



PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 August 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Targeted Intervention Actions
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Andrew Spratt, Deputy 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 been escalated into Targeted Intervention (TI) by Welsh Government (WG) on 29 September 2022 for Planning and Finance.

The Audit and Risk Assurance Committee oversees progress against the Health Boards response to TI, however, this report highlights the key finance function specific actions and their progress.

Cefndir / Background

Work has been ongoing since the inception of TI in late 2022, to address the deliverables highlighted by WG. Significant progress has been made on the finance function specific actions, which cumulated in two reports being presented to the Quarterly TI Meeting held in March 2023 for formal sign-off, and a third report presented to the June 2023 TI Quarterly meeting, all of which were formally acknowledged as complete from a finance function accountability perspective.

This report sets out the key updates pertinent to the Finance functions actions and includes the work that has been submitted and accepted by WG and clarifies the remaining Finance actions.

Asesiad / Assessment

The accompanying PowerPoint presentation articulates the progress, status, and remaining next steps against the final deliverable, an opportunities framework and financial roadmap.

The four identified actions for the finance function are summarised below with their status:

1. **Drivers of the financial deficit from £25m to £62m** – Complete, signed off in March 2023.
2. **Opportunities framework continuous development and implementation** – In-progress and covered with the accompanying presentation.

3. **Health Board Delivery Framework** – complete, signed off in March 2023, with clear Master Actions generated into the organisation for further implementation.
4. **Review financial management arrangements** – complete, signed off in June 2023.

Argymhelliad / Recommendation

The Sustainable Resources Committee is asked to note and discuss the progress to date, and forward plans, to enable completion of all finance function specific TI deliverables.

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:	New Risk (score 25) Achieving financial sustainability.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	2. Timely 6. Person-Centred
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	KPMG Recommendations and Financial Deficit.
Rhestr Termiau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Finance Team Management Team Executive Team Welsh Government NHS Executive – Financial Planning and Delivery

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

HYWEL DDA UNIVERSITY HEALTH BOARD

Opportunities Framework Process and Principles

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Opportunities Framework Process and Principles

Introduction

As part of the Finance Function's support to the Health Board, there are three specific responsibilities where the Opportunities Framework Process will contribute to the accountability for and stewardship of resources, namely:

- Maximise and secure all resources due to the Health Board.
- Support the effective allocation of these resources.
- Monitor the appropriate and efficient use of these resources.

In this regard the Health Board's Business Intelligence and Value Team, within the Finance function, will be responsible for collating, summarising and sharing such data, particularly where said data contains a financial measure. This can include data submitted from other areas of the Health Board, for sharing via the construction of summarised reports, presentations and other products, periodically updated with refreshed data as it becomes available.

A specific aim of the Opportunities Framework is to describe relative financial performance in an operational and clinical context, through connection or triangulation of data with activity and quality metrics. It must however be noted that such analysis depends upon the routine availability and quality of operational data, thereby limiting the scope and coverage of the Health Board to areas where such data is made available.

Estimates of waste in healthcare vary by study but the OECD¹ for example suggested that 15 to 30% of healthcare activities could be viewed as wasteful in some way. In trying to identify some of this waste, varying forms of analysis have been undertaken and this Framework relies largely upon analysing published comparative studies, to filter from an overall wastage to specific variations, where possible then directing these to internal pathways, conditions or teams for their consideration. For example whether warranted or unwarranted variation has been highlighted is largely a clinical rather than managerial decision. From this analysis, conversion to formal process improvement or savings exploration could be considered by the clinical and operational teams.

Opportunities Framework

The opportunities framework process was introduced in 2020, alongside work generated by the Business Intelligence and Value (finance) Team it considers external data sources, including but not limited to:

- NHS Benchmarking Network;
- Finance Delivery Unit and their VAULT;
- reference cost data
- Efficiency Group established by NHS Wales Directors of Finance and, via this link, outputs from the NHS Wales Utilisation of Resources Group
- relevant research from health research organisations such as King's Fund, Nuffield Trust, IPPR, NIHCRC etc
- relevant published research papers from eg BMJ, clinical journals and consultancies
- NHS England good practice guides, GiRFT review outcomes etc
- CHKS.

¹ [Tackling Wasteful Spending on Health, OECD, 2017](#)

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Then, having identified potential waste and variation in comparison to others, such data is then passed into the organisation. This can and should be a two-way process, as within each operational team such data is considered and triangulated, alongside each individual's or team's own insights, plans and practical knowledge. As the diagram below outlines.

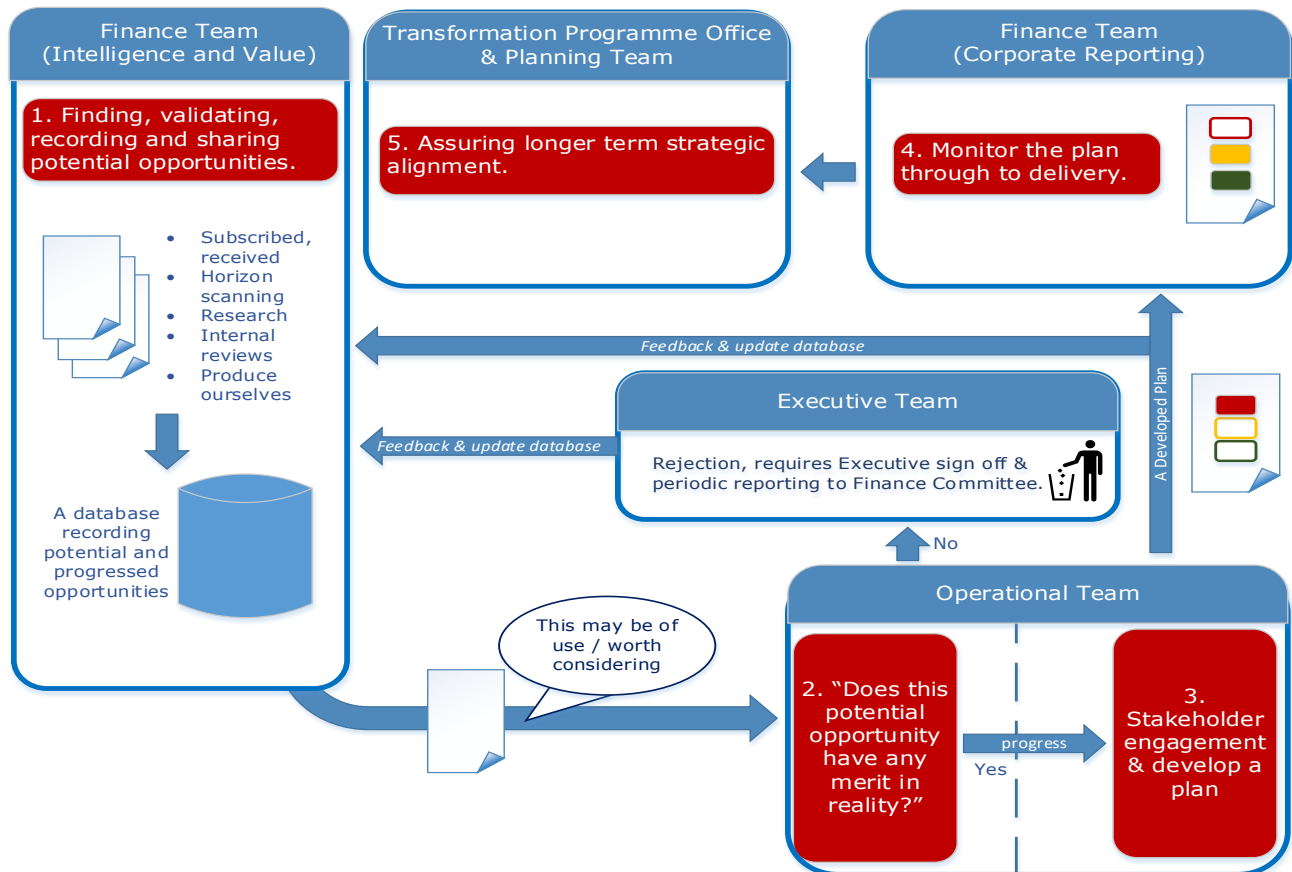


Figure 1: Opportunities Framework diagram

Feedback may remove some entries or data sources over time, be that proven error in representation, expiry of a data source or a change in the underlying analysis. For example a variation would automatically be removed when the variation ceases or becomes positive, whether achieved through conscious operational action or otherwise. The underlying measure and monitoring would also remain fluid due to the actions of other parties, given that comparator organisations would also be expected to periodically alter their data and thereby relative position. However, it should be noted that most of the variation uncovered through detailed high-level analysis of the Health Board's variation compared to other Health Boards does not change over time, since it relates to the configuration of service delivery, demography or other largely fixed factors. For example, it is well known and understood that the cost per attendance at the four emergency departments and MIU are significantly higher than elsewhere. This is due to innate inefficiency and unavoidable costs caused by providing care from four district general hospitals, as opposed to potentially more economic delivery in theory if services could consolidate onto fewer sites.

Most recently, the deterioration in the Health Board's financial performance, coupled with the impact of the pandemic on every area of the Health Board's performance, acted as a trigger to review and revise the high-level strategic intelligence. With this in mind, the process was adapted, adding strategic prompts or challenges, in recognition that re-allocation and more transformational actions would be required to meet such a significant challenge. These will also be maintained and

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added to over time, but it is expected that these fundamental configuration issues will not be able to be ameliorated until the delivery of the Healthier Mid and West Wales Strategy is underway.

Fit with other Process and Principles Documents

Figure 2 below illustrating that the scope of this document, and thereby the Business Intelligence and Value Team is limited to this first 'discover' phase. Thereafter having an advisory role to explain the quality, sourcing and advise upon appropriate use of such intelligence data, with financial responsibilities for production and monitoring of savings plans moving to other areas of the function, as described by the respective Process and Principles Documents.

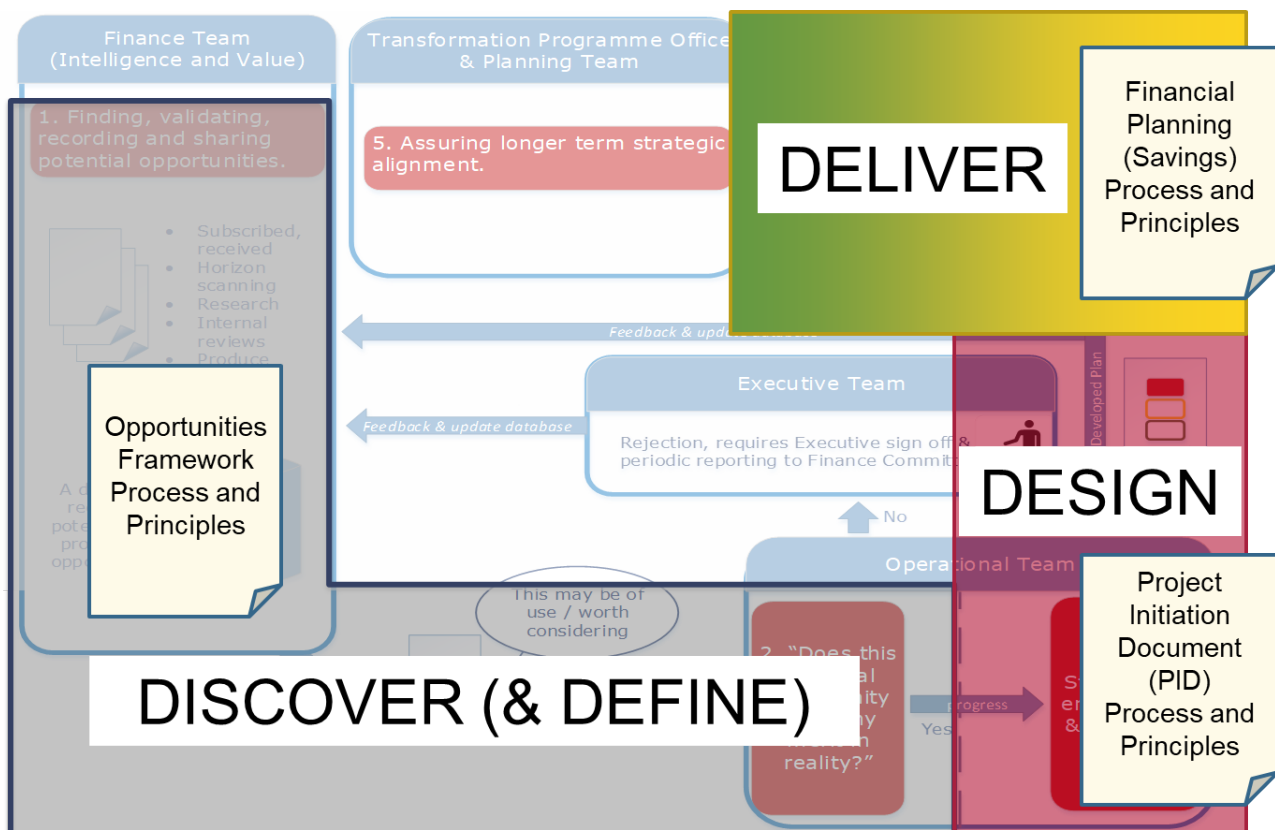


Figure 2: Opportunities Framework diagram, overlain with 3D process and the appropriate financial Process and Principles document for each phase

This process is also consistent with the Health Board's phased 3D (discover, design and deliver) improvement approach. Figure 2 overlaying the Opportunities Framework diagram with a broad illustration of phases in the 3D approach. As noted, the figure also cross-referencing the most appropriate financial guidance, as a potential opportunity, or element thereof, inspires a specific and measurable change a formal PID would be expected, which would in turn generate an opening entry to the formal savings schedule and ongoing monitoring of delivery through that process.

In moving from opportunities to generating a specific savings plan a consideration of key planning priorities and an articulation of key assumptions, achievability and acceptability are expected. Particularly important when moving from contained and largely technical efficiency opportunities within an accountable officer's own sphere of control to those more allocative and transformational opportunities that may span multiple accountabilities. The process recognising that in many

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instances, whilst accountability and empowerment reside with individuals and teams, support from enablers may be required, particularly for those latter more complex allocative or transformational changes, examples include:

- External to the Health Board: the Value in Health programme, Bevan Commission, Delivery Unit, Safe Care Partnership, ARCH and the 6 Goals Programme.
- Internal support includes the Transformation Programme Office, Improving Together, Value Based Healthcare and the Enabling Quality Improvement in Practice (EQIIP) programme.

Sources

Specific products that the Business Intelligence and Value team contribute to or utilise to meet these internal and external data requirements, include:

Reference Costs, Programme Budgeting and Time-Driven Activity-Based Costing (TDABC)

The analysis undertaken by the team includes detailed investigations into how we allocate resources across different illness categories; how our costs compare to other health boards (at specialty, site, procedure and other levels); and also through supporting detailed pathway costing exercises. Considering the Health Board as both a population-based commissioner of services, as well as the efficiency of its service provision.

NHS Benchmarking Network (NHSBN)

Whilst the Health Board remains a member, and dependent upon participation, annual projects include: Intermediate Care, Urgent & Emergency Care & SDEC, Pharmacy & Meds Optimisation, Community Services, Frailty, Mental Health, Operating Theatres and Outpatients.

CHKS,

Providers of healthcare intelligence to members and again dependent upon participation to fully realise comparative value of data. CHKS detailed scorecards and cost and activity comparisons lead to strategic intelligence that includes “top ten” NHS trust performance comparisons as well as comparisons of all-Wales cost and activity measures.

Estates and Facilities Performance Management System (EFPMS)

A collection of estates and facilities data established by Welsh Government to improve the management of NHS estate in Wales.

Medicines Management

In collaboration with local and national pharmacy programme and the All-Wales Medicines Strategy Group

The Value, Allocation, Utilisation & Learning Toolkit (VAULT)

A product of Financial Planning & Delivery (NHS Wales Executive) on behalf of NHS Wales, having four key strands: Population Health, Technical Efficiency, System Insights, Value-Based Healthcare (VBHC).

Frequency

Files are available electronically and accessible to the Finance Function via a central and secure folder location, to allow for ease of updating and also ensuring the latest version is visible.

Updates are dependent upon underlying data refresh cycles and may include sources from a single point in time study but will be dated to show their reference period(s). Refresh for a new source would be expected within a period of up to three months, from such publication, to allow for analysis,

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validation and presentation. The table below giving a broad indication of publication and thereby update frequency.

Area	Frequency data updated
Benchmarking	
NHS BN	As per NHS BN timetable - typically quarters 3 & 4
	Supplemented by an annual overview, typically quarter 1 of following year
CHKS	Live data with peer comparators; occasional WG led annual review tends to be received quarter 1 of following year
Reference Cost returns and associated intelligence	Annually from December through quarter 4
Most expensive patients (Hywel Dda)	December
VAULT	periodic, will be reviewed quarterly
Locality analysis tool (Hywel Dda)	A fixed point analysis, future requirements will be met through PRIA*
Demographic and other support data	
ONS and other demographic data	Various (Census release, annual, other ad hoc products)
Stats Wales	Various (annual releases and other ad hoc products)
Information Services and Performance (IRIS and local PowerBI)	Live and periodic, as required
Lightfoot SFN	Live
GMS expenditure	Monthly
Adhoc	
Health think tanks and other reports	Ad hoc
Public Health Wales	Ad hoc
Efficiency DoF Sub-Group	Ad hoc
Strategic Financial Intelligence DoF Sub-Group (SFIG)	Ad hoc

* PRIA - Population Resource Intelligence Atlas, being produced via SFIG and Financial Planning & Delivery (NHS Wales Executive)

Figure 3: sources and publication schedules

As outlined above, the scale of the financial challenge facing the health board means that the greatest impact will be seen from transformational programmes of change. Areas such as urgent and emergency care require a wholesale shift of resources away from a high cost / low value hospital model of care, which traditional sources of business and financial intelligence capture routinely, to typically higher value but less data rich areas of healthcare. Nevertheless, the Value and BI team endeavour to create bespoke intelligence products to identify and track suitable performance and financial measures specific to each programme.



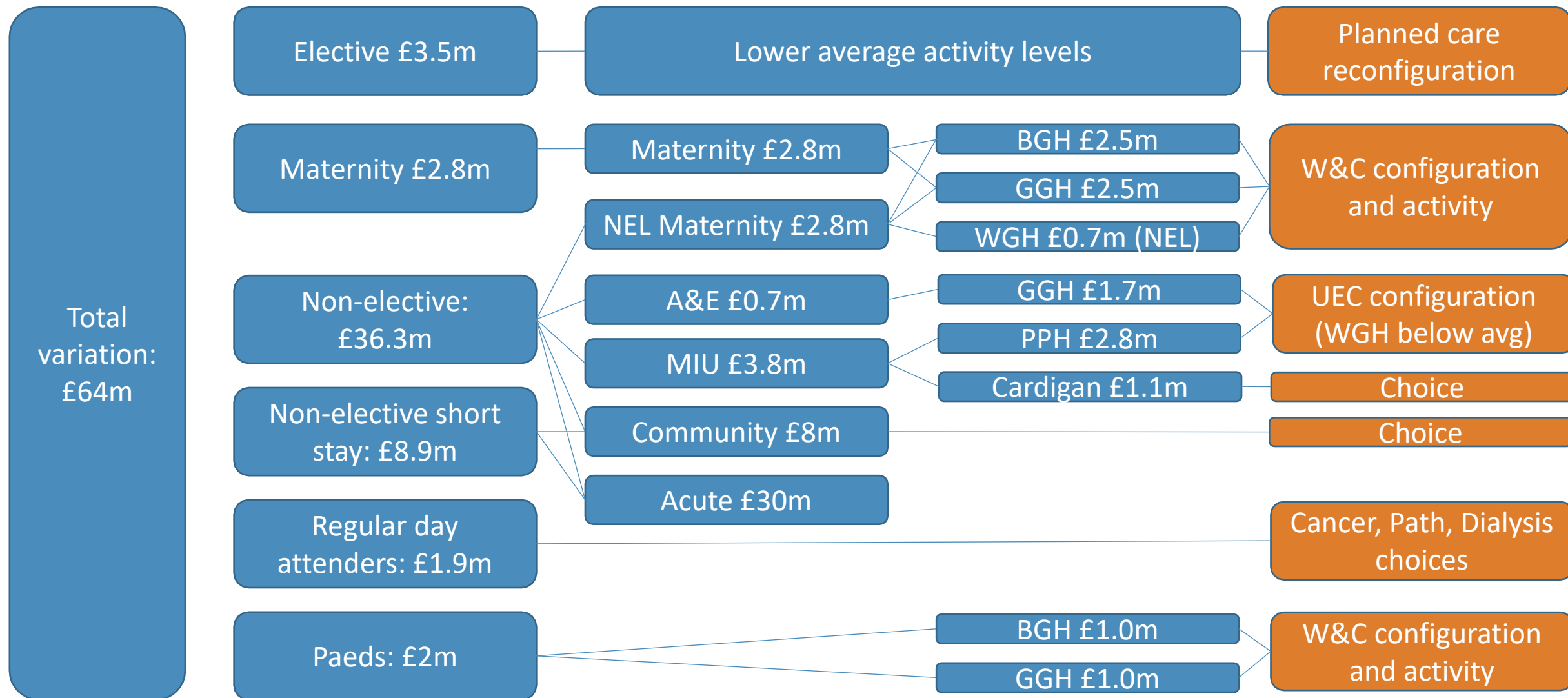
**Updated opportunities framework
Hywel Dda University Health Board
Further costing analysis: February 2023**

Agenda

1 High level analysis – cost variation / scale of opportunity

2 Mid level analysis

3 Next steps



Healthcare resource groups

What are HRGs?

- Standard groupings of clinically similar treatments
- Always for comparisons of resources used for delivering care to patients with similar needs
- Removes debate around complexity of individual patient need
- Very useful tool to allow benchmarking within and between NHS providers
- Was formerly used in England to establish the tariff for remuneration under Payment by Results

Approach

- Use the costing return WCR2 to compare HRGs across Wales
- Concentrate on those specialties or PODs with the largest cost variation to the Rest of Wales
- Within each speciality, analyse those HRGs with the largest variation down to cost pool level – ward costs, theatre costs, medicines etc
- Identify key themes, areas, etc and summarise results

Overall variation – general surgery elective HRGs

Health Board	HDUHB
HRG	Sum of Var £
UZ01Z	1,296,439
GA10K	416,321
FF62D	277,896
FE21Z	208,983
FE35Z	205,733
GA10J	179,811
FE32Z	165,675
FF32C	159,390
FE22Z	151,454
FE31Z	145,510
FF22D	140,941
FF31D	125,312
JA20F	105,105
Others (net)	1,136,003
Total	4,714,573

Commentary

- Elective General Surgery total cost variation to the Rest of Wales is £4.7m
- HRG UZ01Z variation is due to level of uncoded activity so cannot be analysed
- Most significant HRG variation shown in yellow, analysed in more detail overleaf

2 Mid level analysis – HRG comparison – gen surgery

Detailed variation – general surgery elective HRGs

GA10K Laparoscopic Cholecystectomy 19 years and over with CC Score 0									
HB	No Of FCE	LOS/FCE	Total £/FCE	Wards/FCE	Med Staff/FCE	Med Staff(Th)/FCE	Other/FCE	Prosth/FCE	Theatres/FCE
BCUHB	277	1.06	4,268.04	248.81	265.19	916.48	1,108.21	42.09	1,511.26
CTUHB	360	1.14	4,857.72	513.31	280.73	1,671.14	1,206.80	86.46	980.69
CVUHB	98	1.30	5,114.37	874.47	138.76	1,200.86	1,340.12	13.31	1,126.28
HDUHB	104	1.13	9,299.18	340.06	2,146.95	2,201.03	2,666.27	0.00	1,782.26
SBUHB	50	1.04	6,272.91	287.78	253.09	1,763.44	2,154.58	12.04	1,566.25
Grand Total	889	1.12	5,301.46	437.76	477.01	1,451.34	1,414.82	50.27	1,288.76
Total excl HDUHB	785	1.12	4,771.82	450.70	255.76	1,352.01	1,249.03	56.93	1,223.38
AWA £/FCE			5,296.09						
Variance HD/FCE - AWA/FCE			4,003.08						
HD using AWA £			550,793.56						
Total Variance			416,320.83						

Commentary

- GA10K – total variation to Rest of Wales is £416k
- Hdda cost per episode is £9,299 compared to ROW £4,771
- Relatively high medical staff costs, medical staff theatre costs, overhead “other” cost and other theatre costs

2 Mid level analysis – HRG comparison – gen surgery

Detailed variation – general surgery elective HRGs

FF62D Inguinal Umbilical or Femoral Hernia Procedures 19 years and over with CC Score 0									
HB	No Of FCE	LOS/FCE	Total £/FCE	Wards/FCE	Med Staff/FCE	Med Staff(Th)/F CE	Other/FCE	Prosth/FCE	Theatres/F CE
ABUHB	548	1.17	2,781.54	1,040.47	304.85	217.06	813.44	4.23	296.60
BCUHB	240	1.02	3,707.81	225.78	238.86	776.07	963.97	56.63	1,336.12
CTUHB	324	1.05	3,234.16	247.30	292.10	1,055.46	803.45	48.04	635.28
CVUHB	245	1.01	3,210.22	122.88	31.69	565.31	1,894.60	7.54	411.17
HDUHB	91	1.03	6,401.65	242.99	1,220.28	1,493.22	1,872.10	0.00	1,454.54
SBUHB	90	1.03	2,769.98	128.85	65.58	288.45	1,895.35	1.95	332.40
Grand Total	1,538	1.08	3,303.24	499.55	288.51	616.07	1,133.00	21.78	619.02
Total excl HDUHB	1,447	1.08	3,108.38	515.68	229.92	560.91	1,086.52	23.15	566.47
AWA £/FCE			3,347.85						
Variance HD/FCE - AWA/FCE			3,053.80						
HD using AWA £			304,654.66						
Total Variance			277,895.60						

Commentary

- FF62D – total variation to Rest of Wales is £278k
- Hdda cost per episode is £6,401 compared to ROW £3,108
- Relatively high medical staff costs, medical staff theatre costs, overhead “other” cost and other theatre costs

Detailed variation – general surgery elective HRGs

FE21Z Diagnostic Endoscopic Upper Gastrointestinal Tract Procedures with Biopsy 19 years and over									
HB	No Of FCE	LOS/FCE	Total £/FCE	Wards/FCE	Med Staff/FCE	Med Staff(Th)/FCE	Other/FCE	Prosth/FCE	Theatres/FCE
ABUHB	1,034	1.00	699.66	69.53	61.20	0.51	210.69	0.01	9.50
BCUHB	752	1.00	1,156.34	106.81	122.13	118.01	403.40	4.32	16.87
CTUHB	482	1.00	738.59	4.39	166.70	7.69	254.40	1.52	2.23
CVUHB	423	1.00	759.64	34.72	6.83	5.56	337.95	0.59	5.15
HDUHB	362	1.00	1,488.75	16.42	63.46	433.31	521.82	-	5.22
SBUHB	389	1.00	1,315.59	15.84	58.43	122.25	498.23	7.14	16.85
Grand Total	3,442	1.00	964.86	52.62	82.53	87.08	339.77	2.04	9.94
AWA £/FCE			911.45						
Variance HD/FCE - AWA/FCE			577.30						
HD using AWA £			329,944.90						
Total Variance			208,982.12						

Commentary

- FE21Z – total variation to Rest of Wales is £209K
- Hdda cost per episode is £911 compared to ROW £577
- Relatively high medical staff costs, medical staff theatre costs and overhead “other” cost

Detailed variation – general surgery elective HRGs

FE35Z Diagnostic Flexible Sigmoidoscopy 19 years and over									
HB	No Of FCE	LOS/FCE	Total £/FCE	Wards/FCE	Med Staff/FCE	Med Staff(Th)/F CE	Other/FCE	Prosth/FCE	Theatres/F CE
ABUHB	795	1.00	522.99	64.51	68.06	0.61	168.11	0.00	4.57
BCUHB	860	1.00	955.78	95.01	125.32	97.52	377.77	4.70	3.47
CTUHB	607	1.00	741.25	4.75	169.27	8.34	280.09	1.17	3.37
CVUHB	120	1.00	641.75	29.67	5.35	4.69	335.02	0.57	4.14
HDUHB	374	1.00	1,314.86	17.54	61.39	416.20	455.99	0.00	1.99
SBUHB	163	1.00	1,134.69	14.48	59.24	109.83	428.61	5.44	5.04
Grand Total	2,919	1.00	836.39	50.82	102.05	90.28	311.46	1.96	3.68
AWA £/FCE			764.77						
Variance HD/FCE - AWA/FCE			550.09						
HD using AWA £			286,023.79						
Total Variance			205,733.25						

Commentary

- FE35Z – total variation to Rest of Wales is £205k
- Hdda cost per episode is £764 compared to ROW £550
- Relatively high medical staff theatre costs, overhead “other” cost

Overall variation – general surgery non-elective HRGs

Health Board HDUHB

HRG	Sum of Var £
UZ01Z	276,155
FF37D	248,038
FF37C	157,473
Other (net)	3,080,092
Total	3,763,756

Commentary

- Non-elective General Surgery total cost variation to the Rest of Wales is £3.8m
- HRG UZ01Z variation is due to level of uncoded activity so cannot be analysed
- Most significant HRG variation shown in yellow, analysed in more detail overleaf

2 Mid level analysis – HRG comparison – gen surgery

Detailed variation – general surgery non-elective HRGs

FF37D Appendicectomy Procedures 19 years and over with CC Score 0									
HB	No Of FCE	LOS/FCE	Total £/FCE	Wards/FCE	Med Staff/FCE	Med Staff(Th)/F CE	Other/FCE	Prosth/FCE	Theatres/F CE
ABUHB	95	2.75	6,358.35	743.12	691.80	1,513.64	1,423.81	11.10	1,667.72
BCUHB	96	2.43	5,637.46	667.93	517.44	1,072.96	1,454.48	87.47	1,513.93
CTUHB	70	2.71	7,316.40	547.10	806.58	1,686.96	2,044.49	60.23	1,918.23
CVUHB	39	2.69	5,455.73	673.08	205.84	1,454.73	1,369.86	11.81	1,364.28
H DUHB	61	3.05	10,924.53	877.46	1,343.82	2,398.04	3,341.80	-	2,604.31
SBUHB	57	2.44	6,121.91	673.95	302.42	1,892.72	1,497.93	7.17	1,310.22
Grand Total	418	2.67	6,903.13	696.66	667.69	1,616.72	1,819.77	34.78	1,733.97
Total excl HD	357	2.60	6,215.99	665.77	552.16	1,483.21	1,559.70	40.72	1,585.25
AWA £/FCE			6,858.33						
Variance HD/FCE - AWA/FCE			4,066.20						
HD using AWA £			418,357.91						
Total Variance			248,038.48						

Commentary

- FF37D – total variation to Rest of Wales is £248k
- Hdda cost per episode is £10,924 compared to ROW £6,215
- Relatively high medical staff costs, medical staff theatre costs, overhead “other” cost and theatres costs

2 Mid level analysis – HRG comparison – gen surgery

Detailed variation – general surgery non-elective HRGs

FF37C Appendicectomy Procedures 19 years and over with CC Score 1-2									
HB	No Of FCE	LOS/FCE	Total £/FCE	Wards/FCE	Med Staff/FCE	Med Staff(Th)/FCE	Other/FCE	Prosth/FCE	Theatres/FCE
ABUHB	65	3.20	6,416.60	807.84	778.99	1,514.94	1,441.22	15.82	1,500.10
BCUHB	82	3.61	6,818.23	928.72	638.18	1,222.41	1,782.25	91.84	1,777.14
CTUHB	55	3.85	7,226.30	738.06	1,129.17	1,181.52	2,110.71	36.96	1,805.33
CVUHB	54	4.17	7,532.63	1,078.30	324.55	1,918.99	1,907.07	15.22	1,782.92
HDUHB	55	3.16	10,303.70	813.25	1,139.81	2,480.06	2,869.48	-	2,645.34
SBUHB	40	3.35	6,673.55	904.31	353.68	1,882.30	1,688.73	7.45	1,328.57
Grand Total	351	3.56	7,447.37	878.60	739.12	1,649.61	1,949.47	33.37	1,816.07
Total excl HD	296	3.63	6,916.64	890.74	664.67	1,495.30	1,778.53	39.57	1,661.98
AWA £/FCE			7,440.56						
Variance HD/FCE - AWA/FCE			2,863.14						
HD using AWA £			409,230.60						
Total Variance			157,472.66						

Commentary

- FF37C – total variation to Rest of Wales is £157k
- Hdda cost per episode is £10,303 compared to ROW £6,916
- Relatively high medical staff costs, medical staff theatre costs, overhead “other” cost and theatres costs
- Compared to previous slide (appendicectomy – CC score 0) – shows there is little variation caused by comorbidity of patient or medical coding issue

Detailed variation – general surgery non-elective HRGs

FF41C	Intermediate Anal Procedures 19 years and over with CC Score 0														
	HB	No Of FCE	LOS/FCE	Total £/FCE	Med										
					Wards/FC Med		Staff(Th)/	Other/FC	Prosth/FC	Theatres/	Drugs/FC		Pharm/FC	Rad/FCE	Path/FCE
					E	Staff/FCE	FCE	E	E	FCE	SPS/FCE	E	E		
ABUHB	177	1.00	1,857.83	213.86	172.29	393.99	438.53	2.49	546.03	0.05	33.06	11.89	6.12	39.52	
BCUHB	129	1.00	1,951.05	247.16	208.87	340.31	550.23	22.67	491.75	-	30.48	23.64	3.97	31.98	
CTUHB	118	1.00	2,848.07	166.83	343.30	823.46	704.47	22.51	703.66	-	33.09	33.31	2.40	15.04	
CVUHB	18	1.00	2,234.07	249.44	76.51	605.16	616.17	4.75	537.62	-	52.62	13.21	28.82	49.76	
HDUHB	54	1.00	3,434.58	188.20	290.98	813.62	994.87	0.00	1,007.04	-	57.73	17.87	4.27	60.01	
SBUHB	122	1.00	1,644.21	206.75	77.63	507.23	402.85	1.05	373.38	-	27.46	21.86	12.23	13.77	
Grand Total	618	1.00	2,172.92	209.22	201.47	529.96	559.37	10.09	570.75	0.01	34.15	20.96	6.67	30.28	
Total excl HDUHB	564	1.00	2,052.13	211.23	192.90	502.80	517.67	11.05	528.98	0.02	31.89	21.26	6.90	27.43	
AWA £/FCE			2,194.08												
Variance HD/FCE - AWA/FCE			1,240.50												
HD using AWA £			118,480.24												
Total Variance			66,987.11												

Commentary

- FF37C – this is a short stay procedure so length of stay is less than 48 hours
- Hdda cost per episode is £3,434 compared to ROW £2,052
- Relatively high medical staff costs, overhead “other” cost and theatres costs, and additionally pathology costs

Overall variation – trauma and orthopaedics non-elective HRGs

Health Board HDUHB

HRG	Sum of Var £
HT12E	461,040
HE11H	455,922
HT13E	373,626
Other (net)	5,325,559
Total	6,616,146

Commentary

- Elective trauma and orthopaedics total cost variation to the rest of Wales is £6.6m
- Substantial number of HRG codes within this category, virtually all of which show Hdda cost is in excess of ROW per HRG
- Most significant HRG variation shown in yellow, analysed in more detail overleaf

Detailed variation – trauma and orthopaedics non-elective HRGs

HT12E Very Major Hip Procedures for Trauma with CC Score 0-2									
HB	No Of FCE	LOS/FCE	Total £/FCE	Wards/FCE	Med Staff/FCE	Med Staff(Th)/FCE	Other/FCE	Prosth/FCE	Theatres/FCE
ABUHB	187	5.73	7,362.88	1,422.23	576.12	1,409.91	1,973.17	907.07	646.89
BCUHB	157	9.04	9,435.94	1,861.02	876.85	1,377.58	3,175.75	724.58	1,050.43
CTUHB	152	12.53	15,371.14	4,509.77	1,497.24	2,080.63	4,384.51	660.39	1,770.04
CVUHB	74	6.88	9,330.60	1,864.63	283.35	2,537.27	2,073.33	706.82	1,538.21
HDUHB	134	10.72	14,528.89	2,841.64	1,375.48	2,010.61	4,732.96	826.34	2,206.97
SBUHB	73	10.74	11,159.19	2,996.74	1,055.58	1,214.99	3,103.43	883.01	1,374.97
Grand Total	777	9.17	11,128.28	2,549.74	972.10	1,727.24	3,279.55	786.68	1,370.49
Total excl HDUHB	643	8.84	10,419.60	2,488.91	888.03	1,668.18	2,976.67	778.42	1,196.16
AWA £/FCE			11,088.30						
Variance HD/FCE - AWA/FCE			3,440.59						
HD using AWA £			1,485,831.71						
Total Variance			461,039.55						

Commentary

- HT12E – total variation to the rest of Wales is £461k
- Hdda cost per episode is £14,528 compared to ROW £10,419
- Relatively high overhead “other” cost and theatres costs, and all other cost categories above RPW average

Detailed variation – trauma and orthopaedics non-elective HRGs

HE11H Hip Fracture without Interventions with CC Score 0-3									
HB	No Of FCE	LOS/FCE	Total £/FCE	Wards/FCE	Med Staff/FCE	Med Staff(Th)/FC E	Other/FCE	Prosth/FCE	Theatres/FC E
ABUHB	358	4.13	4,795.58	1,049.27	379.36	638.88	1,328.64	699.33	358.18
BCUHB	87	9.40	5,691.83	2,078.33	724.15	162.10	2,253.46	42.60	134.01
CTUHB	115	13.10	9,832.42	4,009.91	1,401.16	400.26	3,274.81	43.09	315.65
CVUHB	113	16.25	7,267.63	3,489.36	567.41	113.71	2,741.17	13.92	62.95
HDUHB	77	15.91	12,318.83	4,279.58	951.94	573.56	4,948.04	241.01	787.92
SBUHB	36	10.92	7,236.66	2,975.72	929.97	176.44	2,420.29	2.19	210.94
Grand Total	786	9.23	6,835.94	2,351.84	675.37	448.11	2,323.39	355.26	320.05
Total excl HDUHB	709	8.51	6,240.48	2,142.48	645.33	434.49	2,038.35	367.66	269.24
AWA £/FCE			6,397.76						
Variance HD/FCE - AWA/FCE			5,921.07						
HD using AWA £			492,627.39						
Total Variance			455,922.44						

Commentary

- HE11H – total variation to the rest of Wales is £455k
- Hdda cost per episode is £12,318 compared to ROW £6,240
- Relatively high ward costs (through LOS variation), overhead “other” cost. Again all cost categories except prosthetic cost higher than ROW average

Overall variation – gastroenterology elective HRGs

Health Board	HDUHB
HRG	Sum of Var £
FE21Z	368,853
FE22Z	211,077
FE30Z	174,095
Other (net)	237,524
Total	991,548

Commentary

- Elective gastro total cost variation to the rest of Wales is £991k
- Most significant HRG variation shown in yellow, analysed in more detail overleaf

Detailed variation – trauma and orthopaedics non-elective HRGs

HT12E Very Major Hip Procedures for Trauma with CC Score 0-2									
HB	No Of FCE	LOS/FCE	Total £/FCE	Wards/FCE	Med Staff/FCE	Med Staff(Th)/FCE	Other/FCE	Prosth/FCE	Theatres/FCE
ABUHB	187	5.73	7,362.88	1,422.23	576.12	1,409.91	1,973.17	907.07	646.89
BCUHB	157	9.04	9,435.94	1,861.02	876.85	1,377.58	3,175.75	724.58	1,050.43
CTUHB	152	12.53	15,371.14	4,509.77	1,497.24	2,080.63	4,384.51	660.39	1,770.04
CVUHB	74	6.88	9,330.60	1,864.63	283.35	2,537.27	2,073.33	706.82	1,538.21
HDUHB	134	10.72	14,528.89	2,841.64	1,375.48	2,010.61	4,732.96	826.34	2,206.97
SBUHB	73	10.74	11,159.19	2,996.74	1,055.58	1,214.99	3,103.43	883.01	1,374.97
Grand Total	777	9.17	11,128.28	2,549.74	972.10	1,727.24	3,279.55	786.68	1,370.49
Total excl HDUHB	643	8.84	10,419.60	2,488.91	888.03	1,668.18	2,976.67	778.42	1,196.16
AWA £/FCE			11,088.30						
Variance HD/FCE - AWA/FCE			3,440.59						
HD using AWA £			1,485,831.71						
Total Variance			461,039.55						

Commentary

- HT12E – total variation to the rest of Wales is £461k
- Hdda cost per episode is £14,528 compared to ROW £10,419
- Relatively high overhead “other” cost and theatres costs, and all other cost categories above RPW average

Overall variation – maternity non-elective HRGs

Health Board HDUHB

Row Labels	Sum of Var £
NZ51C	1,331,009
NZ51B	512,106
NZ31C	233,062
Other (net)	776,477
Total	2,852,654

Commentary

- Non elective maternity variation is £2.8m higher than RoW
- Most significant HRG variation shown in blue, analysed in more detail overleaf

Detailed variation – maternity non-elective HRGs

NZ51C Emergency Caesarean Section with CC Score 0-1									
HB	No Of FCE	LOS/FCE	Total £/FCE	Wards/FCE	Med Staff/FCE	Med Staff(Th)/F CE	Other/FCE	Prosth/ FCE	Theatres/F CE
ABUHB	479	3.73	7,791.30	2,502.42	568.41	1,464.17	1,858.57	9.07	1,099.06
BCUHB	562	4.13	6,740.27	2,290.10	564.44	701.13	2,017.00	0.16	883.20
CTUHB	410	3.65	5,009.55	2,594.82	31.90	253.28	1,492.31	0.11	414.86
CVUHB	432	4.22	5,063.24	2,094.13	219.28	170.78	1,723.20	0.02	642.98
HDUHB	317	3.79	11,018.78	2,867.16	664.23	1,575.53	3,629.24	-	2,020.69
SBUHB	454	4.00	6,262.65	2,341.76	576.53	627.96	2,116.20	7.35	268.37
Grand Total	2,654	3.93	6,818.95	2,421.36	440.69	775.26	2,069.07	2.95	841.40
Total excl HDUHB	2,337	3.96	6,249.27	2,360.89	410.37	666.70	1,857.44	3.35	681.43
AWA £/FCE			6,820.01						
Variance HD/FCE - AWA/FCE			4,198.77						
HD using AWA £			2,161,944.59						
Total Variance			1,331,009.06						

Commentary

- NZ51C – total variation to the rest of Wales is £1.3m
- Hdda cost per episode is £11,018 compared to ROW £6,249
- Relatively high medical theatre costs, overhead “other” cost and theatres costs, and theatre other costs

Detailed variation – maternity non-elective HRGs

NZ51B Emergency Caesarean Section with CC Score 2-3									
HB	No Of FCE	LOS/FCE	Total £/FCE	Wards/FCE	Med Staff/FCE	Med Staff(Th)/F CE	Other/FCE	Prosth/ FCE	Theatres/F CE
ABUHB	52	4.73	10,611.71	4,016.75	712.74	1,553.65	2,536.84	10.80	1,304.32
BCUHB	280	4.81	7,694.64	2,658.39	690.38	753.54	2,295.56	0.08	943.75
CTUHB	116	4.23	5,814.00	2,907.72	31.11	298.17	1,765.81	0.13	532.39
CVUHB	214	5.04	6,019.14	2,645.07	261.79	172.62	2,023.02	-	663.64
HDUHB	139	5.25	11,489.66	3,815.28	897.04	1,337.74	3,523.99	-	1,511.46
SBUHB	151	5.05	7,717.71	2,924.74	814.57	652.09	2,593.20	7.81	281.66
Grand Total	952	4.89	7,805.95	2,971.14	564.80	680.38	2,409.50	1.87	828.23
Total excl HDUHB	813	4.83	7,176.14	2,826.81	508.00	567.99	2,218.95	2.19	711.42
AWA £/FCE			7,805.45						
Variance HD/FCE - AWA/FCE			3,684.21						
HD using AWA £			1,084,957.06						
Total Variance			512,105.51						

Commentary

- NZ51B – total variation to the rest of Wales is £1.3m
- As previous – but with higher CC score
- Hdda cost per episode is £11,489 compared to ROW £7,176
- Relatively high medical theatre costs, overhead “other” cost and theatres costs, and theatre other costs, as well as overhead costs

Detailed variation – maternity elective HRGs

NZ31C Normal Delivery with Epidural or Induction with CC Score 0							
HB	No Of FCE	LOS/FCE	Total £/FCE	Wards/FCE	Med Staff/FCE	Med Staff(Th)/FCE	Other/FCE
BCUHB	457	3.18	3,517.81	1,829.44	397.57	6.79	1,155.99
CTUHB	391	2.84	3,213.16	2,048.37	4.57	-	1,027.99
CVUHB	284	3.07	2,755.00	1,613.23	114.98	3.92	938.67
HDUHB	231	3.13	4,576.57	2,297.88	370.42	9.25	1,776.78
SBUHB	264	3.23	4,176.46	2,232.40	369.90	12.01	1,424.31
Grand Total	1,627	3.08	3,568.64	1,976.21	245.45	5.85	1,218.97
Total excl HDUHB	1,396	3.07	3,401.85	1,922.98	224.77	5.29	1,126.67
AWA £/FCE			3,567.64				
Variance HD/FCE - AWA/FCE			1,008.93				
HD using AWA £			824,125.30				
Total Variance			233,061.81				

Commentary

- NZ31C – total variation to the rest of Wales is £233k
- Hdda cost per episode is £4,576, compared to RoW £3,401
- Relatively high ward costs, and other overhead costs

Overall variation – maternity non-elective short stay HRGs

Health Board	HDUHB
Row Labels	Sum of Var £
NZ19B	912,649
NZ30C	607,690
NZ17B	242,607
Other (net)	1,173,191
Total	2,936,137

Commentary

- Non elective maternity short stay variation is £2.9m higher than RoW
- Most significant HRG variation shown in blue, analysed in more detail overleaf

Detailed variation – maternity non-elective short stay HRGs

NZ19B Ante-Natal Major Disorders with CC Score 0-1										
HB	No Of FCE	LOS/FCE	Total £/FCE	Wards/FCE	Med Staff/FCE	Med Staff(Th)/F CE	Other/FCE	Prosth/FCE	Theatres/FCE	
ABUHB	3,370	1.00	400.95	90.31	131.33	6.61	120.02	0.07	8.21	
BCUHB	2,474	1.00	485.55	150.62	120.04	0.06	171.60	0.02	0.07	
CTUHB	2,212	1.00	438.42	249.48	0.13	-	178.25	0.01	-	
CVUHB	5,329	1.00	133.84	46.34	4.79	-	70.99	-	-	
HDUHB	1,567	1.00	995.21	508.51	94.74	0.77	346.75	-	0.30	
SBUHB	2,998	1.00	438.47	175.43	77.88	1.14	144.59	0.12	0.66	
Grand Total	17,950	1.00	396.07	155.91	63.92	1.51	143.65	0.04	1.69	
Total excl HDUHB	16,383	1.00	338.77	122.18	60.97	1.58	124.22	0.04	1.82	
AWA £/FCE			412.79							
Variance HD/FCE - AWA/FCE			582.42							
HD using AWA £			646,838.91							
Total Variance			912,649.04							

Commentary

- NZ19B – total variation to the rest of Wales is £912k
- Hdda cost per episode is £995 compared to ROW £338

Detailed variation – maternity non-elective short stay HRGs

NZ30C Normal Delivery with CC Score 0									
HB	No Of FCE	LOS/FCE	Total £/FCE	Wards/FCE	Med Staff/FCE	Med Staff(Th)/F CE	Other/FCE	Prosth/ FCE	Theatres/ FCE
ABUHB	964.00	1.00	1,634.92	1,069.06	43.09	2.94	437.55	0.09	10.19
BCUHB	766.00	1.00	1,074.95	548.38	119.60	0.51	366.83	0.42	0.76
CTUHB	774.00	1.00	851.85	540.12	1.08	-	276.86	0.08	-
CVUHB	654.00	1.00	1,266.09	799.09	30.46	0.96	414.84	-	1.32
HDUHB	460.00	1.00	2,703.77	1,136.78	63.92	6.17	1,442.76	-	9.83
SBUHB	699.00	1.00	1,036.37	565.79	43.01	0.98	401.83	0.05	0.41
Grand Total	4,317.00	1.00	1,356.26	766.66	49.43	1.71	494.08	0.12	3.73
Total excl HDUHB	3,857.00	1.00	1,195.55	722.52	47.70	1.18	380.93	0.13	3.00
AWA £/FCE			1,382.70						
Variance HD/FCE - AWA/FCE			1,321.07						
HD using AWA £			636,042.79						
Total Variance			607,690.35						

Commentary

- NZ30C – total variation to the rest of Wales is £607k
- Hdda cost per episode is £2,703 compared to ROW £1,195
- Higher costs in wards, and other overhead costs

Extend into unscheduled care HRGs – general medicine

- Harder to evaluate productivity / cost for unscheduled care due to high variability of patient need, frailty impacts etc