

## Bundle Finance Committee 25 April 2019

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2 8 Financial Strategy Assurance Draft Financial Plan Implementation 201920 April 2019.pdf

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*Presenter: Chair*

4 1 Finance Committee Report to Board 28.3.19.pdf

3.2 Finance Committee Assurance Report to ARAC

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*Verbal: Huw Thomas*

4 ANY OTHER BUSINESS

5 DATE OF NEXT MEETING: Monday 20th May 2019, 09.30 - 12.30, Boardroom, Ystwyth Building

## UNAPPROVED MINUTES OF THE FINANCE COMMITTEE MEETING

<b>Date and Time of Meeting:</b>	9.30 am 25 <sup>th</sup> March 2019
<b>Venue:</b>	Boardroom, Corporate Offices, Ystwyth Building, St David's Park, Carmarthen

<b>Present:</b>	Mr Michael Hearty, Associate Member (Chair) Mr Mike Lewis, Independent Member (Vice Chair) Mr Paul Newman Independent Member Mr David Powell, Independent Member Mr Steve Moore, HDdUHB Chief Executive Mr Huw Thomas, Director of Finance Mrs Lisa Gostling, Director of Workforce & OD Mr Joe Teape, Director of Operations/Deputy CEO	
<b>In Attendance:</b>	Mrs Nia Hight, PA to the Director of Finance (Secretariat) Ms Rebecca Hayes, Senior Finance Business Partner Mrs Joanne Wilson, Board Secretary Mr Keith Jones General Manager (part)	
<b>FC(19)33</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
	The Chair, Mr Michael Hearty, opened and welcomed all to the meeting.	
	Apologies for absence were received from: Mrs Judith Hardisty, HDdUHB Interim Chair Dr Philip Kloer, Medical Director & Director of Clinical Strategy Mrs Fiona Powell, Assistant Director of Finance Mr Andrew Carruthers, Turnaround Director Mrs Ann Taylor-Griffiths, Union Representative	
<b>FC(19)34</b>	<b>DECLARATIONS OF INTERESTS</b>	
	There were no declarations of interest made.	

<b>FC(19)35</b>	<b>MINUTES &amp; MATTERS ARISING NOT ON THE AGENDA FROM THE MEETING HELD ON MONDAY 25<sup>TH</sup> FEBRUARY 2019</b>	
	<b>RESOLVED</b> – that the minutes of the Finance Committee meeting held on 25 <sup>th</sup> February 2019 be <b>APPROVED</b> as a correct record subject to the following minor amendment:  FC(19) 24 Mr Powell enquired whether any financial penalty is levied on the Health Board for not delivering against the RTT target. Mr Thomas responded that it would not be a penalty, but WG might seek to recover funding from the Health Board proportionate to the shortfall in delivery. However, the focus at the moment is on delivery to minimise the risk.- on page 6	<b>NH</b>
<b>FC(19)36</b>	<b>TABLE OF ACTIONS FROM MEETING HELD ON MONDAY 25<sup>th</sup> FEBRUARY 2019</b>	

	There were no actions from the previous meeting.	
<b>FC(19)37</b>	<p><b>FINANCE REPORT MONTH 11</b></p> <p>The Committee received the Finance Report for Month 11 and discussed the key points from the presentation.</p> <p>Members noted the £35.5m deficit position which translates to a medium risk, with a slight under spend of £0.2m this month.</p> <p>Key points included:</p> <ul style="list-style-type: none"> <li>• A Health Board wide analysis of secondary care drugs spend is ongoing with a Project Plan being developed to address the issues with the Aseptic unit;</li> <li>• Benchmarking and review of CHC packages continues;</li> <li>• Meetings will continue to be held with any Directorates performing adversely against their Monthly Control Totals in advance of Holding to Account (HTA) meetings.</li> </ul> <p>Mr Thomas discussed key points in relation to Mental Health Long Term Care Packages.</p> <p>Mr Hearty requested clarification of the variation in downward trend. Mr Thomas undertook to look into this and provide further detail at the next Committee meeting.</p> <p>Mr Thomas advised that continuing issues with the Aseptic Unit in Glangwili General Hospital represented an overall risk to the financial plan. Consideration needed to be given to what can be outsourced to ease the pressure with further consideration of Aseptic Unit provision in the longer term. Members acknowledged the slippage on savings delivery due to these issues.</p> <p>Mr Thomas further advised that overall Corporate gains have offset cost pressures for now, and that discussion had been held in HTA meetings in relation to the medicines recovery plan.</p> <p>Mr Hearty observed that the 2019/20 delivery of savings plan represent the biggest risk in the coming year. Mr Thomas concurred adding that delivery of savings is a challenge as it requires strategic change.</p>	<b>HT</b>
	The Committee <b>NOTED</b> and <b>DISCUSSED</b> the Month 11 Finance Update	

<b>FC(19)38</b>	<p><b>FINANCIAL PROJECTIONS MONTH 11</b></p> <p>Mr Thomas provided members with an update in the form of a presentation, with the key points including:</p> <ul style="list-style-type: none"> <li>• The Month 11 revised end of year projected deficit is currently estimated to be £35.55m after additional quantifiable risks and opportunities have been factored in.</li> <li>• The requirement to achieve the Planned Deficit of £35.55m continues to be dependent on Directorates delivering Monthly Control Totals.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Directorate teams working with Finance Business Partners to continue to initiate savings or cost deferrals to achieve Monthly Control Totals.</li> <li>• Monthly reviews to continue into March period end and onwards will highlight deviation from Monthly Control Total projections.</li> <li>• Last month, Directorates projected that Month 11 would show a deficit of £2.8m which is in line with the actual deficit.</li> </ul> <p>Mr Thomas advised that changes from Months 10 to 11 are due to issues with the Aseptic Unit in GGH, Oncology and no cheaper alternative drugs.</p> <p>Mr Joe Teape advised of challenges in operational delivery however Winter funding should serve to offset these. Mr Teape undertook to present a report back to the next Committee meeting in relation to Winter planning.</p> <p>Mr Mike Lewis requested assurance on the large increased costs in medicines management. Mr Thomas responded that whilst the absence of cheaper cost alternatives remained a concern, the situation is manageable for the moment.</p> <p>Mr Thomas advised that a key focus for next year would be on medicines management and a new Aseptic Unit, with a report is to be provided to the next Finance Committee.</p>	<p><b>JT</b></p> <p><b>HT</b></p>
	The Committee <b>NOTED</b> and <b>DISCUSSED</b> the Month 11 Financial Projections Assurance Update	
<b>FC(19)39</b>	<b>TURNAROUND REPORT MONTH 11</b>	
	<p>The Committee received the Turnaround Report for Month 11 and Mr Lewis queried the statement on page 2 that turnaround savings had been achieved through the closure of 33 funded beds. Mr Lewis further queried the impact of closing these beds on the wider workforce.</p> <p>Mr Thomas recognised the wider process involved in this decision and acknowledged that it may have been informative for Members to include this in the report. Mr Thomas offered reassurance that careful thought had been given before making this decision.</p> <p>Mr Teape advised that the impact of this closure is to be looked into further as part of the Winter planning evaluation and supported Mr Thomas' reassurances.</p> <p>Mr Steve Moore advised that quality and performance would be a key part of planning next year.</p> <p>Mr Hearty stressed that any future progress needs to be reported to Finance Committee and articulated in any future reports. Mr Moore also stressed that the move towards community based healthcare is key to this progress.</p> <p>Mr David Powell questioned the savings figures in Table 1 in relation to the reduction of outsourcing Orthopaedics and Ophthalmology. Mr Teape</p>	

	<p>responded that there will be no RTT funding for the next financial year as this was sought to deal with the backlog of patients only.</p> <p>Mr Thomas advised that work is ongoing particularly in relation to Ophthalmology however RTT funding is going to be incorporated in next year's financial plan rather than a separate item.</p> <p>Mr Hearty emphasised that there needs to be a clear articulation of this in the information provided to the Committee.</p>	
	The Finance Committee <b>NOTED</b> the Turnaround Programme update report.	
<b>FC(19)40</b>	<p><b>RTT FINANCIAL PLAN &amp; TRAJECTORY 2018/19 – MONTH 11 UPDATE</b></p> <p>The Committee received the Month 11 update on the RTT Financial Plan &amp; Trajectory.</p> <p>Mr Keith Jones advised that every patient who is currently on the backlog list has a treatment plan in place, and that overall the risk has reduced other than for a few high dependency risks.</p> <p>Mr Hearty enquired whether Welsh Government is expecting any money back and Mr Jones responded that the charge would equate to broadly £8,000 for each breach, this will not in all likelihood impact until next year.</p> <p>Mr Teape advised that the extra work involved to clear the backlog has been challenging.</p> <p>Mr Hearty sought an assurance that detailed planning for 2019-20 would limit the 'firefighting' the Committee had witnessed at the end of the current financial year. Mr Thomas advised of discussions held in regard to how best to support RTT next year to become more sustainable.</p> <p>Mr Paul Newman enquired whether any day to day work had been displaced in order to deal with the outsourcing work. Mr Jones confirmed this had not been the case as RTT had strategically targeted certain areas and removed the backlog.</p> <p>Mr Moore advised this had been raised with Welsh Government and RTT monies have been built into the financial plan for the coming year.</p> <p>Mr Hearty offered the Committee's appreciation to Mr Jones and the team for all the hard work that had taken place in relation to RTT.</p>	
	The Committee <b>NOTED</b> and <b>DISCUSSED</b> the Month 11 RTT Financial Plan and the Trajectory 2018/19	
<b>FC(19)41</b>	<p><b>ESTABLISHMENT CONTROL</b></p> <p>The Committee received the Establishment Control report.</p> <p>Since February 25<sup>th</sup> Finance Committee meeting includes the following key actions/decisions have been progressed:</p>	

- IBM has confirmed they will provide a mass upload of WTE information from the general ledger into ESR. This will be tested once establishment information is available.
- An automated data cleanse of ESR positions has taken place to remove obsolete records which is being tested presently.
- Depending on the outcome of the testing of both of these actions, should no errors arise the project team have decided that all corporate directorates which are presently identified to go live in Phase 7 will actually go live immediately post evaluation.
- Due to the data cleanse, structures within ESR have been simplified which will not only support budget reconciliation, but improve reporting and recruitment activities.
- The Finance and Workforce teams are currently working to develop an integrated dashboard which will combine both sets of key data to support decisions around earned autonomy relating to performance management.
- Work continues to identify the process which will be followed to ensure any changes to the General Ledger are replicated in ESR. This will be essential to ensure reporting functionality can be utilised as planned.
- Escalation processes for all wards live with phase 1 are still being refined and will be available prior to 1<sup>st</sup> April 2019 and included in the next update report to Finance Committee.

### **Sample Establishment Control Reporting**

Two sample reports were provided which are being tested within the project team and with Senior Nurse colleagues.

### **Phase 1 & 2 Nursing Establishment**

A sample report of the data was provided which is available by combining information from the finance, rostering and ESR systems. This highlights new funded establishments based on current ward configuration, and any temporary workforce utilised. It should be noted that where surge beds have been in place for a significant period of time these have now been added into the substantive bed base for staffing requirements. This report then gives an analysis of utilisation based on February 2019 data. This report has been shared with the Corporate Nursing team.

Having considered these reports and the information contained within them, the project team are now considering the key questions to pose as a result. Further clarity around this will be available in April but questions at present include:

- For future reporting periods where a deficit is identified (tolerance level to be agreed) this would lead the team to believe whilst rosters are approved 6 weeks in advance, are empty shifts being put to the bank office to fill? If they are, it supports the need for contingency measures to be put in place as a predicted shortfall is apparent.
- Are rosters being approved 6 weeks in advance with cover being sought?

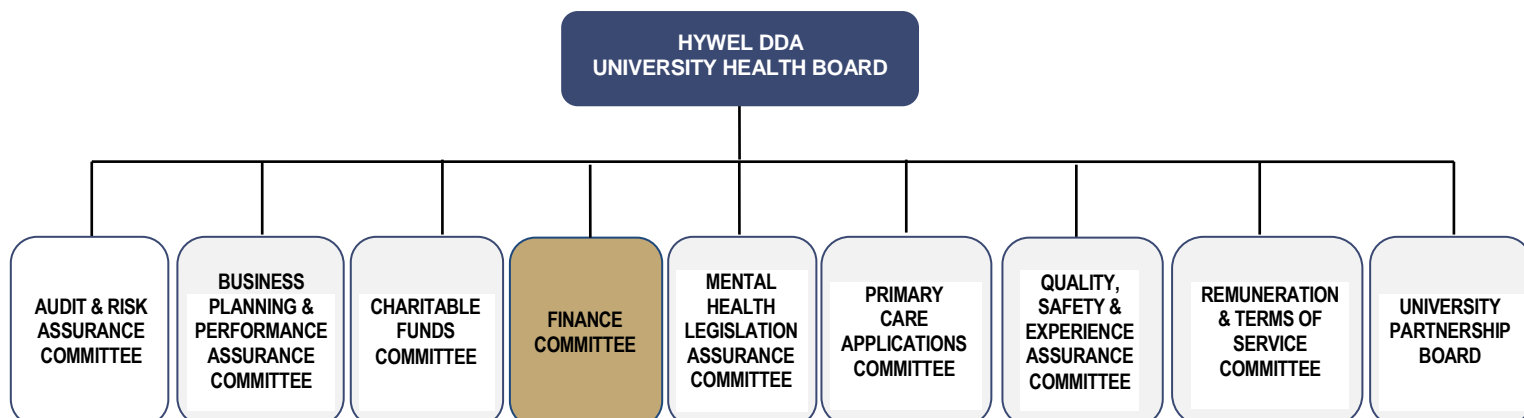
	<ul style="list-style-type: none"> <li>• Should surge capacity be planned when regular surge would have been addressed in the new establishment process?</li> <li>• For areas where high usage is identified above establishment, deep dives to take place with nursing colleagues to understand the drivers for cover and to check roster efficiency.</li> <li>• What actions are to take place to address areas where staff in post exceeds new funded establishment?</li> </ul> <p>Mr Hearty queried who is currently making the decision to go ahead with the mass upload discussed in the report. Mrs Lisa Gostling explained that this would be a joint decision between herself and Mr Thomas, and that a lot of work has been undertaken in relation to ESR and the associated dashboard reports. Mrs Gostling advised that additional work is being carried out to clarify processes.</p> <p>Whilst commending the work involved, Mr Teape highlighted that the surge bed details may be causing inaccuracies in the data and showing wards to be over establishment.</p> <p>Mrs Gostling provided the Committee with an update on the work that is due to be undertaken in April, advising that whilst work is complete in relation to Healthcare Support Workers, it is still being completed for registered nurses. However, new information from the Nurse Staffing (Wales) Act in April will inform this process.</p> <p>Mr Moore advised that this work forms part of re-building organisational control mechanisms however, it is important to keep in mind the question of how we make this helpful for staff which in turn can link to Turnaround.</p> <p>Mrs Gostling advised that control mechanisms could also impact on the information discussed in Workforce Control Panel.</p> <p>Mr Thomas suggested that once established beds are linked to this, risks for quality and safety can also be measured.</p> <p>Mr Hearty enquired how surge beds feature in this information and Mr Thomas responded that the team are currently working on this as the information is not clear, however this is made more challenging given the need to allow for surge beds at no cost and surge beds at cost.</p>	
	The Finance Committee <b>DISCUSSED</b> and NOTED the contents of the Establishment Control report and supported the progression of the work.	
<b>FC(19)42</b>	<p><b>CAPITAL FINANCIAL MANAGEMENT</b></p> <p>The Committee received the Capital Financial Management report and Mr Thomas highlighted a number of key points including the significant growth in expenditure expected in Month 12 due to late variations and late capital. Issues were discussed regarding the corporate financial position of Interserve and Dawnus. Mr Thomas advised that the Health Board had received assurances from the UK Government Cabinet Office regarding both companies, which recommended that trading continued with both.</p>	

	Mr Powell commented that the 2019/20 Capital Resource Limit (CRL) and profiling had not been included in the report and Mr Thomas undertook to ensure this is included in future reports, with the capital programme to be guided by planning.	HT
FC(19)43	<p><b>DRAFT FINANCIAL PLAN</b></p> <p>The Committee received the draft financial plan and Mr Thomas advised that this was currently largely based on assumptions as there is no formal funding agreement in place, however discussions are positive.</p> <p>Mr Hearty queried the status of the plan and enquired whether the Committee has a formal role in regard to the plan or whether the Committee's role is more one of assurance.</p> <p>Mr Thomas responded that the role of the Committee currently is one of endorsing the approach.</p> <p>Mr Thomas advised that an agreement has been included within the current draft plan to fund RTT and an additional £1m funding for winter pressures. Mr Thomas further advised that the baseline budget plan is £29.8m with RTT and Winter Plan funding included in this figure.</p> <p>Mr Thomas informed members that delivery of the savings plan includes a certain proportion of risk including RTT and the challenges with current Aseptic provision.</p> <p>Mr Hearty sought an assurance from Mr Teape as to whether he thought the budget represented an achievable settlement. Mr Teape confirmed that other than a last few finer points which are currently under discussion, overall he felt this represented an achievable plan for 2019-20.</p> <p>Mr Newman enquired as to the time scale for a more accurate savings profile of each directorate. Mr Thomas responded that this is currently under development and there are also ongoing discussions with the Corporate Directorates. Mr Thomas advised that by mid April it is anticipated that the finance team will have a tighter position and profile for the savings plan. Mr Thomas further advised this will be discussed in more detail at the next Committee meeting in April and that a savings plan would also be provided.</p> <p>Mr Moore informed members that there would be more information on Welsh Government funding following the TI meeting on 10<sup>th</sup> April 2019.</p> <p>Mr Thomas stating that this savings question would be discussed in more detail in the In Committee session of the meeting.</p>	
	The Finance Committee <b>DISCUSSED</b> and <b>NOTED</b> the Draft Financial Plan.	
FC(19)44	<p><b>ANY OTHER BUSINESS</b></p> <p>The Finance Committee self assessment questionnaire was received for information which would be circulated to members for completion, with the Finance Committee terms of reference to be discussed in more detail at the next Committee meeting.</p>	<p>SB</p> <p>SB</p>

FC(19)45	DATE OF THE NEXT MEETING	
	9.00 am, 25 <sup>th</sup> April 2019	

**TABLE OF ACTIONS FROM  
FINANCE COMMITTEE (FC) MEETING  
HELD ON 25<sup>th</sup> March 2019**

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
<b>FC(19)37</b>	<b>Finance Report Month 11-</b> Explanation for the short variation in the downward trend in the data. This is to be looked into in more detail and a reason to be provided.	HT	April 2019	To be included on the Finance Committee agenda for either the April 2019 meeting.
<b>FC19(38)</b>	<b>Financial Projections Month 11-</b> A report winter planning 2019/20	JT	April 2019	To be included on the Finance Committee agenda for either the April 2019 meeting
<b>FC19(38)</b>	<b>Financial Projections Month 11-</b> A report detailing plans for medicines management and Aseptic Unit 2019/20	HT	April 2019	To be included on the Finance Committee agenda for either the April 2019 meeting
<b>FC19(43)</b>	<b>Draft Financial Plan-</b> Savings Plan for 19/20 to be provided and discussed	AC	April 2019.	To be included on the Finance Committee agenda for either the April 2019 meeting
<b>FC19(44)</b>	<b>AOB –</b> terms of Reference for Finance Committee to be discussed	HT	April 2019.	To be included on the Finance Committee agenda for either the April 2019 meeting.



## FINANCE COMMITTEE

### TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V1	Finance Sub-Committee	08.11.2017	Discussed
V2	Finance Sub-Committee	13.12.2017	Approved
V2	Business Planning & Performance Assurance Committee	19.12.2017	Approved
V3	Finance Sub-Committee	19.07.2018	Discussed
V4	Finance Sub-Committee	23.08.2018	Discussed
V5	Hywel Dda University Health Board	27.09.2018	Approved



## FINANCE COMMITTEE

### 1. Constitution

- 1.1 The Finance Committee has been established as a formal Committee of the Board and constituted from 1<sup>st</sup> October 2018.

### 2. Membership

- 2.1 Formal membership of the Committee shall comprise of the following:

Member
Associate Member of the Board (Chairman)
Independent Member (Vice Chairman)
Health Board Vice-Chair
Independent Member
*Invitation extended to the Chair of ARAC to attend (not counted for quoracy purposes)

- 2.2 The following should attend Committee meetings:

In Attendance
Chief Executive
Deputy Chief Executive/Director of Operations
Director of Finance
Turnaround Director
Other key Executive Directors/Directors to attend as and when the Committee request their attendance

- 2.3 Membership of the Committee will be reviewed on an annual basis.

### 3. Quorum and Attendance

- 3.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chairman or Vice-Chairman of the Committee, and one other Independent Member, together with a third of the In Attendance Members.
- 3.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.
- 3.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.
- 3.4 The Committee may also co-opt additional independent external "experts" from outside the organisation to contribute to specialised areas of discussion.
- 3.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place subject to the agreement of the Chairman.

- 3.6 The Chair of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.
- 3.7 The Chairman of the Finance Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 3.8 The Head of Internal Audit shall have unrestricted and confidential access to the Chairman of the Finance Committee.
- 3.9 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## **Purpose**

- 4.1 To scrutinise and provide oversight of financial and the revenue consequences of investment planning (both short term and in relation to longer term sustainability).
- 4.2 Review financial performance, review any areas of financial concern, and report to the Board.
- 4.3 Conduct detailed scrutiny of all aspects of financial performance, the financial implications of major business cases, projects, and proposed investment decisions on behalf of the Board.
- 4.4 Regularly review contracts with key delivery partners.
- 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.

## **5. Operational Responsibilities and Objectives**

- 5.1 Advise the Chair, Chief Executive and Board on all aspects of finance and the revenue implications of investment decisions.
- 5.2 Provide assurance in respect of short, medium and long term financial performance and financial planning.
- 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 can not be brought within the Health Boards risk appetite/tolerance to the Board through the Committee Update Report.
- 5.5 The Finance Committee will provide assurance, raising appropriate concerns and make recommendations to the Board as a consequence of the Committee's role in relation to short term focus, medium term focus and improving financial management, as follows:

## Short Term Focus

### 5.5.1 Undertaking detailed scrutiny of the organisation's overall:

- Monthly, quarterly and year to date financial performance;
- Performance against the savings delivery and the cost improvement programme; assurance over performance against the Capital Resource Limit and cash flow forecasts;
- Oversee and monitor the Health Board's turnaround programme.

### 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.

### 5.5.3 Reviewing the future annual revenue and capital budget.

### 5.5.4 Reviewing the treasury management and working capital policy as required.

## Medium Term

### 5.5.5 Considering and keeping under review the organisation's medium term financial strategy in relation to both revenue and capital risks.

### 5.5.6 Reviewing financial proposals for major business cases (and investment decisions) and their respective funding sources.

### 5.5.7 Maintaining oversight of, and obtaining assurances on, the robustness of key income sources and contractual safeguards.

### 5.5.8 Reviewing major procurements and tenders, such as outsourcing in relation to achieving Referral to Treatment targets.

### 5.5.9 Commissioning regular reviews of key contracts, suppliers and partners to ensure they continue to deliver value for money.

### 5.5.10 Reviewing and monitoring progress against capital plans to be assured over delivery against the Capital Resource Limit.

### 5.5.11 Reviewing the financial aspects of the estates, medical devices and IM&T strategy, ensuring:

- Appropriate funding arrangements are in place; and the
- Appropriate utilisation of the strategy.

### 5.5.12 Reviewing any investment/disinvestment strategy, maintaining oversight of the investments and disinvestments, ensuring compliance with policies by:

- Establishing the overall methodology, processes and controls which govern investments and disinvestments, including the prioritisation of decisions;
- Ensuring that robust processes are followed; and
- Evaluating, scrutinising and monitoring subsequent investments/disinvestments.

## Improving Financial Management

5.5.13 Developing and implementing a financial management improvement agenda across the organisation.

- 5.6 Subject to the Board's direction and approval, develop and regularly review the financial performance management framework and reporting approach, ensuring it includes meaningful, appropriate and integrated, timely performance data and clear commentary relating to the totality of the services for which the Board is responsible.
- 5.7 Review and approve financial procedures on behalf of the Health Board.
- 5.8 Agree issues to be escalated to the Board with recommendations for action.

## **6. Agenda and Papers**

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chairman and/or the Vice Chairman, at least **three** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Committee members. Following approval, the agenda and timetable for papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead/relevant Director.
- 6.4 The agenda and papers for meetings will be distributed **five** working days in advance of the meeting.
- 6.5 The minutes and action log will be circulated to members within **five** working days to check the accuracy.
- 6.6 Members must forward amendments to the Committee Secretary within the next **five** working days. The Committee Secretary will then forward the final version to the Committee Chairman for approval.

## **7. In Committee**

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

## **8. Frequency of Meetings**

- 8.1 The Committee will meet monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chairman of the Committee.
- 8.2 The Chairman of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

## **9. Accountability, Responsibility and Authority**

- 9.1 The Committee will be accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.2 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.3 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

## **10. Reporting**

- 10.1 The Committee, through its Chairman and members, shall work closely with the Board's other committees, including joint /sub committees and groups to provide advice and assurance to the Board through the:
  - 10.1.1 joint planning and co-ordination of Board and Committee business;
  - 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee may establish sub-committees, groups or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each Group's meetings detailing the business undertaken on its behalf.
- 10.4 The Committee Chairman, supported by the Committee Secretary, shall:
  - 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report as well as the presentation of an annual report within 6 weeks of the end of the financial year;
  - 10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.
  - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive, or Chairmen of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

## **11. Secretarial Support**

- 11.1 The Committee Secretary shall be determined by the Lead Executive Director (Director of Finance).

## **12. Review Date**

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.



## 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> August 2019	24 <sup>th</sup> September 2019	23 <sup>rd</sup> October 2019	26 <sup>th</sup> November 2019	19 <sup>th</sup> December 2019	28 <sup>th</sup> January 2020	27 <sup>th</sup> February 2020	24 <sup>th</sup> March 2020
<b>Governance</b>													
Apologies*	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Declarations of interests*	All	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Minutes from previous meeting*	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Matters Arising and Table of Actions*	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Annual Review of TORs/membership	Chair	✓											
Finance Committee Annual Workplan*	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Finance Committee Outcome of Self-Assessment of Performance	Chair		✓										
Finance Committee Annual Report	Chair	✓											



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Reflective Summary	HT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>For Discussion</b>													
Finance Report Month*	HT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Financial Projections Report	HT		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Financial plan development and draft financial plan	HT						✓	✓	✓	✓	✓	✓	✓
Turnaround Report Month*	AC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
RTT Month*	KJ	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Establishment Control*	LG	✓	✓	✓	✓	✓	✓						
Capital Financial Management	HT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Contracting update	HT		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Finance team strategy	HT		✓										
<b>ASSURANCE</b>													
Corporate Risks	HT		✓		✓		✓		✓		✓		✓



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Finance Operational Risks	HT		✓			✓			✓			✓	
Savings Plan		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Winter Planning			✓										
<b>For Approval</b>													
Scheme of Delegation	HT		✓					✓					
Annual Financial Plan/Enabling Plan	HT									✓			
<b>For Information</b>													
Any Other Business*													
<b>Administration</b>													
Agenda setting meeting with Chair & Exec Lead (at least 4 weeks before the meeting)	CS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Draft agenda to go to Executive Team prior to issue	CS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓





## HYWEL DDA UNIVERSITY HEALTH BOARD – FINANCE COMMITTEE

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Call for papers (at least 4 weeks before the meeting to receive papers at least 14 days before the meeting)	CS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Disseminate agenda & papers 7 days prior to the meeting	CS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Type up minutes and TOA within 7 days of the meeting	CS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

### Initials

DoF – Director of Finance  
CS – Committee Secretariat  
TD – Turnaround Director

JT – Joe Teape  
LG – Lisa Gostling



## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	25 April 2019
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Finance Update – Month 12 2018/19
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Fiona Powell, 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 Health Board has a statutory duty to breakeven over a three-year rolling basis. This report updates the Finance Committee on the Health Board's current financial position.

#### Cefndir / Background

The Health Board agreed an interim Annual Plan on 29<sup>th</sup> March 2018, which included a deficit budget of £62.5m. The Health Board has received additional funding of £27m in relation to the Zero Based Review; giving a revised forecast deficit of £35.5m.

This required the achievement of £26.4m of savings schemes to be delivered in-year which needed to be recurrent in order to sustain an improvement in the underlying financial position. In addition to this, individual budget managers needed to ensure that they operated within their delegated limit as outlined in the Accountability Agreement Letters which have been distributed for 2018/19.

#### Asesiad / Assessment

The Health Board's financial position at the end of Month 12 represented a favourable variance against the plan of £0.1m and has achieved an under-spend position of £0.2m in-month.

Performance against key financial targets is summarised in the table below.

Key target		Annual limit	Actual delivery
Revenue	£'m	35.5	35.4
Savings	£'m	26.4	26.6
Capital	£'m	30.9	30.9
Non-NHS PSPP	%	95.0	96.1
Period end cash	£'m	4.0	1.4

## Argymhelliad / Recommendation

The Finance Committee is asked to note and discuss the financial position for Month 12.

### **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:	BAF S09-PR20 BAF SO10-PR33
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 efficiency and quality of services through collaboration with people, communities and partners

### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on the Health Board'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

	MHLDD – 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 – Worthybush 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:	Health Board's Finance Team Health Board's Management Team Executive Team

<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>	The Health Board 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: Reputational:</b>	Adverse variance against the Health Board's financial plan will affect our reputation with Welsh Government, the Wales Audit Office, and with external stakeholders.
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable

# 1. Summary

## 1.1 Purpose

- The purpose of this report is to outline the Health Board's financial position to date against our Annual Plan.

## 1.2 Key messages

- The Health Board's financial position at the end of Month 12 represented a favourable variance against plan of £0.1m and has achieved an under-spend position of £0.2m in-month.
- This position has been delivered through the use of non-recurring and one off adjustments totalling £8.6m in the year to date (£nil in month).
- £2.5m of Savings schemes were delivered in Month 12. The total delivered savings is £26.6m, which is £0.2m higher than forecast in Month 11.
- As expected, operational savings fell short of the original target of £30.7m, however this is offset by the identification of an additional £4.9m of accountancy gains and £6.0m of corporate recovery actions.

## 1.3 Summary of key financial targets

- The Health Board's key targets are as follows:
  - Revenue: to contain the overspend within the Health Board's planned deficit
  - Savings: to deliver savings plans to enable the revenue budget to be achieved
  - Capital: to contain expenditure within the agreed limit
  - 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 used. For the Health Board, this is broadly £4.0m.

Key target		Annual limit	Actual delivery
Revenue	£'m	35.5	35.4
Savings	£'m	26.4	26.6
Capital	£'m	30.9	30.9
Non-NHS PSPP	%	95.0	96.1
Period end cash	£'m	4.0	1.4

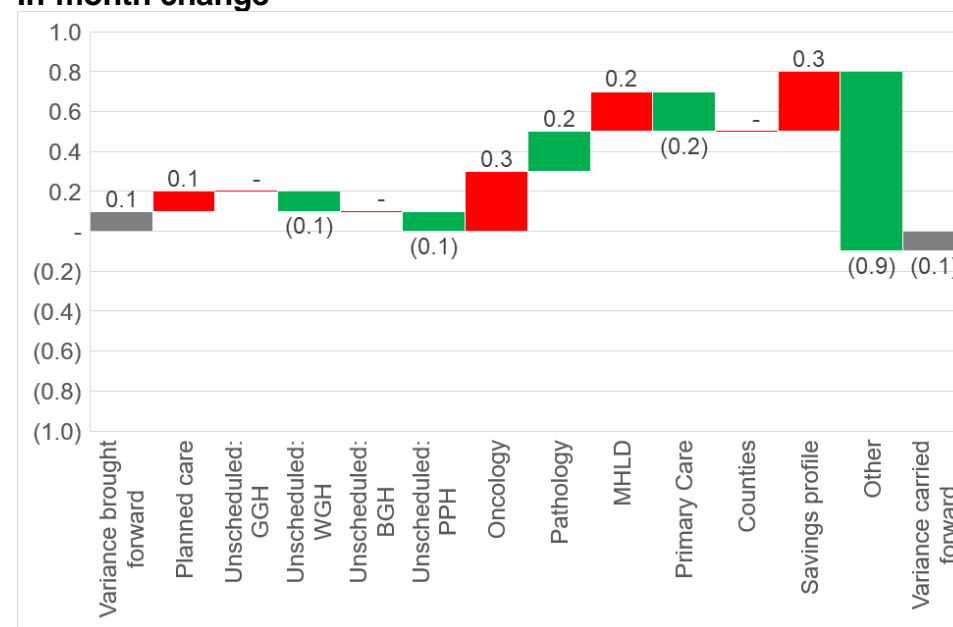
## 2. Directorate Revenue Position

### 2.1 Directorate financial performance

Year to date

	Cered	Carms		Pembs
		PPH	GGH	
Planned	3.3			
Unscheduled	1.7	0.7	1.8	0.7
Radiology	(0.1)			
Pathology	1.1			
Women's and Children's	(0.1)			
Cancer	0.6			
County Teams	(0.2)	0.4		0.3
MHLD	0.5			
Facilities	1.2			
Medicines Management	1.6			
Primary Care	(0.5)			
Corporate	0.0			
Commissioning	(3.2)			
Other	(9.9)			
Bottom line Savings profile	0.0			
<b>Variance against plan</b>	<b>(0.1)</b>			

### In-month change

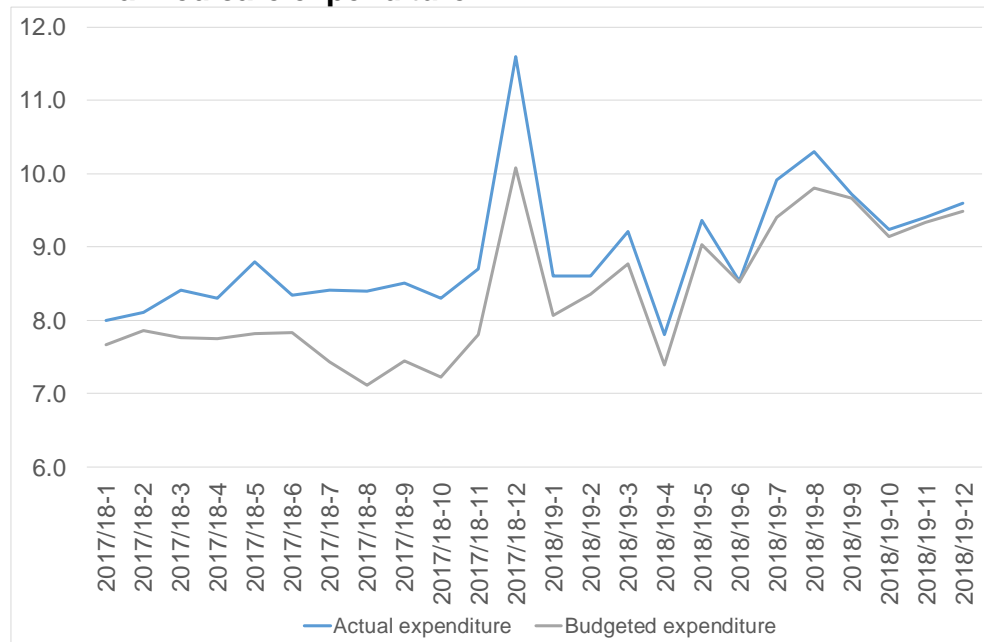


- The Health Board's reported bottom line variance has improved over the last five months. An under-spend was achieved in the current month, leading to a cumulative position of £(0.1)m to Month 12.
- The year to date pressure has been particularly pronounced in Unscheduled Care (£4.9m, driven by bed capacity), Planned Care (£3.3m, driven by non-delivery of savings) and Medicines Management (£1.6m, driven by NCSO drugs).
- Material positions are reported in Section 2.2.

## 2. Directorate Revenue Position

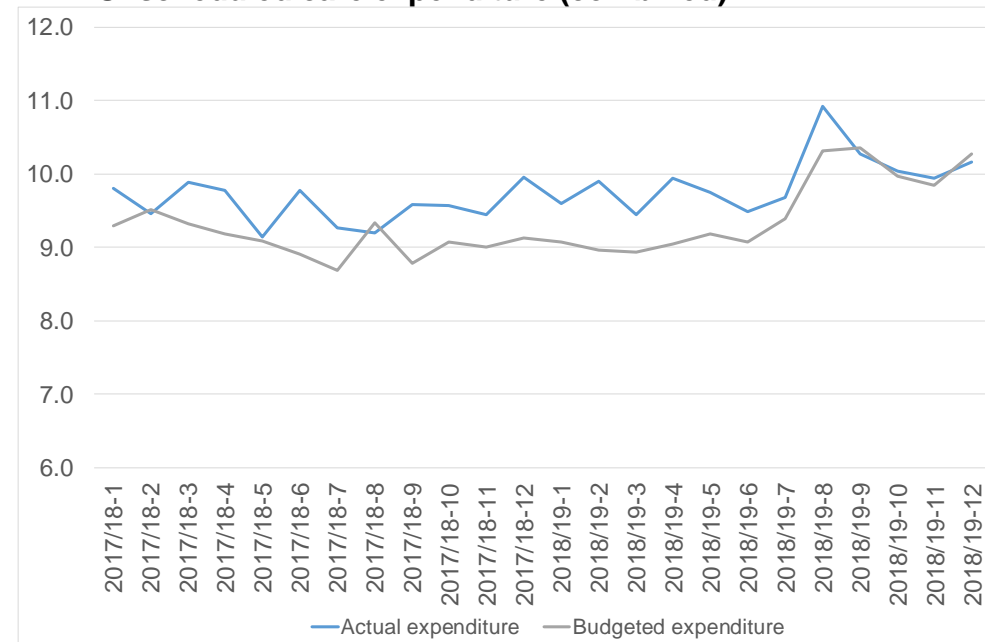
### 2.2 Material directorate area deficits

#### 2.2.1 Planned care expenditure



- The in-month position showed a slight deterioration on Month 11, with over-spends in Clinical Supplies and Services offset by a reduction in Medical internal locum sessions.
- The Directorate has also seen a significant benefit in efficiency and productivity.

#### 2.2.2 Unscheduled care expenditure (combined)

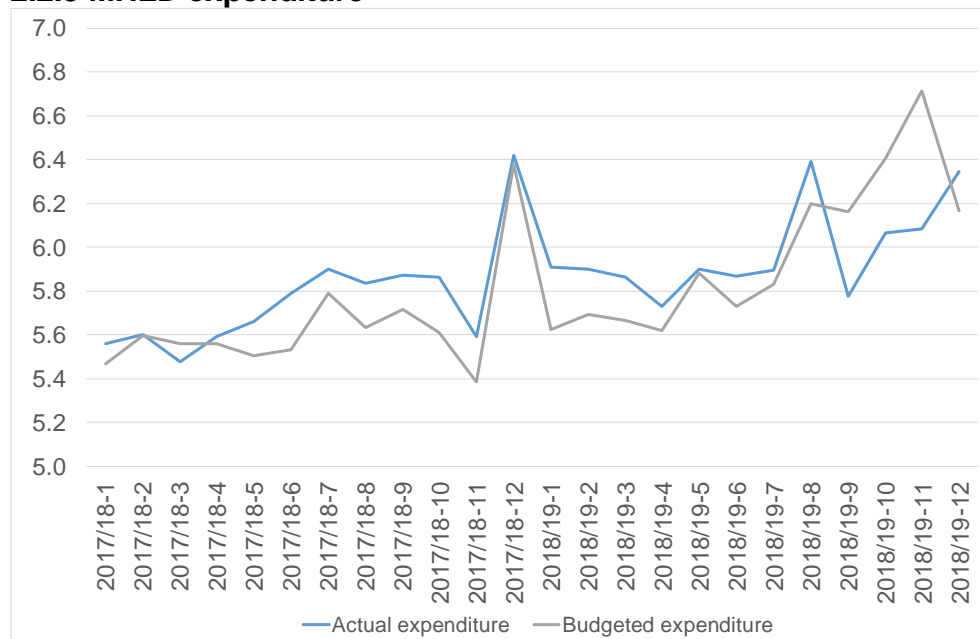


- Bronglais General Hospital (BGH) reported a slightly improved overspend to Month 11, predominately due to reduced recharges from ABMU and overachievement of drugs income. Withybush General Hospital (WGH) reported a slight improvement on the Month 11 position, largely due to a reduction in Nursing and clinical costs. Glangwili General Hospital (GGH) reported an improvement on the Month 11 position mainly due to a reduction in expenditure for maintenance and laboratory chemicals. PPH was again slightly under-spent in-month; the position is driven by Winter Pressures funding and a reduction in Nursing and Medical pay costs.
- Delayed discharges of medically fit patients and unfunded surge capacity remain key drivers to the costs, which requires a system-wide focus.



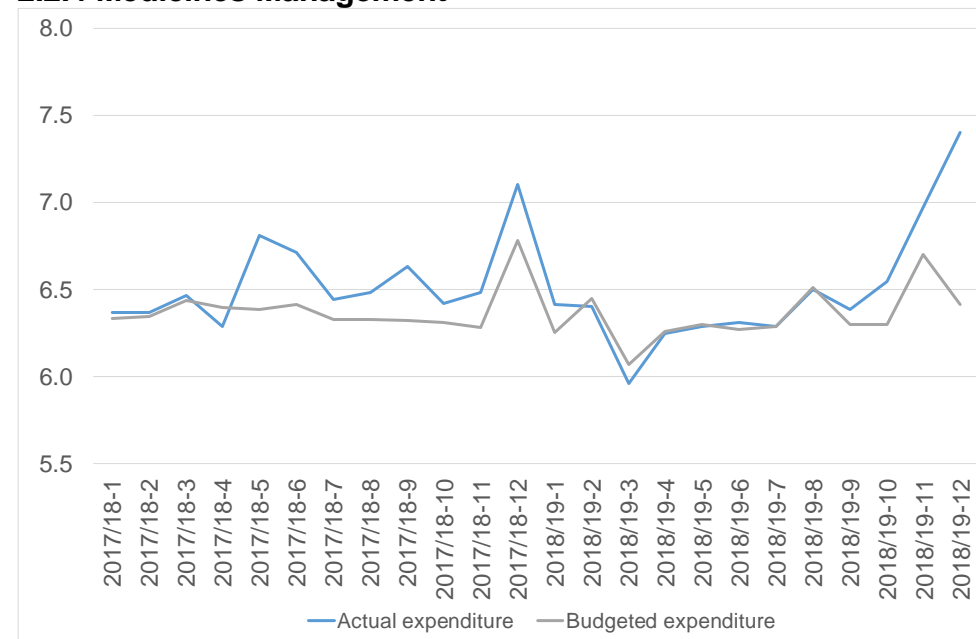
## 2. Directorate Revenue Position

### 2.2.3 MHL D expenditure



- The Directorate has reported a deterioration in variance against budget in-month, predominately due to increased CHC costs.
- The Directorate was challenged throughout the year in delivering against its savings requirement. There continues to be difficulty recruiting into medical posts resulting in extra locum sessions being incurred.
- The greatest pressure within MHL D is the continued growth in CHC placements and their associated costs. Client numbers were unchanged in month, although a higher number of clients were assigned complex packages of care. 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.

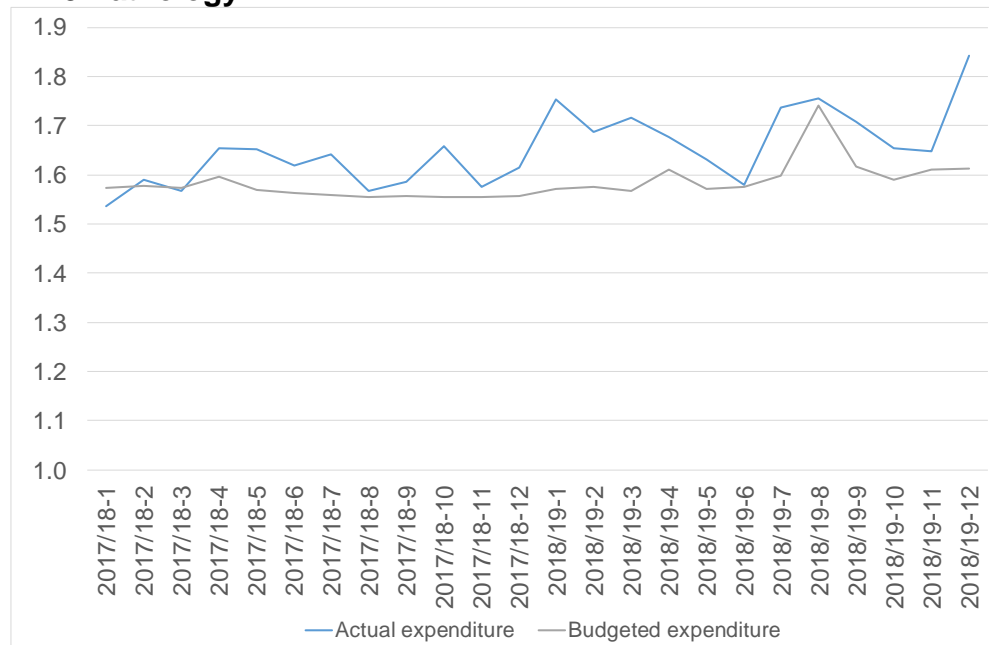
### 2.2.4 Medicines Management



- The directorate reported a further deteriorated position in-month, based on modelling outturn on a number of scenarios. The No Cheaper Source Obtainable (NCSO) drugs have remained at the higher levels seen since October which has impacted on the projection modelling. Higher than expected seasonal flu drugs have also had an adverse impact. Savings plans delivered ahead of plan.
- Item growth is in the range of -1% to 1% but there has been a significant increase in Category M prices.

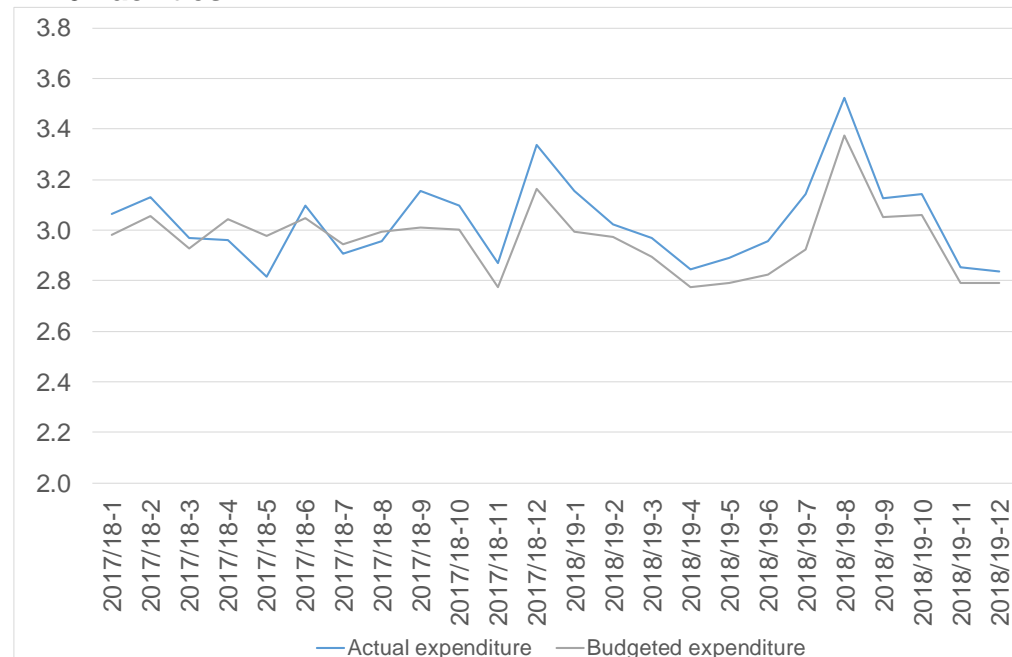
## 2. Directorate Revenue Position

### 2.2.5 Pathology



- There has been an over spend on medical staffing pay in month due to an increase in Medical Locums.
- Increased costs in year have arisen from Service Level Agreements, managed service contracts and non-delivery of savings partially offset by drugs costs. Income also under achieved in month in relation to mortuary fees.
- The Directorate is reviewing ways of working with services to reduce demand through ensuring only appropriate test requests and through avoiding duplication. Targeted diagnostics for high cost services has contributed a benefit to the position.

### 2.2.6 Facilities



The main areas of overspend continue to be:

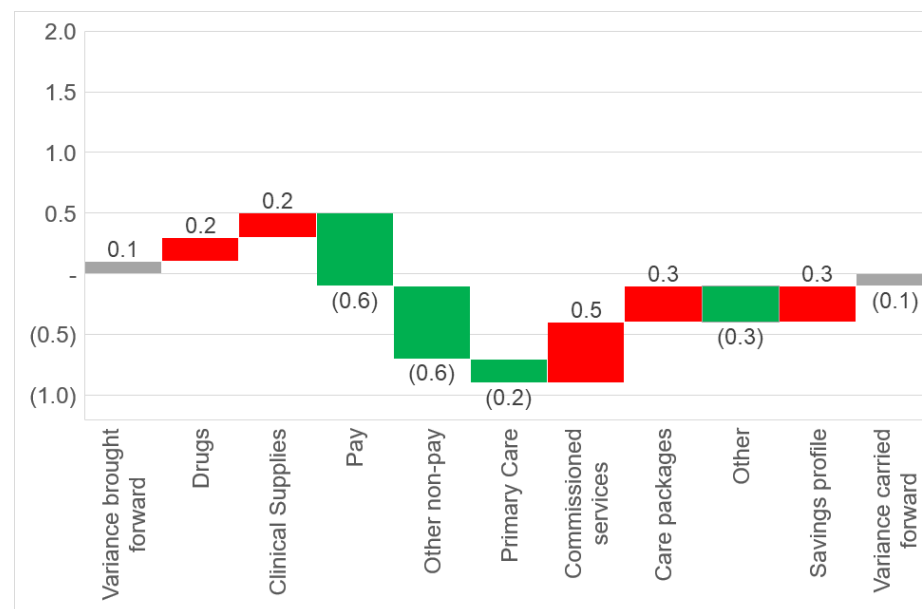
- Operations – bank Pay costs, postage costs, other general supplies, and grounds and gardens are the main contributors to the over spend of £0.1m.
- Property – overspend of £1.2m relating predominately to electricity. Costs have significantly increased due to the confirmed rate increase being higher than predicted, although usage in month reduced in PPH and WGH. Heating Oil is overspent due to being utilised as a back-up when the biomass is off-line and rate increases. Water consumption increased in PPH.
- Specialist Services – provisions account for the majority of the £0.2m overspend.

### 3. Subjective revenue position

#### 3.1 Subjective summary

	In-month	Cumulative	Imp ↓/ Det ↑
Income	(0.9)	(2.5)	↓
Primary Care (excl prescribing)	(0.2)	(0.2)	↓
Prescribing	1.1	1.1	↑
Pay	(0.6)	0.2	↓
Clinical supplies	0.2	1.6	↑
Drugs	0.2	2.3	→
Other non-pay	(0.6)	(0.8)	↓
Commissioned services	0.5	(1.3)	↑
Care packages	0.3	2.7	↑
Other	(0.5)	(3.2)	↓
Savings profile	0.3	0.0	
<b>Total</b>	<b>(0.2)</b>	<b>(0.1)</b>	<b>↓</b>

#### In-month change

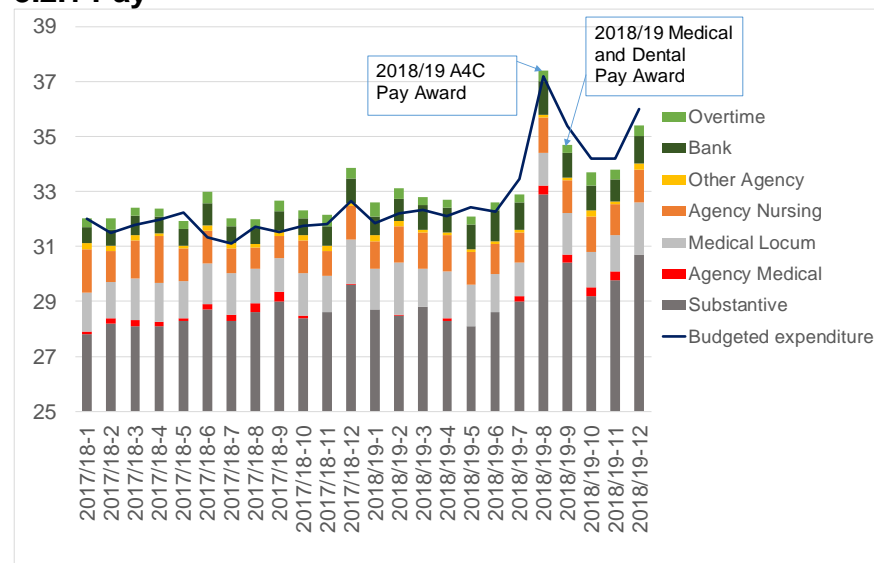


- The main pressures on the in-month position relate to Prescribing and Commissioned Services, offset by Income, Pay and Other Non-Pay.
- Detail on the changes in material cost drivers follows in Section 3.2.

### 3. Subjective revenue position

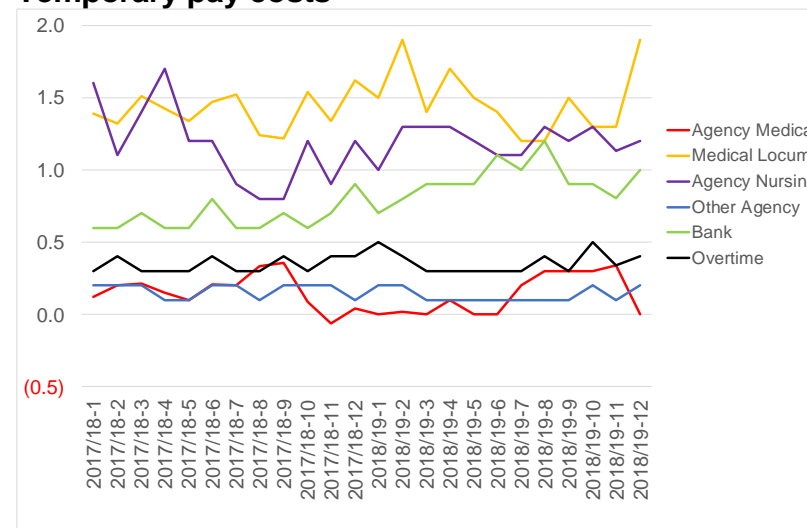
#### 3.2 Material Cost drivers

##### 3.2.1 Pay

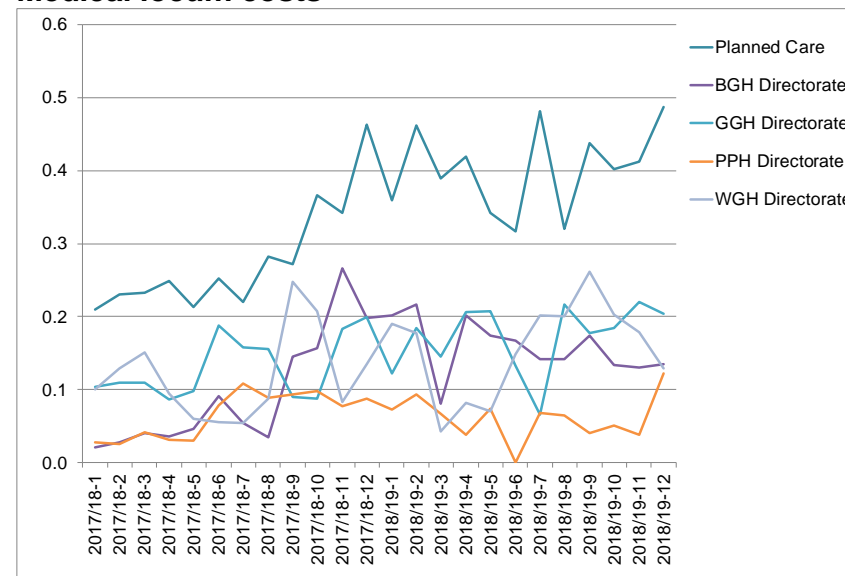


- The Month 12 expenditure is lower than budget due to vacancies over and above those filled with Agency staff.
- Month 12 Pay costs include a provision of £1.1m in relation to Holiday Pay Entitlement on Overtime and Additional Hours. This was matched with a WG allocation of funding following an All-Wales decision in Month 12, which is included in the in-month budget.
- The cost of substantive staffing is greater than last year. In Month 12 total pay costs increased slightly compared with Month 11 – increases in substantive pay costs were partially offset by a reduction in Medical Agency costs.
- There was a large increase in Medical Locum and Bank costs, this was partially offset by a decrease in Medical Agency costs.

##### Temporary pay costs

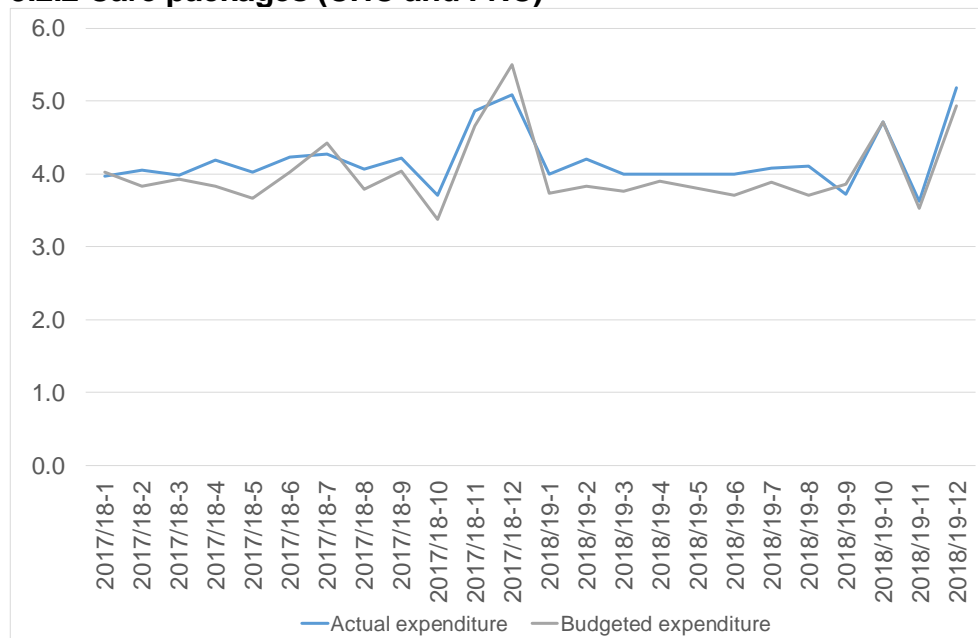


##### Medical locum costs



### 3. Subjective revenue position

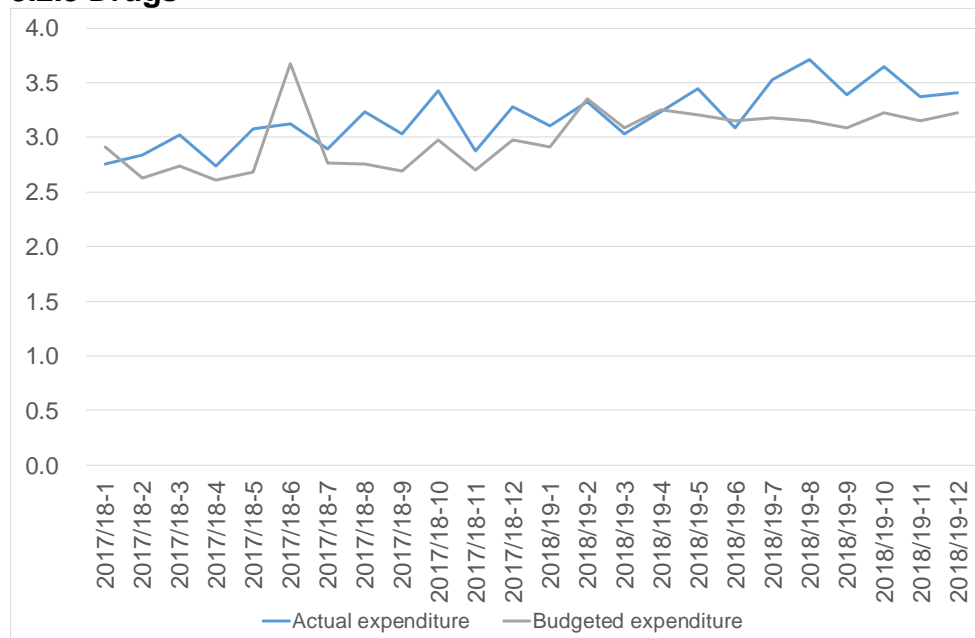
#### 3.2.2 Care packages (CHC and FNC)



- The total number of cases decreased in-month. The increase in expenditure and budget in Month 10 and 12 relates to the recognition of an element of FNC rate changes and CHC inflation. The complexity of cases remains a key cost driver.
- Total spend to Month 12 is £48.0m resulting in an overspend of £2.4m, of which:

£'m	Spend	Over/(under) spend
FNC/CHC	23.8	0.4
LD	13.5	2.3
MH	9.5	0.2
Children	1.2	(0.5)
<b>Total</b>	<b>48.0</b>	<b>2.4</b>

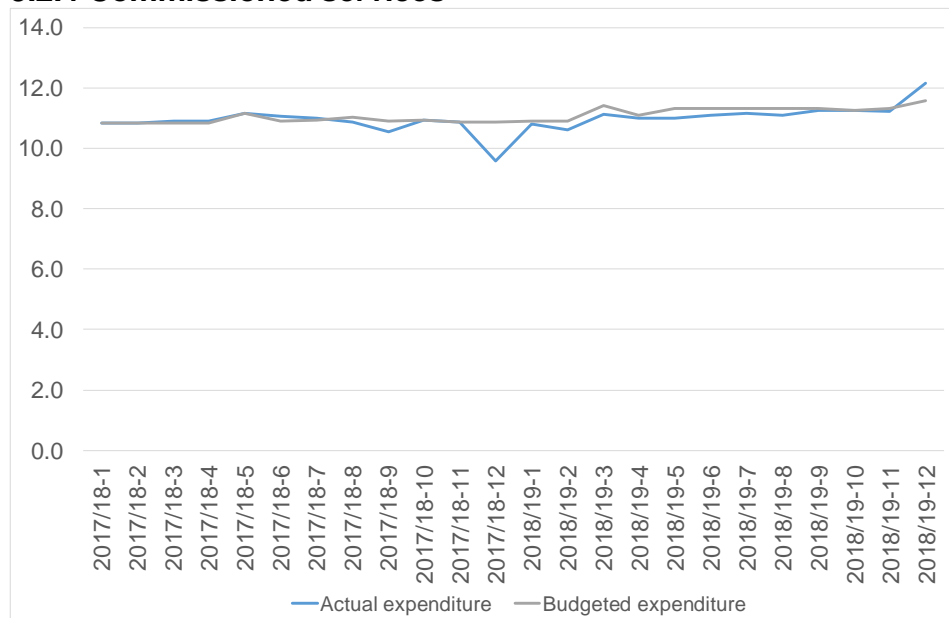
#### 3.2.3 Drugs



- Drugs costs have increased over the past year, and continue with that trend for this year, with a significant in-month impact.
- 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, 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 into 2019/20.
- Two high cost melanoma cases have again had a significant in-month impact.

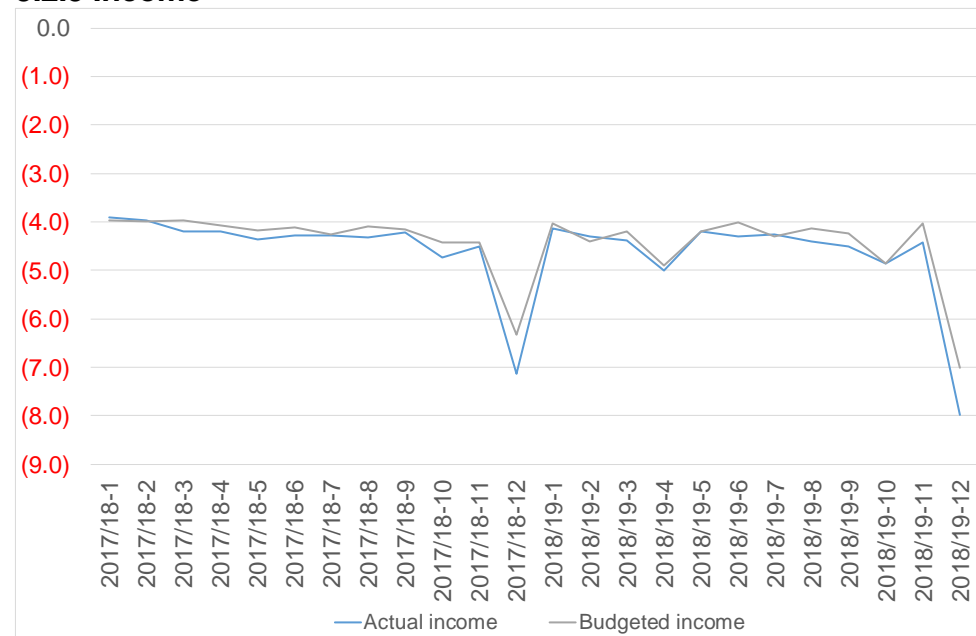
### 3. Subjective revenue position

#### 3.2.4 Commissioned services



- Services that are commissioned from other NHS providers are based on activity data up to Month 11.
- The main cumulative under-spend relates to activity at Abertawe Bro Morgannwg UHB (£1.4m) and Cardiff and Vale UHB (£0.8m).
- Pressures in the year have grown month on month in respect of Specialised Services, despite an increased budget for the current year of £2.3m. The WHSSC position is the key driver of the in-month over spend in respect of IPFR and Mental Health activity and Prior year commitments being realised.

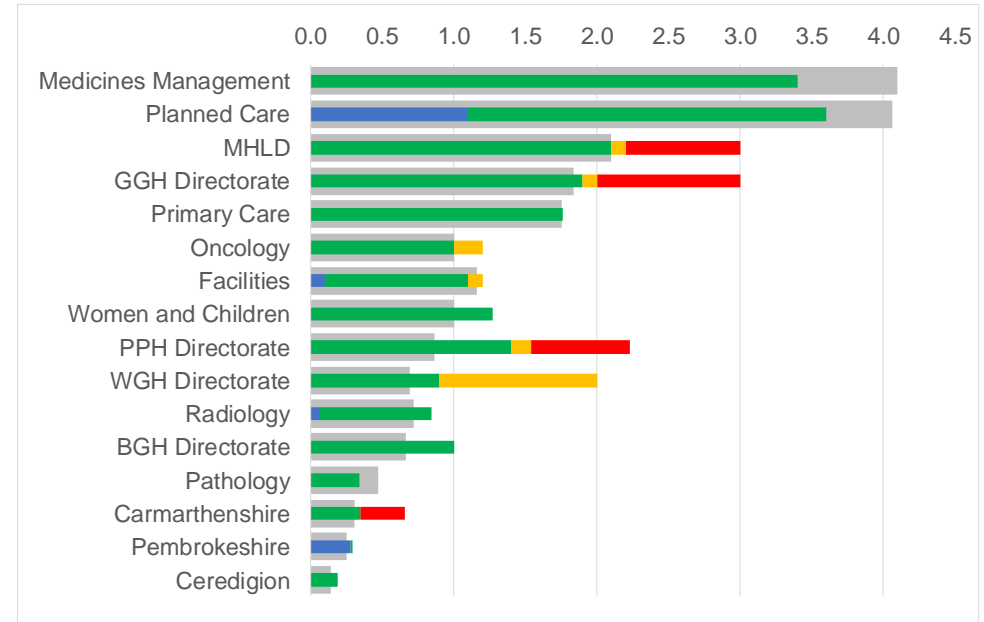
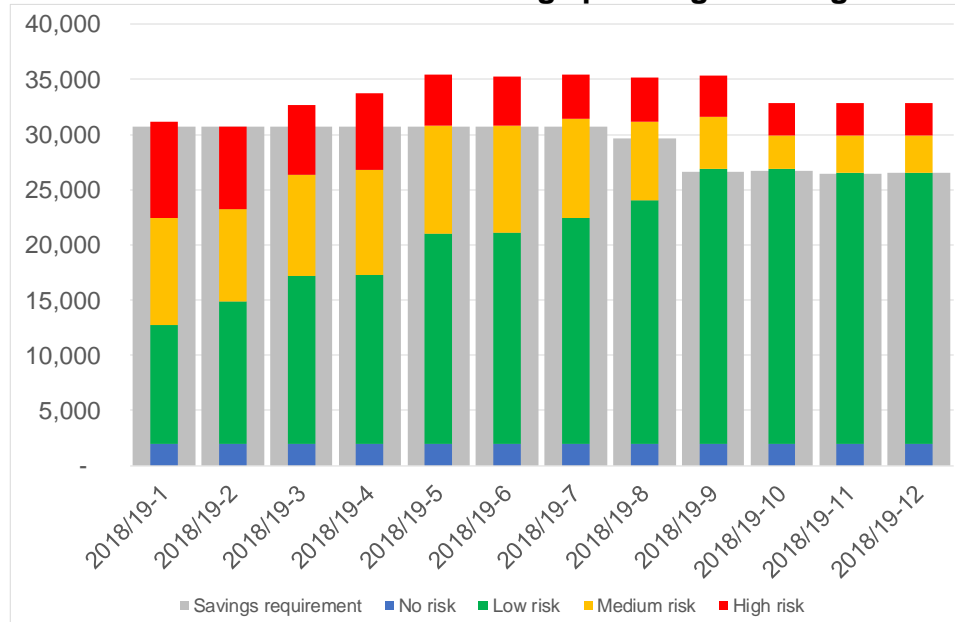
#### 3.2.5 Income



- Income from other NHS bodies continues to cumulatively over perform against target.
- The in-month improvement is largely in relation to over-performance on a number of LTAs with Welsh Health Boards.

## 4. Savings and turnaround actions

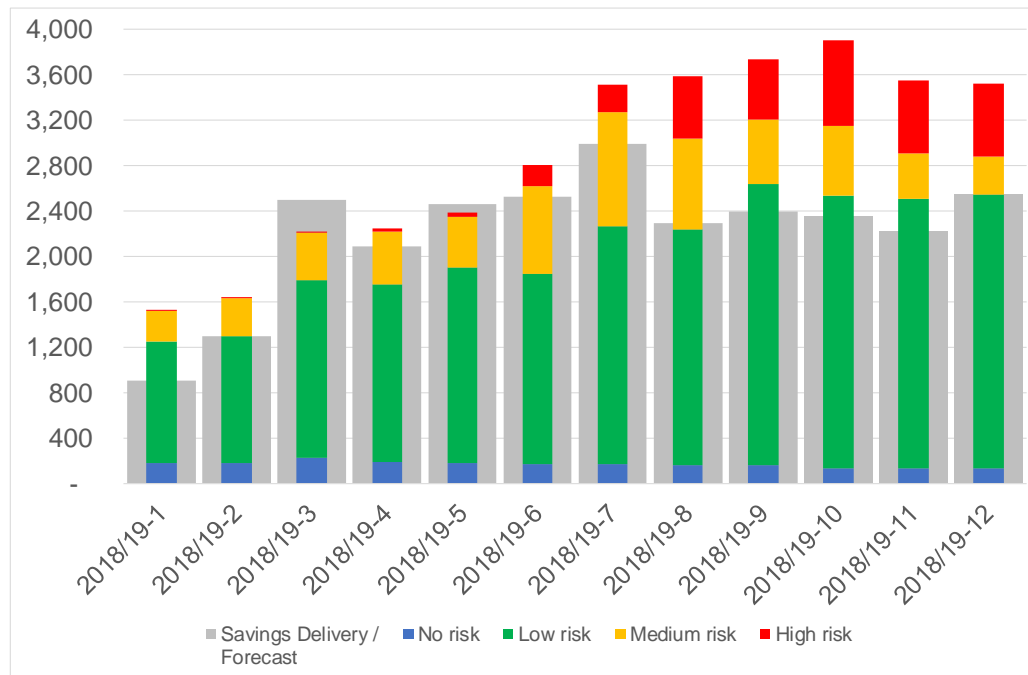
### 4.1 Risk-assessed directorate savings plans against target



- Savings scheme achievement in month was £2.5m, which is ahead of the Month 11 forecast for Month 12, due to over achievement of savings in relation to Procurement and Medicines Management.
- Savings arising from Agency/Locum paid at premium rates in Month 12 was broadly in line with Month 11, and, as expected, was still significantly below Plan.

## 4. Savings and turnaround actions

### 4.2 Planned savings profile, risk and delivery



- Total schemes identified to Month 12 is unchanged from Month 11.
- As expected, operational savings delivery fell short of the original target of £30.7m, however this is offset by the identification of an additional £4.9m of accountancy gains and £6.0m of corporate recovery actions.



## 5. Financial position

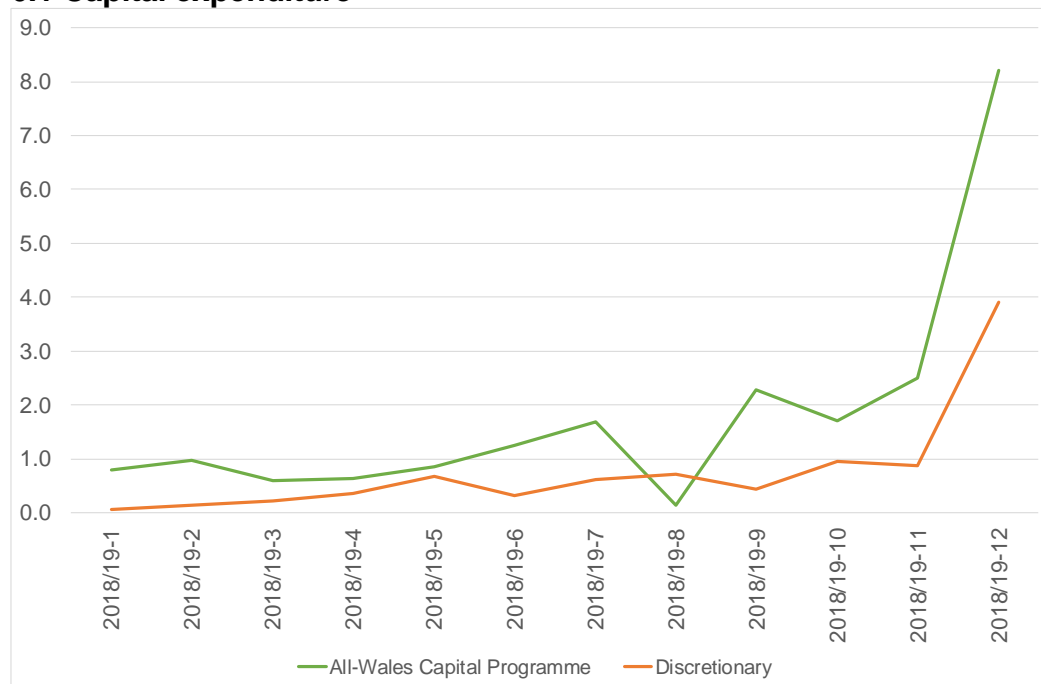
### 5.1 Operational Financial Position

The operational run rate has shown a significant improvement in Month 12, being at £(0.2)m in the current month. This is the result of recovery actions taken by Directorates in order to meet their Control Totals and over-delivery of savings in month.

<b>Operational Financial Position £'m</b>	<b>M1</b>	<b>M2</b>	<b>M3</b>	<b>M4</b>	<b>M5</b>	<b>M6</b>	<b>M7</b>	<b>M8</b>	<b>M9</b>	<b>M10</b>	<b>M11</b>	<b>M12</b>	<b>YTD</b>
<b>Actual In-Month Reported</b>	<b>0.4</b>	<b>0.3</b>	<b>0.2</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>(0.1)</b>	<b>(0.3)</b>	<b>(0.2)</b>	<b>(0.2)</b>	<b>(0.2)</b>	<b>(0.1)</b>
<b>Adjustments:</b>													
Medicines Management Savings Plan			0.5										0.5
Recharge Revenue to Capital (Facilities)				0.2									0.2
VAT Reclaim (2017-18)				0.2	0.4								0.6
Individual Patient Commissioning – review year-end commitments				0.3	0.2	0.2							0.7
Medical and Dental back-pay									0.5				0.5
Accountancy Gains		0.2	0.1	0.1	0.3	0.3	1.0	1.1	0.4	0.6	0.8		4.9
Other		0.3		0.2	0.1		0.3		0.3				1.2
Total Adjustments	0.0	0.5	0.6	1.0	1.0	0.5	1.3	1.1	1.2	0.6	0.8	0.0	8.6
<b>Operational Financial Position</b>	<b>0.4</b>	<b>0.8</b>	<b>0.8</b>	<b>1.0</b>	<b>1.0</b>	<b>0.5</b>	<b>1.3</b>	<b>1.0</b>	<b>0.9</b>	<b>0.4</b>	<b>0.6</b>	<b>(0.2)</b>	<b>8.5</b>

## 6. Capital expenditure and working capital management

### 6.1 Capital expenditure

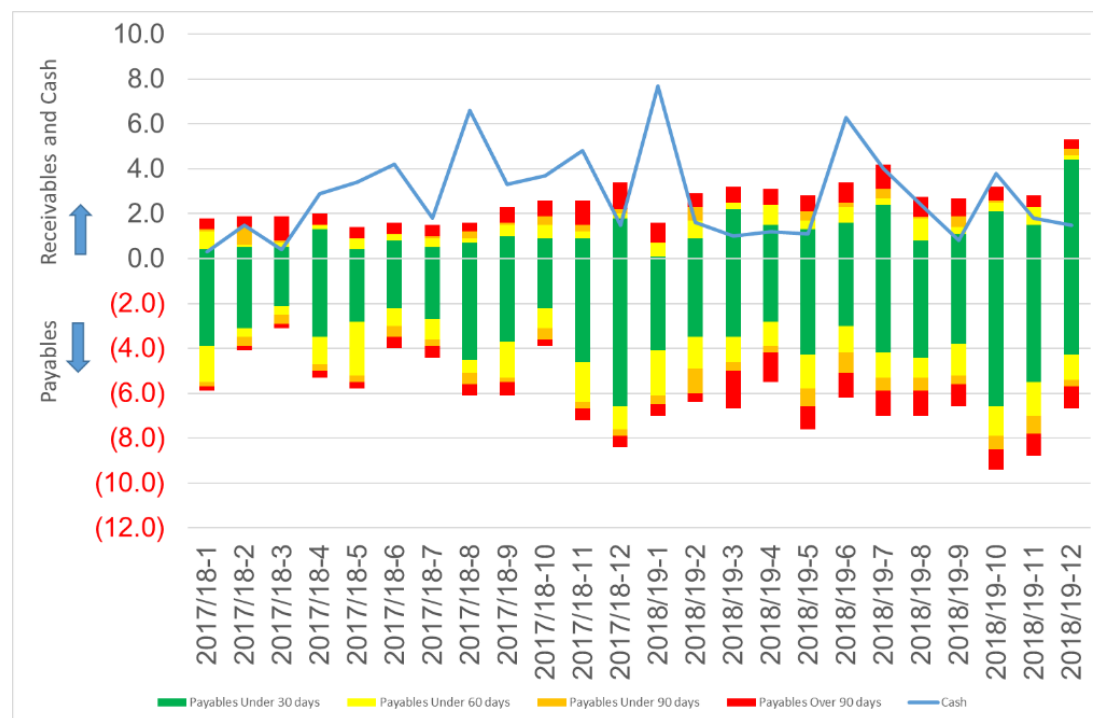


Capital expenditure plan	£'m	£'m
Cardigan Integrated Care Centre	9.5	
Women and Children Phase II	4.1	
Wards 9 and 10 Withybush	1.3	
Aberaeron Integrated Care Centre	1.5	
Fishguard Primary Care	0.6	
Bronglais MRI	0.3	
Additional Discretionary IT	1.4	
Additional Discretionary Equipment	0.9	
Bronglais front of House Scheme	1.0	
Other all-Wales allocations	1.1	
<b>Total all-Wales funded schemes</b>		<b>21.7</b>
Medical equipment	3.0	
Estates	3.6	
IM&T	1.4	
Other	1.2	
<b>Total discretionary</b>		<b>9.2</b>
<b>Total capital</b>		<b>30.9</b>

- The Health Board had an approved Capital resource limit of £30.893m for 2018/19.
- Capital expenditure against the £30.893m funding allocation was £30.868m.

## 6. Capital expenditure and working capital management

### 6.2 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 £5.3m in Month 12.
- We are focusing on overdue balances owed to the Health Board to minimise the risks to recovery, although the risk is deemed minimal.
- A process review of Accounts Receivables is currently underway to improve and streamline practices.
- It is also important that the Health Board pays its suppliers promptly. At the end of Month 12, £6.7m was owed to suppliers, of which £4.3m are less than 30 days old. Further work is ongoing with colleagues in NHS Wales Shared Services to address older balances through improving the purchase-to-pay cycle.
- Cash at the end of Month 12 was £1.5m.

## 7. Conclusions and recommendations

### 7.1 Conclusions

- The Health Board's financial position at the end of Month 12 represented a favourable variance against plan of £(0.1)m. This included an under-spend of £0.2m in month.
- On an operational basis, after adjusting for one off items, the position in month was a favourable variance against plan of £(0.2)m, which is an improvement of £0.8m compared to Month 11.
- Unscheduled Care (£4.9m, driven by bed capacity), Planned Care (£3.3m, driven by non-delivery of savings) and Medicines Management (£1.6m, driven by NCSO drugs).
- CHC represents the most significant cost driver (£2.7m), followed by Drugs (£2.3m) and Clinical Supplies (£1.6m).
- These adverse variances mainly relate to savings delivery compared with the requirement.



**PWYLLGOR CYLLID  
FINANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 April 2019
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Finance Committee Annual Report
<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**

The purpose of this paper is to present the Finance Committee Annual Report 2018/19.

The Finance Committee Annual Report provides assurance, in respect of the work that has been undertaken by the Committee during 2018/19, and that the Terms of Reference, as set by the Board, are being appropriately discharged.

**Cefndir / Background**

Hywel Dda University Health Board's Standing Orders, and the Terms of Reference for the Finance Committee, require the submission of an Annual Report to the Board to summarise the work of the Committee and to identify how it has fulfilled the duties required of it.

The purpose of the Finance Committee, as expressed in its Terms of Reference, is to provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, to provide early warning on potential performance issues and make recommendations for action to continuously improve the financial position of the organisation.

This includes:

- Scrutiny and provision of oversight of financial and the revenue consequences of investment planning (both short term and in relation to longer term sustainability).
- Review of financial performance, review of any areas of financial concern, and reporting to the Board.
- Conducting detailed scrutiny of all aspects of financial performance, the financial implications of major business cases, projects, and proposed investment decisions on behalf of the Board.
- Regular review of contracts with key delivery partners.

## **Asesiad / Assessment**

The Finance Committee has been established under Board delegation with the Terms of Reference approved by the Board at its meeting on 27<sup>th</sup> September 2018.

This Annual Report outlines how the Finance Committee has complied with the duties set through its Terms of Reference and identifies key actions to address developments.

### **Constitution**

There is a core membership of the Committee which is comprised of:

- Associate Member of the Board (Chairman)
- Independent Member (Vice Chairman)
- Health Board Vice-Chair
- Independent Member
- \*Invitation extended to the Chair of ARAC to attend (not counted for quoracy purposes)

The following In Attendance Members have also been identified to serve on the Committee:

- Chief Executive
- Deputy Chief Executive/Director of Operations
- Director of Finance
- Turnaround Director
- Other key Executive Directors/Directors to attend as and when the Committee request their attendance

### **Meetings**

During 2018/19, Finance Committee meetings were held on a monthly basis.

The Finance Committee is directly accountable to the Board for its performance, and it provides assurance to the Board, through either a formal written update report or a verbal update, which is received at each subsequent Board meeting. A full set of papers for each Committee meeting is routinely made available on-line from the Health Board's website.

During 2018/19, the Committee met on the following occasions and was quorate at each:

- 28<sup>th</sup> September 2018
- 25<sup>th</sup> October 2018
- 22<sup>nd</sup> November 2018
- 20<sup>th</sup> December 2018
- 24<sup>th</sup> January 2019
- 25<sup>th</sup> February 2019
- 25<sup>th</sup> March 2019

### **Areas of Responsibility**

In discharging its duties, the Finance Committee has undertaken work during 2018/19 against the following areas of responsibility in relation to its Terms of Reference:

#### **• Discussion Items**

At each meeting the Committee is presented with the following papers to scrutinise with regard to the in-year financial position:

- Finance Update
- Turnaround Update
- Financial Projections Assurance

- Referral to Treatment Financial Plan and Trajectory 2018/19
- Capital Financial Management

A report has also been presented to each Committee meeting regarding an on-going project being undertaken jointly by Finance and Workforce, to align the establishment in ESR and Oracle. The report set out the scope of the project, the project plan, and progress.

In September 2018, the Financial Strategy Assurance report was presented to the Committee, which outlined the key budget setting principles to be adopted for the 2019/20 Financial Plan, project plan, and deliverables. Updates were presented in subsequent meetings covering progress, forecast savings requirements and opportunities, Welsh Government and Finance Delivery Unit comments.

The Corporate Financial Risk report was presented to the Committee for scrutiny in September 2018, October 2018, November 2018, and December 2018. The Operational Financial Risks were presented to the Committee in October 2018.

The Committee was also presented with updates during the year with regards to the Financial Improvement Plan for the Finance Department. The Strategy for the Finance Department was presented to the Committee in February 2019.

The Committee was presented with the Health Board's Healthcare Contract Management Approach in November 2018. This outlined the creation of a Central Contracting Team which would:

- scope and identify the extent of the issue
- develop, implement, and maintain a standard Hywel Dda healthcare contract for all externally contracted healthcare
- maintain a central database of all healthcare contracts
- perform 'due diligence' checks on providers prior to allowing them to treat patients or have information shared with them.

During the year presentations were made by the Directorates to the Committee on the following areas:

- Primary Care Risks
- Focus on Mental Health and Learning Disabilities
- Pembrokeshire County/Withybush General Hospital
- Carmarthenshire County/West Wales General Hospital

#### • **Information Items**

In November 2018, the Committee was informed of the deterioration in the credit rating of Interserve Plc who is the appointed supply chain partner for the Cardigan Integrated Care Project and the Women & Children's Phase 2 Project at Glangwili General Hospital. The Committee was assured that this is being kept under review by Shared Services.

In January 2019, the Committee was presented with a briefing prepared by the Welsh NHS Confederation. The briefing provided an overview of the Welsh NHS funding system, the challenges it faces, and examples of what is being done within Local Health Boards and NHS Trusts to address them.

#### • **Approval Items**

In September 2018, the Committee were asked to approve the Scheme of Financial Delegation.

In November 2018, the Committee approved the following Financial Procedures:

- Overseas Visitors
- Purchasing Cards

In December 2018, the Committee was requested to scrutinise and approve the contract briefing paper for the replacement Orthodontics contract for the Health Board. The contract is worth up to £11m over a maximum 7 year period.

In January 2019, the Committee received a briefing paper prepared by NHS Wales Shared Services on their review of laundry services within the Health Board.

In January 2019, the Draft Financial Plan was presented to the Committee for scrutiny and approval. This was further updated and re-presented to the Committee in March 2019 for scrutiny and approval. The Committee discussed and noted the Draft Financial Plan with further discussions to be held in April's Committee meeting.

- **Key Risks and Issues/Matters of Concern raised by the Committee to the Board during 2018/19 included:**

During 2018/19 the Committee raised concerns regarding the ability of the Health Board to deliver the forecast deficit of £35.5m.

#### Argymhelliad / Recommendation

The Finance Committee is asked to endorse the Finance Committee's Annual Report 2018/19, for onward submission to the Board.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
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
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable



Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Not Applicable
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Committee meetings 2018/19
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) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	A sound system of internal control, as evidenced in the Committee's Annual Report, will assist with ensuring financial control, and the safeguard of public funds.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	SBAR template in use for all relevant papers and reports.
<b>Gweithlu: Workforce:</b>	SBAR template in use for all relevant papers and reports.
<b>Risg: Risk:</b>	SBAR template in use for all relevant papers and reports.
<b>Cyfreithiol: Legal:</b>	<p>A sound system of internal control, as evidenced in the Committee's Annual Report, ensures that any risks to the achievement of the Health Board's objectives are identified, assessed and managed.</p> <p>Compliance with the Health Board's Standing Orders, and Committee's Terms of Reference, requires the submission of an Annual Report to the Finance Committee.</p>

<b>Enw Da: Reputational:</b>	Not Applicable
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	SBAR template in use for all relevant papers and reports



## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	25 April 2019
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Turnaround Update – Month 12, 2018/19
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Andrew Carruthers, Turnaround Director
<b>SWYDDOG ADRODD:</b> <b>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 12.

##### 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.

There are three areas of activity that the programme focuses on:

- The Corporate Savings Plan
- Holding to Account
- 60 Day Cycles

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

##### Asesiad / Assessment

The appended report comprises four sections:

**Section 1** – Provides a summary of the 2018/19 year-end position for Directorates who are being monitored through the Chief Executive Holding to Account meetings. These Directorates were at an escalated status due to the assessed risk of them delivering their financial plans.

**Section 2** - Summarises the cumulative financial position and key actions 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.

**Section 3** – Provides an update position on the achievements of the Turnaround 60 Day Cycle schemes in 2018/19 and an outline of 2019/20 plans. These schemes focus on pan-

organisation opportunities to drive patient focused benefits as well as savings. Meetings are scheduled on a fortnightly or monthly basis and provide an opportunity for the Turnaround Team to positively engage across the organisation.

Progress against all Turnaround Programme Schemes is reported at the monthly Turnaround Programme Group.

**Section 4** - Provides a summary of 2019/20 saving schemes for each Directorate, split by risk of delivery. The figures included in this section are based on the known position as at 9<sup>th</sup> April 2019 and will be subject to change with the identification of further savings opportunities.

Directorates have been asked to submit Project Initiation Documents (PIDs) for all green and amber schemes. PIDs have been received from most Directorates, although many need further work, particularly in terms of identifying key metrics, measurements, timescales and outcomes. This will be progressed in the coming weeks.

#### **Turnaround Programme Structure 2019/20**

As part of the process for reviewing successes in the past year, a review of the overall approach to Turnaround continues. A new programme structure is in development but essentially will include 10 Executive Director lead delivery programmes which build on the current Turnaround 60 Day Cycle model. The role of the Turnaround Programme Group is being reviewed as part of this process. A paper outlining the proposed new Turnaround model will be considered by the Executive Team on 29<sup>th</sup> April 2019.

A review of the 60 day cycle and HTA meetings will also be undertaken as part of providing a response to the Wales Audit Office (WAO) structured assessment.

#### **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:

- Monthly, quarterly and year to date financial performance;
- Performance against the savings delivery and the cost improvement programme; assurance over performance against the Capital Resource Limit and cash flow forecasts;
- Oversee and monitor the Health Board's turnaround programme.

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

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termiau: Glossary of Terms:	Not Applicable
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>	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

## Turnaround update

**Section 1** – provides a summary of the 18/19 year-end position for Directorates who are being monitored through the Chief Executive Holding to Account meetings. These Directorates were at an escalated status due to the assessed risk of them delivering their financial plans.

Directorate	18/19 savings plan £'000s	Savings delivered £'000s	Variance £'000s	Y/E position against budget £'000s
Facilities	1,224	1,222	2	1,200
MHLD	2,957	2,101	856	500
Pathology	343	468	(125)	1,100
Scheduled Care	3,678	4,102	(424)	3,300
BGH USC	1,046	689	357	1,700
GGH USC	3,047	1,883	1,164	700
PPH USC	2,233	709	1,524	1,800
WGH USC	2,063	592	1,471	700
Oncology & Cancer	1,215	1,021	194	600
<b>Total</b>	<b>17,806</b>	<b>12,787</b>	<b>5,019</b>	<b>11,600</b>

**Section 2** - summarises the cumulative financial position and key actions for Directorates being monitored though the Turnaround Director Holding to Account meetings. These Directorates were considered to be on track with delivery of their financial plans.

Directorate	18/19 savings plan £'000s	Savings delivered £'000s	Variance £'000s	Y/E position £'000s
Carmarthenshire County	656	265	391	(200)
Ceredigion County	191	143	48	400
Pembrokeshire County	295	252	43	300
Women & Children's	1,270	1,011	259	(100)
Medicines Management	3,407	4,124	(717)	1,600
Radiology	841	712	129	(100)
Primary Care	1,761	1,817	(56)	(500)
<b>Total</b>	<b>8,421</b>	<b>8,324</b>	<b>97</b>	<b>1,400</b>

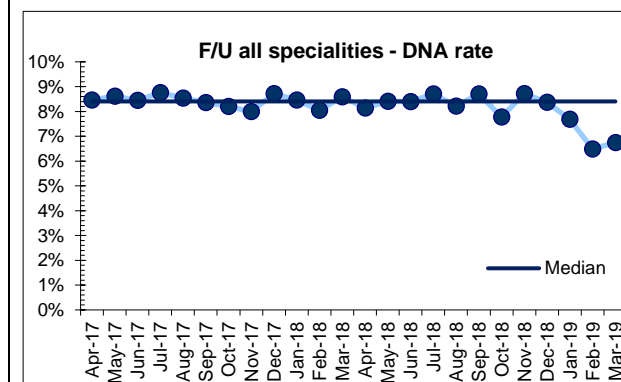
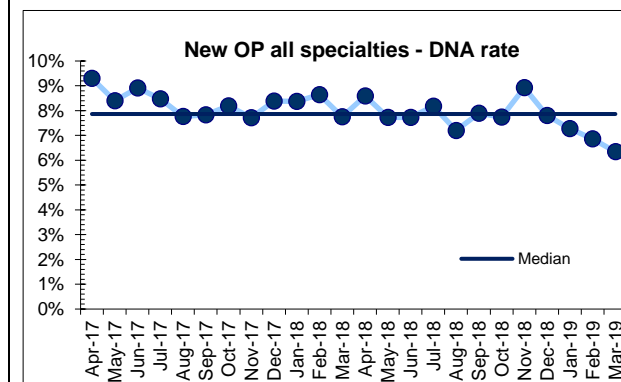
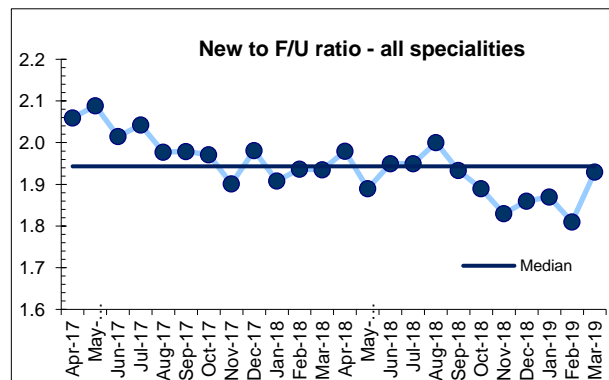
**Section 3** – provides an update position on the Turnaround 60 Day Cycle schemes.

Cataract pathway				
Objective(s)	Savings identified 18/19 (£000's)	Savings delivered 18/19 (£000's)	18/19 achievements	19/20 Plan
To increase cataract productivity so that the need to spend RTT is negated.	140	140	<ul style="list-style-type: none"> <li>Additional weekly session (6 procedures) introduced in Sept 18.</li> <li>Direct listing developed and being implemented across the 3 Counties. This will reduce the number of hospital attendances for these patients, improving patient experience, will facilitate pathway redesign and joint working with the Community Optometrists.</li> </ul>	Action Plan in place to increase cataract productivity so that the need to spend RTT is negated and to move W-AMD services to appropriate locations in order to free up theatre space for Cataracts. Project Group established in March 19 and will report to the Turnaround Director at a fortnightly meeting.
Continuing Health Care				
Objective(s)	Savings identified 18/19 (£000's)	Savings delivered 18/19 (£000's)	Achievements	19/20 plans
To strengthen the Long Term Care patient pathway through: <ul style="list-style-type: none"> <li>The piloting of an expert nurse assessor role</li> <li>Implementation of the Sustainability Policy</li> <li>Review of high cost packages of care.</li> </ul>	1,150	993	<u>Actual Efficiencies July – January 2019.</u> Cost avoidance (LTCNS in reach/named patient basis): £570k Reduced LoS: £118k Cease To Fund – Community LTCSN Pathway/named patient basis (cash savings): £305k Total: £993k	Focus on: <ul style="list-style-type: none"> <li>A review of the sustainability policy and how it can be utilised to maximum effect (this will make recommendations for further work )</li> <li>A scoping exercise/Training Needs analysis to inform training in CHC decision making and negotiation skills</li> <li>A root cause analysis of section 117 decisions in the context of the component part of the decision making process with EMI patients and where different decisions may be made in the future. The top 9 (expensive) Carmarthenshire cases will be reviewed.</li> </ul>
To review externally funded Service Level Agreements and approved Welsh Government strategic bids.	100	0		
To review the activity and impact of Neurology/Brain Injuries Community Team on CHC expenditure.	0	0		
To review the pathway for young people who have a continuing care package or who are in receipt of Welsh Health Specialist Services Commissioning (WHSSC) (Transition Pathway).	0	0		



Non-medical furniture and equipment				
Objective(s)	Savings identified 18/19 (£000's)	Savings delivered 18/19 (£000's)	18/19 achievements	19/20 Plan
Explore feasibility of the benefits of introducing an electronic system for distributing, reusing and furniture, equipment, fixtures and fittings within the organisation.	16	57	<ul style="list-style-type: none"> <li>System commenced in August 18</li> <li>HB has have avoided 1,545kg of waste and 5,290 KGeCO2 emissions</li> <li>Monthly cost (licence, a nominal cost for running the system) of £286 a month</li> <li>Full year effect of costs (8x£286) is £2,288</li> <li>Full cost avoidance is (£59,076 - £2,288) <b>£56,788</b></li> </ul>	The operations Board recognised the value of the system and Operations have supplied a dedicated resource to support roll-out.
Operational Effectiveness				
Objective(s)	Savings identified 18/19 (£000's)	Savings delivered 18/19 (£000's)	18/19 achievements	19/20 Plan
To reduce Length of Stay by 1 day across the UHB, enabling the closure of unfunded surge capacity and further changes to capacity beyond that.	4,700	1,284	<ul style="list-style-type: none"> <li>Closure of 33 funded beds</li> <li>Surgical reconfiguration plan to maximise admission on the day of surgery</li> <li>Reconfiguration of ward into therapy-led reablement ward (GGH)</li> <li>Introduction of geriatrician in care homes in Llanelli (TOCALs+), Bridging service, Early Supported Discharge scheme (WGH)</li> <li>Bridging service - provides domiciliary care providers with additional funding allowing the recruitment of additional staff to meet increased demand.</li> <li>From November 2018 – improved process, function and flow at front door saw significant improvement in A&amp;E performance and ambulance delay reduction (BGH)</li> <li>Sustained ambulatory and 'fit to sit' principle, maintained a CDU LOS of 23 hours or less (BGH)</li> <li>Safety huddles x 5 day in A&amp;E (GGH)</li> <li>Fully recruited to acute physicians post – hot clinics in place (GGH)</li> <li>Ambulatory care pathway development (GGH)</li> <li>Electronic bed meetings in place (GGH)</li> </ul>	Terms of Reference of this group have been reviewed for 19/20 with a view to strengthening alignment with the Unscheduled Care Board. All sites are developing detailed length of stay action plans that sit beneath the USC Board Action Plan. LOS plans will include metrics, measurements, timescales and anticipated outcomes. Operational Effectiveness dashboard will continue to be developed.

Outpatients				
Objective(s)	Savings identified 18/19 (£000's)	Savings delivered 18/19 (£000's)	18/19 achievements	19/20 Plan
To make efficiency and productivity improvements that increase availability of core capacity and mitigate the need for other high cost, premium rate activity relating to national waiting times and access targets. E&P outpatient efficiency savings include a reduction in new to F/U appointments and DNA rates for all specialties, with specific schemes for dermatology, rheumatology, ENT, urology and general surgery.	825	<p>19 (reduction in RTT funding)</p> <p>Efficiency savings of £283k have been identified in relation to DNAs.</p> <p>Efficiency savings of £251 have been identified in relation to New to F/U ratios.</p> <p>(As at Jan 19)</p>	<p>7 services are now using E-referrals with more expected to come on line in the next few weeks. Discussions have taken place with Cluster leads with a view to rolling E-referrals out to GPs.</p> <p>Follow up and discharge criteria has been developed for Gynaecology patients A case study produced by the SDM confirms a 69% reduction in Follow-ups Not Booked since April 2017.</p> <p>Respiratory trial to undertake diagnostic tests prior to a new appointment has indicated that the sleep apnoea pathway has reduced from 174 days to 56 days.</p> <p>New to Follow Up ratios and DNA rates have been showing signs of improvement over the last few months.</p>	<p>Continued focus on</p> <ul style="list-style-type: none"> <li>• Outcome form compliance</li> <li>• Virtual clinics</li> <li>• Self-management – prostate patients</li> <li>• Patient pathway management</li> <li>• E-referrals</li> <li>• Management of 'Seen on Symptoms' (SOS) patients</li> <li>• Follow-ups not booked (FUNB)</li> </ul>



Patient Communications				
Objective(s)	Savings identified 18/19 (£000's)	Savings delivered 18/19 (£000's)	18/19 achievements	19/20 Plan
To reduce the cost of patient communications in relation to appointment letters and results.	230 (efficiency savings for Text Reminder Service)	Not confirmed	<p>Phase 1 – Phase 1 of the text reminder service commenced in October 2018 for all speciality clinics managed through the Contact Centre (excluding paediatrics). Analysis is underway to map DNA rates by speciality to text reminders sent and to understand efficiency savings. Update on Phase 1 will be presented to the Executive Team in April 19.</p> <p>Phase 2 - A test plan has been developed for IVM, which will be circulated to patients who have signed up to the service. Now looking to implement a 1-way reminder service for patients that do not book their appointments through the Appointment Centre.</p> <p>PKB - extensive engagement from ENT, Respiratory and other areas of the Health Board to understand desired transformations in clinical pathways. Non- integrated deployments have gone live with use of PKB (August - September 2018) in a number of teams. Since October 2018, a team has been established to use PKB to monitor nodule patients in the respiratory service. Patient Knows Best' (PKB) – testing in progress. Once complete the system will go live. Mass registration options are being considered.</p> <p>The Orthopaedics pilot to longer send confirmation letters and using the new Text reminder service as an alternative will continue to run until the end of March 19. DNA rates are being monitored. Update not yet available.</p> <p>The scoping exercise to identify opportunities to implement the electronic reporting of warfarin results back to patients has concluded. Update not yet available.</p>	<p>Key areas of continued focus for 19/20 will include:</p> <ul style="list-style-type: none"> <li>• Text reminder service</li> <li>• Patient Knows Best</li> <li>• Electronic reporting of results</li> <li>• Centralised post processing and distribution</li> </ul>

Roster Efficiency																																													
Objective(s)	Savings identified 18/19 (£000's)	Savings delivered 18/19 (£000's)	18/19 achievements	19/20 Plan																																									
To reduce usage and expenditure on of temporary nursing staff and to ensure that temporary staffing (overtime, bank and agency) are only used when clinically assessed as necessary.	A savings figure has not been identified as this group focuses on supporting the corporate plan to reduce variable pay.		The number of wards running a 6 week roster increased from 7 at the start of this process (June 18) to 37 as at 9 <sup>th</sup> April 19.	<div><div>Time balance management</div><table><tr><th>Site</th><th>% compliant Day 0</th><th>% compliant 09.4.19</th></tr><tr><td>BGH</td><td>60%</td><td>80%</td></tr><tr><td>GGH</td><td>62%</td><td>85%</td></tr><tr><td>PPH</td><td>70%</td><td>100%</td></tr><tr><td>WGH</td><td>80%</td><td>100%</td></tr></table><p>A work plan for 19/20 is being scoped and will include sites and wards that sit outside of the Nurse Staffing Levels Act section 25b.</p><p>Monthly variable pay costs have fluctuated over the winter months.</p><div><div>Total variable pay (nursing) £'m</div><table><caption>Total variable pay (nursing) £'m</caption><tr><th>Month</th><th>Pay (£'m)</th></tr><tr><td>Apr-18</td><td>1.5</td></tr><tr><td>May-18</td><td>1.75</td></tr><tr><td>Jun-18</td><td>1.7</td></tr><tr><td>Jul-18</td><td>1.65</td></tr><tr><td>Aug-18</td><td>1.6</td></tr><tr><td>Sep-18</td><td>1.55</td></tr><tr><td>Oct-18</td><td>1.5</td></tr><tr><td>Nov-18</td><td>1.75</td></tr><tr><td>Dec-18</td><td>1.6</td></tr><tr><td>Jan-19</td><td>1.85</td></tr><tr><td>Feb-19</td><td>1.55</td></tr><tr><td>Mar-19</td><td>1.8</td></tr></table></div></div>	Site	% compliant Day 0	% compliant 09.4.19	BGH	60%	80%	GGH	62%	85%	PPH	70%	100%	WGH	80%	100%	Month	Pay (£'m)	Apr-18	1.5	May-18	1.75	Jun-18	1.7	Jul-18	1.65	Aug-18	1.6	Sep-18	1.55	Oct-18	1.5	Nov-18	1.75	Dec-18	1.6	Jan-19	1.85	Feb-19	1.55	Mar-19	1.8
			Site		% compliant Day 0	% compliant 09.4.19																																							
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Feb-19	1.55																																												
Mar-19	1.8																																												

<b>Theatres</b>				
<b>Objective(s)</b>	<b>Savings identified 18/19 (£000's)</b>	<b>Savings delivered 18/19 (£000's)</b>	<b>18/19 achievements</b>	<b>19/20 Plan</b>
To reduce non-pay expenditure through better procurement and standardisation of items used.	368	368	<ul style="list-style-type: none"> <li>Sutures (potential 14k FYE)</li> <li>Trauma nails, screws and plates (potential 50k FYE)</li> <li>Loan kits – pilot almost complete. Aim is to limit to two suppliers. Engagement key to successful change.</li> <li>Maintenance of theatres and plant is now done collaboratively saving 300 operating sessions per annum</li> </ul> <p>With some 3,600 items across the shelves and sites, this will be a perpetual piece of work, with items being reviewed in batches or specialties across the coming years.</p>	<p>Loan Kit – progress work to enable a move to two suppliers</p> <p>Procurement</p> <ul style="list-style-type: none"> <li>Gloves</li> <li>Bone chips and putty</li> <li>Cement</li> <li>Hips</li> <li>Energy</li> <li>Knees</li> </ul> <p>PICC Lines – Group established and working towards standardisation of products and application.</p>
To focus on efficiency opportunities around process and pathways.	0	Unknown	The Theatre dashboard is active and available on IRIS. The data is highlighting some interesting patterns associated with avoidable cancelled operations.	An improvement plan is to be made developed after three months use (Apr-19) which will inform the work programme for 19/20.
To review maintenance contracts for Theatres equipment and services.	0	Unknown	Maintenance of theatres and plant review has saved 300 operating sessions per annum. Some reductions achieved in 2018/19 with further opportunity being progressed in 2019/20	Further opportunities being progressed in 2019/20.
<b>Travel and Subsistence</b>				
<b>Objective(s)</b>	<b>Savings identified 18/19 (£000's)</b>	<b>Savings delivered 18/19 (£000's)</b>	<b>18/19 achievements</b>	<b>19/20 Plan</b>
To identify and co-ordinate a consistent approach to travel and subsistence claiming processes with a view to supporting directorates to meet their savings targets for 2018/19.	450	192 (as at Month 11 – Month 12 actual not available at time of reporting)	<ul style="list-style-type: none"> <li>Q&amp;A briefing for staff agreed and with translation. To be circulated on global email and uploaded to intranet.</li> <li>E-expenses system updated to make it easier to search for addresses.</li> <li>Potential reduction in the number of subsistence claims for some items.</li> <li>Controls implemented on E-Expenses system to prevent out of policy claiming practices.</li> </ul>	<p>Key areas of focus for 19/20 will include:</p> <ul style="list-style-type: none"> <li>Reduction in use of grey fleet</li> <li>Study Leave</li> <li>Review of bases</li> </ul>

**Section 4** – Summarises 19/20 Directorate savings plans against their required savings target of 3.7%. The figures included in this section are based on the known position as at 9<sup>th</sup> April 2019 and will be subject to change with the identification of further savings opportunities.

<b>Facilities</b>	<b>19/20 target £'000s</b>	<b>1,385</b>	<b>Total plans £'000s</b>	<b>1,324</b>	<b>Variance £'000s</b>	<b>61</b>
	<b>Scheme</b>	<b>Status</b>			<b>Total £'000 (PYE)</b>	<b>Total £'000 (FYE)</b>
		<b>£'000 (PYE)</b>	<b>£'000 (PYE)</b>	<b>£'000 (PYE)</b>		
	Utilities – non pay	87	596	0	683	313
	Income generation - crèche, dining room – non pay	46	0	0	46	50
	Workforce – various schemes	408	0	187	595	517
	<b>Total</b>	<b>541</b>	<b>596</b>	<b>187</b>	<b>1,324</b>	<b>880</b>
<b>Mental Health</b>	<b>19/20 target £'000s</b>	<b>2,691</b>	<b>Total plans £'000s</b>	<b>1,900</b>	<b>Variance £'000s</b>	<b>791</b>
	<b>Scheme</b>	<b>Status</b>			<b>Total £'000 (PYE)</b>	<b>Total £'000 (FYE)</b>
		<b>£'000 (PYE)</b>	<b>£'000 (PYE)</b>	<b>£'000 (PYE)</b>		
	Service redesign and ward reconfiguration - pay	200	120	163	483	785
	Workforce – nursing variable pay and roster efficiency	144	36	0	180	180
	Workforce – various schemes	450	43	0	493	196
	Income generation – external funding	276	0	0	276	0
	Commissioned services	38	295	0	333	352
	Review of budgets - housekeeping	136	0	0	136	136
	<b>Total</b>	<b>1,243</b>	<b>494</b>	<b>163</b>	<b>1,900</b>	<b>1,649</b>
<b>Pathology</b>	<b>19/20 target £'000s</b>	<b>741</b>	<b>Total plans £'000s</b>	<b>740</b>	<b>Variance £'000s</b>	<b>1</b>
	<b>Scheme</b>	<b>Status</b>			<b>Total £'000 (PYE)</b>	<b>Total £'000 (FYE)</b>
		<b>£'000 (PYE)</b>	<b>£'000 (PYE)</b>	<b>£'000 (PYE)</b>		
	Demand optimisation – secondary care	0	0	421	421	421
	Other non-pay schemes	62	152	0	214	256
	Workforce – recruitment to substantive consultant post	0	50	0	50	50
	Medicines management	55	0	0	55	55
	<b>Total</b>	<b>117</b>	<b>202</b>	<b>421</b>	<b>740</b>	<b>782</b>

Scheduled Care	19/20 target £'000s	3,682	Total plans £'000s	3,667	Variance £'000s	15
	Scheme	Status			Total £'000 (PYE)	Total £'000 (FYE)
		£'000 (PYE)	£'000 (PYE)	£'000 (PYE)		
	Procurement	78	0	0	78	121
	Housekeeping	250	0	0	250	250
	Drug prescription scrutiny	122	0	0	122	244
	Workforce – various schemes	630	0	0	630	643
	Operational Effectiveness	100	238	1,400	1,738	1,786
	Efficiency & Productivity	0	179	0	179	200
	Outpatients – referral management and follow ups	0	575	0	575	760
	Ophthalmology – Eye Care Measures	0	50	0	50	60
	Commissioned services	45	0	0	45	45
	<b>Total</b>	<b>1,225</b>	<b>1,042</b>	<b>1,400</b>	<b>3,667</b>	<b>4,109</b>
BGH USC	19/20 target £'000s	786	Total plans £'000s	966	Variance £'000s	(180)
	Scheme	Status			Total £'000 (PYE)	Total £'000 (FYE)
		£'000 (PYE)	£'000 (PYE)	£'000 (PYE)		
	Non-pay schemes	48	0	0	48	48
	Workforce – nursing variable pay and roster efficiencies	591	0	0	591	591
	Ward reconfiguration	0	102	0	102	265
	Operational Effectiveness	0	175	0	175	175
	Income generation – LTA/SLA opportunities	0	50	0	50	50
	<b>Total</b>	<b>639</b>	<b>327</b>	<b>0</b>	<b>966</b>	<b>1,129</b>
GGH USC	19/20 target £'000s	1,557	Total plans £'000s	1,253	Variance £'000s	304
	Scheme	Status			Total £'000 (PYE)	Total £'000 (FYE)
		£'000 (PYE)	£'000 (PYE)	£'000 (PYE)		
	Non-pay schemes	21	10	0	31	51
	Workforce – roster control and nurse recruitment	843	0	0	843	885
	Workforce – other	160	0	0	160	12
	Operational Effectiveness	0	219	0	219	438
	<b>Total</b>	<b>1,024</b>	<b>229</b>	<b>0</b>	<b>1,253</b>	<b>1,386</b>
PPH USC	19/20 target £'000s	931	Total plans £'000s	686	Variance £'000s	245
	Scheme	Status			Total £'000 (PYE)	Total £'000 (FYE)
		£'000 (PYE)	£'000 (PYE)	£'000 (PYE)		
	Non-pay schemes	9	15	0	24	33
	Workforce- nurse recruitment	32	0	0	32	64
	Workforce - MIU	0	104	0	104	235
	Operational Effectiveness	0	526	0	526	1,054
	<b>Total</b>	<b>41</b>	<b>645</b>	<b>0</b>	<b>686</b>	<b>1,386</b>

WGH USC	19/20 target £'000s	1,039	Total plans £'000s	1,070	Variance £'000s	(31)
	Scheme	Status			Total £'000 (PYE)	Total £'000 (FYE)
		£'000 (PYE)	£'000 (PYE)	£'000 (PYE)		
	Workforce – nurse variable pay	75	0	0	75	75
	Workforce – medical staffing	459	0	0	459	433
	Housekeeping	59	0	0	59	118
	Operational Effectiveness	0	297	0	297	297
	Ward refurb & relocation	180	0	0	180	0
	<b>Total</b>	<b>773</b>	<b>297</b>	<b>0</b>	<b>1,070</b>	<b>923</b>
Carmarthenshire County	19/20 target £'000s	884	Total plans £'000s	825	Variance £'000s	59
	Scheme	Status			Total £'000 (PYE)	Total £'000 (FYE)
		£'000 (PYE)	£'000 (PYE)	£'000 (PYE)		
	Non-pay schemes	0	104	0	104	107
	Commissioned services	0	100	0	100	100
	Income generation	0	20	0	20	20
	Workforce –nurse variable pay	0	39	0	39	39
	Workforce – nursing other	0	277	0	277	44
	Workforce – other	0	285	0	285	359
	<b>Total</b>	<b>0</b>	<b>825</b>	<b>0</b>	<b>825</b>	<b>669</b>
Ceredigion County	19/20 target £'000s	415	Total plans £'000s	190	Variance £'000s	225
	Scheme	Status			Total £'000 (PYE)	Total £'000 (FYE)
		£'000 (PYE)	£'000 (PYE)	£'000 (PYE)		
	Non-pay schemes (travel)	0	5	0	5	5
	Commissioned services	30	30	0	60	60
	Workforce- vacancies	115	0	0	115	0
	Workforce - other	10	0	0	10	10
	<b>Total</b>	<b>155</b>	<b>35</b>	<b>0</b>	<b>190</b>	<b>75</b>
Pembrokeshire County	19/20 target £'000s	729	Total plans £'000s	711	Variance £'000s	18
	Scheme	Status			Total £'000 (PYE)	Total £'000 (FYE)
		£'000 (PYE)	£'000 (PYE)	£'000 (PYE)		
	Non-pay schemes	25	53	0	78	78
	Commissioned services	9	0	0	9	9
	Workforce- nurse variable pay due to sickness	50	0	0	50	50
	Operational Effectiveness	50	0	0	50	50
	Community model slippage/OCP	106	0	0	106	0
	CHC & FNC	30	0	388	418	418
	<b>Total</b>	<b>270</b>	<b>53</b>	<b>388</b>	<b>711</b>	<b>605</b>



Women & Children	19/20 target £'000s	1,359	Total plans £'000s	630	Variance £'000s	729
	Scheme	Status			Total £'000 (PYE)	Total £'000 (FYE)
		£'000 (PYE)	£'000 (PYE)	£'000 (PYE)		
	Non-pay schemes	108	0	108	216	338
	Efficiency & Productivity	70	0	0	70	80
	Workforce - nursing	18	90	0	108	144
	Workforce – medical staffing	193	0	0	193	231
	Workforce - other	43	0	0	43	34
	Total	432	90	108	630	827
Medicines Management	19/20 target £'000s	2,934	Total plans £'000s	2,098	Variance £'000s	836
	Scheme	Status			Total £'000 (PYE)	Total £'000 (FYE)
		£'000 (PYE)	£'000 (PYE)	£'000 (PYE)		
	Prescribing	722	478	258	1,458	1,485
	Secondary Care	383	257	0	640	892
	Total	1,105	735	258	2,098	2,377
Oncology & Cancer	19/20 target £'000s	438	Total plans £'000s	314	Variance £'000s	124
	Scheme	Status			Total £'000 (PYE)	Total £'000 (FYE)
		£'000 (PYE)	£'000 (PYE)	£'000 (PYE)		
	Non-pay schemes	240	0	0	240	240
	Workforce - oncology pharmacist	24	0	0	24	236
	Medicines management	50	0	0	50	50
	Total	314	0	0	314	526
Primary Care	19/20 target £'000s	790	Total plans £'000s	1,285	Variance £'000s	(495)
	Scheme	Status			Total £'000 (PYE)	Total £'000 (FYE)
		£'000 (PYE)	£'000 (PYE)	£'000 (PYE)		
	Non-pay – return of GP practice to independent status	0	0	388	388	388
	Workforce – medical staffing	670	70	0	740	740
	Commissioned services – GP Hub	0	157	0	157	157
	Total	670	227	388	1,285	1,285
Radiology	19/20 target £'000s	584	Total plans £'000s	795	Variance £'000s	(211)
	Scheme	Status			Total £'000 (PYE)	Total £'000 (FYE)
		£'000 (PYE)	£'000 (PYE)	£'000 (PYE)		
	Non-pay – reduction in outsourcing	390	0	0	390	390
	Workforce – review of 24 hour provision	0	405	0	405	607
	Total	390	405	0	795	997

Therapies	19/20 target £'000s	669	Total plans £'000s	249	Variance £'000s	420
	Scheme	Status			Total £'000 (PYE)	Total £'000 (FYE)
		£'000 (PYE)	£'000 (PYE)	£'000 (PYE)		
	Workforce – various schemes	233	0	0	233	142
	Housekeeping	16	0	0	16	16
	Total	249	0	0	249	158
Corporate	19/20 target £'000s	1,319	Total plans £'000s	1,209	Variance £'000s	110
	Scheme	Status			Total £'000 (PYE)	Total £'000 (FYE)
		£'000 (PYE)	£'000 (PYE)	£'000 (PYE)		
	Corporate schemes	1,005	26	179	1,209	1,092
	Total	1,005	26	179	1,209	1,092
Total	19/20 target £'000s	22,933	Total plans £'000s	19,913	Variance £'000s	3,020
	Scheme	Status			Total £'000 (PYE)	Total £'000 (FYE)
		£'000 (PYE)	£'000 (PYE)	£'000 (PYE)		
	Total	10,193	6,228	3,492	19,913	20,855



## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	25 April 2019
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	RTT Month 12
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Joe Teape, Deputy Chief Executive
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Keith Jones, Assistant Director, 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 paper describes progress to Month 12 (March 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.

##### Cefndir / Background

In March 2019, the Finance Committee received a progress report to Month 11 (February 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 allocation available to the Health Board to support RTT, Diagnostic and Therapy service waiting times delivery for 2018/19 was £14.5m as shown below:

Total RTT, Diagnostic & Therapies Waiting Times Delivery Financial Allocation 2018/19		
HB financial provision in 2018/19 Annual Plan	£2,900,000	
WG performance fund allocation	£11,600,000	
<b>Total (supporting investment)</b>		<b>£14,500,000</b>

In return for this total investment, the Health Board was required to deliver:

RTT – zero 36 weeks + breaches

Diagnostics – zero 8 week + breaches in all disciplines

Therapies – zero 14 week + breaches

Progress to Month 11 (February 2019) was summarised as below:

- a year-end forecast net under commitment of - £942k (reflecting delivery assumptions and associated costs) after projected release of £600k to Planned Care budget.

## **Asesiad / Assessment**

### **RTT, Diagnostics & Therapies Delivery Plan Performance 2018/19 (Month 12)**

The Finance Committee will be aware that the HB achieved its performance objectives in respect of the following:

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

Hywel Dda UHB was the only Health Board to achieve all 3 of the above Tier 1 performance objectives.

### **RTT, Diagnostics & Therapies Delivery Financial Plan 2018/19 (Month 12)**

Progress to Month 12 (March 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 developed jointly between the Planned Care Directorate and supporting finance team. Funding released up to Month 12 is based on actual invoices received together with accruals for planned activity not yet invoiced. This is summarised in Appendix 1 and shows:

The forecast year-end under commitment has been reduced by £267k to - £675k (after allowance for a budget of £576k to be transferred to the Planned Care Directorate to reflect additional costs associated with enhanced core activity during the year). The main variances from anticipated expenditure levels are highlighted below:

- Increased costs advised by St Joseph's Hospital for outsourced orthopaedic services relating to activity delivered in February & March 2019. Advance activity statements provided highlight an additional cost of £173k above the previously forecast level at Month 11. Patient specific invoices for this period are yet to be received and will be scrutinised to assess any variations from agreed contracted values to reflect casemix / acuity levels of individual patients and or specialised procedures.
- Cost of additional activity delivered by Werndale Hospital for outsourced orthopaedic services (£152k) above the previously forecast level at Month 11 as a result of additional activity (approx. 25 cases) delivered, to part mitigate the impact of overall contract under delivery at St Joseph's hospital.
- Increased cost of additional local orthopaedic delivery (approx. £180k) during February & March 2019 to mitigate the impact of overall contract under delivery at St Joseph's hospital.
- Cost of additional activity delivered by Werndale Hospital for outsourced Ophthalmology services (£50k) above the previously forecast level at Month 11 as a result of additional activity (approx. 30 cases) delivered, to mitigate the impact of reduced internal capacity during 2018/19.
- Operational agreement to resource nurse agency staffing at Withybush Hospital to support maintenance of required bed capacity (ward & post-operative critical care) to

support planned orthopaedic cases during March 2019 and minimise cancelled procedures.

As a consequence of the delivery of zero breach performance in respect of the RTT, Diagnostics and Therapies targets, the Health Board has successfully avoided any resultant financial penalties in the event a zero breach position was not achieved. (WG previously advised Health Boards that the penalty for breaches above agreed levels would be £8,000 per breach).

### **Learning & Reflections from 2018/19 Delivery & Financial Plan:**

Operational & financial planning and delivery in respect of RTT, Diagnostic & Therapy Tier 1 performance targets during 2018/19 was undertaken successfully and supported achievement of:

- zero breach performance across each of the 3 performance targets
- a forecast total £1.251m under-commitment (£675k under-commitment plus £576k allocation to Planned Care Directorate) against the total supporting investment of £14.5m due to a continuous review of increased efficiency & productivity opportunities and the flexibility and commitment of multi-disciplinary clinical and supporting teams in facilitating the delivery of additional activity levels, often at short-notice, to mitigate the impact of under-delivery via outsourcing providers and/or cancelled procedures due to unscheduled care bed related pressures

Notwithstanding this achievement, initial review and reflection on experience gained during 2018/19 has highlighted the following potential learning opportunities:

- Review of systems and processes to track and forecast claims from staff in respect of additional internal activity (above core levels) to inform monthly and year-end forecasts (to account for time-lags between activity undertaken and claims submitted)
- Review of systems and processes to track and forecast activity delivered (and associated cost) by outsource providers to inform monthly and year-end forecasts (to account for time-lags between activity undertaken and invoices submitted)
- Consider opportunities to invest in short / medium term contracts for multidisciplinary staff to support activity outside of 'core hours' as a more cost effective alternative to premium rate waiting list initiatives
- Building on progress achieved during 2018/19, explore opportunities to further improve engagement with clinical teams in support of delivery plans
- Review systems and processes for booking of clinic appointments to further improve compliance rates with 'treat in turn' principles and targeting of treatment cohort patients
- Re-assess the fragility of medical rotas to mitigate the risk of short-notice reduction/cancellation of medical specialty clinics as a consequence of re-allocation of medical staff to cover gaps in on-call rotas
- Consider revised performance monitoring and management arrangements to reduce the impact of cancelled procedures
- Review capacity within validation and pre-assessment teams to further improve the accuracy and currency of administrative and clinical information regarding patients on waiting lists.
- Improve and enhance capacity and demand planning (and supporting information systems) for therapy services
- Improve and enhance capacity and demand planning (and supporting information systems) for key diagnostic services
- Extend scope of weekly RTT Watchtower meetings to include therapy and diagnostic teams

Consideration of the above learning opportunities will be coordinated via the RTT Watchtower group of multi-disciplinary service & specialty managers.

### Argymhelliad / Recommendation

The Finance Committee is requested to note progress to Month 12 (March 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.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Efficient delivery of services
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 5.1 Timely Access
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:	RTT Delivery Plan (as reflected in HB Annual Plan)
Rhestr Termiau: Glossary of Terms:	Reflected in report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to Finance Committee:	Planned Care Directorate

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Reflected in report
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Reflected in report
<b>Gweithlu:</b> <b>Workforce:</b>	Reflected in report
<b>Risg:</b> <b>Risk:</b>	Reflected in report
<b>Cyfreithiol:</b> <b>Legal:</b>	N/A
<b>Enw Da:</b> <b>Reputational:</b>	HB delivery of key Tier 1 target and patient experience re: length of waiting times.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	N/A
<b>Cydraddoldeb:</b> <b>Equality:</b>	Delivery plan applies equally to all patients (re: achievement of 36 week waiting times target)

INTERNAL:-	ACTUAL COSTS	PLAN	ACTUAL YEAR END COSTS	Variance
	Mar-19	2018/19 Total	2018/19 Total	
Specialty/Activity	Cost£	Cost£	Cost£	Cost£
<b>SUMMARY BY SPECIALTY:-</b>				
<b>INTERNAL:-</b>				
Cardiology	36	141	129	-12
COTE	1		2	2
Dermatology	34	202	245	43
Endocrinology			0	0
Endoscopy	32	234	241	7
ENT	20	1	45	45
Gastroenterology	0		5	5
General Surgery	56	166	259	93
Neurophysiology		24	9	-15
Ophthalmology	103	223	356	133
Orthopaedics	419	1991	1,977	-14
Respiratory		52	29	-23
Urology	38	158	304	147
Mobile Cardiac Lab			0	0
Therapies	22	132	97	-34
Audiology		30	12	-18
ECM Coordinators	(22)	52	0	-52
<b>Sub Total</b>	738	3,406	3,712	306
<b>OUTSOURCING:</b>				
<b>Neurology</b>	(5)	147	124	-24
<b>Ophthalmology</b>	264	1,560	2,146	586
<b>Orthopaedics</b>				
	785	4,704	3,942	-761
<b>Dermatology</b>		434	274	-160
<b>Other adjustments</b>	(123)		-123	-123
<b>Sub Total</b>	920	6,844	6,363	-481
<b>Total Variable</b>	1,659	10,250	10,075	-176
<b>Fixed</b>	276	2,868	2,905	37
<b>Total</b>	1,935	13,118	12,980	-139
<b>Agreed Additional items included in Plan:</b>				
Neurology Consultant & secretary	9	119	119	0
COTE WLI		1	4	3
Gastro WLI		1	9	8
PPH DC WLI		1	0	-1
GGH Theatre List		5	0	-5
Rheumatology	7	0	55	55
Pain	0	0	2	2
Gynaecology	11	0	39	39
Neurology	0	0	1	1
Sub total	27	128	229	101
<b>Contingency costs:-</b>				
Orthopaedic prosthesis/other/Outstanding claims not yet funded		275	0	-275
Other RTT costs	25	100	62	-38
Sub total contingency costs	25	375	63	-312
<b>Total Plan</b>	1,987	13,622	13,271	-351
<b>Total Allocation</b>		14,522	14,522	0
<b>Over/(Under) committed</b>		(900)	(1251)	-351
<b>Undercommitment/Savings Released to Planned Care up to month 12</b>	144		576	0
<b>Remaining undercommitment as at month 12</b>			(675)	0





## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	25 April 2019
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Establishment Control
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Lisa Gostling, Director of Workforce & OD 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 paper is presented to report the progress of the Establishment Control work programme.

##### Cefndir / Background

Establishment control is the formal process for matching information on funded posts on the General Ledger to the details of staff currently employed in those posts, as held on ESR, which ultimately links to E-Rostering. The project team continue to meet on a bi-weekly basis to ensure progress and implementation across the organisation by the agreed deadlines.

##### Asesiad / Assessment

##### Phase 1

The establishment control programme continues on plan. Phase 1 is now complete and establishment control has been activated within ESR for those wards. Of the 16 actions planned for this phase 14 are complete. The 2 outstanding actions relate to:

1. Agreement of allowable additional resources
2. 2019/20 uplift applied for all Phase 1 wards.

Action 1 will be confirmed as soon as data has been validated from the first series of test reports and will be in place by the end of April 2019. The completion of Action 2 is dependent upon the ESR team receiving information from finance to complete this process.

##### Pilot Areas

For the three pilot areas (Workforce & OD, Finance, and Radiology), Profix establishments have been submitted to the ESR team and have been entered into ESR to allow full testing of reports from ESR linked to establishment control. Unfortunately, Profix only records permanent funded posts and therefore does not allow for full testing of all agreed establishment for 2019/20. This will however be adjusted once information is confirmed by finance.

For this group, 9 out of the 10 actions are complete with only the action detailed above remaining incomplete. Once testing is complete, establishment control will be activated slightly over timescale.

### **Overall Project Plan Progress**

Appendix 1 provides an updated GANNT chart which, in summary, highlights progress as follows:

#### **Overall Implementation Phase**

- 9 activities now being recorded as completed (previously 7 in March update)
- 7 activities now in progress (previously 6)
- An additional 2 actions, which had not previously been planned, being added to the programme (previously 7); these being producing monthly report following GL closure (due 31<sup>st</sup> May 2019) and Data Cleansing following IBM mass data upload (due 30<sup>th</sup> April 2019).

#### **Pilot Phase**

- 8 activities now completed (previously 7 in March update)
- 1 action on hold; pending 2019/20 budget information
- 1 new action added, which had not previously been planned, that relates to entering non recurrent establishment once available (due 30<sup>th</sup> April 2019)

#### **Phase 1**

- 14 activities now completed (previously 11 in March update)
- 1 action in progress
- 1 activity not yet progressed
- 1 new action, which related to production of report to support Wards/Heads of Nursing to identify actual usage, opened and completed within month

#### **Phase 2**

- 2 activities now completed (previously 2)
- 1 activity in progress (previously 0)
- 7 activities not yet progressed

#### **Phase 3 – no change**

- 3 activities now completed (previously 0)
- 9 activities not yet progressed

### **Progress relating to additional activities**

Progress since the Finance Committee meeting held on 25<sup>th</sup> March 2019 includes the following key actions/decisions:

- An escalation process for all wards live with phase 1 has been shared with Senior Nurses for comment and has not yet been implemented. All additional workforce requirements continue to be approved by Senior Nurses at present.
- Establishment control reports have been further enhanced following draft reports shared in March (see Appendix 2). An additional column has been added (column AC) to

reflect usage compared to vacancy levels. For example, on line 1 of the report it shows -5.24 which therefore indicates that 5.24 wte registered nurses have been used over the vacancy rate.

- A new report has been produced to compare roster requirements with actual numbers working within that roster. This considers all hours worked; whether they are standard, additional, overtime, bank or agency, and then reports the difference. The report, included as Appendix 3, gives an overview of all hours currently in the system for the month of April 2019. This presents a number of questions which will be explored by the Senior Nursing Team. Until further analysis of this data is undertaken it is difficult to determine whether the Health Board is facing a serious staffing shortfall in April, whether rosters have not been signed off and activated for the full month, or whether bank and agency requests have been made as yet. This report was presented to the Senior Nursing Group as a control document with Senior Nurses undertaking a review of the data to report back on the accuracy and validity of the data collated within the report. It is a very powerful report which was welcomed by the Group and will be regularly produced by the Workforce Information team. It was also felt to be a document which would demonstrate compliance with the Nurse Staffing (Wales) Act moving forward.

### Argymhelliad / Recommendation

The Finance Committee is asked to **DISCUSS** and **NOTE** the content of this report and to support the progression of the work involved.

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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 190 current score 9, ineffectiveness of variable pay control
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7.1 Workforce 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.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Develop a sustainable skilled workforce

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	N/A
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:	N/A

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	There are significant cost reductions to be made, as the injection of £1.262m for the 8 wards for a full year, indicate that the increase in roster requirement allowing for surge beds to remain closed is on £370k.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	N/A
<b>Gweithlu: Workforce:</b>	N/A
<b>Risg: Risk:</b>	N/A
<b>Cyfreithiol: Legal:</b>	N/A
<b>Enw Da: Reputational:</b>	N/A
<b>Gyfrinachedd: Privacy:</b>	N/A
<b>Cydraddoldeb: Equality:</b>	N/A

## Establishments Control Workplan updated 09/04/19

			Week Commencing																																	
			14-Jan	21-Jan	28-Jan	04-Feb	11-Feb	18-Feb	25-Feb	04-Mar	11-Mar	18-Mar	25-Mar	01-Apr	08-Apr	15-Apr	22-Apr	29-Apr	06-May	13-May	20-May	27-May	03-Jun	10-Jun	17-Jun	24-Jun	01-Jul	08-Jul	15-Jul	22-Jul	29-Jul	05-Aug	12-Aug	19-Aug	26-Aug	02-Sep
Implementation phase			Date Completed																																	
			Planned	Actual																																
Finance	Reconciliation Prophix - Oracle General Ledger £ and WTE, reconcile on a monthly basis	Completed	Completed																																	
LG	Establish Strategic Group	Completed	Completed																																	
MJ	Develop roll out implementation plan - phases 1 - 3	18/02/2019	Completed																																	
AS	Month 10 WTE to be provided by Finance to include Recurrent and Non recurrent	20/02/2019	Completed																																	
AS	Contact BCU to find out what report they run on a weekly to identify any changes in WTE made in the GL	20/02/2019	Closed																																	
AS/MJ	A report will run monthly once GL closes each month, this will be used to ensure ESR reconciles to the GL every month	31/05/2019	In progress																																	
AS/MJ	Identify process for tracking non recurrent funding/WTE	28/02/2019	In progress																																	
SB	Develop a proposed new additional requirements protocol to include agency, bank, overtime, additional hours	28/02/2019	In progress																																	
SB	Draft protocol to be shared with Joe Teape, Manday Rayani and lead nurses for their views and approval	28/02/2019	In progress																																	
SB	Develop a mechanism with e-roster team to enable them to process shifts without escalation that are within the agreed allowable additional resources	28/02/2019	In progress																																	
MJ	Data Cleansing - Identify cost centres, subjectives, positions in ESR that require updating / amending	13/03/2019	Completed																																	
MJ	Data Cleansing - Remove old positions from ESR	13/03/2019	Completed																																	
MJ	Data Cleansing - Remove establishments held in ESR in preparation for 2019/20 Budgeted WTE	18/03/2019	Completed																																	
MJ	Data Cleansing resulting from mass update to positions to be completed	30/04/2019	In progress																																	
MJ	Action cleansing of cost centres, subjectives, positions in ESR	30/04/2019	In progress																																	
MJ	Prepare and send mass upload of Budgeted WTE to IBM		On Hold - Awaiting 2019/20 budgeted WTE																																	
MJ	Run reports for quality assurance																																			
MJ	Prepare initial reports for phase 1 and Pilot areas for quality assurance		Completed																																	
PILOT																																				
ER	Workforce & OD, Finance and Radiology																																			
MJ	Finance to provide budgeted WTE for Workforce & OD, Finance & Radiology by Cost centre, subjective from Prophix	06/12/2018	Completed																																	
MJ	Select ESR position no.s	08/02/2019	Completed																																	
MJ	Compile manual reports to identify vacancies	01/02/2019	Completed																																	
MJ	Send Test establishment/vacancy reports to Workforce & OD, Finance & Radiology	08/02/2019	Completed																																	
LG / HT / RAD	Confirmation Test directorates (WF&OF, Fin & Rad) vacancy report is accurate	25/02/2019	Completed																																	
MJ	Ascertain upload requirements including time to enter and mechanisms	25/02/2019	Completed																																	
MJ	Enter establishment WTE for Workforce & OD, Finance & Radiology in to ESR, these have been entered excluding non recurrent items	25/02/2019	Completed																																	
MJ			On Hold - Awaiting 2019/20 budgeted WTE																																	
MJ	Enter non recurrent establishment WTE for Workforce & OD, Finance & Radiology in to ESR	30/04/2019	WTE																																	
MJ	Review reports capability of ESR for reporting vacancies based on Workforce & OD, Finance & Radiology	28/02/2019	Completed																																	
Phase 1 10 Wards - 25B Nurse Staffing Act			Date Completed																																	
			Planned	Actual																																
CH	Approved planned rosters to update the templates for the e-roster system for the 10 wards across the HB that will have received their full NSLWA funding uplift by April 2019	17/01/2019	Completed																																	
SB	Rosters to be built for implementation 1st April 2019	25/01/2019	Completed																																	
MJ / ER	Calculate WTE required for the 10 25B NSA wards	05/02/2019	Completed																																	
MJ / ER	Agree WTE / rosters for the 10 25B NSA wards	05/02/2019	Completed																																	
MJ	Send final WTE / rosters to Chris Hayes For 10 25B Wards	08/02/2019	Completed																																	
SB	Not all of the 10 25B wards have been updated on the system for 5 management days due to waiting confirmation that there's no headroom on management days – Finance have confirmed that no headroom has been included within any of the costings to date. If the costings are revised to take account of headroom there will be less funding for the remaining 25B wards within the current financial envelope.	11/02/2019	Completed																																	
MJ	Reconcile Budgeted WTE, SIP, HH and distribute to group	22/02/2019	Completed																																	
MJ/ AM	Design and populate draft report for comments initially for 10 25B wards	22/02/2019	Completed																																	
CH		22/02/2019	Completed																																	
SB	Confirm the shifts currently being worked are within the financial envelope some wards have been costed with 10 hour night shifts. E-rostering team to amend the system to ensure the shift times being worked are available to be selected to ensure there's no errors in payments processed.	22/02/2019	In progress																																	
CH	Identify that vacancies are filled and any outstanding for RN & HCSW	25/02/2019	Completed																																	
ER / MJ	Reconcile e-rostering WTE and finance WTE, any differences to be identified and worked through with nursing team	25/02/2019	Completed																																	
LG / HT / MR	Agree allowable additional resources	01/04/2019	In progress																																	
MJ / SB	Turn on Establishment control	01/04/2019	Completed																																	
ER	Confirm the 10 wards have received their full NSLWA funding uplift by April 2019	01/04/2019	Finance to confirm																																	
AS	Report developed to assist Wards/Heads of Nursing identify actual usage	01/04/2019	Completed																																	
Phase 2 All other 25B Nurse Staffing Act wards			Date Completed																																	
			Planned	Actual																																
CH	Confirm Wards included in the second phase of the implementation of the NSA	08/03/2019	Completed																																	

			Week Commencing																																		
			14-Jan	21-Jan	28-Jan	04-Feb	11-Feb	18-Feb	25-Feb	04-Mar	11-Mar	18-Mar	25-Mar	01-Apr	08-Apr	15-Apr	22-Apr	29-Apr	06-May	13-May	20-May	27-May	03-Jun	10-Jun	17-Jun	24-Jun	01-Jul	08-Jul	15-Jul	22-Jul	29-Jul	05-Aug	12-Aug	19-Aug	26-Aug	02-Sep	
SB	e-Rostering to confirm rotas	08/03/2019	Completed																																		
SB	<b>Rosters to be built for implementation 1st June 2019</b>	31/03/2019																																			
MJ / AM	Calculate WTE required for rota	31/03/2019																																			
ER	Finance to provide costed WTE / rota	31/03/2019																																			
CH	<b>Identify that vacancies are filled and any outstanding for RN &amp; HCSW</b>	29/03/2019																																			
ER / MJ	<b>Reconcile e-rostering WTE and finance WTE, any differences to be identified and worked through with nursing team</b>	29/03/2019																																			
LG / HT / MR	<b>Agree allowable additional resources</b>	29/03/2019																																			
MJ / SB	<b>Turn on Establishment control</b>	01/06/2019																																			
AS/MJ	Initial evaluation phases 1 - 2	05/04/2019																																			
<b>Phase 3 Other Ward areas by site</b>		<b>Date Completed</b>																																			
		<b>Planned</b>	<b>Actual</b>																																		
AS	Identify wards within this phase	05/04/2019	Completed																																		
AS	Confirm all wards are on the rostering system	05/04/2019	Completed																																		
SB	e-Rostering to confirm rotas	05/04/2019	Completed																																		
SB	<b>Rosters to be built for implementation 1st July 2019</b>	30/04/2019																																			
MJ / AM	Calculate WTE required for rota	03/05/2019																																			
ER	Finance to provide costed WTE / rota	03/05/2019																																			
CH	<b>Identify that vacancies are filled and any outstanding for RN &amp; HCSW</b>	10/05/2019																																			
ER / MJ	<b>Reconcile e-rostering WTE and finance WTE, any differences to be identified and worked through with nursing team</b>	10/05/2019																																			
LG / HT / MR	<b>Agree allowable additional resources</b>	24/05/2019																																			
MJ / SB	<b>Turn on Establishment control</b>	01/07/2019																																			
AS/MJ	Produce WTE utilisation report on All wards with phases 1 - 3	10/05/2019																																			
AS/MJ	Evaluate phases 1 - 3 - report progress to ECM 16/05/19	15/05/2019																																			
<b>Phases 4 onwards</b>		<b>Date Completed</b>																																			
		<b>Planned</b>	<b>Actual</b>																																		
AS /MJ	<b>Develop a detailed timeline for roll out</b>	31/05/2019																																			
	Phase 4 Medical & Dental																																				
	Phase 5 AHPs																																				
	Phase 6 Facilities																																				
	Phase 7 Corporate Services																																				

MJ Michelle James  
 AM Adam Moore  
 CH Chris Hayes  
 HH Helen Humphries  
 AS Andrew Spratt  
 ER Eldeg Rosser  
 SB Sonia Briggs  
 LG Lisa Gostling  
 HT Huw Thomas

**Table updated 04/04/19**

	Data Source	Period Covered/ Date 'as at'	Data Pulled/Refreshed
Budget WTE	Prophix	-	-
Actual WTE	ESR Staff in Post	01/03/2019	03/04/2019
Maternity Leave WTE	ESR Staff in Post	01/03/2019	03/04/2019
Cover Utilised	RPC Shifts for specific Period	01/03/19 - 31/03/19	02/04/2019
Sickness	ESR Absence Timeline	01/03/18 - 28/02/19	03/04/2019
Surge/Unfilled	RPC Cover Requests	01/03/19 - 31/03/19	02/04/2019

	A	B	C	F	G	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF
1	Registered Nurses	Location	Budget WTE	Actual WTE	Vacancy WTE	M/L WTE	Notional cover required	Notional cover (80%)	Contract Agency Usage WTE	Thornbury Agency Usage WTE	Bank Usage WTE	Additional Hours WTE	Overtime WTE	Cover utilised	Prev Month Sickness %	Avg Sickness (Prev 12 Months) %	Excess Sickness Cover	Excess/ (under) cover	Excess/ (under) cover + unfilled	Vacancy minus Cover		Surge Beds Cover Requests	Unfilled Requests
2	NSA/EC Phase	ESR/Finance	Prophix	ESR SIP	= C - F	ESR SIP	= G + O	= P * 0.80	RPC SFSP	RPC SFSP	RPC SFSP	RPC SFSP	RPC SFSP	= Sum (R:V)	ESR ARR	ESR ARR	= X - 4.2/100 * F	= W - Q	= AA + AE	=G - W		RPC CRR	RPC CRR
3	P H A S E  1	100 CAR GGH Cadog Ward 1514	16.40	11.32	5.08	0.00	5.08	4.06	6.99	1.57	0.99	0.07	0.71	10.32	0.95%	8.02%	-0.37	6.26	6.92	-5.24		5.43	0.66
4		100 CAR GGH Teifi Orthopaedic & Rheumatology Ward 0019	22.32	18.27	4.05	1.00	5.05	4.04	2.15	0.47	0.09	0.12	1.79	4.63	2.10%	2.76%	-0.38	0.59	0.85	-0.58		0.00	0.26
5		100 CAR GGH Derwen Urology Ward 0003	19.95	17.68	2.27	2.00	4.27	3.42	0.00	0.00	0.04	0.26	0.36	0.65	2.58%	1.33%	-0.29	-2.77	-2.73	1.62		0.00	0.04
6		100 CAR PPH Ward 1 0088	16.40	14.40	2.00	0.00	2.00	1.60	0.49	0.00	0.00	0.68	0.29	1.45	6.13%	3.76%	0.28	-0.15	0.06	0.55		0.00	0.21
7		100 CAR PPH Ward 4 0091	22.32	18.80	3.52	0.00	3.52	2.82	1.57	0.00	0.47	0.12	0.15	2.30	1.98%	3.97%	-0.42	-0.52	-0.24	1.22		0.00	0.28
8		100 CER BGH Dyfi Ward 0520	35.35	13.89	21.46	1.32	22.78	18.22	14.86	0.40	0.72	0.00	0.39	16.37	4.50%	5.56%	0.04	-1.85	-0.61	5.09		0.06	1.24
9		100 PEM WGH Orthopaedic Unit 0662	17.11	12.76	4.35	0.92	5.27	4.22	4.28	1.01	0.00	0.06	0.37	5.73	0.61%	5.49%	-0.46	1.52	3.37	-1.38		2.33	1.86
10		100 PEM WGH Ward 10 - Oncology 0694	18.38	14.60	3.78	0.00	3.78	3.02	4.05	1.58	0.07	0.20	0.22	6.12	11.35%	5.54%	1.04	3.09	4.77	-2.34		3.15	1.68
11		100 PEM WGH Ward 12 0683	18.88	13.09	5.79	0.00	5.79	4.63	4.91	0.77	0.00	0.59	0.44	6.71	9.17%	6.08%	0.65	2.08	2.66	-0.92		3.33	0.58
12		100 PEM WGH Ward 4 - General Surgery 0674	13.55	8.53	5.02	0.00	5.02	4.01	5.05	0.34	0.49	0.59	0.34	6.81	1.00%	0.97%	-0.27	2.80	5.05	-1.79		1.69	2.25
13		IMPLEMENTATION DATE: 01-APR-19	200.66	143.35	57.31	5.24	62.55	50.04	44.35	6.14	2.87	2.68	5.06	61.10	4.04%	4.35%	-0.17	11.06	20.10	-3.79		15.99	9.04
14	P H A S E  2	100 PEM WGH Ward 3 - General Surgery 0673	17.11	10.47	6.64	0.61	7.26	5.81	3.39	2.26	0.00	0.38	0.57	6.60	2.14%	4.00%	-0.22	0.79	2.98	0.04		1.13	2.18
15		100 PEM WGH Ward 7 0679	23.39	11.80	11.59	0.00	11.59	9.27	5.50	0.26	0.35	0.36	1.60	8.07	0.30%	6.93%	-0.46	-1.20	-0.71	3.52		0.14	0.49
16		100 PEM WGH Ward 8 & CCU 0680	32.82	29.96	2.86	0.00	2.86	2.29	0.14	0.00	0.17	0.49	1.13	1.93	0.60%	2.07%	-1.08	-0.36	-0.24	0.93		0.14	0.12
17		100 PEM WGH Ward 11 (Stroke & Rehab) 0682	15.64	14.03	1.61	0.80	2.41	1.93	0.58	0.31	0.05	0.08	0.70	1.72	7.80%	5.25%	0.51	-0.22	-0.04	-0.10		0.00	0.17
18		100 CAR GGH Preseli Ward - General Surgery 0001	22.79	12.40	10.39	0.00	10.39	8.31	4.82	0.16	0.00	0.00	1.68	6.67	8.44%	6.70%	0.53	-1.64	-0.75	3.72		0.00	0.89
19		100 CAR GGH Cleddau Ward - General Surgery 0002	18.28	14.99	3.29	1.00	4.29	3.43	0.26	0.00	0.25	0.14	0.73	1.38	3.05%	2.89%	-0.17	-2.05	-2.05	1.91		0.00	0.00
20		100 CAR GGH Merlin Ward (Head & Neck) 0022	17.11	13.80	3.31	0.00	3.31	2.65	0.30	0.07	0.25	0.06	0.44	1.12	2.23%	2.33%	-0.27	-1.53	-1.39	2.19		0.26	0.14
21		100 CAR GGH Towy Ward 0064	16.51	9.44	7.07	0.00	7.07	5.66	3.53	0.27	0.00	0.11	0.46	4.37	0.00%	3.45%	-0.40	-1.29	-1.21	2.70		0.00	0.08
22		100 CAR GGH Padarn Ward 0065	16.51	12.27	4.24	1.00	5.24	4.19	3.19	0.28	0.78	0.13	0.17	4.55	2.61%	9.44%	-0.20	0.36	0.54	-0.31		0.00	0.19
23		100 CAR GGH Steffan Ward 0068	16.51	8.60	7.91	0.00	7.91	6.33	3.46	0.43	0.47	0.07	0.60	5.03	4.52%	5.23%	0.03	-1.30	-0.94	2.88		0.00	0.36
24		100 CAR GGH Picton Ward 0193	14.66	15.00	-0.34	1.80	1.46	1.17	0.00	0.07	0.21	0.11	0.75	1.14	4.05%	4.68%	-0.02	-0.03	0.60	-1.48		0.00	0.64
25		100 CAR GGH Gwenllian Ward - Acute Stroke Rehab 0129	22.79	13.40	9.39	0.00	9.39	7.51	5.34	0.25	0.65	0.12	0.23	6.59	2.78%	1.61%	-0.19	-0.92	-0.60	2.80		0.07	0.33
26		100 CER BGH Rhiannon Short Stay 1432	13.82	11.60	2.22	1.60	3.82	3.06	2.25	0.30	0.62	0.08	0.07	3.32	1.35%	8.03%	-0.33	0.26	0.72	-1.10		0.00	0.46
27		100 CAR PPH Ward 3 0090	17.57	18.80	-1.23	2.00	0.77	0.62	1.46	0.00	1.08	0.10	0.07	2.71	0.80%	6.19%	-0.64	2.09	3.16	-3.94		0.00	1.07
28		100 CAR PPH Ward 5 0093	16.00	15.00	1.00	0.00	1.00	0.80	0.00	0.00	0.14	0.05	0.62	0.82	0.00%	0.51%	-0.63	0.02	0.15	0.18		0.00	0.14
29		100 CAR PPH Ward 6 - Orthopaedic & Rheumatology 0043	16.60	17.50	-0.90	0.00	-0.90	-0.72	0.00	0.00	0.00	0.00	0.09	0.09	6.90%	8.08%	0.47	0.81	0.88	-0.99		0.00	0.07
30		100 CAR PPH Ward 7 - General Surgery 0039	18.28	17.27	1.01	0.00	1.01	0.81	2.16	0.00	0.49	0.42	0.00	3.08	18.99%	8.34%	2.55	2.27	2.99	-2.07		0.00	0.72
31		100 CAR PPH Ward 9 - Stroke/Rehab 0155	24.92	23.48	1.44	0.00	1.44	1.15	1.25	0.00	0.21	0.04	1.02	2.52	2.86%	2.08%	-0.32	1.37	1.95	-1.08		0.00	0.58
32		100 CER BGH Ceredig Ward - General Surgery 0558	23.79	7.04	16.75	0.00	16.75	13.40	7.63	0.55	1.95	0.03	0.54	10.69	0.51%	10.53%	-0.26	-2.71	-0.86	6.06		0.18	1.85
33		100 CER BGH Meurig Ward - Oncology 0521	13.46	11.51	1.95	0.00	1.95	1.56	3.52	0.35	0.42	0.41	0.34	5.05	17.32%	4.09%	1.51	3.48	4.70	-3.09		0.06	1.22
34		100 CER BGH Ystwyth Stroke Unit 0523	19.55	7.60	11.95	0.00	11.95	9.56	8.46	0.60	0.09	0.14	1.09	10.37	11.82%	4.58%	0.58	0.81	1.62	1.58		0.06	0.81
35		IMPLEMENTATION DATE:	398.11	295.94	102.17	8.81	110.98	88.79	57.25	6.16	8.19	3.32	12.89	87.81	4.72%	5.09%	0.99	-0.98	11.52	14.36		2.05	12.50



	A	B	C	F	G	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF
1	Healthcare Support Workers	Location	Budget WTE	Actual WTE	Vacancy WTE	M/L WTE	Notional cover required	Notional cover (80%)	Contract Agency Usage WTE	Thornbury Agency Usage WTE	Bank Usage WTE	Additional Hours WTE	Overtime WTE	Cover utilised	Prev Month Sickness %	Avg Sickness (Prev 12 Months) %	Excess Sickness Cover	Excess/ (under) cover	Excess/ (under) cover + unfilled	Vacancy minus Cover		Surge Beds Cover Requests	Unfilled Requests
2	NSA/EC Phase	ESR/Finance	Prophix	ESR SIP	= C - F	ESR SIP	= G + O	= P * 0.80	RPC SFSP	RPC SFSP	RPC SFSP	RPC SFSP	RPC SFSP	= Sum (R:V)	ESR ARR	ESR ARR	= X - 4.2/100 * F	= W - Q	= AA + AE	=G - W		RPC CRR	RPC CRR
3	P H A S E 1	100 CAR GGH Cadog Ward 1514	15.40	14.90	0.50	1.80	2.30	1.84	0.00	0.00	8.83	0.38	0.40	9.60	2.02%	3.49%	-0.32	7.76	9.35	-9.10		3.86	1.58
4		100 CAR GGH Teifi Orthopaedic & Rheumatology Ward 0019	21.32	19.07	2.25	0.00	2.25	1.80	0.00	0.00	1.97	0.41	0.00	2.38	5.53%	10.71%	0.25	0.58	1.69	-0.12		0.08	1.12
5		100 CAR GGH Derwen Urology Ward 0003	15.40	11.96	3.44	1.40	4.84	3.87	0.00	0.00	0.44	1.26	1.24	2.95	5.09%	3.94%	0.11	-0.93	-0.74	0.49		0.14	0.18
6		100 CAR PPH Ward 1 0088	19.54	21.20	-1.66	0.00	-1.66	-1.33	0.00	0.00	7.25	0.49	1.37	9.11	6.55%	9.81%	0.50	10.44	12.27	-10.77		0.00	1.83
7		100 CAR PPH Ward 4 0091	21.32	18.40	2.92	0.00	2.92	2.34	0.00	0.00	4.28	0.20	0.03	4.50	12.34%	8.45%	1.50	2.17	3.42	-1.58		0.19	1.25
8		100 CER BGH Dyfi Ward 0520	19.42	19.12	0.30	0.00	0.30	0.24	0.00	0.00	0.13	0.00	0.48	0.60	0.45%	10.75%	-0.72	0.36	1.18	-0.30		0.00	0.82
9		100 PEM WGH Orthopaedic Unit 0662	17.88	22.11	-4.23	0.00	-4.23	-3.39	0.00	0.00	3.58	0.50	0.21	4.30	2.59%	7.66%	-0.36	7.68	9.65	-8.53		0.08	1.97
10		100 PEM WGH Ward 10 - Oncology 0694	17.88	15.86	2.02	0.00	2.02	1.62	0.00	0.00	2.38	0.14	0.69	3.20	16.11%	14.20%	1.89	1.58	3.92	-1.18		1.28	2.34
11		100 PEM WGH Ward 12 0683	22.39	15.60	6.79	0.00	6.79	5.43	0.00	0.00	5.40	0.98	0.14	6.53	0.00%	1.41%	-0.66	1.10	2.24	0.26		2.73	1.14
12		100 PEM WGH Ward 4 - General Surgery 0674	16.11	12.69	3.42	0.48	3.90	3.12	0.00	0.00	5.70	0.69	0.14	6.53	3.56%	4.29%	-0.08	3.41	6.81	-3.11		0.76	3.40
13		IMPLEMENTATION DATE: 01-APR-19	186.66	170.91	15.75	3.68	19.43	15.55	0.00	0.00	39.96	5.04	4.70	49.70	5.42%	7.47%	2.11	34.16	49.78	-33.95		9.13	15.63
14	P H A S E 2	100 PEM WGH Ward 3 - General Surgery 0673	14.33	14.84	-0.51	0.00	-0.51	-0.41	0.00	0.00	0.34	0.63	0.24	1.21	4.40%	2.82%	0.03	1.62	3.00	-1.72		0.07	1.38
15		100 PEM WGH Ward 7 0679	18.90	16.52	2.38	0.00	2.38	1.90	0.00	0.00	1.61	0.08	0.79	2.48	1.92%	3.33%	-0.38	0.58	0.98	-0.10		0.00	0.40
16		100 PEM WGH Ward 8 & CCU 0680	14.33	14.19	0.14	0.00	0.14	0.11	0.00	0.00	0.47	0.07	0.97	1.51	10.63%	5.78%	0.91	1.39	2.03	-1.36		0.14	0.64
17		100 PEM WGH Ward 11 (Stroke & Rehab) 0682	18.60	15.69	2.91	1.40	4.31	3.45	0.00	0.00	1.84	0.59	0.81	3.24	5.48%	17.73%	0.20	-0.21	0.53	-0.33		0.00	0.74
18		100 CAR GGH Preseli Ward - General Surgery 0001	15.52	11.80	3.72	1.00	4.72	3.78	0.00	0.00	2.07	0.98	0.41	3.46	0.00%	3.40%	-0.50	-0.31	0.82	0.26		0.00	1.13
19		100 CAR GGH Cleddau Ward - General Surgery 0002	6.28	6.00	0.28	1.40	1.68	1.34	0.00	0.00	1.20	0.16	0.33	1.70	1.19%	1.11%	-0.18	0.35	0.56	-1.42		0.00	0.21
20		100 CAR GGH Merlin Ward (Head & Neck) 0022	9.83	7.40	2.43	0.00	2.43	1.94	0.00	0.00	1.32	0.91	0.23	2.46	0.00%	2.53%	-0.31	0.52	1.10	-0.03		0.14	0.58
21		100 CAR GGH Towy Ward 0064	13.38	12.00	1.38	0.00	1.38	1.10	0.00	0.00	0.37	0.37	1.20	1.94	1.93%	2.88%	-0.27	0.84	1.04	-0.56		0.00	0.21
22		100 CAR GGH Padarn Ward 0065	11.61	11.80	-0.19	0.60	0.41	0.33	0.00	0.00	0.97	0.14	0.00	1.12	12.47%	7.17%	0.98	0.79	1.32	-1.31		0.00	0.53
23		100 CAR GGH Steffan Ward 0068	13.38	12.24	1.14	1.60	2.74	2.19	0.00	0.00	1.76	1.33	0.00	3.09	12.65%	6.12%	1.03	0.90	1.52	-1.95		0.00	0.62
24		100 CAR GGH Picton Ward 0193	6.60	6.01	0.59	0.00	0.59	0.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	4.67%	-0.25	-0.47	-0.47	0.59		0.00	0.00
25		100 CAR GGH Gwenllian Ward - Acute Stroke Rehab 0129	17.88	14.60	3.28	1.00	4.28	3.42	0.00	0.00	1.72	0.46	0.60	2.78	1.88%	1.93%	-0.34	-0.64	-0.40	0.50		0.00	0.24
26		100 CER BGH Rhiannon Short Stay 1432	9.83	6.41	3.42	0.61	4.03	3.22	0.00	0.00	2.06	0.44	0.22	2.72	3.16%	8.09%	-0.07	-0.50	0.17	0.69		0.00	0.67
27		100 CAR PPH Ward 3 0090	15.40	16.40	-1.00	0.00	-1.00	-0.80	0.12	0.00	1.74	0.00	0.91	2.77	14.81%	16.64%	1.74	3.57	5.65	-3.77		0.08	2.07
28		100 CAR PPH Ward 5 0093	17.17	12.40	4.77	0.00	4.77	3.82	0.00	0.00	3.87	0.19	0.00	4.06	9.08%	7.10%	0.61	0.24	1.40	0.71		0.00	1.16
29		100 CAR PPH Ward 6 - Orthopaedic & Rheumatology 0043	11.10	7.80	3.30	0.00	3.30	2.64	0.00	0.00	0.29	0.00	0.00	0.29	0.00%	2.59%	-0.33	-2.35	-2.19	3.01		0.00	0.16
30		100 CAR PPH Ward 7 - General Surgery 0039	9.83	8.56	1.27	0.00	1.27	1.02	0.00	0.00	5.64	0.60	0.00	6.25	2.03%	2.19%	-0.19	5.23	5.88	-4.98		0.00	0.65
31		100 CAR PPH Ward 9 - Stroke/Rehab 0155	26.29	21.81	4.48	0.00	4.48	3.58	0.00	0.00	6.25	0.39	1.08	7.72	9.99%	6.81%	1.26	4.14	4.58	-3.25		0.00	0.44
32		100 CER BGH Ceredig Ward - General Surgery 0558	22.39	15.08	7.31	0.00	7.31	5.85	0.05	0.00	5.12	0.16	0.71	6.04	7.24%	6.39%	0.46	0.19	3.71	1.27		0.00	3.52
33		100 CER BGH Meurig Ward - Oncology 0521	9.83	6.89	2.94	0.00	2.94	2.35	0.00	0.00	4.17	0.05	0.10	4.32	15.93%	8.15%	0.81	1.97	4.12	-1.38		0.00	2.15
34		100 CER BGH Ystwyth Stroke Unit 0523	16.11	17.64	-1.53	1.00	-0.53	-0.42	0.00	0.00	1.86	0.38	0.57	2.80	9.40%	13.54%	0.92	3.22	4.14	-4.33		0.00	0.92
35		IMPLEMENTATION DATE:	298.59	256.09	42.50	8.61	51.11	40.89	0.16	0.00	44.67	7.96	9.17	61.96	5.91%	6.24%	6.14	21.07	39.49	-19.46		0.44	18.42

	A	B	C	D	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
1	Context		Apr-19		1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th	27th	28th	29th	30th
2	Location	Role	Shift Type	Budgeted (	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue
3	BGH Dyfi	RGN	Early	6	+ 1		+ 2		+ 2			+ 1	- 1	+ 1		+ 2	+ 1		+ 1	- 1	+ 2		+ 1		+ 1	+ 1		+ 1	+ 1		+ 1	- 1	- 1	
4			Late	6	+ 1		+ 2		+ 1			+ 1	- 1	+ 1		+ 1			+ 1	- 1	+ 1		+ 2		+ 1	+ 1		+ 1	+ 1			- 1	- 2	
6			Night	5		+ 1	+ 1	+ 1	+ 1		+ 1		+ 1	+ 1	+ 1			+ 1	+ 1		+ 1	+ 1	+ 1					+ 1				- 1		
7		HCSW	Early	4	+ 1	+ 1	+ 2			+ 1		+ 1	+ 1	+ 1	+ 3	+ 2			+ 1		+ 3	+ 1	+ 1			+ 2	+ 1	+ 1	+ 1			+ 1	+ 1	+ 1
8			Late	4			+ 1			+ 1			+ 1	+ 1	+ 2	+ 1			+ 1		+ 2	+ 1		- 1		+ 1	+ 1		+ 1		+ 1	+ 1	+ 1	
10			Night	2		+ 1	+ 1	+ 2	+ 1	+ 1		+ 1	+ 1	+ 1	+ 1		+ 1			+ 1	+ 1						+ 1	+ 1	+ 1	+ 1	+ 1		+ 1	
12	GGH Cadog	RGN	Early	3	+ 2	+ 3	+ 3	+ 1	+ 1		+ 1	+ 2	+ 2	+ 1	+ 1				+ 1	+ 2	+ 1	+ 1					+ 1	+ 1	+ 1	+ 1		+ 1	+ 1	+ 1
13			Late	3	+ 2	+ 2	+ 2	+ 1	+ 1		+ 1	+ 1																			+ 1		- 1	
15			Night	2	+ 2	+ 2	+ 2	+ 1	+ 1																									
16		HCSW	Early	3	+ 2	+ 3	+ 4	+ 3	+ 4	+ 2	+ 1	+ 3	+ 2	+ 2	+ 3	+ 4	+ 1	+ 1	+ 2		+ 2	+ 2	+ 2	+ 1	+ 1	+ 1	+ 3	+ 1	+ 2	+ 1	+ 1	+ 1	+ 1	
17			Late	3		+ 2	+ 2	+ 2	+ 2	+ 2		+ 2			+ 1	+ 2			+ 1	- 1	+ 1		+ 1	+ 1		+ 2		+ 1	+ 1	+ 1				
19			Night	2	+ 1		+ 1	+ 1	+ 1										- 1		- 1	- 1	- 1					+ 1	+ 1	+ 1				
21	GGH Denwen	RGN	Early	4				+ 1				+ 1		+ 1	+ 1			- 1	+ 1			+ 1	- 1	- 1		+ 1						- 1		
22			Late	4				- 1	- 1	- 1	- 1		- 1			- 1	- 1	- 1		- 1	- 1		- 1	- 1			- 1		- 1	- 1		- 2	- 1	
24			Night	2	+ 1																													
25		HCSW	Early	3											+ 1	+ 1	+ 1	+ 1															- 1	- 1
26			Late	3											+ 1	+ 1	+ 1	+ 1															- 1	- 1
28			Night	2	- 1																								- 1		- 1			
30	GGH Teifi	RGN	Early	4			+ 1		+ 1					+ 1					+ 1			+ 1										- 2	- 1	
31			Late	4		- 1									+ 1	+ 1	- 1				- 1						- 1	- 1			- 1	- 1		
33			Night	3															- 2				- 1	- 1								- 1	- 1	
34		HCSW	Early	4				+ 1		+ 1	+ 1		+ 1		+ 1					+ 1			- 1	- 1	- 1	- 1		+ 1						
35			Late	4			- 1						+ 1						- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1
37			Night	3			- 1															+ 1			+ 1		- 1							
39	PPH Ward 1	RGN	Early	3								- 1					- 1		- 1		- 1					- 1						+ 1	+ 1	
40			Late	3					- 1					- 1		- 1		- 1				+ 1						- 1		- 1			- 1	
42			Night	2																	- 1	- 1										- 1		
43		HCSW	Early	3	+ 3	+ 3	+ 3	+ 3	+ 3	+ 2	+ 2	+ 2	+ 3	+ 3	+ 3	+ 1	+ 1	+ 2	+ 3	+ 3	+ 4	+ 3	+ 2	+ 2	+ 1	+ 1	+ 2	+ 3	+ 1	+ 2	+ 3	+ 2	+ 2	
44			Late	4	+ 1	+ 1	+ 2	+ 1	+ 1	+ 1	+ 1			+ 1	+ 1			+ 1	+ 1	+ 1	+ 2			+ 1		- 1	- 1	+ 1					+ 1	+ 1
46			Night	3	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 2	+ 1	- 1	- 1																			+ 1	+ 1
48	PPH Ward 4	RGN	Early	4	+ 1		+ 1					+ 1		+ 2	+ 1					+ 1						- 1	+ 1	+ 1		+ 1	- 1	+ 1	+ 1	
49			Late	4									+ 1			+ 1		- 1				+ 1									- 1	+ 1		
51			Night	3												- 1				+ 1												- 1	+ 1	- 1
52		HCSW	Early	4								- 1	+ 1		- 1	- 1			- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	
53			Late	4		- 1				- 1	- 1	- 1			- 2	- 1	- 1	- 1	- 2	- 2	- 1	- 2		- 2	- 2	- 1	- 2	- 1	- 1	- 1	- 1	- 1	- 1	
55			Night	3									- 1		- 1		- 1										- 1	- 1						
57	WGH Ward 1	RGN	Early	3	+ 1	+ 1		+ 1			- 1	- 1	+ 1	- 1	- 1		+ 1	+ 1	- 1			- 1		+ 1		- 1		- 1			- 1			
58			Late	3	+ 1	+ 1		+ 1			- 1	- 1	+ 1	- 1	- 1		+ 1	+ 1	- 1			- 1		+ 1		- 1		- 1			- 1			
60			Night	2	+ 1	+ 1																										- 1	- 1	
61		HCSW	Early	4		+ 2	+ 2	+ 2	+ 1	+ 1	+ 1	+ 2	+ 2	+ 2	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 2	+ 2	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1		+ 2		+ 1	+ 1
62			Late	3	- 1							+ 1		+ 1	+ 1					+ 1														
64			Night	2	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1				+ 1	+ 1	+ 1	+ 1																
66	WGH Ward 4	RGN	Early	2	+ 1		+ 2		+ 2	+ 1				+ 1		+ 1	+ 1	+ 1				+ 1					- 1	+ 1	- 1		+ 1	+ 2		
67			Late	2	+ 1		+ 2				+ 1	- 1			+ 1			+ 1	+ 1											- 1		+ 2	+ 1	
69			Night	2			+ 1									+ 1	+ 1								- 1	- 1	- 1		- 1				- 1	- 1
70		HCSW	Early	3	+ 2	+ 1			+ 1			+ 1	+ 1		+ 2	+ 1			+ 1		+ 2	+ 2		+ 1	+ 1	+ 2	+ 1				- 1	- 1	- 2	- 2
71			Late	3	+ 1		- 1		+ 1	+ 1	+ 1	+ 1		- 1	+ 2	+ 1	+ 2	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 2	+ 1	+ 2	+ 1			+ 1		+ 1	- 1	- 2
73			Night	2	+ 1			+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1		+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1			+ 1	+ 1			
75	WGH Ward 10	RGN	Early	4	+ 1		+ 1		- 1	- 1					+ 1	+ 1					- 1		- 1					+ 1	- 1		- 1		- 4	- 4
76			Late	3	+ 2	+ 1	+ 1				+ 1	+ 1	+ 1		+ 2	+ 2		+ 1	+ 1	+ 1	+ 1	+ 1		+ 1		+ 1	+ 1	+ 1	+ 1	+ 1		- 3	- 3	
78			Night	2	+ 1	+ 1	+ 1		+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1		+ 1	+ 1	+ 1	+ 1		+ 1	+ 1	+ 1	- 2	- 2	
79		HCSW	Early	4	+ 2	+ 1	+ 1	+ 2	+ 1			+ 1	+ 2	+ 1	+ 2	+ 1		+ 1	+ 1	+ 2	+ 1		+ 1									- 4	- 4	
80			Late	3	+ 1	+ 2	+ 2		+ 3		+ 1	+ 2	+ 1		+ 2	+ 1		+ 2	+ 1	+ 2	+ 1	+ 1	+ 1	+ 1	+ 1		+ 1		+ 1	+ 1	+ 1		- 3	- 3
82			Night	2	+ 1	+ 1		- 1		+ 1	+ 1				+ 1	+ 1				- 1	- 1	- 1			- 1			- 1	- 2	- 2		- 1	- 1	- 2

	A	B	C	D	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	
84	WGH Ward 12	RGN	Early	3	+ 1	+ 1	+ 1	+ 1	+ 2			+ 1						- 1						- 1		- 1	+ 1	+ 1			- 1	- 1	- 3	- 3	
85			Late	4	- 1						- 1	- 1		- 2	- 2		- 1	- 1	- 2	- 1	- 1	- 2	- 1	- 2	- 2	- 2	- 1	- 1	- 2	- 1	- 2	- 2	- 4	- 4	
87			Night	2									+ 1	+ 1										- 1	- 1	- 1								- 2	- 2
88		HCSW	Early	4	- 1	- 1		- 1	- 1			- 1								- 2			- 2	- 1	- 1		- 1	- 1	- 1	- 1	- 1			- 4	- 4
89			Late	4	- 1			- 2	- 1	- 1		- 1	- 1				- 1	- 1		- 2			- 2	- 1	- 2	- 1	- 1	- 2	- 1	- 1	- 1	- 1	- 1	- 4	- 4
91			Night	3		+ 1			- 1			- 1	- 1	- 2	- 1		- 1	- 1	- 1	- 1	- 1	- 1		- 1		- 1		- 2	- 1					- 3	- 3
93	WGH Ward 3	RGN	Early	3	+ 1	+ 2						+ 2		- 1	+ 2	+ 1							+ 1		- 1		+ 1	+ 1		- 1					
94			Late	3	+ 1	+ 1							+ 1				+ 1						- 1	+ 1							- 1				
96			Night	2	+ 1	+ 1	+ 1									- 1				- 1	- 1	- 1	- 1			- 1			- 1		+ 1		- 1		
97		HCSW	Early	3		+ 1		- 1	+ 1			+ 1				+ 1	+ 1		+ 2		+ 1		- 1						- 1		- 1	- 1			
98			Late	2		+ 1	- 1					+ 1	+ 2			+ 1	+ 1	+ 1	+ 2				+ 1	+ 1				- 1	+ 1	+ 1	- 1				
100			Night	2												- 1						- 1													
102	BGH Ceredig	RGN	Early	4						- 1	- 1			- 1		+ 1	- 1		+ 1			+ 1	+ 1		+ 1			+ 1		+ 1			- 3	- 3	
103			Late	4	- 1	- 2					+ 1	+ 1					- 1	- 3	+ 1	- 1	- 1	- 1	+ 2	+ 1	- 1		- 1		+ 1		+ 1			- 3	- 3
105			Night	3		+ 1	+ 1	+ 1											+ 1	+ 1														- 2	
106		HCSW	Early	4										- 1									- 1	+ 1					- 1				- 1		
107			Late	4						+ 1																+ 1	- 1			- 1				- 1	
109			Night	3	+ 1						- 1					- 1					+ 1					- 1				- 2	- 1	- 1			
111	BGH Meurig	RGN	Early (D)	2	+ 1	+ 4	+ 2	+ 2	+ 1				+ 2	+ 1	+ 1	+ 1			+ 1	+ 2	+ 1	+ 1					+ 1	+ 1	+ 1	+ 1			+ 2	+ 1	
112			Late	2				+ 1	+ 1				- 1		- 1	+ 1							+ 1				- 1								
114			Night	2	+ 2	+ 2	+ 1																- 1		+ 1										
115		HCSW	Early	2							- 1				+ 1		+ 1						+ 1		+ 1		- 1	- 1						- 1	- 1
116			Late	2				+ 1		- 1	- 1									+ 1	+ 1													- 1	- 1
118			Night	1			+ 1	+ 1			- 1										- 1	- 1				+ 1	+ 1							- 1	- 1
120	BGH Rhiamon	RGN	Early (D)	3	- 1						+ 1				+ 1			+ 1											+ 1						
121			Late	2	+ 1										+ 1		+ 1	+ 2												+ 1	+ 1				
123			Night	2			+ 1																- 1		+ 1	+ 1									
124		HCSW	Early	2						- 1						+ 1										+ 1			- 1						- 1
125			Late	2						- 1		- 1		- 1												- 1			- 1						- 1
127			Night	1						- 1						+ 1		- 1									- 1				+ 1				- 1
129	BGH Ystwyth	RGN	Early	4		- 1			- 2			- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 2	- 3	- 2	- 1		- 2	- 1	- 2	- 1	- 2	- 3	- 2	- 2	- 4	- 4	
130			Late (D)	4	- 1		- 1		- 1		+ 1	- 1	- 1	- 1	- 1	- 1		- 2	- 2	- 3	- 2	- 1	+ 1	- 1	- 1	- 3	- 2	- 2	- 3	- 1	- 1	- 4	- 4		
132			Night	3					- 1			- 1	- 1	- 1	- 2	- 2	- 1	- 1	- 2	- 2	- 2	- 2	- 2	- 2	- 2	- 2	- 2	- 1	- 1	- 1	- 2	- 2	- 3	- 3	
133		HCSW	Early	3	+ 1	+ 1	+ 1	+ 1	+ 1	+ 2	+ 2	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	- 3	- 3
134			Late	3	+ 1	+ 1		+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1			+ 1	+ 1	+ 1			+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	- 3	- 3
136			Night	2	+ 1		+ 1						+ 1	+ 1			+ 1																	- 2	- 2
138	GGH Cledau	RGN	Early	4	- 1	- 1			- 1	+ 1	- 1	- 1			- 1			- 1	- 1			- 1			- 1	- 1		- 1		- 1			- 1		
139			Late	3		- 1				- 1		- 1	- 1						- 1	+ 1			- 1			- 1	- 1		- 1					- 1	
141			Night	2						+ 1																									
142		HCSW	Early	1				+ 1	+ 1			+ 1	+ 1		+ 1	+ 1			+ 1	+ 1	- 1		+ 1			+ 1	+ 1		+ 1			- 1		+ 1	
143			Late	1				+ 1	+ 1			+ 1	+ 1						+ 1	+ 1	- 1		+ 1			+ 1	+ 1		+ 1		- 1	- 1		+ 1	
145			Night	1											- 1	- 1														- 1				- 1	- 1
147	GGH Gwentllian	RGN	Early	4		+ 1						- 1	+ 1						+ 1		+ 1							- 1					- 1		
148			Late	4		+ 1							- 1							+ 1														- 1	
150			Night	3																														- 2	- 2
151		HCSW	Early	4		+ 1				+ 1												- 1		- 1					- 1	- 1				- 1	- 1
152			Late	3					- 1														- 1						- 1					- 1	- 1
154			Night	2																										- 1					- 1
156	GGH Merlin	RGN	Early	3																							- 1								
157			Late	3													+ 1																		
159			Night	2																															
160		HCSW	Early	2		- 1								- 1		- 1																		- 1	
161			Late	2		- 1									- 1		- 1																	- 1	
163			Night	1																															
165			Early	3	- 1	+ 1	- 1					- 2					- 2	- 1	- 2	- 1	- 1	- 1	- 1	- 1	- 2	- 2	- 2	- 1		- 2	- 1	- 1	- 2		

	A	B	C	D	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
166	GGH Padarn	RGN	Late	3	- 1		- 1	- 1				- 2		- 1	- 1	- 2	- 1	- 2	- 1	- 1	- 1	- 2	- 2	- 2	- 2	- 2	- 2	- 1	- 1	- 2	- 1	- 2	- 2	- 1
168			Night	2										+ 1			- 1				+ 1						- 1		- 1		- 1	- 1	- 1	
169		HCSW	Early	3			+ 1	+ 1						+ 1	+ 2		+ 1		+ 1	+ 1	+ 1	+ 1					- 1		- 1		- 1	- 1	- 1	- 1
170			Late	2	+ 1	+ 1	+ 1	+ 1	+ 1				+ 1	+ 1		+ 1	+ 1	+ 1		+ 1	+ 1	+ 1	+ 1											
172			Night	1																														
174	GGH Presell	RGN	Early	4	+ 1	- 1	+ 3	+ 1		- 1	- 1					- 1	- 1	- 1	+ 1		- 1		+ 2	- 1	- 1	- 2		+ 1			- 1	- 1		- 2
175			Late	4		- 1	+ 3	+ 1		- 1	- 1						- 1	- 1	- 1	+ 1		- 1	- 1	- 2	- 2	- 2	- 1				- 1	- 1	- 1	- 2
177		HCSW	Night	3																	+ 1	- 1							+ 1			- 1	- 1	
178			Early (D)	3	+ 1				+ 1	+ 1	+ 1			- 1				+ 1				+ 1				+ 1					+ 1	+ 1	- 1	
179			Late	2						+ 1	+ 1			- 1			+ 1			- 1	+ 1				+ 1					+ 1		- 1		
181			Night	2				- 1				- 1				- 2						- 1				- 1	- 1	- 1	- 1		- 2			+ 2
183	GGH Steffan	RGN	Early	3							- 1											- 1					- 1							+ 1
184			Late	3								- 1			- 1					- 1			- 1					- 1					- 1	
186		HCSW	Night	2								- 1																					- 1	- 1
187			Early	3																			- 1					- 1			- 1	- 1	- 1	- 1
188			Late	2	+ 1	+ 1	+ 1				+ 1				+ 1		- 1					- 1					- 1				- 1	- 1	- 1	- 1
190			Night	1																			- 1	- 1			- 1	- 1						
192	GGH Towy	RGN	Early	3		+ 2		+ 2	+ 1			+ 1	+ 1		+ 1		+ 1				+ 2	- 2	+ 2	+ 1	+ 1		- 1	+ 1		+ 1	+ 1		- 1	- 1
193			Late	3				+ 2	+ 1	+ 1			+ 1	+ 1		+ 1					- 1	+ 2	- 1	+ 1	+ 1	+ 1			+ 1		+ 1	+ 1	- 1	- 1
195		HCSW	Night	2							- 1							- 1	+ 1															
196			Early	3	+ 1		+ 1														- 1	+ 1	- 1											
197			Late	3	+ 1							+ 1				- 1	- 1				- 1		- 1	+ 1	- 1									
199			Night	1		+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1	+ 1
201	PPH Ward 3	RGN	Early	4		+ 1	+ 1		+ 1	- 1			+ 1					- 1		- 1	- 1	- 1	- 1			- 1		- 1			- 1	+ 1		
202			Late	3	+ 1	+ 2	+ 1		+ 1	+ 1				+ 1						- 1		- 1	- 1					- 1					+ 1	
204		HCSW	Night	2	+ 1	+ 1	+ 1		+ 1	+ 1	+ 1		+ 1	+ 1		+ 1	+ 1	+ 1					+ 1							+ 1				
205			Early	3	+ 1	+ 2	+ 4		+ 2		+ 2	+ 2	+ 2	+ 2	+ 2	+ 5	+ 1		+ 1	+ 1	+ 1	+ 4	+ 2			- 1	+ 2	+ 1	+ 1	+ 2		+ 2	+ 2	+ 4
206			Late	3	+ 1	+ 1	+ 3	+ 1	+ 1		+ 1	+ 2	+ 1	+ 2	+ 2	+ 3	+ 1				+ 1	+ 1	+ 3	+ 1			+ 2	+ 1	+ 1	+ 2		+ 2	+ 2	+ 4
208			Night	2	+ 1	+ 1																- 1				- 1								
210	PPH Ward 5	RGN	Early	4		- 1		- 1		- 1	- 1	- 1	- 1				- 1	- 1	- 1	- 1	- 1	- 1		- 1	- 1		- 1	- 1	- 1	- 1	- 1	- 1	- 1	
211			Late	4		- 1	- 1	- 1		- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1		- 1	- 1		- 1	- 1	- 1	- 1	- 1	- 1	- 1
213		HCSW	Night	3	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1
214			Early	4		- 1	- 1	- 1	- 1	- 1	- 1		- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 2	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1
215			Late	3	+ 1				+ 1		+ 1	+ 1																- 1	- 1	- 1	- 1	- 1	- 1	- 1
217			Night	3	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1	- 1
219	PPH Ward 6	RGN	Early	3	+ 3	+ 3	+ 2	+ 3	+ 3	+ 1	+ 1	+ 3	+ 2	+ 3	+ 3	+ 2			+ 2	+ 3	+ 2	+ 2	+ 1			+ 1	+ 2	+ 2	+ 2	+ 2			+ 3	+ 3
220			Late	3	+ 1	+ 1	+ 1	+ 1	+ 1				+ 1		+ 2	+ 1	+ 1			+ 1	+ 1	+ 1	+ 1				+ 1	+ 1	+ 1			+ 1	+ 2	
222		HCSW	Night	2																														
223			Early (D)	3		- 1	- 1	- 1	- 1	- 1		- 1			- 1									- 2		- 1	- 2	- 1		- 1	- 1	+ 1		- 1
224			Late	2	+ 1						- 1	+ 1	+ 1				- 1	- 1	+ 1	+ 1			- 1	- 1	- 1	- 1		+ 1						
226			Night	1																														
228	PPH Ward 7	RGN	Early	4						- 1	- 1							- 1					- 1	- 1	- 1	- 1				- 1	- 1			
229			Late	4					- 1	- 1	- 1							- 1	- 1				- 1	- 1	- 1	- 1				- 1	- 1			
231		HCSW	Night	3				+ 1	+ 1	- 1	- 1	+ 1						- 1	- 1				- 1	- 1	- 1	- 1				- 1	- 1	- 1	- 1	
232			Early	4						- 1	- 1							- 1	- 1		+ 1				- 1	- 1				- 2	- 1	- 1	- 1	
233			Late	3		+ 1	+ 1							+ 1						+ 1	+ 1									- 1				
235			Night	2																			+ 1											
237	PPH Ward 9	RGN	Early	4	+ 2	- 1		+ 2	+ 1	+ 1		+ 1				- 1	- 1			+ 1	+ 1	+ 1	- 2		- 1	- 1	+ 1	+ 1	- 1	+ 1	+ 1		+ 1	
238			Late	5	+ 1	- 1	- 2	- 3	- 1		- 1	- 2	- 1	- 1	- 3	- 2	- 3	- 2	- 2			- 1	+ 1	- 2	- 3	- 1	- 3	- 2	- 1	- 1	- 1		- 1	- 1
240		HCSW	Night	3		+ 1	+ 1		+ 1	+ 1		+ 1			+ 1	+ 1					+ 1											+ 1	+ 2	
241			Early	6	+ 1		- 2		+ 1	+ 1	- 2		- 2	+ 1	+ 1	+ 1				- 1	- 1		- 1	- 1	- 1	- 2	- 1	+ 1	- 1	- 1		+ 2		- 1
242			Late	4	+ 2	+ 1		+ 1		+ 1		+ 2	- 1		- 1		+ 1				- 1	+ 2		- 1	- 1	- 1		- 1	- 2					
244			Night	3				+ 1					+ 1						+ 1															
246	1	RGN	Early	4	- 1			- 1		+ 2	- 1		+ 1		- 1		+ 1			+ 1	+ 1							+ 1	+ 1	- 1				
247			Late	4			- 1		- 1		- 1	- 1	+ 1	+ 1		- 1						+ 1					- 1		+ 1	+ 1	- 1			

[illegible]



## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	25 April 2019
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Update on All-Wales Capital Programme - 2018/19 Capital Resource Limit and Capital Financial Management
<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 paper is presented to the Finance Committee to:

- Note the 2018/19 Capital Resource Limit and unaudited out-turn position
- Note the update on Interserve's financial position
- Note the potential impact of Dawnus going into administration on the Cylch Caron Project
- Note the Capital Resource Limit for 2019/20 and expenditure allocations and profile

#### Cefndir / Background

Following previous reports to the Finance Committee and the Capital, Estates and Information Management and Technology Sub-Committee, this report provides an update on the 2018/19 resource limit and out-turn and the Capital Resource Limit for 2019/20.

#### Asesiad / Assessment

##### **Capital Resource Limit (CRL) 2018/19**

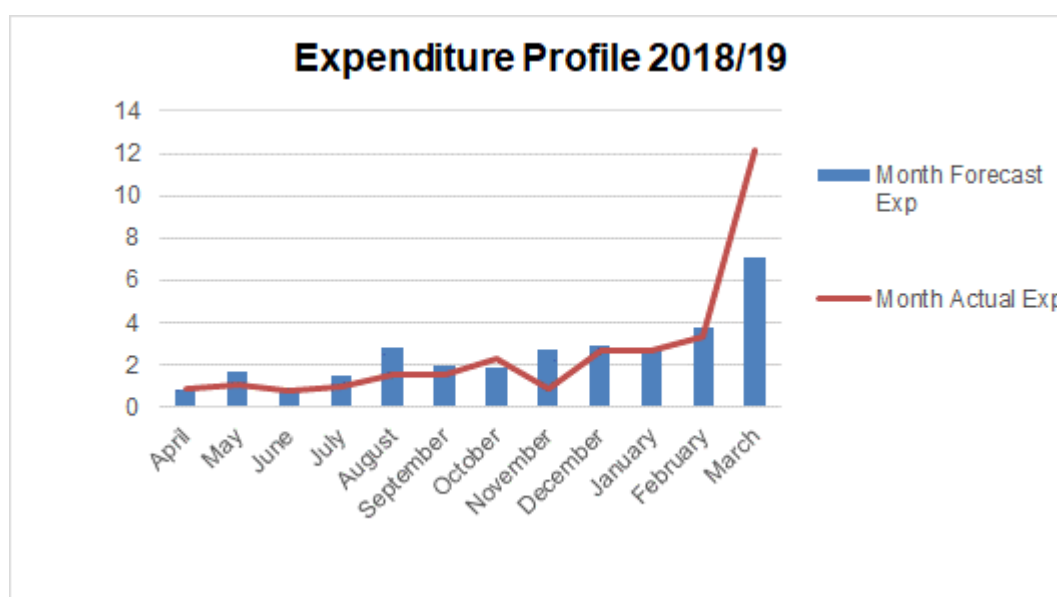
The final Health Board's CRL for 2018/19 was £30.893m.

The unaudited expenditure position for the year is currently £ 30.868m; an underspend of £0.025m

	£m
<b>AWCP</b>	
Cardigan	9.573
Women and Children Phase II	4.078
Ward 9 and 10 WGH	1.330
Minaeron	1.493
Fishguard Health Centre	0.627
MRI Bronglais	0.284

AWCP IT allocations	1.924
Other AWCP	2.324
<b>Sub-total</b>	<b>21.633</b>
<b>Discretionary</b>	
Estates Statutory	1.136
Estates	2.606
Equipment	3.000
IT	1.440
Other	1.053
<b>Sub-total</b>	<b>9.235</b>
<b>TOTAL</b>	<b>30.868</b>

The expenditure profile of the capital programme for 2018/19 is shown below.



## Financial Risks

The risks highlighted within previous reports around Front of House, the Fire Lift Scheme in Bronglais, and the slippage identified on other schemes were all managed as part of the delivery of the 2018/19 unaudited capital position.

## 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, and delivered against the agreed expenditure profiles for both schemes in March 2019.

## Dawnus and Cylch Caron update

Discussions are currently ongoing with an alternative provider who also submitted a tender for the scheme. The provider was deemed appropriate for consideration to deliver the scheme.

There is potential for this issue to cause a delay in the submission of the Full Business Case to Welsh Government.

### 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	31.837
Discretionary Programme	7.421
<b>Balance</b>	<b>39.258</b>

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

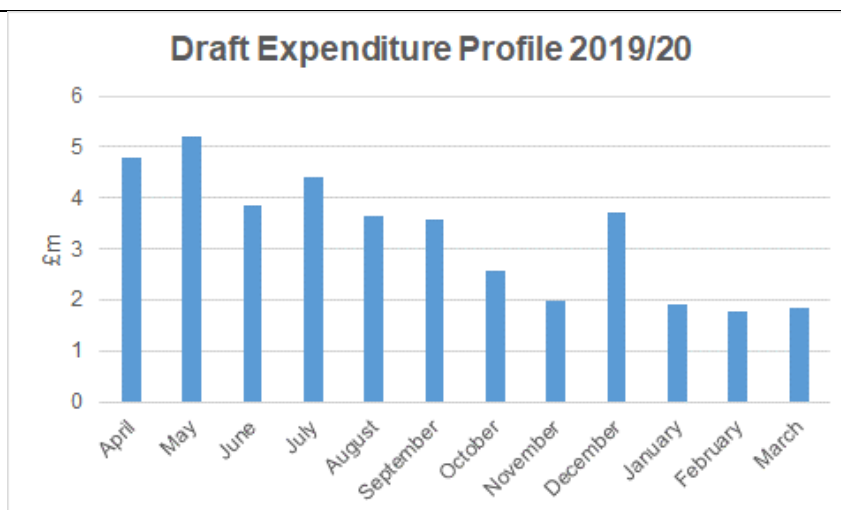
- Bronglais MRI
- Women and Children Phase II Scheme, Glangwili
- Cardigan Integrated Care Centre
- Aberaeron Integrated Care Centre
- Ward 9 and 10 Refurbishment, Withybush
- Fees for the development of the Cross Hands Integrated Care Centre Business Case

The following split of the Discretionary allocation for 2019/20 has been discussed at the Capital, Estates and IM&T Sub-Committee and agreed at Business Planning and Performance Assurance Committee in February 2019.

<b>Expenditure</b>	<b>£m</b>
Pre-commitments	3.000
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
Balance not yet allocated	1.071
<b>Balance</b>	<b>7.421</b>

The draft expenditure profile for 2019/20 is shown overleaf:





Further work is being undertaken by the Health Board's cost advisors on the All Wales Capital Programme profiles for 2019/20. The discretionary capital profile will be further reviewed with Estates, IT and the Deputy Director of Operations over the next 4-6 weeks.

#### Argymhelliad / Recommendation

The Finance Committee is requested to:

- Note the 2018/19 Capital Resource Limit and unaudited out-turn position
- Note the update on Interserve's financial position
- Note the potential impact of Dawnus going into administration on the Cylch Caron Project
- Note the Capital Resource Limit for 2019/20 and expenditure allocations and profile

#### **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

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Capital Allocation and prioritisation process. Capital Investment procedure and all relevant Welsh Government guidance.
Rhestr Termiau: Glossary of Terms:	IM&T – Information Management and Technology
Partïon / 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

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Capital values noted within the report. Included within individual business cases and Capital prioritisation process.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Included within individual business cases and Capital prioritisation process

<b>Gweithlu: Workforce:</b>	Included within individual business cases and Capital prioritisation process
<b>Risg: Risk:</b>	Risk assessment process is integral to the capital prioritisation process and the management of capital planning within the UHB
<b>Cyfreithiol: Legal:</b>	Included within individual business cases and Capital prioritisation process
<b>Enw Da: Reputational:</b>	Included within individual business cases and Capital prioritisation process
<b>Gyfrinachedd: Privacy:</b>	Included within individual business cases and Capital prioritisation process
<b>Cydraddoldeb: Equality:</b>	Equality assessments are included within individual business cases and Capital prioritisation process when required



## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	25 April 2019
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Savings Plan 2019/20
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Andrew Carruthers, Turnaround Director
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Rhian Davies, Assistant Director of Finance (Corporate 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 Draft Interim Financial Plan 2019/20, approved by the Board, requires savings of £24m to be delivered in order to meet the year end position of £29.8m deficit.

The Health Board's approach to savings identification was agreed by the Finance Committee at its meeting held on 24<sup>th</sup> January 2019. At the time of preparing the Board paper, savings plans of £18.369m had been identified. As at 10<sup>th</sup> April 2019, the current value of plans stands at £21.3m.

The Finance Committee is asked to note the current value of savings plans.

##### Cefndir / Background

As specified in the Draft Interim Financial Plan 2019/20, the funding uplift received from Welsh Government will not fully cover expected cost pressures in year and there is a requirement for savings of circa £24m. These savings will accommodate investment in the Nurse Staffing Act and winter pressures. Investments required to deliver a shift from secondary care into primary and community care will need to be self-financing.

Savings plans will need to include transactional, efficiency and transformational schemes. The main savings requirement will be based upon opportunities identified through benchmarking and other evidence-based assessments of efficiency, as highlighted in the Efficiency Framework.

There is a further requirement to identify non-recurrent savings and cost reduction measures to fund Referral to Treatment Time (RTT) costs estimated at £5.552m.

##### Asesiad / Assessment

Savings plans received by Directorate are summarised in the table overleaf. (Detail by Directorate in Appendix 1)

Directorate	Risk Rating			Total Identified £'000	3.7% Dir Target £'000	Variance £'000	Non Recurring £'000	Recurring £'000	Full Year Effect £'000
	Green £'000	Amber £'000	Red £'000						
Sub Total	9,344	7,299	3,263	19,906	24,000	(4,095)	2,109	17,796	20,548
<b>Cross Directorate Opportunities</b>									
Roster Control				500		500			
Procurement				900		900			
Total	9,344	7,299	3,263	21,306	24,000	(2,695)			

Directorate savings plans have been received totalling £19.906m; of which £16.643m, or 84%, are RAG rated Green and Amber. This year, when the Monitoring Returns to WG are produced (Month 1 due May working day 9), only Green and Amber schemes will be recognised. Therefore the challenge is to increase confidence in the delivery of schemes as well as bridging the current financial gap.

Just under 90% of Directorate schemes identified are recurrent, with a full year effect of £20.458m.

Work is on-going to establish the Cross Directorate Opportunities identified for Roster Control and Procurement.

Project Initiation Documents (PIDs) have been requested for all major schemes to provide greater assurance that the plans are robust and can be project managed more effectively. To date, PIDs have been received covering circa 50% of the total value.

Work continues with Directorates to identify further opportunities over the coming weeks.

**Argymhelliad / Recommendation**

The Finance Committee is asked to note the current value of savings plans.

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:	Currently being assessed.

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: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Efficiency Framework NHS Benchmarking Network
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:	N/A

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Achievement of Draft Interim Financial Plan is dependent on savings delivery.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Individual savings schemes will be assessed to ensure no adverse impact on quality/patient care
<b>Gweithlu: Workforce:</b>	Assessment will be undertaken on a scheme by scheme basis.

<b>Risg: Risk:</b>	Assessment will be undertaken on a scheme by scheme basis.
<b>Cyfreithiol: Legal:</b>	Assessment will be undertaken on a scheme by scheme basis.
<b>Enw Da: Reputational:</b>	Assessment will be undertaken on a scheme by scheme basis.
<b>Gyfrinachedd: Privacy:</b>	N/A
<b>Cydraddoldeb: Equality:</b>	Assessment will be undertaken on a scheme by scheme basis.

## Appendix 1

Directorate	Risk Rating			Total Identified £'000	3.7% Dir Target £'000	Variance £'000	Non Recurring £'000	Recurring £'000	Full Year Effect £'000
	Green £'000	Amber £'000	Red £'000						
Planned	1,225	1,042	1,400	3,667	3,684	(17)	51	3,616	4,109
Medicines management	1,112	878	258	2,248	2,944	(696)	0	2,248	2,377
Mental Health	890	1,001	0	1,891	2,689	(798)	572	1,319	1,440
GGH	1,024	229	0	1,253	1,559	(306)	149	1,104	1,386
Facilities	537	721	122	1,380	1,379	1	520	860	860
Women & Children	432	90	108	630	1,364	(734)	8	622	827
WGH	459	611	0	1,070	1,039	31	214	856	923
PPH	41	645	0	686	927	(241)	0	686	1,386
Primary Care	670	227	388	1,285	911	374	0	1,285	1,285
Carmarthenshire	0	825	0	825	872	(48)	233	592	669
BGH	639	327	0	966	785	181	0	966	1,129
Pathology	117	185	421	722	744	(21)	0	722	764
Pembrokeshire	270	53	388	711	737	(26)	106	605	605
Therapies and Health Sciences	249	0	0	249	672	(423)	91	158	158
Dir Ops	60	26	179	264	642	(378)	13	251	310
Radiology	390	405	0	795	587	209	0	795	997
Oncology	314	0	0	314	431	(117)	0	314	526
Ceredigion	155	35	0	190	415	(225)	115	75	75
Planning, Performance & IT	14	0	0	14	364	(350)	0	14	14
Public Health					298	(298)			
Workforce	240	0	0	240	239	0	0	240	240
Nursing	64	0	0	64	177	(113)	25	39	39
Finance	164	0	0	164	164	(0)	0	164	164
Medical Directorate	150	0	0	150	151	(1)	0	150	150
CEO	41	0	0	41	109	(68)	14	27	27
Partnerships & Comms	88	0	0	88	89	(0)	0	88	88
Other Acute				0	30	(30)			
<b>Sub Total</b>	<b>9,344</b>	<b>7,299</b>	<b>3,263</b>	<b>19,906</b>	<b>24,000</b>	<b>(4,095)</b>	<b>2,109</b>	<b>17,796</b>	<b>20,548</b>
<b>Cross Directorate Opportunities</b>									
Roster Control				500		500			
Procurement				900		900			
<b>Total</b>	<b>9,344</b>	<b>7,299</b>	<b>3,263</b>	<b>21,306</b>	<b>24,000</b>	<b>(2,695)</b>			



## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	25 April 2019
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Financial Strategy Assurance/ Draft Financial Plan Implementation 2019/20
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Rhian Davies, Assistant Director of Finance (Corporate Finance) / Eldeg Rosser, Senior Business Partner (Major Projects and Planning)

**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 has been prepared for the Finance Committee to:

- Provide information on the Opening Annual Recurring Budget for 2019/20 and the accountability letters which have been disseminated to Budget Holders
- Note the percentage increases applied to the Health Board's charges
- Note lessons learnt from the 2019/20 planning cycle
- Note the proposed timeline for the generation of the plan for 2020 onwards

#### Cefndir / Background

The Draft Interim Annual Plan and the associated Interim Draft Financial Plan were submitted to Welsh Government following the Board Meeting on 28<sup>th</sup> March 2019.

#### Asesiad / Assessment

The appended report provides information on:

- Detail of the Opening Annual Recurring Budget for 2019/20 by Directorate
- The percentage increases applied to different income categories
- A review of lessons learnt through the planning cycle for 2019/20
- The timeline for the production of the 2020 plan

#### Argymhelliad / Recommendation

The Finance Committee is requested to:

- Note the Opening Annual Recurring Budget for 2019/20 by Directorate and the accountability letters which have been sent out to Budget Holders
- Note the percentage increases applied to the Health Board's charges

- Note lessons learnt from the 2019/20 planning cycle
- Note the proposed timeline for the generation of 2020 onwards

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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 630 - Ability to deliver the Financial Plan for 2019/20 – 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  The HB's financial plan will align with the organisational priorities & to the UHB's Well-being Objectives where applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Draft Interim Annual Plan and associated Interim Draft Financial Plan
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:	Public Board

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Financial values noted within the report.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	N/A
<b>Gweithlu:</b> <b>Workforce:</b>	N/A
<b>Risg:</b> <b>Risk:</b>	Financial risk is highlighted within the report
<b>Cyfreithiol:</b> <b>Legal:</b>	N/A
<b>Enw Da:</b> <b>Reputational:</b>	N/A
<b>Gyfrinachedd:</b> <b>Privacy:</b>	N/A
<b>Cydraddoldeb:</b> <b>Equality:</b>	N/A

## **Financial Planning Framework 2019/20 & 2020/21**

### **Draft Interim Financial Plan 2019/20**

The Draft Interim Plan and Financial Plan was approved at the Board Meeting on the 28<sup>th</sup> March 2019.

The Financial Plan translates into the following Opening Budget position for the Health Board.

<b>Directorate</b>	<b>£m</b>
Operations Directorate	486,712
Corporate	247,763
Central Budgets	(704,634)
<b>Plan Deficit</b>	<b>29,841</b>

Further detail of the budgets is attached in Appendix A of this report.

All Budget Holders have been issued with Accountability Agreement letters which were due to be returned by 23rd April 2019.

A copy of the accountability letter and agreement are attached as Appendix B to this report.

### **Income Charges**

As part of the annual planning cycle the Health Board reviews and increases its fees for services where it is able to do so, with effect from April 1<sup>st</sup> the following increases have been applied:

- NHS bodies / organisation –
  - 3% uplift on Long Term Agreement's with providers responsible for demonstrating the investments are providing improvements and/or additionality in line with "A Healthier Wales". This would be reviewed and agreed by the Lead commissioner (in most cases the home HB of the provider).
  - The additional 1% for "A Healthier Wales" funding is not be used to offset over performance as this is not within the spirit of the allocation i.e. it is meant to pay for something new.
  - This approach is consistent with WHSSC and EASC where the committees have agreed the priority investment areas that are being supported in the first instance by the 1%
  - For Velindre, the expectation is that 1% is passed through, with the investments being agreed through the commissioning group (lead commissioner is C&V)

- The approach will be consistently applied
- 2% Service Level Agreement – unless other agreement in place
- 2% all other NHS activities
- Trading activities non NHS - EXCLUDING Local Authorities – 3%
- Local Authorities limited to 3% providing Local Authorities agree to limit their prices increases to 3%

The uplift for Long Term Agreements were discussed and agreed at the March Meeting of the Deputy Directors of Finance.

### **Lessons Learnt**

The Financial Planning Cycle for 2019/20 has been a learning cycle for many of the team involved with roles and responsibilities changing in year. Despite this change, targets set by the Finance Delivery Unit and Welsh Government have been met. There are however lessons that we can learn to ensure that the financial planning cycle for the 2020 plan going forward will be more seamless.

### **Finance & Executives**

- The requirement to have Board discussion on savings, and trade-offs and choices – e.g. RTT performance and financial position at the outset of the planning cycle
- How we deal with key action, development and cost pressures in the financial plan

### **Finance & Turnaround**

- One timeline developed and is signed up to by all Finance teams which will involve completion of required deliverables by mid November 2019
- One timeline developed to include not only the Financial Plan deliverables but also to include technical aspects of budget setting and systems processes - Prophix and Oracle
- Savings identification & delivery to become an ongoing process and not something which is undertaken once a year when the Plan is being prepared.
- Financial Plan Task & Finish Group membership to include Senior Finance Business Partners & relevant Finance Business partners to ensure appropriate communication of tasks that require completion in the timeline for completion.
- An internal Finance review of the planning and budget setting process has also been organised for early May.

### **Draft Planning Cycle for 2020 onwards**

A paper was presented to the Planning Sub-Committee by the Director of Planning, Performance, Informatics and Commissioning on the Draft Planning Cycle for 2020 onwards. The key tasks and timelines for the Plan are shown below with the financial elements of the Plan are shown in italics

TIMELINE	PLANNING WORKPLAN	FINANCE WORKPLAN
<b>APRIL 2019</b>	<ul style="list-style-type: none"> <li>○ The initial stage of the cycle will be continuing the strong engagement the Planning Team had with colleagues across the UHB for the Annual Plan 2019/20, along with a greater alignment with the development and delivery of A Healthier Mid and West Wales.</li> <li>○ Product initiation: agree with Executives the product list, format owners, expectations and deadlines, with the principle that products will evolve from the versions completed for the 2019/20 Annual Plan</li> <li>○ Production alignment: agree alignment of Plan development; pathway review process; development of A Healthier Mid and West Wales Programme, and the Turnaround programme to ensure there is a single Plan for the UHB</li> </ul>	<ul style="list-style-type: none"> <li>○ <b><i>Establish high level Planning assumptions with the Executive Team</i></b></li> <li>○ <b><i>Begin alignment of strategic planning; workforce; and finance processes for the development of plans</i></b></li> </ul>
<b>May 2019</b>	<ul style="list-style-type: none"> <li>○ Refresh of plans to begin based on agreed planning assumptions</li> <li>○ CEO Review Meetings (Round 1)</li> </ul>	<ul style="list-style-type: none"> <li>○ <b><i>Preparation of Financial Plan Guidance Notes</i></b></li> <li>○ <b><i>Review of Finance templates to be used for 2020 plan</i></b></li> <li>○ <b><i>Preparation of detailed timeline</i></b></li> </ul>
<b>June 2019</b>	<ul style="list-style-type: none"> <li>○ Continued development of plans and initial integration of Plans</li> <li>○ Submission of first draft of plans</li> <li>○ Check and challenge by Executive Team</li> </ul>	<ul style="list-style-type: none"> <li>○ <b><i>Finance to cost content of plans</i></b></li> <li>○ <b><i>Review impact of A4C pay award for 2020/21</i></b></li> </ul>

<b>July 2019</b>	<ul style="list-style-type: none"> <li>○ Revision of Plans</li> <li>○ Submission of second drafts of plans</li> </ul>	<ul style="list-style-type: none"> <li>○ <b>Submission of Directorate cost pressures to include RTT, CHC, Medicines Management</b></li> </ul>
<b>August 2019</b>	<ul style="list-style-type: none"> <li>○ Review of revised plans</li> <li>○ CEO Review Meetings (Round 2)</li> <li>○ Revision of plans based on CEO Review meetings</li> </ul>	<ul style="list-style-type: none"> <li>○ <b>Review of Non Pay Inflation</b></li> <li>○ <b>Review of LTA, Central Income &amp; SLA cost pressures</b></li> <li>○ <b>Preparation of draft Finance Enabling Plan</b></li> </ul>
<b>September 2019</b>	<ul style="list-style-type: none"> <li>○ Initial consideration of Plan by Board</li> <li>○ Submission of draft Plan to September Public Board (26<sup>th</sup> September)</li> </ul>	<ul style="list-style-type: none"> <li>○ <b>Consolidation of all financial aspects of the plan</b></li> <li>○ <b>Review and update Finance Enabling Plan</b></li> </ul>
<b>October 2019</b>	<ul style="list-style-type: none"> <li>○ Final revisions of Plans</li> <li>○ Check and challenge on final drafts of Plans by BPPAC and Executive Team as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>○ <b>Ongoing consolidation of the financial plan</b></li> <li>○ <b>Continued review and update Finance Enabling Plan</b></li> </ul>
<b>November 2019</b>	<ul style="list-style-type: none"> <li>○ Final development of main document and anticipated sign-off by Board</li> <li>○ Final plan development</li> <li>○ Submission of final plan to November Public Board (28<sup>th</sup> November)</li> </ul>	<ul style="list-style-type: none"> <li>○ <b>Indicative allocation information from Welsh Government</b></li> <li>○ <b>Submission to the Finance tables to the Finance Delivery Unit in advance of the formal Welsh Government submission</b></li> </ul>
<b>December 2019</b>	<ul style="list-style-type: none"> <li>○ Formal submission to Welsh Government</li> <li>○ Submit main document; supporting documentation to Welsh Government</li> </ul>	<ul style="list-style-type: none"> <li>○ <b>Formal submission of Financial Plan to Welsh Government</b></li> </ul>

## **RECOMMENDATION**

The Committee is asked to

- Note the Opening Annual Recurring Budget for 2019/20 by Directorate and the accountability letters which have been sent out to Budget Holders
- Note the percentage increases applied to our charges
- Note lessons learnt from the 2019/20 planning cycle
- Note the proposed timeline for the generation of 2020 onwards





**APPENDIX A**

DIRECTORATES	NON PAY & INCOME	PAY BUDGET	TOTAL BUDGET
	2019/20	2019/20	2019/20
	£	£	£
<b>ACUTE</b>			
WOMEN & CHILDREN	2,892,424	33,889,239	36,781,663
ONCOLOGY & CANCER SERVICES	11,123,481	2,595,871	13,719,353
RADIOLOGY	3,593,102	12,229,132	15,822,235
PATHOLOGY	9,045,750	11,091,226	20,136,975
PPH DIRECTORATE	2,424,986	22,797,888	25,222,874
BGH DIRECTORATE	3,437,858	17,944,093	21,381,951
WGH DIRECTORATE	3,320,984	24,816,926	28,137,910
GGH DIRECTORATE	7,987,760	34,201,285	42,189,045
PLANNED CARE	28,935,085	70,885,185	99,820,269
<b>MENTAL HEALTH &amp; LEARNING DISABILITIES</b>			
MENTAL HEALTH & LEARNING DISABILITIES	28,072,672	44,792,646	72,865,318
<b>COUNTY</b>			
CARMS - DIRECTOR AND COMMISSIONER	12,608,631	11,315,104	23,923,735
CEREDIGION - DIRECTOR AND COMMISSIONER	5,098,055	6,021,309	11,119,363
PEMBS - DIRECTOR AND COMMISSIONER	10,365,607	9,362,575	19,728,182
<b>OTHER OPERATIONS</b>			
FACILITIES	13,767,683	23,722,092	37,489,775
<b>OTHER OPERATIONS DIRECTORATE MANAGEMENT</b>			
ACUTE DIR MANAGEMENT	98,195		98,195
GMS OOH	2,862,969	3,785,150	6,648,119
PTS	2,999,719		2,999,719
CSSD/HSDU	8,599	1,362,414	1,371,014
OPERATIONS DIRECTOR'S DEPARTMENT	(79,335)	2,238,051	2,158,716
CENTRAL TRANSPORT UNIT	413,989	145,358	559,347
EBME	7,664	1,020,633	1,028,297
MEDICAL RECORDS	217,296	2,572,224	2,789,521
ASST DIR OPS QUALITY & NURSING	151,387	569,203	720,590
<b>OPERATIONS DIRECTORATE TOTAL</b>	<b>149,354,563</b>	<b>337,357,604</b>	<b>486,712,167</b>
<b>CORPORATE</b>			
PRIMARY CARE MANAGEMENT	(468,765)	3,769,946	3,301,181
GMS	63,075,005	1,660,215	64,735,220
DENTAL	18,213,743	1,835,531	20,049,274
COMMUNITY PHARMACY	19,240,053		19,240,053
OTHER PRIMARY CARE	829,231	408,860	1,238,091
EHEW	907,000		907,000
LVSU ASSESSMENT FEES	86,000		86,000
MEDICINES MANAGEMENT	69,374,020	7,879,936	77,253,956
CHIEF EXECUTIVE	274,504	2,241,008	2,515,513
CORPORATE GOVERNANCE	10,788	421,137	431,925
NURSING	335,490	4,430,370	4,765,860
PARTNERSHIPS & CORPORATE SERVICES	639,319	1,750,473	2,389,792
PUBLIC HEALTH	772,987	7,257,952	8,030,939
TRANSFORMATION TEAM	35,825	698,640	734,465
TRANSFORMING CLINICAL SERVICES	656,000	131,882	787,882
MEDICAL & QUALITY MANAGEMENT	(254,412)	871,004	616,592
MEDICAL EDUCATION	755,803	1,008,673	1,764,476
MEDICAL DIRECTOR CORPORATE	(694,908)	763,108	68,200
THERAPIES AND HEALTH SCIENCE	(240)	293,484	293,244
THERAPEUTIC HOSTED SERVICE	602,325	17,223,056	17,825,381
WORKFORCE AND OD	858,515	5,597,695	6,456,210
FINANCE	1,066,225	3,372,560	4,438,784
INFORMATICS	3,908,645	4,204,536	8,113,181
PERFORMANCE	956	230,798	231,754
PROGRAMME MANAGEMENT OFFICE	229,053	851,450	1,080,503
PLANNING	(191,528)	598,781	407,253
<b>CORPORATE TOTAL</b>	<b>180,261,631</b>	<b>67,501,096</b>	<b>247,762,727</b>
<b>CENTRAL BUDGETS</b>			
IPFR	0	105,469	105,469
(8366) HDHB IPC	851,844		851,844
(1244) HDHB - Clinical / Personal / Permanent - Losses	1,815,000		1,815,000
(0253) HDHB Financing	316,729		316,729
(1199) Savings Target 2019/20	(23,866,264)		(23,866,264)
(1200) General Reserve	29,660,807		29,660,807
(1252) HDHB Capital Charge	15,318,000		15,318,000
(8633) HDHB Revenue Allocation	(828,871,634)		(828,871,634)
(8688) HDHB CHC Retrospective Reviews	1,598,265		1,598,265
CENTRAL INCOME	(30,466,578)		(30,466,578)
LTA'S WITH OTHER NHS PROVIDERS	128,904,392		128,904,392
<b>CENTRAL BUDGET &amp; RESERVES</b>	<b>(704,739,439)</b>	<b>105,469</b>	<b>(704,633,970)</b>
<b>PLAN DEFICIT 2019/20</b>			<b>29,840,924</b>



## APPENDIX B

Eich cyf / Your ref:

Ein cyf/Our ref:

Gofynnwch am/Please ask for: Kelly Sursona

Rhif Ffôn /Telephone: 01267 239569

Ffacs/Facsimile:

Dyddiad/Date: 10<sup>th</sup> April 2019

Swyddfeydd Corfforaethol, Adeilad Ystwyth  
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job  
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building  
Hafan Derwen, St Davids Park, Job's Well Road,  
Carmarthen, Carmarthenshire, SA31 3BB

To: All Budget Managers

### **Accountable Officer Letter: Delegations and Financial Delivery for 2019-20**

Dear colleague

This letter formally designates you as the Delegated Officer for the budgets which have been assigned to you, a copy of which is provided alongside this letter as the Opening Budget Book 2019-20 **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 2019/20. It is recognised by the Board that, whilst we have made good progress in stabilising and improving the performance of the Health Board, our financial performance is the key factor in our continuing Targeted Intervention status and needs to be significantly improved over 2019-20.

This coming year will be one of considerable pressure for HDUHB, where we will need to deal with increasing demands while also looking to transform and improve the way we work.

### **Governance**

Good governance is about how we achieve our objectives as an organisation and should support, not hinder it. For 2019-20, 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 2019/20, 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 2018/19 directorates of concern in financial performance and delivery terms, will be placed in a 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.

## **Risk Management**

HDUHB is facing considerable scrutiny, and need to deliver substantial changes at pace while the quality and safety of the services we provide. 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 Executives (MD, DoN, DoTH) through the completion of Project Initiation Documents. 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.

As well as managing your overall budget, you need to ensure that it is profiled appropriately 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 Health Board's establishment control procedures; and
- Approved procedures for the management of staff absence.

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; and
- The prompt authorisation of invoices for payment where not covered by receipted purchase orders, in accordance with delegated limits.

## **Delegations and Responsibilities**

The delegated budget must be committed in accordance the Health Board's Annual Plan for 2019-20.

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 holder's 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 2019-20 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 the Director of Finance.**

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 23 April 2019.**

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.

Yours sincerely

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

cc. Huw Thomas, Director of Finance



**Annex A**

**Opening Budget Book 2019-20 Letter**

Name of Budget Holder	
Directorate	
Opening Budget Book	

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 2019-20 financial year:

- Roll-forward recurrent budgets from 2018-19,
- Full year impact of 2018-19 savings plans
- A4C pay budgets have been set at two points from top of scale on the basis of the agreed pay 3 year pay settlement agreed in 2018
- Medical & Dental budgets have been currently set at the 2018-19 pay award levels pending agreement of the 2019-20 pay increases
- Settlement of agreed cost pressures for 2019-20
  
- Please note your month 1 budgets will also include funding adjustments for the following:
  - Non consolidated cash payment for some A4C staff
  - Recurring adjustments that were made in M10-M12 2018-19
  - Agreed savings plans for 2019-20
  - CHC growth (where applicable)

The following amendments will

You are required to complete and sign the Accountability Agreement by 23<sup>rd</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





**Annex B**

**ACCOUNTABILITY AGREEMENT**

Name of Budget Holder	
Directorate	
Opening Budget Book	

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;
  - 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:	







## PWYLLGOR CYLLID FINANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	25 April 2019
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	RTT Plan 2019/20
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Joe Teape, Deputy Chief Executive
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Keith Jones, Assistant Director, 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 summarises the proposed Referral to Treatment (RTT), Diagnostic and Therapy service waiting times delivery plan for 2019/20. The Finance Committee is requested to note the proposed plan.

##### Cefndir / Background

##### Overview

The Health Board's (HB) delivery plan for 2018/19 supported achievement of RTT Tier 1 performance of zero patients waiting 36 weeks in addition to achievement of separate targets related to maximum waiting times for diagnostics and therapies.

The total financial plan to support RTT, Diagnostic and Therapy service waiting times delivery for 2018/19 was £14.5m as summarised below:

Total RTT, Diagnostic & Therapies Waiting Times Delivery Financial Allocation 2018/19		
HB financial provision in 2018/19 Annual Plan	£2,900,000	
WG performance fund allocation	£11,600,000	
<b>Total (supporting investment)</b>		<b>£14,500,000</b>

In return for this total investment, the Health Board delivered:

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

This paper summarises the HB's 2019/20 RTT delivery plan proposals. Supporting detail underpinning the RTT delivery plan for 2019/20 is reflected in the HB's Annual Plan. These

have been discussed and reviewed with the Welsh Government (WG) Delivery Unit and include:

- Planned core (funded) activity assumptions for 19/20 by specialty and by stage
- The forecast additional impact of efficiency and transformation improvements for 2019/20, to supplement planned core activity levels, at no additional cost
- Forecast derived demand by specialty and by stage, which considers change on waiting list size over the year and the volume of activity delivered, and the projected 2019/20 year end 36 week breaches by specialty **without** additional activity solutions
- Forecast delivery proposals to address those specialties where demand/capacity gaps have been identified.

In developing the delivery plan proposals for 2019/20, the Health Board has reviewed the volume of activity which can be delivered by specialty at both Stage 1 and Stage 4 of the RTT pathway, within core capacity. This work includes the provision of additional activity as a result of efficiency improvements and service transformation, at no additional cost. These planned levels of activity have been assessed against forecast demand levels expected in 2019/20 for each specialty.

This assessment has informed a projected overall capacity surplus, or gap, by specialty by March 2020 if no additional delivery solutions are commissioned to mitigate this risk.

The plan describes costed delivery proposals which reflect the potential delivery of additional volumes of activity, by specialty and pathway stage, to mitigate the risk of 36 week breaches by March 2020. Unlike 2018/19, WG has advised HBs that there is no available performance fund to resource any additional activity required, and that related costs must be reflected in the HB's Annual and supporting Financial Plan for 2019/20.

## **Asesiad / Assessment**

### **Enhanced Efficiency & Productivity:**

The RTT Delivery Plan for 2019/20 has been based on an assessment of planned core (funded) activity / capacity levels for 2019/20, specialty and pathway stage. Forecast core capacity levels for 2019/20 reflect, where applicable, the further full year impact of efficiency and productivity improvements achieved during 2018/19. Planned core capacity during 2019/20 is expected to increase by the following volumes, above 2018/19 planned levels:

<b>2019/20 Planned Core Capacity Increases</b>	<b>Volume</b>
Stage 1	3,274
Stage 4	1,048

These planned core capacity increases reflect a range of efficiency & productivity improvements including new-follow up ratios, DNA performance, and theatre utilisation planning.

In addition, planned core capacity levels for 2019/20 also reflect the impact of anticipated activity associated with improved recruitment and retention in key specialties, further improvements to referral and demand management, and the planned further impact of theatre utilisation efficiency improvements during 2019/20. The detail supporting this analysis is reflected in the HB's Annual Plan for 2019/20.

## **Capacity / Demand Gap**

The total volume of planned core activity for 2019/20 has been assessed against forecast demand levels, by specialty and stage, to inform an overall assessment of the demand / capacity surplus, or gap by specialty. Where applicable, forecast demand / capacity gaps have been further assessed to highlight potential 36 week breaches by March 2020 without agreement of additional delivery solutions above core levels. By way of summary, this highlights the following:

<b>Forecast Capacity Gaps and 36 week Breaches by Stage 2018/19 without additional delivery solutions</b>		<b>Stage 1</b>		<b>Stage 2&amp;3</b>		<b>Stage 4</b>	
		<b>Total overall 19/20 capacity Gap (Excluding specialties in surplus)</b>	<b>Forecast 36 week breaches 19/20 without additional delivery scenarios</b>	<b>Total overall 19/20 capacity Gap (Excluding specialties in surplus)</b>	<b>Forecast 36 week breaches 19/20 without additional delivery scenarios</b>	<b>Total overall 19/20 capacity Gap (Excluding specialties in surplus)</b>	<b>Forecast 36 week breaches 19/20 without additional delivery scenarios</b>
	101 - Urology	0	0			134	134
	103 - Breast	227	0			8	0
	104 - Colorectal	332	0			0	0
	107 - Vascular	210	210			0	0
	110 - Trauma & Orthopaedics	0	0			466	466
	130 - Ophthalmology	0	0			1,648	1,648
	191 - Pain Management	65	65			81	81
	320 - Cardiology	0	0	111	111	0	0
	330 - Dermatology	1,248	1,248			0	0
	400 - Neurology	537	537			0	0
	410 - Rheumatology	125	0			0	0
	430 - Geriatrics	145	0			0	0
	502 - Gynaecology	0	0			48	48
<b>TOTAL STAGE 1 AND STAGE 4</b>		<b>2,889</b>	<b>2,060</b>	<b>111</b>	<b>111</b>	<b>2,385</b>	<b>2,377</b>

Without additional delivery solutions, above planned core levels, potential 36 week breaches by stage would be as follows:

- Stage 1 – 2,060 breaches
- Stage 2&3 – 111 breaches
- Stage 4 - 2,377 breaches

The analysis above is described in more detail below, by specialty:

- **Urology** – whilst forecast demand and capacity at stage 1 is in balance, there is a forecast capacity gap of 134 patients at stage 4. This predominantly reflects the impact of urgent cancer patient demand on overall stage 4 capacity and will require additional internal waiting list initiative (WLI) solutions to address.
- **Breast** – although a forecast demand and capacity gap has been identified at stages 1, this will be addressed through additional efficiency and productivity measures and is not expected to result in 36 week breaches by March 2020.
- **Colorectal** - although a forecast demand and capacity gap of 332 patients has been identified at stage 1, there is a corresponding forecast stage 1 demand and capacity surplus in General Surgery. Reprioritisation of stage 1 resources to Colorectal will part address this forecast gap, together with additional efficiency and productivity measures, to mitigate the risk of 36 week breaches by March 2020.
- **Vascular** – conversely, the forecast demand and capacity gap of 210 patients cannot be offset by a reprioritisation of stage 1 resources from General Surgery. This is due to the local team not having the specialist skills available to assess these patients. In the absence of recruitment of a Vascular specialist within the local team, this forecast gap will require a WLI solution via Abertawe Bro Morgannwg University Health Board (ABMUHB) to resolve the risk of potential 36 week breaches by March 2020.
- **Trauma & Orthopaedics** –analysis of demand and capacity at stage 4 suggests a potential sustainability and capacity gap of up to 466 patients for 2019/20. It is anticipated that the forecast gap of 466 patients will be addressed via a combination of internal backfill and WLI activity without the requirement for the outsourcing of activity to the private sector.
- **Ophthalmology** - the underlying demand and capacity imbalance in this specialty, part influenced by an approximate 40% vacancy factor within the hospital based Ophthalmology medical team and limitations on available cataract operating facilities, is expected to lead to the forecast stage 4 capacity gap of approximately 1,648 cases during 2019/2020 without additional delivery solutions. Whilst the Health Board is developing plans to improve local capacity to support the required volume of cataract operations, provision has been made for a similar volume of outsourced cataract activity to that delivered during 2018/19.
- **Pain** – although this specialty has not been considered a breach risk during 2018/19, there is evidence of increasing demand at stage 1 and 4 year to date which is likely to lead to small but significant forecast demand / capacity gaps at both stages during 2019/20. Whilst work is continuing in this specialty to identify solutions to these forecast gaps, provision for additional internal delivery solutions, above core levels, to mitigate the risk of 36 week breaches by March 2020, has been identified.
- **Cardiology** – whilst forecast demand and capacity at stage 1 is in balance, there is an underlying capacity gap (and therefore potential 36 week breach risk) at stage 2/3, reflecting the continued reliance on external providers to support RTT pathway cardiac

CT & MRI diagnostic activity due to the absence of this capacity /expertise locally within the HB. It is therefore recommended that additional delivery solutions for approximately 111 patients be secured during 2019/20 to mitigate the risk of 36 week breaches by March 2020.

- **Dermatology** – the service across the West Wales region is recognised as fragile due to the volume of consultant vacancies and recruitment challenges within this specialty. Whilst a regional planning workstream is in development to support the progression towards a more primary care based delivery model in the medium term, there is a significant forecast demand / capacity gap of 1,248 patients during 2019/20. It is therefore recommended that additional outsourcing solutions be secured to mitigate the risk of 36 week breaches by March 2020.
- **Neurology** - there has been a long-standing capacity deficit within the Neurology service due to the limited availability of Consultant Neurologists to support demand for the service in Hywel Dda. Although there has been some improvement in capacity during 2018/19, the HB continues to address the capacity gap in this specialty through the commissioning of additional activity via an external provider. Whilst regional planning to support a sustainable Neurology service for South West Wales continues this is not expected to facilitate a solution to the forecast capacity gap of 537 patients during 2019/20. To mitigate the risk of 36 week breaches by March 2020 there is a requirement for continuing support for additional activity via an external provider.
- **Rheumatology** - although this specialty has not been considered a breach risk during 2018/19 there is evidence of increasing demand at stage 1 year to date. This is likely to lead to a small but significant forecast demand / capacity gap during 2019/20. This will be addressed through additional efficiency and productivity measures and is not expected to result in 36 week breaches by March 2020.
- **Geriatrics** - there is a small but significant forecast demand / capacity gap during 2019/20 at stage 1. This will be addressed through additional efficiency and productivity measures and is not expected to result in 36 week breaches by March 2020.
- **Gynaecology** - increasing demand at stage 4 year to date, and the increasing impact of sub-specialisation within this specialty, is likely to lead to small but significant forecast demand / capacity gap of 48 patients by March 2020. To mitigate this risk additional WLI delivery solutions have been identified.

The delivery solutions referenced above reflect the HB's current assessment of what is deliverable during 2019/20 in order to mitigate the risk of 36 week breaches.

### **Diagnostics & Therapies**

In addition to the delivery solutions required to support additional RTT activity above core capacity levels the Health Board's delivery plan for 2019/20 also includes provision for enhancement of the following services:

- additional endoscopy and pathology service diagnostic capacity (to support RTT pathways and forecast activity levels)
- additional capacity within Therapy services to support achievement of the 14 week target

## **Supporting Financial Plan**

The provisional cost of the additional RTT activity required over and above the planned core funded activity for 2019/20, for each of the delivery solutions described above, is summarised below:

Forecast cost of Additional RTT Delivery Solutions 2019/20	Stage 1		Stage 2&3		Stage 4	
	Potential 36 week breaches	Forecast cost of solutions £	Potential 36 week breaches	Forecast cost of solutions £	Potential 36 week breaches	Forecast Cost of solutions £
101 - Urology	0	0	0	0	134	75,200
107 - Vascular	210	21,261	0	0	0	0
110 - Trauma & Orthopaedics	0	0	0	0	466	1,251,585
130 - Ophthalmology	0	0	0	0	1,648	2,305,694
191 - Pain Management	65	8,759	0	0	81	18,676
320 - Cardiology	0	0	111	60,000	0	0
330 - Dermatology	1,248	541,632	0	0	0	0
400 - Neurology	537	147,400	0	0	0	0
502 - Gynaecology	0	0	0	0	48	39,103
	2,060	£719,052	111	£60,000	2,377	£3,690,258

In addition to the additional delivery solutions outlined above the HB's delivery plan for 2019/20 also includes a range of supporting investments, some of which were committed during 2018/19 on a non-recurrent basis, to support overall delivery. These are summarised below:

<b>Supporting Investments:</b>	
Eye care coordinators (FYE)	£121,000
Consultant Neurologist & Medical Secretary (FYE)	£122,000
Supporting pathology diagnostic capacity	£120,000
Additional endoscopy diagnostic capacity	£460,000
Therapies & Audiology	£260,000
<b>Sub Total</b>	<b>£1,083,000</b>

The total financial plan to support RTT, Diagnostics and Therapy delivery proposals for 2019/20 is therefore summarised as below:

<b>Total provisional cost of delivery 2019/20:</b>		
Stage 1 additional activity	£719,052	
Stage 2&3 additional activity	£60,000	
Stage 4 additional activity	£3,690,258	
<b>Sub Total</b>		<b>£4,469,310</b>
Supporting investments	£1,083,000	
<b>Sub Total</b>		<b>£1,083,000</b>
<b>Total</b>		<b>£5,552,310</b>

The overall reduction in the total financial plan to support RTT, Diagnostic and Therapy service waiting times delivery for 2019/20, compared to 2018/19, is a reflection of the progress achieved by the HB in improving efficiency & productivity across these specialties.

## **Opportunities for Further Cost Containment**

As was the case during throughout 2018/19, Planned Care and Therapy service operational leads continue to review delivery assumptions to assess the extent to which continued achievement of a zero breach performance for RTT, diagnostics and therapies can be achieved within the forecast required supporting investment of £5,552,310.

To date, the following opportunities have been identified.

- **Ophthalmology** - work is being progressed within the specialty to increase internal core capacity via the provision of additional operating facilities at Amman Valley Hospital which, subject to confirmation, would reduce the forecast outsource requirement by approximately 500 cases. Allowing for an associated provision for additional non-pay expenditure related to this increased internal activity would potentially result in a net overall reduction in the forecast cost of the Ophthalmology RTT Delivery Plan of £520k.
- **Pain** - further work within the specialty has identified opportunities for additional internal capacity which will mitigate the requirement for additional WLI work. This will result in a net overall reduction in the forecast cost of the Pain Service RTT Delivery Plan of £27k.
- **Gynaecology** - as with Pain services, further work within the specialty has identified opportunities for additional internal capacity which will mitigate the requirement for additional WLI work. This will result in a net overall reduction in the forecast cost of the Pain Service RTT Delivery Plan of £39k.

Subject to confirmation, the opportunities highlighted above will potentially reduce the overall cost of delivery by approximately £586k.

In addition, further reviews are being conducted in respect of the Orthopaedic & Dermatology Delivery Plans.

- **Orthopaedics** – consideration of options to further increase the volume of elective patients who reside outside of Carmarthenshire to be offered the opportunity for treatment at Prince Philip Hospital and potentially reduce forecast backfill / WLI costs. This is a developing proposal for wider consideration with the financial benefit yet to be confirmed.
- **Dermatology** – whilst the forecast capacity gap and required Delivery Plan remains extant at present, a locum consultant appointment has been offered with a potential commencement date of July 2019. If successfully appointed, this would reduce the forecast capacity gap by approximately 600 patients during Quarters 3 & 4. There is no confirmed start date as yet for the potential appointee who remains subject to various recruitment checks.

## **Argymhelliad / Recommendation**

The Finance Committee is requested to note the proposed RTT Delivery Plan for 2019/20.



<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Efficient delivery of services
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 5.1 Timely Access
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:	RTT Delivery Plan (as reflected in HB Annual Plan)
Rhestr Termiau: Glossary of Terms:	Reflected in report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y pwyllgor cyllid: Parties / Committees consulted prior to Finance Committee:	Planned Care Directorate

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Reflected in report

<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Reflected in report
<b>Gweithlu: Workforce:</b>	Reflected in report
<b>Risg: Risk:</b>	Reflected in report
<b>Cyfreithiol: Legal:</b>	N/A
<b>Enw Da: Reputational:</b>	HB delivery of key Tier 1 target and patient experience regarding length of waiting times.
<b>Gyfrinachedd: Privacy:</b>	N/A
<b>Cydraddoldeb: Equality:</b>	Delivery plan applies equally to all patients (regarding achievement of 36 week waiting times target)

<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 24 <sup>th</sup> January 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 24<sup>th</sup> January 2019, with the following highlighted:</p> <ul style="list-style-type: none"> <li>• <b>Finance Report Month 9</b> – the Committee was advised that the year to date variance to plan was £0.5m; this was after a number of non-recurring adjustments. There was an improvement in the position in month of £0.3m. The delivery of the year end position continues to be a challenge.</li> <li>• <b>Financial Projections</b> – the report was presented to the Committee. The year-end projected deficit was £36.4m, within the balance of £0.9m required to deliver the Health Board's required forecast of £35.5m saving allocated to directorates with monthly Control Totals implemented. The Committee was advised that Finance Business Partners are working with the directorates to support achievement of the Monthly Control.</li> <li>• <b>Turnaround Report Month 9</b> –the report was presented to the Committee. The Committee heard that a review has been undertaken as part of the Control Total setting process to challenge delivery in 2018/19. As a result of the review, the savings forecast has been reduced to £26.7m and this is reflected in the Financial Projection for the year.</li> <li>• <b>Referral to Treatment Time (RTT) Financial Plan &amp; Trajectory 2018/19 Month 09 update</b> – an updated report was presented. The Committee was advised that the target of zero breaches by the end of March 2019 is achievable.</li> <li>• <b>Establishment Control</b> – a verbal updated was provided to the Committee. The Committee was advised that a paper and action plan will be presented at the next meeting.</li> <li>• <b>Draft Financial Plan</b> – the draft Financial Plan was presented to the Committee. The Committee was advised that discussions are on-going with Welsh Government.</li> </ul>	

- **Finance Enabling Plan** – the report was presented to the Committee. A presentation will be made at the next Finance Committee meeting.
- **Savings Opportunities Report** – a report was presented to the Committee outlining opportunities for efficiencies.
- **Laundry Briefing Paper** – the Committee received a briefing paper prepared by NHS Wales Shared Services on their review of laundry services within the Health Board.
- **NHS Funding** – the Committee received the NHS Funding report for information.

**Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:**

- Concerns around the ability of the Health Board to deliver the forecast deficit of £35.5m.

**Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:**

- The risk in delivering the Health Board's financial forecast position.

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:**

**Adrodd yn y Dyfodol / Future Reporting:**

- The next Committee meeting will include the same standard reports.

**Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:**

25<sup>th</sup> February 2019

<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 25 <sup>th</sup> February 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 25<sup>th</sup> February 2019, with the following highlighted:</p> <ul style="list-style-type: none"> <li>• <b>Finance Report Month 10</b> – the Committee was advised that the year to date variance to plan was £0.3m; this was after a number of non-recurring adjustments. There was an improvement in the position in month of £0.2m. The risk of delivery of the year end position has been reduced to medium.</li> <li>• <b>Financial Projections</b> – the report was presented to the Committee. The year-end projected deficit is £35.5m; this is after accounting for all quantifiable risks and opportunities. The Committee was advised that Finance Business Partners are working with the directorates to achieve the Monthly Control.</li> <li>• <b>Turnaround Report Month 10</b> – the report was presented to the Committee. The Committee was advised that the focus is on delivery of the revised £26.7m savings level, as factored into the Financial Projections for the year. The Holding to Account (HTA) process continues to monitor progress against these revised savings levels.</li> <li>• <b>Referral to Treatment Time (RTT) Financial Plan &amp; Trajectory 2018/19 Month 10 update</b> – an updated report was presented. The Committee was advised that the end of year risk is low. The main risk in the plan relates to patient breaches and cancellations.</li> <li>• <b>Finance Enabling Plan</b> – the draft plan was presented to the Committee. The Committee was advised that submission would be at the end of March 2019.</li> <li>• <b>Finance Improvement Update</b> – the update was presented to the Committee. The Committee was advised that the Finance Team made the presentation to Mr Hearty and Mrs Rebecca Richards, Director of Finance, Finance Academy at the end of January 2019.</li> </ul>	

<ul style="list-style-type: none"> <li>• <b>Capital Financial Management</b> – the report was presented to the Committee.</li> <li>• <b>Establishment Control</b> – The report was presented to the Committee. The report includes details of the roll-out plan.</li> </ul>
<b>Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:</b>
<ul style="list-style-type: none"> <li>• Concerns around the ability of the Health Board to deliver the forecast deficit of £35.5m; risk has been reduced to medium.</li> </ul>
<b>Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:</b>
<ul style="list-style-type: none"> <li>• The risk in delivering the Health Board's financial forecast position has been reduced to medium.</li> </ul>
<b>Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:</b>
<b>Adrodd yn y Dyfodol / Future Reporting:</b>
<ul style="list-style-type: none"> <li>• The next Committee meeting will include the same standard reports.</li> </ul>
<b>Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:</b>
25 <sup>th</sup> March 2019



**PWYLLGOR ARCHWILIO A SICRWYDD RISG**  
**AUDIT AND RISK ASSURANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	23 April 2019
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Finance Committee Assurance Report around the Discharge of their Terms of Reference
<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**

The External Governance Review undertaken during 2015 recommended that the Executive Lead of each Board level Committee attend the Audit & Risk Assurance Committee (ARAC) on an annual basis to allow the Committee the opportunity to scrutinise the controls and assurances on which it relies, agreeing actions where appropriate.

The purpose of this report is to provide assurance to the Audit & Risk Assurance Committee that the Finance Committee terms of reference set by the Board are being appropriately discharged, and that risks within its remit to monitor and review are being effectively managed.

The Committee is asked to note the content of this report and comment on any issues in respect of the operation of Finance Committee going forward.

**Cefndir / Background**

The establishment and effective operation of Board committees within individual NHS bodies form a key component of their governance and assurance framework. They enable the Board to fulfil its responsibilities by:

- Providing advice on strategic developments and specific aspects of business;
- Gaining assurance on key aspects of activity and organisational performance supporting achievement of the organisation's strategic goals; and
- Carrying out specific responsibilities on the Board's behalf.

The Finance Committee has been established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1st October 2018.

The purpose of the Finance Committee is to:

- To scrutinise and provide oversight of financial and the revenue consequences of investment planning (both short term and in relation to longer term sustainability)

- Review financial performance, review any areas of financial concern, and report to the Board
- Conduct detailed scrutiny of all aspects of financial performance, the financial implications of major business cases, projects, and proposed investment decisions on behalf of the Board.
- Regularly review contracts with key delivery partners
- 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.

### Asesiad / Assessment

With respect to the purpose of the Finance Committee, Table 1 is intended to provide the Audit & Risk Assurance Committee with assurance that these responsibilities are being discharged:

Table 1.	
To scrutinise and provide oversight of financial and the revenue consequences of investment planning (both short term and in relation to longer term sustainability).	Capital Financial Management Report presented monthly to Committee. All Wales Laundry Briefing presented at January 2019 meeting.
Review financial performance, review any areas of financial concern, and report to the Board.	Finance Update, Turnaround Update and Referral to Treatment reports presented monthly to Committee setting out performance.
Conduct detailed scrutiny of all aspects of financial performance, the financial implications of major business cases, projects, and proposed investment decisions on behalf of the Board.	Paper presented to Committee in relation to media coverage relating to financial stability of Interserve plc.
Regularly review contracts with key delivery partners.	<u>Healthcare Contract Management</u> Approach paper presented to Committee in November 2018 outlining the creation of a Central Contracting Team who would: <ul style="list-style-type: none"> <li>• scope and identify the extent of the issue</li> <li>• develop, implement and maintain a standard Hywel Dda healthcare contract for all externally contracted healthcare</li> <li>• maintain a central database of all healthcare contracts</li> <li>• perform 'due diligence' checks on providers, prior to allowing them to treat patients or have information shared with them.</li> </ul> Other material contracts presented to Committee during 2018/19: <ul style="list-style-type: none"> <li>• Orthodontic Tender</li> </ul>
Provide assurance on financial performance and delivery against Health Board financial plans and	<ul style="list-style-type: none"> <li>• <u>Financial Projections Report</u></li> <li>• presented monthly to Committee providing assurance that the Health Board delivers</li> </ul>



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.	<p>against its plans and can take remedial actions in a timely and proportionate way.</p> <ul style="list-style-type: none"> <li>• <u>Corporate Risk Register</u> <ul style="list-style-type: none"> <li>• presented quarterly.</li> </ul> </li> <li>• <u>Financial Plan for 2019/20</u> <ul style="list-style-type: none"> <li>• planning presented to Committee setting out process and approach</li> <li>• monthly updates provided to Committee during the process</li> <li>• final draft presented</li> </ul> </li> <li>• <u>Annual Finance Enabling Plan</u> <ul style="list-style-type: none"> <li>• presented to Committee for approval.</li> </ul> </li> <li>• <u>Financial Improvement</u> <ul style="list-style-type: none"> <li>• papers presented to Committee in October and November 2018 outlining developments within the Finance Department</li> <li>• Strategy for Finance Department presented in February 2019 to the Committee.</li> </ul> </li> <li>• <u>Establishment Control</u> <ul style="list-style-type: none"> <li>• paper presented outlining project to align WTE in ESR with Oracle and Prophix. Update presented monthly on progress.</li> </ul> </li> </ul>
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#### Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to note the content of this report and take assurance that the Finance Committee has been operating effectively during 2018/19 since it was constituted.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	5.8 Invite Lead Directors of Board level Committees to attend the Audit & Risk Assurance Committee at least annually to receive assurance that they are effectively discharging their Terms of Reference.
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 Choose an item. Choose an item. Choose an item.

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. Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Terms of reference: • Finance Committee
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Implicit within the report
Gweithlu: Workforce:	Implicit within the report
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	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