

Please submit this form to the Directorate / General Manager where the incident occurred

# HYWEL DDA UNIVERSITY HEALTH BOARD

## APPENDIX 4 - FORM PP2 – APPROVAL FOR PAYMENT OF EX-GRATIA COMPENSATION

This form is to be completed by the Directorate / General Manager

DATIX Case Reference (Attach a copy of the DATIX report):

--

Facts of the case


Was an investigation undertaken at the time of the incident?


Has an objective account of the incident been compiled, and contact established with relevant staff in post at the time?


Was theft involved? If so, have the police been informed?




## HYWEL DDA UNIVERSITY HEALTH BOARD

Has appropriate legal advice been sought ?


Reason for proposed ex-gratia payment


Did an investigation show defects in existing systems of control and, if so, what remedy is proposed?


Has any recommendation been discussed at a Risk Management Group meeting?


Recommended payment amount

£
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# HYWEL DDA UNIVERSITY HEALTH BOARD

## **Authorisation (Complete for all payments)**

Recommended by:

Signature			
Print Name		Date	/ /
Position			

## **Authorisation (Complete for all payments)**

Recommended Endorsed by (Directorate Manager):

Signature			
Print Name		Date	/ /
Position			

## **Additional authorisation (Complete for all payments > £100)**

Approved by (General Manager):

Signature			
Print Name		Date	/ /
Position			

## **Additional authorisation (Complete for all payments > £250)**

Approved by (Director of Finance):

Signature			
Print Name		Date	/ /
Position			

This form is to be submitted (with a copy of Form PP1) to the Director of Finance. Once approved and ready for payment, send to Losses and Compensation Officer, Financial Accounts, Ty Gorwel, Building 14, St David's Park, Jobs Well Road, Carmarthen, SA31 3HB.

<b>Enw'r Pwyllgor/Name of Committee:</b>	Strategic Financial Planning Group
<b>Cadeirydd y Pwyllgor/Chair of Committee:</b>	Huw Thomas, Director of Finance
<b>Cyfnod Adrodd/Reporting Period:</b>	Meeting held on 15 <sup>th</sup> July 2019
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor/Key Decisions and Matters Considered by the Group:</b>	
<ul style="list-style-type: none"> <li>• <b>Strategic Financial Planning Groups Terms of Reference</b> – The Strategic Financial Planning Group's (SFPG) Terms of Reference have been approved by the Strategic (formally Integrated) Enabling Group (SEG).</li> <li>• <b>Corporate Risk Register</b> – The Chair requested the following amendments (see appendix 1 for revised Risk Register): <ul style="list-style-type: none"> <li>i) The inclusion of the Programme Business Case in item two.</li> <li>ii) Increasing the current risk score to 15 and the target risk score to 4 for item 4. The target risk score to be reviewed in September 2019.</li> </ul> <p>The Group requests the SEG to consider whether “Determining how an optimal service plan is maintained given strategic demographic changes” is a risk and therefore to be added to the SFPG Risk Register.</p> </li> <li>• <b>Strategic Enabling Group (SEG)</b> The Group received feedback from the SEG meeting held on the 27<sup>th</sup> June 2019 and were asked to consider Business Partner nominees to support the three Programme Groups (Mental Health, Community and Hospital). These have now been forwarded to the Transformation Director.</li> <li>• <b>A Healthier Mid and West Wales – Finance Implications from the Strategy</b> – The Director of Public Health presented a paper to the Group outlining the medium term plan for prevention and discussed with the Group potential investment requirements to support the strategy for prevention and population health. The Group identified the need for further cost benefit analysis and understanding on returns on investment differentiating between short and long term payback. A list identifying the top 200 attendees in A&amp;E over a one year period, by code type and cost per patient will be compiled. SFPG members (with SEG counsel) will support the three Programme Business Cases by developing a 3 year plan and '7 year to End' model and commence engagement with Business Partners.</li> <li>• <b>Strategic Financial Plan – next 10 years</b> – Priorities for year one will be discussed in the next SFPG meeting.</li> </ul>	

<ul style="list-style-type: none"> <li>• <b>Underlying Deficit – Linkage to the Strategy Deliverables</b> – A paper was presented to the Group which reviewed the underlying deficit using the Deloitte zero based budget model. The following weakness in the model were noted: <ul style="list-style-type: none"> <li>i) The concentration on acute costs only and therefore ignoring the impact on community services of remoteness</li> <li>ii) Benchmarks to other health boards do not indicate report actual savings opportunities</li> <li>iii) Roster management was missing therefore roster premiums were not identified.</li> </ul> <p>Further work will be completed to understand the underlying deficit.</p> </li> </ul>
<b>Risgiau Allweddol a Materion Pryder/Key Risks and Issues/Matters of Concern:</b>
<ul style="list-style-type: none"> <li>• The Strategic Enabling Group is requested to consider the SFPG Risk Register and confirm whether “determining how an optimal service plan is maintained given strategic demographic changes” is considered a risk.</li> </ul>
<b>Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu cyfer/Matters Requiring Strategic Enabling Group Level Consideration or Approval:</b>
<ul style="list-style-type: none"> <li>• There are no matters required for approval.</li> </ul>
<b>Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf/Planned Group Business for the Next Reporting Period:</b>
<b>Adrodd yn y Dyfodol/Future Reporting:</b>
<ul style="list-style-type: none"> <li>• The Group will review investment options to support the strategy for prevention and population health and evaluate the estimated impact on the annual plan.</li> <li>• The Group will follow up the various actions identified at the SFPG meeting.</li> </ul>
<b>Dyddiad y Cyfarfod Nesaf/Date of Next Meeting:</b>
12 <sup>th</sup> August 2019

RISK REGISTER STRATEGIC FINANCIAL PLANNING GROUP (SFPG)																						
Risk Ref	CRR Ref	Strategic Objective	Risk Category	Directorate	Risk Owner	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Severity	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Group	Target Likelihood	Target Severity	Target Risk Score	Date Reviewed	Who is updating the progress on the actions.
1		10	Strategic	Finance	Director of Finance	09/05/2019	<p>There is a risk that there will be a lack of engagement and dialogue between the Finance function and the Programme Groups to inform the Financial Planning work and affordability analysis.</p> <p>This is caused by the complexity of programme delivery given that it covers the whole healthcare and social care system in mid and west Wales.</p> <p>This could result in Financial plans that are based on incomplete information or that make assumptions as a result of incorrect or inaccurate views of service leads which are not aligned with the Board agreed Strategy</p>	<p>The creation of the post of Strategic Change Finance Director and the establishment of the Strategic Financial Planning group chaired by the Director of Finance provides a clear co-ordinating focus for the finance support efforts.</p> <p>Information has been shared which summarises and highlights the key decisions of the Board arising from the 2017/8 "Big Conversation" engagement and formal Consultation on Strategic options.</p> <p>Regular updates have been provided to the Finance Committee as the SFPG has been established</p>	Finance inc claims	3	3	9	<p>1) Regular meetings of the SFPG are planned on a monthly basis.</p> <p>2) The SFPG is a formal subcommittee of the Strategic Programme Integrated Enabling Group (also to be chaired by the DoF) and will therefore be able to ensure that financial plans remain aligned to emerging detail in respect of Phase 3 (Strategy Implementation).</p> <p>3) Further information briefing documents and events are planned to ensure the wider Finance community, especially the Senior Business Partners, are kept informed on the Strategic work and can engage with Directorates intelligently with regard to emerging service and financial plans.</p>	DoF/SCFD	30/06/2019		Strategic Financial Planning (Finance Enabling) Group	1	2	2		SCFD
2		10	Strategic	Finance	Director of Finance	09/05/2019	<p>There is a risk that the need to prepare Budgets for 2020/21, an IMTP for 2020-2023, a 10 year Financial and Service Plan for the core Strategy and a 20 year Financial assessment for Population Health Plans could confuse and overwhelm the Financial Planning function</p> <p>This is caused by the differing imperatives and timescales for these pieces of work which could place undue pressure on a relatively small Financial Planning team.</p> <p>This could result in failure to meet deadlines or unsatisfactory output.</p>	<p>The Strategic Financial Planning Group Terms of Reference purpose clearly indicates that the Group will co-ordinate an Integrated Financial Planning Process with each piece of work fitting into the overall aim of producing <u>one</u> integrated plan split into;</p> <p>i) Short Term next year budget - Full detail ii) Medium Term - 3 year IMTP iii) Long term - 10 year Strategic Plan iv) Horizon Scanning - 20 year Population Health</p> <p>Additional resources have been secured via the Finance OCP.</p>	Finance inc claims	3	3	9	<p>1) Engage in the Programme in one co-ordinated effort sharing information within the Finance Function.</p> <p>2) Develop integrated Financial Planning timetable aimed at meeting various needs.</p> <p>3) Access different disciplines within Finance to support the process - Business Partnering, Value etc.</p>	SCFD/ ADof Corporate Finance	31/07/2019		Strategic Financial Planning (Finance Enabling) Group	2	2	4		SCFD/ADof- CF

Risk Ref	CRR Ref	Strategic Objective	Risk Category	Directorate	Risk Owner	Date risk identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Current Likelihood	Current Severity	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Group	Target Likelihood	Target Severity	Target Risk Score	Date Reviewed		Who is updating the progress on the actions.
3			Strategic	Finance	Director of Finance	09/05/2019	<p>There is a risk that insufficient detailed information will be available to create meaningful financial plans.</p> <p>This could be caused by a lack of progress in the Programme groups.</p> <p>This could result in unreliable financial plans or plans that require excessive explanation/ limitations to be stated.</p>	<p>Additional control measure will be clear enagement across key enablers with the design teams to establish an agreed "End Point" service model.</p> <p>Additional resource has been sucured through the creation of the Integrated Enabling Group bringing together Finance, Workforce, Estates, Digital and Planning.</p> <p>Regular updates have been planned through governance structure to Health Programme Delivery Group.</p>	Finance Inc claims	3	3	9	<p>1) Agree with other Enablers a common baseline year and report the baseline in an integrated way to the Programme Groups</p> <p>2) Develop user friendly financial planning model that enables changes to the baseline to be tracked in financial , workforce and other ways over time.</p> <p>3) Ensure that Financial Planning Model is integrated with the Strategic Financial Plan so that options and scenarios can be reflected in both.</p>	SCFD/ ADoF Corporate Finance	30/09/2019	1. .	Strategic Financial Planning (Finance Enabling) Group	2	2	4			
4			Strategic	Finance	Director of Finance	03/06/2019	<p>There is a risk that the lack of detailed understanding of the Health Board's underlying deficit will make addressing the underlying deficit as part of the overall Health Board strategy challenging. This could lead to a sub-optimal operational arrangement being put in place which will result in an inherent inefficiency being maintained into the long term</p>	<p>Work has begun in understanding in detail the Health Boards Underlying Financial position, its linkages to the Financial Planning and Strategy and the achievement of long term efficiency and value</p>	Finance Inc claims	3	3	9	<p>1) Internally the Finance Function is now analysing available information as it arises from the Strategy work to understand what the efficiencies and tradeoffs may be that help to illucidate the Underling deficit.</p> <p>2) WG and HB are working to commission external advisors specifically to address this issue</p>	DoF/ADoF Corporate Reporting	tbc								

<b>Enw'r Pwyllgor / Name of Committee</b>	Finance Committee
<b>Cadeirydd y Pwyllgor/ Chair of Committee:</b>	Michael Hearty, Associate Member
<b>Cyfnod Adrodd/ Reporting Period:</b>	Meeting held on 22 <sup>nd</sup> July 2019
<b>Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:</b>	
<p>The Finance Committee has been established to advise the Board on all aspects of finance and the revenue implications of investment decisions. Hywel Dda University Health Board's (HDdUHB's) Finance Committee's primary role is, as such, to provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, giving early warning on potential performance issues and making recommendations for action to continuously improve the financial position of the organisation.</p> <p>This report summarises the work of the Finance Committee at its meeting held on 22<sup>nd</sup> July 2019, with the following highlighted:</p> <ul style="list-style-type: none"> <li>• <b>Finance Report Month 3</b> – the Month 3 Finance Report was presented to Committee. The Committee was advised that the Health Board's financial position at the end of Month 3 represented an adverse variance against plan of £0.4m, which brings the cumulative Year to Date (YTD) variance to £1.4m.</li> <li>• <b>Financial Projections Report Month 3</b> – the Month 3 Financial Projections Report was presented to Committee. The Committee was advised that Operational forecasts in excess of budget of £6.5m, on top of savings risks of £4.3m, represent an adverse variance to plan of £10.8m, which would equate to a year end deficit position of £35.8m. Members recognised the high risk associated with HDdUHB's revenue and savings position for onward reporting to the Board.</li> </ul> <p><b>Turnaround Report/Savings Plan Month 3</b> – the Month 3 Turnaround and Savings Plan Report was presented to Committee. The Committee took an assurance from the Holding to Account (HTA) scrutiny processes in place to recognise any non-recurrent and savings efficiencies. Queries were raised on the point at which schemes being challenged at the Turnaround Director's HTA meetings would be escalated to the Chief Executive's HTA's. The Committee was assured that delivery of schemes and escalation processes are discussed immediately following HTA meetings.</p> <ul style="list-style-type: none"> <li>• <b>Referral to Treatment Time (RTT) Month 3 Report</b> – the Month 3 Referral to Treatment Time (RTT) Report was presented to Committee. The Committee was advised that the total forecast cost of delivery 2019/20 is approximately £5.5m. Year to date figures suggest that the forecast is on track with a savings target to the value of £1.4m having been applied although the £0.5m Orthopaedic element of the savings plan is now considered to be at significant risk due to the necessity to mitigate separate risks associated with the temporary closure of Orthopaedic capacity at WGH during the Summer period. Members were</li> </ul>	

informed of the £5.8m allocation from the NHS Wales Performance Fund to support the cost of delivery of RTT within Hywel Dda to cover delayed follow ups, the achievement of a 32 week maximum waiting time target for Stage 1 outpatients, and to develop more sustainable solutions for Ophthalmology and Dermatology. Members were assured that HDdUHB remains on course to deliver zero breaches by March 2020, and that winter planning has been recognised and factored into routine planning processes.

- **Capital Financial Management** – the Capital Financial Management report was presented to Committee. The Committee was advised that an application, in the form of a loan, to enable the release of £0.3m to commence work on the Cylch Caron Integrated Resource Centre has been submitted by the Mid and West Wales Housing Association to Welsh Government.
- **Contracting Update** – the Contracting Update was presented to Committee. The Committee was advised that work is in progress on how to align the documentation involved. Given the challenges that can arise with adoption of the standard contract, a short form version is being considered. The Committee was advised that a project plan would be presented in August 2019, outlining each contractual element and the detail of what is required to provide greater assurance, complete with a timeframe for actions.
- **External Finance Review** – a representative of KMPG LLP attended the Committee meeting, as the successful supplier of the external finance review, which has been commissioned by Welsh Government. The Committee received an overview of the requirements set by Welsh Government and HDdUHB to review the current financial plan for 2019/20, identify opportunities to improve the underlying deficit for 2019/20, and to review the financial governance and structure of HDdUHB. Members noted that positive feedback had been received on the cooperation of the finance team.
- **Draft Indicative Financial Plan 2020/21** – the Draft Indicative Financial Plan 2020/21 was presented to Committee. The Committee was advised that the report provided initial assessments of the financial challenge and the scale of the savings challenge for 2020/21. Further work is required to validate the challenge; and to determine the likely savings requirement.
- **Deep Dive into Withybush Hospital** - the Committee received a presentation on a Deep Dive into Withybush Hospital providing activity and performance data, which illustrated the long standing issues with 12 hour breaches and increased length of stay. The Committee was advised of the recovery plan and work ongoing in the County and the hospital to address the performance challenges faced, with an Improvement Project led by the General Manager within the hospital. There is also the Transformation Fund and rapid access teams in place, and an Urgent Response Group to review recruitment and business continuity. The Committee was advised that it is anticipated that the Recovery Plan in its entirety will be implemented and in effect by October 2019.
- **Turnaround Programme Structure Governance Links** – the Committee received a presentation on the connectivity of the Turnaround Programme with the



Health & Care Strategy Delivery Group.

- **Financial Procedures** – the Committee approved the following financial procedures:
  - Cash Imprest Account - Rehabilitation Monies
  - Disposal of Surplus and Obsolete Furniture, Equipment, Sale of Scrap and Other Waste Materials
  - Main Control Stores

**Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:**

There were no matters requiring Board level consideration or approval.

**Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:**

- The high risk associated with HDdUHB's revenue and savings position for 2019/20.
- RTT: the £0.5m risk of non-delivery of the Orthopaedic savings target due to the need to mitigate risks associated with the temporary closure of Orthopaedic theatre capacity at Withybush Hospital.
- Issues with 12 hour breaches and increased length of stay in Withybush General Hospital, which represents an overall risk to the Health Board's Financial Plan.
- Delivery of 2019/20 Savings Plan

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:**

**Adrodd yn y Dyfodol / Future Reporting:**

In addition to the standing agenda items, the next Finance Committee meeting will include reports relating to Corporate Risks and Operational Risks. The Committee will also receive presentations in relation to a Deep Dive into Continuing Health Care, from both a Counties and Mental Health & Learning Disabilities perspective. The Committee will also receive two financial procedures for review and approval.

**Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:**

22<sup>nd</sup> August 2019



## HYWEL DDA UNIVERSITY HEALTH BOARD – FINANCE COMMITTEE

The Committee meets on a monthly basis. The following table sets out the Committee's business for the remainder of 2019/20, including standing agenda items (denoted by \*).

Agenda Item/Issue	Lead	25 <sup>th</sup> April 2019	20 <sup>th</sup> May 2019	25 <sup>th</sup> June 2019	22 <sup>nd</sup> July 2019	22 <sup>nd</sup> Aug 2019	24 <sup>th</sup> Sept 2019	21 <sup>st</sup> Oct 2019	26 <sup>th</sup> Nov 2019	19 <sup>th</sup> Dec 2019	28 <sup>th</sup> Jan 2020	2 <sup>nd</sup> March 2020	24 <sup>th</sup> March 2020
<b>GOVERNANCE</b>													
Apologies*	MH	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Declarations of interests*	All	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Minutes from previous meeting*	MH	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Matters Arising and Table of Actions*	MH	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Annual Review of TORs/membership	MH	✓											
Finance Committee Outcome of Self-Assessment of Performance	MH		✓										
Finance Committee Annual Report	MH	✓											
Reflective Summary	HT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>FOR DISCUSSION</b>													
Finance Report Month*	FP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Financial Projections Report	HT		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Financial plan development and draft financial plan	HT				✓ (draft)		✓	✓	✓	✓	✓	✓	✓
Turnaround Report/ Savings Plan Month*	AC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
RTT Month*	KJ	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



## HYWEL DDA UNIVERSITY HEALTH BOARD – FINANCE COMMITTEE

The Committee meets on a monthly basis. The following table sets out the Committee's business for the remainder of 2019/20, including standing agenda items (denoted by \*).

Agenda Item/Issue	Lead	25 <sup>th</sup> April 2019	20 <sup>th</sup> May 2019	25 <sup>th</sup> June 2019	22 <sup>nd</sup> July 2019	22 <sup>nd</sup> Aug 2019	24 <sup>th</sup> Sept 2019	21 <sup>st</sup> Oct 2019	26 <sup>th</sup> Nov 2019	19 <sup>th</sup> Dec 2019	28 <sup>th</sup> Jan 2020	2 <sup>nd</sup> March 2020	24 <sup>th</sup> March 2020
Establishment Control*	LG	✓		✓		✓	✓						
Capital Financial Management	HT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Contracting Update	HT			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Workshop Session: • Finance Team Strategy • Implementing Contracting • Implementing Value • Turnaround Programme Structure	HT HT HT AC			✓ ✓ ✓ ✓	✓		✓			✓			✓
External Finance Review*	HT		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Year End Debrief	HT		✓										
Addressing Recommendations from the Deloitte ZBR	HT		✓										
Development and Implementation of Value Based Health Care (VBHC)	HT			✓			✓			✓			✓
Financial Delivery Unit Presentation	HJ			✓									
Opportunities Identified by the Financial Delivery Unit	HT						✓						
Underlying Deficit (included within External Finance Review)	HT					✓							

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<b>ASSURANCE</b>													
Corporate Risks	HT		✓			✓			✓			✓	
Finance Operational Risks	HT		✓			✓			✓			✓	
Winter Planning 2019/20	JT		✓										
Deep Dive into Medicines Management/Aseptic Unit	JPJ		✓										
Deep Dive into Continuing Health Care													
• Counties	JP					✓							
• MH&LD	LC					✓							
Deep Dive into Withybush Hospital	JT				✓								
Deep Dive into Ring-fenced Allocations in MH&LD	LC						✓						
<b>FOR APPROVAL</b>													
Annual Financial Plan/Enabling Plan	HT									✓			
Financial Procedures	HT				✓	✓	✓						
<b>FOR INFORMATION</b>													
Scheme of Delegation	HT		✓					✓					
Finance Committee Annual Workplan*	MH	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Update Reports to Board*	MH	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



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Strategic Financial Planning Group Update Report to IEG	HT			✓		✓	✓	✓	✓	✓	✓	✓	✓
Draft Annual Accounts 2018/19	HT		✓										
Benchmarking Network Summary Report	HT			✓									
International Financial Reporting Standard (IFRS) 16 Update	HT		✓				✓						
Any Other Business*		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>ADMINISTRATION</b>													
Agenda setting meeting with Chair & Exec Lead (at least 4 weeks before the meeting)	SB	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Draft agenda to go to Executive Team prior to issue	SB	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Call for papers (at least 4 weeks before the meeting to receive papers at least 14 days before the meeting)	SB	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Disseminate agenda & papers 7 days prior to the meeting	SB	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Type up minutes and TOA within 7 days of the meeting	SB	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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**Chair: Michael Hearty**

**Vice-Chair: Mike Lewis**

**Lead Executive: Huw Thomas**

**Committee Secretary: Sarah Bevan**

<b>MH</b>	<b>Michael Hearty</b>	<b>FP</b>	<b>Fiona Powell</b>	<b>JT</b>	<b>Joe Teape</b>
<b>HT</b>	<b>Huw Thomas</b>	<b>AC</b>	<b>Andrew Carruthers</b>	<b>LG</b>	<b>Lisa Gostling</b>
<b>KJ</b>	<b>Keith Jones</b>	<b>SB</b>	<b>Sarah Bevan</b>	<b>MB</b>	<b>Mark Bowling</b>
<b>SA</b>	<b>Shaun Ayres</b>	<b>HJ</b>	<b>Hywel Jones (FDU)</b>	<b>LC</b>	<b>Liz Carroll</b>
<b>JP</b>	<b>Jill Patterson</b>				