






## Board Meeting

30 January 2020, 13:00 to 16:00  
Cowbridge with Llanbethian Town Council



### Agenda

<b>1</b>		
<b>Welcome and Introductions</b>		10 minutes Charles Janczewski
<b>2</b>		
<b>Apologies for Absence</b>		Charles Janczewski
<b>3</b>		
<b>Declarations of Interest</b>		Charles Janczewski
<b>4</b>		
<b>Minutes of the Board Meeting held on 28 November 2019</b>		Charles Janczewski
	4 - Board Mins 28.11.19 - AF 20.12.2019NF AW v2.pdf	(23 pages)
<b>5</b>		
<b>Action Log - 28 November 2019</b>		Charles Janczewski
	5 - Action log December meeting.pdf	(2 pages)
<b>6</b>		
<b>Chair's Action taken since last meeting</b>		Charles Janczewski
<b>7</b>		
<b>ITEMS FOR REVIEW AND ASSURANCE</b>		
<b>7.1</b>		
<b>Chair's Report</b>		10 Min Charles Janczewski
	7.1 - Final Chairs Report January 2020.pdf	(5 pages)
<b>7.2</b>		
<b>Chief Executive Report</b>		10 min Len Richards
	7.2 - Board Chief Executive Report - Jan 2020.pdf	(4 pages)
<b>7.3</b>		
<b>Patient Safety, Quality and Experience Report</b>		20 min Ruth Walker
	7.3 - Integrated Board report for 30-01.20 - V9 (new template).pdf	(14 pages)

7.4

Performance Report

20 min  
Steve Curry

	7.4 - Performance Cover Report Jan 2020 v2.pdf	(27 pages)
	7.4.1 - Performance Report Jan 2020 (Final) Appendices.pdf	(8 pages)

7.5



Transformation Report

10 min  
Len Richards - Verbal

7.6

Board Assurance Framework

10 min  
Nicola Foreman

	7.6 - BAF Covering Report - January 2020v2.pdf	(3 pages)
	7.6.1 - BOARD ASSURANCE FRAMEWORK (JANUARY 2020).pdf	(14 pages)

7.7

Patient Safety Walkarounds



10 min  
Ruth Walker

	7.7 - Safety Walkrounds v3 FINAL (new template).pdf	(5 pages)
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7.8

Wales Audit Office Structured Assessment

5 min  
WAO

	7.8 - 1527A2019-20 C&V Structured Assessment Report 2019.pdf	(28 pages)
	7.8.1 - 1604A2019-20 C&V Structured Assessment management response 2019.pdf	(6 pages)

7.9

External Annual Audit Report 2019

5 min  
WAO


	7.9 - CVUHB Annual Audit Report 2019.pdf	(20 pages)
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8  
ITEMS FOR APPROVAL / RATIFICATION

8.1

Recognising and Responding to the Climate Emergency


10 min  
Len Richards, Fiona Kinghorn, Abigail Harris
















	8.1 - Climate emergency UHB Board final 200115-1.pdf	(3 pages)
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8.2

Meeting the New Biodiversity Duty

10 min  
Abigail Harris

	8.2 - Biodiversity duty Board cover paper 200115-	(2 pages)
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	1.pdf		
	8.2.1 - Biodiversity - UHB Strategic Plan and Report - December 2019 final.pdf	(9 pages)	
<b>8.3</b>			
<b>Integrated Medium Term Plan</b>			30 min
			Abigail Harris
	8.3 - Cover Paper Board Approval of IMTP 2020 to 2023.pdf	(3 pages)	
<b>8.3.1</b>			
<b>Cardiff and Vale UHB IMTP 2020-2023</b>			
	8.3.1 - Cardiff and Vale UHB IMTP 2020 to 2023 Draft 3.0 v2.pdf	(73 pages)	
<b>8.3.2</b>			
<b>IMTP Worforce and OD 2020-2023</b>			
	8.3.2 - IMTP 20120-23 Workforce & OD v2.pdf	(25 pages)	
<b>8.3.3</b>			
<b>NHS Planning Framework</b>			
	8.3.3 - CAV Draft IMTP - NHS Planning Framework - Appendix C.pdf	(74 pages)	
<b>8.3.4</b>			
<b>C1 Template</b>			
	8.3.4 - C1 Template 2020-21.pdf	(1 pages)	
<b>8.4</b>			
<b>New Block (Academic Avenue) at UHW – Strategic Outline Case</b>			Abigail Harris
	8.4 - Academic Ave PBC Board 30 January 2020.pdf	(6 pages)	
	8.4.1 - v.6 New Block PBC and Appendices.pdf	(208 pages)	
<b>8.5</b>			
<b>Research and Development Strategy</b>			15 min
			Stuart Walker
	8.5 - Research and Development Strategy 2020-23.pdf	(2 pages)	
	8.5.1 - Clinical Board Recruitment SummaryAppendix A.pdf	(3 pages)	
	8.5.2 - RD Strategy 2020-23 Draft 311219 for Exec Board sw SMART objectives.pdf	(11 pages)	
<b>8.6</b>			
<b>Committee Minutes</b>			5 min
<b>8.6.1</b>			
<b>Audit and Assurance Committee - 30 September 2019</b>			John Union
	8.6.1 - Audit Mins Sep 2019.pdf	(11 pages)	
<b>8.6.2</b>			
<b>Finance Committee - 30 October and 27 November 2019</b>			John Union
	8.6.2 - FINANCIAL COMMITTEE 30th Oct 2019.pdf	(7 pages)	
	8.6.2b FINANCIAL COMMITTEE 27th Nov 2019.pdf	(7 pages)	
<b>8.6.3</b>			

## Health and Safety Committee - 8 October 2019

Michael Imperato



Agenda Item 4 - Minutes of Meeting 8 October 2019.pdf

(9 pages)

### 8.6.4

## Strategy and Delivery Committee - 29 October 2019

Charles Janczewski



8.6.4 - S & D Mins 29.10.19.pdf

(10 pages)

### 8.6.5

## Local Partnership Forum - 2 October 2019

Martin Driscoll



8.6.5 - 1.4 LPF 02.10.19.pdf

(6 pages)

### 8.6.6

## Stakeholder Reference Group - 24 September 2019

Richard Thomas



8.6.6 - Minutes of SRG Meeting 24 September 2019.pdf

(7 pages)

## 9

## ITEMS FOR NOTING AND INFORMATION

5 minutes

### 9.1

## Reports from Committee Chairs:

#### 9.1.1

## Audit and Assurance Committee - 3 December 2019

John Union



9.2.1 - Audit and Assurance Chair's Report 30.01.20 - AF 13.12.2019.pdf

(4 pages)

#### 9.1.2

## Charitable Funds Committee - 10 December 2019

John Union



9.2.2 - Charitable Funds Committee Chair's Report 30.01.2020.pdf

(4 pages)

#### 9.1.3

## Digital Health Intelligence Committee - 3 December 2019

Eileen Brandreth



DHIC Chairs Report - January 2020.pdf

(4 pages)

#### 9.1.4

## Finance Committee - 30 October 2019

John Union



9.2.4 - Finance Committee Chairs Report DECEMBER 2019 Meeting.pdf

(4 pages)

#### 9.1.5

## Health and Safety Committee - 21 January 2020

Michael Imperato



Chair's Report 21.01.2020.pdf

(2 pages)

#### 9.1.6

## Quality, Safety and Experience Committee - 17 December 2019

Susan Elsmore



9.2.5 - QSE Committee Chair's Report -AF.pdf

(4 pages)

#### 9.1.7

## Local Partnership Forum

Martin Driscoll



9.2.7 - LPF briefing (December 2019) for Jan 2020

(3 pages)



## 9.1.8

### Stakeholder Reference Group

Richard Thomas



9.2.9 - Stakeholder Referene Group Chairs  
Report.pdf

(3 pages)

## 9.1.9

### NHS Wales Shared Services Partnership Committee



9.2.8 - SSPC Assurance Report 2 December 2019.pdf

(3 pages)

## 9.1.10

### Strategy and Delivery Committee - 21 January 2020



Strategy Delivery Chair's Report 30.01.2020.pdf

(4 pages)

## 10

### Agenda for Private Meeting

#### 10.1

#### Corporate Risk Register

#### 10.2

Report outlining the findings of an investigation following a serious incident involving the insourcing of Ophthalmology Services during August - September 2018

## 11

### Any Other Business

## 12

### Review of the Meeting

## 13

### DATE AND TIME OF NEXT MEETING:

Friday, 27 March 2020 at 1.00pm

Woodland House, Ground Floor, Nant Fawr 1, 2 and 3

Mulford, Glynis  
01/24/2020 10:28:11

**Unconfirmed Minutes of the Board Meeting**  
**Thursday, 28 November 2019 at 1.00pm**  
**Memo Arts Centre, Gladstone Road, Barry CF62 8NA**

**Present:**

Charles Janczewski	CJ	UHB Interim Chair
Len Richards	LR	Chief Executive Officer
Professor Gary Baxter	GB	Independent Member - University
Eileen Brandreth	EB	Independent Member - ICT
Robert Chadwick	RC	Executive Director of Finance
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Susan Elsmore	SE	Independent Member – Local Authority
Akmal Hanuk	AH	Independent Member - Community
Abigail Harris	AH	Executive Director of Strategic Planning
Michael Imperato	MI	Interim Vice Chair
Fiona Jenkins	FJ	Executive Director of Therapies & Health Science
Fiona Kinghorn	FK	Executive Director of Public Health
Sara Moseley	SM	Independent Member – Third Sector
John Union	JU	Independent Member - Finance
Ruth Walker	RW	Executive Nurse Director
Stuart Walker	SW	Medical Director

**In Attendance:**

Stephen Allen	SA	South Glamorgan Community Health Council
Nicola Foreman	NF	Director of Corporate Governance

**Secretariat**

Glynis Mulford	GM	Corporate Governance Officer
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**Observers:**

Aaron Fowler	AF	Interim Head of Corporate Governance
Jon Hoskins		
Adam Partlow		

**Apologies:**

Richard Thomas	Rt	Chair – Stakeholder Reference Group
Dawn Ward	DW	Independent Member – Trade Union

UHB 19/11/001	WELCOME AND INTRODUCTIONS	ACTION
Mulford, Glynis 01/24/2020 10:28:11	The UHB Chair welcomed everyone to the meeting. Especially members of the public who had taken the time to attend the meeting. It was noted that this was a meeting held in public rather than a public meeting. Board members were informed that items on the agenda had been moved around and that the Paper on the Outcome of the Engagement on Improving Care for Frail Older People in the Vale of	

	<p>Glamorgan would be discussed first.</p> <p>The Chair advised that the engagement process had encouraged feedback and interest and thanked those for their contribution and he confirmed that the Board were assured that feedback had been considered and views listened to. The Chair explained that in view of the importance of the paper, at the end of the discussion a spokesperson from the audience would be welcomed to address the Board and thereafter the Board would take a short break to talk to members of the public.</p>	
UHB 19/11/002	<p><b>OUTCOME OF ENGAGEMENT ON IMPROVING CARE FOR FRAIL OLDER PEOPLE IN THE VALE OF GLAMORGAN</b></p> <p>The Executive Director of Planning provided a comprehensive overview of the report on the proposals and key messages from the engagement and talked through the proposed way forward. The work was led by the Medicine Clinical Board who reviewed the frailty services for older people and the pathway of services. The key focus centred on developing frailty pathways to prevent admissions, enable people to get back into their homes as quickly as possible as part of the discharge planning process, to reduce the length of stay and the impact this would have in relation to services in the Vale of Glamorgan. It would mean that beds would no longer be needed on the Sam Davies Ward at Barry Hospital.</p> <p>Three clear messages came out of the engagement:</p> <ol style="list-style-type: none"> <li>How strong the support in the local community was for the Sam Davies Ward and Barry Hospital in respect of providing services and having their loved ones being cared for close to home.</li> <li>The document was not clear enough in describing some of the changes in care for the frail and the development of the pathway. There was also a lack of confidence in the things that needed to be available in the community to undertake the changes coming through. Questions were raised about understanding the frailty model fully.</li> <li>Concern was raised about the future of Barry Hospital in its totality and the plans moving forward. Moving into the second phase of plans, it was heard that there had not been a clear articulation of how we would develop the facility.</li> </ol> <p>The way forward was proposed:</p> <ol style="list-style-type: none"> <li>Develop key elements of the frailty model at Llandough and collect evidence of the impact.</li> <li>Bring forward the planning for Barry Hospital and engage with communities, those who work in Health and Social Care and the Third Sector, about the vision</li> </ol>	

Mulford, Glynis  
01/24/2020 10:28:11

<p>Mulford, Glynis 01/24/2020 10:28:11</p>	<p>for Barry Hospital.</p> <p>c) Keep the Sam Davies ward open at this time, before further consideration on the way forward based on work to develop the frailty pathway with key partners and the work to clarify the future of Barry Hospital</p> <p>The ongoing commitment of ward staff was acknowledged and the Board thanked staff working in Barry hospital for their continued effort during what had been a difficult time.</p> <p>The Chair invited questions and comments:</p> <p>Independent Member – Community sought assurance around the continuity of Barry Hospital and secondly the role of Barry Hospital in the Shaping Our Future Wellbeing (SOFW) strategy. In response it was explained that in the SOFW strategy there was a need to enhance and develop our service in the community and to work very closely with Primary Care, Third Sector and Local Authorities. The SOFW programme looked at how the Health Board developed the infrastructure and the Health and Wellbeing Centre in South Cardiff CRI and used lessons learnt to feed into the Wellbeing Hubs that would be introduced during the second phase of the project. The SOFW strategy included provisions relating to the development of Barry. The Health Board had shown a commitment to undertake this work and the Board were proposing that the approval of this would be brought forward. The first session for discussion of the proposals would be undertaken on 4 December and would bring key stakeholders together at the workshop.</p> <p>The workshop would discuss how to develop services in the Barry locality and what would form part of the next stage. It was noted that it was important to engage with the community on the development of services throughout the spring so that by the end of the financial year there would be a clear indication of what the specification for the Health and Wellbeing Centre in Barry Hospital would be.</p> <p>Independent Member – Finance confirmed that the paper indicated by early 2020 a more detailed plan would be developed for Barry Hospital and the Centre and queried what would the next steps be? Members were advised that the first workshop was due to be held on 4 December with stakeholders in the locality, such as Health and Social Care, Third sector and staff, and this workshop would consider and help shape what the Health and Wellbeing Centre in Barry Hospital would look like. This would be informed through further engagement in the community and would then be brought back to the March Board meeting. In addition a Clinical Services Plan was being developed and the expectation would be to undertake consultation work during the summer and incorporate this within the Barry Hospital</p>	
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<p>Mulford, Glynis 01/24/2020 10:28:11</p>	<p>plans. Barry Hospital would be celebrating their 25<sup>th</sup> year anniversary and would consider bringing forward ideas in the autumn.</p> <p>Independent Member – Local Authority asked for assurance that the solutions would be addressed by all parties. It was confirmed that assurance could be provided and that the Health Board wanted to expand on the work currently being undertaken by involving the community in shaping the services. The vision would be to provide a vibrant community asset with the right kind of advice and support. IM – Local Authority, said the recommendation being put to the Board was satisfactory and thanked everyone involved in the engagement process.</p> <p>Stephen Allen – Community Health Council stated that the paper submitted showed how the proposal would be undertaken and provided clarity to understand the work which was not clear in the previous paper. The CHC had not considered the outcome of the engagement process and there was a need for clarity on how the Board would provide assurance on the CHC views and how this would be reflected and considered. The paper and supporting documents would be taken to the CHC Executive Board meeting on 10 December.</p> <p>Independent Member - Third Sector commented on the increase in older and frail people in the community and whether plans were sufficient and flexible for the future. During the consultation would the Health Board be able to provide carers with a clear picture of what to expect? In response it was stated that the projected model was much broader. It is known that there is an ageing population and from previous presentations it is recognised that by working with local authorities through the Transformation Programme a health and care system can be created that enables people to stay at home as long as possible.</p> <p>There was more to do outside of hospital to avoid admission into hospital and there was a need to change the pathway. People were in hospital for long periods of time and the 'Get Me Home Service' was starting to have an impact on the wards and had a presence in the EU department by getting people home quickly with the right packages in place. The work with local authorities was ongoing to ensure that all work streams joined up and that the relevant people were having conversations on how to change the system as in its current format it wasn't sustainable.. Secondly, the plan was to move away from a clinical description of a pathway of care and to look at a real life system which would ensure that patients had the right kind of access and what this would mean for them.</p>	<p>NF</p>
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	<p>The Chair advised that there would be a Board Development meeting on 19 December where the CHCs comments would be considered.</p> <p>Jane Hutt, Assembly Member was invited to speak on behalf of public. The following comments were made:</p> <p>The Board was thanked for holding the additional meeting in Barry and in particular for the Executive Summary which related to the public response to the public engagement exercise. It was noted that the Chair, CEO and Director of Planning recognised the importance of the Sam Davies Ward for older and frail people living in Barry and the Vale of Glamorgan.</p> <p>Jane Hutt asked if assurance could be provided that the workshop would involve the Soroptimists and Older People's Forum who were key stakeholders and for the participation of staff and Unison who had been at the forefront of the public engagement. In regard to discussions on the future of Barry Hospital and the Wellbeing Centre proposals, for assurance purposes it was important that these parties were involved in ongoing discussions.</p> <p>The Chair asked that the invitations to these stakeholders be noted and he assured the public that the Sam Davies Ward would be part of the discussions.</p> <p><b>The Board resolved that:</b></p> <ol style="list-style-type: none"> <li>The feedback and response raised in Annex 1 and 2 be considered.</li> <li>the way forward was agreed, subject to the consideration and views of the Community Health Council</li> <li>Invitations be extended to stakeholders for the workshop on 4 December 2019.</li> </ol>	<p>AH</p>
<p><b>UHB 19/11/003</b></p> <p>Mulford, Glynis 01/24/2020 10:28:11</p>	<p><b>PATIENT STORY</b></p> <p>The Executive Director of Nursing introduced a short film on the Hafan Y Coed Unit Patient and Staff experience. Inpatients represented 10% of patients in the Mental Health Clinical Board as care was delivered in the community wherever possible. Patients and staff talked about the new unit which was brighter and much more inviting and showcased artwork in the larger areas of the building. Improvements included holistic health, access to libraries and the Cwtch which was a place for patients to relax and was away from the busy ward environment. Also discussed were the relationships between patients and staff, the improvements</p>	

	<p>they would like to make to the unit and areas to be developed.</p> <p>Independent Member – University asked about the outside space as this had been raised on patient walk-arounds. He also asked if volunteers could be involved in tidying up the gardens. In response the Executive Nurse Director stated that conversations would be undertaken with the volunteering team who would like to do more to help.</p> <p>There was wider conversation on the use of gardening for therapeutic purposes as this was an opportunity for patients to feel better physically. It was explained that if patients were feeling stressed they found the task of gardening more difficult.</p> <p>Members reiterated that this was repeatedly raised and needed a more sustained and reliable input and asked for assurance of a stable plan being brought back to the Board. The Executive Nurse Director responded that there was some one off work to improve the garden but conversations were needed with estates colleagues and it was acknowledged there were solutions to be worked through.</p> <p>The CHC stated that they had highlighted the condition of the garden several times in their reports and the high security fencing. Some areas of the unit looked clinical with a lack of decoration which needed to be addressed to make it homely as some patients are resident on the unit long term.</p>	
<b>19/11/004</b>	<p><b>APOLOGIES</b></p> <p>Apologies for absence were noted.</p>	
<b>UHB 19/11/005</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>The Chair invited Board Members to declare any interests in relation to the items on the meeting agenda. The following declarations of interest were received and noted:</p> <ul style="list-style-type: none"> <li>• Sara Moseley, declared her interest as Director of Mind in relation to items 7 and 8.7.</li> </ul>	
<b>UHB 19/11/006</b>	<p><b>MINUTES OF THE BOARD MEETING HELD ON 26 SEPTEMBER 2019</b></p> <p>The Board reviewed the Minutes of the meeting held on 26 September 2019, and noted that the following amendments should be made:</p> <ul style="list-style-type: none"> <li>• Remove word transparent on page 8</li> <li>• Christopher Lewis was in attendance</li> </ul> <p><b>The Board resolved – that:</b></p>	

Mulford, Glynis  
01/24/2020 10:28:11



	a) the minutes of the meeting held on 26 September 2019 be approved as a true and accurate record.	
<b>UHB 19/11/007</b>	<b>BOARD ACTION LOG</b>  The Board reviewed the Action Log and noted the following:  <b>19/07/009 – Patient Safety Quality and Experience Report:</b> In regard to improving signage to the Park and Ride. This action was <b>COMPLETE</b>  <b>The Board Resolved that:</b> (a) the action log and updates upon it be received and noted.	
<b>UHB 19/11/008</b>	<b>REPORT FROM THE CHAIR</b>  The Chair introduced his report which provided an update on key meetings attended, activities and actions that had taken place since the previous Board meeting.  <b>The Board resolved that:</b> (a) the Chair's report be noted. (b) the affixing of the Common Seal be endorsed. (c) the reported Chair's Actions and signing of legal documents be endorsed.	
<b>UHB 19/11/009</b>	<b>REPORT FROM THE CHIEF EXECUTIVE</b>  The Chief Executive introduced his report which provided an update on key issues that had arisen since the last meeting. A number of issues raised within the report may also feature in more detail in the Executive Directors reports as part of the Board's business.  <b>The Board resolved that:</b> (a) the Chief Executives report be noted.	
<b>UHB 19/11/010</b>	<b>PATIENT SAFETY QUALITY AND EXPERIENCE REPORT</b>  The Executive Nurse Director provided the following comments in relation to questions raised by Independent Members prior to the Board meeting:  The Chair and Independent Member – Community asked about the assessment on still birth and neonatal deaths. The report stated that there had been a “significant” drop in perinatal mortality. What does this actually mean or look like	

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in terms of figures and percentages? In response it was stated that the period of time on the initial report was a calendar year. Half way through the year it had been identified that the problem was larger than previously thought. Improvements were put in place and the Health Board were able to report that in 2017 there were 25 still births and in 2018 there were 11. The expectation for 2019 would be to see more improvements. Progress in relation to mortality would not be seen until 2020 but this was being monitored closely and would be more formally monitored by the Quality, Safety and Experience Committee.

The Chair raised that the report on ophthalmology stated “which we hope would improve”, and asked whether an update regarding the desired improvements, timescales and the vision of this being achieved could be provided? In response it was stated that there was concern on the trends relating to Ophthalmology appointments and discussions were underway to ensure lessons had been learnt from a previous serious incident involving an insourced company. The incident was being used to strengthen the governance around future arrangements. The ability for consultants to take on extra work had been challenging due to pensionable tax changes. An extra 600 cases had been referred and the department was working with additional providers to pull back the position by the end of the year. Clinicians were monitoring patients who were higher risk on the waiting list and those who had cancellations of follow up appointments.

Independent Member – ICT raised that the report stated over the past two months there had been four adolescents admitted to Hafan y Coed. She asked why this had happened and requested reassurance regarding what was being done to prevent this in the future. In response it was stated that the way of monitoring the CAMHS admissions was by reporting them as Serious Incidents. It was acknowledged that this was a not a suitable environment for adolescents but that they remained in the environment no longer than 48 hours and alternative arrangements for most were found within 24 hours. It was also confirmed that this was being reviewed and there would be more formal conversations between WHSSC and Ty Liddiard around the crisis assessment process, which would be undertaken over the next couple of months. The Chief Operating Officer advised that these cases were being managed where there was no clear direction or pathway. Ty Liddiard was not commissioned to assess and receive patients and there was no capacity to receive these patients. The public policy department of Welsh Government was being lobbied and work was being undertaken through WHSSC regarding the commissioning solution. It was important to realise that there was a safe place for adolescents to go within a mental health setting.

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<p>Mulford, Glynis 01/24/2020 10:28:11</p>	<p>In regard to the patient who died whilst on the waiting list for cardiothoracic surgery an update would be provided once the investigation had been completed and would be presented to the next QSE meeting in February.</p> <p>Independent Member – Community commented that it was encouraging to see that there had been improvements in incident reporting but asked for reassurance that this improvement was achievable moving forward. The graph showed that there was a spike in incidents during April and May. Why was this and how could we prevent this from happening again? The Executive Nurse Director replied that in the reporting of incidents there had been a 77% improvement. The spike related to the NRLS process of uploading information and this system would be changed. Although this was slow there had been an increase with medics loading information onto the system.</p> <p>Independent Member - ICT commented that the report stated a 100% increase in funding for the First Episode Psychosis Service and that we were still seeing only half of the expected population and requested clarification as to why this was the case. It was explained that the plan was to see all of the population being seen. The team had now been fully recruited to and the referrals had started to increase. It was further clarified that the other half of the population was being seen in the community setting by the CMHT.</p> <p>Independent Member - ICT commented that the report stated that mental health services were to appropriately balance risk versus recovery. What was the Health Boards risk appetite and were we going too far? It was explained this had been debated in the QSE Committee in October and that the Health Board understood the risk ratio in the population for those who used our services. It was realised that further work was needed within the local authority and third sector to look at our suicide prevention plan and to gain an understanding of population statistics on suicide. There was a need to make progress on the conversation as this was not all about healthcare but population health and how the Health Board could work with the population to maintain patients' wellbeing. The Vice Chair agreed that the October QSE meeting concluded that there were wider, non health, issues at play. The Executive Director of Public Health suggested considering how to engage in the new suicide prevention plan which was due for renewal next year.</p> <p>Independent Member – ICT asked, regarding the Assessment Unit, how and when would the Board be assured that this would be resolved and patients no longer be put at risk? Were we doing all we could to resolve the issue quickly?</p> <p>In regard to the recommendations from the external inspections relating to the environment in the Assessment</p>	
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	<p>Unit, the Executives had ongoing concerns and although progress was being made, patients were still waiting in the area for too long. The environment had changed and the Health Board had increased the amount of staff in the area to ensure patients were fed and watered appropriately. This was being maintained and doing well. The TACU, a trauma admissions environment, was in place and was moving quickly for patients to receive the right care in the right place. On 7 December the Assessment Surgical Unit would be opened 24/7 and expected to pull patients up from the unit to ensure they were being seen by the surgical team more quickly. It had been made clear to the Surgical Clinical Board what the expectations from the Executives were.</p> <p>The Executive Medical Director informed Members that the Surgical and Medicine Clinical Boards were doing important work by placing patients in the right place first time. Patients being admitted to hospital were not being defined by clinical needs and could end up in a number of areas. This was also about the culture of the organisation and in particular how staff behaved in certain circumstances. This was a big piece of work with a quality benefit attached. It also dealt with concerns about managing the demand at the front door.</p> <p>The CEO stated that this work had arisen and developed with the use of data and the live transmission of data to the front line commissioners. One of the positive aspects of the work that came out was that staff wanted to do a better job as commissioners. The CEO wanted the Board to be aware that progress was being made but the risks remained high. The improvement plan had timings within it which would be brought to the February meeting.</p> <p>The Executive Nurse Director informed the Board that HIW undertook an assessment for maternity care where minor issues were raised. There was an urgent assurance issue regarding resuscitation trolleys which was actioned on the same day and other reporting was extremely positive. With regards to the Assessment Unit, there was awareness of what to put in place and an interim update report would be presented at the QSE Committee in February. That report would address where we were and any actions that were needed, what the future plans would be going forward and to understand some issues raised by the CHC.</p> <p><b>The Board resolved that:</b></p> <ol style="list-style-type: none"> <li>the content of the report was considered.</li> <li>the areas of current concern be noted and it was agreed that the current actions being taken were sufficient.</li> </ol>	
<p>UHB 19/11/011</p> <p>Mulford, Glynis 01/24/2020 11:28:11</p>	<p><b>PERFORMANCE REPORT</b></p> <p>The Chief Operating Officer provided an update on the</p>	

	<p>Performance Report. The following comments were made in relation to questions raised by Independent Members prior to the Board meeting:</p> <p>Independent Member – ICT raised a question in relation to CAMHS and whether the figures for mental health were for adults only. If yes, why had the CAMHS figures for children not been included? Should the adult and children figures be reported separately? Can we ask that CAMHS figures be reported separately?</p> <p>In response it was stated that the CAMHS element of the 28 day assessment Part 1a was included in the figures which was a requirement of government reporting. The reporting and monitoring of these elements came to the QSE and Mental Health, Capacity and Legislation Committees but reference would be made in the Board report going forward. There was improvement in trajectories and these would be reported at the Strategy and Delivery Committee. The Chief Operating Officer would confirm the proportionality in terms of volumes that contribute to the overall target measure.</p> <p>The Chair commented that the report stated performance would be normalised to a lower level but there was still an improved position over October and November. He asked that this meant in relation to percentage figures? For the 62 day cancer position it referred to the qualification of the exceptionally good performance in September but was not the true underlying performance improvement. This referred to the good performance after a dip during the summer which was between 85-88%, whilst the 96% represented a lag from when they were treated to when they were reported.</p> <p><b>Finance:</b> The Director of Finance outlined the current position and at month 7, the UHB reported an overspend of £2.385m against the IMTP plan. It was reported that the UHB planned to recover this year to date deficit and deliver a break even position by the end of the year. The IMTP and Finance plans were being carefully monitored by the Finance Committee. Welsh Government was fully sighted on the plans and aware of the risks and pressures.</p> <p><b>The Board resolved that:</b></p> <ol style="list-style-type: none"> <li>The UHBs current performance and the actions being taken to improve performance were considered.</li> <li>the verbal update on the Finance Report be noted.</li> </ol>	
<p><b>UHB 19/11/012</b></p> <p><i>Mulford, Glynis 01/24/2020 10:28:11</i></p>	<p><b>TRANSFORMATION REPORT</b></p> <p>The CEO informed the Board of the Spread and Scale Academy which was run by the Health Board, Life Sciences Hub Wales and the Bevan Commission undertaken on behalf of Wales. They had worked with a company on how to take a</p>	

	<p>good idea and spread this across the wider organisation. There were 17 teams from across the health sector and these teams included local authority and housing teams. The evaluation was to track the progress of their plans and spread good areas of practice.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) Note the progress so far on Transformation;</li> <li>b) an update on Visual Management be presented at the next meeting</li> </ul>	
<b>UHB 19/11/013</b>	<p><b>BOARD ASSURANCE FRAMEWORK</b></p> <p>The Director of Corporate Governance confirmed that the Board Assurance Framework provided members with the six key risks to the organisation. There was ongoing work in relation to risk management across the organisation. Improvements had been made in Clinical Boards and Corporate Departments. A self-assessment tool from Welsh Government would look at risk management and the work that filters up through the organisation.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the BAF and progress which has been made in relation to the actions, management and mitigation of the key risks to the achievement of objectives be approved.</li> </ul>	
<b>UHB 19/09/014</b>	<p><b>UPDATE ON IMPLEMENTING THE NEW MODEL OF CARE FOR COMMUNITY MENTAL HEALTH</b></p> <p>The Director of Operations for Mental Health talked about the approach for the new model of care for community mental health. He stated there had been an extended period of consultation with the service users and carers. It was recognised the Community Mental Health Teams (CMHTs) remained the cornerstone of the Mental Health Services. The locality had undertaken a pilot on the new model and had seen 5,000 people. The CHMT team had merged from 8 to 6 teams three years ago as it became apparent they could not obtain changes around the critical mass and undertake services to offer any recovery work.</p> <p>Daniel Crossland, Transformation and Innovation lead provided a six month update on the next steps for the Vale Locality Mental Health Team. The following key points were made:</p> <p>The Vale locality teams were based in Barry Hospital, Cowbridge and Penarth. The caseloads had reduced from 1400 to under 850. Staff levels had improved and for the first time a consultant psychiatrist had been appointed to a substantive position. The role had been remapped and changes made to the job plan which included opportunities</p>	

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<p>Mulford, Glynis 01/24/2020 10:28:11</p>	<p>for psychotherapy.</p> <p>The assessment time had reduced from four months to five weeks and the team looked to reduce this further with bank work on weekends for assessments.</p> <p>Management models posed high levels of complexity and psychology vacancies remained an issue which impacted on waiting lists.</p> <p>A recovery and maintenance protocol is being piloted.</p> <p>In regards to transformation and innovation, unscheduled care expertise was very high which helped with decision making and informing people very quickly of the outcome of assessments rather than patients having to wait a few weeks. There were changes to the opt-in process and what could be done for patients who may not be motivated</p> <p>In regard to management structures, work had been undertaken with the CMHTs as there was a lack of clarity on roles which was impacting on day to day business. 166 key tasks had been identified and staff discussed where responsibilities lay through a whole team approach.</p> <p>Policy changes were reviewed to look at what was more effective for the patient. The outcome was that the approach would be wellbeing orientated and move to a more outcome focused attitude. The aim was to remain risk sensitive, to review the capacity and endeavour to be prudent and clinically reasoned by offering interventions that may have an impact. The view had to be overarching by looking at all areas of the mental health service and to work to the same sets of outcomes. A broader overarching policy would be reviewed for this.</p> <p>The Chair invited comments and questions:</p> <p>The team were commended on the change in waiting times which was a tremendous achievement. This was an exemplar of how services could be transformed and was the most complex change within the MH service to surround the service user.</p> <p>Independent Member – Local Authority commented that she had visited the MH team and saw for the first time what was best for the individual across all parts of the system. The service had shifted to provide better outcomes and the member commended the work which had been undertaken.</p> <p>The CEO suggested that this could be shared across the broader organisation with regard to personal responsibility in how to manage uncertainty and change.</p> <p>The Community Health Council sought assurance on services being delivered closer to home by having a wider variety of options and would like this to be delivered in the future. In response it was stated the vast majority of contact was provided in the home of the service user and there were</p>	
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	<p>over 100k visits last year.</p> <p><i>Susan Elsmore left the meeting at 2.30pm</i></p> <p><b>The Board resolved that:</b></p> <p>a) the presentation be noted</p>	
<b>UHB 19/09/015</b>	<p><b>NURSE STAFFING ACT</b></p> <p>The Executive Nurse Director provided an update on the Nurse Staffing Levels (Wales) Act 2016 and advised that there were clinical areas where this had not been signed off but emphasised this was not unsafe on a day to day basis. There was a need to find a way forward where the financial plan meets operational requirements. The Royal College of Nursing had issued a document which was seen by Assembly Members. It was a review of all papers that have been to Health Boards across Wales. Two areas identified focused around mental health and critical care. It was agreed that critical care nurse staffing was an area for focus by the Financial Delivery Unit. The following comments were made:</p> <p>Independent Member – ICT asked in regard to IMTP planning was the Health Board confident that it was compliant with nurse staffing? In response it was explained that the Mental Health service was currently non-compliant with Section 25(a), and that this was challenging but the risk was managed by reviewing staffing levels on a daily basis. Further conversations were needed on how to assist the Mental Health service. The CEO emphasised that the nursing levels were not unsafe.</p> <p>Steve Allen commented that the CHC was not aware of the closure of E2 and B2 wards.</p> <p>A further report would be presented to a Committee and Board in Spring.</p> <p><b>The Board resolved that:</b></p> <p>a) Approval be given for the nursing establishments in compliance with the requirements of the Nurse Staffing Levels (Wales) Act (2016).</p>	
<p><b>UHB 19/11/016</b></p> <p>Mulford, Glynis 01/24/2020 10:28:11</p>	<p><b>UPDATE ON HEALTHY TRAVEL CHARTERS</b></p> <p>The Executive Director of Public Health stated that the Healthy Travel Charter presented a good example of how the policy was spreading and how other areas across Wales had shown interest in taking on the approach. It was a strong example of Public Service Board work in the context of the Wellbeing of Future Generations Act. For example, the park and ride and the staff shuttle bus fit into the context of healthy travel. There has been agreement for staff to obtain (corporate)</p>	

	<p>membership of the Nextbike cycle hire scheme, in conjunction with Unison and this was positive step to encourage staff to move more and this will be part of the “Move More, Eat Well” plan.</p> <p>This programme was being spread to the business sector and adapted for the third sector. In the wider context, Cardiff Council had submitted a Cleaner Air plan to Welsh Government which would signal significant changes to travel in the capital.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The recent introduction of a Healthy Travel Charter to the Vale of Glamorgan be noted</li> <li>b) The current and subsequent initiatives within the UHB to increase rates of sustainable travel by staff and visitors, and reduce pollution from vehicles used for Health Board work, in line with these commitments is supported</li> </ul>	
<b>UHB 19/11/017</b>	<p><b>MAJOR TRAUMA CENTRE BUSINESS CASE</b></p> <p>The Executive Director for Strategic Planning presented a comprehensive overview of the Major Trauma Centre Business Case which had been developed by the NHS Wales Collaborative and set out detailed proposals for the establishment of the Major Trauma Network in South Wales, including the Major Trauma Centre at UHW. Several papers had been submitted which provided a high-level overview from the Executive Director of Strategic Planning and included a paper that had come from the NHS Collaborative who led on the work through the network to bring the PBC together. The PBC was for the Major Trauma Network and contained all the components parts of the network to deliver the MTC for South Wales.</p> <p>Members were informed that UHW was the last place in the UK to implement an MTC. The evidence was strong in terms of the number of lives which could be saved for people accessing services through a Major Trauma Network into an MTC. From an economic perspective, the benefits over the course of someone’s life included reduced mortality and reduced levels of disability in people who had experienced major trauma. A Programme Director had been working alongside the Clinical Lead for the MTC over the past 18 months and a lot of detailed work had been undertaken on how the MTC would be implemented and what would need to be in place.</p> <p>It was important to note that, as the provider of the MTC, the Health Board had been through intensive internal scrutiny over the business case and had constantly checked that the business case was robust but had also challenged the</p>	

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proposed arrangements for delivering the service. There were a couple of areas where it had been indicated that phasing of services would be appropriate in terms of timing and implementation. In relation to the MTC starting, it was confirmed that there was support for the target date of April 2020. It was also confirmed that work was underway with the network to get pathways in place for patients to arrive at the MTC and to enable patients to be repatriated back to their local area.

Members were asked to approve the Programme Business Case which was being considered by all Boards in South Wales in their November Board Meetings. There was a significant investment required to meet standards which included investment to cover the polytrauma wards and to provide for 24-hour consultant lead cover in the department. The Health Board had made a significant investment of £2.8m and it was acknowledged that although the IMTP plan had not yet been finalised, the investment featured in the WHSSC Commissioning plan for next year.

It was acknowledged that there was a risk in getting all the work in place but good progress was being made on the 200 posts required. The Board were reassured and confident that the plans were on track for an April 2020 implementation.

The Executive Medical Director commented from the perspective of the Clinical Body:

- It was confirmed that there was a clinical case to support the recommendations which had been put forward.
- The business case had gone through many governance processes and the final model had received endorsement from the Clinical Body.
- As a Board, it was important to pursue the April 2020 start date.
- Five of the standards would be phased rather than being implemented on day one. Three of those related to paediatrics, one related to the care of the older person and one related to CT reporting. All the other recommendations had to be put in place ready for when the MTC opened.
- The Chief Executive stated that careful consideration had been given as to which areas could be phased and this had only been agreed in areas where it was safe to do so and would not put patients at risk. One area which could not be phased due to the risk it would present would be the adult area.
- With the introduction of the trauma desk alongside the Emergency Unit, patients would be triaged from the whole of the Health Board's catchment area.
- The recommendation was to endorse the phasing that was already in the plan and start the service as described

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<p>Mulford, Glynis 01/24/2020 10:28:11</p>	<p>on day one.</p> <ul style="list-style-type: none"> <li>The Programme Business Case related specifically to what needed to be put in place to deliver the MTC standards and the required level of clinical service and the Board were strongly urged to support the Programme Business Case in terms of the phasing and the investment required to deliver the MTC.</li> </ul> <p>The Executive Director of Workforce and Organisational Development confirmed the workforce was a dedicated resource and there would be enough resources available to go live in April 2020.</p> <p>Independent Member - Finance asked whether any indication had been received from the other Health Boards and whether or not they were fully supportive of the business case. In response, the Executive Director of Workforce and Organisational Development informed the Board that there was support but the issue related to IMTPs not yet being concluded and the fact that Health Boards had not received any financial allocation. Therefore, there was a need to find a way of prioritising the MTC within the WHSSC Commissioning Plan and the IMTP process.</p> <p>Stephen Allen, Community Health Council informed the Board that all but two CHCs had signed off the document but this was because of the lack of confirmed finance which was the biggest concern. The CHC, therefore, sought assurances that the front line services would not be affected by monies being moved from front line services to deliver the MTC. Also, clarity was sought on the number of patients expected to come into MTC as the figures provided in the paper showed that more patients would be coming to MTC rather than the unit.</p> <p>In response, the Executive Director of Finance advised that the plan for 2020/21 would include the cost of the MTC. There would be an uplift for the coming financial year and the Health Board would be submitting a balanced plan to Welsh Government. It was confirmed that no plan had been drawn up to move monies from elsewhere to support the MTC. In terms of numbers, Members were informed that just under 500 patients were seen per year. In year one it was anticipated that an extra 240 patients would be seen and in year 3 the total would be 883. It was confirmed there would not be an increase in the number of trauma incidents and it was envisaged that the number of patients would be reduced in other services.</p> <p>The impact of the Emergency Medical Retrieval and Transfer Service (EMRTS) which was a skilled retrieval team was explained. A trauma desk run by WAST would be sited next to the EMRTS team and there would be liaison with the trauma team. A systematic process would be introduced from April</p>	
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<p>Mulford, Glynis 01/24/2020 10:28:11</p>	<p>2020 and would run 24/7.</p> <p>Independent Member – ICT asked for clarity on the business case and whether it included the two thoracic consultant posts and if the Adult and Paediatric Trauma Unit based at Morriston would provide specialist services for burns, plastics, spinal and cardiothoracic surgery. It was explained that the burn centre for South Wales was based in Morriston. Some of the clinicians may network to work with colleagues in UHW. It may be appropriate for patients to go to Morriston as patients may not need all of the components of the MTC. It was confirmed that CVUHB was the spinal hub. It was explained that Morriston would take some specific type of cases that would include burns and ortho-plastic intervention but if a patient had a complex set of injuries that required ortho-plastic surgery they would come to the MTC for their treatment. Patients who acquired a thoracic injury would be treated at the MTC by the Morriston surgeon working on the UHW site on that day.</p> <p><b>The Board resolved:</b></p> <ul style="list-style-type: none"> <li>a) To endorse the phased approach of the five standards, relating to paediatrics, older persons and CT reporting and for the rest of the standards to be available from the implementation date of April 2020;</li> <li>b) That the investment required to run the service was supported;</li> <li>c) That in principle, the service would be run at risk with staffing, but would continue to recruit staff to ensure that the start date was met;</li> <li>d) That the Programme Business Case for the network was received and discussed.</li> <li>e) That there had been significant scrutiny of the case, including three formal Gateway Reviews and a professional peer review by UK clinical experts.</li> <li>f) That the overall network model described in the case (clinical, operational and governance be approved, including the: <ul style="list-style-type: none"> <li>a. role of the Operational Delivery Network (ODN)</li> <li>b. role of the Health Board, as a provider of respective components of service model.</li> </ul> </li> <li>g) That the importance of the repatriation policy and the importance of the ODN having the authority to implement it, completion of which would form a critical activity in planning network implementation, be noted.</li> <li>h) That there would be other business cases over the next two to three years to further develop the Major Trauma Centre and Trauma Units be noted.</li> <li>i) That the content of the Programme Business Case, subject to confirmation of the NHS resource allocation for 2020/21, the IMTP prioritisation process, be approved.</li> <li>j) That final commissioning decisions on prehospital services, the Major Trauma Centre, relevant Specialist Services, and the ODN, would be taken at meetings of the Welsh Health</li> </ul>	
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	Specialist Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) be noted.	
<b>UHB 19/11/018</b>	<p><b>INTEGRATED MEDIUM TERM PLAN</b></p> <p>The Executive Director of Planning brought the draft Integrated Medium Term Plan for noting as the timetable had been changed by WG. An internal workshop with all Clinical Boards would be undertaken. The IMTP was still a work in progress. This had been shared with WG and a few changes needed to be made to include the Wellbeing of Future Generations (Wales) Act. There was an opportunity for the Board Members to comment on the IMTP. The final plan would be brought back to Board in January.</p> <p><b>The Board resolved that:</b></p> <p>a) the draft IMTP report be noted</p>	
<b>UHB 19/11/019</b>	<p><b>FUNDED NURSING CARE UPLIFT</b></p> <p>The Executive Finance Director stated that the paper would be shared by all Health Boards and would be the mechanism used to calculate the FNC rate over the next two years. It provided assurance that professional leads and all Health Boards worked together and were in agreement on the recommended approach.</p> <p><b>The Board resolved that:</b></p> <p>a) the current Inflationary Uplift Mechanism (IUM), which was approved by each Health Board in Wales in 2014 for a period of five years then review, be noted;</p> <p>b) it be noted that, the professional and finance leads from each Health Board in Wales have considered options and recommend that the IUM be extended for a further two year period, to cover 2019/20 and 2020/21, for the reasons set out in section 2 of the paper, and that CEOs support this Recommendation;</p> <p>c) the proposal that the IUM be extended for a further two year period be approved;</p> <p>d) the FNC rate for 2019/20 and 2020/21 be noted and approved.</p> <p>e) It be noted that further work will be undertaken to consider a longer term model following on from a WG review of the FNC policy position and that Boards will be updated on this work as it develops.</p>	
<b>UHB 19/11/020</b>	<p><b>STANDARDS OF BEHAVIOUR POLICY</b></p> <p>The Director of Corporate Governance presented the policy for approval stating that the Standards of Behaviour had received substantial assurance from Internal Audit and demonstrated that the Health Board was transparent and</p>	

	<p>open.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the new Standards of Behaviour Policy be approved with additional input from the BMA being considered if it was significant. However, it was also noted that this was a policy for the Board to approve.</li> <li>b) the full publication of these documents in accordance with the UHB Publication Scheme be approved</li> </ul>	
<b>UHB 19/11/021</b>	<p><b>MODEL STANDING ORDERS</b></p> <p>The Director of Corporate Governance informed Members that the Model Standing Orders had been circulated by WG and were being adopted on an all Wales basis.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the draft Model Standing Orders had been reviewed.</li> <li>b) the draft Model Standing Orders were agreed and would be adopted by the Health Board.</li> <li>c) It be noted that, once approved by the Board the draft Model Standing Orders would be proof read and appropriately amended to reflect the requirements of the Health Board.</li> </ul>	
<b>UHB 19/11/022</b>	<p><b>COMMITTEE MEMBERSHIP</b></p> <p>The Director of Corporate Governance informed members that when Wales Audit Office undertook their Structured Assessment it was observed that not all Committee meetings were quorate. As this gap had been identified the Interim UHB Chair had met with Independent Members to make changes to ensure that Committee meetings were quorate going forward.</p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) The changes to the Membership of the Committees of the Board detailed within the last column of appendix 1 of the paper be approved with effect from 1 January 2020</li> </ul>	
<b>UHB 19/11/022</b>	<p><b>FINANCE COMMITTEE</b></p> <p><b>The Board resolved that:</b></p> <ul style="list-style-type: none"> <li>a) the minutes of the Finance Committee held in September 2019 ratified</li> </ul>	
<b>UHB 19/11/023</b>	<p><b>STRATEGY AND DELIVERY COMMITTEE</b></p> <p><b>The Board resolved that:</b></p>	

	a) the minutes of the Strategy and Delivery Committee held in September 2019 be ratified	
<b>UHB 19/11/024</b>	<b>HEALTH AND SAFETY</b>  <b>The Board resolved that:</b>  a) the minutes of the Health and Safety Committee held in July 2019 be ratified	
<b>UHB 19/11/025</b>	<b>LOCAL PARTNERSHIP FORUM</b>  <b>The Board resolved that:</b>  a) the minutes of the Local Partnership Forum held in August 2019 be ratified	
<b>UHB 19/11/026</b>	<b>WELSH HEALTH SPECIALIST SERVICES COMMITTEE</b>  <b>The Board resolved that:</b>  a) the minutes of the Welsh Health Specialist Services Committee held in May 2019 be noted	
<b>UHB 19/11/027</b>	<b>WELSH HEALTH SPECIALIST SERVICES COMMITTEE BRIEF</b>  <b>The Board resolved that:</b>  a) the Brief of the Welsh Health Specialist Services Committee September 2019 be noted	
<b>UHB 19/11/028</b>	<b>EMERGENCY AMBULANCE SERVICES COMMITTEE</b>  <b>The Board resolved that:</b>  a) the minutes of the Emergency Ambulance Services Committee in March and May 2019 be noted	
<b>UHB 19/11/029</b>	<b>QUALITY, SAFETY AND EXPERIENCE COMMITTEE CHAIR'S REPORT TO BOARD</b>  <b>The Board resolved that:</b>  a) The report of the Chair of the Quality, Safety and Experience Committee be noted	
<b>UHB 19/11/030</b>	<b>FINANCE COMMITTEE CHAIR'S REPORT TO BOARD</b>  <b>The Board resolved that:</b>	

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	<p>a) The report of the Chair of the Finance Committee be noted.</p>	
<b>UHB 19/11/031</b>	<p><b>STRATEGY AND DELIVERY COMMITTEE CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) The report from of the Chair of the Strategy and Delivery Committee be noted.</p>	
<b>UHB 19/11/032</b>	<p><b>AUDIT AND ASSURANCE COMMITTEE CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) The report from of the Chair of the Audit and Assurance Committee be noted.</p>	
<b>UHB 19/11/033</b>	<p><b>MENTAL HEALTH CAPACITY AND LEGISLATION COMMITTEE CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) The report from of the Chair of the Mental Health Capacity and Legislation Committee be noted.</p>	
<b>UHB 19/11/034</b>	<p><b>HEALTH AND SAFETY COMMITTEE CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board Resolved that:</b></p> <p>a) The report of the Chair of the Health and Safety Committee be noted.</p>	
<b>UHB 19/11/035</b>	<p><b>STAKEHOLDER REFERENCE GROUP CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) The report of the Chair of the Stakeholder Reference Group be noted.</p>	
<p><b>UHB 19/11/036</b></p> <p>Mulford, Glynis 01/24/2020 10:28:11</p>	<p><b>LOCAL PARTNERSHIP FORUM CHAIR'S REPORT TO BOARD</b></p> <p><b>The Board resolved that:</b></p> <p>a) The report of the Chair of the Local Partnership Board be noted.</p>	



UHB 19/11/037	ANY OTHER BUSINESS	
UHB 19/11/038	Date, Time & Venue of Next Board Meeting:  Thursday 30 January 2020 TBC	

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**ACTION LOG**  
**Following Board Meeting**  
**28 November 2019**

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
<b>Actions Completed</b>					
<b>19/07/009</b>	Patient Safety, Quality and Experience Report	(b) Steve Allen, CHC to work with the Health Board in order to help improve signage in relation to Park and Ride	26.09.2019	A Harris/ S Allen	<b>COMPLETED.</b> Being picked up by the Wayfinding Group on which the CHC is represented
<b>19/09/013</b>	CAMHS – Response to Mind Over Matter Report including Delivery Unit Report and Action Plan	Staffing Mix – Was there a way of knowing the referral to assessment target and this to be addressed in November	28/11/2019	S Curry	<b>COMPLETED.</b> The target is clear – it is 80% - to be assessed within 28 days. It will be tracked through Executive Performance Reviews and assurance provided through sub committees as agreed.
<b>19/11/002</b>	Outcome of Engagement on Improving Care for Frail Older People in the Vale of Glamorgan	Invitation to be extended to stakeholders for workshop on 4 December 2019	4.12.19	A Harris	<b>COMPLETED.</b>
<b>19/11/002</b>	Outcome of Engagement on Improving Care for Frail Older People in the Vale of Glamorgan	CHC comments to be considered at the Board Development meeting	19.12.19	N Foreman	<b>COMPLETED..</b> Discussed at Board Development on 19.12.19

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MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
19/09/006	Board Action Log	19/07/017 – Welsh Language Policy  There would be further discussions with two Board Champions, Independent Member- Community in relation to equality and Independent Member- University in relation to LGBTQI.	30.01.20	M Driscoll	A proposal will be presented at the Strategy and Delivery Committee in January 2020.  <b>COMPLETED</b>  Will be reviewed at a later date by the Strategy and Delivery Committee
<b>Actions In Progress</b>					
19/11/017	Integrated Medium Term Plan	Final plan to be brought to next meeting.	30.01.20	A Harris	On agenda for January meeting. <i>(agenda item 8.3)</i>
19/01/005	18/119- Relocation of the Links Centre	The Capital Estates and Facilities team is working with PCIC and Mental Health Clinical Boards	26.03.2020	A Harris	CMHT has relocated to the main CRI building. Plans are in place to move the CDAT but due to the needs of the service, the plans will take longer to deliver. Geoff Walsh to provide timeline.
19/09/012	Primary Care Milestones and Delivery Against Them	Reports would be provided to the Board on an annual basis, or if there were exceptions in relation to delivery.	24.09.2020	S Curry	To be added to the work programme for the Board and timetabled for September 2020.
19/09/016	Strategic Clinical Services Plan	Executive Directors to reconsider dates of the formal process and when this would begin.	Spring / Summer 2020	A Harris	Continuous engagement ongoing. Consultation, if required to follow in the spring/summer 2020.
<b>Actions referred to Committees of the Board/Board Development</b>					

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<b>Report Title:</b>	<b>INTERIM CHAIR'S REPORT</b>						
<b>Meeting:</b>	CARDIFF AND VALE UHB BOARD MEETING				<b>Meeting Date:</b>	January 2020	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	✓	<b>For Approval</b>	✓	<b>For Information</b>
<b>Lead Executive:</b>	N/A						
<b>Report Author (Title):</b>	<b>SENIOR EXECUTIVE ASSISTANT TO THE CHAIR</b>						

## SITUATION

At each public Board meeting, the Chair presents a report on key issues to be brought to the attention of the Board since its last meeting. This written report provides an update on the following:

- Relevant meetings and events,
- Where the Chair has been required to affix the Common Seal of the UHB and,
- When Chair's Action has been taken in line with Standing Orders which requires ratification of the Board
- Documents which require Board approval for the Common Seal of the UHB to be used.

## BACKGROUND

This over-arching report highlights the key areas of activity, some of which may be referred to with the business of the Board meeting and also highlights areas of interest to the Board.

1.	4 December 2019	Attended Welsh Government Independent Members (IMs) Induction Programme Dinner. This was the first day of a 2 day residential course aimed at inducting new Independent Members. Initial feedback was mixed, day one heavy workload and day 2 case studies. The course will be for newly appointed IMs and has replaced the former series of half day intermittent events. On this occasion Cardiff and Vale UHB had no eligible IMs for the course.
2.	5 December 2019	Attended the Vale of Glamorgan Public Service Board which focused on Climate and Environmental Issues with a particular emphasis on contributions from our younger population. The session was attended by members of Cardiff and Vale Youth Board and Vale of Glamorgan Youth Forum who integrated extremely well into the discussion and will be involved in taking this forward.
3.	10 December 2019	Undertook a Patient Safety Walkaround with Martin Driscoll, Executive Director for Workforce and Organisational Development to Broad Street Clinic in Barry. I was very impressed with the staff working across a number of disciplines within the clinic. Their commitment to provide high

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		quality service was very evident.
4.	11 December 2019	Attended a Community Adolescent Mental Health Service (CAMHS) Presentation delivered by Scott Mclean, Director of Operations for Children and Women Clinical Board, which outlined a very positive and constructive way forward for the delivery of our CAMHS service. A single point of access and engagement with Local Authorities and the Third sector are key components of a very constructive new strategy This has been the result of considerable endeavor within the team and is pleasing to see a positive way forward identified.
5.	11 December 2019	Chaired the recent Organ Donation Committee Meeting where it was reported by Charlotte Goodwin and Katie Edwards (Specialist Nurses Organ Donation) that 34 patients received life changing transplants in the first six months of 2019 through the sheer hard work from staff in the Critical Care Unit and Theatres. Fantastic work in a very sensitive area.
6.	16 December 2019	Attended on behalf of Chairs the National Programme for Un-scheduled Care (USC) Board Meeting.
7.	17 December 2019	<p>I visited University Hospital of Llandough Nursery who have recently been awarded The National Day Nursery Association, Quality Counts Mark Platinum Level. Only 30 Nurseries (5 in Wales) have achieved this prestigious award within the UK.</p> <p>Quality Counts is NDNA's quality improvement scheme for nurseries. It showcases that our nursery on the UHL site reflects, reviews and improves their practice to the highest quality standards. Achieving Quality Counts gives parent users, who are in the majority UHB Staff members and the nursery team, reassurance that their nursery meets defined and robust quality standards. Accreditation is based on an assessment against a framework of standards and includes an on-site visit to observe practice. Following this, the assessor's recommendation went to an internal and external verification and a decision was made to award our setting the highest level of platinum.</p>
8.	17 December 2019	Attended the Regional Partnership Board Workshop (RPB) which focused on determining an outcomes framework for the Board to be better placed to understand the benefits of whole health and care system investments made across Cardiff and Vale. The outcomes framework will shortly be finalized.
9	18 December 2019	Visited the Emergency Unit at UHW where I was accompanied by Ceri Martin, Clinical Team Leader (CTL). I was very impressed with the organisation within the unit and the significant emphasis placed on quality of care and patient safety. The Unit has dealt with record levels of attendances in recent weeks and months but the positive team spirit and support for each other was inspirational.

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## Fixing the Common Seal / Chair's Action and other signed documents

This section details the action that the Chair has taken on behalf of the Board since the last meeting. The Board is requested to ratify these decisions in accordance with Standing Orders.

### a. Affixing the UHB Common Seal

The UHB Common Seal has been applied to 2 documents in accordance with requirements. A record of the sealing of these documents was entered into the Register kept for this purpose and has been signed in accordance with Section 8 of the Standing Orders.

	Documents to be sealed/approved	Background Information
	<b>UHB Lansdowne Surgery</b> – Enabling docs for sale. <ul style="list-style-type: none"> <li>Agreement for Adoption (of Lansdowne Access Road / sewer connection)</li> <li>Deed of Easement (for UHB rights over car park)</li> <li>Agreement for Lease ( land for practice car park)</li> <li>Lease of Land at Lansdowne (for practice car park)</li> </ul>	
	<ul style="list-style-type: none"> <li><b>UHB Hafod Housing HA</b> – Sale of Lansdowne</li> <li>Lease of Land at Lansdowne (... for demolition of hospital buildings)</li> <li>Contract for Sale of Lansdowne</li> <li>TP1 for Sale of Lansdowne</li> </ul>	

### b. Documents requiring retrospective approval for the use of the seal

Seal No.	Description of documents sealed	Background Information
927	Service Level Agreement between Vale of Glamorgan Council vale Flying Start and Cardiff and Vale University Health Board	The agreement is for the commissioning of staff and resources and services in support of the delivery of the Welsh Government's Flying Start Programme.
928	HM Land Registry TR1 Title number WA818990	Known as Amy Evans Hospital, Holton Rd, Barry, CF63 4HN
929	Renewal Lease By Reference to Existing Lease Cardiff Title no: CYM744237	Cardiff and Vale UHB and Lakeside Homes Limited

### c. Signed Legal Documents

The following legal documents have been signed:

Date Signed	Description of Document	Background Information
20.11.2019	Contract for the Sale of Freehold Land with Vacant Possession	Known as Amy Evans Hospital, Holton Rd, Barry, CF63 4H
09.12.2019	Licence for Access and Survey	Relating to Lansdowne Hospital, Sanatorium Rd, Whitchurch
12.12.2019	Licence to Carry Out Soil Investigations within the grounds of Whitchurch Hospital, Cardiff	

### d. Chair's Action

Chair's Action was taken on eight occasions in relation to:

26.11.2019	Asbestos Remediation Works Framework (Health Board Visit)
26.11.2019	Through-Care, After-Care and Recovery, (TARS) Substance Misuse Service Package for Adults
26.11.2019	Open Access and Engagement (OAE) Substance Misuse Service Package for Adults
26.11.2019	Electrical Refurbishment Replacement and Upgrade Framework (Health Board Wide)
26.11.2019	Mechanical Refurbishment Replacement and Upgrade Framework
24.12.2019	2020 EU CT Scanner
24.12.2019	3 <sup>rd</sup> Radiology MRI Scanner
30.12.2019	All Wales Eye Care Digitalisation Programme

**ASSURANCE AND RECOMMENDATION:**

**ASSURANCE** is provided by:

- Discussion at the Governance Co-ordinating Group
- Discussions with the Director of Corporate Governance

The Board is recommended to:

- **NOTE** the report
- **APPROVE** that the Common Seal can be affixed to documents detailed in paragraph 11a
- **ENDORSE** the affixing of the Common Seal for documents in paragraph 11b
- **APPROVE** the Chairs Actions and signing of legal documents

### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1.Reduce health inequalities	X	6.Have a planned care system where demand and capacity are in balance	
2.Deliver outcomes that matter to people	X	7.Be a great place to work and learn	X
3.All take responsibility for improving our health and wellbeing	X	8.Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4.Offer services that deliver the population health our citizens are entitled to expect	X	9.Reduce harm, waste and variation sustainably making best use of the resources available to us	
5.Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10.Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention		Long term		Integration		Collaboration	X	Involvement	X
<b>Equality and Health Impact Assessment Completed:</b>		Not Applicable							

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<b>Report Title:</b>	<b>CHIEF EXECUTIVE'S REPORT</b>					
<b>Meeting:</b>	CARDIFF AND VALE UHB BOARD MEETING			<b>Meeting Date:</b>	30.01.2020	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	<b>For Information</b> ✓
<b>Lead Executive:</b>	<b>CHIEF EXECUTIVE</b>					
<b>Report Author (Title):</b>	<b>EXECUTIVE ASSISTANT TO THE CHIEF EXECUTIVE</b>					

### Background and current situation:

This is the twelfth written report being presented and, where appropriate, has been informed by updates provided by members of the Executive Team.

At each public Board meeting, the Chief Executive presents a report on key issues which have arisen since its last meeting. The purpose of this Chief Executive report is to keep the Board up to date with important matters which may affect the organisation.

A number of issues raised within this report may also feature in more detail in Executive Directors' reports as part of the Board's business.

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

#### 1 Interim Director of Transformation and Informatics

I am pleased to confirm that Jonathon Gray commenced employment with the UHB on 2 December 2019, as Interim Director of Transformation and Informatics.

Jonathon is an experienced and successful executive, clinical leader and academic, having held a wealth of senior positions in health systems around the world. He is passionate about equity and a vision of establishing 'great care everywhere', not just in pockets.

Jonathon has a track record of successfully implementing and nurturing transformation in a range of organisations.

#### 2 Developing a Health and Wellbeing Centre for Vale of Glamorgan

On 4 December 2019, a workshop was held in Barry to shape the future proposals to develop the current Barry Hospital into a Health and Wellbeing Centre for the Vale of Glamorgan residents.

Attendees included: Clinical Boards, the Clusters within the Vale locality, General Practice, Primary and Community Care, acute services, CHC and third sector representatives.

Discussion took place to explore what services and functions were currently missing from this



locality (or could be provided better) in order to better service the wellbeing needs of the current and future residents of the Vale locality. Further engagement work will be taken forward over the coming months.

### 3 Precision Medicine in Wales

We have recently introduced 'NovaSeq™ 6000' which is a new sequencing system for delivering precision medicine in Wales.

Forming part of our Genomics for Precision Medicine Strategy, the NovaSeq offers unprecedented next generation sequencing capacity, and is capable of sequencing 96 human genomes in under 48 hours. To put this in context, our two existing sequencers can sequence one genome in 27 hours, and 8 genomes in 29 hours respectively.

Being able to analyse all of this genomic information quickly will lead to more rapid diagnoses of rare and common disorders, enabling us to care for more people and keep them well.

This is an exciting development for advancing our capacity to deliver precision medicine in Wales, and will help to secure our place at the forefront of the Genomic medicine revolution.

### 4 Advancing Healthcare Awards

On 26 November 2019, I attended the Advancing Healthcare Awards Wales in Cardiff. These Awards recognise and celebrate success and good practice among allied health professionals, healthcare scientists and pharmacists. I was delighted that Cardiff and Vale had a very successful night indeed, with no fewer than four winners across a range of categories:

- Hannah Carpenter, a Physiotherapy Technician at the Stroke Rehab Centre, UHL - Support Staff Member of the Year award.
- Clive Morgan, Managing Director of the all Wales Genetics and Genomic Service and Assistant Director of Therapies and Health Science - Health Care Scientist of the Year award.
- Annette Thomas of WEQAS - Lifetime award for Health Care Science.
- Fiona Woods in Drugs Information - Lifetime award for Pharmacy.
- 

Hayley Pincott of the Dental Hospital and Justyna Tull, Lead Genetic Technologist, were also shortlisted for the Support Staff Worker of the Year award and Health Care Scientist of the Year award respectively.

### 5 Right Bed, First Time, Surgery Clinical Board

On 5 December 2019, I attended the second of two Amplify events held by the Surgery Clinical Board to explore how we could improve patient experience and outcomes by better managing their journeys through the hospital.

I was encouraged by way that more than 80 staff from across different disciplines and Clinical Boards came together in both evening events to improve care for Wyn. After reviewing the work

from the first event, including a powerful patient story and a wealth of suggestions for improvement, the teams worked on their own plans for introducing a “Pull” model to get Wyn to the Right Bed, First Time. Their plans included a range of other ways of improving the patient journey and earlier discharge home.

Central to these plans is changing the way we manage patient flow through our system to put the patient at the centre of all of our decisions, and enabling multi-disciplinary teams to take the lead in identifying their patients, defining their pathways and “pulling” them onto the right clinical area, supported by Patient Access.

## 6 WHSSC Joint Committee – Approval of Major Trauma

On 12 December, a special meeting was held of the WHSSC Joint Committee to approve the Major Trauma Centre. The case was approved and the funding for Major Trauma Centre was announced in the allocation letter towards the end of December.

## 7 Transoral Robotic Surgery

Surgeons at UHW have been using the state-of-the-art da Vinci Surgical System to operate on prostate cancer patients since 2014, and in July 2018 they began using the same innovative technology to transform the care of kidney patients.

Compared with conventional surgeries, the new robotic procedures have achieved exceptional improvements in patient outcomes as well as significant reductions in the length of stay following the procedures.

In an exciting development, a third group of patients are now benefiting from the use of the da Vinci robot at UHW. In December, the robot was used to perform cutting edge Transoral Robotic Surgery (TORS) on a patient with head and neck cancer, which was a first for Wales.

Until now, head and neck cancer patients in Wales have had to travel to London or Newcastle for the robotic surgery. The introduction of the procedure to the University Hospital of Wales means that patients will now be able to access the surgery in Wales, closer to their homes.

## 8 FIT Service Launches

The Frailty Intervention Team (FIT) launched on Monday 6 January 2020 as part of a pilot service to improve services for frail older people. These multidisciplinary teams consist of Physiotherapists, Occupational Therapists, Dieticians and Frailty Nurse Specialists, led by a Consultant Geriatrician. Frailty Liaison Officers and First Point of Contact officers will also support the Frailty Intervention Team, which will work closely with teams at the EU and AU at UHW and the MEAU at UHL. For more information on FIT, which runs until 31 March 2020, please visit the [website](#).

**Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)**

The Executive Team contributing to the development of information contained in this report.

## Recommendation:

The Board is asked to **NOTE** the report.

### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities	✓	6. Have a planned care system where demand and capacity are in balance	✓
2. Deliver outcomes that matter to people	✓	7. Be a great place to work and learn	✓
3. All take responsibility for improving our health and wellbeing	✓	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	✓
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	✓
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	✓	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	✓

### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓
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**Equality and Health Impact Assessment Completed:**

Not Applicable

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Kind and caring  
Caredig a gofudus

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

Report Title:	PATIENT SAFETY QUALITY AND EXPERIENCE REPORT – V8						
Meeting:	Board Meeting					Meeting Date:	30.01.20
Status:	For Discussion		For Assurance		For Approval		For Information
Lead Executive:	Executive Nurse Director						
Report Author (Title):	Assistant Director, Patient Safety and Quality – 029 21836331 Assistant Director, Patient Experience – 029 21836320						

### Background and current situation:

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from November to December 2019.

The development of an integrated Patient Safety Quality and Experience report, presents an opportunity for greater triangulation and analysis of information. It enables Clinical Boards and the Corporate Teams to identify areas of good practice but also to identify emerging trends and issues that require action in order to improve safety and quality of services.

The UHB has a wide range of data which provides a level of assurance on the safety and quality of services, as well as on the experience of patients and families. This report provides an analysis of information drawn from the reporting of patient safety incidents, Serious Incidents (SIs) and Never Events, as well as concerns raised by patients and families and feedback from national and local patient surveys. Themes emerging from internal and external inspections of clinical areas also provide a very valuable level of assurance in relation to the quality and safety of clinical services.

Where available, benchmarking data with peers is provided. Assurance in relation to the action that is being taken to address areas for improvement is also described.

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

#### Ophthalmology waiting times

In the last report, the Board was advised that the demand for ophthalmology services is exceeding capacity and the UHB is currently pursuing a range of options to ensure that patients are seen within appropriate timescales. The service remains under pressure and the UHB continues to receive high numbers of complaints on a monthly basis. Following on from the last report, the UHB has now agreed and procured in-sourcing arrangements and work is being undertaken to review the lists to manage demand. The Clinical Board is also currently working very closely with this Directorate to monitor the situation.

#### Falls and Fractured neck of femur

In the last report, the Board were advised of an increased adjusted mortality rate of 8.5% that had been reported in The National Hip Fracture Database (NHFD) 2018 National report, published in November 2018. A detailed report of the results and actions were reported through the Quality Safety and Experience Committee in February 2019.

The National Hip Fracture Database (NHFD) 2019 National report has just been published and demonstrates an improvement in the mortality rate to 6.6% in September 2019, which is now below the

annual rolling mortality rate in of Wales 7.4% and equal to the UK annual mortality rate of 6.3%.

### Assessment Unit, Emergency Department

Work continues to implement the findings of the 2019 HIW inspection of the Assessment Unit and to improve the flow of surgical patients through this particular department. The Community Health Council carried out an unannounced visit to this area on 5<sup>th</sup> January 2020. The department was very busy during the visit. The Chief Officer confirmed that he was able to see some of the improvements that had been put in place and patients reported good communication with staff re waiting times and staff were observed to be kind and caring. However, there is still need for improvement and they also reported examples of patients waiting too long in the lounge area, lack of pillows and they felt patients needed more encouragement to ask for drinks and for food.

### Concerns activity and response times

In October/November 2019, the UHB was pleased to receive 626 concerns where patients shared their experiences. This is a significant increase compared to the previous two months. This has impacted upon both the Concerns Team and the Clinical Boards and the UHB has seen a reciprocal decrease in response time to formal concerns which is currently 75%. This represents a 10% decrease albeit against increased activity. The Clinical Board continue to aim to meet the targets and the Corporate Concerns team are ensuring regular contact with complainants.

### Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc):

## PATIENT SAFETY QUALITY AND EXPERIENCE REPORT September - October 2019

### Serious patient safety incidents (SIs reportable to Welsh Government)

#### How are we doing?

Serious Incidents		
Clinical Board	Number	Description
Children & Women	0	N/A
Clinical Diagnostics & Therapeutics	1	A delay in reporting an unexpected finding on a CT scan.
	1	A Kell; negative patient has been transfused with Kell positive blood. Welsh Government has since advised they wish to consider this as a Never Event under the ABO-incompatible transfusion criteria.
Executive & Corporate Services	1	The Procedural Response to Unexpected Death in Childhood (PRUDiC) process has been instigated following the death of a child. The child had

		developed an acute, sudden illness.
<b>Medicine</b>	1	A patient was admitted to the Emergency Unit and absconded while waiting transfer to Hafan Y Coed (HYC) Coed. The patient was later located and safely transferred to HYC.
	4	Patient falls
	1	Healthcare acquired pressure ulcer
	1	Medication error involving incorrect dose insulin. The patient did not come to any harm.
<b>Mental Health</b>	6	There have been six unexpected deaths of patients known to Mental Health Services. There are no identified themes emerging from early review.
	4	Patients who were known to the community addictions. The deaths are not connected.
		Adolescent aged 17 admitted to Hafan y Coed while awaiting input from Child and Adolescent Mental Health Services (CAMHS).
	1	Patient absconded from Hafan Y Coed.
	1	A patient known to mental health services has been arrested by police on suspicion of committing a serious crime.
	1	While on escorted community leave, a patient failed to return to Hafan Y Coed at the expected time. The patient was later located and safely returned to the ward.
	1	Three injurious patient falls were reported in older people's services.
<b>Primary Community &amp; Intermediate Care</b>	3	Three patients receiving care at home developed pressure ulcers that were deemed to be avoidable.
	1	An error occurred during a patient's dental treatment where an incorrect tooth was drilled.
<b>Specialist</b>	1	Hospital acquired pressure ulcer
	1	A critical care patient required treatment to reverse the effects of a haemodiafiltration line becoming

	1	disconnected.
	1	An issue occurred with an intra-aortic balloon pump while a patient was on the critical care unit following a cardiology procedure.
	1	Significant delay in the diagnosis and management of diabetes in a patient following a blood test.
<b>Surgery</b>	1	Hospital acquired pressure ulcer
	1	Avoidable delay in a patient's ongoing treatment for cancer was identified. Patient has since had surgery with appositive outcome
	1	Inappropriate administration of potassium based on an incorrect blood result.
	1	Patient fall.
<b>Total</b>	39	

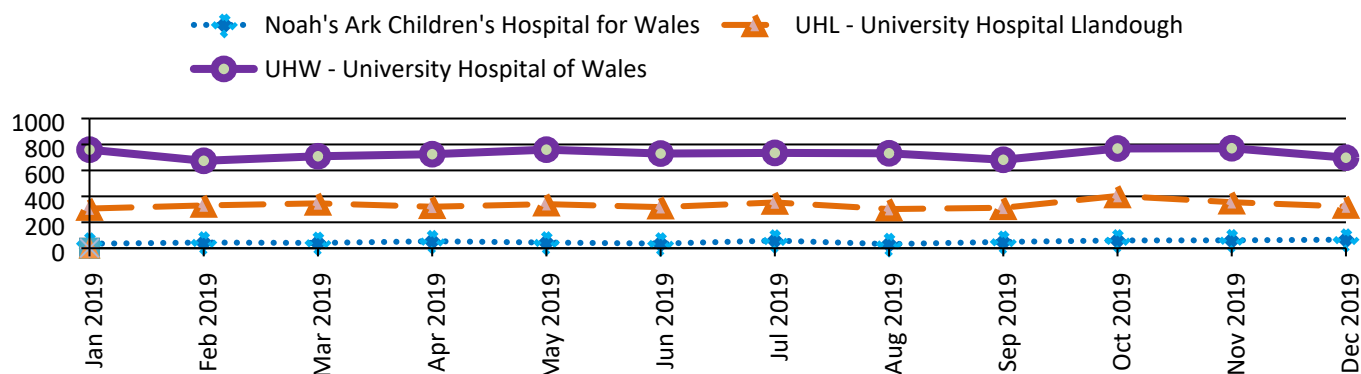
<b>No Surprises</b>		
<b>Clinical Board</b>	<b>Number</b>	<b>Description</b>
<b>Medicine</b>	0	
<b>Mental Health</b>	0	
<b>Specialist</b>	0	
<b>Miscellaneous</b>	4	Temporary ward closures occurred during the reporting period on the advice of infection prevention and control. These were due to diarrhoea and vomiting / norovirus outbreaks.
<b>Total</b>		

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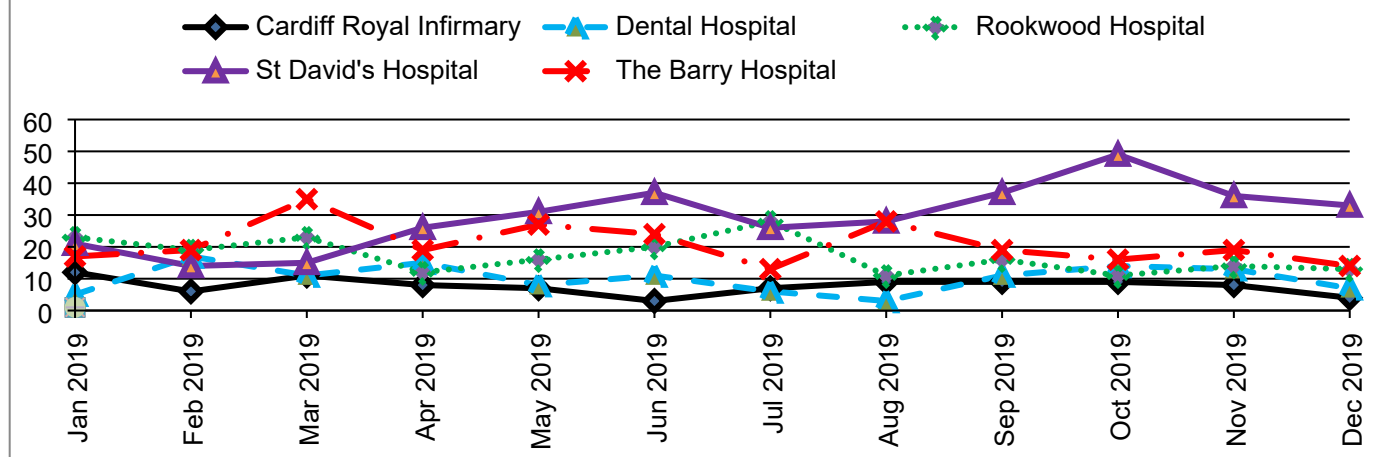
## How do we compare to our Peers?

### Patient safety incidents with incident date Jan - Dec 2019 by main site



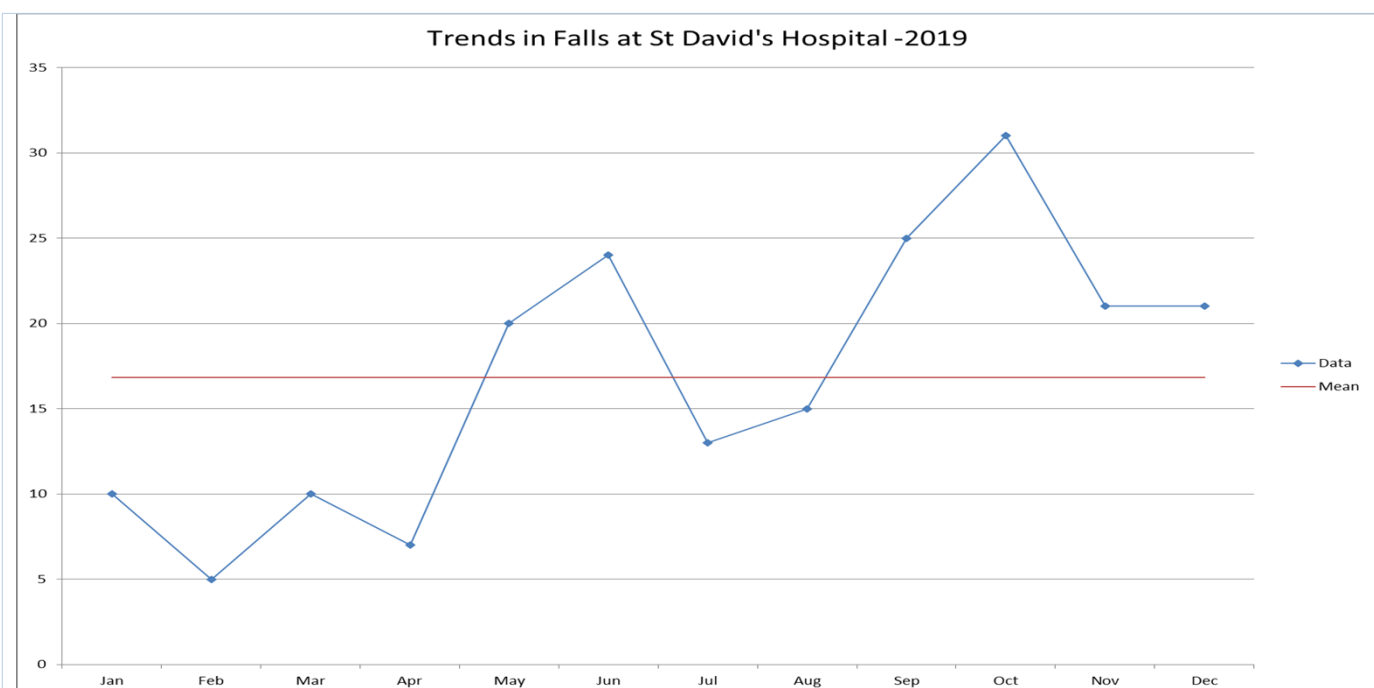
Reporting of patient safety incidents across the main hospital sites remains fairly consistent.

### Patient safety incidents with incident date Jan - Dec 2019 by other site

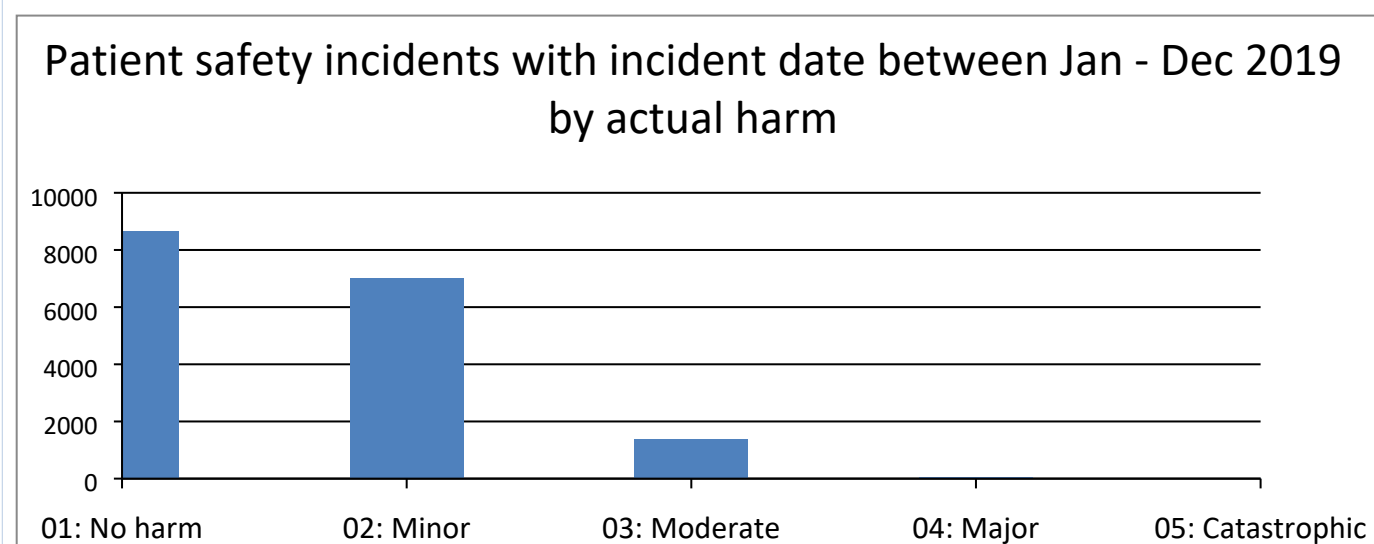


Reporting rates across the smaller hospital sites is reasonably consistent. Reporting at Saint David's Hospital increased through the year until October 2019. A review of the incidents at Saint David's Hospital identified that the vast majority of incidents reported, caused no harm or minor harm to patients. There has however been an increase in the number of reported falls which we will continue to monitor and four of these falls were injurious and met the criteria for SI reporting to WG.

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Across the UHB, the majority of patient safety incidents reported cause either no harm or minor harm to patients.



#### Trends and themes emerging from the quality, safety and patient experience agenda.

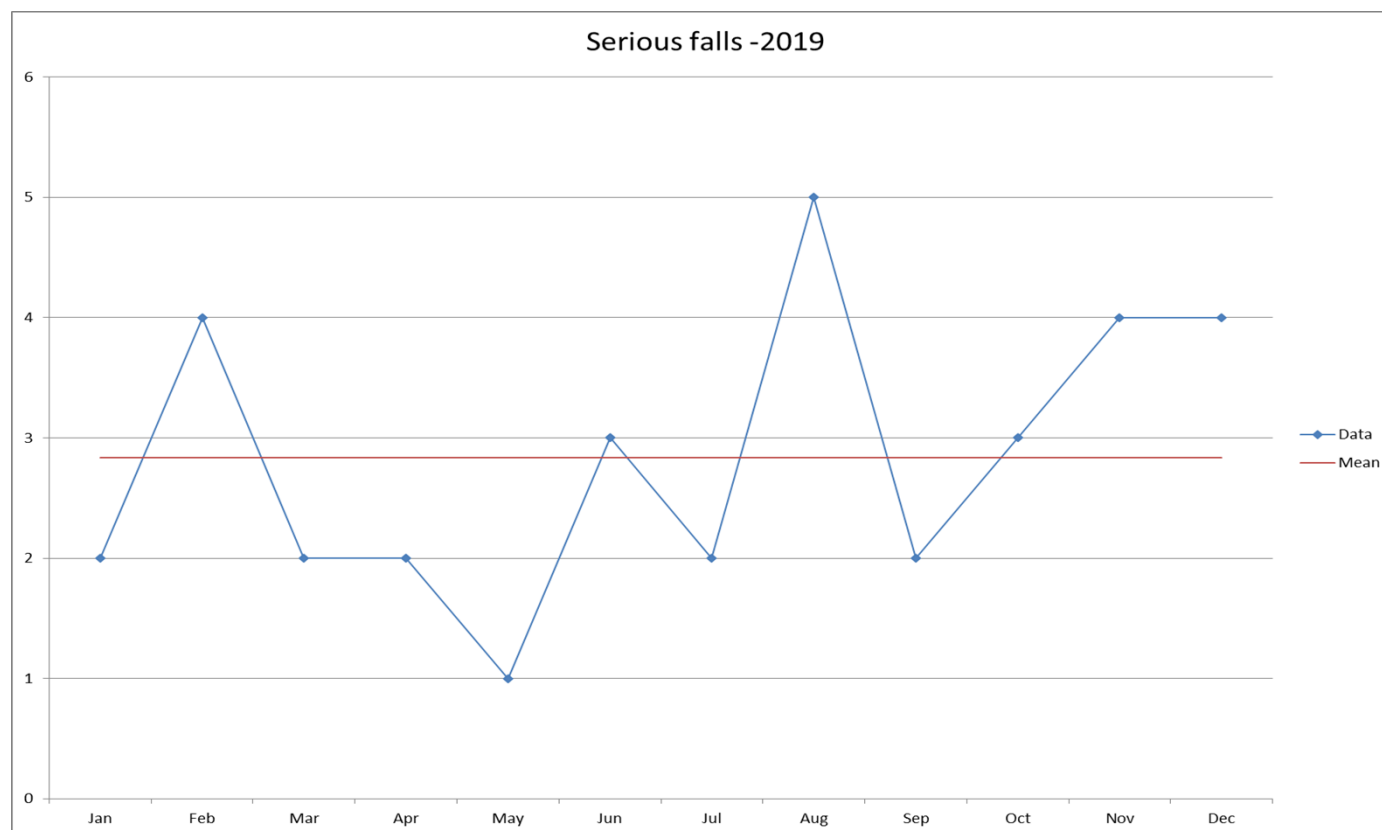
There are a number of identified trends and themes and these are:

- Patient falls
- Ophthalmology waiting times
- Falls and Fractured neck of femur mortality rates

- Deaths in patients known to mental health and substance misuse services

## Patient falls

The last report to Board demonstrated that there has been an overall reduction in the number of falls which cause serious harm over the last two years. The UHB will continue to monitor the trend throughout 2019/2020, acknowledging the small increase in the total number for Quarter 3 of 2019.

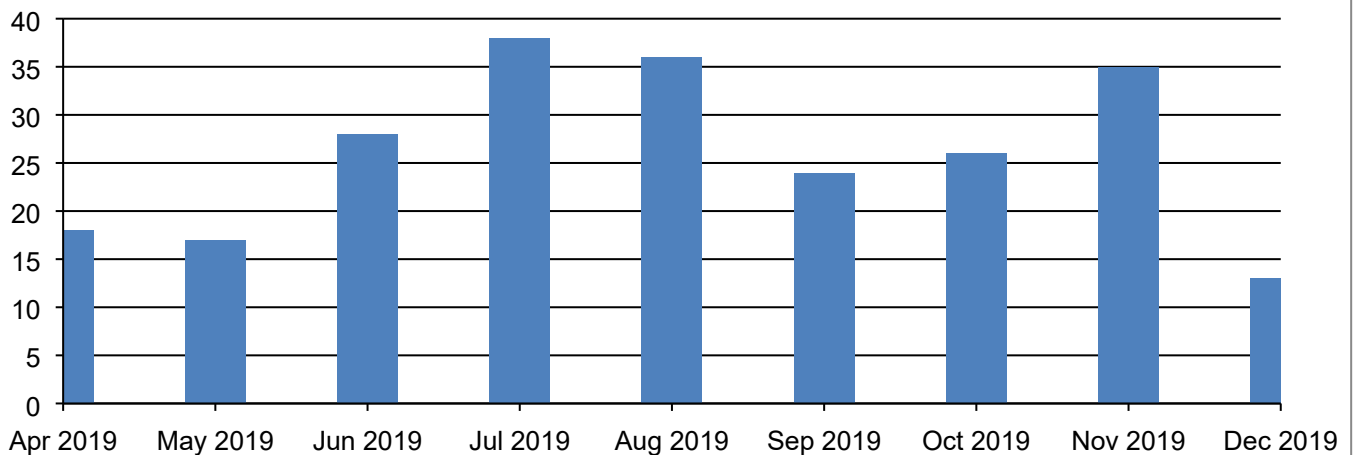


## Opthalmology waiting times

In the last report, the Board was advised that the demand for ophthalmology services is exceeding capacity and the UHB is currently pursuing a range of options to ensure that patients are seen within appropriate timescales. The number of complaints received on a monthly basis in relation to Ophthalmology services remains high. Following on from the last report, the UHB has now agreed and procured in-sourcing arrangements and work is being undertaken to review the lists to manage demand. The Clinical Board is also currently working very closely with this Directorate to monitor the situation.

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## Opthalmology related complaints April - December 2019

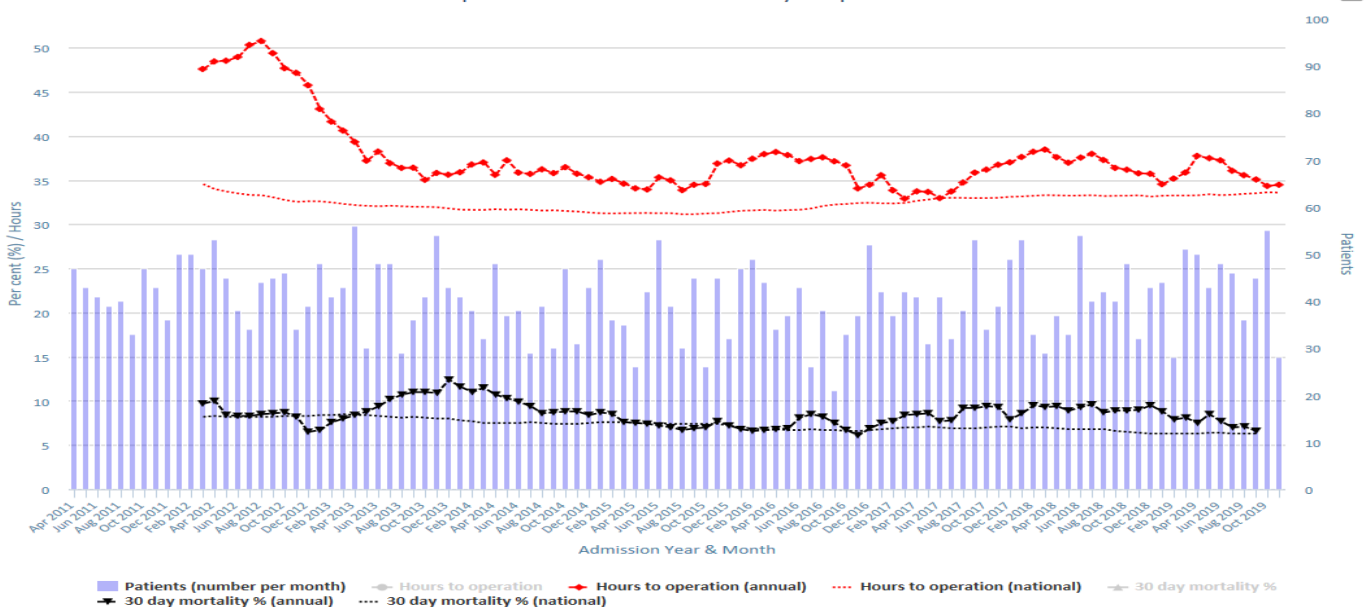


### Falls and Fractured neck of femur

In the last report, the Board were advised of an increased adjusted mortality rate of 8.5% that had been reported in The National Hip Fracture Database (NHFD) 2018 National report, published in November 2018. A detailed report of the results and actions were reported through the Quality Safety and Experience Committee in February 2019.

The National Hip Fracture Database (NHFD) 2019 National report has just been published and demonstrates an improvement in the mortality rate to 6.3% in September 2019, which is now below the annual rolling mortality rate in of Wales 7.4% and equal to the UK annual mortality rate of 6.3%.

Overall performance - UHW. University Hospital of Wales



There is a UHB improvement plan in place and a detailed progress report will be presented to the February 2020 Quality, Safety and Experience Committee.

### Deaths in patients known to mental health and substance misuse services

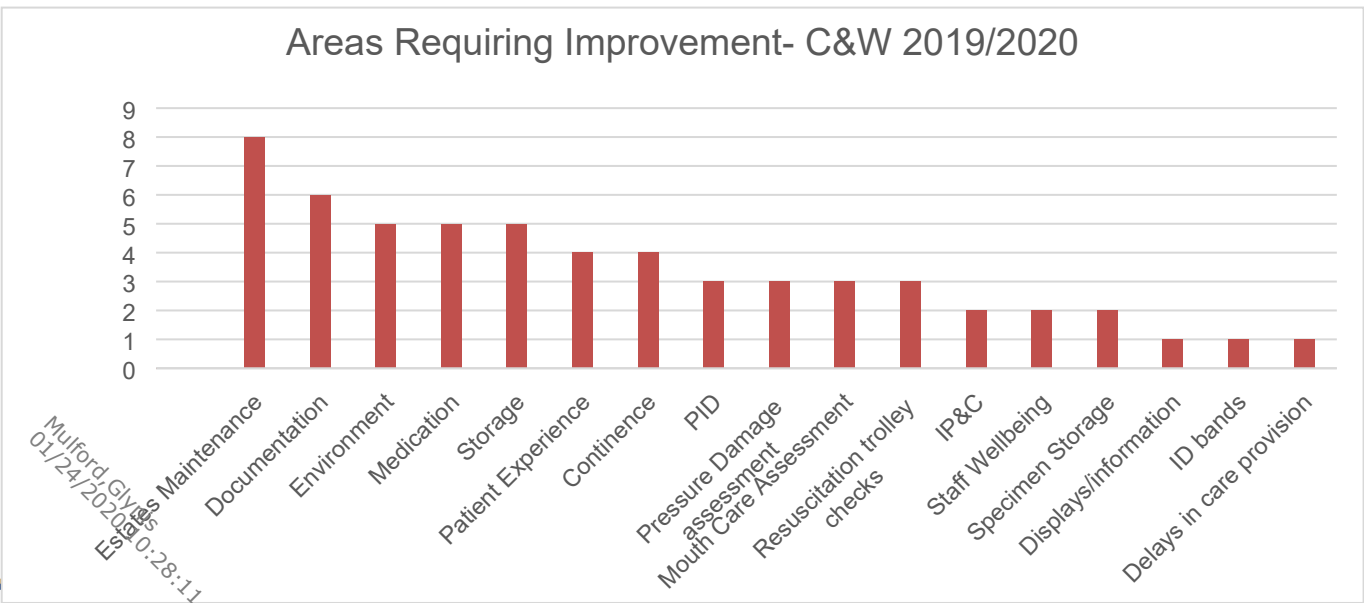
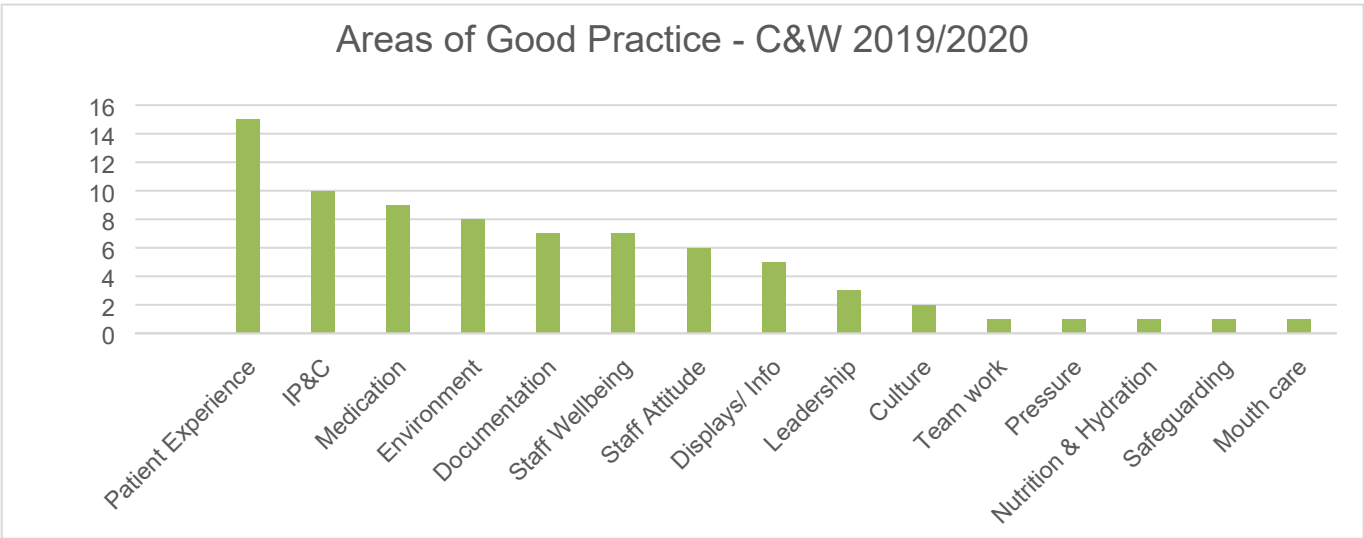
The UHB continues to see reports of the deaths of patients known to mental health and substance misuse services. The previous report to Board provided a detailed account of the measures being put in place to manage the growing complexity and risk within the mental health service. The UHB will continue to monitor the position closely. All Wales work to agree and standardize serious incident reporting in mental health services across Wales is underway and the UHB is actively participating in this.

Outcomes of internal and external inspection processes

Internal inspections

In the previous two months, the internal inspection process has focused on visiting inpatient areas within Children and Women Clinical Board. The information below details the observed themes that apply to the majority of clinical areas.

During each visit, inspectors can highlight instances of particularly good practice or areas requiring improvement. The graphs below indicate the frequency that these occur and the domains that they relate to:



The overwhelming feedback from staff across the Clinical Board is that they enjoy their work, feel listened to and receive good support. Staff in almost all clinical areas appreciated the effort of their Ward Sisters/Directorate to release time for study leave. Also, newly registered staff commented on the excellent preceptorship and guidance they received. The only consistent concern raised about wellbeing related to the frequency that staff were 'booked out' from their ward to cover shortages across the Directorates.

The good standard of cleanliness within clinical areas was another consistent theme. However, a number of outstanding maintenance requests were noted. The estates issues were varied, but mostly related to broken flooring, leaking water pipes and broken toilet facilities. These continue to be reported in line with UHB process.

### Healthcare Inspectorate Wales – Maternity Services

An unannounced inspection commenced on Monday 18<sup>th</sup> November as part of the National Review of Maternity Services. The inspectors spent considerable time reviewing governance, culture, safety and multi professional working as well as looking at systems and processes; they also spoke to a number of staff during their visit.

The HIW inspectorate team shared that this was a very positive review and that the Maternity Service being delivered was one of the best units for multi professional working and evidence based care that they have reviewed across the country.

There was an immediate assurance issue identified in relation to resuscitative checks and emergency resuscitation trolley checks as well as availability of and access to equipment. All of these were completed and actioned at the time of the review and a robust improvement plan has been submitted to HIW since the inspection. The draft report is awaited.

### Community Health Council Visit - Assessment Unit, Emergency Department

Work continues to implement the findings of the 2019 HIW inspection of the Assessment Unit and to improve the flow of surgical patients through this particular department. The Community Health Council carried out an unannounced visit to this area on 5<sup>th</sup> January 2020. The department was very busy during the visit. The Chief Officer confirmed that he was able to see some of the improvements that had been put in place and patients reported good communication with staff re waiting times and staff were observed to be kind and caring. However, there is still need for improvement and they also reported examples of patients waiting too long in the lounge area, lack of pillows and they felt patients needed more encouragement to ask for drinks and for food.

A detailed progress report on the Assessment Unit/ Lounge area improvement plan will be presented to the February 2020 QSE Committee.

### Patient Experience

The All Wales Framework for Assuring Service User Experience describes four quadrants which group together a wide range of feedback including **real time, retrospective, proactive/reactive** and **balancing**. The UHB employs a wide variety of methods across the four quadrants in order to gain the views of service users so that this rich, qualitative information can be considered and used to improve services.

Feedback mechanisms include kiosks, on line surveys, patient, carer and staff stories, paper surveys including the national survey and bespoke ones. We also meet with some of seldom heard people to listen to their experiences.

We monitor our Patient experience scores via survey activity as below:

	September	October	November	December
UHL	94%	94%	94%	
UHW	92%	94%	94%	

In November and December we sent **3455** surveys as part of our routine monthly survey work and had **1777** completions.

- We had **579** survey completions on our kiosks.
- We had **22908** responses using our Happy or Not Machines.



These surveys have been designed to ascertain feedback supporting the Health Board strategy, providing information that we could learn from and importantly act upon.

Recent inpatient surveys (*based on November’s data*) told us:

- **55%** of our patients surveyed as an inpatient had discussed their discharge plan with staff.
- **66%** of our patients always felt involved in decisions about their care.
- **73%** of our patients felt that they were always listened to.
- **88%** of our patients surveyed felt that they were always well cared for.

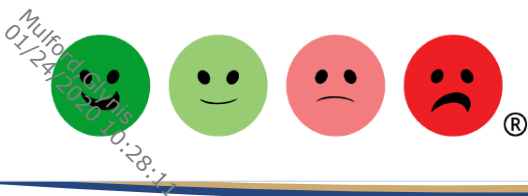
The key theme emerging from this information is we need to undertake more work on “Get Up , Get Dressed and Get Moving”. This has been recognized by the Clinical boards and we will be relaunching this initiative in March to be led by Rebecca Aylward.

**77% of feedback via the kiosk was positive and related** to staff and the care they received, these included

- All staff are very polite.
- Fabulous care.
- Always there when you need them: nurses, auxiliary and doctors when needed.
- Care wonderful
- Impressed with standard of care
- All staff friendly, helpful and patient.

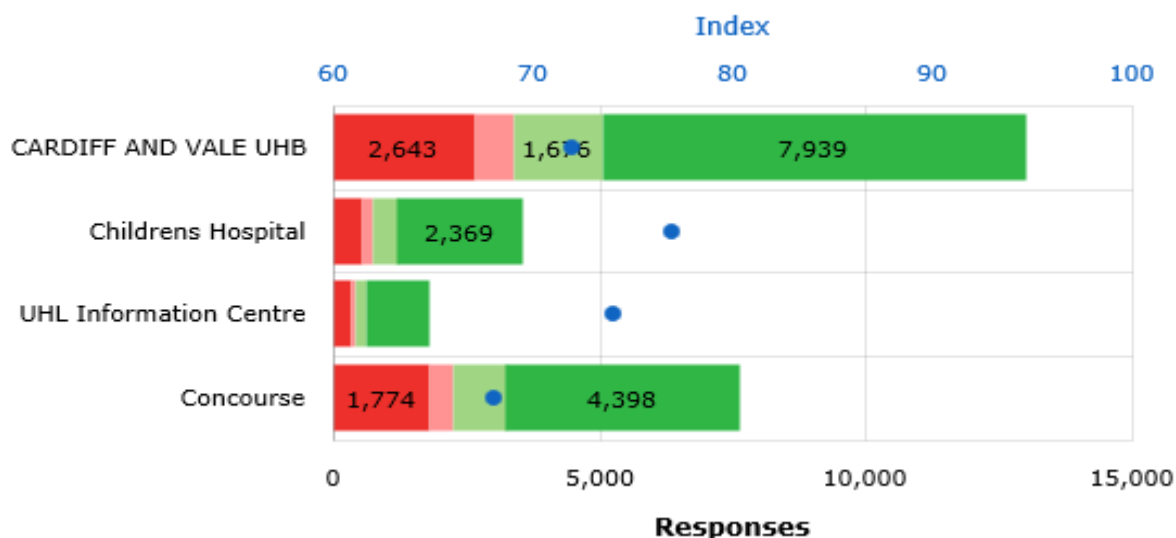
**Feedback from Happy or Not machines**

The amount of feedback has increased significantly each year. The numbers on each site are demonstrated in the graph below. The colours correlate with the faces on the machines.





Comparison of sites is fairly consistent (November and December)



Feedback themes from Happy or Not kiosks are

#### Staff

- They are fantastic with my son who has autism.
- Very friendly staff.
- The place was a lovely environment the staff are lovely and the patients looked happy.
- I think the nurses are polite and very kind.

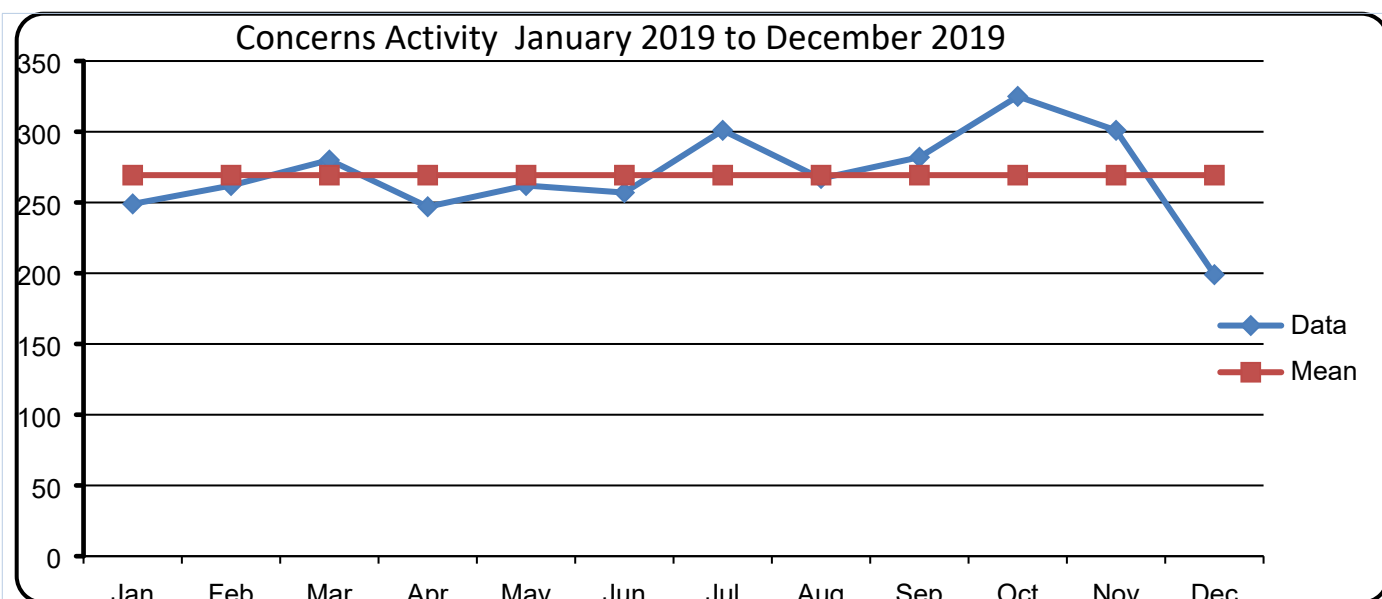
#### Enviroment :

- Stop people smoking near the café.
- Why are people smoking next to no smoking signs?
- Please stop people smoking outside Aroma – no joke if you have COPD.

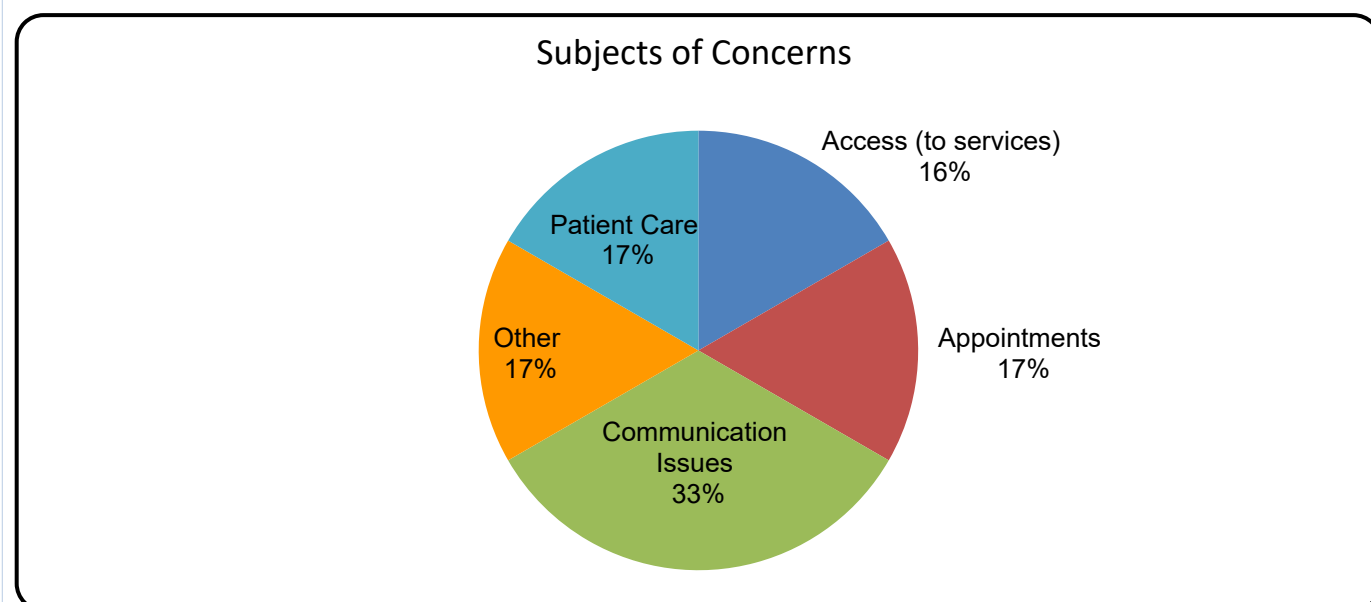
#### Complaints Management/Redress

In October/November 2019, the UHB received 626 concerns and this has impacted upon both the Concerns Team and the Clinical Boards. The response time to formal concerns is 75% which represents a 10% decrease albeit against increased activity. It is usual to see a decrease in the number of concerns received December with a predicted significant increase in January and February.

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The themes remain consistent in relation to communication and cancellations of appointments.



## What are we doing?

Here are some examples of action taken in relation to concerns:

You said	We did
Concerns were raised regarding pain assessment and management.	A pain tool has been introduced on the ward and supported through Training and Awareness.
Concerns raised regarding lack of information provided to families of palliative care patients with regard to pain management and what to expect.	The end of life pain management plan will be reviewed to ensure it is more proactive rather than reactive, to maintain comfort for the patient. The palliative care team will be more proactive in communicating the management plan to families

	and explaining everything to them including what will be used to maintain comfort and pain relief and how long the morphine pump takes to be effective after setting up.
Concerns raised regarding Mouth Care.	The oral care tool is to be audited and any findings actioned. In conjunction there will be refresher training for the nursing team delivered by the practice development nurse. The implementation of 'tasters' is to be considered following liaison with our colleagues in Speech and Language Team.

**Recommendation:**

The Board is asked to:

- **CONSIDER** the content of this report.
- **NOTE** the areas of current concern and AGREE that the current actions being taken are sufficient.

**Shaping our Future Wellbeing Strategic Objectives**  
*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

**Five Ways of Working (Sustainable Development Principles) considered**  
*Please tick as relevant, click [here](#) for more information*

Prevention		Long term		Integration		Collaboration		Involvement	
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<b>Equality and Health Impact Assessment Completed:</b>	Yes / No / Not Applicable
	<i>If 'yes' please provide copy of the assessment. This will be linked to the report when published.</i>

<b>Report Title:</b>	<b>PERFORMANCE REPORT</b>							
<b>Meeting:</b>	Board Meeting					<b>Meeting Date:</b>	30/01/20	
<b>Status:</b>	<b>For Discussion</b>	X	<b>For Assurance</b>	X	<b>For Approval</b>		<b>For Information</b>	X
<b>Lead Executive:</b>	Director of Digital and Intelligence							
<b>Report Author (Title):</b>	Information & Performance (tel 029 20745602)							

### Background and current situation:

The Performance Report sets out the UHB's performance against Welsh Government (WG) Delivery Framework and other priority targets for 2019/20 where the data is available and provides more detail on actions being taken to improve performance in areas of concern.

### Key Issues to bring to the attention of the Board:

The UHB is presently compliant with 27 of the 71 performance measures (December 2019 = 27/71), and is making satisfactory progress towards delivering a further 17 (December = 17).

The UHB's performance in meeting the expected standards is summarised in the table below:

Policy Objective	Green	Amber	Red	Score
Delivering for our population	11	7	3	13.5/21
Delivering our service priorities	2	2	3	3/7
Delivering sustainably	13	5	17	15.5/35
Improving culture	1	3	4	2.5/8
Total	27	17	27	33.5/71

The Board is asked to note the UHB's level of compliance with the national delivery and outcomes framework and ability to deliver our Integrated Medium Term Plan for 2019-22, noting there are a number of new measures and standards introduced.

### Assessment and Risk Implications

Section 2 provides commentary on the following areas of performance which have been prioritised by the Board and the actions being taken to drive improvement. These are:

- Mortality
- Mental Health Measures
- Unscheduled care
- Primary care services
- Stroke
- Cancer

- Elective access
- Outpatient Follow Ups
- Finance

Commentary and assessment on the latest quality and safety indicators is provided in a separate report from the Director of Nursing. The corporate scorecard is included as a separate appendix.

### Recommendation:

The Board is asked to:

- CONSIDER the UHB's current level of performance and the actions being taken where the level of performance is either below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale

### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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**Equality and Health Impact Assessment Completed:**

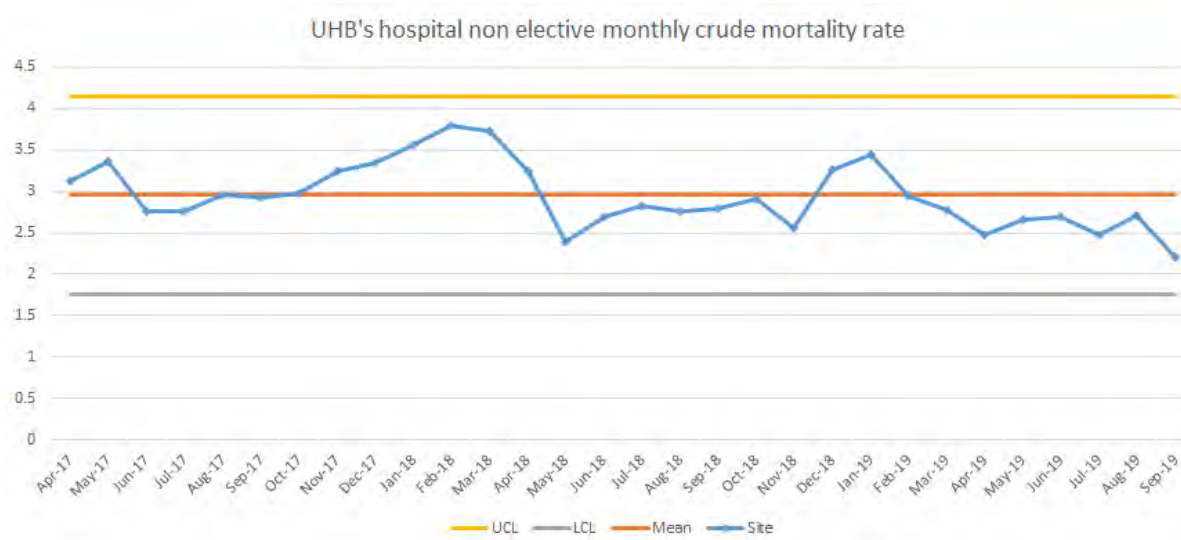
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## ASSESSMENT

### 1) MORTALITY

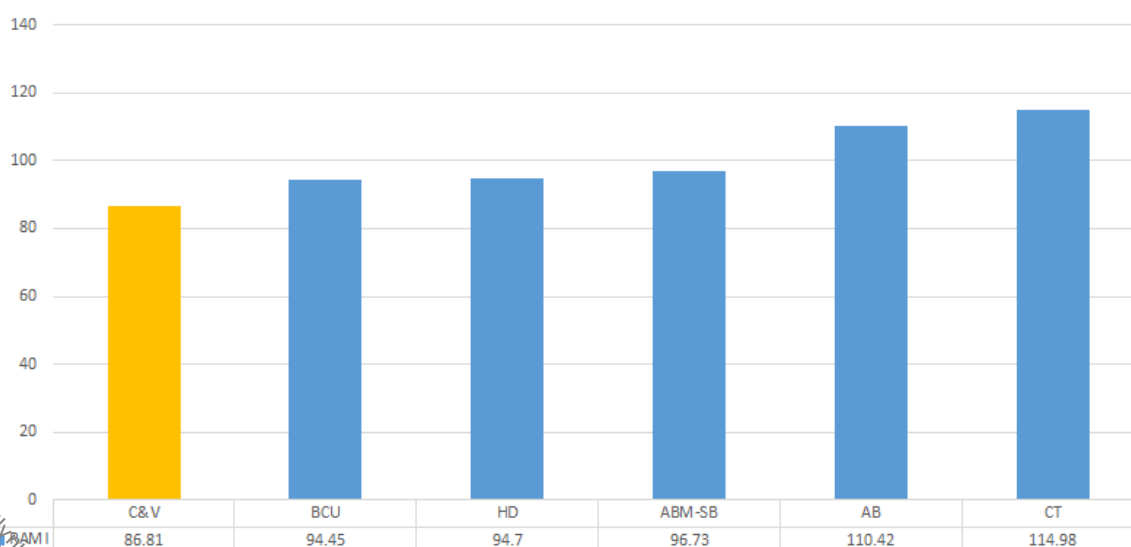
The UHB's crude mortality rate for non-elective admissions across all of the UHB's hospitals at the end of September was its lowest level (2.2%) for over 2 years. It is predicted based on previous years to rise over the Winter period, however we start from a lower position than in previous years.



#### How do we compare with our peers?

The UHB's performance is in line with the performance attained by our peer group of 24 acute teaching hospitals in the UK outside of London, and better than that attained by our Welsh Health Board peers.

Risk adjusted mortality index for all coded hospital activity by HB for period October 2018 to September 2019



## Risks

Hospital mortality is an important indicator for measuring the UHB's effectiveness in providing safe, clinically effective services and for the early identification of harm occurring.

## What are we doing?

Mortality & Morbidity forms a central element of the monthly departmental Audit each directorate carries out. Trends are analysed and discussed supported by individual reviews of cases by clinical teams.

The UHB continues to deliver on all recommendations made by Professor Stephen Palmer in his report on managing mortality in NHS Wales in July 2014. National case mix dependent audits are undertaken and lessons learnt.

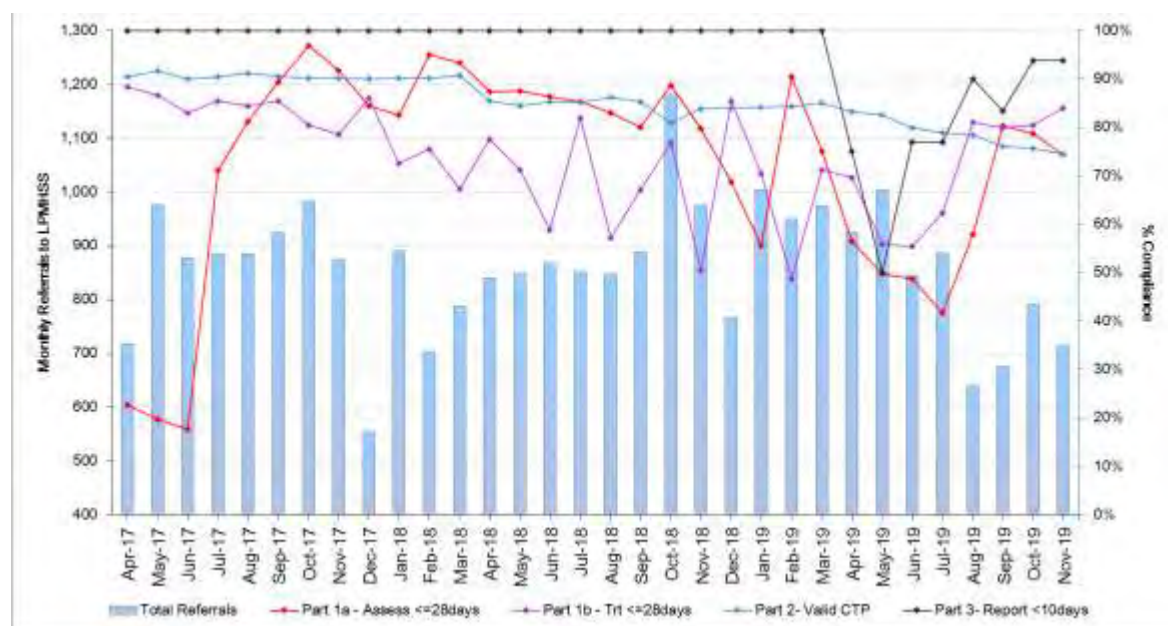
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## 2. MENTAL HEALTH

### How are we doing?

Monthly referral volumes from January to July were on average 941, higher than the previous year but from August to November they have dropped to an average of 705. The presence of MH Liaison Workers in the GP surgeries appears to be helping to improve the quality of referrals and reduce overall volumes although the long term impact remains to be fully assessed.



Part 1a - the proportion of service users receiving an assessment within 28 days at the end of November 2019 is 74.3% which is down up from 78.7% in October 2019. The breakdown is as follows:

- Adult Mental Health Services - 98%
- Services for Older People - 100%.
- Child & Adolescent Mental Health Services (CAMHS) – 14%

This masks an improving underlying position in CAMHS, where additional staff resources have been put in place to tackle the backlog and so despite seeing 60% more patients in CAMHS in November than the previous month, the percentage of users receiving an assessment within 28 days increased from 11% to 14%.

Part 1b - the service met the Welsh Government standard of 80% of service users receiving a therapeutic intervention subsequent to their assessment within 28 days with a measure of 84% for November 2019.

Part 2 of the measures sets out an expectation that mental health service users should have a valid Community Treatment Plan completed at the end of each month. The UHB performance for November 2019 was 74.5% against the Welsh Government's minimum standard of 90%.

Part 3 of the measure where an assessment outcome letter of a re-referral assessment is generated within 10 days the performance as at November 2019 is 93.8%.

Part 4 provision of an advocacy service for patients continues to be met.

### How do we compare with our peers?

Mental Health measures - NHS Wales	Target	AB	BC	C&V	CTM	HD	Powys	SB	C&V Rank	Month
Part 1a - % of assessments within 28 days	80%	88.0%	59.8%	80.3%	67.7%		84.1%	81.9%	4/6	Sep-19
Part 1b % of therapeutic assessments started within 28 days of assessment	80%	82.9%	65.6%	79.9%	88.9%		58.4%	92.9%	3/6	Sep-19
Part 2 % of residents with a valid CTP	90%	89.4%	92.0%	76.0%	91.6%	92.7%	96.3%	92.1%	6/7	Sep-19
Part 3 % of residents sent their outcome assessment report within 10 days of their assessment	100%	100.0%	100.0%	90.0%	83.3%	64.3%	100.0%	100.0%	2/7	Sep-19

### What are the main areas of risk?

The principal area of long-term 'risk' for over-18 PMHSS concerns the initial reduction in referrals as a consequence of the Primary Care Liaison Service (PCLS) – a yet-to-mature model of service delivery. The risk for PMHSS is in utilising staff differently, i.e., allocating more staff resources to treatment than to assessment. The risk being the PCLS model is unable to sustain its effect on referral rates into PMHSS (as occurred in the PCLS pilot in the East Cluster) and referral numbers subsequently return to their previous level.

The Children's Primary Mental Health Team continues to work towards reducing the waiting list of patients, which has been difficult to manage following an increase in the number of referrals accepted into the service across 2019.

The waiting list continues to reduce, as does the length of wait for patients. December assessment capacity was lower than expected due to sickness within the team, staff annual leave over the Christmas period as well as cancellation and DNA rates increasing in the weeks before and during Christmas.

### What actions are we taking?

In respect of Adult Part 1 the UHB is seeking to accelerate the increased use and ability of Primary Care services as the first point of contact Mental Health provision, by right sizing the capacity of the service in order to balance assessment and intervention and manage the variation and rising levels of demand.

PMHSS is adjusting the Assessment: Treatment ratio of qualified staff clinical time. Currently that ratio is 50/50. We are now looking to shift that ratio to 40/60 in favour of delivery of treatment, i.e., offering both more of what is already offered as well as introducing new treatment options.

Children's Primary Mental Health Team have put short term actions in place to support a reduction in the number of children and young people waiting for a part one assessment which includes:

- Additional capacity provided through agency staffing
- Focussed core team capacity on delivery of assessments
- Delivery of additional waiting list clinics on Saturdays
- Procurement and mobilisation of additional clinical resource that delivers through an online platform.

There were some delays in mobilising the digital offer in partnership with Healios, which it was hoped would be live in December, but is now commencing in January, with the first group of patients now referred through to this new offer for assessment in January.

Significant work has taken place with the team to better plan and monitor capacity in line with demand, ensuring this is sustainable from February onwards, when it is expected that the waiting list will have been reduced.

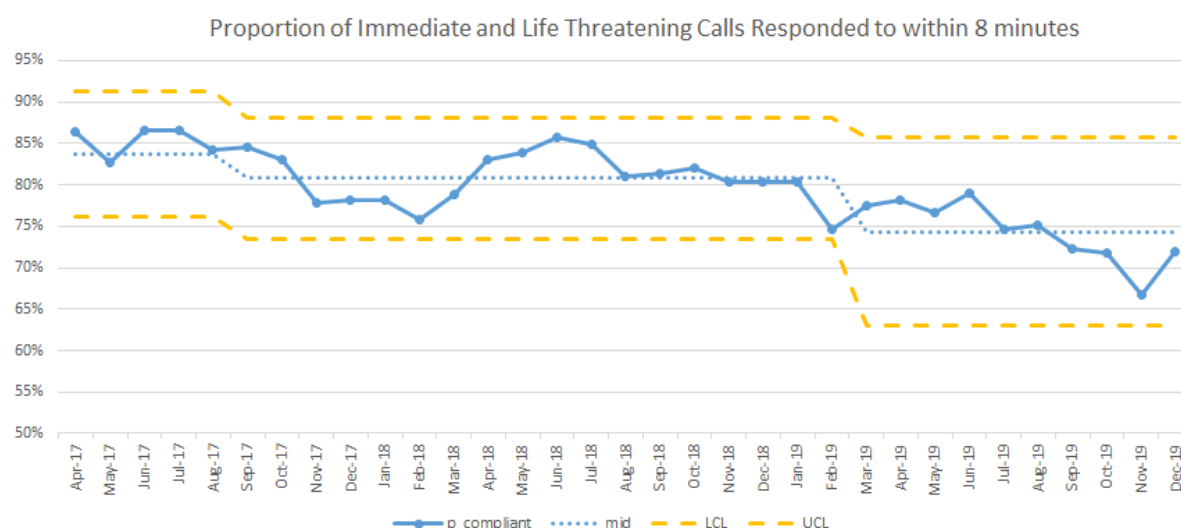
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### 3. UNSCHEDULED CARE

The UHB, in common with the rest of the UK, continues to experience challenges in unscheduled care with higher than normal activity levels and admission. 600 and 727 more patients attended our Emergency Departments this October and November respectively compared to the same periods last year. The continued pressure is impacting on unscheduled care performance.

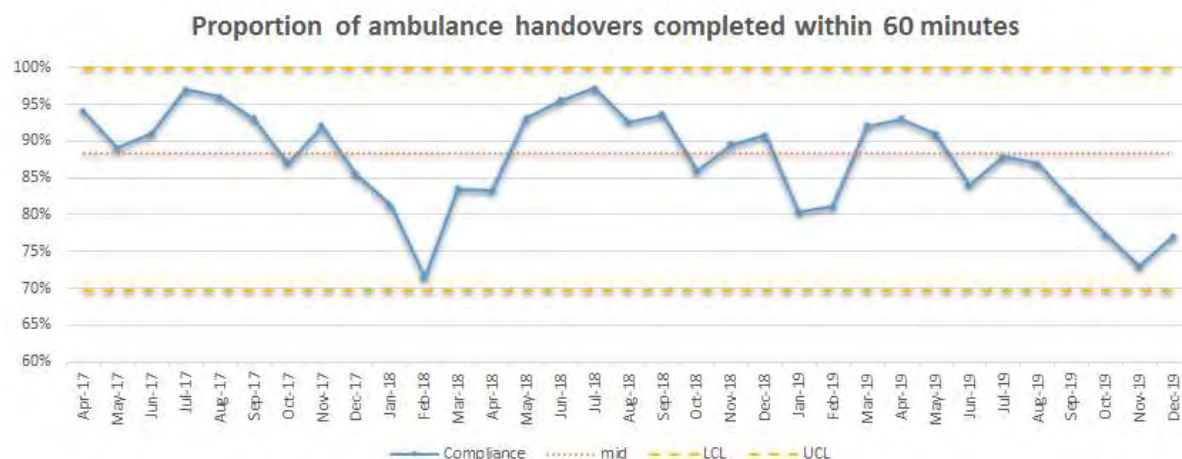
#### WAST 8 Minutes Response

The Health Board commissions the Welsh Ambulance Service Trust to provide responsive, high quality services to patients. Whilst the proportion of patients with a potentially immediate or life threatening condition within Cardiff and the Vale to whom the Ambulance Service responded within 8 minutes has fallen in the past 6 months, performance has remained above the Welsh Government target of 65%. December's performance was 72%.



In respect of ambulance handovers completed within 60 minutes, whilst performance improved in December from the previous month it was 14% lower in December 2019 than December 2018. The Welsh Government standard is 100%.

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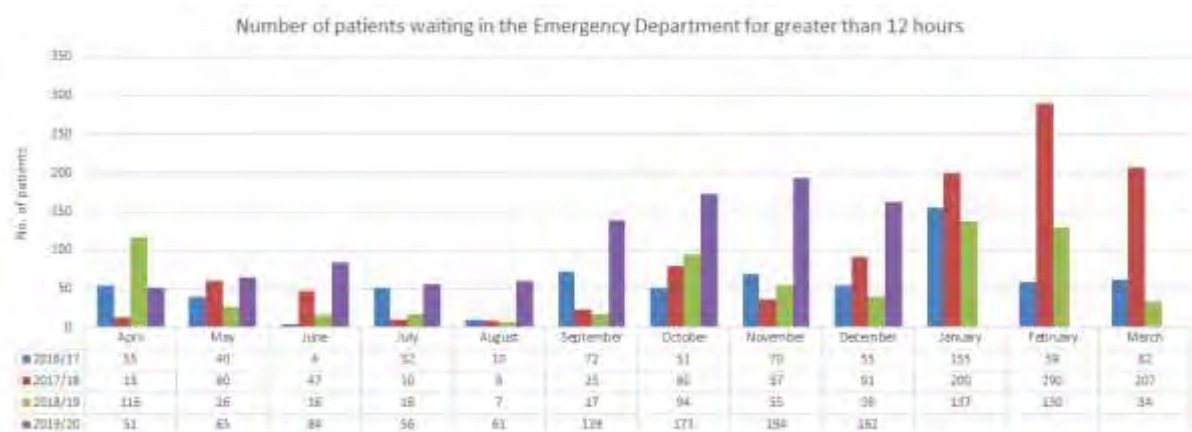


The proportion of patients admitted, discharged or transferred within 4 hours was 81% in December. Cardiff and Vale UHB performance, overall, remains strong compared with other Health Boards in Wales. The Welsh Government standard is 95%.

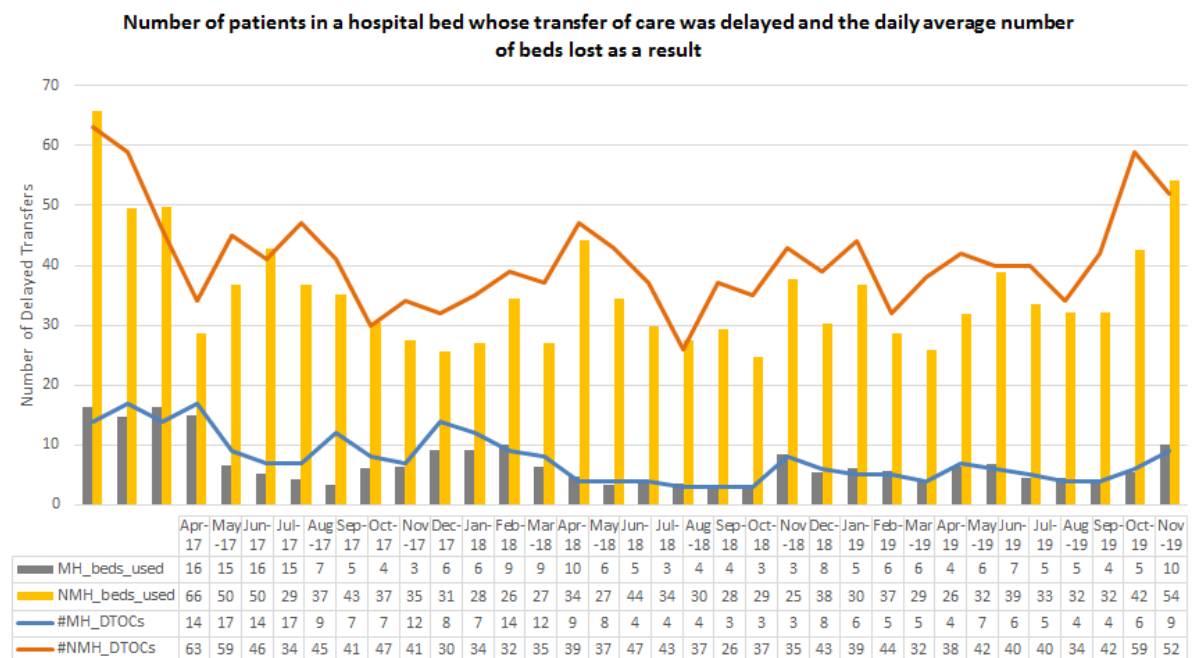


The WG's expected standard is that no patient should wait in excess of 12 hours. In keeping with Welsh Government guidance and the reporting in other Health Board's, these figures continue to exclude patients where there has been clinical justification for the patient requiring extended periods of care and observation within the Emergency Department footprint. The number of patients waiting in excess of 12 hours was 162 in the month of December.

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**Delayed Transfers of Care:** The total number of patients whose care was delayed was lower in November (61) than the previous month (65) but remains high.



- This position is in part reflective of increased system wide demand and reduction in Social Worker capacity due to sickness levels and vacancies. The Local Authority are aware and have taken measures in an attempt to increase capacity and changed systems to support reduction in delays in anticipation of moving flow forward.
- Domiciliary Care capacity for most people continues to be available within reasonable time scales. However, Patients with more complex needs often continue to wait long periods before a provider able to support their needs is found.

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- Within the Vale Local Authority area there has been a significant improvement in timely discharge for those Patients requiring care in their own home. This is in part as a result of the implementation of a Single Point of Access via Vale Community Resource Team (VCRS) and improved Domiciliary Care brokerage arrangements, which has resulted in reduction of DTOC delays associated to community arrangement delays.
- Cardiff LA have now implemented a similar model although it is in the very early stages and impact yet to be felt within the unscheduled care system.
- EMI Nursing Home capacity and therefore the choice of suitable care homes for Patients and their families continues to be challenging. The Cognitive Impairment Pathway work continues to progress and support the issues associated with Care Home placements, improve the Patient experience and help expedite discharge.

### How do we compare with our peers?

The latest performance data available indicates that UHB ranked first for three out of the four measures in comparison to its peers for the recorded unscheduled care access measures in September / October 2019. In relation to the measure ranked third, it is important to note that ambulance delays over 1 hour have been reported in total volume and are not relative to the overall conveyance volume.

Unscheduled care measures - NHS Wales	Target	AB	BC	C&V	CTM	HD	SB	C&V Rank	Month
% Red calls WAST respond within 8 minutes	65%	61.9%	62.9%	66.7%	58.2%	58.2%	58.8%	1/6	Nov-19
Patients waiting >1 hr for handover	0	990	809	472	407	465	827	3/6	Oct-19
% of patients waiting < 4 hours in EU	95%	72.3%	71.7%	82.1%	71.3%	80.3%	71.4%	1/6	Sep-19
Number of patients waiting >12 hours in EU	0	697	1973	139	912	910	939	1/6	Sep-19

### What are the main areas of risk?

Demand continues to rise with the volume of patients attending our Emergency Departments up 4% year-to-date, representing on average an additional 500 patients presenting per month. What is of particular concern, is that the majority of the increased attendances at ED are categorised as 'majors' patients (as opposed to minor injuries). This is relevant in terms of the majors stream of patients being those who are more likely to require a bed.

### What actions are we taking?

We continue to work with our partners across health, social care and the voluntary sector focusing on:

- Right place, right time - Improved access to Urgent and Emergency care
- Every Day Counts – Timely decision making and access to diagnostics and therapies

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- Get Me Home - Alternative services in the community to reduce long hospital stays.

Programmes of work include the rollout of 'Red to Green' on wards; continuing to maximise our core Community Resource Team capacity; and 'Get me home plus'. A number of pathway improvement initiatives are being taken forward as part of the Length of Stay improvement programme of work, most recently in respiratory and trauma and orthopaedics. This work is being informed and supported by an increased use of data and business intelligence.

The Health Board developed an Integrated Winter Plan for 2019/20 working closely with system partners including WAST, Local Authorities and third sector organisations, which was submitted to Welsh Government in accordance with their requirements. The plan was approved by the Board and was subsequently published on the Health Board's website.

Following a more challenging summer in 2019 than previous years in unscheduled care, a number of the winter schemes identified have been brought forward for early deployment.

Early deployment of the winter plan has been focussed on 3 key areas.

- Enhancing senior clinical decision maker capacity – particularly at our 'front door' services;
- Strengthening primary care resilience and intermediate care capacity and;
- Commissioning 50 additional hospital beds to cope with a surge in demand for admissions.

Primary care OOH services have been particularly stretched in the early Winter period and, at times, this has translated into additional pressure on secondary care services.

The Chief Operating Officer has initiated weekly meetings with LA Directors of Social Services to ensure a system response to pressures and to monitor deployment of plans agreed through the PSB - which received direct funding for winter pressures.

Despite a very challenging unscheduled care position, the Health Board is coping with pressures and continues to achieve a higher level of Tier 1 target compliance – relative to other Welsh organisations.

In light of these pressures, there have been periods where the system has been under significant pressure, resulting in an increased system risk and a potentially adverse impact on patient experience and outcome. Despite this, our clinical and operational teams have been remarkable in their efforts to continue to meet the needs of urgent and emergency care patients during this challenging period.

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## 4) PRIMARY CARE

### GENERAL MEDICAL SERVICES

#### How are we doing?

The UHB is presently engaged with Welsh Government and other Health Boards in Wales to develop a standard approach to reporting risk in relation to General Medical Services (GMS). The UHB's present status in respect of three of the key metrics that are expected to be adopted, are reported on below:

- a) **Sustainability applications:** The UHB currently has zero active applications from GPs to support with the sustainability of their services and there are no lists presently closed to new registrations.
- b) **Contract terminations:** There have been no contract terminations
- c) **Directly managed GP services:** The UHB presently has no directly managed primary medical care services

There are presently no closed lists.

#### How do we compare with our peers?

There has been limited data to inform the all Wales position in respect of GMS pressures. An escalation tool to enable self-assessment of the pressure on GMS has been developed and approved by Directors of Primary Care. The position will be reported to Welsh Government and the first data is due to be provided by 17 January. This will be updated on a weekly basis initially and when a web-based tool has been developed there will be daily reporting. This will show the number and percentage of practices at level 3 or 4 within each Health Board.

#### What are the main areas of risk?

Primary care is essential to delivery of the organisation's strategy and strategic objectives, affecting all dimensions of health and care. Owing to a number of factors, the UHB is facing challenges in recruiting and retaining sufficient numbers of General Medical Practitioners to meet the demands of a growing, aging population, who have increasingly complex clinical needs from some fairly antiquated estate.

#### What actions are we taking?

Further to initiatives previously described, developments over the past 2 months, include:

- Supporting GP practices to interpret GMS contract changes
- Providing GP practices with the opportunity to undertake training in Quality Improvement methodology in line with GMS contract changes and introduction of QAIF (Quality Assurance & Improvement Framework)

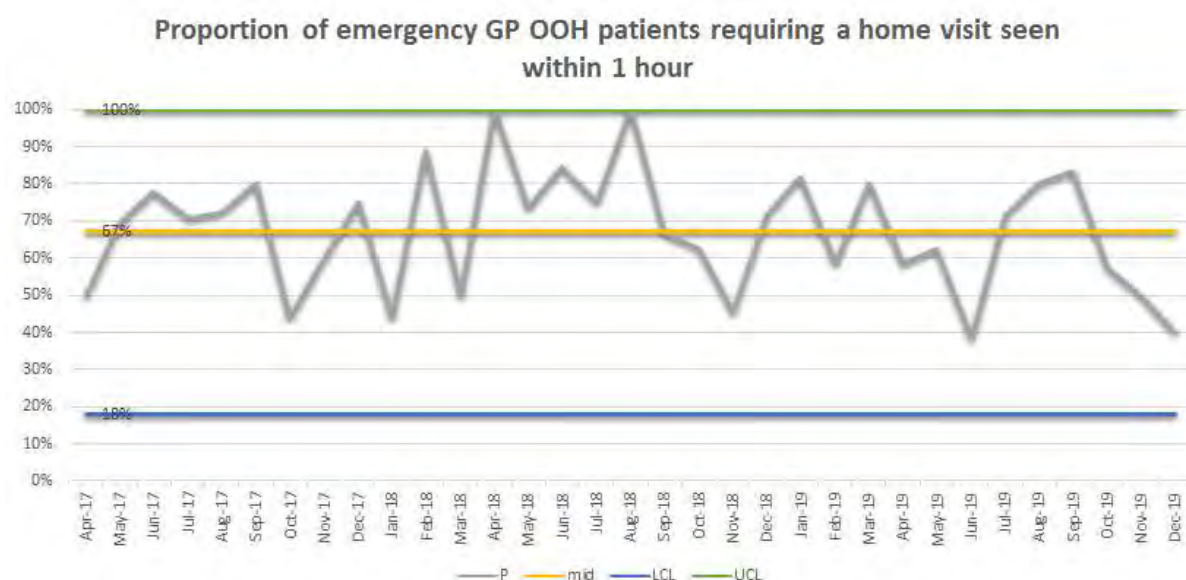
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## URGENT OUT OF HOURS SERVICES (OOH)

### How are we doing?

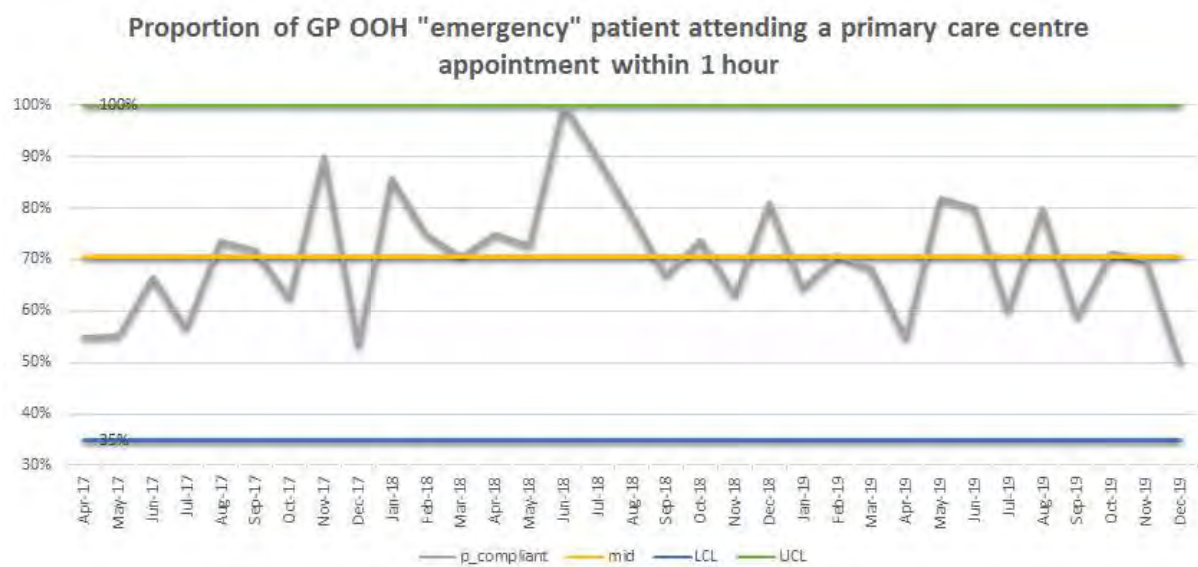
The Welsh Government introduced a new suite of indicators for 2019/20 and extended the scope of the measures to include patients accessing primary care through the 111 service. In December the UHB was compliant with 3 of the 14 measures, and within 10% of the compliance standard (marked as amber) for a further 5.

As per the chart below the proportion of home visits for patients prioritised as “emergency” which were provided within 1 hour continued to fluctuate in 2019/20 with limits recorded between 38% and 83%, reflecting the large variation in demand on this service, both in terms of very small volumes and location. The discrete performance in December was 40%, 29% below the median performance of 67% and the Welsh Government’s delivery standard of 75%.



The proportion of primary care centre appointments provided within 1 hour for those prioritised as “emergency” also remains stationary at a median of 71%, with discrete performance for December at 50%.

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## How do we compare with our peers?

There is no available comparative data from some Health Boards, but from the most recent comparative data, the UHB is performing well regarding home visits within 1 hour, exceeding the target and less well regarding a primary care consultation within 1 hour.

GP OOH measures - NHS Wales	Target	AB	BC	C&V	CTM	HD	SB	C&V Rank	Month
Home visit within 1 hour	90%		93.8%	96.9%	95.5%			1/3	Oct-19
Primary care centre consultation within 1 hour	90%		75.0%	58.8%	87.7%			3/3	Sep-19

## What are the main areas of risk?

The three areas of concern are:

- An ability to provide home visits within 60 minutes for all areas of Cardiff and Vale when considering the geographical area covered and the variation in average travel times across our dense urban areas.
- The ability to attract staff onto the roster at peak periods and certain times of the week and the subsequent reliance on bank staff, who provide less certainty as to their availability.
- Ensuring that the triaged clinicians are using a standardised approach to what constitutes a P1, P2, P3 home visit or PCC appointment and what impact an incorrect prioritisation can have on the system.

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## What actions are we taking?

The workforce plan included within it a number of the new extended roles which have been piloted and implemented on a smaller scale. We are also looking at workforce number to ensure we have sufficient skill mix and numbers to drive improvement in performance.

More specifically, we have the following actions in place:

- There is training planned (individual and through CPD sessions) to ensure the appropriate prioritisation is applied.
- All P1 cases will be reviewed monthly, to identify reason for breach and what action can be put in place.
- Reviewing what staff have completed death verification training to look at how this can be managed across the system e.g. staff in hospital and community to ease pressure on OOH resource. This will be picked up with Directors of Nursing.
- This will be taken to national OOH forum to see what good practice is in place elsewhere that could be adopted.

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## 5) STROKE

### How are we doing?

The Sentinel Stroke National Audit Programme (SSNAP) measures the quality and organisation of stroke care in the NHS and is the single source of stroke data in England, Wales, and Northern Ireland.

Our SSNAP score is back to a Level B in the latest published data. This is an improvement from Level C previously.

Performance against the four measures of Welsh Government focus remains variable and our challenge remains to achieve target and consistency in delivery, particularly for the 4 hours direct admission.

WG benchmarking standard		IMTP trajectory	UHB in Dec-19
4 Hour QIM	60%	44.2%	50%
12 Hour QIM	94%	95.7%	94.5%
24 Hour QIM	83%	78.5%	85.5%
45 Minute QIM	90%	22.2%	25%

### How do we compare with our peers?

C&V UHB compares well with other Welsh Health Boards for Direct Admission to an Acute Stroke Unit within 24 hours, however 5 out of the 6 LHB's have struggled to hit the 56% target for a direct admission to a stroke unit within 4 hours for the reporting month of September 2019.

Stroke measures - NHS Wales	Target	AB	BC	C&V	CTM	HD	SB	C&V Rank	Month
Direct admission to acute stroke ward within 4 hours	56%	26.2%	61.4%	45.0%	24.1%	39.0%	28.6%	2/6	Sep-19
Assessed by stroke consultant within 24 hours	84%	98.4%	85.7%	95.1%	63.8%	96.1%	95.3%	4/6	Sep-19

### What are the main areas of risk?

- Maintaining thrombolysis procedural and educational standards for all staff to keep rates high and door to needle times minimised.
- Consultant assessment as early as possible in the stroke pathway – guiding correct admission to A6 South and to offer specialist senior assessment as early as possible in a patient's admission
- Direct admission of stroke patients within 4 hours of arrival – challenges in maintaining bed capacity on A6S, urgently identifying correct patients for admission to the stroke pathway and minimising use of stroke beds for outliers

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## What actions are we taking?

Through our Stroke Service Transformation Programme, two actions have been agreed to support further improvement in performance.

- The first is ring-fencing of 4 x Stroke beds on our acute stroke ward in UHW. The plan is to trial this for a four week period commencing in November 2019.
- Stroke Thrombolysis Response Nurse (STRN) Project is ongoing until March 2020 and intends to train ward-based stroke nurses in the delivery of thrombolysis.

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## 6) CANCER

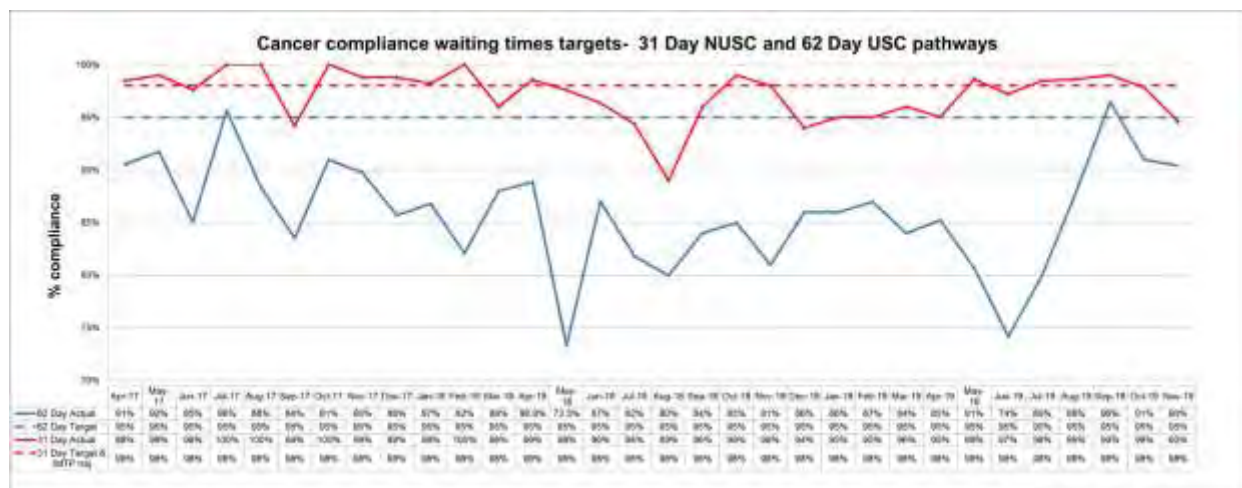
### How are we doing?

During November 2019, 95% of patients newly diagnosed with cancer, not via the urgent route, started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route) against a minimum expected standard of 98%.

During November 2019 90% of patients newly diagnosed with cancer, via the urgent suspected cancer route, started definitive treatment within (up to and including) 62 days of receipt of referral against a minimum expected standard of 95%.

Following significant challenges related to increased demand earlier in the year, a revised plan to reverse an adverse impact on cancer performance was put in place. This has delivered sustained improved performance although as expected and forecast we saw some recent reductions in October and November due to the correct treatment of backlog patients in order which adversely affected monthly performance.

Monthly performance against the 31 and 62 day standards is shown below:



Single Cancer Pathway – Shadow reporting arrangements are in place and the UHB reported a position of 83% (with suspensions) in November. This is a 2% improvement on the previous month's performance – and in line with Welsh Government expectations of continuous improvement in 2019/20.

### What are the main areas of risk?

- Increased demand and insufficient capacity in a number of key tumour site services.
- Challenges in redesigning complex cancer pathways – including urology and lower GI.
- Whilst we continue to do the right thing and treat patients in turn or according to clinical priority, treatment of patients waiting past 62 days has an impact on performance in the month they are treated

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- Meeting the requirements for the new single cancer pathway.

### What actions are we taking?

Continued focus on:

- Reducing the backlog of patients waiting greater than 62 days
- Scrutiny of tracking and expediting arrangements to support (and mitigate risks to) improvements
- Balancing demand and capacity on a sustainable basis, particularly in tumour sites where demand increases have compounded pre-existing process and capacity constraints. Recent successes include appointment to an additional clinical endoscopist (commences February 2020) and a plan to increase robotic capacity in urology to 5 days per week from April 2020

Single cancer Pathway: The UHB continues with implementation of its SCP project plan. Of note, we have received funding for this year and next (£400K per annum) from Welsh Government to support implementation. The Health Board has prioritised this to help reduce the demand and capacity diagnostic gap (radiology and endoscopy) and in supporting development of an IT and Business Intelligence System that supports the SCP and national data requirements.

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## 7) ELECTIVE ACCESS

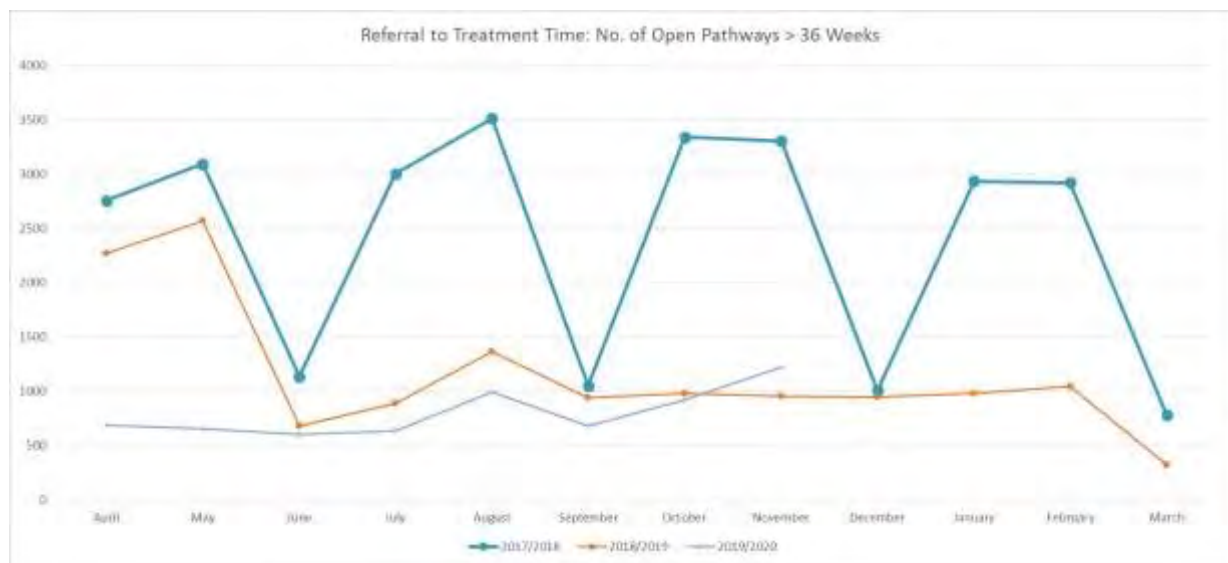
In common with the rest of the NHS across the UK, the UHB is experiencing a major adverse impact on its capacity as a result of Pension and Tax issues in relation to Consultant Medical Staff. This national issue is currently under review, but in the meantime the Health Board has been unable to commission additional consultant capacity in the way it had previously done so. The CEO provides a monthly update to Welsh Government on the activity and performance impact of this. It is anticipated that this will continue to have a material adverse impact on performance in the remainder of this year.

### How are we doing?

The Welsh Government target is that 95% of patients referred for consultant-led elective care should be treated within 26 weeks from date of receipt of referral, with the remaining 5% seen within a maximum waiting time of 36 weeks.

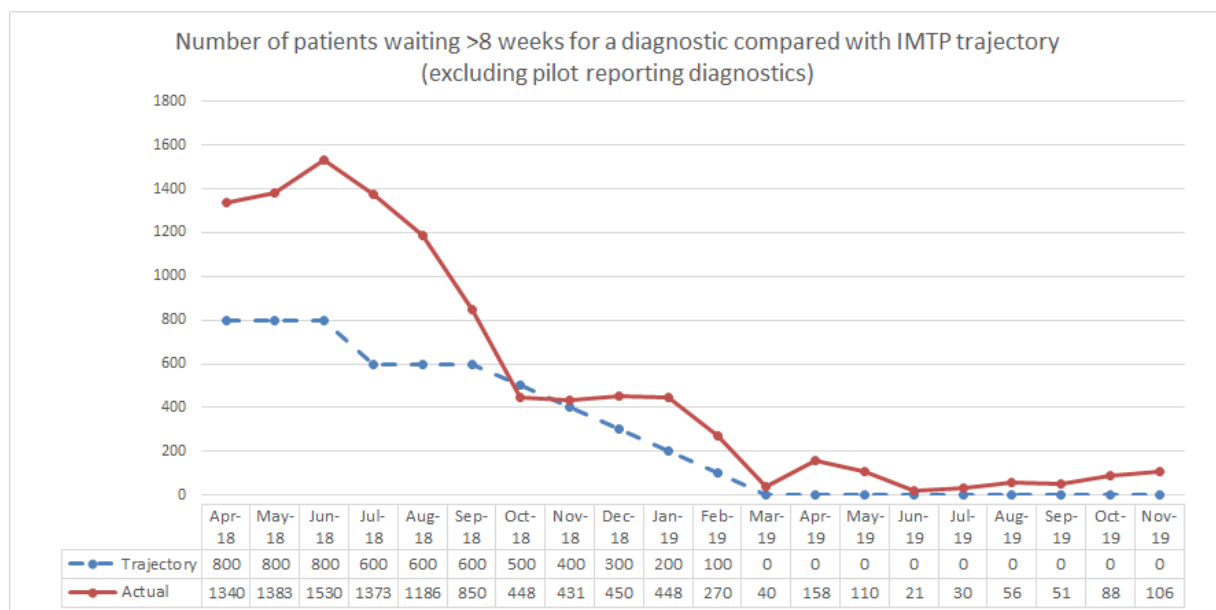
At the end of November 2019, 85.4% of patients in the UHB were waiting under 26 weeks.

The number of patients waiting in excess of 36 weeks was 1,222 for November 2019, an increase of 539 additional patients from September 2019 (690). Our expected position at the end of December 2019 is 1747 breaches.



The Health Board saw a small increase in the number of patients waiting greater than 8 weeks for a diagnostic test from 40 in March 2019 to 106 in November 2019, against a revised target of 0. Our plan remains to clear greater than 8 week diagnostic waits and our expected position at the end of December 2019 is 33 breaches.

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In Therapies, there were 13 patients at the end of November who had waited over 14 weeks, down from 44 in October. Our expected position at the end of December 2019 is 21 breaches.

### How do we compare with our peers?

The latest available comparative data on the All-Wales waiting time position is shown below.

Referral To Treatment (RTT) - NHS Wales	Target	AB	BC	C&V	CTM	HD	Powys	SB	C&V Rank	Month
% of patients waiting <26 weeks	95%	88.8%	78.7%	85.3%	84.8%	87.5%	98.9%	84.5%	3/7	Oct-19
Number of patients waiting >36 weeks	0	1489	10501	922	3503	476	0	4254	3/7	Oct-19
Number of patients waiting >14 weeks for therapies	0	0	0	38	37	426	7	0	6/7	Sep-19
Number of patients waiting >8 weeks for diagnostics	0	110	2816	51	959	391	12	294	2/7	Sep-19

### What are the main areas of risk?

- When the treatment of patients is delayed for non-clinical reasons, there is a potential for harm.
- The corporate organisational risk is that of failing to achieve the IMTP targets set by WG.
- Failure to find a sustainable solution to the Pensions/Tax issue in respect of Consultant Medical staff will restrict the capacity of the UHB to deliver planned care national targets.

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### What actions are we taking?

We manage the risk relating to long waiting patients specifically by our adoption of the good practice recommended by the Delivery Unit in their all Wales review in 2017, their report to Cardiff UHB in November 2018 and CHC reports also, which recommended a series of actions the UHB needed to take to improve its management of this issue. Clinical Boards adhere to the good practice guidelines and this is monitored by the UHB centrally.

Implementation of specialty specific delivery plans remains the key action in delivery of RTT and diagnostics. In specific areas such as Spinal Surgery where we have a particular demand and capacity challenge, we have made Consultant appointments. Two additional Spinal Surgeons commence working for the UHB in January 2020.

There are national programmes of work under the Planned Care Programme Board focussing on identifying best practice and supporting sustainable approaches to the management of elective care. The UHB partakes in these forums and works with other Health Boards in a series of sub groups reporting to the Planned Care Programme Board.

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## 8) OUTPATIENT FOLLOW UPS

### How are we doing?

Over recent years the UHB has made the largest improvement in its position across Wales largely through system led validation working closely with clinicians to determine a set of rules and guidelines which have greatly improved the accuracy of data.

However we still have more to do to improve both in our systems and in our ways of working as too many of our specialties remain working using traditional models of outpatient follow ups which are increasingly outdated.

There are three main targets set by Welsh Government for the Health Board to meet in 2019/20.

1. 95% of patients waiting for a follow up appointment to have an identified target date by 31 March 2019.
  - The UHB has now achieved this target in December 2019, an improvement from 83% in September 2019.
2. 15% reduction in the volume of follow up patients waiting 100% beyond the target date. Our target for delivery by 31 March 2020 is 66,739.
  - Our current volumes in this category are 77,016. This is below our projected volumes in our planned trajectory within the action plans issued to Welsh Government.
3. The national target is a 15% reduction but Cardiff & Vale have agreed with Welsh Government a higher reduction target of 20% in the volume of the total follow up outpatient waiting list. Our target for delivery by 31 March 2020 is therefore 189,000.
  - There were 217,382 patients on the follow up waiting list at the end of December 2019, an 8% reduction from March 2019. This is in line with our planned trajectory within the action plans issued to Welsh Government.

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## How do we compare with peers?

The national targets for reductions in the Outpatient Follow Up are percentage reductions applied to each Health Board's end of March 2019 positions.

*Target is 15% reduction from March 2019 position*

	Target	AB	BC	C&V	HD	Powys	CTM	SB	C&V Rank	Month
No. waiting for a follow-up appointment	Target	130839	172330	199640	29175	7298				
	Actual	155786	202523	236502	84384	8289	115138	132054		Sep-19
	% reduction to achieve target	19%	18%	18%	189%	14%			2/5	
No. waiting for a follow-up appointment delayed by over 100%	Target	7372	45404	66739	19036	379				
	Actual	10466	55531	79112	29411	450	20570	23537		Sep-19
	% reduction to achieve target	42%	22%	19%	55%	19%			1/5	

## What actions are we taking?

We received approval from Welsh Government in June 2019 to support our 2019/20 improvement work and a UHB wide group including clinical and managerial representatives coordinates delivery against the 2019/20 targets and to focus on accelerating service transformation initiatives.

This work is focussed on 3 main areas:

- System led validation and improved functionality
- Clinical and administrative validation
- Transformation and Improvement models

Our Outpatient Follow up Improvement Programme has initiated a series of actions which have already made a material difference in our position by the end of December 2019 and the UHB remains committed to delivery of the Welsh Government targets by 31<sup>st</sup> March 2020.

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## 9) FINANCE

### How are we doing?

The UHB's 2019/20 operational plan includes a balanced financial plan.

This is dependent upon managing the following key challenges:

- delivering a £26.095m savings target;
- the management of operational cost pressures and financial risks within delegated budgets.

The UHB has a full savings programme in place and the delivery of this is key to the success of the plan. The UHB is reporting an overspend of £1.220m against this plan for the 9 months to the end of December 2019.

### Background

The Health Board agreed and submitted its 2019/20 – 2021/22 IMTP to Welsh Government by the end of January 2019 for its consideration. Approval of this plan was received by Welsh Government in March 2019. The financial plan aims to deliver a break even position for each year during the period of this plan.

### Reported month 9 position

At month 9, the UHB is reporting an overspend of £1.220m against plan which represents an improvement of £0.731m on the position reported at the end of November.

The UHB plans to recover this year to date deficit and deliver a break even position by the year end. This will take concerted effort and will require the delivery of the remedial actions that have been identified. The position is expected to improve further in the last three months of the year to deliver a break even position.

### Income and Expenditure Analysis

#### Summary Financial Position for the period ended 31<sup>st</sup> December 2019

Income/Pay/Non Pay	In Month			Cumulative Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Income	(120.627)	(120.542)	0.085	(1,072.856)	(1,073.381)	(0.525)
Pay	53.949	53.145	(0.804)	482.265	479.671	(2.593)
Non Pay	66.678	66.666	(0.012)	590.591	594.929	4.338
Variance to Plan £m	0.000	(0.731)	(0.731)	0.000	1.220	1.220

### Progress against savings targets

The UHBs £31.245m savings target has been reduced by £5.150m to reflect the



release of £2.1m relating to the UHBs remaining investment reserve and a further £3.050m to reflect an operational underspend on WEQAS. The target is now £26.095m. At month 9 the UHB had fully identified schemes to deliver against the £26.095m in year savings target.

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	26.095	26.095	0.000

### Underlying deficit position

The underlying deficit position brought forward into 2018/19 was £36.3m. Successful delivery of the 2019/20 plan would reduce this to £4m by the year end. At month 9 there is a £7.5m shortfall against the recurrent savings plan. Consequently, the UHB expects the accumulated underlying deficit moving into 2020/21 to be £11.5m which is a reduction of £24.8m during 2019/20.

### Creditor payment compliance

Non-NHS Creditor payment compliance was 96.7% for the 9 months to the end of December, achieving the 95% 30 day target.

### Remain within Capital expenditure resource limit

The UHB had an approved annual capital resource limit of £54.287m at the end of December. Capital expenditure for the first 9 months of the year was £26.994m against a plan of £28.008m.

### Cash

The UHB has a forecast year end cash surplus of £0.677m. The UHB cash balance at the end of December was £4.338m.

### What are our key areas of risk?

The key challenge for the UHB is now managing operational service pressures within delegated budgets.

### What actions are we taking to improve?

**Managing operational pressures** – Clinical Boards have identified recovery measures to deliver an improved financial position. In addition the UHB will need to carefully manage its corporate risks and opportunities. This work is ongoing and will continue until the UHB has assurances on the delivery of the financial plan.

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# Cardiff and Vale University Health Board - Performance Dashboard - January 2019

Cardiff and Vale University Health Board - Performance Dashboard - January 2019											
Status report											
Measure	n	Mar-18	RAG rating		Mar-19	RAG rating	Jan-20	RAG rating	Latest Trend	Target	Time period
Purpose: For Our Population											
Strategic Objectives: All take responsibility for improving our health and wellbeing											
Uptake of influenza vaccination among high risk groups	1	>65: 70.8%, @risk: 49%, staff:64.7%	A		>65: 70%, @risk: 44%, pregnant women 77.2%, staff:60.7%	A	>65: 69%, @risk: 14%, pregnant women 21.9%, staff:57.4%	A	↔	Green: Community: 75%, staff 60%; Amber (improvement on 16/17) - profile FYO >65: 70%, @risk: 52%, staff:50%	>65 & Staff as at Dec 19 Pregnant Women as at March 19
Percentage of children who have received 3 doses of the 6 in 1 vaccine by age 1 & who received 2 doses of the MMR vaccine by age 5	2	5 in1 : 94.7%, MMR2: 87.5%	A		6 in1 : 94.1%, MMR2: 91.2%	A	6 in1 : 92.2%, MMR2: 92.6%	A	↑	Target: 95%, amber = IMTP trajectory of 95% and 88.5%	Q2 19/20
Proportion of adults obese or overweight	3	52%, Age std 54%	G		56%	R	56%	R	↔	reduction on previous year (54% 2012/13, 2013/14)	NSW 2016-18
% of adults consuming > 14 units of alcohol p. Wk (New measure)	4	23% Age std 23%			21%	G	21%	G	↔	New measure - previous results relates to consumption above recommended units	NSW 2016-18
Proportion of adults meeting physical activity guidelines	5	60% Age std 59%	A		58%	A	58%	A	↔	Target continuous reduction in % of adults who reported being physically active for more than 150 mins in the previous week	NSW 2016-18
% of C&V resident smokers who make a quit attempt via smoking cessation services - target 5%	6	0.85% to Q2 17/18	R		1.2%	R	0.5%	R	↔	WG target 5% over course of full year	Q2 2019-2020
% C&V residents who are CO validated as successfully quitting at 4 weeks - measured annually - target 40%	7	55.3% Q2 17/18	G		50.4%	A	55.0%	G	↑	Tier 1 target 40%,	Q2 2019-2020
Rate of conceptions among females under 18	8	Cardiff 27.5 per 1000, Vale 19 per 1000	A		Cardiff 21.2 per 1000, Vale 13.6 per 1000	G	Cardiff 21.2 per 1000, Vale 13.6 per 1000	G	↔	reduction on previous year	2017 (Annual)
Strategic Objectives: Deliver outcomes that matter to people											
Crude Hospital Mortality Rate for people aged less than 75	9	0.62%	G		0.59%	G	0.57%	G	↑	12 Month Improvement Target (18/19 was 0.59, 12M to Jun-18 :0.6%%)	12 months to Oct-19
Emergency crude mortality rate (12 mth)	10	3.05%	G		2.81%	G	2.73%	G	↑	Reduction in CMR (12M to June-18 = 3.08%)	12 months to Aug-19
Demonstrable reduction in the mortality rate for stroke, heart attack and fractured neck of femur patients (30 day post event, 12 mth) - based on primary ICD-10 code	11	stroke 12.5%, heart attack 3.8%, #NOF 8.1%	A		stroke 12.2%, heart attack 4.8%, #NOF 8.6%	A	stroke 11.8%, heart attack 4.2%, #NOF 8.7%	A	↔	Demonstrable reduction in rolling 12 month rate (2017/18: 12.8%,8.7%, 7.2%)	12Mths to July-19
% Universal mortality reviews undertaken within 28 days of a death	12	71%			78%	R	100%	G	↑	NEW MEASURE from April-17 - Target is 95%, IMTP trajectory= 83%	Nov-19
National Patient experience survey	13	87%	A		97%	G	94% UHL, 93% UHW	G	↔	% of pts responding who rated overall experience of care as 8/10 or above (Green 90%)	National patient experience report Aug-19
Proportion of formal complaints responded to within 30 working days	15	74%	A		74% (78% for 2018/19)	A	75% (78% for 2018/19)	A	↓	Green: 80%, Amber sustainable improvement from 40-50% range	Monthly in performance up to 31/7/19

# Cardiff and Vale University Health Board - Performance Dashboard - January 2019

Status report											
Measure	n	Mar-18	RAG rating		Mar-19	RAG rating	Jan-20	RAG rating	Latest Trend	Target	Time period
Strategic Objectives: Reduce health inequalities											
Life expectancy at birth	16	Cdf- F: 82.6, M:78.4, V- F: 83.5, M: 78.8	G	●	Cdf- F: 82.7, M:78.5, V- F: 83.4, M: 78.9	G	Cdf- F: 82.7, M:78.5, V- F: 83.4, M: 78.9	G	↔	Continuous Improvement (June-18 figures updated)	2015-17
Reduce infant mortality for population	17	2.8 per 1,000 live births	G	●	3.8 per 1,000 live births	G	3.8 per 1,000 live births	G	↔	reduction on 2015 rate (3.9)	ONS (2017)
% live births with a birth weight of less than 2500g	18	5.98%	G	●	6.10%	A	6.6%	A	↔	12 mth cumulative reduction on previous year (5.9%)	Aug-19
Rate of hospital admissions with any mention of intentional self harm for children and young people per 1000 popn (New measure)	19	3.5	G	●	3.4	G	3.4	G	↔	Annual reduction from 3.6 in 16/17, 3.87 in 15/16 & 4.33 in 14/15	Year 17/18
Reduction in the number of emergency hospital admissions for basket of 8 chronic conditions per 100k popn	20	1020	A	●	1036	A	995	R	↓	reduction against same 12 month period of previous year (1021)	12M to Sep-19
Reduction in the number of emergency hospital readmissions within a year for basket of 8 chronic conditions	21	202	A	●	176	G	152	G	↔	reduction against June-May 2018 =202	12M to Sep-19
Emergency admission for hip fractures (age-standardised, 65+ per 100,000 people) (Revised Populations applied)	22	583.7	A	●	547	A	571	A	↔	reduction on previous year (545 per 100,000 conf limit+/-54)	12 months to May-19

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# Cardiff and Vale University Health Board - Performance Dashboard - January 2019

Cardiff and Vale University Health Board - Performance Dashboard - January 2019											
Status report											
Measure	n	Mar-18	RAG rating		Mar-19	RAG rating	Jan-20	RAG rating	Latest Trend	Target	Time period
Purpose: Our Service Priorities											
Strategic Objectives: Offer services that deliver the population health our citizens are entitled to expect											
Delivery of the 31 day (Non- USC) and 62 day (USC) cancer access standards	23	98.3% NUSC, 86.8% USC	R	●	96% NUSC, 84% USC	R	95% NUSC, 90% USC	R	↓	Green Tier 1: 98 % NUSC, 95% USC, Amber IMTP trajectory Q3 = 98% & 92%	Nov-19
Primary care contractor professionals assurance status	24	Managerial Intervention Required	A	●	2 contract terminations - new sustainability applications - temporary list closures	G	0 contract terminations - new sustainability applications - temporary list closures	G	↔	Present internal assessment of C&V GP sustainability position - text relates to Q1 2019/20 events	as at 31/12/19
% GP Practices offering appointments between 17:00 and 18:30 on 5 days a week	25	88%	G	●	88%	A	94%	G	↑	Improvement target (2017 - 88%)	2018
% people (aged 16+) who found it difficult to make a convenient GP appointment	26						45%	R	↓	New measure: Aunual reduction on 41.6% in 2017/18	2018/19
% HB population regularly accessing (within 2 years) NHS primary dental care	27						56%			New measure - quarterly improvement trend - baseline 56.1% in Dec-18	Dec-18
Dementia Bundle: Diagnosis rates, Access & training	28	Diagnosis: 63% Access: 99%, Training: 32%	G	●	Diagnosis: 63% Access: 99%, Training: 23%	R	Diagnosis: 63% Access: 88%, Training: 23%	R	↓	Target: Diagnosis improvement in proportion >65years diagnosed with dementia, Access attain 95% memory patients seen within 14 weeks, Trainingimprovement in %GP practices that completed MH DES in dementia care	Diagnosis Yr 17/18, Access: Dec-19, Training Year 17/18
% of people over 65 who are discharged from hospital and referred to a care home and not their usual place of residence	29	3.30%	A	●	3.37%	A	3.14%	A	↔	Demonstrable reduction in rolling 12 month rate (2017: 3.29) - Amber remain in SPC limits (p_mean = 3.09, UCL 4.2%)	12 months to Sep-19
Sustained compliance against four acute stroke bundles	30	1: 23%, 2: 90%, 3: 60%, 4: 92%	R	●	1: 42%, 2: 96%, 3: 64%, 4: 90%	A	1: 47.3%, 2: 94.5%, 3: 85.5%, 4: 98.2%	A	↔	Amber: Continuous improvement Green: UHB IMTP trajectory	Monthly performance in May-19

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# Cardiff and Vale University Health Board - Performance Dashboard - January 2019

Cardiff and Vale University Health Board - Performance Dashboard - January 2019											
Status report											
Measure	n	Mar-18	RAG rating		Mar-19	RAG rating	Jan-20	RAG rating	Latest Trend	Target	Time period
Purpose: Sustainability											
Strategic Objectives: Offer services that deliver the population health our citizens are entitled to expect											
Number of new serious incidents & % assured within agreed timescale	31	240 Sis, 31 no surprises - 52% assured in timescale	A		336 Sis, 27 no surprises -27% assured in timescale	R	213 Sis, 36 no surprises - 44% assured in timescale	R	↑	No. of SIs: reduction in year (231 Sis in17/18, 336 Sis in 18/19) , Timeliness for assurance : 90%	No. of SIs: 12M to Dec-19, Timeliness Jun-19
% patients with a positive screening for sepsis in both inpatients and emergency A&E who have received all 6 elements of the 'sepsis six' bundle within 1 hour.	32	Jan-18: 55%, YTD 66%	A		18/19: 79%	G	66.67% Inpatient, 40.63% emergency	A	↔	Continuous improvement target (last 12 months 67%, 18/19: 79%)	April-Nov 2019
Reduction in number of patients who had a potentially preventable Hospital Acquired Thrombosis (VTE) up to 90 days post discharge	33	10 potentially preventable, 0 to be reviewed			5 potentially preventable	G	5 potentially preventable	G	↔	rolling 12 mth reduction in preventable HATs post level 2 Root Cause Analysis	Jul'18-Jun'19
% of nutrition score completed and appropriate action taken within 24 hours of admission	34	95%	G		95%	G	95%	G	↔	Green: 95%, Amber 90%	Nov-19
Patient environment: Credits 4 cleaning scores for high risk areas	35	Very high risk: 98.2% High risk: 96.7% Significant risk: 96.8%	G		Very high risk: 98% High risk: 97% Significant risk: 95%	G	Very high risk: 99% High risk: 98% Significant risk: 95%	G	↔	Very high risk: 98% High risk: 95% Significant risk: 85%	Monthly snapshot for Dec 19
% compliance with Hand Hygiene (WHO 5 moments)	36	94%	R		96%	A	95%	G	↔	Green: 100%, Amber:>95%	Monthly snapshot for November 19
Reduction in C. Difficile and Staphylococcus Aureus Bacteraemia (MRSA ), working towards a zero tolerance	37	115 C difficile cases; 140 S. aurea cases; 316 E. coli cases	R		107 C difficile cases; 171 S. aurea cases; 335 E. coli cases	R	79 C difficile cases; 57 S. aurea cases; 268 E. coli cases	A	↔	WG target: tbc (M5 18/19: c-diff:50, s-aureas: 66, e-coli:156)	Apr 19 to Dec-19
Reduction in the number of healthcare acquired pressure ulcers	38	M10 = 1119 MA(12) =107	R		Data quality issue identified		Data quality issue identified			10% reduction on previous year (2015/16 avg = 34.4, target = mthly average of 31) {source:FOC}	
Financial balance: remain within revenue resource limits	39	£25.502m deficit at M11	R		£9.873m deficit at month 12. £0.027m favourable variance against plan	R	£1.220m deficit at month 9.	R	↔	2019/20 Break-Even	M9 2019-20
Reduction in Underlying deficit	39a				£36.3m assessed underlying deficit position at month 12	R	Expenditure at the end of December was £26.994m against a plan of £28.008m.	G	↔	If 2019/20 plan achieved reduce underlying deficit to £4.0m	M9 2019-20
Delivery of recurrent £16.345m 2% devolved target	39b					G	£7.5m shortfall against the recurrent savings plan target at month 9 (see below).	R	↔	£16.345m	M9 2019-20
Delivery of £10.0m recurrent/non recurrent corporate target	39c				Fully Identified Savings Plan	G	£16.345m in year schemes identified at Month 9. £3m shortfall against recurrent schemes.	R	↔	£10.0m	M9 2019-20

# Cardiff and Vale University Health Board - Performance Dashboard - January 2019

Cardiff and Vale University Health Board - Performance Dashboard - January 2019											
Status report											
Measure	n	Mar-18	RAG rating		Mar-19	RAG rating	Jan-20	RAG rating	Latest Trend	Target	Time period
Remain within capital resource limits.	40				Expenditure at the end of the Year was £48.413m against a plan of £48.486m.	G	£9.750m in year schemes identified at month 9. £4.5m shortfall against recurrent schemes	R	↔	Approved planned expenditure £40.030m	M9 2019-20
Creditor payments compliance 30 day Non NHS	40a				Cumulative 95.0% in March	G	Cumulative 96.7% in December	G	↔	95% of invoices paid within 30 days	M9 2019-20
Remain within Cash Limit	40b			●	Cash surplus of £1.219m	G	Forecast cash surplus of £ 0.677 m	G	↔	To remain within Cash Limit	M9 2019-20
Maintain Positive Cash Balance	40c			●	Cash balance = £1.219m	G	Cash balance = £4.338m	G	↔	To Maintain Positive Cash Balance	End of December 2019
Number of procedures undertaken that are on the UHB's "Interventions not normally undertaken" list for procedures of limited clinical effectiveness	41	5197	A	●	6861	A	6699	A	↔	NEW INNU list adopted from August 2018: 12 month rolling reduction (Aug17-Jul18 : 6798)	12mth to 31/7/19
Reducing outpatient did not attend rates for New and Follow Up appointments	42	N:10.1%, FU 12.2%	R	●	N:9.6%, FU 10.7%	A	N:9.8%, FU 10.0%	G	↑	12 month rolling reduction- 16/17 New DNA 10.2%, FU 11.9%	12mths to Oct-19
Increasing in-session theatre utilisation (adopting Newton measure)	43	75%	A	●	75%	A	81%	A	↑	Newton consulting set standards: green >= 85%, amber 67%-85%, red <=67%	Dec-19
Uptake of ERAS across whole HB.	44	Refresh being planned as part of TTC	R	●	Case for acceleration submitted for transformation funding	A	£750k funding secured, resources being attained	A	↑	Self assessment based on roll out plan agreed with WG	Sep-19
Ensure that the data completeness standards are adhered to within 1 month of the episode end date	45	94.9%	A	●	97.3%	G	95.8%	G	↓	95% within 30 days	Oct-19
Strategic Objectives: Have a planned care system where demand and capacity are in balance											
Number of procedures postponed either on the day or day before for specified non clinical reasons	46	37%	R	●	2070	A	2006	R	↔	WG target: 5% reduction on 2018/19 figure = 1967 , amber continual improvement	12 Mths to 31/7/19
Part 1 Local Primary care Mental Health Support Services (% assessed within 28 days & therapy started within 28days)	47	83% (assessment), 79% (therapy)	A	●	75% (assessment), 71% (therapy)	R	74% (assessment), 84% (therapy)	G	↑	80% within 28 days for assessment, 80% within following 28 days for therapy	Monthly snapshot for November-19
Part 2 Coordination of care and treatment Planning for secondary Mental Health Users (% of users with a care and treatment plan)	48	90.1%	G	●	85.0%	A	75.0%	R	↓	90% - NB data quality issues	Monthly snapshot for November-19
Part 3 % of former users of secondary mental health services who are assessed under part 3 of the measure, who received their outcome assessment report within 10 days	49	100%	G	●	100%	G	94%	R	↓	Green: 100%, Amber: Continuous improvement as new standard	Monthly snapshot for November-19
Part4 Mental Health Advocacy (Provision of an advocate to all eligible requesting users)	50	100%	G	●	100%	G	100%	G	↔	100%	Dec-19
% of children waiting less than 26 weeks to start ADHD / ASD neurodevelopment assessment	51				76%	R	49%	R	↓	New target- target 80%	Dec-19
% patients waiting less than 26 weeks to start a psychological therapy	52	29%	R		21%	R	75%	R	↑	New target- target 80%	Nov-19

# Cardiff and Vale University Health Board - Performance Dashboard - January 2019

Status report											
Measure	n	Mar-18	RAG rating		Mar-19	RAG rating	Jan-20	RAG rating	Latest Trend	Target	Time period
% of high risk (R1) ophthalmology patients waiting 25% beyond their target date for an OP appointment	53				51%	R	65%	R	↑	New target- target 95%	Monthly snapshot for Dec-19
Number of patients waiting for a follow up & no. delayed by >100%	54				#: 235,000 delayed >100%: 78,000	R	#: 217,382 delayed >100%: 77,016	R	↑	Targets: 15% redn in total no.= 196,640. 15% redn on nop. Delayed >100%. Target: 66,739	Snapshot at Dec-19
95% of patients will be waiting less than 26 weeks for treatment with a maximum wait of 36 weeks	55	84% <26 weeks, 2921pts > 36 wks	A	●	86% <26 weeks, 327pts > 36 wks	A	85% <26 weeks, 1748pts > 36 wks	R	↓	95% <26 wks, 0 > 36 wks: Amber: Achieve quarterly IMTP milestone	Snapshot at Dec-19
Strategic Objectives: Have an unplanned (emergency) care system that provides the right care, in the right place, first time											
Attainment of the primary care out of hours service standards	56	8 Green, 1 Amber, 8 Red	R	●	6 Green, 4 Amber, 7 Red	R	3 Green, 5 Amber, 6 Red	R	↓	Number of standards where the UHB is compliantn.b. Standards changed in March 19	Monthly performance in Dec-19
Deliver the 70% Cat A 8 minute response times all Wales target on a rolling 12 month basis and sustain the 65% Health Board target on a monthly basis	57	82%, 83% for 12 mths	G	●	78%, 81% for 12 mths	G	72%, 74% for 12 mths	G	↓	70%	Upto Dec-19
95% of patients spend less than 4 hours in all hospital emergency care facilities from arrival until admission, transfer or discharge	58	75%	R	●	84%	R	81%	R	↓	WG target: 95%,	Monthly performance in Dec-19
Eradication of over 12 hour waits within all hospital emergency care facilities	59	290	R	●	34 in month, 301 in Q4	R	162 Dec, 529 Qtr3	R	↓	WG target: 0, IMTP trajectory: 175 for Q4	to Dec-19
% critical care bed days lost due to delayed transfers of care	60				6.30%	R	11.00%	R	↑	Quarter on quarter improvement & <=5%	Jul to Sep-19

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# Cardiff and Vale University Health Board - Performance Dashboard - January 2019

Cardiff and Vale University Health Board - Performance Dashboard - January 2019											
Status report											
Measure	n	Mar-18	RAG rating		Mar-19	RAG rating	Jan-20	RAG rating	Latest Trend	Target	Time period
Purpose: Culture											
Strategic Objectives: Be a great place to work and learn											
Percentage of staff (excluding medical) undertaking PADR (Performance Appraisal Development Review)	61	59%	R	●	55%	R	52%	R	↓	Green: >85%, Amber 68-84%, Red <68%	Nov-19
Medical Staff – percentage of staff undertaking Performance Appraisal	62	77.0%	A	●	74%	R	78%	R	↓	Green: 85%, Amber: increase from Mar-18 position of 77%	Q1 2019/20
% staff who would be happy with care by their organisation oif friend / relative needed treatment	63				79%		79%			Improvement on the 2018 79% baseline	2018 Survey
Overall measure for organisational climate / engagement	64	3.64/5	A	●	3.85/5	A	3.85/5	A	↑	Bi-Annual	2018 Survey
Achieve annual local sickness and absence workforce target	65	5.12%	R	●	5.11%	R	5.24%	R	↑	12 month rolling reduction from 5.12% Mar-18,	Nov-19
Retain platinum corporate health standard	66	Achieved	G	●	Achieved	G	Achieved	G	↔	Re-assessed as meeting standard	2017/18
Strategic Objectives: Work better together with partners to deliver care and support across care sectors, making best use of our people and technology											
Ambulance handover times: % within 15 and 60 minutes	67	15 mins: 31%, 60 mins: 71%	R	●	15 mins: 50%, 60 mins: 92%	R	15 mins: 22.8%, 60 mins: 98.4%	R	↔	15 mins: 60%, 60 mins: 100% (Amber: IMTP trajectory for 60 mins requires c. 94%)	Monthly performance in Dec-19
No. of Delayed transfers of care – mental health (all ages) and non mental health (75 years and over)	68	32 NMH, 14 MH	A	●	32 NMH, 5 MH	A	41 NMH, 11 MH	A	↓	IMTP trajectory is 7 MH, 28 NMH	Monthly snapshot for Sep-19
Progress in Delivering Strategic Programme	69	Transformation programme accelerating	A	●	2nd transformation bid to accelerate progress submitted	A	Putting resources in place - recruitment is progressing	A	↔	Sustained improvement	Assessment at Dec-19

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<b>Report Title:</b>	<b>Board Assurance Framework (BAF)</b>					
<b>Meeting:</b>	Board			<b>Meeting Date:</b>	30/01/2020	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Director of Corporate Governance</b>					
<b>Report Author (Title):</b>	<b>Director of Corporate Governance</b>					

### Background and current situation:

The Board Assurance Framework provides the Board with information on the key Strategic Risks that could impact on the delivery of the Health Board's Strategy 'Shaping our Future Wellbeing'. It provides information on the controls and assurances in place to manage and/mitigate the risks identified and any further actions which are required.

At the Board Meeting in November 2018 the six risks detailed below were agreed as the main risks to the achievement of Cardiff and Vale UHB's Strategy.

1. Workforce
2. Financial Sustainability
3. Sustainable Primary and Community Care
4. Safety and Regulatory Compliance
5. Sustainable Culture Change
6. Capital Assets (including Estates, IT and Medical Equipment)

At the Board Meeting in March 2019 these risks were confirmed to still be the main risks facing the organisation during 2019/20.

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The above risks are reviewed and updated by the Director of Corporate Governance and the Executive Lead for each individual risk prior to each Board Meeting. In addition to this the risk in relation to 'Workforce' was also reviewed at the Strategy and Delivery Committee. It was agreed that the risk in relation to workforce should be reduced due to the controls and assurances in place to manage the risk. It was also agreed that more triangulation would take place on individual risks reported to Committees in future in order for the Committee to provide more robust assurances to the Board.

Changes to the BAF have been highlighted in red so the Board Members can see what has happened to the risks since the BAF was last presented to the Board in November 2019.

WAO Structured Assessment 2019 has stated that '**In 2019, we found that the Health Board is strengthening processes that support board business and risk management**'.

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## Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

In November 2018 the Director of Corporate Governance undertook an assessment of the current Risk Management arrangements in place at Cardiff and Vale UHB. A number of key actions were identified which needed to be progressed to ensure that robust risk management arrangements were being developed. Progress against these key actions can be seen below:

Action	Update
Report the new BAF process to the Audit Committee so the Committee can provide assurance to the Board	<b>Complete</b> – The new BAF was presented to the Audit Committee at the beginning of December 2018 and has been referenced in the WAO Structured Assessment 18/19.
Continue to develop and then update the BAF with Executive Directors to ensure it remains a dynamic and live document	<b>Complete</b> and continuing
Report individual risks on the BAF to the relevant Committees of the Board to allow the Committees to undertake a more detailed review and then provide assurance to the Board	<b>Complete</b> – This is now happening and Committees of the Board are reviewing risks which are relevant to their Committee to provide further assurance to the Board.
Assess the organisation's 'Risk Appetite'	<b>Complete</b> – A Board development day was held in April to assess the organisation's 'Risk Appetite'. This has now been included within the Risk Management and Board Assurance Framework Strategy presented to Board on 25 <sup>th</sup> July 2019.
Develop Risk Management and Board Assurance Framework Strategy.	<b>Complete</b> – presented to Board on 25 <sup>th</sup> July 2019
Development of Risk Management Procedure	<b>Complete</b> – A new procedure has been developed to support the Strategy approved by the Board on 25 <sup>th</sup> July.
Ensure that the work on the Corporate and Clinical Board Risk Registers is completed within a timely manner and in line with the Risk Management Strategy and Procedure.	<b>Continuing</b> - There will be a phased approach to the development of risk registers within Corporate Directorates and Clinical Boards. This approach will be in line with the Risk Management and Board Assurance Framework Strategy presented to Board on 25 <sup>th</sup> July 2019 with an aim to be fully implemented by 31 <sup>st</sup> March 2021.
First cut of Corporate Risk Register to be presented to the Private Board in November 2019.	<b>Complete</b> – Clinical Boards and Corporate Directorates will be written to requesting that they provide their top 3/5 risks to the Director of Corporate Governance using the new template and scoring using the new procedure. The Corporate Risk Register will be reported to the HSMB prior to the Board.
Internal Audit to take place on Risk Management arrangements at Cardiff and Vale UHB	Action due to be completed and reported to Audit Committee by April 2020.
Move to web-based risk reporting	Action due by April 2020.

**Assurance** is provided by:

- Discussion with Executive Directors on progress being made against the management and mitigation of risks which they lead upon on the BAF.

## Recommendation:

The Board is asked to:

- **APPROVE** the BAF and progress which has been made in relation to the actions, management and mitigation of the key risks to the achievement of objectives.

### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention		Long term		Integration		Collaboration		Involvement	
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**Equality and Health Impact Assessment Completed:**

Yes / No / Not Applicable

*If "yes" please provide copy of the assessment. This will be linked to the report when published.*



## BOARD ASSURANCE FRAMEWORK 2019/20 – January 2020

It is essential that Cardiff and Vale University Health Board is aware of the major risks which could impact upon the delivery of Strategic Objectives as set out in Shaping Our Future Wellbeing.

### Strategic Objectives

1. Reduce health inequalities
2. Deliver outcomes that matter
3. Ensure that all take responsibility for improving our health and wellbeing
4. Offer services that deliver the population health our citizens are entitled to expect
5. Have an unplanned care system that provides the right care, in the right place, first time.
6. Have a planned care system where demand and capacity are in balance
7. Reduce harm, waste and variation sustainably so that we live within the resource available
8. Be a great place to work and learn
9. Work better together with partners to deliver care and support across care sectors, making best use of people and technology
10. Excel at teaching, research, innovation and improvement.

### Principle Risks

Risk	Gross Risk	Net Risk	Target Risk	Context	Executive Lead	Committee
1. Workforce	25	10	10	Across Wales there have been increasing challenges in recruiting healthcare professionals. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff. Staff costs represent the largest expense for the NHS in Wales. The pay bill has continued to increase year on year, with a significant increase over the last three years.	Executive Director of Workforce and OD	Strategy and Delivery Committee
2. Financial Sustainability	25	15	5	Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing prudent healthcare. As well as the NHS, public sector services, the third sector, and the public have significant roles to play to achieve a sustainable health and care system in the future.	Executive Director of Finance	Finance Committee

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3. Sustainable Primary and Community Care	20	15	10	The strategy of “Care closer to home” is built on the assumption that there are a significant number of patients that are either referred to or turn up at a Hospital setting because there is no viable alternative at the time at which they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore it is important to create firstly the capacity of primary and Community Care, and then increase the capability of Primary and Community Care to be able to respond to the individual and varied needs of those patients in both crisis intervention but more commonly preventative and support arrangements.	Chief Operating Officer	Strategy and Delivery Committee
4. Safety and Regulatory Compliance	16	12	4	Patient safety and compliance with regulatory standards should be above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.	Executive Nurse Director	Quality, Safety and Experience
5. Sustainable Culture Change	16	8	4	In line with UHB’s Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which continues to build upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.	Executive Director of Workforce and OD	Strategy and Delivery Committee
6. Capital Assets (Estates, IT Infrastructure, Medical Devices)	25	20	10	The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner.	Executive Director of Strategic Planning, Deputy Chief Executive, Executive Director of Therapies and Health Science	Strategy and Delivery Committee, IG & T Committee, Quality, Safety and Experience Committee

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## 1. Workforce

Across Wales there have been increasing challenges in recruiting healthcare professionals. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff.

<b>Risk</b> <b>Date added:</b> 12.11.2018	There is a risk that the organisation will not be able to recruit and retain a clinical workforce to deliver high quality care for the population of Cardiff and the Vale		
<b>Cause</b>	Increased vacancies in substantive clinical workforce Requirements of the Nurse Staffing Act and BAPM Standards Ageing workforce Insufficient supply of Nurses at UK national level High nurse turnover in Medicine and Surgery Clinical Boards Insufficient supply of Doctors in certain specialties at UK national level (e.g., Adult Psychiatry, Anaesthetics, General Medicine, Histopathology, Neurosurgery) Changes to Junior Doctor Training Rotations (Deanery) Brexit		
<b>Impact</b>	Increase in agency and locum usage Increase in costs of using agency and locum Impact on quality of care provided to the population Rates above Welsh Government Cap (Medical staff) Low Staff moral and sickness Poor attendance at statutory and mandatory Training Potentially inadequate levels of staffing		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	<b>25 (Extreme)</b>
<b>Current Controls</b>	Project 95% Nurse Recruitment and Retention Programme Medical international recruitment strategies (including MTI) Recruitment campaign through social media with strong branding Job of the week Staff engagement with recruitment drive Programme of talent management and succession planning Values based recruitment Medical Training Initiative (MTI) 2 year placement scheme Comprehensive Retention Plan introduced from October 2018 Nurse Adaptation Programme commenced October 2018 Plan in place for recruitment of overseas nurses Social Media Campaign and Open Days <b>International Nurse Recruitment in place</b>		
<b>Current Assurances</b>	Workforce metrics reported to Strategy and Delivery Committee High conversion rates from media campaign and Open Day Highest percentage of students in Wales applied to Cardiff and Vale UHB (23.2%) Nurse monitoring at Nurse Productivity Group (NPG) Medical monitoring at Medical Workforce Advisory Group (MWAG) Trajectory showing next vacancies in nursing Paediatric Surgery now fully established A & E fully established since February 2019 Extra capacity put in place to deal with winter pressure – winter ward Student streamlining produced the biggest intake in Wales due to the way C&V recruit students and engagement. End of year establishment was at 95% with some outliers in Medicine and Surgery CBs		
Impact Score: 5	Likelihood Score: 2	Net Risk Score:	<b>10 (High)</b>
<b>Gap in Controls</b>			
<b>Gap in Assurances</b>			

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Actions	Lead	By when	Update since 28.11.2019
1. Internal Nurse Transfer Scheme	RW	30/04/2020	This scheme started in September 2019 but will be relaunched in April 2020
2. Nurse recovery plan for Medicine and Surgery as part of financial recovery plan and business case for international recruitment	SC	31/03/2020	Plan in place with 2 <sup>nd</sup> part of International Nurse Recruitment approved. This will continue until March 2020. Financial Savings still being monitored and actions include Switch Off Sunday to help manage costs.
3. To consider how resources are used going forward in nursing	SC	31/03/2020	Resources being considered alongside bed occupancy plans – action ongoing
4. Proactively recruiting to positions for the MTC and filling vacancies	MD	31/03/2020	New action
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (High)

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## 2. Financial Sustainability

Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing Prudent Healthcare. As well as the NHS, public sector services, the third sector, and the public have significant roles to play to achieve a sustainable health and care system in the future.

<b>Risk</b> <b>Date added:</b> 20.05.2019	There is a risk that the organisation will not be able to deliver its ambition within the approved plan with Welsh Government		
<b>Cause</b>	Budgets overspent <b>at month 9 by £1.220m, plan to breakeven in 2019/20 is in place</b> (two Clinical Boards currently in escalation) Cost Improvement Programme not yet identified in all areas Significant nursing overspend Reduction in income received		
<b>Impact</b>	Unable to deliver approved plan with Welsh Government Reputational Loss		
<b>Impact Score: 5</b>	Likelihood Score: 5	Gross Risk Score:	<b>25 (Extreme)</b>
<b>Current Controls</b>	Full savings programme and financial improvement plan in place Finance Committee meets monthly and formally reports into the Board Performance Meetings held monthly with Clinical Boards Financial performance is a standing agenda item monthly on Management Executives Meeting Standing Financial Instructions in place with clear delegations of authority		
<b>Current Assurances</b>	Performance Meeting outcomes reported monthly to Management Executives Clinical Boards placed in escalation where not meeting budget or agreed financial forecast Finance report presented to every Finance Committee Meeting demonstrating progress and reporting variances		
Impact Score: 5	Likelihood Score: <b>3</b>	Net Risk Score:	<b>15 (Extreme)</b>
<b>Gap in Controls</b>	No gaps currently identified.		
<b>Gap in Assurances</b>	Not all Clinical Boards or Corporate have a CIP in place recurrently		

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Actions		Lead	By when	Update since 28.11.2019
1. Clinical Boards in escalation to recover the position and CIP		RC	30/06/2019 31/03/2020	Clinical Boards have produced recovery plans which have been Performance Reviewed and reported to Finance Committee. CB plans continue to be monitored and progressed
2. Investments on hold, pending identification of future savings schemes, to meet corporate affordability gap. <b>Restraints now in place on discretionary spend including pay and none pay.</b>		RC	30/06/2019 31/03/2020	The plans are to remove the year to date deficit and deliver a break even position by year end.
Impact Score: 5	Likelihood Score: 1	Target Risk Score:		<b>5 (moderate)</b>

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### 3. Sustainable Primary and Community Care

The strategy of "Care closer to home" is built on the assumption that there are a significant number of patients that are either referred to or turn up at a Hospital setting because there is no viable alternative at the time at which they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore it is important to create firstly the capacity of primary and Community Care, and then increase the capability of Primary and Community Care to be able to respond to the individual and varied needs of those patients in both crisis intervention but more commonly preventative and support arrangements.

<b>Risk</b> <b>Date added:</b> 12.11.2018	The risk of losing resilience in the existing service and not building the capacity or the capability of service provision in the Primary or Community care setting to provide the necessary preventative and responsive services.		
<b>Cause</b>	<p>Not enough GP capacity to respond to and provide support to complex patients with multiple co-morbidities and typically in the over 75 year age bracket.</p> <p>GP's being drawn into seeing patients that could otherwise be seen by other members of the Multi-disciplinary Team.</p> <p>Co-ordination of Health and Social Care across the communities so that a joined up response is provided and that the patient gets the right care.</p> <p>Poor consistency in referral pathways, and in care in the community leading to significant variation in practice.</p> <p>Practice closures and satellite practice closures reducing access for patients.</p> <p>Lack of development of a multidisciplinary response to Primary Care need.</p> <p>Significant increase in housing provision</p>		
<b>Impact</b>	<p>Long waiting times for patients to access a GP</p> <p>Referrals to hospital because there are no other options</p> <p>Patients turning up in ED because they cannot get the care they need in Primary or Community care.</p> <p>Poor morale of Primary and Community staff leading to poor uptake of innovative solutions</p> <p>Stand offs between Clinical Board and Primary care about what can be safely done in the community</p> <p>Impact reinforces cause by effecting ability to recruit</p>		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	20 (red)
<b>Current Controls</b>	<p>Me, My Home , My Community</p> <p>Signals from Noise to create a joined up system across Primary, Community, Secondary and Social Care.</p> <p>Development of Primary Care Support Team</p> <p>Contractual negotiations allowing GP Practices to close to new patients</p> <p>Care Pathways</p>		
<b>Current Assurances</b>	<p>Improved access and response to GP out of hours service</p> <p>Sustainability and assurance summary developed to RAG rate practices and inform action</p> <p>Three workshops held to develop way forward with engagement of wider GP body in developing future models. Leading to the development of Mental Health and Risk Care Models at scale being implemented.</p>		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (red)
<b>Gap in Controls</b>	<p>Actively scale up multidisciplinary teams to ensure capacity</p> <p>Achieving scale in developing joint Primary/Secondary Care patient pathways</p> <p>Recruitment strategies to sustain and improve GP availability and develop multidisciplinary solutions</p>		
<b>Gap in Assurances</b>	No gaps currently identified.		

Actions		Lead	By when	Update since 28.11.2019
1. Health Pathways – to create a protocol driven of what should and can be done in Primary care/Community care.		SC	31/03/2020	Health pathways launched on 14/02/2019. As at 07/05/2019 32 pathways were live. Pathways will continue to be developed until the end of the financial year. 65 pathways are now active. Chief Operating Officer has met with partners in New Zealand who are rolling it out. <b>This continues to be rolled out.</b>
2. Roll out of Mental Health and MSK MDT's to reduce the primary care burden on GP's		SC	31/01/2019  31/03/2020	Roll out commenced and plan continue to be monitored through GMS Sustainability Implementation Board Continue roll out at scale until the end of the financial year Completion likely to be between last quarter of this financial year and first quarter of next financial year.
3. Roll out digital solutions for smart working		DT	31/03/2020	Platform procured-phased roll out plan to be implemented with completion due by end of the financial year
4. Other digital platforms being considered e.g. Primary Care CAHMS Assessment platform being deployed		SC	31/03/2020	Digital Platform now been agreed for CAHMS. <b>Contract has now been agreed and is currently being rolled out.</b>
5. Development of recruitment strategies for GP and non GP service solutions		MD	Ongoing	GP Support Unit helps with recruitment and finding GP alternatives action also lined to No 2 above. As an indicator of in hour's resilience GP fill rates for PC out of hour's service have improved leading to a lower escalation status. The focus on a multi-disciplinary solution continues.
6. Develop Health and Social Care Strategies to allow seamless solutions for patients with health and or social needs		SC	Ongoing	These are being developed through the Public Service Board and Transformation work and progressing well
Impact Score: 5		Likelihood Score: 2		Target Risk Score: <b>10 (high)</b>

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#### 4. Safety and Regulatory Compliance

Patient safety and compliance with regulatory standards should be above all else for the Cardiff and Vale University Health Board.

Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and feedback. Undertaking a high quality level of investigation to identify the root causes. Implementing solutions to minimise/mitigate the risk of them recurring.

<b>Risk</b> <b>Date added:</b> 12.11.2018	There is a risk that systems of safety and regulatory compliance are potentially not as robust as they could be and this has been demonstrated by the HTA Review, poor decontamination systems and the commissioning of services outside the Health Board which were not of a high quality.		
<b>Cause</b>	Non-compliance with regulatory or statutory requirements Non-compliance with effective decontamination processes to support the delivery of high quality patient care Appointment of contractor without required quality checks being in place to ensure service delivered was of a high standard		
<b>Impact</b>	Harm and distress caused to patients and their families Reputational damage to the Health Board Increase in clinical claims Financial consequences		
<b>Impact Score: 4</b>	Likelihood Score:4	Gross Risk Score:	<b>16 (Extreme)</b>
<b>Current Controls</b>	Human Tissue Act HTA Licencing Standards Statutory Designated Individual in post Clinical Board QSE arrangements; CD&T – regulatory compliance group Quality, Safety and Experience Committee in place supported by robust governance and reporting structure Office of Professional Leadership shares responsibility for Quality Agenda (Medical Director, Executive Nurse Director, Executive Director of Therapies and Health Science) Quality and Safety Team Patient Experience Team Health and Care Standards Decontamination and reusable devices procedure in place Decontamination Group Weekly Executive led concerns/claims and serious incidents meeting Monitoring of ongoing investigations Quality control system that triangulates areas of concern First cut Corporate Risk Register now in place enabling risks in relation to Safety to be identified. Regulatory Tracker in place and reported to each Audit Committee and has received a 'reasonable' assurance rating		
<b>Current Assurances</b>	Annual Report to Quality, Safety and Effectiveness Committee on key quality and safety areas External accreditation processes Monitoring of incident trends, noise in the system or any concerns arising from inspections Heath and Care Standard Self-Assessment undertaken on key areas and reported into the Quality , Safety and Experience Committee Internal Audit reviews on quality and safety HIW Reports		
<b>Impact Score: 4</b>	Likelihood Score:3	Net Risk Score:	<b>12 (High)</b>

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Gap in Controls	Lack of central decontamination Unit			
	Lack of robust QSE criteria/monitoring in procurement and commissioning processes			
	Capacity of the Patient Safety and Patient Experience team to enable more proactive approach to quality improvement and data analysis			
	<del>Limited Assurance Internal Audit Report on Legislative/Regulatory Compliance</del>			
	Lack of robust patient identification processes			
Gap in Assurances	Robust ongoing monitoring and assurance reporting on historical areas of concern			
	Internal audit programme needs to be more closely aligned to areas of greatest risk			
Actions		Lead	By when	Update since 28.11.2019
1. Discuss and agree a way forward in relation to central decontamination unit		RW / FJ	30/06/2019 31/12/2019 31/03/2020	Investigation of endoscopy decontamination incident will highlight issues which need addressing. A central decontamination unit is likely to be a recommendation from the investigation. <b>The report is due Mid-January and it will then be presented to Management Executives.</b>
2. Review of procurement and commissioning processes to be undertaken to ensure that robust quality, safety and experience criteria and included		RW/ RC	30/06/2019 TBC	Process of investigation been undertaken on ophthalmology insourcing incident – Terms of Reference for investigation include procurement processes in relation to clinical services. The RCA is near completion and the Clinical Expert Reviews are awaited. Timeframe for completion to be confirmed. <b>The learning is complete and the outcome has informed a revised process.</b>
3. There are currently a number of quality and safety issues/reviews which are requiring focussed attention.		RW/SW	31/30/2020	These will be reported as and when completed through Quality, Safety and Experience Committee. <b>An update will be reported to February QSE Committee .</b>
Impact Score: 4	Likelihood Score:1	Target Risk Score:		4 (Moderate)

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## 5. Leading Sustainable Culture Change

In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which is building upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.

<b>Risk</b>	There is a risk that the cultural change required will not be implemented in a sustainable way		
<b>Cause</b>	<p>There is a belief within the organisation that the current climate within the organisation is high in bureaucracy and low in trust.</p> <p>Staff reluctant to engage with the case for change as unaware of the UHB strategy and the future ambition.</p> <p>Staff not understanding the part their role plays for the case for change due to lack of communication filtering through all levels of the UHB.</p>		
<b>Impact</b>	<p>Staff morale may decrease</p> <p>Increase in absenteeism</p> <p>Difficulty in retaining staff</p> <p>Potential decrease in staff engagement</p> <p>Transformation of services may not happen due to staff reluctance to drive the change through improvement work.</p> <p>Patient experience ultimately affected.</p>		
Impact Score: 4	Likelihood Score: 4	Gross Risk Score:	<b>16 (Extreme)</b>
<b>Current Controls</b>	<p>Values and behaviours Framework in place</p> <p>Task and Finish Group weekly meeting</p> <p>Cardiff and Vale Transformation story and narrative</p> <p>Leadership and Management Development Programme</p> <p>Programme of talent management and succession planning</p> <p>Values based recruitment</p> <p>Staff survey results and actions taken – led by an Executive ( WOD )</p> <p>Patient experience score cards</p> <p>CEO sponsorship for the Values and behaviours (culture) enabler.</p> <p>Executive Director of WOD highly engaged with this enabler</p> <p>Raising concerns relaunched in October 2018</p> <p>Financial resources in place but need to be careful how used</p>		
<b>Current Assurances</b>	<p>Transformation activity reported to monthly to Management Executives, HSMB and Board.</p> <p>Engagement of staff side through the Local partnership Forum (LPF)</p> <p>Matrix of measurement now in place which will be presented in the form of a highlight report</p>		
Impact Score: 4	Likelihood Score: 2	Net Risk Score:	<b>8 (High)</b>
<b>Gap in Controls</b>			
<b>Gap in Assurances</b>			

Actions	Lead	By when	Update since 28.11.2019
1. Learning from Canterbury Model with a Model Experiential Leadership Programme- Three Programmes have been developed: (i) Acceler8 (ii) Integr8 (iii) Collabor8  (iv) Oper8 (for Directorate Managers or equivalent)	MD	<del>June 2019</del> 31/10/2019 01/02/2020  31/03/2019  31/10/2020	The Integr8 programme was cancelled in October but now happening in January 2020. Commenced Current programme is being designed with Local Authority staff. Commenced
2. Showcase	MD	<del>31/10/2019</del> 30/04/2020	The venue for the 'showcase' has being identified. Showcase likely to start April 2020
3. Work on triangulating physical, mental and financial wellbeing service being developed	MD	28/02/2020	Financial wellbeing education service being launched in the organisation in February.
4. Welsh Language Standard being implemented.	MD	From 01/10/2019	Group re-established and implementation plan is happening. Presentation to take place at Management Executive during February.
5. Work commencing with Cardiff Council to explore 'Project Search' which is for people with learning disabilities. The outcome would be to help ensure a more diverse workforce at Cardiff and Vale UHB	MD	From 01/01/2020	Meetings are currently taking place with Council in order to progress this project
Impact Score: 4	Likelihood Score: 1	Target Risk Score:	4 (Moderate)

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## 6. Capital Assets (Estates, IT Infrastructure, Medical Devices)

The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner.

<b>Risk</b> <b>Date added:</b> 12.11.2018	The condition and suitability of the estate, IT and Medical Equipment impacts on the delivery of safe, effective and prudent health care.		
<b>Cause</b>	<p>Significant proportion of the estate is over-crowded, not suitable for the function it performs, or falls below condition B.</p> <p>Investment in replacing facilities and proactively maintaining the estate has not kept up the requirements, with compliance and urgent service pressures being prioritised.</p> <p>Lack of investment in IT also means that opportunities to provide services in new ways are not always possible and core infrastructure upgrading is behind schedule.</p> <p>Insufficient resource to provide a timely replacement programme, or meet needs for small equipment replacement</p>		
<b>Impact</b>	<p>The health board is not able to always provide services in an optimal way, leading to increased inefficiencies and costs.</p> <p>Service provision is regularly interrupted by estates issues and failures.</p> <p>Patient safety and experience is sometimes adversely impacted.</p> <p>IT infrastructure not upgraded as timely as required increasing operational continuity and increasing cyber security risk</p> <p>Medical equipment replaced in a risk priority where possible, insufficient resource for new equipment or timely replacement</p>		
<b>Impact Score: 5</b>	Likelihood Score: 5	Gross Risk Score:	<b>25 (Extreme)</b>
<b>Current Controls</b>	<p>Estates strategic plan in place which sets out how over the next ten years, plans will be implemented to secure estate which is fit for purpose, efficient and is 'future-proofed' as much as possible, recognising that advances in medical treatments and therapies are accelerating.</p> <p>Statutory compliance estates programme in place – including legionella proactive actions, and time safety management actions.</p> <p>The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure.</p> <p>IT SOP sets out priorities for next 5 years, to be reviewed in early 2019</p> <p>Medical equipment WAO audit action plan to ensure clinical boards manage medical equipment risks</p> <p>The annual capital programme is prioritised based on risk and the services requirements set out in the IMTP, with regular oversight of the programme of discretionary and major capital programmes.</p> <p>Medical Equipment prioritisation is managed through the Medical Equipment Group</p> <p>Additional discretionary capital £1.7m for IT and £1.6m for equipment which enabled purchasing of equipment urgently needing replacement.</p>		

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<b>Current Assurances</b>	<p>The estates and capital team has a number of business cases in development to secure the necessary capital to address the major short/medium term service estates issues. Work is starting on the business case to secure funding to enable a UHW replacement to be build.</p> <p>The statutory compliance areas are monitored every month in the Capital Management Group to ensure that the key areas of risk are prioritised.</p> <p>The Executive Director of Strategic Planning and the Director of Capital, Facilities and Estates meet regularly with the Welsh Government Capital Team to review the capital programme and discuss the service risks.</p> <p>Regular reporting on capital programme and risks to Capital Management, Management Executive and Strategy and Delivery Committee</p> <p>IT risk register regularly updated and shared with NWIS.</p> <p>Health Care Standard completed annually</p> <p>Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group, health care standard completed annually.</p>		
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	<b>20 (Extreme)</b>
<b>Gap in Controls</b>	<p>The current annual discretionary capital funding is not enough to cover all of the priorities identified through the risk assessment and IMTP process for the 3 services. In year requirements further impact and require the annual capital programme to be funded by capital to be re-prioritised regularly.</p> <p>Traceability of Medical Equipment</p>		
<b>Gap in Assurances</b>	<p>The regular statutory compliance surveys identify remedial works that are required urgently, for which there is no discretionary capital funding identified, requiring the annual plan to be re-prioritised, or the contingency fund to be used.</p> <p>Medical equipment is also subject to regulatory requirements, and therefore requires re-prioritisation during the year</p>		
<b>Actions</b>	<b>Lead</b>	<b>By when</b>	<b>Update since 28.11.2019</b>
1. Progress implementation on the estates strategic plan	AH	30/11/2019	Forms part of IMTP which was presented to the Board in draft in November 2019 with final sign off in January 2020.
2. Bid has been submitted to WG for high risk Medical Equipment items for year- end capital slippage.	FJ	31/01/2020	New action
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	<b>10 (high)</b>

**Key:**

<b>1 -3</b>	<b>Low Risk</b>
<b>4-6</b>	<b>Moderate Risk</b>
<b>8-12</b>	<b>High Risk</b>
<b>15 – 25</b>	<b>Extreme Risk</b>

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<b>Report Title:</b>	<b>Patient Safety WalkRounds™</b>					
<b>Meeting:</b>	<b>Board</b>			<b>Meeting Date:</b>	<b>30<sup>th</sup> January 2020</b>	
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>X</b>	<b>For Information</b>	
<b>Lead Executive:</b>	Executive Nurse Director					
<b>Report Author (Title):</b>	<b>Head of Patient Safety and Quality Improvement</b>					

### Background and current situation:

WalkRounds™ (WRs) connect senior leaders with people working at the frontline as a way to both educate senior leadership about safety issues and to signal to frontline workers the commitment to creating a culture of safety (Institute for Healthcare Improvement (IHI) 2004) <sup>1</sup>.

WRs were a key topic at a Board development day on 29<sup>th</sup> August 2019.

Discussions took place to address the following

- Barriers to attending WRs
- Making it easier to participate in WRs
- Asking the right patient safety-focused questions

This report sets out the revised approach to WRs agreed in principal for the Board to formally approve.

WRs were established throughout NHS Wales through the Leadership element of the 1000 Lives Campaign (2008 – 2010). The concept of WRs was further reinforced in The Quality Delivery Plan for NHS Wales 2012-2016 which mandated 'visible leadership' at all levels in all NHS Wales Healthcare organisations. Thus WRs are extremely well established in Cardiff and Vale University Health Board (UHB). They were seen as an invaluable way of:

- 'Facilitating Board level engagement direct with frontline teams
- Demonstrating visible senior leadership in patient safety at a practical level
- Combining a top-down and bottom-up approach to safety awareness and management
- Gaining information and acting on safety problems and issues' <sup>2</sup>

In the spirit of continuous improvement, various approaches to WRs have been tested in the UHB and revised over the past few years.

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

Please note the revised, proposed new Executive and Independent Member pairs and the changes to the questions that should be asked during the Safety Walkround.

### Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Discussion at the Board Development day is summarised below.

There was agreement that the current objectives of WRs are to:

- enhance a climate of trust;
- discuss progress on key performance metrics (patient safety incidents);
- surface/ address issues identified by staff;
- recognise accomplishments and progress;

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- remove barriers to communication and process improvement;
- strengthen accountability processes.

Barriers to attending WRs include

- Time for Walkrounds is often substituted for other competing priorities ‘
- Board member availability
- Priority – often lowered by Executive Assistants
- Logistics of co-ordinating time between Board members and availability of clinical/departmental staff

A number of actions were agreed to make WRs easier and more reliable

- Establish a dedicated time slot monthly for each ‘couplet’
- Develop information about WRs to be included in an induction pack for Executive Assistants (EAs)
- Provide information at a meeting for EAs so they understand the importance and help with scheduling
- If the Executive and Independent Member (IM) cannot both attend the WR, it is acceptable for one to attend alone if confident to do so
- Someone senior from the Patient Safety Team can stand in if necessary, although this is the exception to the rule
- Some WRs should be carried out of normal office hours; this would broaden exposure to areas and is sometimes easier for IMs
- Some of the out of hours WRs could be aligned to the on-call rota
- Review the couplets; also these need not necessarily be fixed throughout the year and this may help with availability
- Establish a ‘Leader Board’ for number carried out and notes written
- There needs to be improved feedback on actions – you said – you/we did could be included in board reports or in reports to the Quality, Safety and Experience Committee
- There should be agreed turnaround times for notes after each WR
- Information for teams should be revised to encourage participation from the whole multi-disciplinary team
- Revise the list of areas to visit – remove those that do not directly interface with patients/citizens
- Ensure they are disciplined and planned

A standard operating procedure for WRs has been developed to address these issues – appendix 1

### Recommendation:

The Board is asked to **APPROVE** the revised approach to WRs with a view to commencing the new arrangements from 1<sup>st</sup> April 2020.

### References

1. Institute for Healthcare Improvement (2004) *Patient Safety Leadership WalkRounds™*
2. 1000 Lives Improvement (2010) [Leading the Way to Safety and Quality Improvement](#)

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Shaping our Future Wellbeing Strategic Objectives			
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
Five Ways of Working (Sustainable Development Principles) considered			
Please tick as relevant, click <a href="#">here</a> for more information			
Prevention		Long term	
		Integration	
		Collaboration	
		Involvement	
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.		

## Appendix 1

### Patient Safety WalkRound™ Standard Operating Procedure for Board ‘Couplets’

#### Pre WalkRound™ administration

Times and locations will be arranged between Executive Assistants and the WalkRound™ administrator. Out of hours visits will be increased by aligning them to the on-call rota.

The WR administrator will liaise with the frontline team to ascertain who will greet the couplet and where they will meet.

EAs will prioritise WalkRounds™ once they are scheduled to prevent cancellations. The WalkRound™ administrator will send the reporting template with details for the WR and the previous set of notes if available to the relevant EA who will in turn provide them to the couplet.

#### Proposed New Couplets (TBA)

Executive	Independent Member (IM)
Len Richards (CEO)	Eileen Brandreth (IM Information, Communication & Technology)
Dr Stuart Walker (Executive Medical Director)	Dawn Ward (IM Trade Union)

Robert Chadwick (Executive Director of Finance)	Councilor Susan Elsmore (IM Local Authority)
Fiona Kinghorn (Executive Director of Public Health)	Professor Gary Baxter (IM University)
Abigail Harris (Executive Director of Strategic Planning)	Akmal Hanuk (IM Local Community)
Steve Curry (Chief Operating Officer)	John Union (IM Finance)
Ruth Walker (Executive Nurse Director)	Michael Imperato (IM Legal/ interim Vice Chair) (alternate with NF)
Fiona Jenkins (Executive Director Therapies & Health Science)	Charles Janczewski (Interim Chair)
Martin Driscoll (Executive Director Workforce & OD)	Sara Moseley (IM Third (Voluntary) Sector)
Nicola Foreman (Director of Corporate Governance)	Michael Imperato (IM Legal) (alternate with RW)
Jonathon Grey (Director of Transformation)	Replacement for John Antoniazzi (IM Estates)

### Instructions for WalkRounds™

Ideally the Executive and Independent Member (IM) will do the WR together. Executives can do WalkRounds™ alone if the IM is unavailable. IMs may also carry out WalkRounds™ alone when they feel confident in doing so. There are a few stand-in people who will accompany the IMs if required.

The couplet will meet at the prearranged place and introduce themselves to staff. Please ensure that you adhere to the principles of IP&C when entering clinical areas; particularly that you use alcohol gel at the entrance to the ward, are bare below the elbow and wash hands/use alcohol gel as appropriate when leaving the ward.

**Opening statements** (these are suggestions – please feel free to use your own version)

“This Walk Round is part of our commitment as a Board to improving the quality and safety of care and services we provide.”

“We are moving as an organisation to open communication and a blame-free environment because by doing so we can make your work environment safer for you and your patients. We aim to become the safest NHS organisation in the UK. To do this we need to understand the issues you have to deal with so that we can help to resolve them”

**Questions to Ask (select a few)** (these are suggestions – please feel free to ask your own)

1. “Tell us a bit about this.... (ward, unit, clinic, service)”
2. “Would you be happy if your friends and family were treated here?”
3. “Can you think of any events in the past day or few days that have resulted in prolonged hospitalisation for a patient?” Examples: there were delays along the patient pathway because vital resources were not available in a timely manner (e.g. radiology or laboratory tests were delayed or there was insufficient

therapist interventions); miscommunications; delayed or omitted medications; incidents such as infections, falls; social situations (care home, social services).

4. **“Have there been any near misses that almost caused patient harm but didn’t?”** Examples: selecting a drug from the medications trolley or pharmacy to administer to a patient and then realising it’s an incorrect dose; mis-programming a pump, but having an alert warn you; incorrect prescribing or other interventions by physicians or others but prevented by nurses or other staff; poor communication.
5. **“Have there been any incidents lately that you can think of where a patient was harmed?”** Examples: Infections; surgical complications; complications secondary to drugs; side effects secondary to drugs. (Similar to Q2)
6. **“Is there anything we could do to prevent the next adverse event?”** Examples: what information would be helpful to you? Consider alterations in the interaction between clinicians. Consider teamwork. Consider the environment and workflow.
7. **“What specific intervention from leadership would make the work you do safer for patients?”** Examples: Organize interdisciplinary groups to evaluate a specific problem. Assist in changing the attitude of a particular group. Facilitate interaction between two specific groups.
8. **“What would make the WalkRounds™ more effective?”** Examples: Informal conversations in the hallway instead of organized conversations. Individual conversations instead of group discussions. Ensure free time to discuss issues.
9. **“How are we actively promoting a blame-free culture and working on the development of a blame-free reporting policy?”** Examples: We do not penalize individuals for inadvertent errors. The institution grants immunity to individuals who report adverse events in a timely fashion (where criminal behaviour is not an issue).
10. **“What improvement work have you been involved with?”**
11. **“What are you most proud of?” or “What do you consider to be your greatest achievement?”**
12. **If you had one opportunity to change the system what would it be?**

**Closing comments** (these are suggestions – please feel free to use your own version)

“We will get the notes of this Walk Round written up. They will be shared with you and the clinical board. Please feel free to share them with others as you see fit”

“We have agreed the following actions.....” Confirm any actions and encourage them to discuss the WR with others where appropriate.

“We take quality and safety very seriously. Thank you all for your time and for the open and honest conversation. Where appropriate we will work on the information you’ve given us to improve quality and safety for both patients and staff.”

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# Structured Assessment 2019 – **Cardiff and Vale University Health Board**

Audit year: 2019

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

The team who delivered the work comprised Anne Beegan, John Llewellyn and Urvisha Perez, under the direction of Dave Thomas.

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# Summary report

## About this report

- 1 This report sets out the findings from the Auditor General's 2019 structured assessment work at Cardiff and Vale University Health Board (the Health Board). The work has been undertaken to help discharge the Auditor General's statutory requirement, under section 61 of the Public Audit (Wales) Act 2014, to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency and effectiveness in their use of resources.
- 2 Our 2019 structured assessment work has included interviews with officers and Independent Members (IM), observations at board and committee meetings, and reviews of relevant documents, performance and financial data.
- 3 The key focus of structured assessment is on the corporate arrangements for ensuring that resources are used efficiently, effectively and economically. This year, auditors paid critical attention to the progress made to address recommendations and opportunities for improvement identified in 2018 and previous years<sup>1</sup>. The report groups our findings under four themes – the Health Board's governance arrangements, strategic planning, managing financial resources and managing the workforce.

## Background

- 4 Our 2018 Structured Assessment concluded that the Health Board's strategic planning arrangements were generally sound, and while it had made some progress, significant improvements were still needed in governance, risk management and performance monitoring arrangements.
- 5 This year, the Health Board has improved its status under the [NHS Wales Escalation and Intervention Framework](#). After spending three years under targeted intervention, in March 2019, Welsh Government de-escalated the Health Board to enhanced monitoring and then further de-escalated it to routine arrangements in September 2019. This was in recognition of the Health Board's improved financial position and improving performance, which contributed to the approval of its integrated medium-term plan (IMTP) in March 2019.
- 6 For 2018-19, the Health Board reported a financial deficit of £9.9 million, which was within the control deficit target agreed with Welsh Government. However, this position still contributed to a cumulative rolling 3-year deficit totalling £65.9 million at March 2019.

<sup>1</sup> In early 2020, we will be undertaking a review of the Health Board's quality governance arrangements, therefore we have not commented on this area of work. We have also not commented on information governance as we are conducting a separate follow-up review of previous recommendations.



- 7 For the same period, the Health Board delivered against its scheduled and unscheduled care profiles, which is an area the Health Board has continued to strengthen over the past few years by moving from quarterly to monthly profiling of Referral to Treatment Time targets (RTT). However, there are some areas of performance that need to be improved, such as urgent suspected cancer and outpatient follow-up backlogs.
- 8 The way in which the Health Board organises its clinical and corporate services is largely unchanged. However, there has been some turnover amongst board members. In April 2019, the Medical Director retired. Interim arrangements were put in place until the new Medical Director joined in July 2019. In June 2019, the Director of Transformation and Informatics (also the Deputy Chief Executive) took up post as the interim Chief Executive at Cwm Taf Morgannwg University Health Board. Interim arrangements are being put in place to cover her portfolio of responsibilities. In November 2019, the Director of Workforce and Organisational Development took on the role of interim Deputy Chief Executive. In August 2019, the Chair of the Health Board stood down and the Vice-Chair took over as interim Chair until a new Chair is appointed. An interim Vice-Chair was appointed in October 2019.
- 9 As this report provides a commentary on key aspects of progress and issues arising since our last structured assessment, it should be read with consideration to our [2018 review](#).

## Main conclusions

- 10 The overall conclusion from our 2019 structured assessment work is **the Health Board is strengthening processes that support board business, risk management and arrangements for tracking recommendations. It now has an approved IMTP, forecasts a breakeven position and is making progress in tackling workforce issues. But there are opportunities for improvement, these include; Board level performance reporting and scrutiny of IMTP delivery, flows of information between the senior management teams and the Board and addressing a large volume of outstanding audit recommendations.**
- 11 The Board is maturing and processes that support it are improving but there are issues with independent member capacity. We identified opportunities to improve the flows of information between Board and senior management team structures. There have been significant improvements to risk management, with the Board Assurance Framework now an integral part of the Health Board's risk management process.
- 12 The Health Board has strengthened its system for tracking recommendations and regulatory compliance. But this has highlighted an unacceptably high number of outstanding recommendations, which need to be addressed. The Health Board has started to review its performance management arrangements. But further work is

needed to ensure the Strategy and Delivery Committee has the right level of performance information to provide assurance to the Board.

- 13 For the first time in three years, the Health Board's IMTP received ministerial approval. But we found there is little scrutiny of its delivery at Board and committee level. The Health Board is nearly five years into delivering its long-term strategy to shape future population wellbeing, but progress in delivering it is slow.
- 14 The Health Board continues to improve its revenue financial position and is projecting to breakeven at the end of 2019-20 and meet its 3-year rolling revenue resource target by 2021-22. Arrangements for managing and monitoring budgets, cost improvement plans, and single tender actions are sound and there is good Board and committee oversight. But some policies are out of date and National Fraud Initiative data matches which could help detect undisclosed staff interests and procurement fraud are yet to be reviewed.
- 15 Workforce challenges remain, such as consultant job planning compliance, recruiting to some consultant posts and low appraisal rates. But the Health Board is progressing plans to tackle its issues, and this years has had success in recruiting nurses and delivering its culture and leadership programme.
- 16 We consider our findings in more detail in the following sections.

## Recommendations

- 17 **Exhibit 1** details recommendations arising from this audit. The Health Board's management response to these recommendations and our final report will be available on our website once considered by the relevant committee. The Health Board will also need to address the outstanding recommendations made in previous years.

### Exhibit 1: 2019 recommendations

Recommendations	
<b>Committee meeting frequency and timing</b>	
R1	We found scope to review the timings and frequency of some committee meetings to support members to scrutinise current information more often. Reviewing timings will also allow maximum attendance at meetings. The Health Board should: <ol style="list-style-type: none"> <li>a) review the frequency of Audit Committee meetings to close the gap between the May and September meeting; and</li> <li>b) review independent member's capacity and timings of committee meetings where there is infrequent independent member attendance.</li> </ol>
<b>Performance Management Framework</b>	
R2	We found that performance monitoring at an operational level is sound, but some information received by the Board and its committees need to be

## Recommendations

improved. When the Health Board restarts its performance framework review it should be extended to include:

- monitoring IMTP delivery on a quarterly basis and reporting the wholesale position to the Strategy and Delivery Committee and Board. We have previously suggested presenting the committee with a summarised version of the IMTP progress reports available at clinical board performance reviews.
- ensuring that the Strategy and Delivery Committee receives, the same or more, detailed performance information than that received by the Board.
- review the format and legibility of the performance dashboard currently reported to Board.

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# Detailed report

## Governance arrangements

- 18 As in previous years, our structured assessment work has examined the Health Board's governance arrangements. We looked at the way in which the Board and its committees conduct their business, and the extent to which organisational structures are supporting good governance and clear accountabilities. We considered the information that the Board and its committees receive to help it oversee and challenge performance and monitor the achievement of organisational objectives. We also reviewed the progress made in addressing our recommendations.
- 19 In 2019, we found that **the Health Board is strengthening processes that support board business and risk management. Arrangements for tracking recommendations have improved significantly but highlighted an unacceptably high number of outstanding audit recommendations. There is scope to improve performance reporting at Board and committee level and the flows of information between the senior management teams and the Board.** Findings are set out below.

## Conducting business effectively

The Board is maturing and processes that support it are improving but there are issues with independent member capacity. There are opportunities to improve the flows of information between Board and senior management teams

- 20 Our 2018 Structured Assessment found that the Health Board was taking steps to improve how the Board and its committees conducted business, but it had not yet achieved consistent good practice. This year the Health Board has developed a Corporate Governance Improvement Programme, which aims to re-establish basic governance processes and procedures that support the Board. The programme includes ensuring Standing Orders, Standing Financial Instructions, committee terms of reference and committee work programmes are up to date and the Health Board has appropriate systems for maintaining probity and propriety. The Health Board is making good progress on the improvement programme, but it is taking longer than intended. This is both because of capacity issues within the corporate governance team and because the team is ensuring existing systems are thoroughly reviewed and new processes implemented properly.
- 21 Our work in 2018 found that committee terms of reference and workplans were out of date. These have since been reviewed and in March 2019, the Board approved the appointment of nine committees for 2019-20, their terms of reference and work programmes. In May 2019, the Board approved its plan of business for 2019-20. Committee structures remain largely the same as last year, except for one new committee. The former Information, Technology and Governance Sub-Committee, is now a committee of the Board and has been renamed the Digital Health Intelligence Committee. It met for the first time in August 2019. Audit Committee

has also been renamed the Audit and Assurance Committee to better reflect its remit. When the terms of reference are next reviewed, the Health Board should minimise any overlap or duplication. It should also review arrangements for cross referring issues between committees.

- 22 The past two years has been a period of settling in for the Board, with new independent and executive members. During 2019, we have observed a growing maturity in the conduct, scrutiny and challenge at the Board and meetings of several committees<sup>2</sup>. The Health Board continues to work towards improving the quality of scrutiny by lifting the conversation from operational detail to strategic matters. This can be attributed to a more settled Board and committee structure, IMs growing in confidence and improving arrangements that support scrutiny.
- 23 However, through our observations we have also picked up some issues. The Quality, Safety and Experience Committee<sup>3</sup> has a sizeable agenda and papers. This raises the risk of the committee not focusing on the right areas. The membership of Audit and Assurance Committee was refreshed, and we have seen an improvement in the quality of discussion and scrutiny. But we are concerned about the irregular frequency of these meetings, with no meeting held between May and September each year. Overall, the Strategy and Delivery (S&D) Committee continues to bed in, its remit is clearer and there is a good level of scrutiny. Although we still have concerns about the limited information to enable scrutiny of performance and IMTP delivery.
- 24 In May 2019, the Board approved some changes in committee membership and Board champions. Most committees have three IMs including the chair. But we have found that the attendance of some IMs is variable which leaves meeting quoracy and therefore decision making at risk. For example, at the June 2019 S&D Committee meeting, only the chair was present. The interim Chair is aware of this issue and is looking to review committee membership. We would also suggest reviewing independent member's capacity and the timing of meetings to allow greater attendance. There are also vulnerabilities in terms of IM turnover. There has been one less IM since the chair left in August 2019, the chair of the Finance Committee is standing down as an IM in October 2019, and two IMs are waiting to be reconfirmed.a
- 25 The Health Board has recognised that its operational governance arrangements are not working optimally, so it is reviewing them. The intention is that the Health Service Management Board, which includes executive and clinical board leaders, will be the decision-making body. While the Management Executive Team, which includes the executive leaders, will act as a sounding board. The terms of

<sup>2</sup> As part of our structured assessment work, we observed several Board and committee meetings, in particular the Finance Committee, Strategy and Delivery Committee, Audit and Assurance Committee and Quality, Safety and Experience Committee (QSE).

<sup>3</sup> We will be observing more QSE Committee meetings as part of our upcoming audit of the quality governance arrangements.

reference for both groups are under review. However, the Health Board should extend this review to clarify what information should flow between these groups and the Board and its committees.

- 26 The Health Board's Standing Orders require committees to undertake an annual review of their effectiveness. The reviews were conducted for the first time in 2019 using an electronic survey. All committees, except for the Audit and Assurance Committee, have received feedback. Improvement plans were developed where answers to survey questions resulted in an 'adequate', 'needs improvement' or 'no response' response. A common issue highlighted through the review was timeliness of minutes. In response, the Corporate Governance Team has introduced a one-week deadline to prepare minutes and send them to respective committee chairs for ratification. Those we interviewed told us that the quality of the papers is improving and that the Health Board is committed to reducing the size of meeting papers. The cover template for Board and committee papers was updated last year and is working well, but further improvements are planned. Moving forward, cover papers, which are usually written by assistant directors, will be signed off by executive directors to ensure they highlight key messages.
- 27 Board development sessions take place bi-monthly. In July 2019, the Board received its 2019-20 development programme. Members had an opportunity to contribute to the draft plan. The board development plan is a live document that can be amended as needed. In future, the intention is to present the development plan to the Board at the end of the financial year. The Corporate Governance Team is also working to develop an induction programme for new IMs and members new to a committee.
- 28 Our Structured Assessment work in 2018 highlighted several weaknesses in systems of internal control that support board assurance. The Health Board has addressed these issues through its Corporate Governance Improvement Programme (paragraph 20). Specifically, it has reviewed its Standing Orders, which had not been reviewed since May 2015. In addition, an action plan addressing area of non-compliance with the Standing Orders was presented to the Board in March 2019. The Welsh Government issued its reviewed model standing orders in September 2019, with a directive to implement it by no later than 30 November 2019. The Scheme of Reservation and Delegation forms part of the Standing Orders, it was last reviewed in May 2015. This is listed as an area of non-compliance; an updated version was intended to be received by the Board in July 2019. This is still pending. The Health Board also plans on updating its detailed scheme of delegation, which was last reviewed in February 2018.
- 29 The Health Board has not reviewed its Standing Financial Instructions since May 2015. However, the model Standing Financial Instructions are being reviewed and updated at an all Wales level with publication expected for the start of 2020-21. In the meantime, we would expect the Health Board to review annually documents that support the Standing Financial Instructions, such as the scheme of delegation, in line with the recommendation included in our 2018 structured assessment report.

- 30 Last year, we reported that internal audit had issued a limited assurance report on standards of business conduct, specifically focusing on arrangements for declarations of interest and gifts, hospitality and sponsorship. The Health Board has addressed internal audit's recommendations and was given substantial assurance in September 2019. The Health Board's policy on policies has been updated and is next due to be reviewed in 2020. The Health Board has identified that the current policy register, which lists over 400 documents, shows several out-of-date policies and a lack of consistency in the use of the terms policy, guidance, protocol and procedure. To address these issues the Health Board has developed a policy improvement programme. Progress is reported quarterly to Health Services Management Board and will also report to Management Executive.
- 31 In 2017 and 2018 we made several recommendations to improve governance arrangements. **Exhibit 2** describes the progress made.

**Exhibit 2: progress on 2017 and 2018 governance recommendations**

2018 recommendations	Description of Progress
<p><b>Governance</b></p> <p>R3. The Health Board should:</p> <ul style="list-style-type: none"> <li>a) Update the Scheme of Delegation to reflect the delegated responsibility for calculating nurse staffing levels for designated acute medical and surgical inpatient wards;</li> <li>b) Review and update the Standing Orders and Standing Financial Instructions, ensuring these documents are reviewed and approved on an annual basis;</li> <li>c) Improve the format of the registers for declarations of interest and gifts, hospitality and sponsorship and clarify the frequency with which the registers are presented to the Audit Committee;</li> <li>d) Ensure the governance team manage policy renewals and devise a process to keep policy reviews up to date;</li> <li>e) Review all committee terms of reference to make sure they are up to date, do not overlap, and are reviewed annually; and</li> <li>f) Ensure all committees have an up-to-date work programme, which is linked to the cycle of Board meetings and reviewed annually.</li> </ul>	<p><b>On track but not yet complete</b></p> <p>The Health Board is making good progress against our governance recommendations. The bullet points below detail progress:</p> <ul style="list-style-type: none"> <li>a) <b>Pending</b> – the scheme of delegation does not yet reflect the delegated responsibility under the Nurse Staffing Levels (Wales) Act.</li> <li>b) <b>Part complete</b> – the updated Standing Orders were approved by the Board in March 2019. The Standing Financial Instructions are yet to be reviewed.</li> <li>c) <b>Complete</b> – standards of business conduct received substantial assurance in September 2019.</li> <li>d) <b>Complete</b> – the policy on policies has been updated and a policy improvement programme is in place.</li> <li>e) <b>Complete</b> – in March 2019, the Board approved the revised committee terms of reference.</li> <li>f) <b>Complete</b> – all committee work programmes and Board plan of business approved in March and May 2019 respectively.</li> </ul>



2017 recommendations	Description of Progress
<b>Board/Committee papers</b> R3. To enable effective scrutiny, the Health Board needs to improve the quality of its papers to Board and Committees by ensuring that the length and content of the papers presented is appropriate and manageable.	<b>Complete</b> The Health Board has improved and is continuing to improve the quality of Board and committee papers.
<b>Finance Committee papers</b> R4. To improve transparency, the Health Board needs to ensure that the Finance Committee papers are made available on its website in a timely manner.	<b>Complete</b> Finance Committee papers are now consistently available on the Health Board's website prior to the meeting.

## Managing risks to achieving strategic priorities

The Health Board has made significant improvements to risk management, with the Board Assurance Framework now an integral part of its risk management process

- 32 Our 2018 Structured Assessment found that there were delays in revising the corporate risk and assurance framework, which meant the Board had insufficient oversight of strategic risks for almost one year. In November 2018, the Board approved its Board Assurance Framework (BAF), which replaced the corporate risk and assurance framework that we had been critical about in the past.
- 33 This year, we found the BAF is an integral part of the Health Board's risk management process. The BAF is now a standard Board agenda item and improvements have been made over the year. For example, the document now highlights changes such as to the risk score or actions to mitigate risks. Before the BAF is presented to the Board it is reviewed by the executive leadership team and updated by the risk owning executive and the Director of Corporate Governance. To provide assurance to the Board, individual risks are assigned to and reviewed by the relevant committees.
- 34 Development, maintenance and scrutiny of the BAF is part of the Health Board's risk management improvement programme, which was approved by the Board in November 2018. This work has good Board oversight and the changes to risk management processes is helping to ensure better scrutiny. The Health Board has made good progress against the improvement programme.
- 35 At its Board development day in April 2019, the Health Board assessed its current risk appetite<sup>4</sup> as 'cautious'. The Risk Management and Board Assurance Framework Strategy, which was approved by the Board in July 2019, states that

<sup>4</sup> The Board assessed its risk appetite using the Good Governance Institute Matrix for NHS Organisations.

the Board's risk appetite will be reviewed on an annual basis. To support the strategy, a risk management procedure has been developed. The Director of Corporate Governance, who is responsible for risk management, is rolling out training on the procedure to Corporate Directorates and Clinical Boards.

- 36 The Corporate Governance Team has been reviewing the risk registers for the corporate directorates and clinical boards to understand how risk is managed and to introduce a more consistent approach. This work is an integral part of developing the Health Board's corporate risk register, which will include operational risks with a risk score of 20 and above. On occasion, clinical boards and corporate directorates may have risks scoring less than 20 which they feel they cannot mitigate. The Health Board should ensure it has a system to escalate and manage such risks. Currently, there are concerns that some clinical boards are over scoring risks, which would overburden the corporate risk register. However, training on the risk management procedure should, over time, help reduce this risk as risk owners learn to score appropriately.
- 37 The Health Board is taking a phased approach to developing its corporate risk register. The first draft will be presented to the Board at its meeting in November 2019. This version will not be perfect but will improve over the year, and as operational risk registers strengthen. In the interim, clinical boards and corporate directorates will be asked to provide their top three to five risks to the Director of Corporate Governance using the new risk management procedure. The corporate risk register will be reported to the Health Services Management Board prior to the Board. Currently, the Health Board's risk management systems are paper based. It plans to implement the DATIX web-based risk system by April 2020.
- 38 In 2017, we made one recommendation in relation to risk management. **Exhibit 3** describes the progress made.

### Exhibit 3: progress on 2017 risk management recommendation

2017 recommendations	Description of Progress
<b>Risk management</b> R5. The Health Board needs to strengthen its corporate risk assurance framework (CRAF) by: <ul style="list-style-type: none"> <li>mapping risks to the Health Board's strategic objectives;</li> <li>reviewing the required assurances;</li> <li>improving clarity of risk descriptors; and</li> <li>clarifying to the reader the date when risks are updated and/or added.</li> </ul>	<b>Complete</b> The corporate risk assurance framework has been replaced by the BAF which is now an integral part of the Health Board's risk management process and is reviewed at Board and executive level.

## Embedding a sound system of assurance

The Health Board has strengthened its system for tracking recommendations and regulatory compliance, but this has identified an unacceptably high number of outstanding recommendations

- 39 Our 2018 Structured Assessment highlighted ongoing weaknesses in the Health Board's system for tracking internal and external recommendations. Echoing some of our concerns, internal audit issued a limited assurance report on legislative compliance, in February 2019. This highlighted issues such as the poor format of the tracking report, not having a comprehensive list of required regulators and completed actions not being supported by evidence. The Health Board has acted on internal audit's recommendations and as a result a follow-up review in September 2019 gave reasonable assurance.
- 40 In response to our recommendations and those of internal audit, the Corporate Governance Team has updated systems to track internal and external recommendations and regulatory compliance. As recommended in last year's Structured Assessment, the Health Board reviewed all outstanding internal and external recommendations and reported the findings to Audit and Assurance Committee in September 2019. This exercise revealed that the Health Board has an unacceptably large volume of outstanding recommendations, 201 in total<sup>5</sup>. To improve this position the Corporate Governance Team has started to follow-up recommendations with executive leads on a quarterly basis. Executive and clinical board leads will discuss future audit reports. The trackers are 'work in progress', but the Audit and Assurance Committee will be able to take greater assurance from the tracking system as it improves and becomes established. However, the Health Board should consider using the clinical board performance reviews to hold services to account on outstanding recommendations. In addition, future iterations of the trackers should highlight common weaknesses and themes highlighted by inspectorates. The trackers are live documents and the Health Board should ensure there is adequate capacity within the corporate governance team to maintain this system.
- 41 The legislative and regulatory compliance tracker lists all regulatory bodies that inspect the Health Board and the regulatory standard being inspected. Each standard and/or body has a lead executive and assurance committee where inspection reports and action plans will be presented. The tracker also lists, where information is available, inspection cycles, current and future inspection dates, where inspections were undertaken 10 or more years ago and the outcome of inspections. The Health Board intends on simplifying this tracker by developing a

<sup>5</sup> There are 49 outstanding Wales Audit Office recommendations made between 2017-18 and 2019-20, 152 internal audit recommendations made in 2017-18 and 2018-19 are outstanding. The main tracker goes back to 2013-14.

visual dashboard, like one used by the Clinical Diagnostics and Therapies Clinical Board.

- 42 **Exhibit 4** describes the progress made in addressing our 2017 Structured Assessment recommendations and our 2018 recommendation on recommendations tracking.

**Exhibit 4: progress on 2017 Structured Assessment recommendations and 2018 recommendation on recommendations tracking**

2018 recommendations	Description of Progress
<b>Progressing 2017 recommendations</b> R1. The Health Board should complete our 2017 structured assessment recommendations by the end of 2019. Recommendations related to planning savings targets, quality of information, committee administration, risk management and performance reporting.	<b>On track but not yet complete</b> The Health Board is making progress against our 2017 recommendations <sup>6</sup> . The recommendations are detailed in our <a href="#">2017 Structured Assessment report</a> .
<b>Audit recommendation tracking</b> R2. The Health Board should improve its recommendation tracking by: <ul style="list-style-type: none"> <li>a) addressing our outstanding 2016 structured assessment recommendation to strengthen tracking arrangements for external audit recommendations;</li> <li>b) including the tracking of internal audit recommendations; and</li> <li>c) completing a review of all outstanding internal and external audit recommendations and reporting the findings to the Audit Committee.</li> </ul>	<b>Complete</b> The Health Board now has trackers in place for internal and external audit recommendations and for legislative and regulatory compliance. The Health Board has reviewed all outstanding internal and external recommendations and reported these findings to the Audit and Assurance Committee in September 2019.

<sup>6</sup> We cannot comment on recommendations related to information governance until we have completed our separate follow-up review of previous recommendations.

## Performance management arrangements

The Health Board has started to review its performance management arrangements. Further work is needed to ensure the Strategy and Delivery Committee has the right level of performance information to provide assurance to the Board

- 43 Last year we found the Health Board's performance management framework had not been reviewed since 2013. It therefore did not reflect current organisational structures and performance arrangements. The Health Board had started to review its performance management arrangements by reviewing and mapping how and where performance is scrutinised. An initial paper was presented to the S&D Committee in April 2019, but progress stalled because of a sudden gap in capacity within the executive team. The Health Board intends on restarting this work but it should extend this work to take account of the issues highlighted below and to improve scrutiny of IMTP delivery (see [paragraph 52](#)). In previous years, we found that performance management arrangements were sound at an operational level but there were weaknesses at a strategic level because performance information reported at committees was less detailed than that reported to the Board. Since April 2019, the S&D Committee receives a cover report with a high-level summary narrative to accompany the tier 1 target performance data. Whilst this is an improvement on previous years it is still less detailed than that received by the Board. The Finance Committee scrutinises financial performance in detail and the Board receives assurance through a summary report of the financial position. A similar system should be in place for providing assurance on key performance measures. The performance dashboard is presented at each Board meeting with accompanying narrative on areas of performance that have been prioritised by the Board. The format of the performance dashboard is not easy to read, the font is too small and becomes blurry when the page is expanded. The Health Board should review the content and format of performance reporting at Board and committee level.
- 44 As reported in previous Structured Assessments, the Health Board has performance review and escalation arrangements for the clinical boards. As at September 2019, three clinical boards - Specialist, Medicine and Surgery - have been escalated because of concerns around financial performance and activity.
- 45 The performance dashboard, which shows national and local measures, was presented to Board in September 2019. As at August 2019, out of the 70 performance indicators presented, 23 were rated green, 21 were rated amber and 26 rated red. The Annual Plan for 2018-19 includes Welsh Government's summary of the Health Board's performance against the outcome's delivery framework measures. It shows that the Health Board's performance had improved against 35 measures, was sustained against 2 and performance declined against 30 measures. Particular areas for improvement include performance against urgent suspected cancer targets and outpatient follow-up backlogs.

- 46 In 2017 and 2018 we made recommendations in relation to performance management. **Exhibit 5** describes the progress made.

**Exhibit 5: progress on 2017 and 2018 performance management recommendations**

2018 recommendations	Description of Progress
<b>Performance management</b> R4. The Health Board should update its performance management framework to reflect the organisational changes that have taken place since 2013.	<b>On track but not yet complete</b> The Health Board has started to review its performance management arrangement, but progress stalled because of capacity issues in summer 2019.
2017 recommendations	Description of Progress
<b>Performance reporting</b> R7. The Health Board needs to ensure that the level of information reported to the Resource and Delivery Committee on performance is sufficient to enable the Committee to scrutinise effectively. This should include: <ul style="list-style-type: none"> <li>a) ensuring that the Committee receives more detailed performance information than that received by the Board. Consideration should be made to including a summary of the Clinical and Service Board dashboards used in the monthly executive performance management reviews;</li> <li>b) See <b>Exhibit 9</b> for recommendation on workforce metrics.</li> </ul>	<b>Superseded by 2019 recommendation</b> The S&D Committee now receives summary narrative to accompany performance data. But the detail provided is still less than that received by the Board. The Health should review performance reporting as part of its review of performance management arrangements (see <b>Exhibit 1</b> ; and <b>Recommendation 4</b> above).

## Strategic planning

- 47 Our work considers how the Board sets strategic objectives for the organisation and how well the Health Board plans to achieve these, using the resources that it has, or can, make available. We also examine the Health Board arrangements for monitoring progress against its objectives and the difference it is making.
- 48 In 2019, we found that **the Health Board has an approved IMTP for the first time in three years, but there is little scrutiny of its delivery by the Board or its committees. The Health Board is nearly five years into delivering its long-term strategy to shape future population wellbeing, but progress is slow.**
- 49 This year the Health Board has taken steps to streamline its IMTP planning process, and progress plans that underpin its long-term strategy to shape future population wellbeing (10-year strategy), but it needs to increase the pace of

delivery. We also found that the Health Board needed to improve scrutiny of IMTP delivery at Board and committee level.

- 50 As reported in previous years, the Shaping our Future Wellbeing Strategy (10-year strategy) sets out the Health Board's vision and strategic objectives, these were developed in 2015. The Health Board is nearly five years into the life of the strategy, but we have concerns about the pace of delivery. In April 2019, the S&D Committee received a mid-way progress report on delivery against strategic objectives. Whilst a helpful summary, IMs commented that the summary did not show what was left to do and milestones for delivery. In addition to the 10-year strategy and to support the next phase of its implementation, the Health Board is currently further developing its Clinical Services Plan. The Shaping Our Future Wellbeing in the Community programme, which is aligned to the emerging Clinical Services Plan, sets out proposals for developing the infrastructure plans to support the model of care already described in Shaping Our Future Wellbeing. It will be important to ensure that the Clinical Services Plan and the infrastructure plan includes the next phases of Shaping Our Future Wellbeing in the Community. The plan for community services is further ahead with business cases in place for three wellbeing hubs and one centre. The plan for hospital services is still in draft, with plans to engage staff and stakeholders during November and December 2019. We note that the hospital service plan is for 2019-29, which covers a different timeframe than the main strategy.
- 51 The IMTP is the main delivery vehicle for the 10-year strategy. In January 2019, the Board approved the Health Board's IMTP prior to submission to Welsh Government and in April 2019, the IMTP received ministerial approval for the first time in three years. Approval of the IMTP contributed to the de-escalation from Welsh Government's targeted intervention to routine arrangements in September 2019. The Health Board has streamlined its IMTP to focus on six core priority areas, one of which is achieving financial balance. The IMTP is also underpinned by several plans, including the estates strategy, workforce plan and some clinical board plans.
- 52 In July 2019, the Board received an update setting out the process for refreshing the IMTP, which also provided a set of initial priorities for 2020-21. The Health Board is working towards a January 2020 Welsh Government submission date. In order to develop a collective IMTP, the Health Board held a joint workshop session with clinical boards and executive leaders. In general, the Health Board reported that there is less silo working. This is largely attributed to the challenge posed by executives at clinical board performance reviews. Silo working should reduce further once all corporate services and executives have moved to the new headquarters at Woodland House. Those we interviewed reported that there is good IM engagement in the IMTP planning process.
- 53 We have previously raised the need for better scrutiny of annual plan delivery. This is still the case for this year's IMTP. The S&D committee receives progress reports on individual IMTP projects and programmes. It does not receive an overall or collated progress summary against all IMTP deliverables. The purpose of the BAF



is to highlight and mitigate key risks to achieving the Health Board's strategic objectives. The IMTP is the key plan for delivering the strategic objectives. If the S&D committee and the Board are unable to scrutinise overall delivery this leaves a gap in assurance. We have previously suggested presenting the committee with a summarised version of the IMTP progress reports available at clinical board performance reviews.

- 54 In 2018, we reported that the Health Board had developed a transformation programme to support the implementation of its 10-year strategy. There are five workstreams<sup>7</sup>, each with an executive lead and at different stages of progress. The culture and leadership workstream, branded Amplify 2025, is visible and ambitious. The Health Board has a learning alliance with Canterbury Health Board in New Zealand and is employing similar methods of engagement. In July 2019, the Health Board held its first Amplify 2025 event. The event aimed to get the 80 participating staff to think differently about delivering healthcare. The Health Board is planning the next phase of Amplify 2025, which is a showcase experience inviting up to five thousand people including staff, partners and patients to attend. The showcase will be a two-hour experiential walk through the Health Board's system, incorporating both current and future models of delivering care.
- 55 Aspects of other workstreams are also starting to deliver. For example, the Health Board is rolling out a system which allows decisions to be made on real-time patient flow data (Lightfoot Solutions). The Health Board has introduced a healthcare pathways website, rolling out pathways for services under the greatest pressure first. It is also in the early stages of developing the Patient Knows Best portal, which aims to help patients avoid unnecessary follow-up appointments by supporting their recovery.

## Managing financial resources

- 56 We considered the action that the Health Board is taking to achieve financial balance and create longer-term financial sustainability. We have assessed the financial position of the organisation, the approach to financial planning, financial controls and stewardship, and the arrangements for financial monitoring and reporting. We also reviewed the progress made in addressing our recommendations
- 57 We found that **the Health Board continues to improve its revenue financial position and is projecting to breakeven at the end of 2019-20 and meet its 3-year rolling revenue resource target by 2021-22. Financial management, monitoring and Board and committee oversight are sound. But some policies are out of date and National Fraud Initiative data matches related to potential procurement fraud are yet to be reviewed.** Our findings are set out below.

<sup>7</sup> The five transformation workstreams are: health pathways, alliancing, culture and leadership, digitally enabled organisation and accessible information.



## Financial performance and planning

The Health Board continues to improve its revenue financial position and cost improvement plans. It is projecting that it will achieve a breakeven financial position at the end of 2019-20 and anticipates meeting its 3-year rolling revenue resource target by 2021-22

- 58 The Health Board has consistently met its capital resource limit both for the annual limit and three-year limit. The Health Board expects to meet the capital resource limit for 2019-20. In terms of revenue funding, for 2018-19 the Health Board exceeded its annual and three-yearly expenditure limits for net revenue. Consequently, the Auditor General qualified his regularity opinion in the Health Board's annual financial statements. The Health Board did, however, achieve the £9.9 million control total revenue position that had been agreed with Welsh Government. This was achieved with additional funding totalling £10 million provided by the Welsh Government.
- 59 For 2019-20, the Health Board expects to operate within its annual revenue resource limit. However, given the deficit position of the previous two years (£26.9 million in 2017-18 and £9.9 million in 2018-19) it will not meet its statutory financial duty to break even over the three-year rolling period up to 2019-20. The rolling three-year deficit up to 2018-19 is £65.9 million. In addition, the Health Board's cumulative deficit since the introduction of the 3-year rolling resource limit in 2014-15 is £87.2 million.
- 60 The Health Board's financial returns to Welsh Government for month five show that achieving an in-year breakeven position at the end of 2019-20 will be a challenge. The Health Board's net revenue expenditure at the end of August 2019 exceeded the profiled position by £2.8 million. This is an increase in the profiled deficit position of £1.8 million at the end of June 2019.
- 61 We reported last year that the Health Board had effective arrangements for identifying savings and developing savings plans. The savings target for 2018-19 was £33.8 million, which the Health Board exceeded by £0.8 million. In order to breakeven at the end of 2019-20, the Health Board has set a savings targets of £31.2 million. The target is broken down as:
- 2% (£16.4 million) recurrent savings target devolved to the clinical boards; and
  - 1.8% (£14.9 million) recurrent savings target, which are managed corporately and mainly delivering via high value opportunities.
- 62 As at month five, the Health Board revised its savings target downwards from £31.2 million to £26.1 million to reflect the release of £2.1 million relating to the

Health Board's remaining investment reserve and a further £2.8 million to reflect an operational underspend on Weqas<sup>8</sup>.

- 63 The Health Board has addressed our 2017 recommendation by changing the basis of its cost improvement (CIP) targets from 2019-20 by:
- eliminating non-recurrent savings targets;
  - all clinical boards having a 2% recurrent target, centred on core efficiencies, but with the expectation of finding further savings opportunities beyond their delegated target; and
  - including an extra cost improvement target of no more than 2%, based on benchmarking data and significant service changes.
- 64 Our review of the cost improvement plan target for 2019-20 confirms that the Health Board has incorporated the above changes into its plan and that as at August 2019 (month five) has identified savings, and is on track, to fully achieve its savings target of £26.1 million.
- 65 The Health Board has a robust system for monitoring its cost improvement plans, which includes: oversight by the Cost Improvement Board, Finance Committee and at clinical board performance reviews. In addition, monthly and weekly monitoring reports are produced for each clinical board. Where cost improvement plans are not being achieved, clinical boards are subject to the Health Board's escalation process, which was updated in early 2018. In December 2018, internal audit gave the Health Board's cost improvement programme substantial assurance.
- 66 The Health Board is improving its understanding and reporting of activity and associated cost drivers. It has implemented the All Wales Costing System 'PCG monitoring', which replaces the previous 'Synergy' system. The Health Board has already seen benefits from the implementation of the new system, for example significant time savings when producing the 2017-18 Welsh Costing Returns. In April 2019, the Finance Committee received a progress update on the system as per our 2018 recommendation.
- 67 In 2017 and 2018 we made the following recommendations in relation to financial planning. **Exhibit 6** describes the progress made.

#### Exhibit 6: progress on 2017 and 2018 financial planning recommendations

2018 recommendation	Description of Progress
<b>Financial planning</b> R5. The Health Board should provide the Finance Committee, or Board, with an update on progress with its testing and	<b>Complete</b> An update was provided to Finance committee in April 2019. In addition, the Health Board has now fully implemented the All Wales Costing System.

<sup>8</sup> Weqas is a quality assessment provider for laboratory medicine. It is an independent organisation that is hosted by the Health Board.

delivery of the All Wales Costing System Implementation Project.	
<b>2017 recommendation</b>	<b>Description of Progress</b>
<b>Saving targets</b> R1. For 2018-19, the Health Board needs to use intelligence such as benchmarking data to identify stretch targets on a case-by-case basis in areas where greater levels of savings could be made.	<b>On track but not yet complete</b> Whilst the Health Board has improved the basis of its cost improvement targets, it is still in the processes of making further improvements.

## Financial management and controls

The Health Board has a clear framework for managing and monitoring its budgets and has a new system which is reducing the number of single tender actions. However, some policies are out of date and National Fraud Initiative data matches related to potential procurement fraud are yet to be reviewed

- 68 Our 2018 Structured Assessment identified some weaknesses in the documentation that supports the systems of internal control. As outlined above, the Health Board is taking steps to address weaknesses in governance and systems of control, in particular updating the Standing Financial Instructions and detailed Scheme of Delegation, both of which need review (see **Paragraph 28**). We also found that the counter fraud policy<sup>9</sup> and the capital management procedure are out-of-date (review dates June 2014 and February 2019 respectively). These documents should be updated in line with the Health Board's recently reviewed policy on policies.
- 69 The Health Board has a clear framework in place for managing and monitoring its revenue and capital budgets. Revenue budgets together with savings targets are devolved to clinical boards who have responsibility for setting and monitoring their budget areas. Each clinical board's budget is further allocated to individual budget holders, who are responsible for monitoring their budgets on a monthly basis. Clinical boards are supported by senior business partnering teams who provide support and assistance in the monthly monitoring process together with scrutiny and challenge on the monthly budget position. Capital budget monitoring is delegated to the Assistant Director of Planning (Capital and Estates) who has the responsibility for ensuring that the Health Board stays within its Capital Resource Limit on an annual basis. At an operational level, the Assistant Director of Planning delegates monitoring of individual capital budgets to nominated budget holders.

<sup>9</sup> The Auditor General is undertaking further work to examine the effectiveness of counter fraud arrangements across the public sector in Wales, with a view to publishing his findings in summer 2020. His work will be informed by local fieldwork commencing in late 2019.

- 70 Our 2018 structured assessment found that the Health Board has effective arrangements for monitoring procurement activity and spend. In February 2019, the Audit and Assurance Committee received an internal audit report giving contract compliance reasonable assurance. Internal audit found that whilst processes and procedures were in place, testing found several instances where staff could not provide evidence that they had obtained quotations prior to raising purchase orders and one instance where a full tender exercise should have been undertaken.
- 71 In terms of single tender actions, we found the Health Board has processes in place for identifying non-compliance and to manage and reduce the number of single tender actions. Approved single tender actions are reported at each Audit and Assurance Committee together with details of non-compliance with tender procedures. To help reduce the number of single tender actions, in April 2019 the Health Board introduced a new system called 'MultiQuote', which is a sourcing service that enables buyers to investigate the market and find suppliers quickly and easily. The new system is making a difference. In the six months between April and August 2019, 35 single tender actions were reported to Audit and Assurance Committee compared with 66 in the four-month period between December and March 2019.
- 72 The NFI is a biennial data-matching exercise that helps detect fraud and overpayments by matching data across organisations and systems to help public bodies identify potentially fraudulent or erroneous claims and transactions. It is a highly effective tool in detecting and preventing fraud and overpayments and in helping organisations to strengthen their anti-fraud and corruption arrangements. Participating bodies submitted data to the current NFI data matching exercise in October 2018.
- 73 In January 2019, the Health Board received 6,983 data-matches through the NFI web application. Whilst we would not expect organisations to review all data-matches, some of the matches are categorised as 'recommended matches. These are matches considered to be of high risk and therefore recommended for early review. The Health Board's matches included 823 recommended matches. The NFI web-application, which records the findings of the Health Board's review of its data-matches, shows that as at 15 October 2019, the Health Board had concluded or was in the process of reviewing most of the high-risk matches. The Health Board has generally made good progress in addressing the NFI matches. However, we note that Health Board does not appear to have reviewed matches between payroll, creditor payment and Companies House data. These are important matches because they can help to identify undisclosed staff interests and procurement fraud. We therefore recommend that the Health Board review these data-matches as a matter of urgency.
- 74 In 2018 we made the following recommendations in relation to NFI matches. **Exhibit 7** describes the progress made.

## Exhibit 7: progress on 2018 National Fraud Initiative matches recommendation

2018 recommendation	Description of Progress
<b>National Fraud Initiative matches</b> R6. The Health Board should ensure that all recommended matches from the next NFI exercise in January 2019 are reviewed and where necessary investigated in a timely manner.	<b>On track but not yet complete</b> Whilst the Health Board has generally made good progress in addressing the NFI matches, it should review matches between payroll, creditor payment and Companies House data as a matter of urgency.

## Oversight and scrutiny of financial performance

### Oversight and scrutiny of financial performance at Board and committee level is strong

- 75 The Health Board has a clear process in place for monitoring monthly budgets, which ensures that all relevant information is captured, analysed and reported to Finance Committee, the Board and to Welsh Government. The Health Board has clearly defined roles for monitoring and reporting of financial performance, providing sufficient scrutiny and challenge. The Finance Committee, which meets on a monthly basis receives in depth financial reports that are generally well structured and informative. The level of detail included is sufficient and appropriate to allow committee members to adequately scrutinise the financial position. Sufficient time is given to members to allow them to scrutinise and challenge the financial position before and during meetings. Financial reports set out data along a traditional format of income, pay and non-pay expenditure, cash flows and important capital schemes. This aligns with monthly reporting to Welsh Government. The Board receives assurance through a summary report of the financial position. The report is an integral part of the performance report.

## Managing workforce productivity and efficiency

- 76 We considered the action that the Health Board is taking to ensure that its workforce is well managed and productive. We also assessed arrangements for addressing training and development needs and action to engage and listen to staff and address wellbeing needs. We reviewed the progress made in addressing our recommendations.
- 77 We found that **workforce challenges remain, such as consultant job planning compliance, recruiting to some consultant posts and low appraisal rates. But the Health Board is progressing plans to tackle its issues, with success in recruiting nurses and delivering its culture and leadership programme.**
- 78 Our 2018 Structured Assessment found that the Health Board was developing plans to tackle its workforce challenges but had failed to address consultant job planning. This year, whilst workforce challenges remain the Health Board is making

progress to tackle them. The Health Board has had success in recruiting nurses and delivering culture and leadership transformation workstream (branded Amplify 2025).

- 79 Last year we reported that compared with the Wales average, the Health Board's performance against some key workforce measures was mixed. **Exhibit 6** shows performance as at July 2018 and 2019, and the Wales average at July 2019.

**Exhibit 8: performance against key workforce measures, July 2018 and 2019**

	Health Board July 2018	Health Board July 2019	Health Board July 2018 compared to 2019	Wales average July 2019
Sickness average	5.1%	5.2%	↑	5.4%
Turnover	9.8%	10.4%	↑	7.1%
Vacancy	3.2%	2.3%	↓	2.9%
Appraisal	61%	56%	↓	70%
Statutory and mandatory training	75%	77%	↑	80%

Source: NHS Wales Workforce Dashboard, Health Education and Improvement Wales, July 2018 and 2019

- 80 **Exhibit 8** shows that sickness rates have risen slightly (by 0.1%) since last year, but the Health Board's performance is better than the Wales average (by 0.2%). In April 2019, the S&D Committee received a deep dive on sickness absence along with the 'maximising attendance plan' to address issues. The deep dive revealed that anxiety and stress is the biggest reason for sickness absence. In response to this, in September 2019, the Board of Trustees agreed to fund the employee wellbeing service through the Cardiff and Vale Health Charity.
- 81 The Health Board reported that a lot of work has gone into nurse recruitment this year, using a range of social media and open days to attract staff. As a result, the Health Board has appointed several overseas candidates and there are potential candidates through other recruitment initiatives. **Exhibit 8** shows that the Health Board has reduced its vacancy rate by 0.9% since last year and its performance is 0.6% better than the Wales average. This equates to 105 fewer vacancies than last year, with over half (54% or 57 staff) attributed to a rise in nursing and midwifery staff. The Health Board is also working with the Apprenticeship Academy and its

local authority partners to offer apprenticeships to 16-19-year olds, an age group that is currently underrepresented. The Health Board is playing its part in promoting value-based healthcare and increasing staff skill mix. For example, it is leading on an endoscopy curriculum to train nurses for Wales. However, some consultant posts remain challenging to fill. For example, interventional radiologists and specialists in operating theatres.

- 82 Since last year, the Health Board's appraisal rate has fallen by 5% and is 14% below the Wales average (**Exhibit 8**). The Health Board has revised the Personal Appraisal Development Review (PADR) process and in June 2019 introduced the Values Based Appraisal (VBA). The focus of the PADR is performance, what staff are doing and pay progression. Whilst these elements remain, the annual VBA is a discussion about expected values and behaviours, development needs and aspirations. This new approach hopes to promote the organisation's culture, manage talent and help with succession planning. Training on VBA is being rolled out to senior managers and includes encouraging managers to using a coaching style to encourage positive discussions with staff.
- 83 Job planning compliance at the Health Board is still a challenge. In September 2019, the S&D Committee received the workforce performance dashboard for June 2019. It shows that 89% of consultants had job plans recorded of which only 27% had been reviewed within 12 months<sup>10</sup>. At the September 2019 Audit and Assurance Committee, the new Medical Director gave a verbal update on his ambitions for job planning. He aims to standardise job planning and introduce a centralised system for recording them, but no timeframe was specified.
- 84 In 2017, we recommended the Health Board expand the range of performance metrics reported to S&D Committee to include a broader range of workforce KPIs. In June 2019, the Health Board introduced a new format for its key workforce indicators. The report, which shows 18 KPIs, is clearly presented and was well received by the committee. Since April 2019, the committee receives the workforce performance dashboard at each of its meetings. Whilst there is no narrative accompanying the dashboard, the committee receives regular deep dives on underperforming workforce areas.
- 85 In 2018, the Health Board told us it would be running 180-degree reviews for its top leaders (band 8 and above). The reviews aim to understand current leadership styles with a view to introducing a coaching, high-trust less bureaucratic style. The Health Board told us that to date, 40 leaders have had their review. The 180-degree review was conducted by an external company called Korn Ferry. Each leader received an individual report. Korn Ferry presented high-level results to the 40 leaders collectively to show the organisation's current leadership style. The Health Board is about to run the review with another 40 leaders. The Health Board plans on training a pool of staff to conduct 180-degree reviews internally.

<sup>10</sup> As part of next year's programme of local work, we will be following up recommendations made through our NHS consultant contract reviews.



- 86 Since 2018, the Health Board has improved its statutory and mandatory training by 2%, but it is 3% below the Wales average of 80%. The Health Board is continuing to review statutory and mandatory training requirements for different roles. To date, training at level one and two is role appropriate but further work is needed to review level three and four training.
- 87 In response to last year's NHS staff survey the Health Board established an employee stakeholder group, chaired by the Executive Director of Workforce and Organisational Development, to consider the results of the survey and develop an action plan. The working group was made up of around 50 staff volunteers from across the organisation. In April 2019, the action plan was presented to the S&D Committee. The action plan centres around four main themes: engagement, leadership, culture and behaviour and involvement. A staff survey steering group has been set up to drive the action plan forward, but as yet it has not reported back to the S&D Committee.
- 88 In 2017 we made the following recommendation in relation to the workforce performance report. **Exhibit 9** describes the progress made.

**Exhibit 9: progress on 2017 workforce performance report recommendation.**

2017 recommendation	Description of progress
<b>Performance reporting</b> R7. The Health Board needs to ensure that the level of information reported to the Resource and Delivery Committee on its performance is sufficient to enable the Committee to scrutinise effectively. This should include: <ul style="list-style-type: none"> <li>a) See <b>Exhibit 5</b> for recommendation on Strategy and Delivery Committee performance reports.</li> <li>b) expanding the range of performance metrics to include a broader range of key performance indicators relating to workforce. Consideration should be made to revisiting the previous workforce KPIs reported to the previous People, Planning and Performance Committee (this was superseded by the Strategy and Delivery Committee).</li> </ul>	<b>Complete</b> The Health Board has introduced a new, clear dashboard for its key workforce indicators, which is supported by regular deep dives presented to the S&D Committee.

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# Structured Assessment 2019 – management response to audit recommendations

## Cardiff and Vale University Health Board

Audit year: 2019

Date issued: November 2019

Document reference: 1604A2019-20

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# Introduction

1. We have concluded our 2019 Structured Assessment of Cardiff and Vale University Health Board. As part of this work, we made a number of audit recommendations to the Health Board. These are set out with our findings and conclusions, in our full report which will be uploaded to our website once considered by the appropriate committee.
2. This document sets out the Health Board's management response and the actions it intends to take to address our 2019 structured assessment recommendations.
3. Any enquiries regarding re-use of this document should be sent to the Wales Audit Office at [infoofficer@audit.wales](mailto:infoofficer@audit.wales).

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## Cardiff and Vale University Health Board: management response

The following table sets out the Health Board's management response to our 2019 structured assessment audit recommendations

Recommendation	Management response	Completion date	Responsible officer
<b>Committee meeting frequency and timing</b>			
R1 We found scope to review the timings and frequency of some committee meetings to support members to scrutinise current information more often. Reviewing timings will also allow maximum attendance at meetings. The Health Board should:			
a) Review the frequency of Audit Committee meetings to close the gap between the May and September meeting.	Agree this can be achieved an additional meeting will be added in for July which will also coincide with other meetings taking place in July 2020.	December 2019	Director of Corporate Governance
b) Review independent member's capacity and timings of committee meetings where there is infrequent independent member attendance.	This is already under review with the change in Chair and Vice Chair. Current proposals include increasing the membership of each Committee to ensure the meetings are quorate.	December 2019	Director of Corporate Governance / Interim Chair of the Board

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Recommendation	Management response	Completion date	Responsible officer
<b>Performance Management Framework</b>			
<p>R2 We found that performance monitoring at an operational level is sound, but some information received by the Board and its committees need to be improved. When the Health Board restarts its performance framework review it should be extended to include:</p> <ul style="list-style-type: none"> <li>Monitoring IMTP delivery on a quarterly basis and reporting the wholesale position to the Strategy and Delivery Committee and Board. We have previously suggested presenting the committee with a summarised version of the IMTP progress reports available at clinical board performance reviews.</li> <li>Ensuring that the Strategy and Delivery Committee receives, the same or more, detailed performance information than that received by the Board.</li> </ul>	<p>Agree to recommendation. The flash report which is used for Performance Reviews will be sent to Strategy and Delivery of a quarterly basis.</p> <p>Agree to the recommendation. The performance information is currently under review alongside other performance information to the Committees to ensure a consistent approach and that assurance can then be appropriately provided to the Board from each Committee.</p>	<p>December 2019 we will start from the beginning of the New year and send to the S&amp;D Committee in January 2020.</p> <p>January 2020</p>	<p>Executive Director of Strategic Planning</p> <p>Director of Digital and Health Intelligence</p>

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Recommendation	Management response	Completion date	Responsible officer
<ul style="list-style-type: none"> <li>Review the format and legibility of the performance dashboard currently reported to Board.</li> </ul>	<p>Agree with recommendation. The Committees of the Board will all be considering their respective KPIs and they will then provide assurance to the Board. The dashboard will be presented in a format which is legible and clearly identifies the areas for concern and what is happening with them.</p>	<p>March 2020</p>	<p>Director of Digital and Health Intelligence</p>

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# Annual Audit Report 2019 – **Cardiff and Vale University Health Board**

Audit year: 2018-19

Date issued: January 2020

Document reference: 1698A2020-21

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This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to the Wales Audit Office at [infoofficer@audit.wales](mailto:infoofficer@audit.wales).

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

This report was prepared for the Auditor General by Anne Beegan,  
Dave Thomas, Mark Jones and Mike Usher.

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# Summary report

## About this report

- 1 This report summarises the findings from the audit work I have undertaken at Cardiff and Vale University Health Board (the Health Board) during 2019. I did that work to carry out my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
  - a) examine and certify the financial statements submitted to me by the Health Board, and to lay them before the National Assembly;
  - b) satisfy myself that the expenditure and income to which the financial statements relate have been applied to the purposes intended and in accordance with the authorities which govern it; and
  - c) satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 2 I have reported my findings in key messages under the following headings:
  - Audit of the accountability report and financial statements; and
  - Arrangements for securing economy, efficiency and effectiveness in the use of resources.
- 3 I have issued several reports to the Health Board this year. This annual audit report is a summary of the issues presented in these more detailed reports, a list of which is included in [Appendix 1](#).
- 4 [Appendix 2](#) presents the latest estimate on the audit fee that I will need to charge to cover the actual costs of undertaking my work at the Health Board, alongside the original fee that was set out in the 2019 Audit Plan.
- 5 [Appendix 3](#) sets out the financial audit risks highlighted in my 2019 Audit Plan and how they were addressed through the audit.
- 6 The Chief Executive, Board Secretary and the Director of Finance have agreed this report is factually accurate. We will present it to the Board on 30 January 2020. We strongly encourage the Health Board to arrange wider publication of this report. We will make the report available to the public on the [Wales Audit Office website](#) after the Board has considered it.
- 7 I would like to thank the Health Board's staff and members for their help and co-operation during the audit work my team has undertaken over the last 12 months.

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## Key messages

### Audit of the accountability report and financial statements

- 8 I have concluded that the Health Board's accountability report<sup>1</sup> and financial statements were properly prepared and materially accurate, and my work did not identify any material weaknesses in the Health Board's internal controls relevant to my audit of the financial statements. I have therefore issued an unqualified opinion on their preparation. I did however report some recommendations for improvement to officers and the Audit Committee, which they are addressing for the 2019-20 financial statements.
- 9 The Health Board did not achieve financial balance for the three-year period ending 31 March 2019 and so I have issued a qualified opinion on the regularity of the financial transactions within its 2018-19 financial statements.
- 10 Alongside my audit opinion, I placed a substantive report on the Health Board's financial statements to highlight its failure to achieve financial balance and its failure to have an approved three-year plan in place.

### Arrangements for securing efficiency, effectiveness and economy in the use of resources

- 11 My programme of Performance Audit work at the Health Board has led me to draw the following conclusions:
  - The Health Board is strengthening governance arrangements, now has an approved IMTP, forecasts a breakeven position and is making progress in tackling workforce issues. But there are opportunities for improvement, which include Board level performance reporting, scrutiny of IMTP delivery and flows of information, as well as addressing a large volume of outstanding audit recommendations.
  - The Health Board has a good understanding of the sustainable development principle and has taken steps to build this into core business delivery but recognises that there is more to do.
  - My follow-up performance audit work on clinical coding has identified that the Health Board is generally producing good quality coded data, but more work is needed to fully achieve many of our previous recommendations.
- 12 These findings are considered further in the following sections.

<sup>1</sup> Where relevant to my audit opinion

# Detailed report

## Audit of the accountability report and financial statements

- 13 This section of the report summarises the findings from my audit of the Health Board's 2018-19 accountability report and financial statements. These documents are how the organisation shows its governance and financial performance, setting out its net assets, net operating costs, recognised gains and losses, and cash flows. Preparing the statements is an essential element in demonstrating appropriate stewardship of public money.
- 14 My responsibilities in auditing the Health Board's financial statements are described in my [Statement of Responsibilities](#) publications, which are available on the Wales Audit Office website.

## I have issued an unqualified opinion on the accuracy and proper preparation of the 2018-19 accountability report and financial statements of the Health Board, although in doing so I have brought some issues to the attention of officers and the Audit Committee

- 15 I have concluded that the Health Board's accountability report and financial statements were properly prepared and materially accurate. I found most of the information provided by the Health Board to be timely, accurate and reliable, and easy to understand. I concluded that the Health Board's accounting policies and estimates are appropriate and the accounting disclosures to be unbiased, fair and clear.
- 16 I reviewed those internal controls that I considered to be relevant to the audit to help me identify, assess and respond to the risks of material misstatement in the financial statements. I did not consider them for the purposes of expressing an opinion on the operating effectiveness of internal control. My work did not identify any material weaknesses in the Health Board's internal controls relevant to my audit of the financial statements. I did however report some recommendations for improvement to officers and the Audit Committee. I will be reviewing the Health Board's implementation of those recommendations as part of my audit of the 2019-20 financial statements.
- 17 I must report issues arising from my work to those charged with governance before I issue my audit opinion on the financial statements. My Engagement Lead reported these issues to the Health Board's Audit Committee, and also to the Board, on 30 May 2019. [Exhibit 1](#) summarises the key issues set out in that report.

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## Exhibit 1: issues identified in the Audit of Financial Statements Report

Issue	Auditors' comments
Uncorrected misstatements	There were no significant uncorrected misstatements.
Corrected misstatements	I reported the six most significant corrected misstatements. They related to accounting classifications and disclosures.
Other significant issues	<p>I reported on ten areas for improvement, which the Audit Committee considered and accepted on 30 September 2019.</p> <p>Most of the associated audit recommendations related to the preparation of the financial statements. The remainder related to aspects of the Health Board's governance and processes. For example, we highlighted weaknesses, and made recommendations, in respect of the Health Board's policy and process for the evaluation and approval of 'retire and return' applications by staff.</p>

- 18 As part of my financial audit, I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the financial position of the Health Board at 31 March 2019 and the return was prepared in accordance with the Welsh Government's instructions.
- 19 I have concluded my separate audit of the 2018-19 financial statements of the Health Board's charitable funds. On 30 January 2020 my Audit Manager will report the results of the audit to the Funds' Trustee, and later that day I will certify them.

**I have issued a qualified audit opinion on the regularity of the financial transactions within the financial statements of the Health Board and placed a substantive report alongside this opinion to highlight its failure to meet its statutory financial duties**

The Health Board did not achieve financial balance for the three-year period ending 31 March 2019 and so I have issued a qualified opinion on the regularity of the financial transactions within its 2018-19 financial statements.

- 20 The Health Board's financial transactions must be in accordance with authorities that govern them. It must have the powers to receive the income and incur the expenditure that it has. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur.
- 21 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion. **Exhibits 2 and 3**



set out the Health Board's financial performance for the three years to 31 March 2019. **Exhibit 2** shows that the Health Board has failed to meet its revenue resource allocation for the three years, which resulted in my qualified regularity opinion. **Exhibit 3** shows that the Health Board has met its capital resource allocation.

**Exhibit 2: financial performance against the revenue resource allocation (£'000s)**

	2016-17	2017-18	2018-19	Total
Operating expenses	914,221	899,060	945,219	2,758,700
Revenue resource allocation	884,978	872,207	935,547	2,692,732
Under (over) spend against allocation	(29,243)	(26,853)	(9,872)	(65,968)

**Exhibit 3: financial performance against the capital resource allocation (£'000's)**

	2016-17	2017-18	2018-19	Total
Capital charges	42,026	47,033	48,413	137,472
Capital resource allocation	42,104	47,121	48,487	137,712
Under (over) spend against allocation	78	88	74	240

Source: 2018-19 financial statements

Alongside my audit opinion, I placed a substantive report on the Health Board's financial statements to highlight its failure to achieve financial balance and its failure to have an approved three-year plan in place.

- 22 I have the power to place a substantive report on the Health Board's financial statements alongside my opinions where I want to highlight issues. Due to the Health Board's failure to meet its financial duties I issued a substantive report setting out the factual details, in that it:
- failed its duty to achieve financial balance (as set out above); and
  - did not meet the second financial duty to have an approved three-year integrated medium-term plan (IMTP) in place for the period 2018--21.
- 23 I would however like to draw attention to the fact that in March 2019 the Welsh Government approved the Health Board's three-year IMTP for 2019-22. This approval is relevant to my upcoming audit of the Health Board's 2019-20 financial statements.

## Arrangements for securing efficiency, effectiveness and economy in the use of resources

- 24 I have a statutory requirement to satisfy myself that NHS bodies have proper arrangements in place to secure efficiency, effectiveness and economy in the use of their resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:
- undertaking a structured assessment of the Health Board's arrangements for overall governance, strategic planning, managing financial resources, and managing workforce productivity and efficiency; and
  - specific use of resources work on clinical coding.
- 25 In addition, in order to discharge my responsibilities under the Well-being of Future Generations Act 2015, I have undertaken work to review the Health Board's arrangements for implementing the Act.
- 26 My conclusions based on this work are set out below.

## The Health Board's governance arrangements are being strengthened but there remains scope for further improvements

- 27 My structured assessment work examined the Health Board's governance arrangements, the way in which the Board and its sub-committees conduct their business, and the extent to which organisational structures are supporting good governance and clear accountabilities. I also looked at the information that the Board and its committees receive to help them oversee and challenge performance and monitor the achievement of organisational objectives.
- 28 My work found that the Board is maturing and processes that support it are improving but there are issues with independent member capacity. There are also opportunities to improve the flows of information between Board and senior management teams. The Health Board has made significant improvements to risk management, with the Board Assurance Framework now an integral part of its risk management process. The Health Board has also started to review its performance management arrangements, but further work is needed to ensure the Strategy and Delivery Committee has the right level of performance information to provide assurance to the Board.
- 29 My work also found that the Health Board has strengthened its system for tracking recommendations and regulatory compliance, but this has identified an unacceptably high number of outstanding recommendations. Many of my previous Structured Assessment recommendations have however been completed, with others on track to be completed over the next six months.

## The Health Board has an approved IMTP for the first time in three years, but there is little scrutiny of its delivery by the Board or its committees, and progress in delivering its long-term strategy to shape future population wellbeing is slow

- 30 My structured assessment work examined how the Board sets strategic objectives for the organisation and how well the Health Board plans to achieve these, using the resources that it has, or can, make available. I also assessed how well the Health Board monitors progress in delivering the plans. My findings are set out below.
- 31 My work found that the Health Board has taken steps to streamline its planning process and progress plans that underpin its long-term strategy to shape future population wellbeing (10-year strategy), and as referred to in paragraph 23, the Health Board's three-year IMTP received ministerial approval for the first time in three years. This approval contributed to the Health Board's de-escalation from targeted intervention status to routine arrangements<sup>2</sup> in September 2019.
- 32 The Health Board however is nearly five years into the life of its 10-year strategy and needs to increase the pace of delivery. The IMTP is the main delivery vehicle for the strategy but my work found that the Health Board needed to improve scrutiny of IMTP delivery at Board and committee level in order to have assurance that key milestones are being met.

## The Health Board continues to improve its revenue financial position and financial management, monitoring and oversight are sound, but some policies are out of date and some National Fraud Initiative data matches are yet to be reviewed

- 33 My structured assessment work examined the actions the Health Board is taking to achieve financial balance and create longer-term financial sustainability. I also assessed the financial position of the organisation, the approach to financial planning, financial controls and stewardship, and the arrangements for financial monitoring and reporting.
- 34 My work found that the Health Board continues to improve its revenue financial position and cost improvement plans. It is projecting that it will achieve a breakeven financial position at the end of 2019-20 and anticipates meeting its three-year rolling revenue resource target by 2021-22.
- 35 The Health Board has a clear framework for managing and monitoring its budgets and has a new system which is reducing the number of single tender actions. Oversight and scrutiny of financial performance at Board and committee level is

<sup>2</sup> [NHS Wales Escalation and Intervention Framework](#)

strong, however some policies are out of date, such as the counter fraud policy and the capital management procedure.

- 36 The National Fraud Initiative (NFI) is a biennial data-matching exercise that helps detect fraud and overpayments. In January 2019, the Health Board received 6,983 data-matches through the NFI web application, of which 823 were higher risk and recommended for review. As at October 2019, the Health Board had generally made good progress in addressing the NFI matches, although matches between payroll, creditor payment and Companies House data had not been reviewed.

### Workforce challenges remain, but the Health Board is progressing plans to tackle these, with success in recruiting nurses and delivering its culture and leadership programme

- 37 My structured assessment work examined the actions that the Health Board is taking to ensure that its workforce is well managed and productive. I also assessed arrangements for addressing training and development needs and action to engage and listen to staff and address wellbeing needs.
- 38 My work found that the Health Board's performance against a number of workforce metrics is mixed, with a slight increase in sickness absence and a decline in appraisal rates. A lot of work has gone into nurse recruitment which has had a positive impact on vacancy rates, as well as the development of apprenticeships but some consultant posts remain challenging to fill, and job planning compliance remains a problem. Work is in progress to address a number of these issues and there is improved scrutiny of workforce performance at committee level.
- 39 Since my previous work, the Health Board has been delivering its culture and leadership transformation workstream, and through revisions to its appraisal process, is embedded a focus on values and behaviours. A programme of 180-degree reviews are in place to support the implementation of a coaching, high-trust less bureaucratic leadership style, and an employee stakeholder group has been established to take forward issues focused on engagement, leadership, culture and involvement.

### The Health Board has a good understanding of the sustainable development principle and has taken steps to build this into core business delivery but recognises that there is more to do

- 40 I reviewed the extent to which the Health Board is applying the sustainable development (SD) principle and the five ways of working in order to do things differently. My work considered how the SD principle is being embedded in core arrangements and included examination of a step being taken by the Health Board to meet one of its wellbeing objectives. The step reviewed was the development of the proposals and business cases for health and well-being centres, and well-being hubs (centres and hubs).

- 41 My review found that the Health Board has taken steps to embed the sustainable development principle and is able to provide examples of working differently in how it is seeking to use the sustainable development principle to underpin culture and delivery of key work programmes. A number of examples show that the sustainable development principle and five ways of working are successfully being woven into core arrangements and processes. The Health Board has also shown commitment to involving and collaborating with its citizens and stakeholders through different methods.
- 42 More specifically, my work found that the five ways of working have been central to planning the centres and hubs but there is scope for the Health Board and its partners to build upon successes for the next phases of the programme. This includes achieving a shift in resources to make the new centres and hubs sustainable, developing a process to monitor the effectiveness of them to deliver preventative benefits and completing the overarching operating principles.

**My follow-up performance audit work on clinical coding has identified that the Health Board is generally producing good quality coded data, but more work is needed to fully achieve many of our previous recommendations**

- 43 My review found that clinical coding performance is generally good, albeit that coding accuracy has deteriorated slightly. The value of coded data is recognised and used by the Health Board to support service improvement.
- 44 The Health Board has made some progress implementing our recommendations but more needs to be done to implement them fully, particularly in relation to improvements in medical records and clinical engagement with the coding process.

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# Appendix 1

## Reports issued since my last annual audit report

Exhibit 4: reports issued since my last annual audit report

Report	Month issued
<b>Financial audit reports</b>	
Audit of Financial Statements Report	May 2019
Opinion on the Financial Statements	June 2019
Audit of Financial Statements Report Addendum - Recommendations	September 2019
<b>Performance audit reports</b>	
<a href="#">Clinical Coding</a>	June 2019
<a href="#">Well Being of Future Generations</a>	November 2019
<a href="#">Structured Assessment 2019</a>	December 2019
<b>Other</b>	
2019 Audit Plan	March 2019

Exhibit 5: performance audit work still underway

Report	Estimated completion date
Orthopaedics	February 2020
Follow-up review of Information and Communication Technology audits – Assessment of Progress	February 2020
Operating Theatres Follow-up	March 2020
Quality Governance arrangements	June 2020

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# Appendix 2

## Audit fee

The 2019 Audit Plan set out the proposed audit fee of £410,652 (excluding VAT). My latest estimate of the actual fee, on the basis that some work remains in progress, is in keeping with the fee set out in the plan.

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# Appendix 3

## Financial audit risks

My 2019 Audit Plan set out the financial audit risks for the audit of the 2018-19 financial statements. **Exhibit 6** lists these risks and sets out how they were addressed as part of the audit.

**Exhibit 6: financial audit risks**

Audit risk	Proposed audit response	Work done and outcome
<p>The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].</p> <p>The current financial pressures on the Health Board increase the inherent risk that management judgements and estimates could be biased, for example, in an effort to achieve the planned revenue deficit of £9.9 million for 2018-19.</p>	<p>My audit team will:</p> <ul style="list-style-type: none"> <li>• test the appropriateness of journal entries and other adjustments made in preparing the financial statements;</li> <li>• review accounting estimates for biases;</li> <li>• evaluate the rationale for any significant transactions outside the normal course of business; and</li> <li>• add additional procedures to address any specific risks of management override which are not addressed by the mandatory work above.</li> </ul>	<p>I reviewed a number of the accounting estimates and a sample of transactions that included journal entries. I did not identify any issues to report.</p>
<p>Under the NHS Finance (Wales) Act 2014, health boards ceased to have annual resource limits with effect from 1 April 2014. They instead moved to a rolling three-year resource limit, for revenue and capital net expenditure, with the first three-year period running to 31 March 2017.</p> <p>The Health Board has exceeded its revenue limit for the three years to both 31 March 2017 and 31 March 2018. I therefore qualified my regularity</p>	<p>My audit team will continue to monitor the Health Board's financial position for 2018-19 and the cumulative three-year position to 31 March 2019. This review will also consider the impact of any relevant uncorrected misstatements over those three years.</p> <p>If the Health Board fails to meet the three-year resource limits for revenue and/or capital, I would expect to qualify my regularity opinion on the 2018-19 financial</p>	<p>As reported at paragraphs 20 to 21 of this report, the Health Board did not meet its three-year revenue resource allocation. I therefore qualified my regularity opinion on the accounts.</p>



Audit risk	Proposed audit response	Work done and outcome
<p>opinion on the Health Board's 2016-17 and 2017-18 financial statements.</p> <p>For 2018-19 the Health Board expects to exceed its annual revenue resource allocation by £9.9 million. This expected overspend would result in a cumulative deficit of £65.8 million for the three years to 31 March 2019.</p> <p>In terms of the Health Board's capital resource limit, at 31 December 2018, its net capital expenditure was 53% of the approved limit.</p>	<p>statements. As in previous years, I would also expect to place a substantive report on the statements to explain the basis of the qualification and the circumstances under which it had arisen</p>	
<p>The Health Board has a financial duty to prepare and have a rolling three-year integrated medium-term plan (IMTP), which is approved by the Welsh Government each year.</p> <p>The Health Board would have met this financial duty for 2018-19 if the Welsh Government had approved the 2018-19 to 2020-21 IMTP by 30 June 2018.</p> <p>However, the Health Board did not secure an approved 2018-19 to 2020-21 IMTP and it therefore failed to meet its statutory requirement for 2018-19.</p> <p>The Health Board is currently preparing its 2019-20 to 2021-22 IMTP for consideration by the Welsh Government.</p>	<p>My audit team will ensure that appropriate disclosure is made in the financial statements.</p> <p>I would expect to place a substantive report on the financial statements, which would include appropriate reference to the latest position on the Health Board's IMTP.</p>	<p>As reported at paragraph 22 of this report, the Health Board failed this financial duty and I placed a substantive report on the accounts.</p>
<p>I audit some of the disclosures in the Remuneration Report,</p>	<p>My audit team will review all entries in the Remuneration Report to</p>	<p>My audit team substantively tested the Remuneration Report as intended. The</p>

Audit risk	Proposed audit response	Work done and outcome
<p>such as the remuneration of senior officers and independent members, to a far lower level of materiality due to their sensitivity.</p> <p>These disclosures are therefore inherently more prone to material misstatement. For both 2016-17 and 2017-18, I identified material misstatements in the draft accounts, which the Health Board then corrected. These past misstatements mean that I judge the 2018-19 disclosures to be at risk of further misstatement.</p>	<p>verify that the Health Board has reflected all known changes to senior positions, and that the disclosures are complete and accurate.</p>	<p>audit results were satisfactory.</p>
<p>I also audit the Health Board's related party disclosures to a far lower materiality. For the 2016-17 and 2017-18 audits I reported weaknesses in the Health Board's arrangements, which led to material misstatement in the draft accounts. As a result of my audits, the Health Board undertook remedial work and corrected its related-party disclosures prior to my certification.</p> <p>These past misstatements mean that I judge the disclosures to be at risk of further misstatement for 2018-19.</p>	<p>My audit team will review and test the completeness and accuracy of the related-party disclosures.</p>	<p>My audit team substantively tested related party disclosures, including their completeness, as intended. My audit team identified and reported weaknesses, which the Health Board addressed and where necessary reported in the accounts.</p>
<p>The Welsh Government is required to approve all Health Board contracts that exceed £1 million. In previous years the Health Board failed to seek approval from the Welsh Government for some</p>	<p>My audit team will review the procurement department's log of contracts and obtain evidence of Welsh Government approval for those that exceed £1 million.</p>	<p>My audit team substantively tested these contracts, with satisfactory results.</p>

Audit risk	Proposed audit response	Work done and outcome
<p>contracts, which it then had to seek retrospectively.</p> <p>Contracts awarded without the required Welsh Government approval may give rise to irregular expenditure which, if material (individually or collectively), would affect my regularity opinion.</p>		

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<b>Report Title:</b>	Recognising and responding to the climate emergency						
<b>Meeting:</b>	Board				<b>Meeting Date:</b>	30 Jan 2020	
<b>Status:</b>	<b>For Discussion</b>	X	<b>For Assurance</b>	X	<b>For Approval</b>	X	<b>For Information</b>
<b>Lead Executive:</b>	Chief Executive, Executive Director of Planning, and Executive Director of Public Health (Joint statement)						
<b>Report Author (Title):</b>	Consultant in Public Health Medicine						

## SITUATION

The earth is warming at an unprecedented rate due to greenhouse gas emissions from human activity. At the current rate of warming there will be widespread adverse consequences for human and planetary health. Urgent action is required across society to reduce emissions. This paper sets out the UHB's position and response to the climate emergency.

## REPORT

### BACKGROUND

There is incontrovertible evidence from the international scientific community that climate change is taking place due to man-made emissions of greenhouse gases. Burning fossil fuels is a major contributor to these emissions.

Impacts of climate change – many of which are already being seen – include extreme weather events, sea level rises, and mass species loss and extinction. These will have knock-on impacts in the UK including on infrastructure, food availability, health and illness patterns, and migration. According to the UN Environment Programme, a 2°C increase could mean more heat waves, a ten-fold increase in Arctic ice-free summers and a complete wipe-out of the world's coral reefs, home to millions of species.<sup>1</sup> Limiting earth's warming to 1.5°C by reducing our greenhouse gas emissions will reduce both the magnitude and impact of these changes.

During 2019 many governments around the world, and the EU, recognised the urgency of acting to reduce greenhouse gases by declaring a climate emergency. In Wales, Welsh Government have declared a climate emergency and so too have our two local authority partners, Cardiff Council and the Vale of Glamorgan Council. We have strong links with our local authorities and other public sector partners in Cardiff and the Vale through the Public Services Boards (PSBs), including work to increase rates of sustainable travel in our area. Vale of Glamorgan PSB held a workshop with young people in December 2019 focusing on the climate emergency which resulted in an agreement to continue working with young people on this area through the PSB.

In March 2019 Welsh Government published Prosperity for All: a Low Carbon Plan for Wales. A number of large NHS organisations across the UK have declared climate emergencies in recent months, including Manchester University NHS Trust and Nottinghamshire Healthcare.

### ASSESSMENT

In January 2020, at the start of a new decade and with time short to prevent climate 'tipping points' potentially being breached, Cardiff and Vale UHB is adding its voice to the calls for action, and will be taking decisive action on our own emissions.

Doing so is not only the right thing to do based on the science, but demonstrates our commitment to maintaining and improving public health and reducing inequalities, and meeting our responsibilities under the Well-being of Future Generations (Wales) and Environment (Wales) Acts. This approach is fully aligned with our organisational strategy, Shaping Our Future Well-being, and our well-being objectives.

'More of the same' is not sufficient, and we recognise that simply issuing a statement declaring a climate emergency is, by itself, of limited value unless backed up by action – and we know we, as a Health Board, need to do more.

Through the ongoing development of our Health Board estate, we are focusing on increasing the environmental sustainability of our sites. This will be a major feature of plans to redevelop the University Hospital of Wales over the coming years, recognising the volume of visitors to the site and its strategic importance to the capital city. We already have some significant initiatives in place to reduce our environmental impact. These include a large scheme of works (the Refit programme) to dramatically increase energy efficiency in the UHB, starting in 2020; a number of interventions being taken to support and encourage staff and visitors to use sustainable transport when accessing our sites, contributing to our Healthy Travel Charter commitments; the development of Our Orchard at University Hospital Llandough; and work to increase the sustainability of our surgical theatres. We regularly report our carbon emissions to the regulator for our carbon management programmes and currently have a 3% annual reduction target.

However we recognise that in light of the climate emergency these actions while worthwhile, are almost certainly not sufficient or ambitious enough alone.

Therefore during 2020 we will be bringing forward plans for co-ordinated additional action in a number of areas to address the UHB's greenhouse gas emissions, and wider environmental impact, including:

- Reducing our energy and water use through further phases of the Refit programme
- Continuing to enhance our sustainable procurement approach
- Catering and food retail
- Healthy and sustainable travel
- Maintaining and enhancing biodiversity on our estate

During the first six months of 2020 we will also monitor our carbon emissions performance and review our emissions reduction targets, with a view to setting more ambitious targets for the Health Board if feasible, to play our part in addressing the climate emergency.

**ASSURANCE** is provided by:

- Papers will be brought to Strategy and Delivery Committee during the year setting out our plans for additional action in the areas listed above

## RECOMMENDATION

The Board is asked to:

- **SUPPORT** the UHB recognising the climate emergency and the need to respond urgently

with ambitious action

- **NOTE** existing examples of work programmes to reduce our greenhouse gas emissions
- **SUPPORT** work to set out detailed additional actions as part of our response, including scoping new, more ambitious targets for decarbonisation for the Health Board

### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
<b>Equality and Health Impact Assessment Completed:</b>		Not applicable							

References: 1. UN Environment Programme <https://www.unenvironment.org/explore-topics/climate-change/why-does-climate-change-matter> (accessed 11 December 2019)

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Kind and caring  
Caredig a gofudus

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

<b>Report Title:</b>	Meeting the new biodiversity duty						
<b>Meeting:</b>	Board				<b>Meeting Date:</b>	30 Jan 2020	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	X	<b>For Approval</b>	X	<b>For Information</b>
<b>Lead Executive:</b>	Executive Director of Strategic Planning						
<b>Report Author (Title):</b>	Trust Energy Advisor, Capital, Estates and Facilities Consultant in Public Health Medicine						

### Background and current situation:

The Environment (Wales) Act 2016 introduced an enhanced biodiversity and resilience of ecosystems duty (section 6 duty) for public authorities, including Cardiff and Vale University Health Board (UHB). One of the responsibilities of the Health Board was to prepare a biodiversity action plan and report against our progress by the end of 2019.

Statutory guidance for the section 6 duty sets out the new responsibilities. Broadly, the duty is that the Health Board should maintain and enhance biodiversity wherever possible within the proper exercise of its functions.

As part of the duty, the Health Board must prepare a biodiversity action plan, and report against this. The first report needed to be published on the Health Board's website by the end of December 2019. Guidance has been provided by the Wales Biodiversity Partnership on the format and content of the action plan and report. Further reports are required at a minimum every 3 years thereafter.

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The Health Board has met its initial duties under the enhanced biodiversity and resilience of ecosystems duty, but we recognise that our action plan needs to be further developed. This will be based on a specialist assessment of biodiversity to be made across the UHB estate during 2020, with a revised action plan developed by Q3 2020/21. Meeting the duty is being embedded into our existing governance and planning mechanisms.

### Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

#### ASSESSMENT

The Health Board is committed to implementing the biodiversity duty, recognising the impact of biodiversity on broader health and well-being, and also the positive impact of maintaining and improving biodiversity on the Well-being of Future Generations Act goals.

We have prepared an initial action plan to meet the Duty, but recognise that a more comprehensive plan should be put in place as soon as possible. This will be informed by a specialist assessment of biodiversity across the UHB Estate to take place during 2020, to ensure it is pertinent to the issues on our Estate.

Therefore the attached Biodiversity report and action plan is an initial iteration. This was agreed



by Management Executive on 23 December 2019, and published on our website by the end of December 2019. A revised, more comprehensive, plan will be put in place by the end of Q3 2020/21.

The statutory guidance recommends that biodiversity reporting should be embedded into existing corporate mechanisms, including corporate planning mechanisms. Therefore it is proposed that the governance mechanism for assurance that the UHB is meeting the biodiversity duty sits with the Environmental Management Steering Group, which reports to the Health and Safety Committee. We will also reference the duty and the new action plan within the Integrated Medium Term Plan (IMTP).

## Recommendation:

The Board is asked to:

- **APPROVE** the first biodiversity report and action plan, noting the proposal to refine and re-publish the plan during 2020/21
- **APPROVE** the proposed governance mechanism

## Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

## Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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**Equality and Health Impact Assessment Completed:**

No – an EHIA will be completed on the comprehensive plan to be developed during 2020/1

Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

***Environment (Wales) Act 2016 Part 1 - Section 6  
The Biodiversity and Resilience of Ecosystems Duty  
2019 Report and Strategic Plan***

**Cardiff and Vale University Health Board**

**Introduction and Context**

Cardiff and Vale University Health Board recognises its responsibility for the protection of our global environment through the management of its Estate portfolio to ensure that optimum healthcare is provided with the minimum negative impact on our environment, biodiversity and related ecosystems.

The Environment (Wales) Act 2016 has introduced enhanced duties associated with biodiversity and ecosystems (Section 6 duty) for Public Authorities in Wales and the Health Board is required to establish and implement the necessary Strategic Plan and associated programmes to comply with this duty.

Cardiff and Vale University Health Board (UHB) premises consist of a diverse range of hospitals, health centres, clinics and various other premises as follows:

**Table 1: Summary of UHB Premises**

<b>Property Description</b>	<b>Site/Hospital Name</b>
<b>Large Multi Service hospitals</b>	University Hospital of Wales, University Hospital Llandough
<b>Community Hospitals</b>	St David's Hospital, Cardiff Royal Infirmary, Barry Hospital
<b>Specialist Hospitals</b>	Rookwood Hospital
<b>Community Patient and Support Facilities</b>	34 sites in total

The combined floor area of the Large Multi Service Hospitals and Community Hospitals is over 80% of the total Estate and therefore will have the most significant environmental and biodiversity impact compared to the remainder of the Estate.

Furthermore these sites have significant operational activity and will therefore have the maximum potential for biodiversity impact.

## **UHB Duty and Responsibilities**

Under the '*Environment (Wales) Act 2016 Part 1 Guidance for Section 6 –The biodiversity and Resilience of Ecosystems Duty Reporting Guidance*' the UHB is categorised under Group 3 of the type of organisations and Section 6 actions. The Health Board has a duty to seek to maintain and enhance biodiversity wherever possible within the proper exercise of its functions.

Group 3 Organisations are those that '*own or manage land beyond their own grounds, whether their functions are connected with biodiversity and/or land management or not*'.

The actions that need to be undertaken to satisfy the responsibilities of a Group 3 Organisation include:

- Buildings management
- Procurement
- Sustainability
- Awareness raising, education and training
- Grounds and land management to maintain and enhance biodiversity, and promote the resilience of ecosystems.

## **Biodiversity benefits**

Biodiversity provides a range of benefits from personal, society and business aspects:

- **Global** – *Protection and promotion of wildlife, natural habitats and ecosystems and the reversal (where possible) of biodiversity damage and degradation.*
- **Personal and Social** – *Healthy biodiversity promotes a healthy locality and social cultures.*
- **Health and well-being** – *The delivery of healthcare with minimum impact on biodiversity will improve well-being of patients, visitors and staff. Healthy habitats and wildlife provides environmental conditions to support health and well-being and will therefore aid patient recovery. Access to green spaces have been shown to aid well-being*
- **Business and Finance** – *Management of biodiversity results in effective and efficient management of the Estates Portfolio and positive reputational image.*

## **The Well-being of Future Generations Act 2015**

The Well-being of Future Generations (WFG) Act 2015 details the following 7 goals (Fig 1, below). Enhancing and maintaining biodiversity will positively impact on a number of these goals, mapped below.



Impact Statement – How the UHB affects biodiversity

The UHB impacts on biodiversity in the following key areas, mapped to the WFG goals.

Table 2 – Summary of UHB biodiversity impacts

Description	Description of impact	WFG goals
Procurement	Purchase, Manufacture, Supply and transport of goods and materials to the UHB.	<ul style="list-style-type: none"><li>• A prosperous Wales</li><li>• A globally Responsible Wales</li></ul>
Energy and Emissions management	Direct and indirect combustion emissions affecting air quality and biodiversity.	<ul style="list-style-type: none"><li>• A prosperous Wales</li><li>• A globally Responsible Wales</li><li>• A Resilient Wales</li></ul>

		<ul style="list-style-type: none"> <li>• A Healthier Wales</li> </ul>
<b>Water and Effluent disposal</b>	Use of water, water treatments and disposal of effluent to drain affecting water based biodiversity. This includes rain water and sewage systems.	<ul style="list-style-type: none"> <li>• A prosperous Wales</li> <li>• A globally Responsible Wales</li> <li>• A Resilient Wales</li> <li>• A Healthier Wales</li> </ul>
<b>Waste management</b>	Generation, management, recycling and disposal of waste will directly affect biodiversity.	<ul style="list-style-type: none"> <li>• A prosperous Wales</li> <li>• A globally Responsible Wales</li> <li>• A Resilient Wales</li> <li>• A Healthier Wales</li> </ul>
<b>Sustainable Travel and Transport</b>	Traffic management, UHB vehicle use and sustainable travel options will directly affect biodiversity.	<ul style="list-style-type: none"> <li>• A prosperous Wales</li> <li>• A globally Responsible Wales</li> <li>• A Resilient Wales</li> <li>• A Healthier Wales</li> </ul>
<b>Land Management</b>	Maintenance of grounds, gardens, paths, roadways and roofs will directly affect biodiversity.	<ul style="list-style-type: none"> <li>• A globally Responsible Wales</li> <li>• A Resilient Wales</li> </ul>

We will embed the WFG ways of working (long-term, prevention, integration, collaboration, involvement) in our approach to maintaining and enhancing biodiversity.

## UHB Environmental Management System

The UHB operates an Environmental Management System (EMS) and has achieved the International Standard ISO14001 Accreditation and is externally assessed through the British Standards Institution (BSI).

The EMS is managed through the Capital Estates and Facilities (CEF) Service Board and has established an Environmental Management Steering Group Chaired by the Director of CEF. Membership includes all key stakeholders who impact/influence Environmental Management including Estates, Energy and Waste Management, Facilities and Clinical Boards.

The UHB also operates an overarching Environmental Management Policy which includes Energy, Water and Sustainability Management. This is managed and approved through the Health and Safety Committee, which reports to the Board.

Biodiversity management and reporting will be integrated into this existing governance mechanism, with key reports copied to the UHB's Wellbeing of Future Generations Steering Group for information and assurance.


## Biodiversity management and projects

The UHB currently undertakes the following programme of activities and initiatives in relation to biodiversity and Section 6 duties:

**Table 3: Summary of current activities and initiatives.**

Description	Activity	Responsibility
<b>Maintenance of grounds, gardens and pathways</b>	Grass cutting, weeding, planting and management of borders/ courtyard gardens and 'seeded' roofs (Hafan-y-Coed), litter and leaf picking,	Estates Department
	Annual Tree Surveys undertaken as required and specialist contractors engaged for tree maintenance and preservation.	Estates Department
	UHW Lakeside Pond managed and maintained through specialist contractor.	Estates Department
	Control of wildlife managed as necessary through specialist contractor and appropriate pest control measures adopted.	Estates Department
<b>Capital projects</b>	Capital Schemes are developed and designed in line with relevant biodiversity standards and guidelines including: BREAM Assessments, Sustainable Drainage Approval Body (SABS), Sustainable Drainage Systems (SUDS) etc	Capital Planning
<b>Green space biodiversity projects</b>	<p>The UHB has/is undertaking a range of projects regarding "green space" actions including:</p> <ul style="list-style-type: none"> <li>• A range of wildlife initiatives including bird feeders, bird bath and bug hotel at Rookwood Hospital, bird boxes within the University Hospital Llandough site. We are exploring introducing hedgehog dwellings at Our Orchard site UHL.</li> <li>• Introducing a small wild meadow area at Barry Hospital.</li> <li>• Introducing Bee hives to the roof at Cochrane Building UHW and Llanfair Unit UHL.</li> </ul>	Arts and Health Charity

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	<ul style="list-style-type: none"> <li>• Exploring utilising the green space at Pendine Centre through the Community Mental Health Team as a small growing area.</li> <li>• Ein Berllan – Our Orchard will be a semi-natural planted area which has been set aside for the protection of plants and wildlife. It consists of 7 acres of semi-rural pasture land and woodland which makes up part of the University Hospital Llandough estate.</li> </ul>	
<b>Awareness activities</b>	<p>Cardiff and Vale University Health Board and Cardiff &amp; Vale Health Charity won a Silver-Gilt medal and Best Blossoming Bed at RHS Cardiff in 2019.</p> 	Arts and Health Charity

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## Report and Strategic Action Plan

### Preliminary initial recommendations

To meet the Environment (Wales) Act 2016 Section 6 Duties the following initial recommendations and actions have been highlighted for the UHB:

- **Commission a specialist biodiversity assessment and audit**
  - The UHB will engage a recognised specialist organisation to assess the UHB in relation to the requirements of the Section 6 duties and to develop prioritised and costed recommendations to achieve compliance.
  - The study will provide the UHB with a full understanding of the wildlife, ecosystems and habitats which are present within the portfolio of the Estate including their condition and prosperity.
  - The assessment and audit will also include a gap analysis and identify any risks with associated RAG rating.
- **Enhance our Biodiversity Strategic Action Plan**
  - The UHB will enhance and develop our actions relating to biodiversity in response to the findings and recommendations of the biodiversity assessment and audit. During development of the enhanced Biodiversity Strategic Action Plan we will consult with key stakeholders and partners, and the enhanced Plan will be published by Q3 2020/21
- **Governance and reporting arrangements**
  - The UHB will integrate the governance processes for implementing the biodiversity duty into the existing Environmental Management System. The arrangements will include the Reporting structure, Roles, Responsibilities and Resources to achieve the aims and objectives of the Plan.

### Specific actions to address the NRAP objectives

The following responses to the six Nature Recovery Action Plan (NRAP) objectives will be modified and refined in light of the findings and recommendations of the biodiversity assessment and audit.

#### **NRAP Objective 1: Engage and support participation and understanding to embed biodiversity throughout decision making at all levels.**

The UHB shall establish the necessary corporate governance arrangements to ensure that the Health Board and associated stakeholders fully participate and embed biodiversity throughout appropriate decision making.

This shall be achieved through:

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- The Biodiversity Strategic Action Plan and its management shall be the responsibility of the Environmental Management Steering Group (EMSG) and covered as part of the UHB's Environmental Management System.
- Roles and Responsibilities shall be defined as part of the Biodiversity Strategic Action Plan.
- Specific Task and Finish Groups where necessary shall be established to undertake biodiversity projects and focussed areas of work/study.
- The aims of the Plan will be developed into SMART objectives for each of the NRAP objectives and integrated as appropriate into Corporate and local departmental objectives.
- Annual action plans shall be developed with the necessary timescales, resources and leads for each action.
- Awareness, education and training shall be provided for appropriate staff.
- Monitoring and review process via the EMSG shall be established to assess and monitor action plan progress (further details in Objective 5).

### **NRAP Objective 2: Safeguard species and habitats of principal importance and improve their management**

To satisfy the requirements of this objective the following actions will be undertaken:

- Identify the current status of species and habitats of principal importance which are present in the Estate portfolio.
- Identify and prioritise the requirements of the habitats of principal importance.
- Develop and implement an effective, practical and cost/resource efficient action plan to enable the prioritised requirements to be achieved.
- The Strategic action plan will include a balance between the protection and promotion of species and the avoidance of UHB services being affected/challenged by the presence of these species e.g. squirrels, rats, mice, seagulls, pigeons etc.
- The UHB will respond to the recommendations of the Area Statement covering Cardiff and the Vale of Glamorgan when published by Natural Resources Wales

### **NRAP Objective 3: Increase the resilience of our natural environment by restoring degraded habitats and habitat creation**

To satisfy the requirements of this objective the following actions will be undertaken:

- Identify the current status and 'health' of the UHB's habitats, associated networks and their level of degradation and/or their prosperity and growth.
- Identify and prioritise the requirements of the habitats which require the most urgent support and development.
- Develop and implement an effective, practical and cost/resource efficient action plan to enable the prioritised requirements to be achieved.

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- The action plan will include a balance between the protection and promotion of habitats and the avoidance of UHB services being affected/challenged e.g Health and Safety, Infection Prevention and Control etc.

#### **NRAP Objective 4: Tackle key pressures on species and habitats**

These requirements will be met through the actions in Objectives 2 and 3.

#### **NRAP Objective 5: Improve our evidence, understanding and monitoring**

The UHB will achieve this through the following actions:

- Identify information and data that needs to be gathered and collated regarding biodiversity.
- Establish a biodiversity monitoring programme to present the information and data recorded.
- Establish and implement the following reporting mechanisms:
  1. KPI's developed to monitor biodiversity performance and progress.
  2. Establish trends and profiles regarding biodiversity.
  3. Undertake biodiversity benchmarking where possible.
  4. Integrate findings into continual improvement action plans.
- Establish a routine reporting process to report biodiversity performance to the Environmental Management Steering Group, associated forums and highlight performance in the UHB's annual Sustainability report.
- Include biodiversity within ISO14001 audits with BSI.
- Implement a programme of biodiversity awareness and training initiatives for key staff who have roles and responsibilities for biodiversity.
- Highlight biodiversity performance, progress and achievements throughout the UHB using appropriate communications routes.

#### **NRAP Objective 6: Put in place a framework of governance and support for delivery**

These requirements will be met through the actions of Objectives 1 and 5.

*17 December 2019*

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<b>Report Title:</b>	<b>Integrated Medium Term Plan 2020-23</b>						
<b>Meeting:</b>	Board				<b>Meeting Date:</b>	30/01/20	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	X	<b>For Information</b>
<b>Lead Executive:</b>	<b>Executive Director of Strategy and Planning</b>						
<b>Report Author (Title):</b>	<b>Corporate Strategic Planning Lead</b>						

### Background and current situation:

The NHS Wales Finance Act requires the submission of a three year Integrated Medium Term Plan (IMTP) to Welsh Government. As the Board will be aware the Welsh Government approved the organisations plan for 2019-22. The plan is required to be refreshed, bringing forward a greater level of detail into the first year of the plan and considering actions for the next three year cycle.

The IMTP for 2020-23 is attached with this paper alongside the supporting Workforce and Organisational Design Plan and annexes for approval by the Board.

The process of developing an Integrated Medium term plan is not one that sits outside of our approach to change and delivery in the organisation, it is integral to the way we do things round here. The IMTP process has been maturing in the organisation and the way we presented and conveyed our 2019/22 plan to Welsh Government provides a strong foundation for delivery. The maturing of the transformation programme, alongside work on commissioning, operational delivery and clinical strategy all combine as part of our approach to medium term planning.

Planning is not about a document but about creating opportunities for new conversations, helping teams make connections and providing a coherent narrative for our organisation. It is about clarity of expectation on priorities for our staff and with our partners, providing a basis for accountability.

Shaping our Future Wellbeing remains the focus and our IMTP sets out the process by which we will deliver our strategy. Our organisational objectives are our wellbeing objectives and the Wellbeing of Future Generations Act provide an underling driver for our organisation.

The plan is set in the context of the Area plan and partnership working with other Health Boards. There are a range of national priorities driven through a various programmes and whilst we must acknowledge the role we play in delivering these programmes we must have a relentless focus on deriving better value for our patients and communities.

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

Since the draft plan was provided to the Board in November we have continued to refine our priorities for the next three years. We have also received our financial allocation for 2020/21. This has challenged the organisation to review the priorities for action and consider phasing

programmes of work to allow the submission of an approvable IMTP to Welsh Government.

The plan is ambitious and sets out clear actions to achieve Shaping Our Future Wellbeing. This is balanced against the delivery of a break even position in each year of the plan and eliminating our underlying deficit in year three.

We are facing a number of financial risks in the delivery of this plan. The key risks for are set out below:

- Achievement of the efficiency plan target – We will need to give this concerted attention in order to ensure delivery. Savings plans delivering 3.5% need to be in place as soon as possible. There will be clear lines of accountability in delivering identified high value opportunities over the 3 year IMTP cycle.
- Management of Operational Pressures – We will be expecting our budget holders to manage and recover any operational pressures within the totality of resources delegated to them. Similarly the containment of growth pressures in continuing healthcare, medicines and commissioning is also a financial risk that will need ongoing attention in order to contain costs within allocated resources.

We recognise these risks present a challenge to the delivery of our plan however we are taking appropriate actions in order to ensure that risks are appropriately managed and that financial opportunities to support mitigation are fully explored.

### Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Assurance is provided through our clear process for the production of the IMTP. A detailed timeline is available and robust scrutiny through Clinical Boards, Management Executives, and HSMB ahead of Board submission is in place.

### Recommendation:

**The Board is asked to APPROVE the Integrated Medium Term Plan for 2020 to 2023**

### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X
<b>Five Ways of Working (Sustainable Development Principles) considered</b> <i>Please tick as relevant, click <a href="#">here</a> for more information</i>			
Prevention	X	Long term	X
		Integration	X
		Collaboration	X
		Involvement	X
Equality and Health Impact Assessment Completed:	Not Applicable		

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Trust and integrity  
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Personal responsibility  
Cyfrifoldeb personol



# CARING FOR PEOPLE, KEEPING PEOPLE WELL

















A PERSON'S CHANCE OF LEADING A HEALTHY LIFE IS THE SAME WHEREVER THEY LIVE AND WHOEVER THEY ARE



Cardiff and Vale UHB IMTP 2020-2023



**PLAN ON A PAGE:** This diagram sets out our Delivery Priorities for 2020-23, mapped against our Strategic Priorities

 <b>Home First: Action Areas</b> Strengthening our focus on all forms of prevention- Including Healthy Weight and Smoking cessation, working with Regional Partnership and Public Service Board partners <ul style="list-style-type: none"> <li>Ensuring Primary Care Sustainability and strengthening foundations for transformation through; Implementing the Primary Care Model for Wales, enhancing Cluster and Locality working and opening the first tranche of Health and Wellbeing Centres and Wellbeing Hubs</li> <li>Delivering Out of Hours Service redesign to improve timely access to community care</li> <li>Supporting people to live well in the community through preventing decline- implementing the frailty pathway and preventing deconditioning</li> </ul>			<b>Avoiding Waste Harm and Variation: Action Areas</b>  <ul style="list-style-type: none"> <li>Focussing on Time at Home- Delivering transformation in outpatient</li> <li>Ensuring sustainability through maintaining Regulatory Compliance</li> <li>Focusing on diagnostic sustainability- in particular improvement in Endoscopy services</li> <li>Improving surgical outcomes through efficiency and centralisation- transforming Planned and Emergency theatre flow</li> <li>Strengthening Anti-microbial stewardship</li> <li>Improved management of deteriorating patients</li> <li>Implementing the Right Patient, Right Place, First Time principles</li> </ul>		
 Reduction in still birth rate and low birth weight babies	 Improved childhood emotional health and wellbeing	 Number of people over 75 living in own home	 Reduction in average length of stay	 Reduction in all cause premature mortality	 Reduction in cancellations and Did Not Attend
 <b>Outcomes that matter to people: Action Areas</b> Major Trauma Centre and Hub implementation Improving Cancer outcomes through continued delivery of the Single Cancer Pathway <ul style="list-style-type: none"> <li>Redesign of the Stroke Pathway and progress towards establishment of a Hyper Acute Stroke Unit</li> <li>Established Prehabilitation to Rehabilitation Programme to improve outcomes from treatment</li> <li>Offer new Advanced Therapies and Genetic services</li> <li>Support improved outcomes through Regional Service Delivery</li> </ul>			<b>Empower the person: Action Areas</b>  <ul style="list-style-type: none"> <li>Implementation of the Rehabilitation Strategy- developing coproduced behavioural change programmes focusing on prevention and self-manage for people with chronic conditions delivered in the community</li> <li>Further develop Additional Learning Needs services</li> <li>Transformation of Child and Adolescent Mental Health Services through co-production</li> <li>Transforming services for vulnerable groups- Prisoner Health and wellbeing, homeless services, asylum seekers</li> <li>Continue to implement the cultural development programme for our staff as a key enabler of delivering our strategy</li> </ul>		
 Achieve financial break even	 Achieve 26 week referral to treatment times target	 Increase in outpatient activity in the community	 Improved staff engagement score	 Increase incomes from research and innovation activity	 Reduce Health Inequality

## Me, My Home, My Community

Caring for people, keeping people well is a mission without boundaries. Our residents and the wider population we serve don't see the organisations above the door. We need to work not simply to build integrated services but to support resilient communities. This is why this plan is set in the context of our Area Plan and is focused on supporting the wellbeing of communities.

We were pleased this plan was approved in 2019. This plan refresh will take us over the halfway mark of our long term strategy [Shaping Our Future Wellbeing](#) and we remain fundamentally committed to its delivery. The design principles of the strategy, home first, empowering individuals, delivering outcomes that matter to people and avoiding waste, harm and variation are principles which cross organisational boundaries and support the achievement of the Area Plan. In setting the national context [A Healthier Wales](#) correlates with Shaping Our Future Wellbeing but challenges us to go further in partnership across the public sector and to accelerate the deployment of our strategy.

Sustainability for Cardiff and Vale UHB can't be achieved without sustainability in the NHS Wales system, social care and communities. Our strategy and this plan recognises the important role we play in delivering specialist services across South Wales, our responsibility for teaching the next generation of clinicians and delivering excellence in clinical research and innovation.

We have built a platform of sustained delivery, there has been continued improvement in the performance of our health system and we have demonstrated operational grip. We now need to move from this foundation of delivery to tangible transformation of services for our communities, focused on delivering better value.

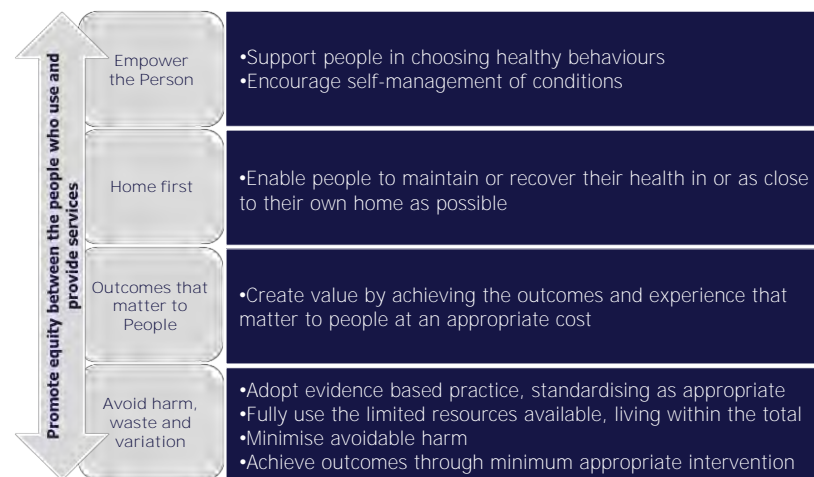
Our approach to delivering this step change is drawn from learning from our partnership with Canterbury District Health Board in New Zealand and other

successful change programmes. We will change the way we use data in the organisations to support decision making, understand the impact of change and monitor the benefits across our communities. This more effective use of data will allow us to support clinically driven change at a faster pace, reducing bureaucracy as we focus on outcomes and impact. Driving out variation and supporting primary care through the implementation of standardised health pathways will also be central to our approach to change. Planning, delivery, finance and workforce are not separate facets of an organisation, our approach is an integrated one, further integrating these elements.

You will see throughout this plan a focus on prevention, bolstering services in the community and supporting the timely access to care regardless of the nature of this care and the organisation delivering it. Prevention is working in partnership to co-produce the best possible outcomes, you will see in the plan actions to develop resilient communities, optimise the benefits of interventions and develop wellbeing services in partnership with local authorities and the third sector.

Ultimately this plan, alongside the Area Plan, is about people. Our vision is that a person's chance of leading a healthy life will be the same wherever they live and whoever they are. In setting our plan for the next three years, this is the measure by which we will test success.

### Our Design Principles





## Introducing Wyn



Born and raised in Cardiff, Wyn knows the streets of Wales' capital city like the back of his hand. He lost his wife to ill health five years ago and two out of his three grown-up children emigrated many years ago, so Wyn mostly relies upon his friends and his daughter who has remained local for support.

Last year, Wyn had a bad fall whilst stepping off the bus and was in hospital for two months. His mobility has been badly affected since then, which has made him feel less self-sufficient. Our plans should be able to describe how we are supporting Wyn to live well in his community.

We know our community is diverse and we cannot embody the characteristics of our population in a single character, however Wyn acts as a symbol of the citizens we serve both directly and as a partner alongside the wider public and charity sector.

Time is a core currency for our organisation. In all of our planning we aim to maximise Wyn's time, ensuring he is able to spend quality time living well in his community. Maximising Wyn's time also allows us to make the most of the time of our most important asset, our staff.

There are a range of policy drivers and tools which we can utilise to support how we plan to make the most of Wyn's time. The Wellbeing of Future Generations Act (WFG) helps to focus on how we can support Wyn's wellbeing throughout his life centring on preventative approaches. Prudent and Value Based Healthcare provide further tools to focus on the outcomes that matter to Wyn. The Quadruple Aim and Ten Design Principles in *A Healthier Wales* similarly provide a focus on ensuring Wyn's wellbeing. The next section provide some context on how we are implementing these policy drivers, however the simple proposition is that we should be able to articulate how we are maximising Wyn's time to live well in his community. In achieving this focus we will able to deliver against these

policies and our vision- that a person's chance of leading a healthy life will be the same wherever they live and whoever they are.

## Our well-being objectives

You will not find in this document a separate section listing projects we are delivering to support the Wellbeing of Future Generations Act. The Act challenges us to fully embed the five ways of working within our work. The ten Strategic Priorities in Shaping Our Future Wellbeing are our well-being objectives

- |   |  |    |  |
|---|--|----|--|
| 1 | Reduce health inequalities   | 6  | Have a planned care system where demand and capacity are in balance  |
| 2 | Deliver outcomes that matter to people   | 7  | Reduce harm, waste and variation sustainability making best use of the resources available to us                                 |
| 3 | All take responsibility for improving our health and wellbeing   | 8  | Be a great place to work and learn   |
| 4 | Offer services that deliver the population health our citizens are entitled to expect                  | 9  | Work better together with partners to deliver care and support across care sectors, making best use of our people and technology |
| 5 | Have an unplanned (emergency) care system that provides the right care, in the right place, first time | 10 | Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives                      |

Using our objectives and design principles to guide our work programmes will maximise our contribution to the wellbeing goals and the application of the sustainable development principle. Through the Public Services Boards in Cardiff and the Vale of Glamorgan we also contribute to the joint well-being objectives in both partnerships.

We have included some flags to identify how our activity aligns with the Act but we hope our routine use of the principles of the Act shine through our plan.

We have an Executive-led WFG Steering Group which meets quarterly, and a Board-level WFG Champion. The Steering Group oversees the implementation of the Act, as well as identifying and spreading good practice and learning (through our [WFG Demonstrator Directory](#)), and reviewing and reporting on progress against the well-being objectives.

## Progress in embedding the WFG Act

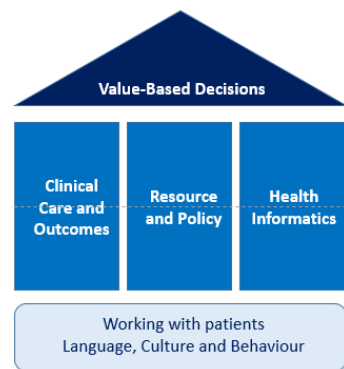
We undertook a self-reflection exercise of progress against the Act in 2019/20. In this we felt that overall we are doing well in our progress embedding the Act. In

particular we felt we make a strong contribution working with partner organisations, and on embedding prevention activity. We felt there was room to improve in how we address health inequalities; and we acknowledge that we could better explain the breadth of our work and how it contributes systematically to our well-being objectives, and need to continue to embed the sustainable development principle across our corporate functions.

Addressing these gaps and continuing to integrate the *5 ways of working* in our organisational culture are a core part of this plan. We will also describe a set of ambitious actions early in 2020 to reduce our greenhouse gas emissions in recognition of the Climate Emergency. We will continue to undertake regular self-assessments of progress against the Act, in addition to supporting external audit on this important area.

### Value Based Health Care

Our plan is based on delivering the best possible outcomes for our population within the resources available to us. We want to do more of the things that help Wyn and less of the things that don't. This is what we mean by Value Based Health Care and it is an underlying principle throughout our plan. Value is a strong connecting approach for sustainability of our services. We want to grow a clinically-led approach to framing and realising value across pathways, building on developments that clinicians have already put in place. This will require improvement, technological, financial and project management support at the front line service level. We will test innovative approaches to this,



including through our Innovation partnership work. Value Based Health Care, as with our approach to the Wellbeing of Future Generations Act, is not about a series of projects or specific pieces of work but an underpinning approach to the way we design and deliver services in our system. The information on this page captures some of what we are doing to support our teams to apply Value Based Health Care, including addressing unwarranted variation in services and outcomes. This is not an exhaustive list of our exemplar programmes and further examples are found throughout this plan.

### Clinical Care and Outcomes

We are designing our services on the principle of what matters to Wyn. Valuing Wyn's times is an important part of this work as well as ensuring we capture and act on the outcomes and experiences that Wyn wants to enable him to live well in his community. We have a number of exemplar projects supporting our learning: **Hip and Knee Arthroplasty**- we are capturing Patient Reported Outcomes, undertaking patient level costings and have produced a virtual viewer to help us have better conversations about what matters to Wyn.

**Inflammatory Bowel Disease**- we are capturing patient reported outcomes and rolling out Patient Knows Best to support this process focussing on a reduction in follow up appointments through timelier management of symptoms

**Lung Cancer**- Patient level data visualisation has been developed with the national programme and shared decision making tools put in place

### Health Informatics

We are rapidly improving our ability to talk to Wyn, his carers and family about what matters to him through digital platforms. We are already capturing patient reported outcomes through the national system in and through our roll out of Patient Knows Best.

**HealthPathways**- The [HealthPathways](#) tool provides a further opportunity to derive better value for Wyn. We are co-producing pathways focusing on the outcomes our citizens want, these are then captured in the tool to provide standardisation of pathways. We now have over 70 pathways live in the system.

### Resource and Policy

We are putting in place the policies and resources needed for our teams to place value at the forefront of decision making. As part of our data to knowledge programme we are enhancing our use of activity based costing and making outcome data more visible in our system.

We are putting in place a medicines and technology appraisal system through the remodelling on All Wales Therapeutics and Toxicology service to provide an improved evidence base to optimise our clinical decision making.

## The Plan For 2020 To 2023

This document is designed to capture our core intentions, give clarity on our priorities, be clear on the anticipated improvement and, importantly, help our staff understand how their work contributes to the delivery of Shaping Our Future Wellbeing.

Our core priorities for 2020-23 are:

1. Primary Care: Continue to sustain and transform Primary and Community Based Services to enable people to remain healthy and independent at home.
2. Unscheduled Care: delivering a resilient and high performing system.
3. Planned Care: meeting standards and achieving outcomes that matter.
4. Cancer Service: delivering the single cancer pathway and improved outcomes.
5. Achieving Financial Balance and embedding value based approaches.
6. Mental Health: continue to transform and improve our services focusing on home first models, co-produced with those who use our services.

You should be able to identify how all of the activity set out in this plan links back to these core organisational priorities and the focus on maximising Wyn's time. Embedded within each is a focus on all forms of prevention; building resilience in the community, targeting secondary prevention in our planned care programme and building early intervention and long term prevention into our health pathways.

The plan is split into three broad sections:

1. Our context and drivers across our region as a partner in health services and our clinical services strategy.
2. The core enablers for delivering improvement.
3. Our key actions for 2020 to 2023.

A single document can never capture the breadth of activity that takes place across the health board. Planning is not about a single document and this plan

should be read alongside a range of plans and the annexes which set out in detail our intentions for the next three years.

As an organisation we strongly believe in our core values and expect our staff to exhibit these values and behaviours. In 2018-19 these behaviours were integrated in to all workforce processes, including recruitment, promotion, appraisals, induction and performance management. Furthermore these values underpin the approach to delivery set out in this plan.



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## The Population We Serve

Understanding the needs of our population is essential for robust and effective planning. Our [Population Needs Assessment](#) developed with our regional partners provides a collective view of the population challenges on which we must build our plans. It is important we look beyond simply understanding the health needs of our citizens, but look at the wellbeing of our population which encompasses environmental, social, economic, and cultural wellbeing.



**Population growth:** The population of Cardiff is growing rapidly at nearly 1% per year, or around 36,000 people over the next 10 years. While overall numbers in the Vale are relatively static, the total population of Cardiff and Vale is expected to exceed 500,000 for the first time in 2020.



**Ageing population:** The average age of people in both Cardiff and the Vale is increasing steadily, with a projected increase in people aged 85 and over in the Vale of 15% over the next 5 years and nearly 40% over 10 years.



**Health inequalities:** There is considerable variation in healthy behaviours and health outcomes in our area – for example smoking rates vary between 12% and 31% in Cardiff, with similar patterns seen in physical activity, diet and rates of overweight and obesity. Uptake of childhood vaccinations is also lower in more disadvantaged areas. Life expectancy is around ten years lower in our most deprived areas compared with our least deprived, and for healthy life expectancy the gap is more than double this. Deprivation is higher in neighbourhoods in South Cardiff, and in Central Vale, if these areas were local authorities in their own right, they would be the most deprived in Wales.



**Changing patterns of disease:** There is an increasing number of people in our area with diabetes, as well as more people with dementia in our area as the population ages. The number of people with more than one long-term illness is increasing.



**Tobacco:** One in six adults (15%) in our area smoke. While this number continues to fall, which is encouraging, tobacco use remains a significant risk factor for many diseases, including cardiovascular disease and lung cancer, and early death.



**Food:** Over two thirds of people in our area don't eat sufficient fruit and vegetables, and over half of adults are overweight or obese. In some disadvantaged areas access to healthy, affordable food is more difficult and food insecurity is becoming more prevalent due to increasing living costs and low wages.



**Physical activity:** Over 40% of adults in our area don't undertake regular physical activity, including a quarter (27%) who are considered inactive.



**Social isolation and loneliness:** Around a quarter of vulnerable people in our area report being lonely some or all of the time. Social isolation is associated with reduced mental well-being and life expectancy.



**Welsh language:** The proportion of Cardiff and Vale residents of all ages who have one or more language skills in Welsh is 16.2%, with around 1 in 10 people in Cardiff (11.1%) and the Vale (10.8%) identifying themselves as fluent. However, over one in four young people aged 15 and under speak Welsh in our area (26.7% in Cardiff and 29.6% in the Vale of Glamorgan).



Cardiff has one of the most ethnically diverse populations in Wales, with one in five people from a black or minority ethnic (BME) background. 'White other' and Indian ethnicities are the second and third most common ethnic groups after White British.





## Prevention

As outlined in the opening page strengthening our focus on all forms of prevention is a core priority for the organisation. We view prevention as everyone's business in the organisation. Prevention takes place at all levels of our Seamless Care Model, surrounded by the impacts of, and our actions on, the wider determinants of health.

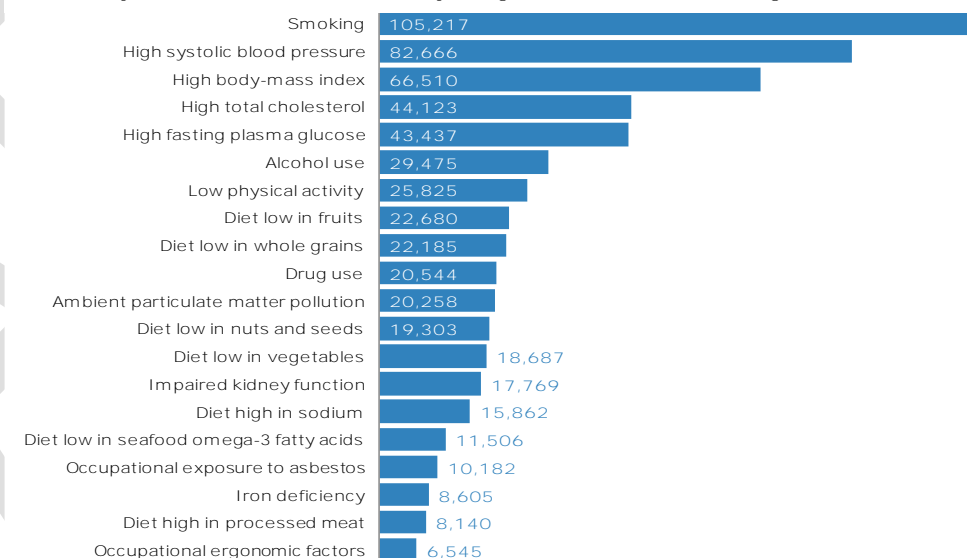


The key health needs of our population are set out in the Population We Serve section above. These include a growing and ageing population, stark health inequalities, changing patterns of disease, widespread unhealthy behaviours and social isolation and loneliness.

It is estimated that around a quarter (23%) of premature deaths are avoidable, with much of this burden relating to ischaemic heart disease and lung cancer

(ONS, Avoidable Mortality in England and Wales, 2017). People who die prematurely from avoidable causes lose on average 23 potential years of life. A review of the main contributors to Disability Adjusted Life Years (DALYs) in Wales is shown below, highlighting the importance and impact of tobacco use, cardiovascular disease, obesity, diet, diabetes, physical activity, substance misuse and air pollution, on health.

Top 20 risk factors for disability-adjusted life years (DALYs), count of DALYs, all persons, all ages, Wales, 2015  
Produced by Public Health Wales Observatory, using Global Health Data Exchange (IHME)



In response to these needs, preventative action is a key element of each of the plans of the clinical boards (principally secondary and tertiary prevention), complemented by strategic co-ordination and delivery of prevention programmes locally by the public health team (principally primary and secondary prevention).

Our full work programme and outcome measures are described in the [Cardiff and Vale Local Public Health Plan](#); priorities include:

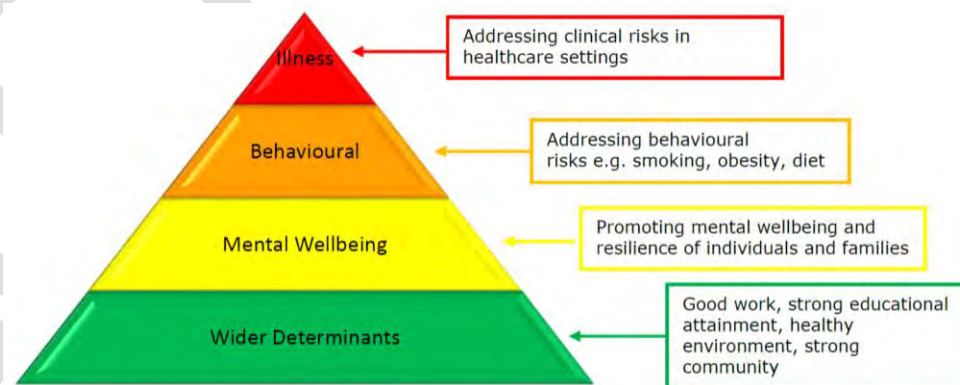
- tobacco (implementing the key components of the smoking cessation system framework)
- immunisation (including contributing to the UK measles and rubella elimination strategy 2019)
- healthy weight (see below)
- healthy eating and physical activity
- healthy environment
- cross-cutting action on reducing inequalities in health, and wider determinants of health, with partner agencies and through the Public Service Boards in Cardiff and Vale.

In response to the Public Health (Wales) Act, Welsh Government launched the Healthy Weight, Healthy Wales Strategy in October 2019. Across Cardiff and the Vale of Glamorgan, we started the process to create our local plan, Move More, Eat Well in January 2019. The process involved collaboration of both Cardiff and the Vale of Glamorgan Public Services Boards (PSBs), plus the Cardiff and Vale of Glamorgan Regional Partnership Board, using a multi-agency, multi-professional systems leadership approach. Locally, we held stakeholder engagement events on 12 and 13 March 2019, attended by circa 120 people. From this we created 10 priority areas, which were subsequently prioritised at a joint Cardiff and Vale of Glamorgan PSB event. We engaged stakeholders on the Move More, Eat Well Plan during November and December 2019, with a view to launching the Plan in March 2020.

Our focus is on individual behaviour change and developing environments which support and promote health, taking action on the built environment (for example to promote healthy travel behaviour) and other wider determinants of health such as education, housing and employment. We take a proportionate (progressive) universalism approach, aligned to prudent healthcare principles, to ensure our prevention advice, services and interventions are available to the whole population, with an additional focus on individuals and families in greater need.

Addressing clinical risk factors such as the management of hypertension is being taken forward through close liaison with primary care and sharing of pertinent data. Prevention and early intervention on children's emotional and mental well-being and resilience is led by Children and Women's Clinical Board, working closely with key partners.

Population health interventions can be categorised into four types, with the population reach increasing as you go lower down the pyramid.



We work across a number of settings, including primary care clusters, pre-schools and schools (reflecting action on early years and positive childhood experiences as priorities), dementia-friendly communities, Food Cardiff and Food Vale, and workplaces. We work closely with partners in the public, private and third sectors directly and through the PSBs in Cardiff and Vale, and the Regional Partnership Board; and with specialist public health colleagues working in screening, health protection and environmental health. We are prioritising strengthening the bowel screening programme, working with Public Health Wales Screening Engagement Team and undertaking targeted projects in areas with low uptake. We are engaging through Cardiff Public Service Boards (PSB) in implementing the homelessness strategy, taking a 'housing first' approach, which is leading to tangible results. We contribute to increasing employability through volunteering and apprenticeship schemes in the health board, and via the PSB wellbeing plans.

In developing our plan we have worked closely with colleagues across the health board, and in Public Health Wales (prioritising tobacco, hypertension and wider determinants for joint working), aligning our work with the strategic direction of both organisations.

Within the health board, we are embedding prevention in all that we do, aligning to our Wellbeing Objectives and our mission of 'Keeping People Well'. We have identified that we have opportunities in our interactions with patients, as an employer and in developing our work environments to deliver this approach.

well. It is hoped that this will support a social movement within the organisation and ensure prevention becomes a core and visible part of what we do.



Excellent examples already exist of where this is happening, but these are not always coordinated for best impact, nor do they have systematic reach. Action and leadership will be required from across the organisation to deliver this systematically. We are therefore developing an approach that encourages each of us to consider what we can do to keep ourselves, our patients and our colleagues



## The Area Plan, Delivering For Our Citizens

Delivering performance improvement and meeting the needs of our population cannot be achieved without partnership. In recent years our Regional Partnership arrangements have matured and strengthened. The [Cardiff and Vale of Glamorgan Area Plan and Action Plan](#) was published in March 2018 and sets out our regional priorities and the detailed actions we will undertake, over the next five years, to meet the following 12 key care and support needs identified in our [Population Needs Assessment](#).

The Area Plan sets the actions we are taking against our integration priorities:

- Older people (including people with Dementia)
- Children with complex needs
- Learning disability and Autism
- Integrated family support services
- Adult and young carers

We are already seeing the impact of this work. Programmes such as the introduction of First Point of Contact, Single Point of Access and Discharge to Assess have contributed to improvements in delayed transfers of care across Cardiff and the Vale.

Integrated Care Funding is also making a significant impact in improving the lives of our citizens. Some of the achievements are set out opposite and a full [annual report](#) on the work of the Regional Partnership Board has recently been published.

Delivery of the Area Plan and a continued focus on integration will be core to this next planning period. Reducing health inequalities, focusing on prevention, improvements in mental health and improving access to care, regardless of the provider, all require delivery through partnership. During 2020/21 we will refresh the area plan to reflect the aspirations set out in A Healthier Wales.

However, regional delivery is not simply about delivering the core elements of the Area Plan. Core to the way we need to transform services in all areas of our work is greater integration. You will see, in the actions we set out for this planning period, a focus on working with partners to improve all areas of care.

Through Welsh Government transformation funding, the Regional Partnership Board is supporting the acceleration of change; joining up services with a greater emphasis on prevention and focusing on care in the community. The transformation funding will support the following initiatives:

- The development of the optimal 'Cluster' by understanding and facilitating connections between people, groups and communities.
- The creation of a single entry point to independence and well-being services and stable and non-complex care services.
- Developing an effective GP triage service by providing support and diverting people to the most appropriate services across health and social care.
- Development of a single access point within the hospital for all community based services, to tailor support that meets the well-being needs of the individual, providing preventative interventions and supporting independent living.
- Creation of a service that support patients who are more impaired and require a more intense package of re-ablement and homecare support, receive assessment in the most appropriate setting and link all partners involved in their care.
- Increasing awareness and implementing a new way of working across health, social care, education and the third sector to increase resilience and awareness in children and young people through peer support, timely intervention and signposting.
- Development of a 'blueprint' for place based, integrated community teams.

The partnership has also submitted applications for additional funding to support more initiatives around children and young people. These proposals do not represent the totality of work we undertake with partners but allow us to test



new models of care, built on the design principles outlined in A Healthier Wales. They will support us in demonstrating how we can shift more services to the top of our Seamless Care Model.

The ambition of the Regional Partnership Board is to enable new ways of working which enable people to live the best lives they can in their homes and communities. Short-term funding has enabled the Regional Partnership Board to test new ways of working and develop elements of the overarching, home-based new care models, building the business cases as they progress. A more structured approach to evaluation and outcomes enabled by the Regional Outcomes Framework will enable the RPB to make evidence-based decisions on commissioning (or decommissioning) the component parts of the new care model to support better health and wellbeing, for the communities of Cardiff and the Vale of Glamorgan.

The Regional Outcomes Framework will provide clarity about the outcomes the Regional Partnership Board intends to achieve through its work, improving the health and wellbeing of the region's population by working together, across partner organisations. The outcomes will enable the Regional Partnership Board to set out a clear work plan and focus its business towards achieving them. Each outcome will be delivered over time through clear programmes of work, underpinned by a whole system approach to data and evidence.

More information can be found on the Cardiff and Vale Integrated Health and Social Care Partnership [website](#)

Our system level outcomes: what we aim to achieve by focusing on our priority themes



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## Primary and Community Care

**Priority - Primary Care: Continue to sustain and transform Primary and Community Based Services to enable people to remain healthy and independent at home**

Supporting people to maintain their own health and wellbeing in the community is a fundamental component of our plan, as is providing access to high quality, responsive care when the need arises. We are continuing to progress the transformation of our primary and community based services in line with the direction given in 'Healthier Wales' and the Strategic Programme for Primary Care.

Whilst we recognise the importance of sustainable General Medical Services, our ambition is to deliver wider community based models of care, built on a wellbeing model which empowers individuals. This can only be delivered in partnership with a range of organisations across the region. Clusters provide a vehicle to design and deliver place based services, to meet the needs of local communities. Over the lifecycle of this plan we will support clusters to mature and move from a primary care model to a wider community model.

This year, we have:

- Worked with Public Health Wales to assess the needs of our population and continued to work with Primary Care to target health priorities
- Supported the sustainability of core General Medical Services, including the successful management of practice mergers/contract transfers and the introduction of new roles and models of care at practice and cluster level
- Developed the Urgent Primary Care/Out of Hours service to introduce a range of clinicians who are able to deal with the different needs of people contacting the service.
- Maximised the opportunities provided through Welsh Government Funding to progress the maturity of Clusters and introduce new ways of working/models of care at the primary care level.

Over the next 3 years, we aim to build on our journey to date. Full details of our plans for Primary Community and Integrated Care can be found in the clinical board plan [here](#).

## PREVENTION AND WELLBEING

We will continue to work in close collaboration with Public Health Wales to identify and target intervention at those most in need, maximising cluster level and practice level initiatives to support people to live healthier lifestyles and improve uptake of both health screening and immunisation programmes.

The sustainability of services is a key priority. We will continue to look at new models of care, such as social prescribing which is being delivered through the transformation funding, to determine what is best delivered at practice or cluster level. The introduction of nationally agreed escalation tools will enable us to better assess and respond to the pressures in primary care and ensure the provision of high quality services 24/7. The introduction and expansion of new triage/sign-posting/first point of contact services will also help practices to better manage demand. Work on implementation of the Access Standards and implementation of Health Care Pathways will continue. There will also be continued development of our Urgent Primary Care/Out of Hours Services which will include expanding the range of professionals working in the service and responding more effectively to demand. Work is also underway to support the implementation of the 111 service for Cardiff and the Vale.

The provision of high quality primary care estate to meet both current and future population needs and the development of Community Wellbeing and Local Health and Wellbeing Centres in all 3 Localities is essential to the delivery of our Shaping Our Future Wellbeing Strategy.

## EVOLUTION OF CLUSTERS

Work to progress Cluster maturity is a key priority. We have plans by which to develop the skills of our Cluster Leads and provide increased levels of support for them to develop their operating models and deliver their IMTP 3 year plans. The learning gained through Transformation Projects will be hugely beneficial. The plans for each of our Clusters can be found [here](#).

## WORKFORCE AND ORGANISATIONAL DEVELOPMENT

Robust Workforce Plans are essential to the delivery of primary care transformation. The importance of educating and training staff to work in a primary care setting has formed the basis of our plans to develop a Primary Care Academy.



The Academy will support MDT professionals from a variety of disciplines (but with limited primary care experience) to be recruited and placed in practices with a fully developed training and mentorship programme. This will help support senior professional staff to transition into primary care and support the *Primary Care Model for Wales*.

### DATA AND DIGITAL TECHNOLOGY

We need to ensure we make the most of technology to improve the care and support provided. In line with the work being taken forward through the Strategic Programme for Primary Care we will ensure:

- Clinicians and members of multi-disciplinary teams are able to access information to support provision of care in the community.
- Key data measures are captured and reported on a consistent basis and used to improve quality of care.
- Technology is available to support delivery of improved care in the community setting.

### WORKING WITH PARTNERS

Partnership working with local authorities and the third sector will continue to be a priority. This will include collaboration on service planning through the development and delivery of transformation schemes and joint service reviews such as 'Right Sizing Community Services' to ensure the best use of collective resources and improvements in provision of care and support to individuals in the community.

### Veterans Health

We were pleased to receive the Gold Award for the defence employer recognition scheme in 2019. This achievement demonstrates our commitment to working in partnership with public sector organisations across Cardiff and the vale alongside third sector services to deliver our commitments under the armed force covenant. Key elements for delivery in 2021-22 will be developing the Veterans Trauma Network Wales as part of the Major Trauma Centre development. We will also be developing plans for NHS Wales Veterans Mental Health services to deliver capacity to meet growing demand. We are also working towards the introduction of veterans friendly GP practices with the Royal College of General Practice, a first in Wales. We are really excited to work with the Ministry of

Defence to develop the health, Research and Development and innovation elements of the planned National Military Museum of Medicine in Cardiff Bay.

### Learning Disability

As a Health board we are committed to reducing the health inequalities experienced by people with learning disabilities (LD). We are reviewing the commissioning arrangements for learning disability services, including the repatriation of funding from Swansea Bay University Health Board. To support service improvement we are taking action in a number of areas:

#### Pathway Development:

- Supporting the development of a clinical pathway for children with LD across the Community Child Health Service including transition to adult services
- Putting in place a LD Champion for Community Child Health providing support for children and young people in the community
- Providing teaching and support to multi-agency professionals on the health needs of children and young people
- Working with Psychology to ensure a MDT approach is taken
- Providing advice/information on behaviours related to LD to Cardiff and the Vale of Glamorgan Local Authority Child Health and Disability Teams and provide support around specific cases.

#### Reducing avoidable and premature deaths by;

- Establishing LD primary care liaison team to improve education and awareness, facilitating early intervention, prevention and access and improving the uptake and quality of annual health checks and health related screening for adults with a LD

#### Improving the care and treatment provided to people with a LD in hospital by;

- Developing a LD Liaison service across our two acute hospital sites to fully implement the care bundle
- Increasing the number of LD champions in each ward/clinic/department/service, including paediatrics

#### Ensuring people with Learning Disabilities receive the right care at the right time by;

- Modernising our specialist healthcare for adults with a Learning Disability to ensure individuals are supported to live as independently as possible, and to reduce unnecessary hospital admissions

## Mental Health

### ***Priority - Mental Health: continue to transform and improve our services focusing on home first models***

We have delivered significant transformation of our mental health services in recent years with more than 50% of resources now sitting in the community. We want to continue to build on this achievement further developing our services on a home first principle and designed through co-production. The development of our refreshed plan for mental health services was launched by services users and carers with an interactive session negotiating on priorities with delivery bodies.

Work to develop our Recovery College has begun and will continue through this next phase of plan implementation. The Recovery college is a Service User and lived experience led project, with the support of [ImROC](#) to provide educational opportunities for our Service Users, Carers and staff to balance the health and wellbeing improvements. When developed this will be a facility for all residents of Cardiff and Vale.

In 2019-20 we committed to rolling out across clusters Mental Health Practitioners working as extended specialist support to GPs, for people with mild to moderate mental health problems. This is supported by bespoke commissioned third sector psychologically based services. This is potentially a revolution in mental health support to meet ever increasing demands on GPs.

Following an extensive engagement exercise with the Community Health Council we saw the co-location of the three Vale Community Mental Health Teams, as a step towards the establishment of health and wellbeing centres described in Shaping Our Future Wellbeing Strategy. The teams are now functioning as one with efficiencies seen in managing demand, liaising more easily with related health and other agencies and seeing professionals working differently and more focused on service user outcomes and needs. New Community mental health services are emerging from traditional Community Mental Health Teams with the right professional seeing the right person, in the right place and time. This has been helped by the new primary care liaison teams reducing demand therefore

allowing services users to be placed at the centre of the care pathways instead of the pressures of demand management.

Recurrent investment from Welsh Government has been put to good use. All additional monies are focused on the principles of home first, reducing hospital delays, improving access to psychological support and adding capacity to pressured specialist teams and supporting the integration. For example investment in areas such as; First Episode Psychosis, substance misuse dual diagnosis, psychological therapies and MATRICS Cymru. In addition we have invested in Peer Support Workers as part of a recovery college, the enhancing of emergency unit cover, investing in specialist support to the Community Resource Teams to enhance the 'team around the individual' described in the dementia strategy and avoid unnecessary admissions.

Older people's mental health opportunities have been enhanced by the provision of new expert liaison posts into Community Resource Teams in localities and every care home in the Cardiff and Vale area, preventing admission and unnecessary contact with lead agencies.

Our mental health services now looks after approximately 95% of its specialist caseload in community settings. It is this home first model and increasing working across boundaries that we want to continue through this planning period. The current 'Together for Mental Health' delivery plan runs concurrently with this IMTP period with priorities up until 2022.

Our plan for mental health services can be found [here](#)

It sets out our priorities for 2020-23 which include:

- Establish a mental health single point of entry
- Further develop the Recovery College
- Improving mental health services for young people.
- Developing the Team Around the Individual for dementia patients.



Home First



Empower the Person



## Cancer

### **Priority- Cancer Service: delivering the single cancer pathway and improved outcomes**

We know that cancer outcomes are not good enough. Whilst we have made progress in recent years there is a need to accelerate the rate of improvement. We have challenged ourselves to make enhancements in cancer outcomes through focusing on transformation right across the cancer pathway.

The first tranche of this work focuses on Bowel and Lung Cancer, as they are both common cancers and mortality from these cancers is higher than we would want. This does not mean we will not be seeking improvements in other forms of cancer. We will concentrate our efforts and test our approach to change in the areas where we know we need to make significant improvement.

### **Improving Cancer Outcomes- A whole System Approach**

Me, My Home, My Community – Prevention and Identification	<p>Working with local authority and third sector partners we are putting in a range of community roles to support social prescribing, helping people to connect with local groups to become more active and combat social isolation.</p> <p>We will equip these community champions with knowledge about Bowel and Lung cancer to help identify symptoms and signpost people to the right services. Developing resilient communities who can be champions in supporting people be active and make positive choices such as quitting smoking.</p> <p><b>Aim-</b> Improve stage at diagnosis: Lung Stage 4- 45.3% Colorectal Stage 4- 16.9%</p>
Improving Screening	Our bowel screening rate is the lowest in Wales at 51.5%, we want to set ourselves a stretch target of pushing the rate past 70% over the next three years. The introduction of <a href="#">FIT</a> testing is an opportunity to improve screening rates, using community teams and partnership working to encourage uptake.
Responsive Clusters	Through the introduction of HealthPathways we will give GPs better access on how to ensure people are diagnosed and treated

	as quickly as possible, the standardised pathways for Bowel and Lung Cancer will reduce variation and ensure consistent access. We will also put in place FIT for Symptomatic Screening to help GPs differentiate between bowel disorder and cancer.
Endoscopy Improvement	Although significant progress has been made, we continue to support and implement an improvement programme in our endoscopy services and patient pathways; we know we need to continue this work and maximise capacity to speed up the diagnostic process.
Person Centred Care / Electronic Holistic Needs Assessment	Importantly, we will be capturing Patient Reported Outcomes Measures, and providing patients access to an electronic Holistic Needs Assessment. Working closely with our stakeholders and partners, this will allow us to better understand the impact of the interventions and signpost/provide additional support to ensure all patient needs are met.
Prehabilitation Programme	<p>Ensuring people are in the best possible shape for treatment can have a significant impact on clinical outcomes. We will draw together the significant work ongoing within the organisation including Making Every Contact Count, Patient Optimisation and Patient Centred Care (see above). We will take actions to maximise improved outcomes for patients and timely treatment to include:</p> <ul style="list-style-type: none"> <li>- Encouraging people to take appropriate exercise supported through social prescribing and community groups.</li> <li>- Intense prehabilitation to ensure issues such as Anaemia are addressed and providing more information to patients about the surgery process and experience.</li> <li>- Pre-operative assessment clinics.</li> <li>- Enhanced recovery after surgery programme and post-operative bundle in place.</li> </ul>
Acute Oncology Services	We continue to support and develop services to meet patients' needs who require acute admission as a result of their cancer treatment or who are found to have a previously undiagnosed cancer through an acute admission. Working closely with our stakeholders and partners we will develop a robust service and agreed pathway to ensure patients receive the right care, first time.



## Single Cancer Pathway (SCP)

In November 2018, the Welsh Government announced the move to public reporting of the Single Cancer Pathway, alongside the existing two cancer targets, from June 2019: <https://gov.wales/newsroom/health-and-social-services/2018/processcancer/?lang=en>

Through our established SCP Project structure, we continue to progress actions through a number of work streams to be able to more accurately report performance and to demonstrate continuous improvement against reported performance in 2019-20. Whilst Welsh Government has not yet set the percentage compliance for the SCP, the Health Board is committed to working towards and achieving 95% compliance against the 62 day target.

To ensure successful implementation and delivery, the three key areas of focus for us continue to align to three key work streams:

- **Information and Intelligence** - leading on ensuring processes are in place to accurately capture relevant patient data across all stages of the pathway and ensuring our IT systems are integrated and fit for purpose for tracking and reporting. Implementation of this programme is ongoing whilst we oversee the transition from Tentacle to our Patient Management System. The challenge remains delivery at scale and pace whilst ensuring this does not disrupt the implementation of the National IT & Informatics Agenda.
- **Demand and capacity** – working to identify the gap and implement solutions to balance demand and capacity in the short term and on a sustainable basis. We have, using a national tool, undertaken a second iteration of demand and capacity modelling for the SCP. Plans are in place to provide some additional capacity through the resources allocated from the Wales Cancer Network & Welsh Government, however further work

is needed to address the medium and long terms challenges of balancing demand and capacity.

- **Pathway improvement** – In parallel with improving timeliness of access to outpatients and diagnostics, we also need to pursue pathway improvement and new ways of working. Clinically led, we are working on a local and national basis to implement the initial nationally agreed standardised optimal pathways for specific cancer disease groups (released in August 2019). Furthermore, we also continue to develop further pathways, with the ultimate goal to reduce variation and improve outcomes for our patients.



## Regional Planning

**Priority- Unscheduled Care: delivering a resilient and high performing system.**

**Priority- Planned Care: meeting standards**

We are committed to working collaboratively and at pace with Health Boards in South East Wales to secure the benefits of planning a number of priority services on a regional basis. The work programme comprises legacy programmes and elective work streams, with the following achieved across the region in 2019-20:

Specialty Workstream	Progress in 2019-20
Paediatric, obstetrics and neonates	<ul style="list-style-type: none"> <li>Implemented flow changes in March 2019 in line with the south wales programme service model reflecting adjusted activity following Cwm Taf Morgannwg (CTM) internal engagement. Further flow changes agreed for South CTM to UHW in March 2020.</li> <li>Continued clinical collaboration to ensure quality service challenges are being collectively managed across the region</li> <li>Completed capital scheme in UHW Obstetrics.</li> </ul>
Vascular services	<ul style="list-style-type: none"> <li>Delivered a regional out of hours interventional radiology rota</li> <li>Continued detailed planning to centralise South East Wales Vascular network with aim to implement from August 2020 subject to successful public engagement and consultation in Q4 2019/20 and approved regional business case in Q1 2020.</li> </ul>
ENT	<ul style="list-style-type: none"> <li>Sustainability issues have been addressed within CTM through integrating the medical workforce across the CTM hospitals.</li> <li>The regional clinical body continue to work collaboratively to provide joint head and neck cancer</li> </ul>

	MDT with surgery provided at both UHW and Royal Glamorgan
Diagnostics	<p><b>CT/MRI</b></p> <ul style="list-style-type: none"> <li>The Delivery Unit supported a standardised approach for repeating the regional demand and capacity work for MRI and CT for 2019/2020.</li> <li>Continued to utilise available capacity in MRI within CTM. Aneurin Bevan are to utilise 400 of the 800 spare MRI slots available for utilisation within CTM.</li> <li>Continued to offer the opportunity for C&amp;V to house a mobile unit on the Royal Glamorgan site, so that they can increase capacity as and when required.</li> </ul> <p><b>Endoscopy</b></p> <ul style="list-style-type: none"> <li>The Regional diagnostic Planning group have developed a close working relationship with the National Endoscopy Programme Board. This will avoid duplication and enhance the work of both groups.</li> <li>To date the Regional Diagnostic Group has not come up with collaborative solutions for the delivery of endoscopic services in the short term. However, work has progressed during 2019/2020 within CTM to develop a plan for Phase 2 of the Diagnostic Hub for which there has been agreement that the emphasis will be on the development of endoscopic services. As with Phase 1 of the Diagnostic Hub which focused on CT and MRI services, there is an expectation from Welsh Government that the Hubs development will offer support at a regional level. It must be noted that this is a 3 – 5 year plan.</li> </ul> <p><b>Endoscopic Ultrasound (EUS)</b></p> <ul style="list-style-type: none"> <li>During 2019/2020 a regional option appraisal process was undertaken. To ensure robust engagement with key stakeholders this was undertaken both “in-house” within health boards and at a regional workshop held on 13<sup>th</sup> May 2019.</li> </ul>





	<ul style="list-style-type: none"> <li>▪ The Preferred Option: All health boards agreed there would be enough activity in the future for a three site model, when demand reached the expected levels and that plans would be developed for a phased approach, as demand increased incrementally.</li> <li>▪ Phase 1: To develop a networked two site model based on the current two providers in SE Wales at Aneurin Bevan and Cardiff and Vale UHBs. This phase would focus on improving the sustainability of these current units by increasing capacity, trained operatives as well as utilising the capacity regionally.</li> <li>▪ Phase 2: As demand on the service increases, it was agreed there will be a need for extension of service provision. There service would then be expanded to a three site model i.e development within the Diagnostic Hub within CTM. The training programme undertaken in Phase 1 to extend to CTM staff.</li> </ul>
Ophthalmology	<ul style="list-style-type: none"> <li>▪ Two major regional work streams have been established, led by the Aneurin Bevan Director of Planning, Digital &amp; IT.</li> <li>▪ The first work stream is progressing digital enablers and an electronic patient record for ophthalmology, driving regional transformation as the pilot for a national EPR rollout. The group provides an effective conduit between national group work and action plans at a local UHB / Directorate level. Key actions this year have included the finalisation of the business case, baseline review of IM&amp;T / equipment requirements and the agreement of common infrastructure standards as a pre-requisite for project rollout.</li> <li>▪ The second work stream is progressing an option appraisal for a regional cataract treatment facility, following confirmation of a clinical consensus to proceed in principle. A project initiation document has been</li> </ul>

	prepared, and options for a project manager are now being finalised.
Orthopaedics	<ul style="list-style-type: none"> <li>▪ The Orthopaedics planning group identified limited benefits to regional collaboration on enhancing capacity given the local opportunities for both service pathway improvements and capacity development planning. Each Health Board was focusing on specific local pathway and capacity reconfiguration and redevelopment opportunities to optimise local service sustainability and access. This related specifically to: <ul style="list-style-type: none"> <li>- the implementation of the clinical futures strategy in Aneurin Bevan;</li> <li>- the configuration opportunities presenting in CTM with the inclusion of Princess of Wales within the service and estates infrastructure; and</li> <li>- the development of CAVOC at UHL as part of Cardiff's strategic clinical services plan.</li> </ul> </li> <li>▪ The clinical and planning time and commitment that is required to support the above is significant and was considered to be of better value to the individual Health Boards and the wider regional system.</li> </ul>

The 2020-2021 work programme seeks to build upon progress made to date and the maturing approach to regional planning, with the following summarising the specialty work programmes. Health Boards will ensure that the resources required to deliver the programme at pace are secured, for a combination of external and internal sources

Specialty Workstream	2020-21 Work Programme	Local Actions
Emergency Medicine (A&E), acute Medicine and	<ul style="list-style-type: none"> <li>▪ To continue the established programme of work to implement the remaining requirements of the South</li> </ul>	<ul style="list-style-type: none"> <li>▪ To work within CTM Emergency Medicine Project to support the development of</li> </ul>



Specialty Workstream	2020-21 Work Programme	Local Actions
Inpatient Paediatrics	Wales Programme (SWP) namely emergency medicine, acute medicine and consultant led inpatient paediatric services <ul style="list-style-type: none"> <li>To deliver the recommended services models in partnership with other health boards, ensuring patient flows across the region can be supported as a result of the changes.</li> </ul>	effective adult and paediatric emergency clinical pathways in line with emerging proposed service changes at Royal Glamorgan Hospital
Vascular services	<ul style="list-style-type: none"> <li>Post implementation review of the Out of Hours Interventional Radiology Service.</li> <li>Undertake Public Engagement and consultation in early 2020</li> <li>To implement from August 2020 subject to successful public engagement and consultation.</li> <li>Submission of a capital case for a hybrid theatre at the University Hospital of Wales to support centralisation.</li> </ul>	<ul style="list-style-type: none"> <li>Undertake Public Engagement and consultation in Spring 2020</li> <li>Deliver additional bed, theatre &amp; IR capacity to accommodate centralised surgical service demand.</li> <li>Establish new networked service model in August 2020</li> </ul>
Diagnostics	In relation to CT and MRI the regional group has: <ul style="list-style-type: none"> <li>Agreed to continue using a standardised approach to demand and capacity planning with the support of the delivery Unit, to strengthen the planning of the regional work.</li> </ul>	

Specialty Workstream	2020-21 Work Programme	Local Actions
	<ul style="list-style-type: none"> <li>As part of the collaborative approach, spare capacity within the CTMUHB Diagnostic hub will continue to be offered up to partners in the region. Commissioning arrangements are to be formalised.</li> <li>All Health Boards have identified that reporting capacity remains an issue and that all were outsourcing to managing this increasing problem. The South Central &amp; East Regional Planning &amp; Delivery Forum have requested an assessment across health boards be undertake to determine the scale of the problem. Following this exercise a decision will be made as to whether imaging reporting becomes a work stream to be taken forward collaboratively during 2020/21.</li> </ul> <p>Endoscopy</p> <p>For 2020/21, the regional group will:</p> <ul style="list-style-type: none"> <li>Utilise the standardised approach to demand and capacity planning for endoscopy being developed, with the support of the delivery unit, within the National Endoscopy Programme Board.</li> </ul>	<ul style="list-style-type: none"> <li>Develop capital and service business case for the expansion of</li> </ul>



Specialty Workstream	2020-21 Work Programme	Local Actions
	<ul style="list-style-type: none"> <li>Assess demand and capacity and explore opportunities for joint working and shared working around solutions for meeting any shortfall in capacity.</li> </ul> <p>EUS</p> <ul style="list-style-type: none"> <li>Continue to progress work to implement Phase 1 of the network EUS model as described between Aneurin Bevan and Cardiff and Vale UHBs.</li> <li>Continue to establish and implement a training programme across the three UHBs.</li> <li>Continue to develop a joint booking system for the EUS service.</li> <li>By July 2020 develop a business case for the sustainable regional EUS networked model.</li> </ul>	<p>Endoscopy capacity at UHL based on demand and capacity profiles (in line with National Programme workplan)</p> <ul style="list-style-type: none"> <li>Complete the training of additional EUS operator in C&amp;V (at UHL)</li> <li>Develop by July, a business case for the sustainable regional EUS networked model</li> </ul>
Ophthalmology	<ul style="list-style-type: none"> <li>Progress EPR work stream in accordance with agreed milestones and consistent with national programme rollout (to include FBC submission, staff recruitment, equipment procurement and IM&amp;T capability testing.</li> <li>Secure project management support for regional cataract treatment facility option</li> </ul>	

Specialty Workstream	2020-21 Work Programme	Local Actions
	<p>appraisal, prepare outline business case informed by Health Board ophthalmology projections for demand / capacity / medical staffing. Submit OBC to WG by <b>December 2020.</b></p>	

### Sexual Assault Referral Centre (SARC)

Health Boards and all key stakeholders across the South Wales region have been increasingly engaged in the modelling work to support a sustainable model for SARC services. Ongoing modelling and planning work has been carried out during 2018-19 with the relevant statutory agencies and clinical representation across all stakeholders. In September 2019, the statutory bodies approved a series of recommendations and financial framework to support a commitment to implementation of three acute SARC hubs for adults and two SARCs hubs for children up to the age of 16 years. The costs associated with this establishing hubs and spokes are anticipated to be phased over a period of three years as the service model is developed and implemented. It is anticipated this will commence 2020/21. The financial contribution for health boards has been split on a population basis. Further work will take place early 2020/21 to develop the commissioning framework, as well as the service model and costs associated with phase 2 and 3 (spokes and Forensic Medical Services) of the service model, which will require formal approval through the Boards of the statutory organisations prior to any further funding commitment being made.



## **Working With The Wider Health System**

As we have set out a number of times in this document, working in partnership is core to the delivery of Shaping Our Future Wellbeing and achieving the ambition of *A Healthier Wales*. We have set out our role with our partners on the Regional Partnership Board and in achieving the ambition for health services across South Wales. In this section, we want to highlight just some of the work we will be undertaking with partners. This is not the full extent of our collaborative endeavours, but provides a snapshot of our approach.

### **Working with the Welsh Ambulance Service Trust and the Emergency Ambulance Service Commissioner (EASC)**

Working through the Emergency Ambulance Service Committee framework and the agreed [Commissioning Intentions](#), we have developed a strong relationship with the ambulance service. We are looking to continue the progress we have made with joint initiatives such as:

- Advanced Paramedic Practitioners
- Community Falls
- Single Integrated Clinical Assessment Services- clinicians in the control room supporting triage
- Emergency Department Quality & Delivery Framework
- Developing a Transfer and Discharge Service

The [Amber Review](#) demonstrates the progress made in providing a clinically driven response in emergency situations. The report sets out a number of opportunities for improvement, in particular supporting the ambulance service to get vehicles back on the road as soon as possible. A system wide response is needed to address this challenge. The actions we have set out in prevention, supporting more people to live well in their communities and our focus on reducing length of stay will also support improvement in ambulance provision. We are pleased to be working with the ambulance services not just on the emergency part of their service. We are pleased to be a pilot site for the Emergency Department Quality and Delivery Framework, this includes work – predominantly clinically led by front line staff – to agree care standards, a uniform

approach to measuring activity and a nationally agreed model of care to enable optimization of clinical outcomes and patient and staff experience.

Advanced paramedic practitioners can play a vital role in supporting primary care. Non-emergency patient transport similarly plays an unrecognised role in service transformation. For example the redesigned acute coronary syndrome pathway and introduction of a dedicated access vehicle has seen a reduction in referral to transfer times to two days, dramatically improving patient care and achieving NICE standards. We will work with EASC and WAST to further develop transfer and repatriation services.

### **Working with Velindre NHS Trust**

Focusing on the appropriate use of blood products can make a significant difference for the Welsh Blood Service in managing the supply and demand of blood products across the system. Through the national [Blood Health Plan](#) we are focusing activity on using tools to make appropriate use of type O negative blood and reduce errors in the mis-identification of patients to improve transfusion practice.

The Welsh Blood Service is about much more than the supply of blood products and we are pleased to be working alongside it to support the programme of work led by the blood service to bring forward novel cell therapies as part of the Midlands and Wales Advanced Therapies Treatment Centre. This is a truly collaborative project with our neighbours in Cardiff University, industry and the NHS in Birmingham which has received funding from Innovate UK to bring forward new cellular therapies. The development of cell therapy services is built into our plans for the development of our estate.

We will be working closely with Velindre Cancer Centre to ensure seamless services for cancer patients; further aligning our pathways, developing acute oncology services, exploring how we jointly understand the clinical impact of new therapies and developing a prehabilitation programme. We are also committed to the Transforming Cancer Services Programme.

## NHS Wales Shared Services Partnership

Shared Services provide an invaluable role in supporting our work with 95% of NHS Wales expenditure processed through shared services systems and processes. Shared Services support is helping the organisation to maximise every pound spent though supporting work on value based procurement and ensuring effective contracting models are in place with our contracted services in primary care.

As we have set out in the plan, recruitment and retention of staff is a key enabler for our plans. Maximising Hire to Retire and the agility of our Electronic Staff Record is crucial to be able to respond as staffing pressures emerge.

Shared Services plays an important role in unsung areas which support service sustainability and transformation. We will continue to work with the service in areas such as:

- Scan and Store Service are creating capacity in GP surgeries to meet population growth.
- Developing contracting models that allow for greater collaboration and sharing of premises across multiple public, private and third sector partners.
- Delivering an effective laundry service, supporting the smooth and efficient running of hospital services.

## NHS Wales Informatics Service

Effective systems and the ability to turn data into meaningful information is essential to the delivery of our strategy. The goals of the Informed Health and Care Strategy are aligned with the objective of Shaping Our Future Wellbeing. We will continue to work with NWIS to ensure the roll out of national systems fully meet the needs of our population. We know we need to continue to support system development to have patients at its core.

## Welsh Health Specialised Services Committee

Our relationship with WHSSC is both as a commissioner and provider. As a provider we have improved our relationship and governance arrangements over the last year, ensuring a more robust approach to the development of service proposals. As a commissioner, we continue to participate in the effective collaborative process and support the increasing focus on clinical value in the proposals put before the joint committee.

Details of the WHSSC service developments for 2020-23 are included in relevant clinical board plans. As a high level summary, in line with the WHSSC Integrated Commissioning Plan, we will be taking forward service developments which include:

- Advanced Therapeutic Medicinal Products (Specialist Services Clinical Board)
- Major Trauma Centre

As a commissioner we recognise our responsibility in ensuring investment in new treatment options delivers value for patients across Wales. As a providers we know we need to deliver improvements in Cardiac Surgery and Neurosurgery services. We are making progress and have delivered improvement in those waiting for cardiac surgery in 2019-20 will continue to work with our partners to put forward plans for the sustainable delivery of neurosurgery patients.


## Health Education and Improvement Wales

We are delighted to begin working in partnership with Health Education and Improvement Wales (HEIW). Through recent IMTP planning discussions we have already provided the opportunity to share our agendas, priorities, plans and challenges.

We will be particularly pleased to work closely with the organisation as it develops and integrates workforce planning and leadership and succession planning into its core objectives. Early collaboration on our primary care workforce, in particular out of hours, is already underway.

## Delivering On Our Commitments

We committed to strategic actions to deliver across the health board in 2019. This section outlines the actions we have taken:

We said	We did	Result
Support the sustainability of general medical services through the roll out of MSK and mental health cluster based services	 <b>Delivered</b>	Over 3400 slots with a first contact physiotherapist were made available between 1 <sup>st</sup> April 2019 and 31 <sup>st</sup> August 2019, and over 2800 patients booked appointments with the service, the majority of whom would previously have required appointments with a GP
Development of response to population growth and establishment of a Primary Care Estates Strategy	 <b>Delivered</b>	We have undertaken a comprehensive review of our Primary Care estates and established a Primary Care Estates Strategy
Repatriation of CAMHS and development of Emotional Wellbeing Service	 <b>Delivered</b>	Specialist CAMHS provision was successfully repatriated and there was no disruption to the running of clinical services as a result of the transfer. An objective of the repatriation was the development and implementation of a single point of access (SPoA) to improve the referral process and access into children's mental health services this went live from 1 <sup>st</sup> April 2019
Improve access to Mental Health services for young people	 <b>Delivered</b>	We have established a Multi-Disciplinary Team with third sector support and enhanced the number of staff in the team. An evidence based specialist pathway has been introduced and demand is being met currently
Development of team around the individual for dementia patients	 <b>Delivered</b>	Specialist Mental Health Practitioner posts have been developed to work in partnership with Community Resource Teams and Dementia Liaison Staff in GP practices
Community Mental Health Team Review	 <b>Delivered</b>	All Vale teams are now co-located. New service model based on direct access, minimal assessments and strengths based outcomes commenced
Open Young Onset Dementia unit	 <b>Delivered</b>	The unit has opened at Barry Hospital providing an age appropriate environment for patients
Introduce Health Pathways	 <b>Delivered</b>	We have successfully introduced Health Pathways into our system with over 60 pathways live on the system. We introduced the first Sepsis health pathway across the UK, Australia and New Zealand
Increase the number of patients who receive dialysis in the community	 <b>Delivered</b>	The nocturnal dialysis programme has commenced which converting existing patients from unit based to home therapies. The Renal Roadshow was held at the end of June helping to increase awareness of home therapies
Establish Non-Invasive Ventilation Unit at University Hospital Wales	 <b>Delivered</b>	An initial 4 bedded NIV unit was opened in 2019
ENT Surgery Moved to UHL	 <b>Delivered</b>	The first ENT elective lists have taken place in UHL, resulting in patients who would previously have had their surgery cancelled on the day due to emergency pressures receiving timely care

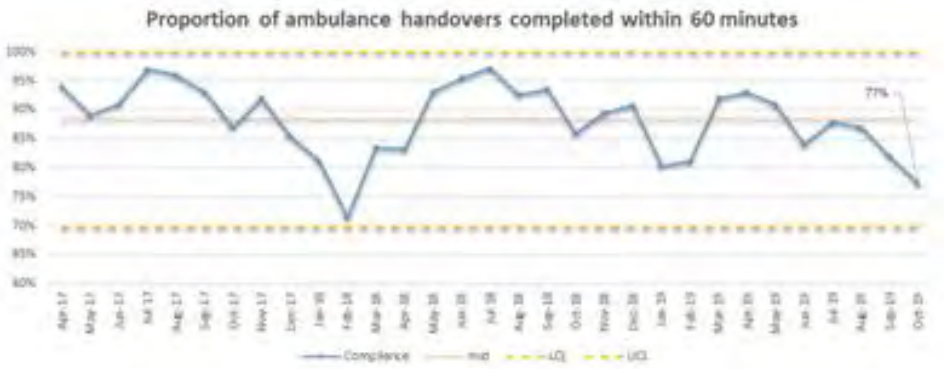


Performance Delivery 2019-20

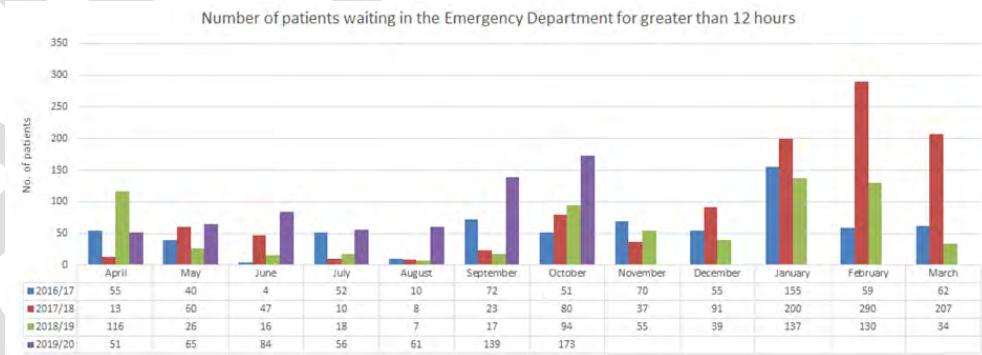
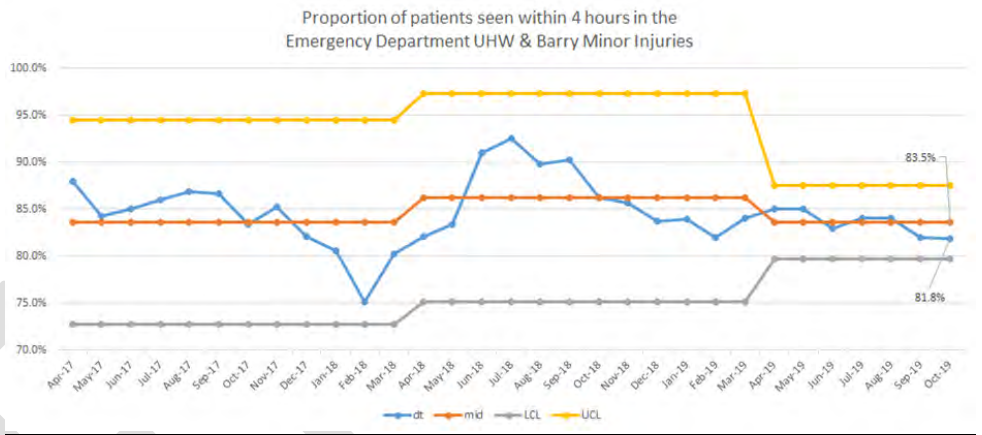
This section looks at our core performance against some key measures. This allows us to understand where we are making progress so we can support and accelerate improvement and where we need to focus actions to deliver change. Alongside our understanding of our population, understanding our performance to date sets the context for our plans.

Unscheduled Care

The Health Board works with partners in Local Authorities, Welsh Ambulance Service Trust (WAST) and other Health Boards to provide responsive, high quality services to patients in Unscheduled Care.

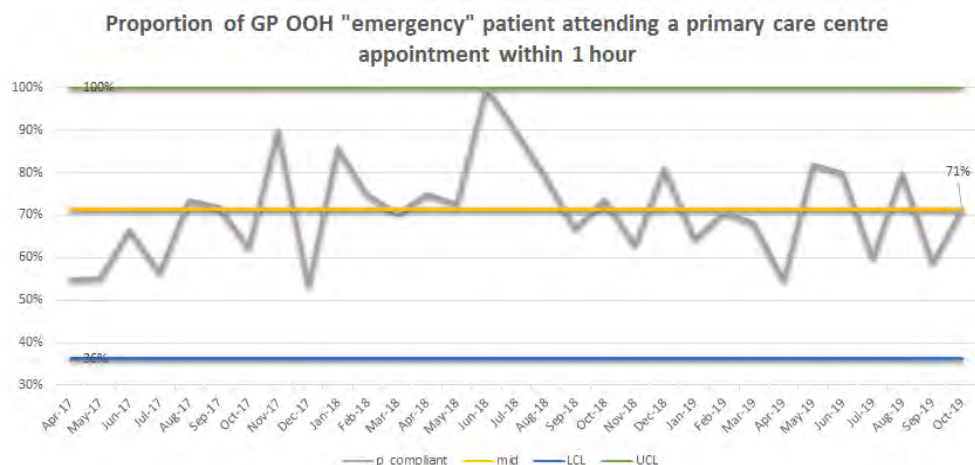


In respect of ambulance handovers, whilst we met our IMTP profile in April 2019, since then we have been unable to meet the agreed IMTP trajectory. The Welsh Government (WG) minimum standard is 100% within 60 minutes. This indicator is reflective of system pressure and demonstrates the performance of our front door in responding to this.



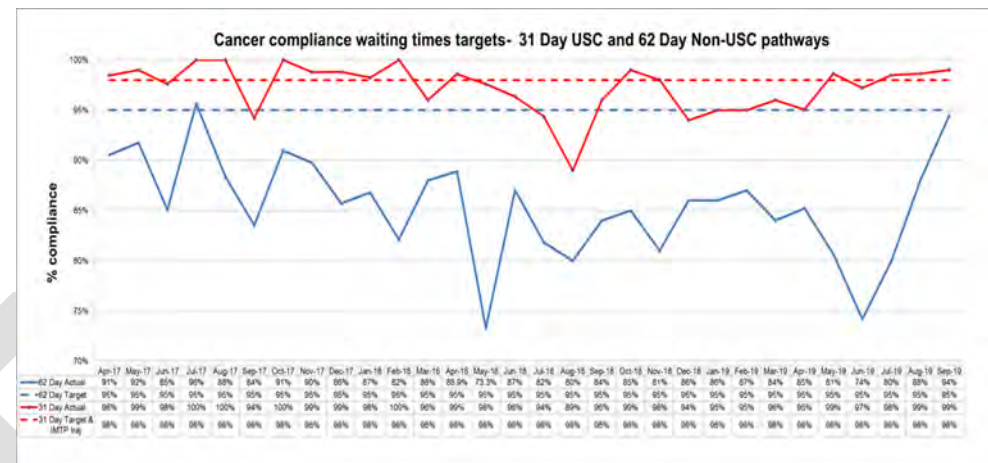
Performance against the 4 hour and 12 hour targets in our Emergency Unit have been lower than in 2018 and we remain unable to achieve our IMTP planned trajectories across all of our Unscheduled Care measures. This has been due to an average of 4% growth in EU attendances equating to on average 500 additional patients per month and an 8% growth in attendees designated as majors. Taken together, these measures demonstrate the need for collaborative solutions to reduce pressure and deliver improvement. You will see a range of actions set out in this plan which should support improvement in these indicators.





Following significant improvement in our GP out of hours performance in 2018, the 2019 year to date performance has been relatively static over the period. Actions to create sustainable primary care services and improve access to out of hours care in the community are core to this plan.

In Cancer services, although the UHB is currently meeting IMTP commitments in respect of the 31 day target, this is not consistent every month. The 62 day target is a greater challenge although there has been recent significant improvement. This is against a backdrop of rising demand. Our plans are focussed on balancing demand and capacity on a sustainable basis, particularly in tumour sites where demand increases have compounded pre-existing process and capacity constraints – Urology and Gastro Intestinal (GI) specifically.

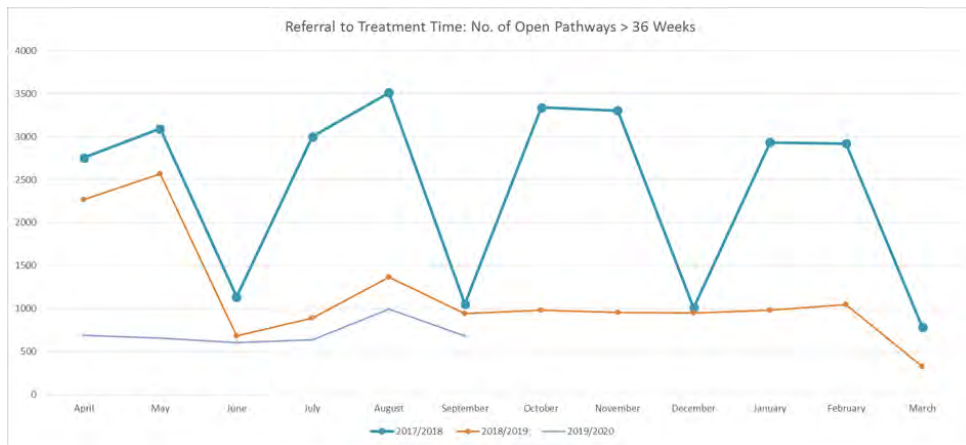


Single Cancer Pathway: The UHB continues with implementation of its SCP project plan. The Health Board has prioritised investment support from Welsh Government to help reduce the demand and capacity diagnostic gap (radiology and endoscopy) and in supporting development of an IT and Business Intelligence System that supports the SCP and national data requirements.

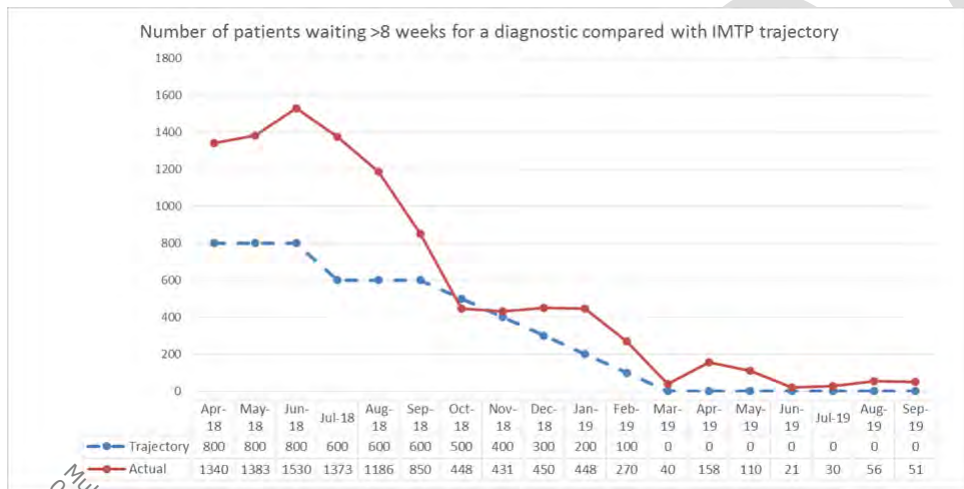
### Planned Care

We continue to prioritise the reduction of waiting times for planned care. We are currently not able to meet our IMTP profile. We intend to continue our work towards no patient waiting longer than 36 weeks for treatment by 31st March 2020. We have been adversely affected in 2019 by national pension and tax issues affecting Consultant Medical Staff which has reduced our available capacity. Our main challenges are in Ophthalmology and Spinal Surgery.

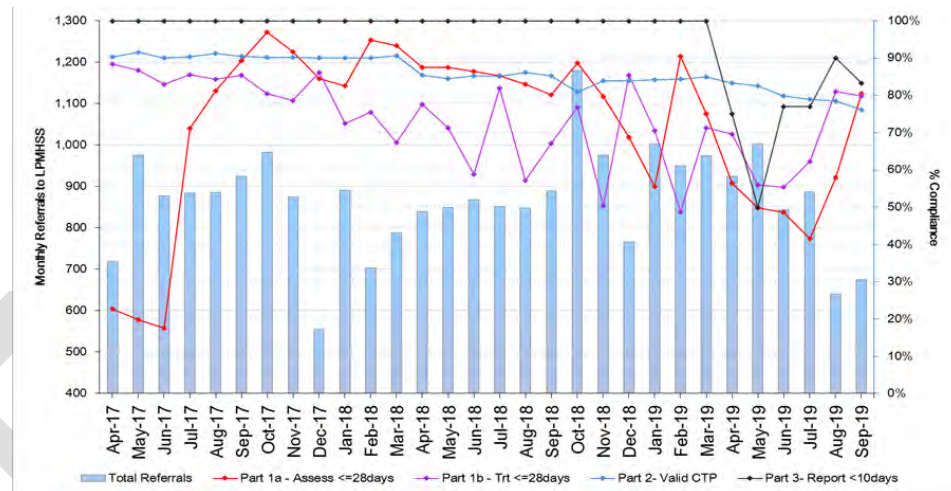
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Our diagnostic performance is similarly improving, with significantly lower volumes of patients waiting longer than 8 weeks than a year ago. We are not currently meeting our IMTP profile but our current plans are focussed on meeting the planned trajectories and eliminating these waits on a sustainable basis.



The performance in Mental Health is measured primarily by 4 main target measures, 3 of which the UHB currently is meeting. Sustainable delivery of the targets on a monthly basis is adversely affected by high peaks of demand.



The service has invested in 2019 in primary care mental health liaison nurses to improve the responsiveness of the service and help direct referrals to the right place. This has shown positive benefits in the current year.

For children's services, there has been successful recruitment to all vacancies within the team, with new staff members now in post. This has supported an increase in capacity to better support meeting the demand.

We continue to work closely with our partners in local authorities and other agencies including HM Prison service, to continue to improve the Mental Health services we deliver for patients.

## **Clinical Strategy Overview-**

Our strategy, Shaping Our Future Wellbeing describes our ambition based on a set of design principles to develop and deliver joined-up care based on; home first, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to people. These principles underpin our approach to the redesign of our health and social care system at both a macro and micro level.

We have been working with clinicians and wider stakeholders, including the Regional Partnership Board to develop a draft strategic clinical services plan. This describes the major service changes and critical enablers required to reshape our clinical services in order to meet the future needs of our population.

The draft Clinical Services Plan is undergoing a period of internal engagement led by the Clinical Boards. The feedback will be used to strengthen the draft Plan prior to wider external involvement and potential consultation during 2020.

The Draft Clinical Services Plan has now been published and can be found <https://shapingourfuturewellbeing.com/clinical-services-plan-internal-engagement/>

The principal priority is to optimise the independence and health and wellbeing of our citizens by taking a truly whole-system approach. We will do this through improved collaborations with our partners in local authorities, the third sector, public health and the universities. The development and delivery of increasingly collaborative services across health and social care teams in the community is already embedded within our Area Plan. They will be continuously strengthened and developed to provide seamless, cluster-focused and locality-based services. These will be designed to meet the specific and variable health and social needs of the local populations within those areas.

This Clinical Services Plan focuses on how we see hospital services developing over the next decade as part of a transformed system, providing the necessary support to primary care to enable people to remain living independently at home, and to provide timely access to

specialist hospital treatment, whether this is as an acute emergency, or as planned treatment that can only be provided in hospital. We know that the way our hospital system is designed is not delivering the best experience or outcomes for Wyn.

We know that compared with the best healthcare systems in the world, we provide too much of our care in hospital settings. Wyn can sometimes wait too long to access the advice, diagnosis or treatment he needs, and often the system makes it difficult for Wyn to return home quickly if a spell in a hospital was needed. It is important to recognise that overall our outcomes benchmark well with other NHS providers across the United Kingdom, and our patient experience feedback is very positive overall. But we know that there is a lot more we need to do to deliver the services required into the future

We know that the facilities we will need to provide transformed services will need to be very different. In 2018 we developed an estates strategy which set out the condition, utilisation and functional suitability of our current infrastructure, and the outline plans for developing our estate over the next decade. The detailed plans will be informed by this clinical services plan, and the detailed service models that will follow. We know that we will need significant investment in our infrastructure, including replacing the University Hospital of Wales (UHW) which is no longer fit for purpose, and our business cases to secure the resources needed will need to clearly demonstrate the added value and benefit to patients and communities locally and across Wales.

UHW is not only a hospital for our local population but also a specialist facility serving the whole of Wales. A redeveloped facility will provide the opportunity to create a flagship of international standing. As the needs of the local, regional, supra-regional and national populations increase, our estate needs to react accordingly.

This clinical services plan does not attempt to describe how we see each individual service will develop over the next decade - it gives an overview of how we see the key service areas develop.



## Our Planning Principles:

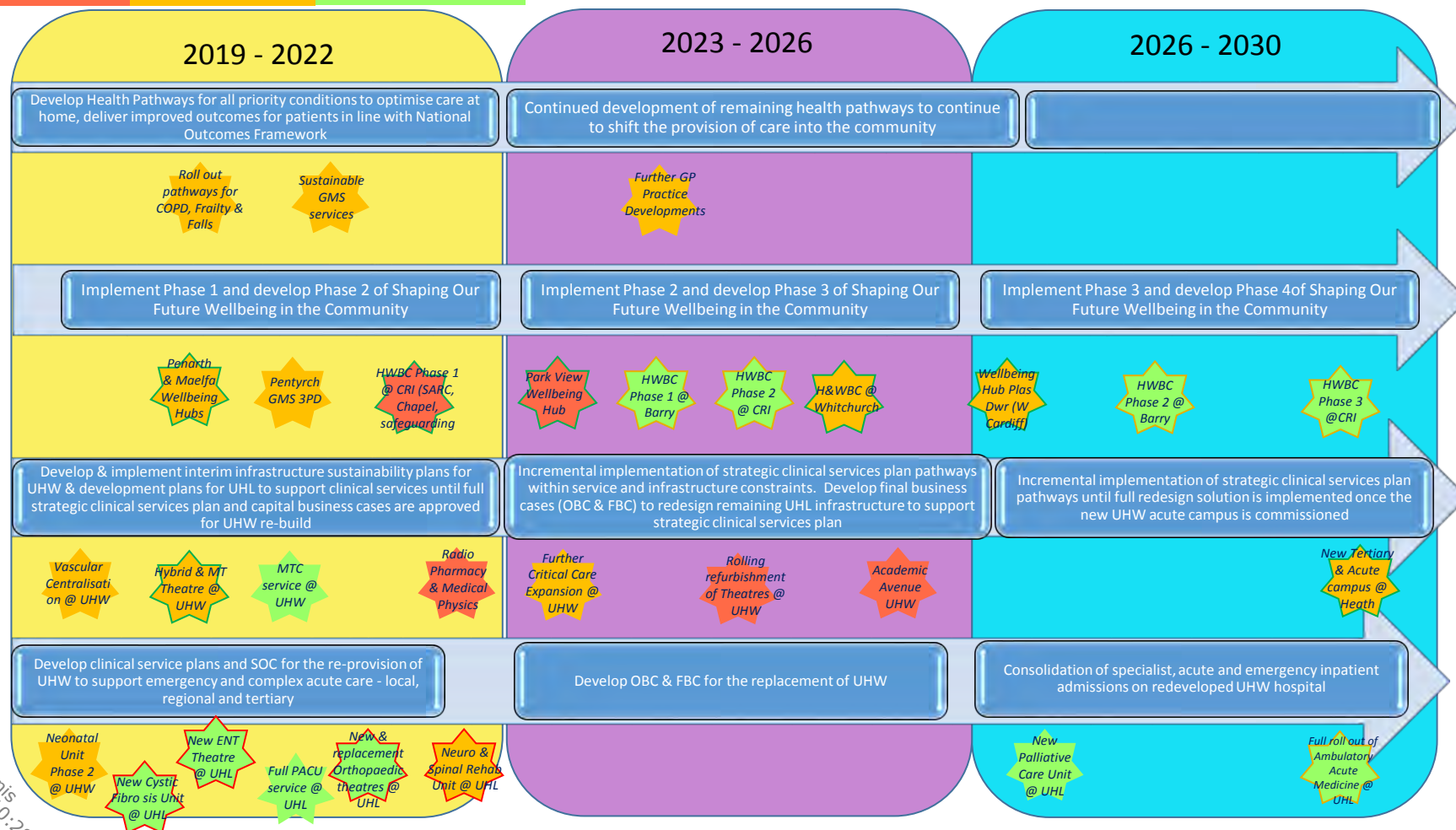
- We will work collaboratively with our neighbouring Health Boards, Local Authority and other public and third sector partners to provide care through a connected health and social care system to improve health and wellbeing.
- Citizens should receive care at home or as close to home as possible – hospitals should only provide assessment or care that cannot be provided in the community.
- Patients requiring hospital admission should receive high quality, high value, evidence-driven, safe and compassionate care.
- Hospital care should provide the appropriate package of specialist care co-ordinated to meet the needs of the patient and focussed on improving outcomes.
- Innovative workforce models, new technologies and a flexible digital platform across clinical and wider care providers will support new models of care.
- Redesigned clinical pathways and services driven by the UHB's Transformation programme will deliver improved outcomes and value based healthcare.



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## Key Enabler Milestones

Red – safety/compliance    Yellow - sustainability    Green – enabling strategy



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## **KEY ENABLERS**

### **Quality, Safety and Improvement**

As an integrated healthcare provider, our focus on quality, safety and the patient experience must extend across all settings where healthcare is provided. We recognise that this cannot be a Framework that focuses on secondary care, but one that recognises that the majority of care received by patients is provided in a primary or community care setting and that the primary and community care element of the patients pathway, is as key to delivering safe, high quality care as that part of the pathway which is provided in more acute settings. What really matters for our patients carers and citizens must be central to our decision making, so that we can use our time, skills and other resources more wisely.

It is inevitable that there will be emerging risks to both patient safety and quality across the whole system of healthcare provision, and we will need to anticipate and respond to these. This will form an important focus for quality and safety initiatives over the next three years. During 2019 we have continued work to embed the QSI Framework across the organisation. There have been a number of positive achievements:

- Annual Quality Statement was published in May 2019. This year we focused on the experiences of our elderly, frail population in the community
- Continued to increase compliance with Patient Safety Solutions to 95%
- Approved a Health Board Falls framework
- We have continued to make good progress against the 2012-13 baseline numbers of HCAI and are performing well in comparison with peers across Wales
- Our falls implementation Lead was highly commended at the Manchester Patients Safety Congress for his inter-generational Falls Awareness programme carried out in partnership with local schools, school children and elderly relatives as well as students from Cardiff University.
- We celebrated World Patient Safety day in September, by undertaking a staff engagement programme across the health board to encourage staff to 'Speak up for Safety' and announced the launch of our Quality Clinics initiative and our Coaching for Safety programme.

- Undertaken significant improvements work in areas of concern during 2019 - 2020 including governance in relation to in-sourcing of surgical services, endoscopy decontamination, vascular surgery, and the care of patients with fractured neck of femur.
- Continued our work to put in place a more robust framework for implementation and monitoring of Health and Care Standards for Wales
- We secured a 75k investment from the Health Foundation to take forward a project to maximise how we analyse data to maximise how NHS learning from patient safety incident reports. We were one of only 10 organisations that succeeded.
- Continued to participate in a European research project to implement a TALK clinical debriefing tool to support staff after learning events in the clinical environment

During 2019, we have invested significantly in order to respond to the Infected Blood Inquiry. This is of particular significance to Cardiff because we are the Comprehensive Care Centre in Wales and Professor Arthur Bloom, a former employee and lead clinician in the Haemophilia centre during the 1970s until his death in 1992, was the Chair of the UK Haemophilia Centre Doctors' Organisation - an association of medical practitioners who work within Haemophilia centres in the UK and have an interest in the care of people with Haemophilia and other inherited bleeding disorders. In July 2019, Welsh patients and their families gave evidence at the Inquiry in Cardiff. We have continued to work with Haemophilia Wales, Welsh Blood Service, Public Health Wales, Velindre NHS Trust and other Health Boards across Wales.

During 2019 we have continued to make progress in terms of embedding Quality, Safety and Experience arrangements across the health board. All of our Clinical Boards report on a regular basis to our Quality, Safety and Experience Committee, providing assurance across the breadth of services delivered by the organisation. A standardised Quality, Safety and Experience agenda template aligned with the Health and Care Standards is now well embedded and provides a robust framework for assurance reporting to the Committee. A Quality, Safety and Experience dashboard is also well embedded and we have developed and launched a Nursing Dashboard, which will support quality improvement at ward level and also support implementation of the Nurse Staffing (Wales) Act 2016.

We have already embedded arrangements to respond to the actions aligned to the strategic direction of NHS Wales and progress against these actions is being monitored through the Quality, Safety and Experience Committee of the Board, which has a comprehensive work programme developed to meet the requirements of national strategic drivers, as well as key quality and safety issues in the Board Assurance Framework and the Healthcare Inspectorate Wales (HIW) Work Programme.

The Quality, Safety and Improvement (QSI) Framework 2017-2020 has set out our three year Framework. Work is now planned to develop a QSI framework for 2020-2023. This will involve a wide engagement exercise to seek the views of UHB staff, key stakeholders and patients and the public. Although the detail of the framework has not been determined as yet, it is likely to focus on the following themes:

- Actively seeking out safety problems
- Implementing good practice
- Re-designing systems and human factors
- Culture –making it safe for staff
- Patients as partners
- Better use of technology
- Sharing learning

#### Detailed 2020/21 Actions

Work will continue with Clinical Boards to implement the Quality, Safety and Improvement (QSI) Framework. The key areas of focus for 2019 – 2020 however, will be:

AIM 1 – GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY		
ACTION	OUTCOME	MEASURE
Leading Improvement in Patient Safety (LIPS) <ul style="list-style-type: none"> <li>• Deliver 2 cohorts (Q1 April and Q3 September 2020)</li> </ul>	Local quality improvement capacity and capability building is developed to support and enable teams to identify and address local QSE improvement priorities	Delivery of LIPS x 2 cohorts with .50% projects aligned to Transformation Increase in the number of people trained in IQT

<ul style="list-style-type: none"> <li>• Align Clinical Board improvement projects with key Transformation priorities and with Amplify 2025</li> </ul>	<b>Current position:</b> 900 staff trained in silver IQT methodologies <b>Target:</b> increase number of staff trained in silver IQT methodologies to 1000 +	
The UHB will continue to work with and respond to the Infected Blood Inquiry (Q1-4)	Full engagement; timely responses to requests for information, not only from the Inquiry but also from patients, families and their representatives.	
Establish Human Factors training across the Health Board (Q1)  Establish a Health Board Human factors Group (Q2)	Human factors is considered routinely as an important element in solution generation so that the workplace and practices are designed and organised to minimise the likelihood of errors occurring and the impact of errors when they do occur.	Human factors group established with multidisciplinary representation and evidence of good engagement. Evidence that human factors are considered as part of investigations and action planning
AIM 2 – SAFE CARE		
ACTION	OUTCOME	MEASURE
Implementation of the Once for Wales Concerns management System	Year 1 2020-2021 - implementation of the complaints module	
Implement and embed 'Quality Clinics' and 'Coaching for Safety programme' (Q1)	An increase in level of support currently available to staff to proactively manage patient safety issues in their areas	Safety culture results  Staff evaluation and feedback



<p><b>Serious incident reporting</b> Revision of Clinical Board Serious Incident Closure KPIs twice a year to maintain focus and improvement</p> <p><b>Reduction in the number of same cause Never events</b></p> <p>NatSIPPS – revise current implementation plan to focus on chest drain insertions, central line insertion (Q2)</p> <p>Work with clinical boards to establish a UHB wide Venous Access Service to standardise practice, improve patient outcomes and experience and improve more timely access for necessary interventions.(Q2)</p>	<p>Reduction in same cause serious incidents that cause severe harm or death</p> <p><b>Current position:</b> (September 2019) - 95 Serious Incidents open 5 Never Events open &lt;50% closed within WG timeframes</p> <p><b>Target:</b> Further 10% reduction in number of open SIs 0 Never Events 75% of SIs closed within WG timescales</p>	<p>Number of open SIs</p> <p>Number of monthly SI closures</p> <p>Number of same cause serious incidents</p> <p>Number of never events</p> <p>% of serious incidents closed within WG prescribed timeframes</p>	<ul style="list-style-type: none"> <li>Continue to implement Antimicrobial Delivery Plan</li> <li>Continue Medical Director led Antimicrobial Safety Walkrounds</li> <li>Implement improvement plan following receipt of ALL Wales HDSU audit</li> <li>Continue work to reduce Caesarean Section Surgical Site Infection</li> <li>Continue implementation of UTI guidance for District nurse and care home staff</li> <li>Continue Peezy pilot (Improved urine sampling process, UTI pathways, dip sticking guidance) commenced in a Locality GP practice, GP OOH and Obstetrics</li> <li>Antimicrobial stewardship</li> </ul> <p>Achieve 20/21 reduction expectation targets by end Q4</p>	<p>Ecoli – 164/22 Pseudomonas 13/30 Klebsiella 39/37 ** confirm these figures when last draft is being written</p> <p><b>Target:</b> WG reduction expectation targets (need to confirm the 20-21 targets when they are issued) Cdiff - rate no more than 26 per 100,000 SA – rate no more 20 per 100,000 Ecoli – rate no more than 60 per 100,000 population</p> <p>Klebsiella – reduction of 10% in number of cases in 2020/21 when compared with 2019/2020</p> <p>Pseudomonas aeruginosa – reduction of 10% in number of cases in 2020/21 when compared with 2019/2020</p>	
<p><b>Infection Prevention and Control</b></p> <ul style="list-style-type: none"> <li>Train senior medical staff in ANTT</li> <li>Increase number of staff completing online ANTT training</li> <li>Consider re-establishment of CEO reviews of MRSA</li> </ul>	<p>A reduction in the number of Healthcare Acquired Infections in line with or exceeding targets</p> <p><b>Current position</b> (up to end August 2019/target 2019-2020) Cdiff - 38/96 MRSA – 6/0 MSSA – 41/120</p>	<p>Performance against WG targets for infection prevention and control</p>			

AIM 3 – EFFECTIVE CARE			<ul style="list-style-type: none"> <li>Strengthen current UHB arrangements for the routine monitoring, consideration and reporting of mortality data. (Q1)</li> <li>Development of the current EMAT system to allow analysis of death certification trends (Q1)</li> <li>Local implementation of the medical examiner system over the next 18 months (Q4)</li> <li>Continue improvement work to increase compliance with Level 1 reviews (Q1-2)</li> <li>Implement required developments to EMAT to allow interface with Datix and direct input of Level 2 reviews (Q2)</li> <li>Establish local Medical Examiner implementation group and continue work to recruit Medical Examiners and to establish the infrastructure required to support the Medical Examiners office (Q1)</li> </ul>	<p>they received appropriate safe, high quality care</p> <p><b>Current position:</b> the UHB has been addressing a decline in compliance with mortality Level 1 reviews – current performance is 80%; no compliance data for Level 2 reviews</p> <p><b>Target:</b> &gt; 90% compliance with Level 1 reviews; 100% compliance with Level 2 reviews</p>	
ACTION	OUTCOME	MEASURE			
<p>Patient Safety Solutions – continue necessary actions required to achieve full compliance with:</p> <ul style="list-style-type: none"> <li>PSN30 – Medicine cupboards – in line with revised version when issued</li> <li>PSA008 – Nasogastric tube misplacement (Q2)</li> <li>PSN 043 – tracheostomy guidelines (Q2)</li> </ul> <p>Continue implementation of NatSSIPs with focus on:</p> <ul style="list-style-type: none"> <li>Central line insertion (Q2)</li> <li>Chest drain insertion (Q2)</li> <li>Nasogastric tube insertion (linked with PSA008) (Q2)</li> </ul>	<p>The UHB demonstrates compliance with all Patient Safety Solutions/notices/alerts</p> <p><b>Current position:</b> 92% <b>Target:</b> 100%</p>	% compliance with Patient Safety solutions/notices/alerts			
<p><b>National Clinical Audit</b></p> <p>Identify the necessary resource to ensure that the UHB is able to participate in all of the mandated National Audits. (Q1)</p>	<p>The UHB participates fully in the National Clinical Audit and Outcome Review Plan (NCAORP)</p>	Results of annual published reports			
<p><b>Mortality reviews</b></p>	<p>The deaths of all patients are reviewed to ensure that</p>	% of Level 1 reviews carried out and recorded on EMAT			

AIM 4 – DIGNIFIED CARE		
ACTION	OUTCOME	MEASURE
See Patient Experience section re Sensory Loss		
AIM 5 – TIMELY CARE		
ACTION	OUTCOME	MEASURE
See Planned and Unplanned care		
AIM 6 – INDIVIDUAL CARE		
ACTION	OUTCOME	MEASURE
See Patient Experience Section		

### Patient Experience Framework

The Wales Audit Office (2016) outlines how listening to the experiences of service users should be a fundamental part of learning in the NHS and in order to learn effectively, there is a need for structured, planned activity that is built in to normal working practices.

The NHS Wales Framework for Assuring Service User Experience was initially published in May 2013 and updated in 2015. The requirement to update the Framework was in light of Keith Evans' report 'Using the Gift of Complaints'. Additions therefore to the balancing quadrant included concerns and compliments data and third party surveys for example those undertaken by our Community Health Council.



The following have influenced the development of this refreshed framework Health and Care Standards (2015)

- Listening and Learning to improve the experience of care (2015)
- All-Wales Framework for Assuring Service User Experience (2015)
- The NHS Outcomes Framework (2015-2016)
- Learning from Patient Experience: Key Questions for NHS Board Members
- Shaping our future well being

We refreshed the Patient Experience Framework to incorporate all elements of real time, retrospective, proactive/reactive and balancing patient experience across the organisation. Much of the detail in the framework has been informed by the All Wales Listening and Learning Group which has been established to embed the learning from the Evans Review a gift of complaints and to share good practice across Wales. The Health Board meets on a regular basis with our

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Community Health Council and their contact details are displayed on the 700 posters displayed across secondary and some primary care settings. Patients, families and carers can provide feedback in a wide variety of ways. Some may be specifically designed by organisations to encourage feedback.

### Detailed 2020/21 Actions

We will continue to deliver and embed the refreshed Patient Experience Framework and in 2019/20 we have had some key achievements

- Where possible the Health Board will use early resolution and respond to these concerns within 2 working days including the day of receipt. The 30-day response rate to formal complaints is currently 85% and a trajectory is in place to as a minimum sustain the performance Implement real time feedback system across all areas of the health boards performance
- A positive annual Ombudsman letter was received.
- The introduction of Happy or Not machines and ward feedback kiosks means we have received real time feedback
- We have rolled out the introduction of the John's Campaign to recognise and support the needs of carers in the hospital setting
- Schools are increasingly able to record Young Carer status, schools have achieved accreditation status
- We have worked with GP practices to develop carer champions
- In 2019 we became the first Health Board in Wales to sign the British Sign Language charter and we will work over the next 3 years to embed the 5 pledges

ACTIONS TO DELIVER PATIENT EXPERIENCE FRAMEWORK – 2020-21		
AIM 1 – REAL TIME		
ACTION	OUTCOME	MEASURE
Implement real time feedback system across all areas of UHB (Q1)	To provide real time information Analysis of the data and target more in depth analysis of	Demonstrable service improvement evidenced through experience/ quality measurements e.g.

	the themes and trends	patient satisfaction score, increased compliments etc
Complete the review of feedback mechanisms  Implement the Once for Wales Concerns Management System  Agree the tools to be used (Q2)	A suite of patient experience feedback tools in use  Patient satisfaction scores are consistently good	Increased maturity demonstrated in Standards for Health self-assessment ratings  Patient Satisfaction scores
Increased consideration the varied roles that volunteers can support  To measure the impact of Volunteer roles and the enhanced value to both patient and staff experience  To develop the IT database for managing volunteer appointment, induction and management  To support the substantive appointment of a young volunteers manger following cessation of the PEARS funding in October 2020 (Q3)	To ensure that volunteer roles are considered in every business case To have a system in place in 2020 To secure investment for the young volunteers manager substantive post	Evidence of inclusion in business cases System in use Substantive post in place
AIM 2 - RETROSPECTIVE		
ACTION	OUTCOME	MEASURE
Explore use of social media for gaining proactive feedback  Development of short on line surveys Develop APPS (Q4)	Social media channels are regularly used as a vital engagement tool by the public	Monitor HITS Monitor completion rates

AIM 3 – PROACTIVE/REACTIVE		
ACTION	OUTCOME	MEASURE
<p>Focus upon the 4 priorities for carers</p> <p>Early identification</p> <p>Promote life alongside caring</p> <p>Access to information</p> <p>Involvement in hospital discharge</p> <p>(Q1-4)</p>	<p>Continue with young carers in schools</p> <p>Support identification of carers in primary care</p> <p>Identify staff carers</p> <p>Work with local authorities to promote awareness of carers rights and individual plans which include carers needs</p> <p>Pilot a carer focussed role in UHL to promote roll out of the John's campaign, carer information and focus upon discharge</p>	<p>Identification of carers recorded as a numeric</p> <p>Evidence of support in education and primary care</p> <p>Carers accreditation</p> <p>Carers stories</p>
AIM 4 – BALANCING		
ACTION	OUTCOME	MEASURE
<p>Ensure timeliness of responses to 30 day concerns investigations to achieve significant and sustained improvement. Monitor performance via performance reviews and Integrated Board report</p> <p>Continue to monitor: referrals to Public Service Ombudsman</p>	<p>85% of all formal concerns are responded to within 30 days and all complainants are fully satisfied with the response from the UHB</p>	<p>compliance with 30 day responses</p> <p>Referrals to Public service Ombudsman and the number taken into investigation</p>

the cases for investigation and those not investigated		
number of follow up letters related to the same concern (Q1-4)		

High level 2021/22 and 2022/23 Actions		
AIM 1 – REAL TIME		
ACTION	OUTCOME	MEASURE
2017-2020 develop and implement the customer care training programme (Q4)	To be launched end of 2020 and linked with values into action work	Customer care programme in place
AIM 2 - RETROSPECTIVE		
ACTION	OUTCOME	MEASURE
2017-2020 develop and strengthen the use of patient stories (Q1-4)	Thematic analysis of patient stories Develop a library of patient/ carer and staff messages in 2020	Development of a tool for identifying subject themes from patient stories

AIM 3 – PROACTIVE/REACTIVE		
ACTION	OUTCOME	MEASURE
Introduction of e datix systems	Triangulation of feedback information across patient experience and liaising with patient safety	Using the data to inform of potential concerns more proactive rather than reactive
Develop the methods for presenting and sharing the information with clinical areas (Q3)	Development of the analysis of information through customisation of the	E-datix modules for patient experience implemented Develop the quantitative and

	modules and cross modular reporting  To work with colleagues in corporate nursing and patient safety to share information and focus upon areas for improvement	quantitative triggers and the mechanisms for sharing the data	1. Ensure access for Deaf people to information and services 2. Promote learning and high quality teaching of British Sign Language (BSL) 3. Support Deaf children and families 4. Ensure staff working with Deaf people can communicate effectively in BSL 5. Consult with the local Deaf community on a regular basis (Q1-4)  To further develop the redress and Claims team roles to focus upon increased use of redress across the SI's to reduce litigation cost To ensure we capture all opportunities to use the Redress process Focus upon a training programme to share lessons and minimise reoccurring claims (Q3)	with the PTR guidance and where appropriate utilise the redress arrangements  To implement and evaluate a training programme	Use technology to support choices for BSL communication Regular consultation with the deaf community Monitor complaints and compliments To demonstrate a reduction in litigation costs
Develop the reporting structures Continue to promote the thematic analysis and evidence of actions taken Develop systems that demonstrate the monitoring of the impact of any intervention	Patient Experience feedback is routinely used by Clinical Boards as part of their Quality, Safety and Experience assurance mechanisms and service planning arrangements	Quality and safety minutes of Clinical Directorate and Board meetings			
Aim 4 -Balancing					
ACTION	OUTCOME	MEASURE			
Progress implementation of Putting Things Right Training Programme (Q2)	Consistent implementation of the PTR regulations Ongoing training subject to evaluation	Training programme in place – numbers attending Evaluations of training Improvement in general PTR metrics (as above)	Inquest Management-to develop the management and learning from inquests (Q1-4)	To support thorough investigation To minimise litigation costs To support staff in preparation and training for inquests To ensure concerns are processed via PTR	To identify an awareness of all inquests and be aware of any concerns Instigate improvement actions at the earliest opportunity Robust training programme in place
Sensory Loss In 2019 the UHB signed the BSL Charter 5 pledges	To ensure compliance with the five pledges  To review all SI investigations in line	Staff trained in basic BSL and deaf aware			



## Workforce and Organisational Development

Workforce planning is embedded throughout this plan and is integral to achieving all aspects of delivery. A detailed workforce plan has been published alongside this document and is available [here](#). We also recognize the role we play in supporting a strong workforce for the wider NHS and public sector and through the emerging Health and Social Care Workforce Strategy. We want to have a pipeline of talent for all parts of the system. There are four core objectives within our workforce and organisational framework:



### Transforming Workforce

Workforce Transformation is necessary to underpin the achievement of the ten-year vision for the UHB Shaping Our Future Wellbeing. Amplify 2025 is aimed at creating a working environment where people can challenge and change and have permission to do so. Holistically, Amplify 2025 brings together:

- ❖ Social movement to unleash capability within the organisation – via the Wyn Showcase
- ❖ Leadership and Succession Planning
- ❖ Effective Appraisal for the individual and talent management (PADR)

## Engaged Workforce

We recognize developing an engaged and healthy workforce improves performance and clinical outcomes. Improving the wellbeing of our staff and focusing on embedding our vision in values will be core to our success. Taking the learning from our staff survey, we are taking prioritised action to improve staff experience in key areas.



## Capable Workforce

Here we are investing in our capability, focusing on talent management and succession planning as well as training and growing apprenticeships and graduates. Key to this is includes improving our leadership capability as well as fundamentals in HCSW and Nurse Education; developing therapeutic and rehabilitation roles and supporting new medical training initiatives.

## Efficient & Sustainable Workforce

These streams focus on delivering our core workforce metrics; delivering pay bill in budget, reducing sickness absence and promoting staff wellbeing.

Key Performance Indicator	2018-19 Outturn	YTD	Monthly Actual - Jun-19	2020-21 Target	2021-22 Target	2022-23 Target
Sickness Absence (12-month Cumulative)	5.11%	5.18%	4.93%	4.60%	4.40%	4.40%
YTD Sickness Absence (Financial Year)	5.11%	4.84%	4.93%	4.60%		
Job Plan Compliance (12 month review)	31.44%	27.41%	27.41%	85.00%		
Voluntary Resignation Turnover	6.57%	6.53%	6.53%	Reduction		
Pay Bill Over/Underspend	-0.31%	-0.32%	-0.31%	Underspend		
Variable Pay	8.55%	8.64%	8.74%	Improvement		
Actual (Contracted) WTE	12962.53	12924.25	12924.25	As per IMTP Predictions		
Fire Safety Mandatory Training	67.97%	68.69%	68.69%	85.00%		
PADR	56.37%	55.75%	55.75%	85.00%		

## Risks

We recognise recruitment and retention of our workforce remains one of the core risks to delivering this plan. Our workforce plan sets out some of the ways we will address this challenge, however all elements of this plan contribute. Through becoming more efficient and developing new models of care we can support our workforce challenges.



## Financial Plan

We have an approved 2019/20-2021/22 Integrated Medium Term Plan (IMTP). The financial plan aims to deliver a break even position for each year during the period of the plan. Delivery of the 2019/20 financial plan is a considerable challenge and has required the delivery of a significant savings and efficiency programme whilst maintaining the quality and safety of services and delivering upon agreed performance measures. We are wholly focused on the delivery of this plan.

### Overview of the Financial Plan

We have ambitious goals. The Financial Plan sets out our financial strategy which supports delivery of the service improvements outlined for 2020/21 – 2022/23. We are aiming to maintain our own key financial objectives of delivering in year and recurrent financial balance. This will provide the UHB with a significant financial challenge over the period of the plan that is based on a Health & Social Care budget 2% core allocation uplift in funding in 2020/21.

Our ambition is to submit an IMTP that maintains our approval status, and that demonstrates improvements against high level key performance indicators which builds upon good performance in 2019/20. This plan aims to deliver improved levels of efficiency alongside improved and sustained delivery against performance standards. In terms of efficiency and value, we will be setting a 3.5% target in 2020/21. There will however be a need to limit any internal investments to those unavoidable items to address sustainability and safety issues in the first year of the plan with more resources available in the second and third years.

The following key assumptions are currently being used in the plan:

- The commissioning approach from WHSSC and neighbouring Health Boards does not financially destabilise the Health Board;
- We can manage to deliver agreed performance levels within allocated resources.

## Resource Planning Assumptions

### Underlying Deficit

The Board recognises its responsibility in tackling its underlying deficit and aims to eradicate it during the period of this plan. This will be achieved via delivery of its savings plan in the first two years of this plan.

The underlying deficit position has improved significantly within the current financial year by:

- Focussing on the recurrent achievement of the CIP target;
- Ensuring cost pressures were managed;
- Limiting investments to those areas that were unavoidable and essential;

The 2020/21 brought forward accumulated deficit is detailed in the following table.

### 2020/21 Accumulated Underlying Deficit

	2019/20 £'000
<b>Operational planned deficit 2019/20</b>	<b>0</b>
Planned non recurrent CIP delivery	4,000
Additional non recurrent CIP delivery	7,500
<b>2020/21 b/f accumulated underlying deficit</b>	<b>11,500</b>

The key points to note are:

- The 2020/21 brought forward accumulated underlying deficit is £7.5m higher than the planned position due to the non-delivery of recurrent savings
- The brought forward underlying deficit does not include operational costs pressures experienced in 2019/20. These are expected to be managed by Clinical Boards in 2020/21.

We started 2019/20 with an accumulated underlying deficit of £36.3m and have been successful in reducing this by £24.8m during the year to £11.5m. Delivery of the savings challenge within the 3 year IMTP will bring us back into recurrent financial balance.

### Income Assumptions

Following receipt of Welsh Government Health Board revenue allocations for 2020/21, the table below sets out the level of allocation growth available to meet new inflationary and cost growth pressures in 2020/21 with financial assessments made for 2021/22 and 2022/23:

### Net Income Growth 2020/21 – 2022/23

	2020-21 £'000	2021-22 £'000	2022-23 £'000
Allocation Uplift 2% £100m	13.500	13.500	13.500
Mental Health uplift	2.092	2.092	2.092
Top slice	-0.487	0	0
I2S annual impact	0.13	0.13	0.13
GMS/GDS	1.949	1.949	1.949
LTA income uplift	4.520	4.520	4.520
Wage award	8.272	8.272	8.272
Wage award LTA Funding	2.950	2.950	2.950
Additional Cluster Funding	1.350		
<b>Total</b>	<b>34.276</b>	<b>33.413</b>	<b>33.413</b>

The key points to note are:

- The core allocation uplift represents 2% in each of the 3 years making up the IMTP cycle in line with the new Needs Based Resource Allocation formula, plus an uplift for ring-fenced Mental Health services. This amount has been top sliced in 2020/21 to meet agreed national developments;

- It is assumed that further allocations will be made for GMS and GDS services to meet contract agreements and income growth in this area which is matched by cost growth;
- The 2% core allocation uplifts includes a 1% element of the agreed pay award.
- The UHB is assuming that commissioners will pass onto providers appropriate funding for pay increases and non-pay inflation. The UHB is assuming an LTA uplift for this, in line with its allocation uplift;
- The UHB is a net provider of services. LTA inflation agreed to be 2% pass through;
- Additional Cluster funding of £1.350m will be used to adopt and adapt the Primary Care Model for Wales.

### Cost Pressures

The Health Board has worked through its initial assessment of its inflationary and demand pressures for 2020/21 – 2022/23 and these are set out in the following table.

### Assessed Cost Pressures 2020/21 – 2022/23

Inflationary and Cost Pressure	2020/21 £'000	2021/22 £'000	2022/23 £'000
<b>Cost Growth</b>			
Pay Inflation - @1% with increases met by WG *	16,067	16,067	16,067
Non pay Inflation - for unavoidable costs	1,000	1,100	1,100
GMS and GDS - WG funded pass through costs	1,949	1,949	1,949
Continuing Health Care - inflation only circa 2%	1,200	1,200	1,200
Funded Nursing Care - inflation only £2 week	107	107	107
<b>Total Cost Growth</b>	<b>20,323</b>	<b>20,423</b>	<b>20,423</b>
<b>Demand / Service Growth</b>			
NICE & New High Cost Drugs	3,500	3,500	3,500

Continuing Health Care	2,500	2,000	2,000
Prescribing	2,400	2,100	2,100
Clusters	1,350	0	0
Velindre Cancer Centre	2,250	1,200	1,200
Specialist Services - WHSSC	6,250	5,000	5,000
NCA/IPFR	400	0	0
Uplift on Ring fenced services	800	800	800
EASC	500	500	500
LTA Inflation	3,899	3,899	3,899
<b>Total Demand / Service Growth</b>	<b>23,849</b>	<b>18,999</b>	<b>18,999</b>
<b>Other Cost Pressures</b>			
Welsh Risk Pool	1,500	1,500	1,500
Income reductions - AB LTA	500	500	500
Local cost pressures	2,600	3,000	3,000
<b>Total Other Cost Pressures</b>	<b>4,600</b>	<b>5,000</b>	<b>5,000</b>
<b>Total Inflationary and Cost Pressures</b>	<b>48,772</b>	<b>44,422</b>	<b>44,422</b>

Over the three year period 2020/21 – 2022/23 new national and local inflationary and growth pressures are assessed as £48.8m, £44.4m and £44.4m respectively. These assessed costs place a significant pressure on the organisation and local cost assessments for 2020/21 have been reviewed and curtailed to minimize requirements on funding and impact upon the financial plan.

The following assumptions should be noted:

- Pay award impacts are fully funded by WG over the 3 year IMTP cycle (above assumed 1% in plan);
- The increased employers pensions contributions in 2019/20 continue to be funded by Welsh Government;

- GMS / GDS growth costs are expected to be matched by additional resource allocation;
- NICE and high cost drugs growth has been capped at £3.5m for each year;
- Velindre, EASC and specialist services commissioning costs are best assessments at this stage, discussions are close to being finalised;
- A reserve has been set for costs arising from the Welsh Risk Pool capped at £1.5m
- Local cost pressure funding will be used to manage and contain any brought forward unavoidable operational pressures from 2019/20 plus any new cost pressures arising over and above the £48.8m assessment.

There is a clear aim to avoid cost increases wherever possible. It should be recognized however that curtailing the amounts being provided for growth does represent a financial risk that we will need to manage.

The commissioning costs for EASC, specialist and cancer services are still being finalised as we strive to ensure alignment of respective financial plans.

### Investments

We have agreed to limit revenue investments to a total of £3.0m in 2020/21 and the first call against this will be full year effects of 2019/20 investments.

Investments include supporting reductions in length of stay, improved outcomes and digital (Microsoft 365). Other investments may also be required to support other national priorities and IT developments. In addition, any commissioning investment costs in WHSSC, EASC and Velindre above those set out in plan will need to be managed through reallocation of core resources driving best value.

Investments will not be made until assurances on the delivery of the financial plans have been secured. Any investment proposals will need to be fully considered by the Board.

It is important to note that Welsh Government have already set aside a considerable budget to support delivery of A Healthier Wales. It is envisaged that

this will be the main source of investment to support service transformation and service sustainability.

## RTT

We have already made significant recurrent investments into delivering RTT and this investment will be maintained to support performance in this area. Further work is being done on detailed delivery plans which articulate the resource requirements necessary to deliver the improvements we aspire to achieve in order to secure compliance with national standards. This will be finalised in our final IMTP submission.

## Winter

Good progress has been made in emergency care services. In order to maintain and improve this position detailed delivery plans are currently being finalised which articulate resource requirements. This will be finalised in our final IMTP submission.

## Value and Efficiency Plan

We have an ambitious IMTP that addresses our underlying deficit and restores financial balance. The organisation will need to deliver improved levels of efficiency alongside improved and sustained delivery against standards increasing the value that is derived from the resources available for our population.

The Financial plan supports and enables the Health Board to deliver its core priorities for 2020-23 being:

- Primary Care: sustainability and the further development of community services.
- Unscheduled Care: delivering a resilient and high performing system.
- Planned Care: meeting standards.
- Cancer Service: delivering the single cancer pathway and improved outcomes.
- Mental Health: continue to transform and improve our services focusing on home first models
- Achieving Financial Balance

We are aiming to deliver value and efficiency savings through the 2020/23 IMTP with a cash out CIP totalling 3.5% in year 1 followed by 2.5% in year 2 and 2.0% in year 3.

Our main focus is in the delivery of the 2020/21 financial savings plan. Delivering this plan will ease the financial challenge in years 2 and 3 of the IMTP.

External benchmarking and the Efficiency Framework coupled with internal assessment and validation has highlighted opportunities and priorities with a focus on;

- Inpatient length of stay;
- Outpatient productivity;
- Theatre efficiency;
- Variation;
- Workforce efficiencies;
- Estate opportunities;
- Medicines.

Through Welsh Government transformation funding, the Regional Partnership Board is supporting the acceleration of change; joining up services with a greater emphasis on prevention and focusing on care in the community. The transformation funding is supporting the following initiatives:

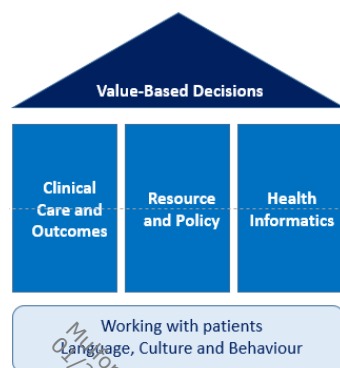
- The development of the optimal 'Cluster' by understanding and facilitating connections between people, groups and communities.
- The creation of a single entry point to independence and well-being services and stable and non-complex care services.
- Developing an effective GP triage service by providing support and diverting people to the most appropriate services across health and social care.
- Development of a single access point within the hospital for all community based services, to tailor support that meets the well-being needs of the individual, providing preventative interventions and supporting independent living.

- Creation of a service that support patients who are more impaired and require a more intense package of re-ablement and homecare support, receive assessment in the most appropriate setting and link all partners involved in their care.
- Increasing awareness and implementing a new way of working across health, social care, education and the third sector to increase resilience and awareness in children and young people through peer support, timely intervention and signposting.
- Development of a 'blueprint' for place based integrated community teams.

The Transformation Fund supports us in testing new models of care, built on the design principles outlined in A Healthier Wales. Delivery of a number of these high value opportunities will involve implementing new models of care and the redesign of existing care pathways to reduce the cost base whilst improving quality of service and patient value. Financial sustainability though resource reallocation will be paramount to our success.

### Value Based Healthcare

Our plan is based on delivering the best possible outcomes for our population within the resources available to us.



#CAVValueforWyn

We aim to develop an allocative efficiency framework to support in moving resources in our system to focus on what matters to Wyn. Focusing on improving outcomes is the best way to reduce our cost base. Conceptualising value in this way will provide a single uniting goal and a common language for finance staff and clinicians.

Costing is a key component of the value equation and measured over the cycle of care. As part of our data to knowledge programme we are enhancing our use of patient level costing and activity based costing and making outcome data more visible in our system.

### Financial Summary

A summary of the Financial Plan for 2020/21 – 2022/23 is shown in the following table.

	2020/21 Plan £m	2021/22 Plan £m	2022/23 Plan £m
Prior Year Plan	(4.0)	(4.0)	0.0
Adjustment for non recurrent items in previous year	(7.5)	0.0	0.0
b/f underlying deficit	(11.5)	(4.0)	0.0
Net allocation uplift (including LTA inflation)	34.3	33.4	33.4
Cost pressures	(48.8)	(44.4)	(44.4)
Investments	(3.0)	(5.5)	(5.5)
Recurrent cost improvement plans 3% in 2020/21	25.0	20.5	16.5
Non Recurrent cost improvement plans 0.5% in 2020/21	4.0	0.0	0.0
<b>Planned Surplus/(Deficit)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

This shows that our draft plan aims to deliver financial balance in each year over the three year period and to offset the brought forward underlying deficit.

Our ambition is to maintain our approved IMTP status. This financial plan sets out how we intend to support this aim. To do this we will need to generate and deliver sufficient efficiencies and curtail investments and cost pressure funding, especially in 2020/21. We will need to work closely with Welsh Government in securing support for this plan and in ongoing assurances on delivery.

### Financial Risks

We are facing a number of financial risks in the delivery of this Financial Plan. The key risks for are set out below:

- **Achievement of the efficiency plan target** – We will need to give this concerted attention in order to ensure delivery. Savings plans delivering 3.5% need to be in place as soon as possible. There will be clear lines of accountability in delivering identified high value opportunities over the 3 year IMTP cycle.
- **Management of Operational Pressures** – We will be expecting our budget holders to manage and recover any operational pressures within the totality of resources delegated to them. Similarly the containment of growth pressures in continuing healthcare, medicines and commissioning is also a financial risk that will need ongoing attention in order to contain costs within allocated resources.
- **RTT and Winter Plan** – Detailed delivery plans are currently being finalised which articulate resource requirements. This will be finalised in our final IMTP submission.

As highlighted in this section of the plan, there are a number of financial risks that could impact upon the successful delivery of this plan. We recognise this and are taking appropriate actions in order to ensure that risks are appropriately managed and that financial opportunities to support mitigation are fully explored.



## PERFORMANCE; ACHIEVING SUSTAINABILITY

### Planned and Unscheduled Care

As we set out in the introduction to this plan, we have made consistent and sustained improvement in the performance of our services over the past four years. In the course of this planning period our ambition is to continue this trajectory and achieve compliance across all of the main national targets. It is also a period when we need to accelerate the process of service transformation in order to achieve sustainable delivery, within the context of growing demand and our commitment to achieve financial balance.

Long-term demand trends suggest that maintaining our current performance against the existing measures (planned and unscheduled care) will require a further increase in activity in line with our growing population and demographic changes. Through our transformation work we believe there are opportunities to mitigate some of this demand through reducing variation and providing services closer to home.

In addition the introduction of new developments - e.g. FIT testing, single cancer pathway and new ophthalmology measures – will bring improvements in the care and experience for patients but are expected to require further step changes in activity. The UHB is fully engaged with the National Planned Care and Unscheduled Care programmes and has a range of initiatives to improve efficiency of services and transform models of care in line with our strategic direction.

In RTT and diagnostics the progress we have made this year and the past four years means we expect to deliver compliance against the 36-week RTT target and the 8 week diagnostic target. We are also improving our compliance against the 26-week target and have made significant progress in reducing our endoscopy surveillance backlog.

As part of the development of the 3-year IMTP the Health Board has developed two broad planning scenarios for RTT - **Maintain** and **Improve** performance. The extent to which we can deliver further reductions in waiting times is in part

dependent upon infrastructure and workforce constraints. Nonetheless our ambition is to deliver the higher activity levels required to continue the improvement trajectory towards compliance against both planned and unscheduled care targets. Further work is being done on detailed delivery plans which articulate the requirements necessary to deliver the improvements we aspire to achieve in order to secure compliance with national standards. The performance trajectories set out in Annex C describe our ambitions for the next three years and include the following:

IMTP profiles	2020-21	2021-22	2022-23
RTT>36 Weeks	0	0	0
Diagnostics> 8 Weeks	0	0	0
Therapies>14 weeks	0	0	0
RTT- 26 Weeks	90%	92%	95%
Cancer 62 Day	95%	95%	95%
Cancer 31 Day	98%	98%	98%
Cancer 62 days from point of suspicion	87%	90%	95%
Under 4 hour waits in the emergency department	90%	95%	95%
People waiting over 12 hours in the emergency department	0	0	0
Ambulance handovers over 1 hour	150	0	0
Direct admission to a stroke unit < 4hrs	65%	70%	75%
Assessment by a stroke consultant within 24hrs	95%	95%	95%
Stroke patients who receive a 6 month follow up	65%	75%	85%



## CAPITAL AND ESTATE

The development of our estate is linked to our clinical services strategy. You can see the connections of our major capital schemes to the development of our service models. We have developed a comprehensive estates strategy which is available [here](#). The estates strategy recognises the level of risk we carry as an organisation in our ageing estate in meeting statutory health and safety standards, we also recognise the need for development of our buildings to deliver the ambition set out in our strategy and this plan. The estates strategy sets the need to redevelop our key sites, and rationalise some of our facilities in line with our new services models and digitally enabled agile ways of working and service delivery.

There are a number of highlights to draw out which will be delivered in this plan period:

### University Hospital Wales (UHW) Masterplan

As highlighted in the Clinical Services Strategy section we are working through the clinical role of our estate. We will be developing a masterplan for UHW working closely with Cardiff University and in the context of the City Region Deal to ensure we are maximising opportunities for digital, diagnostic, genetic and economic innovation.

### Critical Medium Term Infrastructure Requirements

Replacement and Refurbishment	NHS Wales Specialist and Tertiary Service Developments
Main Theatres 1-10, UHW	Hybrid Theatre (Vascular), UHW
Orthopaedic Theatres 5 & 6, UHL	MTC Theatre, UHW
B4 Haematology, BMT Day Unit and Outpatients, UHW	Paediatric Single Point of Entry (MTC), UHW
	Polytrauma ward
	Critical Care Expansion, UHW
	Long-term Ventilation Unit, UHL

Multiple options have been considered over the past two years for the most appropriate and cost-effective solutions to addressing these fundamental service requirements. This has led to the development of three essential enabling schemes:

- **UHW – New Block:** A three storey extension of the UHW building, providing a best-fit and cost-effective solution for: main theatres, BMT, critical care and polytrauma ward.
- **UHL – Two Storey Modular Build:** Providing replacement of the two Orthopaedic theatres and some flexibility for further theatre capacity plus a replacement decant/winter ward following the commencement of the Rookwood scheme.
- **UHW – Major Trauma and Hybrid Theatre:** A specific development adjacent to the Short Stay Surgical Unit and in close proximity to the Emergency Unit and Radiology Department to meet the minimum requirements of establishing a South Wales Major Trauma Centre and a South East Wales Hub for Vascular Surgery.

### Replacement for UHW

The enabling schemes outlined above provide medium term solutions. We are therefore committed to developing a programme business case for the re-provision of UHW in 2020/21. The project will represent one of the biggest and most complex capital infrastructure programmes in Wales for decades. It is our ambition to re-provide UHW as a modern, environmentally sustainable, right sized acute facility delivering outstanding health outcomes to our local and wider regional population: fit for the middle of the 21<sup>st</sup> Century and beyond.

Shaping Our Future Wellbeing, sets out the overarching model of care required to improve health outcomes for the communities we service and the re-provision of UHW will be a key enabler to the transformation of how we deliver modern, specialist and complex care, as well as training the next generation of clinicians.

The re-provision provides the opportunity to develop a Health Science Quarter jointly with Cardiff University to provide state of the art training, teaching, translational research and clinical innovation facilities which will have a major impact on developing the life sciences sector in South Wales.

### **UHW Neonatal Unit**

The project will be completed in 2019-20 with the construction of the MRI facility. The scheme will provide space for two MRIs, which will be subject to a separate fit-out contract with the MRI supplier. The project will also provide undeveloped space for two more MRIs, which will be subject to a further business case. In addition, two floors will be provided as part of the completed scheme. This will provide for the relocation of cardiac measurement and office accommodation.

- **UHW Neonatal Unit Sustainability**

- Provided strategic energy metering of electrical and mechanical services with remote monitoring
- Building wide BMS environmental monitoring and temperature control
- Installed energy efficient LED luminaires with longer service lifetime throughout the project
- Reduced lighting energy usage with absence/presence detection control
- Mechanical plant has inverter motor control
- MRI installed 20.72 kWp PV array with estimated generation of 16,659 kWh and saving 10 tonnes CO2 annually
- Substantial future recycling potential from installed steel containment and steel/copper pipework systems

### **Re-provision of Specialist Neuro and Spinal Rehabilitation Services and Clinical Gerontology Services**

Construction will progress to refurbish and extend three templates at University Hospital Llandough to create ward, therapy and outpatient accommodation in order to facilitate the relocation of services from Rookwood Hospital.

The refurbishment of Cardiff Royal Infirmary Block 14 and 14A will be completed to provide a centralised facility for physiotherapy services to be co-located.

### **UHL Cystic Fibrosis**

Extension and refurbishment work has commenced to provide additional ward accommodation to meet service requirements this will be completed in 2021.

### **CRI Chapel**

Subject to the approval of a grant funding application and the business case by Welsh Government, refurbishment will be undertaken in the chapel to provide conference / meeting facilities, patient information and access to health awareness information as part of the development of the Health and Wellbeing Centre for the locality. The area will also include a cafe facility for the site and neighbourhood. As a result of the project being undertaken as a collaborative exercise, Cardiff City are relocating Roath Library to the refurbished area.

### **Shaping Our Future Wellbeing in the Community**

During the course of this plan we will open the first of our joint health and local authority Wellbeing Hubs at Maelfa and Penarth. We are also continuing to develop our Health and Wellbeing Centre for Cardiff South and East with the phased redevelopment of Cardiff Royal Infirmary.

### **DISCRETIONARY CAPITAL**

#### **Statutory Compliance**

An independent report of all areas of estate compliance was commissioned which identified 44 individual elements requiring annual inspection necessary to achieve compliance with the relevant statutory and mandatory obligations. The team has undertaken asset verification on the high risk areas and is continuing to undertake further verifications to identify all assets.

### **Ward Modernisation Programme**

A refurbishment programme has been developed to upgrade the wards to a high standard, dramatically improving the patient experience. Wards have been upgraded to include wet rooms with modern appliances throughout. The upgrades comply with the equality act where possible within the confines of the available footprint.

### **Lift Modernisation Programme**

We have an ageing stock of passenger lifts that while still serviceable are reaching a stage where major refurbishment or replacement will be required to maintain a service. Some lift components are now obsolete or on extended delivery. A refurbishment plan has been developed to upgrade the current passenger lifts.

### **ESTATES AND FACILITIES**

We are working through an Estate Strategy and Modernisation Programme. This has involved implementing a new maintenance IT software and systems to modernise planned maintenance and statutory compliance, using new technology to ensure a more proactive and planned service. In 2020-21 we'll be undertaking a full review of facilities function and developing a longer term strategic plan.

There are a number of important enabling functions within the organisation which are key to delivering our future service models. These are often forgotten but we recognise the need for our supporting teams to be part of the process of delivering our long term strategy. Some highlights in these areas include:

#### **Portering Review, UHW**

Roll out digital IT portering model in UHW following the successful trial at UHL. The software has dramatically improved response times at UHL, improving the patient experience. Improve accommodation to enhance service delivery and staff morale, this will also enable improved communication links to the helimed service.

### **COMMERCIAL SERVICES (GIVE MORE SPACE TO ESTATES HERE)**

#### **Central Food Production Unit (CFPU)**

The CFPU currently supplies all patient catering outlets across the health board with cook freeze main courses, desserts, special therapeutic diets and a range of meals to meet cultural needs. Significant success has been achieved this year in delivering the new CFPU production model which is due to be implemented in 2019-20 migrating from the historic 7-day production to a 4/5 day production model delivering significant operational and financial efficiencies. This is being made possible directly due to

1. All-Wales IT Catering Ordering System being implementation in UHL & UHW.
2. CFPU is a "cook to freeze" model; production levels can be managed in line with business needs and remove the need for weekend production at enhanced rates.

#### **Concourse Redevelopment**

The PFI contract for UHW Concourse with Gentian Management Services Ltd. ceased during 2018 and the concourse became our asset. Gentian were contracted to manage the facility for two year period while we undertook a review of its redevelopment and management. We now have an opportunity to use this commercial asset for the benefit of the population.

### **SUSTAINABILITY**

We are progressing with the Refit program which will result in large scale energy conservation measures being implemented at UHW, UHL, Barry hospital, Woodlands House and other areas as appropriate. The contractor has been appointed who will design, install and commission a range of projects which will result in energy and cost savings and a reduction in our carbon emissions. Such projects include:

- LED Lighting projects.

- High efficiency ventilation systems.
- Pipe work insulation program.
- Solar photovoltaic systems.
- New centralised Boiler House and Combined Heat and Power plant for UHL including steam/heating system efficiency improvements.
- Control system upgrades.

Where appropriate innovative solutions will be adopted and all savings are guaranteed by the contractor under the program.

The project is being completed in 2 key phases with the initial program commencing in 2019/20 focussing on schemes that can be readily implemented with attractive paybacks. The subsequent 2020/21 phase will concentrate on more complex projects requiring greater detailed design and longer timescales for implementation.

We are also investing in energy saving schemes which will complement the Refit program including greater control of heating, ventilation and cooling systems, shutting down of systems and equipment when not in use and water saving schemes including water less urinals where appropriate.

We are completing a Sustainable Travel plan encouraging where possible patients, staff and visitors to travel to UHB sites using alternatives means of transport. Electric charging points for electric vehicles will be considered and progressed.

We will be publishing our first biodiversity plan and report by the end of 2019 on the UHB website, under the requirements of section 6 of the Environment (Wales) Act, and embedding implementation and monitoring of the biodiversity plan into our committee and reporting structure. As part of this, we will be undertaking a biodiversity study/analysis for specific areas of the Health Board.

We will continue with our Environmental Management System including external ISO14001 Accreditation which blends together the key Environmental and Sustainability disciplines of the Health Board.

We are pleased to be a key member and play an active role in the Welsh Health Environmental Forum for the NHS in Wales.

This year a sustainability report will be completed highlighting our energy, environmental and sustainability performance throughout the year.

## Business Case Development of Capital Schemes

Project Name	Type of Business Case	2019												2020												2021											
		Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec			
Academic Avenue																																					
UHW – Academic Avenue, Theatres, Polytrauma, Haematology	SOC/OBC/FBC	SOC			SOC Scrutiny					OBC												OBC Scrutiny		FBC													
Major Trauma Centre																																					
UHW – Interim Polytrauma Ward A4																																					
UHW – Vascular/MTC Hybrid Theatres	OBC/FBC	OBC							FBC												FBC Scrutiny																
UHW – Interim MTC EU Solution 7th Adult Resuscitation Bay																																					
UHW – CT Scanner																																					
UHW – Interim MTC Expansion of Critical Care Equipment Only					Bid with WG																																
UHW – EU Expansion of Paeds Clinical area	BJC						BJC																														
Theatres																																					
UHL – Replacement of Theatres/New Ward	BJC	BJC programme revised re: change of preferred option																																			
UHW – Refurbishment of remaining main theatres	TBC																																				
Other Schemes																																					
Rookwood –Neuro/Spinal Rehab & Clinical Gerontology	In construction																									Including commissioning											
Cystic Fibrosis –Upgrading and Expansion	BJC	BJC			BJC Scrutiny																																
Mortuary - Upgrading	BJC	On Hold pending decision from the Coroner																																			
Sustainable Transport Hub	BJC	BJC																																			
Global Link – Future Use	Paper	Vacate by end of November																																			
Genomics • WG - Development of a PBC • UHB Development of a BJC	TBC																																				
Radiotherapy	BJC	BJC																																			
Shaping Our Future Wellbeing: In Our Community (SOFW)																																					
SOFW: IOC PBC	PBC	Endorsed																																			
Health & Wellbeing Centres (Tranche 1 Locality Level)																																					
CRI - Redevelopment Health & Wellbeing Centre	OBC	SCP appointments in Sept-19																																			
CRI – SARC Redevelopment	SOC/OBC/FBC	SOC	Awaiting SOC Approval						OBC													OBC Scrutiny		FBC													
CRI – Chapel Redevelopment	BJC	BJC																																			
Wellbeing Hubs (Tranche 1 Cluster Level)																																					
Ely – New Build Wellbeing Hub@Park View	OBC/FBC	SCP appointments in Sept-19																																			
Llanedeyrn – New Build Wellbeing Hub@Maelfa	OBC/FBC	OBC																																			
Penarth – New Build Wellbeing Hub@Penarth	OBC/FBC	OBC																																			
KEY: Business case Internal/external approval WG scrutiny Estimated Construction																																					

KEY:	Business case	Internal/external approval	WG scrutiny	Estimated Construction
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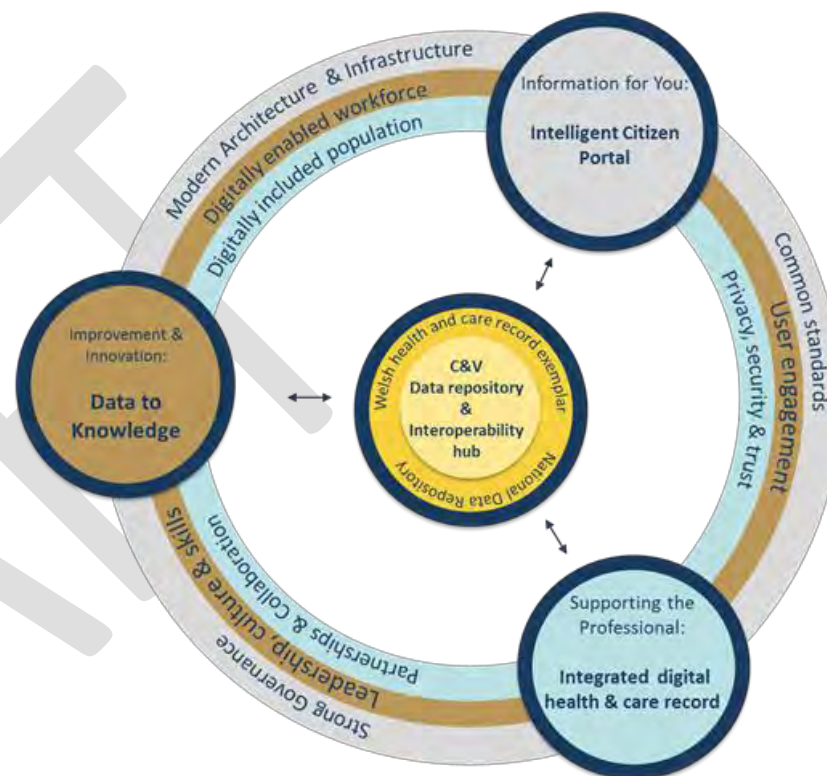
## DIGITAL AND DATA – Digital Strategy

Building on our previous work, as outlined in the informatics strategic outline plan, we are in the process of developing our Digital Strategy for the next 5 years, designed to enable “Shaping our Future Wellbeing strategy 2015-2025. The digital vision will support the patients/citizens, professional and system leads in achieving the broad objectives as outlined below:



### Our digital strategy focusses on:

**The patient / citizen** – providing easy login to reliable secure information and the individual's health record, supporting them to take greater responsibility for their own health and, where appropriate, to receive more services at or closer to home – through remote monitoring, videos, video calls and access to a range of health and social care via secure portal.



Patients/citizens will have greater control on who accesses their data; they will only need to enter information once, which will be re-used repeatedly. There will be more services in line with other businesses e.g. booking and changing appointments over the internet, receiving alerts, access to generic health and well-being advice.

**The clinician** – through a better digital patient record, with single sign-on to systems with single identity, there will be no need to enter information more than once, with the data re-used repeatedly. Clinicians will record structured data “on the go” and generate automatic summaries of clinical interactions. Access to real-time lab and imaging results will provide greater efficiencies and

better use of time, including patients' time. We are also investing in infrastructure and functionality to deliver secure sharing of data across all care settings via single-sign on (rather than having to sign into multiple systems). A new information platform will support access to real-time data for clinicians and patients.

### **System Improvement and Integration**

We plan to put in place the digital technologies and to share data required to enable and accelerate the ability for health and social care professionals to make joint decisions on the complete data and co-ordinated care. In doing so the strategy will focus on the delivery of functions and applications as well as the enabling agreements to support the data sharing that is necessary to make this happen.

We have established three enabling programmes: Digitally Included Population; Digitally Enabled Workforce; Modern Architecture & Infrastructure to support implementation and realisation of the benefits of this plan. We have designed our approach around the establishment of a federated national data repository and interoperability hub which we see as being the digital keystone for ensuring citizens. Carers, clinicians and system leaders have immediate access to the information they require, and ultimately in delivering local and national objectives.

Our digital strategy will contain a work programme that describes the key enablers which are being implemented to deliver our strategic objectives, through the SoFW strategy. These are summarised as follows:

- Availability of the citizen portal to share information with patients.
- Development of a Clinical Data Repository (CDR) and core interoperability Hub.
- Enabling virtual care and outpatient transformation.

- Real Time Clinical Data Availability to support service delivery and provide insights into demand and capacity
- Clinical Mobility and Cluster Working, utilising Microsoft 365
- Digitally enabled organisation – achieving full digitisation of records
- Upgrading our infrastructure to enable and support the digital services environment.
- Working in tandem with all other NHS organisations in Wales to deliver the digital architecture, adopting design principles, enhancing integration engines to provide open platform and move to a national managed network and storage infrastructure.

Through our programmes we want to put real-time data in a consistent format directly into the hands of frontline clinicians to support operational planning, decision making and data led clinical discussion. We want the transformation of our services to be driven by our data.



## Research & Development

We had our best R&D performance for over 5 years:

- 6,579 participated in trials in 2019/20,
- Record commercial income generation at £1.7m; despite an overall fall of HCRW funding of £2.2m over the same period,
- We were the highest recruiting centre in several national and international studies
- We were the highest Welsh recruiter into Paediatric and cancer studies
- Our work was published in innumerable prestigious publication in high impact journals.

Yet we know we can and must do better. We have undergone a radical revision in the way we envisage R&D, considering how to embrace the opportunities it brings along with Innovation and Improvement (I&I). This enables us to enhance the well-being and outcomes for patients across Wales.

Through the strategic alignment of common goals we are putting R, I&I at the forefront of impacting the patient care pathway and actively disseminating this cultural change to all staff within the organisation.

To achieve this vision we have fully adopted the WG R&D Finance Policy and initiated monthly meetings between the Directors of R, I&I to ensure consistency of vision, shared learning and actively performance manage progress against core objectives. We have set up a Research Delivery Management Board (RDMB) with representation from all Clinical Boards (CBs), the R&D Office, Performance and Delivery teams, the Clinical Research Facility (CRF) and Finance and appointed a training manager. Chaired by the R&D Director in its first 6 months it has already written a new Health Board strategy and accompanying implementation plan resulting in the appointment of 15 new additional R&D delivery staff.

The R&D monies are now ring fenced within a specific Clinical Directorate (CD) R&D cost code under the control of each CD R&D Lead and the R&D Director. Each Clinical Board R&D Lead is having monthly meetings with their CD R&D

Leads to ensure compliance with the strategic aims, to monitor performance in terms of study set up and recruitment and to disseminate the overall vision we are determined to establish that R&D and Leadership is at the core of who we are and what we do. All this underpinned by an expectation of the highest possible performance - which is personally led by the Medical Director at 6 monthly face to face meetings with all CBs- and value based principles.

We fully understand its leadership roles within Welsh Healthcare and have played a pivotal role in the successful bid for the Innovate UK Advanced Therapy Treatment Centre (ATTC) becoming one of only 6 CAR T accredited centres in the UK. We have worked closely with all partners and were the first to open an ATTC study (Rexgenero). The centre also opened the first non ATTC Gene Therapy Medicinal Product (GTMP) study in Wales and recruited two patients. The Health Board already been chosen as sites for 4 further GTMP studies which are in set up.

Key programmes and actions to support delivery of Research and Development include		
ACTION	OUTCOME	MEASURE
R&D OFFICE		
Joint Research Office with Cardiff University (CU). Approval given by both Health Board and CU Executive Boards to implement in 2020	Joint Implementation Board in place but progress slower than anticipated due to CU needing to complete another piece of work ("Transforming Cardiff").	Meet WG metric on study set up times and increase research activity across Health Board and CU (both numbers of studies and recruitment to them) Q3 2020
Work with HCRW in the "One Wales" project	Several members of R&D Office staff assisting WG with this initiative.	Improve outward facing image of Welsh R&D to the commercial sector and increase commercial

Key programmes and actions to support delivery of Research and Development include		
ACTION	OUTCOME	MEASURE
		trial numbers and participants. Ongoing
Appoint Deputy R&D Manager	Streamline R&D Office staff functions. Release resources to speed up approvals.	Improved study set up time. Q1 2020
Review amendment approval system	Work with HCRW in centralising amendment approval process and streamline activities and improved efficiencies	Improved study set up metrics leading to an increase in the number of studies being undertaken and recruitment. Ongoing
<b>Research Delivery Management Board</b>		
Progress present new set up of directorate R&D accounts to include not only HCRW provided monies but also commercial and grant income.	Greater ability to flexibly manage income and expenditure, leading to improved directorate level management of research funding	Increase R&D output due to ability greater monetary/resource awareness Q2
Review nursing and non nursing research job descriptions to provide band 5-7 posts	Through clear career progression attract and retain more research orientated staff	Undertake project to review skill mix in research delivery to maximise ability to support studies most cost effectively whilst ensuring patient safety Q2

Key programmes and actions to support delivery of Research and Development include		
ACTION	OUTCOME	MEASURE
Identify funding and Set Up Research Nursing Bank	Increase ability to cover research nurse maternity, sickness and study leave. Improve ability to support specialist nurses to be able to undertake research by working on the bank	Improved set up and participant recruitment by "smoothing out" staff shortages Q1
Encourage/support non – medical PI's	Identify funding/support structures to assist AHP's in being PI's. Appoint a professional development lead within R and D for the UHB.	Increased number of studies with non-medical PIs. Ongoing
Working constructively with all Clinical Boards/Directorates, I&I, Human Resources and CVUHB's Organisational Development Unit to spread the culture of R, I&I being a core function of everyone's daily practice.	Provision of resources (education, monies, advice, delivery staff etc) to assist culture change	Enhance patient outcomes in all aspects of care. Ongoing
Support Investigator led CTIMP studies by funding CTU activities	Continue to work with HCRW to find a way for a CTU to support investigator led non commercial pilot/feasibility studies. Consider funding/setting up CVUHB's own CTU via CEDAR.	Increased number of investigator led CTIMP studies and application to higher national funding bodies. Q1/2

Key programmes and actions to support delivery of Research and Development include		
ACTION	OUTCOME	MEASURE
Establish performance management teams within each Clinical Boards.	Further engagement between RDMB and Clinical Boards to regularly explore R&D performance in terms of study delivery, recruitment etc. Comply with WG metrics for study recruitment to time and participant target. Better education of PI's as to importance of complying with WG metrics through face to face meetings and three monthly performance	Improved performance management of studies at Clinical Board level with improvement in study recruitment to time and target, and a reduction in non-recruiting studies. Produce 6 monthly performance reports. Q1
Continue to streamline processes for setting up and delivering recruitment to commercial studies eg provide additional resources to support services such as Pharmacy, Radiology	Gain a reputation, UK and worldwide, as a centre of excellence for the placement of commercial studies, enhancing the opportunities for Clinical Boards to maximise opportunities for patients to participate in high quality studies as well as generating UK wide R&D Capacity and Capability process	Increase commercial income and re-invest in new research capacity/capability Q1
Continue to expand our commercial activities via direct meeting with global pharmaceutical companies	Gain a reputation, UK and worldwide, as a centre of excellence for the placement of commercial studies, enhancing the opportunities for Clinical Boards to maximise opportunities for patients to participate in high quality studies as well as generating additional revenue	Meeting WG performance target of increasing number of and recruitment to commercial studies by 5% per annum Ongoing

Key programmes and actions to support delivery of Research and Development include		
ACTION	OUTCOME	MEASURE
Focus support across research groups which are potential growth areas; cardiology, critical care, paediatrics, obs and gynae, surgery, mental health, diabetes	Capacity and Capability building to strengthen research teams for the future. Fund targeted consultant sessions.	Increase in number of studies/quality of studies being undertaken in these growth areas Ongoing
Clinically lead the new Innovate UK Advanced Therapy Treatment Centre in Wales and increase other GTMP studies	Increased collaboration between PI's at CVUHB and commercial and non-commercial GTMP and Cellular therapy studies/initiatives	Increase research and patient access to very novel therapies across Wales Ongoing
Assist other Welsh Units to develop their GTMP studies	Invite other UHBs to join CVUHB GMSC and provide CVUHB paperwork/skills to assist other UHBs with their GMSC set up.	Increased number of units (and hence patient participation) in Wales undertaking GMTP studies. Ongoing
CLINICAL RESEARCH FACILITY		
Continue to undertake complex non commercial studies in the CRF including GTMP studies	Maintain status as a national research hospital for studies which cannot be undertaken elsewhere in Wales	Increase in number of complex non commercial portfolio studies in the CRF which are able to be supported. This is dependent on the number offered by external study sponsors and

Key programmes and actions to support delivery of Research and Development include		
ACTION	OUTCOME	MEASURE
		availability of Principal Investigators Improving set up time for commercial studies, as well as recruitment to time and target. Ongoing
Further develop the physical build capacity of the CRF	Safe and appropriate environment for a larger number of studies to take place in the CRF.	Clinical Research Facility is normal volunteer, cancer and non-cancer patient appropriate Ongoing
Further increase use of Endoscopy suite on CRF	Encourage new researchers to use this facility	Increase number of endoscopy studies Ongoing
Continue to support the development of a Paediatric CRF with expertise and advice and resources	Appropriate research setting for the placement of paediatric clinical trials requiring a CRF type set up.	Increase in number of paediatric research staff and studies Ongoing

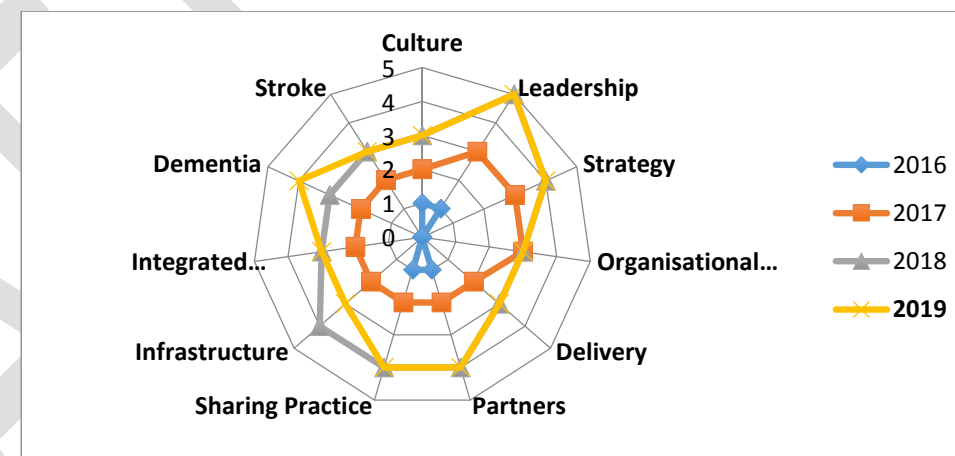
## Innovation

This year has seen a consolidation of the capability and performance of the health board's clinical innovation team, which continues to align with the Cardiff Clinical Innovation Partnership Strategy, Shaping Our Future Wellbeing, A Healthier Wales and the Innovation Wales Strategy.

The Clinical Innovation Partnership Strategy focuses on:

- The Big Health & Service Challenges: Dementia, Integrated Diagnostics (Precision Medicine), Stroke, Operating Theatres
- Innovation Enablers: Partnership, Process – Acceleration, Infrastructure, Resources, Culture

The spider graph below shows the year-on-year progress against the partnership strategy:



## Innovation Delivery against Strategy

**Partnership:** The continued support and commitment from the College of Biomedical and Life Science, Cardiff University and the Clinical Innovation Hub has been critical to the success of the joint strategy.

We also continue to partner with multi-national organisations including MSD, GE, Renishaw, Medtronic, Siemens, Creo Medical and Invacare. There are also local SME partners working closely with the team. The health board has also retained a close relationship with MediWales and the Life Science Hub (LSH), with our Chief Executive continuing to be a board advisor.

The relationships with local universities and the business community have continued to grow through joint projects. This is demonstrated by joint post-

grads (additional KESS2 project, Madeline Dementia Project and a Maths Post Grad - on top of the 2 existing KESS2 masters students through SEWAHSP). The 5th Cohort/2019 of the Bevan exemplar has again submitted over 20 applications, of which 12 were successful.

**Process:** At the heart of the Clinical Innovation Partnership is the Innovation Multidisciplinary Team (iMDT). It meets at the Medicentre every month to accelerate the best innovations from academia, NHS, Industry or third sector. This includes the protection of IP, signposting expertise and funding opportunities, evaluation, tracking and the delivery to commercialisation.

The iMDT is supported by a group of volunteer experts and partners who cover most aspects of the innovation journey. This includes, the Engineering Department, Business School, School of Medicine, and RIS from Cardiff University; clinical entrepreneurs, an expert in medical devices, WIMAT, Cedar, Welsh Government and a commercial IP attorney. Importantly, if a gap in expertise is identified, this group can call on an unprecedented network of innovation talent. The iMDT has now supported over 90 projects and been exported to the Mayo Clinic.

**Infrastructure:** The health board has an established infrastructure with Exec, clinical and business management leadership. The Cardiff Medicentre is also the established front door for ideas and the home of the Cardiff Clinical innovation Partnership. It is a space to support the development of innovation, from ideas through to spinout companies. Its reputation has grown, for example, four start-ups being attracted this year and the occupancy of the Centre is now at 100% with a growing list of prospective tenants.

**Resource:** The Partnership has submitted over £45m of bids over the last three years (EU, ETTF, SBRI, Innovate UK, UKI ISCF, UKI SIPP, Bevan and Charities). The successful WEFO Accelerate Programme has enabled the Clinical Innovation Hub in Cardiff University (CU) to recruit 10 more experienced staff to the partnership. The first Accelerate project in the Integrated Diagnostic Theme has begun in the UHB, partnering with CU and Siemens. This funding will make a significant

impact on the health board's ability to develop the best commercial ideas. However, even with the great support from partners, the demand on the health board's innovation team has now grown beyond their capacity.

**Culture:** One of the health board's strategic objectives is to create a culture where innovation thrives. Innovation has now taken hold across all clinical boards from primary care to state-of-the-art neuro-surgery.

ACTION	OUTCOME	MEASURE
Dementia.	Whole system community led dementia innovation test bed developed (Madeline Project)	Madeline's Project Accelerated with successful funding award – linked to the Dementia Action Plan. - £3m ISCF EOI – AI, Radiology, Dementia - 2019-21
Integrated Diagnostics	Cardiff recognised as a centre of excellence for integrated diagnostics and precision medicine	- UKI SIP EOI, c£40m bid with CU, CaV, LSH, Creo Medical, Renishaw, Cardiff City Region deal - 2019-21. - ISCF EOI – Diabetes and POCT – 2019-21
Stroke	Develop comprehensive research and innovation test-bed.	Supported by SHW at Cardiff Met - Develop an innovative whole system VBHC Stroke Service & Model by 2021.
Theatre Project	Develop an innovation operating theatre test bed.	Team developed inc. Medtronic as industry partner • 2 x Projects scoped and delivery by 2021.



## Strategy Deployment; Our Approach to Change

A Healthier Wales challenges us to accelerate the delivery of our strategy. To enable this to happen we have developed a whole organisational approach to cultural change, under the banner of 'Amplify 2025'. We have taken the approach used by our learning partner, Canterbury District Health Board and developed the Cardiff and Vale way to engage our staff to develop our healthcare system for the future.

We recognise that to achieve transformation in complex organisations you have to create the conditions for individuals, teams and networks to change and for approaches to be 'infectious' and spread. Amplify 2025 is focused on enabling change to happen in the organisation, driving both system level change and supporting continuous improvement in the organisation, for the benefit of our patients. Value based healthcare is fundamental to our approach. Our programme is about understanding the impact of our interventions on our system, using data to drive allocative efficiency and working in partnership through alliances to focus on value to the individual. As we work through the programme we are using operational issues to trial and develop our enabling approaches which is also testing our ability to spread success across the organisation and beyond. A Healthier Wales calls for Intensive Academies to support transformation: We are now implementing the Spread and Scale Academy approach to ensure good practice can be shared with internally and with our partner organisations. This is building capability through experiential learning and partnering with global experts, initially utilising Cardiff and Vale UHB as an 'incubator', for spread and scale. However it is seen as a resource across Wales.

## Transformation Programme- 'Making better systems'

Our transformation programme is focused on putting in place the enablers for change in the organisation:

- Establishing a pathways approach and methodology, growing the HealthPathways system (driving out variation and waste in clinical practice). We are collaborating with other healthcare systems across the UK to further

accelerate this programme by adopting and adapting existing pathways from our partners. – we aim to roll out 100 new pathways a year

- Secure a refreshed programme for accessible information for clinical staff (including the necessary platform) to drive improvement. (see Digital chapter)
- Creating a digitally enabled organisation and workforce (including a focus on digital dictation and electronic communication between staff and a patient portal) (see digital chapter)
- Embedding an alliance approach to service development which integrates with partner organisations. The falls alliance is up and running and proving to be a popular and successful process to bring about whole system change.
- The 'Cardiff and Vale approach' to management and leadership (including the learning partnership alliance with Canterbury) is now being delivered under the '8' programme, starting with Aceller8, as part of the move to accelerate towards our 2025 vision. (Further detail in Workforce Plan)
- Delivering the 'Me, My home, My Community' programme.
- Embed our vision (SoFW), values and behaviours.

*We have continue to monitor the impact of our interventions focusing on:*

- Outpatients (demand, new to follow up, shift to community, cost pre-referral).
- Length of Stay (RAMI, average length of stay, planned to unscheduled ratio).
- Theatre Utilisation (CEPOD compliance, productivity, cancellations).
- Waste and Variation (agreed pathways in place).

We are aiming to reduce DNA by 5% in 2020/21

## Improvement & Implementation - 'Make it better'

The newly formed Improvement & Implementation team aims:

- Facilitate change for improvement, working alongside the frontline teams and focus on whole pathway projects.
- Translating performance information to support efficient service delivery- utilising our new live data system 'signals from noise'.
- Building the organisation's effectiveness by providing guidance, support and training in quality improvement skills.
- Growing pioneers in effective innovation, continually learning and translating great ideas from other sectors.

## GOOD GOVERNANCE

Core to our delivery is ensuring that appropriate and proportionate governance is in place across the organisation. In order to achieve this, the following objectives have been agreed to deliver good governance at Cardiff and Vale University Health Board.

- 1: Ensure the work of the board is focused upon strategy and delivery of objectives and gains appropriate assurance on delivery of corporate objectives from the committees of the board and executive directors.
- 2: Ensure that the committees of the board are providing assurance to the board on their duties and areas of responsibility.
- 3: Ensure there is an appropriate risk and assurance framework in place.
- 4: Ensure that the systems and processes operating at Cardiff and Vale UHB are operating efficiently and effectively.
- 5: Ensure end of year arrangements and the development of the annual report and annual governance are dealt with in a timely manner and in line with Welsh Government requirements.
- 6: Ensure that corporate governance resources are managed efficiently and effectively.

Progress has been made on objective 3, with the development of a Board Assurance Framework for Cardiff and Vale University Health Board. This received board approval in November 2018.

The [Board Assurance Framework](#) provides a structure and process that enables the organisation to focus on those risks that might compromise achieving its most important objectives. It provides the framework to map out the key controls to managing or mitigating those risks and to confirm the assurance about the effectiveness of those controls. The benefits of a working Board Assurance Framework are:

- A simple and comprehensive method for managing risks to achievement of objectives.
- It provides evidence to support the annual governance statement.
- It helps to simplify board reporting and prioritisation which allows more effective performance management.

- It provides assurances about where risks are being managed effectively and objectives delivered.
- It allows the board to determine where to make efficient use of resources.
- It allows the identification of priorities for the board to provide confidence that the organisation is able to understand its capacity to deliver.

The Board Assurance Framework has been developed by the Director of Corporate Governance and Executive Directors after discussion at Management Executive team meetings, where the following risks were agreed as the main risks to the achievement of Cardiff and Vale UHB's Objectives:

1. Workforce.
2. Financial Sustainability.
3. Sustainable Primary and Community Care.
4. Safety and Regulatory Compliance.
5. Sustainable Culture Change.
6. Capital Assets (including Estates, IT and Medical Equipment).

The risks associated with a no deal Brexit have been added to the risks being planned for in the light of current uncertainty, which could continue into 2019/20.

In addition to this, development work has been taking place over the last 12 months with clinical boards to develop and progress their risk registers to ensure consistency in the way risks are described, that controls are in place and assurance on those controls evidenced. This work should be completed within the next six months at which point the highest risks (corporately and from the clinical boards) will also be reported to the board. This will replace the Corporate Risk and Assurance Framework (CRAF). This will enable the board not only to see the principle risks to the achievement of strategic objectives but also to have oversight of key operational risks.

Corporate governance and assurance arrangements are reviewed annually by the Wales Audit Office in their Annual Structured Assessment. The recommendations which have been made this year in relation to corporate governance will be implemented during the next 12 months. In addition to this, any Internal Audits in relation to corporate governance will have all their recommendations implemented in a timely manner.



KEY ACTIONS 2019-22

Bringing the Plan Together

The next section of the plan sets out the core actions we will take over the next three years against our core priorities:

- 1. Primary Care: sustainability and the further development of community services.
- 2. Unscheduled Care: delivering a resilient and high performing system.
- 3. Planned Care: meeting standards.
- 4. Cancer Service: delivering the single cancer pathway and improved outcomes.
- 5. Achieving Financial Balance (Embedded throughout).

Our approach to delivering financial sustainability is set out in the finance chapter above. This sections does not contain all actions but focuses on the core priority areas that will support the achievement of Shaping Our Future Wellbeing. Further detail on wider health board activity will be published alongside this document in supporting plans and we are happy to share further plans and details as necessary to support peoples understanding our approach to delivery over the next three years.

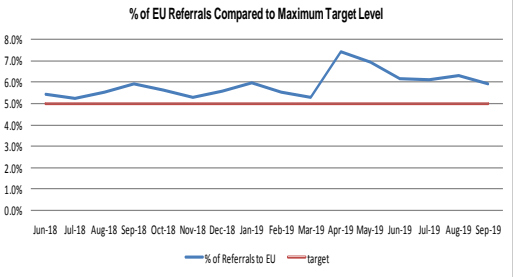

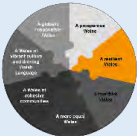




As an integrated plan, we recognise the interdependencies of our actions. Although we have separated our actions into priority areas, we know there is impact across the organisation; the development of primary care services impacts on our planned and unscheduled systems. We are mapping through our activity to understand the core elements needed to turn our plan from rhetoric to action and understand the key enablers and core links we need to succeed.

Key


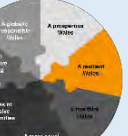
	Next step of 2019/20 action
	New in 2020/21
	New to corporate plan in 2020/21 Previously at clinical board level


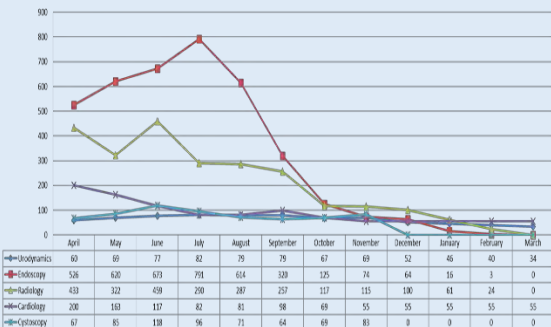

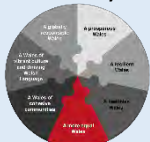
## SECTION FOUR: CORE ACTIONS

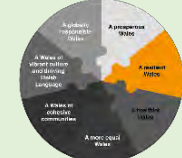
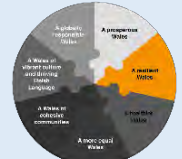
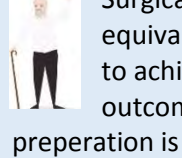
ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
<b>PRIMARY CARE</b>				
<p><b>Support the resilience of General Medical Services through the implementation of GMS contract changes for 20/21 and delivery of Cluster IMTP priorities.</b></p> <p>This will mean in 20/21:</p> <ul style="list-style-type: none"> <li>All GP practices are supported to deliver against contract requirements including quality improvements and implementation of Access Standards</li> <li>Establish a method for identifying vulnerable practices through use of a sustainability matrix and RAG rating tool to ensure timely provision of support</li> <li>Continue to work on initiatives to maximise recruitment and retention of practice based staff</li> <li>Continue to strengthen the infrastructure and capacity of Cluster to deliver on Cluster Priorities</li> <li>Evaluate the impact of the new ways of working introduced in 2019/20 to ascertain the benefit in managing Primary Care demand</li> <li>Continue to maximise the role of other Independent Contractors and Community Assets in meeting the needs of the population</li> <li>Continue to focus on meeting the needs of those identified as most in need and empowering citizens to maintain their own health and wellbeing in the community</li> </ul> <p><b>Lead Board:</b> PCIC</p>	<p>GMS Contract and associated funding will be a key enabler, as will peer support and Leadership from the QI Lead. The Primary Care Team and Locality Teams will require additional training to provide QI support.</p> <p>Current staffing infrastructure at Locality and Cluster level has been identified as a significant factor that will impact on progressing the maturity of the clusters and their plans.</p> <p>Development of Cluster Leads and supporting the organisational developments requirements of Cluster evolution/transformation projects will remain a key priority</p> <p>There continues to be a need to develop new roles to support new ways of working a Cluster Level</p> <p>GMS , Transformation, Cluster Funding and Pacesetter Funding will be used to progress developments in year.</p> <p>Key Partners: GP practices; Clusters; HEIW; Transformation Team and Communication Team</p>	<p>As monitored through the sustainability matrix:</p> <ul style="list-style-type: none"> <li>Number of Contract terminations</li> <li>No directly managed Practices</li> <li>An increase in the number of practice mergers as an alternative to contract termination</li> <li>Reduction in GP and Practice Nurse vacancies across Practices</li> <li>Demonstrable enhancement of knowledge and skills amongst Cluster Leads through engagement in Education and Training Programme</li> <li>Demonstrable increase in capacity and support provided to Cluster to aid their delivery of IMTP priorities</li> <li>Development of Training Academy</li> <li>Demonstrable progress toward/delivery of Cluster IMTP Priorities</li> </ul>	<p><b>Emergency Admissions, 65+, per 1000 popn</b></p> <p>2015 2016 2017 2018</p>	<p>Wyn feels more empowered to live a healthy and fulfilling . He is fully informed of all the support and information he can access directly. He knows that if he does require care via his GP Practice, he will be able to access the right care, at the right time by the right professional. He knows that services provided in his local area are arranged and coordinated by people who are aware of the needs of his community.</p> <p>System Impact: More activity at community level; reduced pressure of GP Practices; More care and support delivered at Cluster level; reduced demand on Secondary Care</p>
<p><b>Progress the Delivery of the Community Component of Shaping Our Future Wellbeing, in the context of current Primary Care Estate and Local Development Plan</b></p> <p><b>This will mean in 20/21:</b></p> <ul style="list-style-type: none"> <li>Progression of the Primary and Community Estates Plan</li> <li>Continued engagement with GP Practices, Clusters and Community Based Services to assess and plan for infrastructure requirements</li> <li>Progress revenue schemes for Pentrych and Whitchurch Road Primary Care developments</li> <li>Progress planning to support the development of Maelfa, Penarth and Parkview Community Wellbeing Hubs and Health and Wellbeing Centre developments in Barry, Cardiff Royal Infirmary and the North and West Locality</li> </ul> <p><b>Lead Board:</b> PCIC</p>	<p>Major Capital Funding is a key risk the progression and delivery of these schemes as is the infrastructure at Locality Business Unit level to ensure robust engagement, planning and management of developments planned over the next 3 years and beyond.</p> <p>Key Partners : GP practices; Clusters; Locality Management Teams; Capital Planning; Local Authority; NWSSP; Patients; CHC; Welsh Government; Primary Care Team</p>	<ul style="list-style-type: none"> <li>Actions within Primary Community Care Estates Plan progressed</li> <li>Mapping of growth against practice and cluster capacity</li> <li>Monitoring of Cluster plans/IMTPs</li> <li>Progress of developments against timescales for completion</li> <li>Minimisation of identified risks</li> <li>Primary care contribution to planning process to facilitate practices relocating to these schemes</li> <li>Number of improvement Grants funded to improve practice premises</li> <li>Appropriate use of off-site medical records storage facilities</li> </ul>	<p>Sufficient GMS capacity to respond to LDP growth</p> <p>Primary care premises that are fit for purpose for future healthcare delivery</p>	<p>Wyn will have access to high quality premises which are fit for purpose. Wy will experience improved access to general medical services and have an improved patient experience. GMS services will be supported to be sustainable.</p>




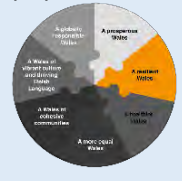

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
<p><b>Transforming Urgent Primary Care (Out of Hours) to deliver a New Primary Care Model</b></p> <p><b>This will mean in 20/21:</b></p> <ul style="list-style-type: none"> <li>The introduction of new , hybrid and dual roles into the service and brining in additional skills- mental health practitioners; pharmacists and health care support workers</li> <li>Review and embed workforce training and development opportunities, including creation of workforce plans and educational competencies</li> <li>Develop OOhrs Dental Model as a 24/7 model and pilot within Cwm Taf UHB and Aneurin Bevan UHB</li> <li>Work with Dental Contact Managers to ensure suitable day time provision of Service</li> <li>In conjunction with other Clinical Boards, explore options to develop and Urgent Primary Care 24/7 model</li> </ul> <p><b>Lead Board:</b> PCIC</p>	<p>There will be work required to develop new role profiles/job descriptions, along with the relevant training programmes to ensure that the right calibre of staff are recruited.</p> <p>Winter funding has been secured for an urgent primary care model, further development and evaluation will be required</p> <p>Key Partners: GP Practices, Emergency Unit; Medicine and Surgery Clinical</p>	<ul style="list-style-type: none"> <li>Demonstrable progress against Dental Model Project Plan milestones</li> <li>Scoping and development of option appraisal for provision of Urgent Primary Care 24/7 model</li> </ul>		 <p>When Wyn is unwell , he will have the opportunity to be assessed in a community based facility and as alternative to have to go to hospital. Here he will receive timely, high quality care via a range of practioners.</p> 
<p><b>Dermatology and Rheumatology integration into primary care</b></p> <p><b>This will involve in 2020/21:</b></p> <ul style="list-style-type: none"> <li>Setting up minor surgery within GP Practices</li> <li>Upskilling / running training sessions with GPs regarding management of dermatological and rheumatological disease management</li> <li>Set up a community outreach service within Rheumatology</li> <li>Increase Health Pathways across the Specialised Medicine Directorate, to improve knowledge and referral quality</li> </ul> <p><b>Lead Board:</b> Medicine</p>	<p>Delivery within clinical board budget</p>	<ul style="list-style-type: none"> <li>Continue reduction in DNA rate to achieve &lt;8% of all Out Patient Appointments</li> <li>Improve benchmarking data to help to drive down clinical variation</li> <li>Reduction in first outpatient waiting time to &lt;30 weeks</li> </ul>	<p>We will introduce Patient Knows Best to enable the capture of Patient Report Outcomes- this will enable a value based assessment of the service to be made</p>	 <p>Wyn requires a mole removed, currently his practice do not offer this service therefore Wyn is required to access the service at UHW, this requires him to take two buses or rely on family for a lift. With the development of the community service will be able to have the mole removed in his local practice.</p> 
<p><b>Implementation of the Rehabilitation Strategy Rehabilitation Model</b></p>  <p>The focus of the rehabilitation model is to help keep people well.</p> <p>The model is constructed from 5 tiers, and developed with significant input from service users. It should be</p>	<ul style="list-style-type: none"> <li>Work toward a multi-agency Workforce model</li> <li>Development of robust partnership arrangements with leisure centres, community services , third sector in order to support services to be delivered closer to peoples homes in their communities.</li> <li>Financial support to develop technology to support patients to self manage and empower them to take responsibility for their health.</li> <li>All rehabilitation professionals Level 2 MECC trained and be trained in supporting patients to Self management ('Bridges' Training)</li> </ul>	<p>Baseline Measures and indicators to be established as programme develops with the aim to have agreed standardised PROMs and PREMs across all rehabilitation services within the Cardiff and Vale.</p> <p>All rehabilitation professionals will be confident to support people to manage their own condition and to triage patients to the most appropriate 'Tier' of rehabilitation.</p>	<p>Reduction in Length of stay in specialist and specialised rehabilitation services .</p> <p>Reduction in new to follow-up appointments in specialist outpatient rehabilitation services.</p> <p>Timely access to outpatient rehabilitation service when needed due to reduction RTT.</p>	 <p>Wyn is able to access Level 1 and 2 (Tier 2) rehabilitation for his chronic condition in his local leisure centre or community centre and does not have to attend hospital appointments for this. He receives support from this service to self-manage his condition and general wellbeing by having wider opportunities to remain active and participate socially in his community.</p> <p>This reduces pressure on specialised services, so that if Wyn does need access to higher level services to manage his condition (e.g. if his condition progresses) he can receive this quickly and</p>



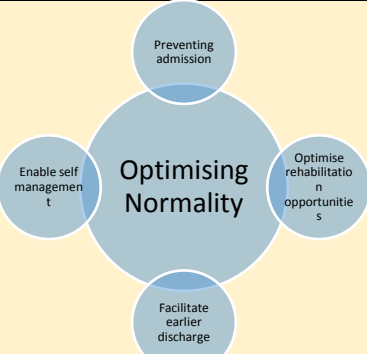




ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
viewed as a whole, as Wyn and his family may have a need for more than one of the tiers of rehabilitation. Wyn may require support from one or several different professions, depending on his needs. The aim is to have rehabilitation tailored to Wyn at the right tier, with the aim of the model to receive the lowest tier of rehabilitation appropriate. Lower tiers indicate increased independence, with the aim to enable Wyn and his family to self-manage where possible, taking an active part in their community.				in the case of physiotherapy is able to self-refer. Without the development of living well programme for chronic conditions, Wyn will remain in specialised hospitalised inpatient, outpatient or domiciliary services and not receive the graded support to successfully manage his own condition. The service will continue to be developed through co-production with users to ensure the needs of the population are met.
<p><b>Establish Mental Health Single Point of Entry (SPOE), involving multidisciplinary input into regular meetings where every referral will be discussed and appropriately signposted</b></p> <p>This will involve in 2020-21:</p> <ul style="list-style-type: none"> <li>Setting up a Steering Group to redesign the current 4pm meeting into a MDT SPOE meeting</li> <li>Staff Consultation</li> <li>Determine frequency of meetings</li> <li>Develop PARIS report to capture all referrals</li> <li>Develop Admin system to capture actions required</li> <li>Begin SPOE meetings</li> </ul> <p>2021-2023:</p> <ul style="list-style-type: none"> <li>To continue to review SPOE meetings for efficiency and effectiveness, including attendance, actions and outcomes</li> </ul> <p><b>Lead Board:</b> Mental Health</p>	<p>Delivered within Mental Health Clinical Board budget</p> <p>MDT attendance will require medical, admin, psychology and therapies attendance.</p> <p>Time saved by discussing referrals in one place</p> <p>Effective signposting and consideration of caseloads of each team.</p> <p>Improved integration of community teams and inpatient service</p> <p>One recording mechanism (PARIS), which will avoid duplication and loss of information, recoding all referrals in one place until a single IT system is in place in MHSOP community</p>	<ul style="list-style-type: none"> <li>Patients seen by right person, first time</li> <li>Efficient patient flow</li> <li>Supports reduced ALOS and DTOC</li> <li>Effective team working to avoid unnecessary inpatient admission</li> <li>Effective recording of referrals and referral data</li> <li>Improved communication and clarity around referrals into MHSOP service from non-MHSOP teams and clinicians</li> <li>Workload / caseload reviews</li> </ul>	<ul style="list-style-type: none"> <li>Patient and carer satisfaction</li> <li>Improved communication</li> <li>Supports care planning</li> <li>Improved quality of referral information</li> <li>Reduced duplicated referrals</li> <li>Improved patient flow</li> <li>Inpatient admission avoidance</li> </ul>	<p>Wyn will be seen by the right person, first time. Currently Wyn has to tell his story multiple times to different teams as the correct service is identified to meet his need. The MDT approach and integrated of community and inpatient teams will mean faster decision making with Wyn to get Wyn into the right service to meet his need.</p> 
<p><b>Ensure that systems and processes are put in place in community child health to respond to Additional Learning Needs (ALN) Act</b> and measure performance against the statutory timescales so that the UHB is able to comply with the legislation</p> <ul style="list-style-type: none"> <li>Confirmation of an early years multidisciplinary process which will lead to the development of a Health Individual Development Plan (IDP) which can feed into multiagency arrangements</li> <li>Develop a PARIS module which will capture the IDP and measure performance against statutory timescales</li> <li>Develop a business case to support the growth of children with complex needs requiring support in school and growth in special school places to ensure that the UHB complies with its legal requirements under the Act</li> </ul>	<ul style="list-style-type: none"> <li>Appointment of a Designated Education Clinical Lead Officer (DECLO) who will work with key professionals to ensure that systems are in place</li> <li>Work through the Regional Partnership Board to identify funding requirements for additional staffing required to support the growth of ALN provision</li> </ul>	<ul style="list-style-type: none"> <li>IDP's for early years will need to be in place from September 2020</li> <li>At that time the PARIS module will need to be designed</li> <li>This will allow the directorate to measure time from request to delivery of the health plan once this is finalised and the statutory code is issued</li> <li>Appointment of a DECLO (Q1)</li> </ul>	<p>Proxy measure: number of Individual Development Plans in place</p> <p>Baseline: new requirement, therefore no baseline this year</p>	<p>Sam and his family will have confidence that the health advice and support required for him to meet his full potential is in place</p> <p>The Cardiff Local Development Plan indicates an additional 400 specialist needs school places will be opened over the next 5 years. Working through the RPB and Cardiff PSB, we will develop rounded service provision for these children and young adults.</p> 




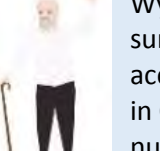
ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact																																																																														
<b>Lead Board:</b> Children and Women																																																																																		
<b>Develop Welsh Gender Service:</b> <b>This will mean in 2020/21</b> <ul style="list-style-type: none"><li>▪ Increase activity and being to reduce waiting times</li><li>▪ Continue to engage stakeholders</li></ul> <b>2021-23</b> <ul style="list-style-type: none"><li>▪ Develop business case with WHSSC for funding from 2021 (current 3 year funding from WG for interim service ends March 2021)</li><li>▪ Work with Local Gender Teams</li><li>▪ Work with provider of Peer Support Service</li></ul> Work with London GIC <b>Lead Board:</b> Medicine	Welsh Government funded programme via WHSSC <ul style="list-style-type: none"><li>• Produce business case for WHSSC for provision of service April 2021</li></ul>	<ul style="list-style-type: none"><li>▪ Waiting times</li><li>▪ Referral Rate</li></ul> This was a new service in September 2019 therefore baseline to be established	<ul style="list-style-type: none"><li>▪ Waiting list reduces</li><li>• Peer Support Service for all Welsh patients attending London GIC or Welsh Gender Service</li></ul> This was a new service in September 2019 therefore baseline to be established	Wyn gets seen as soon as possible by expert team and treatment plan activated with Local Gender Teams. Peer Support Service is provided for all Welsh patients. 																																																																														
<b>PLANNED CARE</b>																																																																																		
<b>Expansion of Endoscopy Unit- Estate expansion, achieving standards, supporting the national programme</b>  <b>This will involve in 2020/21:</b> <ul style="list-style-type: none"><li>▪ Capital Planning to develop expanded Endoscopy unit and development of diagnostics centre to enhance patient experience and reduce LOS</li><li>▪ Maintain waiting times standards for;<ul style="list-style-type: none"><li>- Cancer</li><li>- Diagnostic (8 weeks)</li><li>- Bowel Screening Wales</li><li>- Surveillance</li></ul></li><li>▪ Achieve JAG accreditation, all standards met 19/20 apart from the surveillance backlog</li></ul> 2021/21 <ul style="list-style-type: none"><li>• Implementation of expanded unit</li></ul> <b>Continued involvement with the National Endoscopy Programme (NEP)</b> <ul style="list-style-type: none"><li>▪ There are a number of workstreams within the NEP and through our involvement we will share best practice and learn from others, ensuring that there is an All Wales approach to the challenges within Endoscopy e.g. Demand and Capacity modelling – using a standard model, training programmes for upskilling and attracting</li></ul>	Resourcing requirements to be further developed in line with Capital Business Case stages	<p>Diagnostic Waiting Times 2018/19 - Number of Patients greater than 8 weeks</p>  <table><tr><th></th><th>April</th><th>May</th><th>June</th><th>July</th><th>August</th><th>September</th><th>October</th><th>November</th><th>December</th><th>January</th><th>February</th><th>March</th></tr><tr><td>Colonoscopy</td><td>60</td><td>69</td><td>77</td><td>82</td><td>79</td><td>75</td><td>67</td><td>69</td><td>52</td><td>46</td><td>40</td><td>34</td></tr><tr><td>Endoscopy</td><td>528</td><td>620</td><td>673</td><td>791</td><td>624</td><td>528</td><td>425</td><td>74</td><td>64</td><td>39</td><td>3</td><td>0</td></tr><tr><td>Radiology</td><td>423</td><td>322</td><td>458</td><td>298</td><td>287</td><td>257</td><td>137</td><td>115</td><td>180</td><td>41</td><td>24</td><td>0</td></tr><tr><td>Cardiology</td><td>208</td><td>183</td><td>137</td><td>82</td><td>81</td><td>98</td><td>69</td><td>55</td><td>35</td><td>55</td><td>55</td><td>55</td></tr><tr><td>Cystoscopy</td><td>67</td><td>85</td><td>118</td><td>96</td><td>71</td><td>64</td><td>69</td><td>83</td><td>9</td><td>9</td><td>0</td><td>0</td></tr></table>		April	May	June	July	August	September	October	November	December	January	February	March	Colonoscopy	60	69	77	82	79	75	67	69	52	46	40	34	Endoscopy	528	620	673	791	624	528	425	74	64	39	3	0	Radiology	423	322	458	298	287	257	137	115	180	41	24	0	Cardiology	208	183	137	82	81	98	69	55	35	55	55	55	Cystoscopy	67	85	118	96	71	64	69	83	9	9	0	0	<ul style="list-style-type: none"><li>▪ Sustainment of the diagnostic target</li><li>▪ Surveillance backlog to zero</li><li>▪ Zero 36 week breaches and delivery of an overall waiting time for treatment (baselined – with a continuous improvement)</li><li>▪ JAG accreditation</li></ul>	 Cerys requires an endoscopy and has had two cancellations, one as a result of a lack of understanding of the necessary preparation. The review of nursing will free capacity to support Cerys to understand the preparation required, reducing anxiety and the risk of cancellations. Improvement in efficiency will speed up Cerys waiting time. 
	April	May	June	July	August	September	October	November	December	January	February	March																																																																						
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<p>workforce and pathway to ensure clinical best practice.</p> <p><b>Lead Board:</b> Medicine</p>				
<p><b>Embed Acute Frailty Assessment Model:</b></p> <p><b>This will mean in 2020/21</b></p> <ul style="list-style-type: none"> <li>Embed acute frailty assessment pathways and beds</li> <li>Specialist pathways in place</li> <li>Embedding D2A pathways 2 and 3 at St David's</li> <li>Implementation of D2A pathways at UHL</li> </ul> <p><b>Lead Board:</b> Medicine</p>	<p>Delivered within core budget</p>	<ul style="list-style-type: none"> <li>Frailty score 100% of frail patients attending EU/AU/MEACU/MEAU</li> <li>&gt;85% of patients directly admitted to acute frailty assessment beds at UHL/UHW</li> </ul> <p><b>Bed Efficiency Group – Programme Indicators</b></p> <ul style="list-style-type: none"> <li>Acute Frailty UHW occupied bed days for frail elderly 0-4 days</li> <li>Acute Frailty UHW occupied bed days for frail elderly 4-14 days</li> <li>Acute Frailty UHW occupied bed days for frail elderly over 14 days</li> </ul>	<p>Acute Frailty metrics within current acute frailty viewer (Lightfoot supported)</p>	<p>Currently following a hospital procedure Wyn is spending too long in hospital and not receiving appropriate rehabilitation. These actions will provide access to 'get me home' services that are helping people to go home earlier following his hospital stay and improving access to rehabilitation to prevent deconditioning during hospital stays.</p> 
<p><b>Respiratory Pathway</b></p> <p><b>This will mean in 2020/21:</b></p> <ul style="list-style-type: none"> <li>Ensure greater resilience around respiratory services – Asthma, Bronchiectasis, Hi-flo nasal oxygen, Thoracoscopy, TB.</li> <li>Address single run clinics/leads within services and our reliance on these.</li> </ul> <p>Undertake full workforce establishment/skill mix review – focus on risks/gaps, and explore new roles and different ways of working (alongside clinical pathway review/service redesign) before making a case for further investment.</p> <p>In 2022/23</p> <ul style="list-style-type: none"> <li>Setting up of additional 2 NIV beds to provide 6-bedded NIV unit at UHW (this needs to build on what was in 2019/20 plan – we have delivered a 4 bedded NIV Unit on ward B7 UHW April 2019, next stage is to expand the unit by a further 2 beds to provide a total of 6 beds)</li> </ul> <p><b>Lead Board:</b> Medicine</p>	<ul style="list-style-type: none"> <li>Take students for new MSc. Clinical Science (Respiratory and Sleep Sciences – Scientific Training Programme) – mitigates against workforce challenges within Lung Function service.</li> <li>There is a need for respiratory group Consultant job planning to address issues with ward cover.</li> <li>Additional resilience may require additional medical and nursing staff investment.</li> </ul>	<ul style="list-style-type: none"> <li>SAFER/R2G metrics on AU/A1/B7 – evidence of daily senior review in morning.</li> <li>RTT performance – 26 week performance sustainability</li> </ul> <p>Cancer performance – lung cancer pathway – including 8 week diagnostic performance.</p>	<ul style="list-style-type: none"> <li>Improved staff satisfaction.</li> <li>Reduced staff turnover within challenged services.</li> <li>Compliance with NICE/Royal College Guidance and equivalent</li> </ul> <p>% NIV cases started within 1 hour of indicative ABGs (gas to mask time)</p> <p>Reduced mortality</p> <p>Times spent In AU/EU (&gt;1 hour)</p> <p>% patients transferred to NIV unit from critical care within 4 hours of referral</p> <p>Patient and Family experience</p> <p>% in post staff on B7 completing NIV competencies</p>	<p>If Wyn attends hospital as an emergency with an acute respiratory problem that potentially warrants NIV, he has 24/7 rapid access to a team of specialists, a range of appropriate diagnostic tests and emergency appropriate treatments.</p> <p>Wyn will have a diagnosis quickly confirmed and get the right treatment (NIV) in the right place by experts to enable a best chance of survival and recovery.</p> 
<p><b>Prehab to Rehab:</b> To improve population wellbeing and improve access to curative intent cancer treatments</p> <p><b>This will involve in 2020/21:</b></p> <ul style="list-style-type: none"> <li>Pilot phase within 4 tumour sites including:</li> <li>Primary Care Workstream- optimising cancer patients at point of suspicion, completing a wellbeing assessment signposting to support services</li> </ul>	<p>Health Board revenue support in partnership with Velindre NHS Trust</p> <ul style="list-style-type: none"> <li>Development of workforce plan to be phased through tail end of 2019-2020 into new financial year.</li> <li>Benefit and cost analysis critical for impact analysis</li> </ul>	<ul style="list-style-type: none"> <li>Fewer cancelled procedures (operations, investigations, radiotherapy etc.) for patients being 'unfit',</li> <li>Reduction in hospital stay (including critical care),</li> <li>Fewer post-operative complications</li> </ul>	<p>Patient Reported Outcome measures to be established as part of the programme</p>	<p>Surgical tumor removal is the equivalent of running a marathon, to achieve the best possible outcomes, physical and emotional preparation is needed. Wyn will be helped to improve his fitness, carb load, improve iron levels and emotionally prepare for tumor removal. This will in term help</p> 





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<ul style="list-style-type: none"> <li>Community Based Prehab- pre-treatment support to optimise patients for treatment, through targeted therapies intervention</li> <li>Enhanced Recovery After Surgery- embedding ERAS</li> </ul> <p><b>In 2021/23</b></p> <ul style="list-style-type: none"> <li>Further roll out across tumour sites</li> </ul> <p><b>Lead Board:</b> Surgery</p>	<ul style="list-style-type: none"> <li>Link to external bodies being explored to increase funding available for service</li> </ul>			<p>recovery after surgery leading to improved outcomes.</p> <p>For patients who don't have cancer the programme provides a teachable moment at the point of suspicion of cancer.</p>
<p><b>Pre Assessment:</b> Further development of pre assessment services across the health board for all specialities. Increasing current capacity by at least 30%</p> <p><b>This will involve in 2020/21:</b></p> <ul style="list-style-type: none"> <li>Develop clinical specification for estates and planning to accommodate a fully functional services</li> <li>Highlight workforce gap for all clinical disciplines based on best practise</li> <li>Set key performance indicators to monitor outcomes for patient population</li> </ul> <p><b>2021/23</b></p> <ul style="list-style-type: none"> <li>Following estates planning, pursue preferred option for implementation</li> </ul> <p><b>Lead Board:</b> Surgery</p>	<ul style="list-style-type: none"> <li>Develop Business case in 2021/22- potential capital requirement following scoping</li> <li>Benefits analysis mapped based on decrease in on the day cancellations</li> </ul>	<ul style="list-style-type: none"> <li>Decrease of on the day cancellation of medically unfit patients</li> <li>Number of patients assessed per speciality</li> </ul>		 <p>Wyn has his operation when he needs it and is assessed appropriately to ensure he is fit for surgery</p> 
<p><b>Vascular Regionalisation (AAA):</b></p> <p><b>This will involve in 2020/21:</b></p> <ul style="list-style-type: none"> <li>Planning has been underway for some time to develop a South East Wales Vascular Network which centralises the delivery of services in the University Hospital of Wales. The business case is being rewritten now that the infrastructure and estate has been clearly identified. There is further work needed around developing rehab beds in Llandough to support the seamless flow of patients who do not need to be cared for in an acute setting, aligned to right patient, right place, and right time.</li> </ul> <p><b>Lead Board:</b> Surgery</p>	<p>This will be funded across University Health Boards on a risk share basis</p>	<ul style="list-style-type: none"> <li>Standards set by vascular network.</li> </ul>	<ul style="list-style-type: none"> <li>Improved patient outcomes</li> <li>Timely access to theatre with IR</li> <li>Length of Stay</li> <li>Reduced complications</li> <li>Functioning MDT</li> </ul>	 <p>Centralisation of certain services have been evidenced to improve patient outcomes and experiences. The delivery of vascular services in the south east region will support improved care and the sustainability of a service for Wyn and the regional population</p> 
<p><b>Develop Therapies Clinical Strategy- to support Health System Efficiency</b></p> <p><b>This will involve in 2020/21:</b></p> <p>Develop a programme to create an ongoing evidence base of how support services can implement changes to pathways and workforce models to deliver system wide efficiency. This programme will ensure that an alternative to the traditional method of managing cost reduction programmes can be implemented.</p>	<p>Traditional models of care need review in order to maximise the efficiency potential of the system through better utilisation of supporting services.</p> <p>Allied Health Professionals, Therapies diagnostics and administration services are core to the long term sustainability and efficiency of the health care system.</p>	<p>Through the last quarter of 2019 we will develop the evidence base within therapies services in order to demonstrate the impact of therapies intervention throughout the health care system.</p>	<p>The process of evidence development will look to provide system change that can positively impact on areas such as:</p> <ul style="list-style-type: none"> <li>Length of stay</li> <li>Demand management in outpatients</li> <li>Proportion of patients managed in primary care</li> <li>Released clinical time through efficient administrative and clinical systems</li> </ul>	 <p>Wyn has access to therapies services within the community ensuring that he is able to self-manage and increase his own health care accountability. When he is admitted therapies teams are focussed on early and targeted intervention to move him through the healthcare system reducing reliance on specialist care and reducing the likelihood of needing enhanced social care</p>





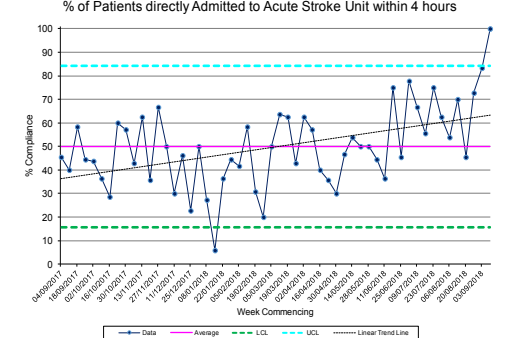


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<p>The initial review will look to develop a Therapies Clinical strategy, initial workshops will be in October of 2019 in order to develop evidence for implementation in 2020.</p> <p><b>Lead Board- CD&amp;T</b></p>	<p>Through this process there will be a need to invest in these staff groups in order to release organisational efficiency.</p>	 <p>The concept of optimising normality through active intervention throughout the pathway will ensure that patients are enabled to manage themselves in all possible cases reducing the overall burden to secondary health care services.</p> <p>Where patients do require this level of specialist care, ensuring that the therapies services are of the right size to continue this ethos will ensure that moving care back to the community is facilitated more quickly.</p>	<ul style="list-style-type: none"> <li>• Patient reported outcomes</li> </ul>	
<p><b>Develop Medicines and Technology Appraisal Systems- to support Value Based Healthcare and optimisation</b></p> <p><b>This will involve in 2020/21:</b></p> <p>CD+T currently have two services that undertake appraisals work on an all Wales basis and wider. The All Wales Therapeutics and Toxicology service and CEDAR have an excellent reputation for the development of robust academic evidence for Health care improvement. Traditionally focussed on medicines and technology there is a need to move this focus to health care optimisation. This resource should incrementally move towards testing the evidence on an academic basis of the improvements that can be delivered to optimise Health care more generally in order to support the implementation of system wide change.</p> <p><b>Medicines Management</b></p> <p>Support across the organisation in the medicines management agenda ensuring reduced prescribing costs and implementation of safe and effective systems for the use of medicines.</p> <p><b>Lead Board- CD&amp;T</b></p>	<p>The availability of robust evidence to support the implementation of health care change will ensure that initially a focus on medicines optimisation will enable implementation of change to support the medicines management agenda. This will support the need to reduce medicines associated costs. The focus on the wider health care optimisation will support the system efficiency agenda. Robust evidence will ensure that implementation and sustained change will be more successful reducing overall health care cost.</p>	<p>In partnership with Welsh government up to April 2020 implement a change in structure of the current AWTTC service in order to support a move to an increase focus on medicines optimisation. Incrementally through 2020 commission additional review of the wider Health care optimisation.</p>	<p>Evidence produced and validated to support health care change across the system initial focus on medicines optimisation in order to support the medicines management agenda.</p>	 <p>Wyn will be supported to ensure that the care given and medicines utilised are optimised and ultimately reduced where safe and effective to do so.</p> 
<p><b>Antimicrobial Stewardship</b></p> <p><b>This will involve in 2020/21:</b></p>	<p>The cost associated with the use of antibiotics is not only in the cost of the medication, but the improper use of antibiotics and the associated impacts on patients. Antimicrobial stewardship</p>	<p>Develop business case for the investment of an antimicrobial team by April 2020, for the investment in a team with the aim to reduce antimicrobial prescribing and HCAI.</p>	<p>Currently expenditure on antimicrobials is c£6m pa in Cardiff and Vale UHB. Target to reduce costs by 5% in year 1, in addition to reducing HCAI, which have an anticipated additional cost of £3k per case</p>	 <p>Wyn should only be given antibiotics where there is robust evidence that supports it will improve his outcome. The reduced use of antibiotics</p>

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<ul style="list-style-type: none"> <li>Develop an invest-to-save plan for the implementation of an antimicrobial stewardship team within the Health Board.</li> </ul> <p>2021/22</p> <ul style="list-style-type: none"> <li>Implementation of Antimicrobial stewardship team</li> </ul> <p>Lead Board- CD&amp;T</p>	<p>has the potential to ensure significant cost reduction within the health care system</p> <p>An investment of £146k in additional workforce in pharmacy has will have the target of reducing antimicrobial prescribing costs by 5% in Year 1.</p>			<p>innapropriately will ensure that Wyn is receiving the most appropriate care and unintended consequences such as HCAI are reduced.</p> 
<p><b>Development of Quality Led Governance Programme</b></p> <p><b>This will involve in 2020/21:</b></p> <ul style="list-style-type: none"> <li>Development of an independent, overarching Quality function.</li> <li>Development of a single Quality Management System, including implementation of Enterprise Q-pulse across all CB services.</li> <li>Harmonisation of accreditation schemes across diagnostic services in partnership with UKAS.</li> <li>Development of Performance Indicators and Quality Indicators.</li> </ul> <p>Lead Board: CD&amp;T</p>	<p>The workforce plan solution needs to respond to the shortfall in current quality resource, implementation and validation requirements as well as the leadership of the function. In addition to this the MHRA has signalled that our existing current Quality Control Pharmacist resource is insufficient for the current operation.</p>	<p>The measurement and use of 'quality indicators' are the foundations of Quality Led Governance.</p> <p>Indicators can be defined in a number of ways:</p> <ul style="list-style-type: none"> <li>As a measure that assesses a specific healthcare process or outcome.</li> <li>As quantitative measures that can be utilised to monitor and evaluate the quality of important governance, management, clinical and support functions that affect patient outcomes.</li> <li>As measurement tools, dashboards or flags that are used as guides to monitor, evaluate and improve the quality of patient care, clinical support services and organisational functions that affect patient outcomes.</li> </ul>	<p>The intended outcomes of the Quality Led Governance approach gives a strong focus on integrated quality, operational and financial governance.</p> <ul style="list-style-type: none"> <li>A culture focused on the patient at the centre.</li> <li>Maintenance of accreditation and regulatory compliance .</li> <li>Risk management processes which identify, understand, monitor and address current and future risks.</li> </ul>	<p>The impact of this team will support the organisation is improving its quality standards, enabling the health board to deliver new and novel therapies through robust laboratory support.</p> 
<p><b>Delivery of advanced cellular therapies – CAR-T</b></p> <p><b>This will involve in 2020/21:</b></p> <ul style="list-style-type: none"> <li>Recruitment of key clinical and non-clinical staff</li> <li>Secure appropriate ambulatory care accommodation to safeguard patients in the 3-4 weeks following discharge from in-patient care.</li> <li>Establish the MDT</li> <li>Set up the CAR-T medical on-call rota for out of hours patient management</li> <li>Review the pathway after treatment of the 1<sup>st</sup> patient</li> </ul> <p>2021/23</p> <p>Continue to roll out the service</p> <p>Lead Board: Specialist</p>	<p>Cost: 2019/20 PYE £468,076 investment from WHSSC</p> <p>Increase WTE across all staff groups</p> <p>Establish new models of working and provide appropriate levels of education and training.</p> <p>Cost: FYE £1,379,787 investment from WHSSC</p>	<p>CAR-T therapy to be delivered to 15 -20 patients per year</p> <ul style="list-style-type: none"> <li>Adoption of additional advanced therapies</li> </ul>	<p>We will establish PROMS</p>	<p>Wyn will have access to novel therapies that offers the genuine chance of a long-term cure for patients who otherwise would have no other treatment options.</p> <p>NHS patients will benefit from Europe's first full access deal on breakthrough therapy.</p> 
<p><b>Improve compliance against the WHSSC Neurosciences strategy</b></p> <p>This will involve in 2020/21</p> <ul style="list-style-type: none"> <li>Appointment to key Senior Nurse post</li> </ul>	<p>WHSSC funded programme in total. £700k allocated in 2019/20.</p> <p>Additional senior nursing support.</p>	<ul style="list-style-type: none"> <li>Increased compliance with the dimensions outlined in the WHSSC Neurosciences Strategy</li> <li>Improved flow through surgical wards resulting from more senior support for the repatriation process</li> </ul>		<p>Wyn's wait between referral and surgery has reduced. Wyn has access to sub specialised advice in Cardiff if required and is nursed on a neurosurgical ward.</p> 



ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
<p>Continue to develop integrated workforce plans across all professional group within the AWMGS. Mainstream genomic literacy to other healthcare professionals including physicians, GPs, Nurses and Pharmacists. Develop a programme to support population genomic and digital literacy</p> <p><b>Lead Board:</b> All Wales Medical Genetics Service</p>	<p>Working closely with HEIW to develop AWMGS workforce plans and training and education programmes funded by GPW.</p>	<ul style="list-style-type: none"> <li>Strengthened AWMGS workforce resilience and improved clinical consultation turnaround times.</li> </ul>	<ul style="list-style-type: none"> <li>Strengthened AWMGS workforce resilience and improved clinical consultation turnaround times.</li> </ul>	 <p>Increasing the range of skilled professionals available will mean Cerys is able to access expert advice and support to help her manage information provided as a result of genetic and genomic testing within her family. She feels confident to make the right decisions for her through understanding the options available and the potential health and wellbeing effects associated with each option.</p>
<p>Strengthen collaborative precision medicine Research Development and Innovation across Wales using new genomic technologies</p> <p><b>Lead Board:</b> All Wales Medical Genetics Service</p>	<p>Increased translational research opportunities for NHS Wales with HEIs and third sector and industry partners.</p>	<ul style="list-style-type: none"> <li>Increased inward investment opportunities through the Cardiff City Region Deal, UKRI and Strength in Places Funding. Increased trade with national and international partners enabling reinvestment in services.</li> </ul>	<ul style="list-style-type: none"> <li>The AWMGS plays a full role in the regional life science industry sector and contributes to the economic prosperity of Wales. Income increases to reinvest in NHS services.</li> </ul>	 <p>Wyn's family members have access to employment opportunities linked to economic growth in the life science sector in their communities. Employment is a key determinant of health and well-being outcomes. Precision medicine data is used to help Wyn and his family make healthier lifestyle choices based on their own personal health profiles. Also Wales has access to clinical trials and novel and emergent technologies reducing further poor health outcomes.</p>
<p><b>Improve timely access to diagnosis and support for children with neurodevelopmental conditions</b> <b>This will involve in 2020-21:</b></p> <ul style="list-style-type: none"> <li>Work with the core neurodevelopment team and wider community team to confirm clinical pathways</li> <li>Progress development of independent prescribers (nurse/pharmacist) to deliver ADHD follow-up care</li> <li>Establish a young persons ADHD service in partnership with specialist CAMHS</li> <li>Develop a sleep pathway to ensure that sleep advice is provided prior to any medication being considered</li> </ul> <p>Lead Board: Children and Women</p>	<ul style="list-style-type: none"> <li>Once the cleansing of data and caseload work is complete, the service will be in a better position to identify demand and capacity for any future business case development</li> <li>The aim will be to increase the numbers of independent prescribers</li> <li>There may be the opportunity to develop a spend-to-save case regarding sleep advice and the projected increase in cost for melatonin preparations</li> </ul>	<ul style="list-style-type: none"> <li>Target 80% of children to wait less than 26 weeks for first appointment</li> </ul>	<ul style="list-style-type: none"> <li>Timely process in place so that families are clear how long the process will take and when they can expect a diagnostic outcome</li> <li>Diagnostic pathway in place</li> <li>Evidence based treatment packages identified</li> <li>Co-produced goals and improved self-management</li> <li>Reduction of complaints associated in delays in diagnosis</li> </ul>	 <p>Sam and his family will be supported to provide the required information on the difficulties they are experiencing as soon as possible into the assessment and treatment pathway</p>
<p><b>Work with the Medicine Clinical Board to review the development of a paediatric single point of entry</b> that will provide unscheduled, urgent and emergency care for children and young people</p> <p><b>Lead Board:</b> Children and Women</p>	<ul style="list-style-type: none"> <li>Development of a skilled workforce that can manage all aspects of unscheduled and emergency paediatric care</li> <li>Potential for cross-departmental working, teaching, training, research and peer support</li> </ul>	<ul style="list-style-type: none"> <li>Fewer patients in EU waiting more than 4-hours to access the CHfW</li> <li>Likely reductions in admissions to CHfW inpatient beds (leading to reduce cancellations and improved RTT)</li> <li>Likely reductions in LoS due to the patient reaching the right-bed-first-time</li> <li>Likely improvements in clinical care (guideline adherence, paediatric care bundles etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of tier 1 targets</li> <li>Reduction in clinical incidents (Datix)</li> <li>Inpatient Length of Stay (LoS)</li> </ul>	 <p>Sam will see the most appropriate clinician, in the most appropriate part of the UHW/CHfW campus, with reduced unwarranted variability and an increased likelihood of admission avoidance</p>



ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
<b>Establishment of a UHB wide venous access service:</b> <b>This will mean in 2020/21:</b> A centralised vascular access team for the UHB will standardise practice, reduce insertion delays and complications, and overall positively enhance the patient experience and safety. We believe, this could be a nurse led initiative with consultant support.	<b>Phase One</b> is based on one Nutrition Nurse Specialist (NNS) inserting IV access devices, Midline or PICC in patients requiring Parenteral Nutrition	<ul style="list-style-type: none"> <li>• Number of referrals</li> <li>• Waiting times for line insertion</li> <li>• Standardisation of equipment –lines and insertion devices</li> <li>• Use of CEPD time for line insertion</li> <li>• Post insertion complications</li> <li>• Earlier discharge from ICU</li> </ul>	Reduction in the number of referrals for repeat insertions	 <p>Currently Wyn requires a IV line for parenatal nutrition he may have to wait to have this fitted in a theatre. The IV service will be able to place these lines outside of a theatre setting, resulting in improve timliness of the service and better care</p>
<b>UNSCHEDULED CARE</b>				
<b>Emergency General Surgery Pathway (Admission to discharge):</b> The key is to implement the second phase of the emergency general surgery plans which will focus on the following: <b>This will involve in 2020/21:</b> <ul style="list-style-type: none"> <li>• Surgical team triage from GP, AU and EU directly to 7 day SAU – ultimate goal is to create a 24/7 <b>Emergency ambulatory surgical care unit</b></li> <li>• Direct to theatre Cat 1 patients</li> <li>• Assess to admit within 12 hours</li> <li>• Short stay area for 12-36 hour observation</li> <li>• Specialist “designated” and protected ward used to provide expert care for surgical and non-surgical patients</li> <li>• Additional CEPD (light) theatre sessions (3 lists per week) in SSSU to support patient flow</li> </ul> <b>Lead Board:</b> Surgery	Resource implications being worked through Benefits identified in terms of both outcome measures and financial <ul style="list-style-type: none"> <li>• Risk around theatre staffing given demand on service due to a considerable number of developments over the forthcoming year</li> <li>• Redesign of medical workforce to appropriate manage patient flow</li> </ul>	<ul style="list-style-type: none"> <li>• Track patients through emergency pathway highlighting delays</li> <li>• EU/AU times</li> <li>• Track discharge levels</li> <li>• Track admissions of general surgery patients</li> <li>• Length of stay split between procedural and non-procedural patients</li> <li>• Occupancy through <b>lightfoot</b></li> <li>• Track readmissions</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in length of stay</li> <li>• Reduction in occupancy</li> <li>• Reduction in readmission rates</li> <li>• Reduction in waits in both EU /AU</li> <li>• Reduction in complications</li> <li>• Reduction in admissions</li> </ul>	 <p>The development of a seamless and effective pathway through our emergency services would considerably improve both the patient experience and outomce for Wyn. Many times patients are admitted when they would be better of being assessed quickly and sent home. Also often they are waiting to long for access to a bed or theatres. Wyn would benefit from a standardise pathway putting the patient first and creating a culture of “<b>right place / right time</b>”</p>
<b>Establish Hyper Acute Stroke Unit at UHW:</b> <b>This will mean in 2020/21:</b> <ul style="list-style-type: none"> <li>• Work with regional partners to develop the service model for the establishment of HASU</li> </ul> 2021/23 <ul style="list-style-type: none"> <li>• Implementation of HASU</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identification of suitable location for HASU, estates, facilities and equipment requirements</li> <li>▪ Workforce configuration estimations across the stroke pathway with identification of resource gap for HASU</li> <li>▪ Submission of business case for investment consideration.</li> </ul>	Achievement of Quality Improvement Measures: Thrombolysis: <ul style="list-style-type: none"> <li>• Access - 100%</li> <li>• Time - 90%</li> </ul> 12 Hours: CT Scan – 95%		 <p>If Wyn attends hospital as an emergency with a suspected Stroke, he has 24/7 rapid access to a team of specialists, a range of appropriate diagnostic tests and emergency appropriate treatments. Wyn will have a diagnosis quickly confirmed and get the right treatment by experts to enable a best chance of survival, recovery and rehabilitation.</p>
<b>Major Trauma Centre ‘go live’ April 2020</b> This will involve in 2020-21: <ul style="list-style-type: none"> <li>▪ Go Live April 2020</li> <li>▪ Support for capital requirements to create additional resuscitation space</li> </ul> 2021-2023 <ul style="list-style-type: none"> <li>▪ A sustainable MTC workforce</li> </ul>	Commissioned service via WHSSC  Welsh Government Capital in place for work to support Go Live.  Workforce with the appropriate education and training to a level required for a MTC	<ul style="list-style-type: none"> <li>▪ Patient satisfaction</li> <li>▪ Clinical outcomes for all patients not just MTC – Sepsis, Stroke etc</li> <li>▪ Tarn data</li> <li>▪ Concerns</li> <li>▪ LOS in departments</li> <li>• Reduction in temporary workforce costs</li> </ul>	Improved survival rates - evidence shows that if you are severely injured, you are 15% to 20% more likely to survive if you are admitted to a major trauma centre (19% improvement in survival in England over 5yrs ( <i>Lancet</i> , 2018))	 <p>At 18 Sam was involved in a hit and run with injuries including a punctured lung, a broken pelvis, five broken ribs and a fractured collarbone. The development of a Major Trauma Centre means the specialist skills and equipment needed to treat these multiple injuries are collocated in the Major Trauma Centre at UHW, the major trauma unit in Hywel Dda means following initial treatment Sam is able to undertake rehabilitation close to his home.</p>
<b>CANCER</b>				
<b>Single Cancer Pathway- See Section Above</b>		<ul style="list-style-type: none"> <li>• Compliance with SCP targets through increased capacity and improvements to</li> </ul>		

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
Work with internal and external partners/stakeholders to ensure compliance with 62 day target, including increased operating capacity, timely diagnostics and development of one-stop outpatient consultations		pathways allowing patients to commence definitive treatment within 62 days		
<b>ENABLERS</b>				
<p><b>Data to Knowledge</b> Maximising the use of accessible information for clinicians to drive change using Lighfoots ‘Signals from noise’ platform which provides tools that links all aspects of patient care to pathways, process current and predicted states</p> <p><b>Investing in Data and Intelligent Information</b></p> <ul style="list-style-type: none"> <li><b>National Data Resource (NDR)</b></li> </ul> <p>Development of an agreed operation model for a national data resource (NDR): Implementation of SNOMED CT nationally that enables, interoperability across health care systems, enables and extends the scope of reporting outcomes.</p> <p><b>Investing in Data and Intelligent Information</b></p> <ul style="list-style-type: none"> <li><b>Develop C&amp;V Data Repository (CDR)</b></li> </ul> <p>Develop C&amp;V Data Repository &amp; Interoperability Hub as local spoke of National Data Repository / Welsh Health &amp; Care record exemplar</p>	<p>3 year programme – direction and priorities to be determined by the steering group</p> <p>Initial target areas:</p> <ul style="list-style-type: none"> <li>➤ Acute admissions avoidance</li> <li>➤ Assisted discharge</li> <li>➤ Effective &amp; efficient pathways</li> </ul> <p><b>All Wales Funding proposal:</b></p> <p><b>2019/20</b> Capital : £2.60 Revenue : £1.40</p> <p><b>2020/21</b> Capital : £5.20 Revenue : £3.30</p>	<p>Mapping IT systems linked to pathways &amp; processes</p> <p>Access to data /timeliness</p> <p>Development of architecture &amp; capability for storing all data in a way that it can be used to support the patient, professional and system leads needs</p> <p>User / steering group across care sectors to be established</p>	<p>Integrated pathways developed which focus on patient need</p> <p>Critical enabler to delivery of Once for Wales - supporting improvements in care &amp; the Welsh care systems ability to deliver care around and tailored to the citizen / patient</p>	<p>Increasing efficiency and quality of patient care, our staff will have:</p> <ul style="list-style-type: none"> <li>• Applications can be plugged into a basic EHR operating system and feed information directly into the provider workflow – streamlining care</li> <li>• Provides a future pathway to handling &amp; connecting patient-generated health data</li> <li>• Enables access to meaningful data across the UK for clinicians and patients</li> <li>• As an international standard, we will be in a much better place to realise the benefits from AI and the tools appearing from across the world.</li> <li>• Enables rebuild of the CRT “One List”, improving communication and consequently flow between inpatient wards and the CRTs.</li> </ul>

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# CARING FOR PEOPLE, KEEPING PEOPLE WELL

A PERSON'S CHANCE OF LEADING A HEALTHY LIFE IS THE SAME WHEREVER THEY LIVE AND WHOEVER THEY ARE



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14 January 2020

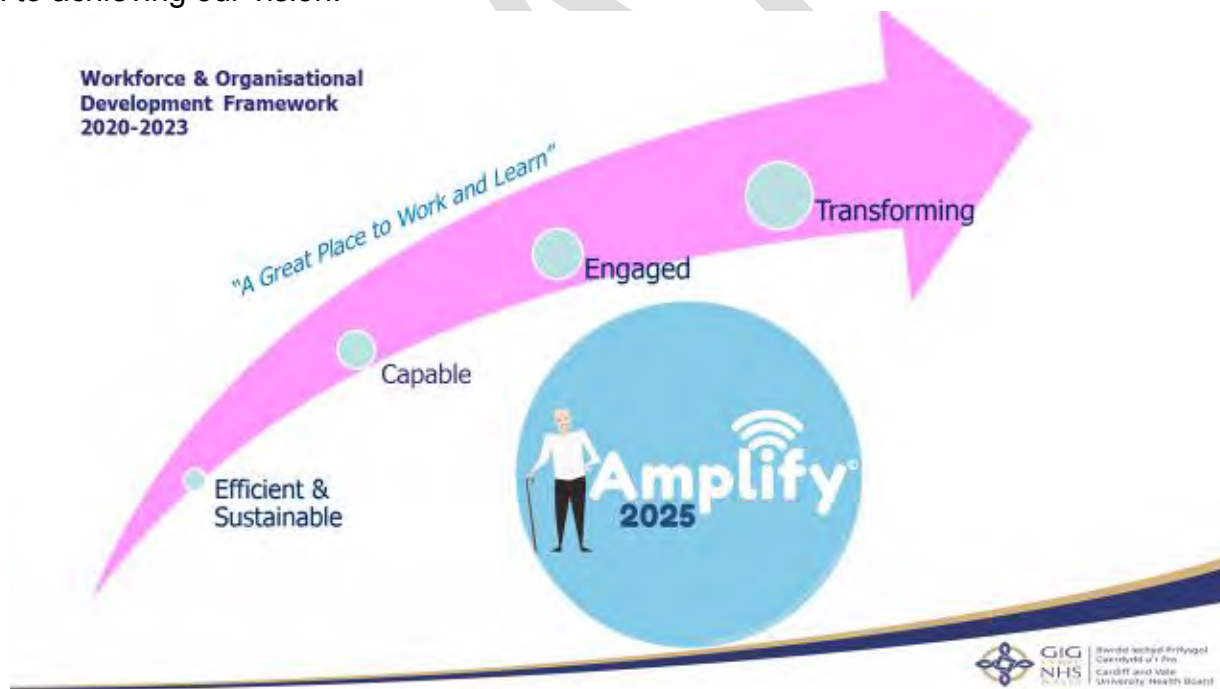


## Workforce and Organisational Development Plan

The organisation's workforce delivery plan supporting our overall aim of “**caring for people, keeping people well**” is embedded throughout the IMTP due to the *integrated* nature of the Plan. It is strategically aligned to prudent healthcare principles; *A Healthier Wales* and the new Health and Social Care Workforce Strategy. It fundamentally supports the delivery of the organisation's ten year strategy, **Shaping Our Future Wellbeing 2015-25**. This workforce plan is supported by detailed Clinical Board and departmental led plans which have ownership within the business units of the UHB.

Last year we focussed on designing the transformation road map, **Amplify 2025**, and this year sees us moving into implementation stage. Amplify 2025 is designed to bring life to the *Shaping our Future Wellbeing* strategy and in Workforce & OD it is the overarching framework that pulls together our 4 key objectives: Transforming, Engaged, Capable, Efficient workforce, as illustrated below. These objectives are also aligned to the 7 key themes within the Health and Social Care Workforce Strategy.

Our people are critical to achieving our vision.



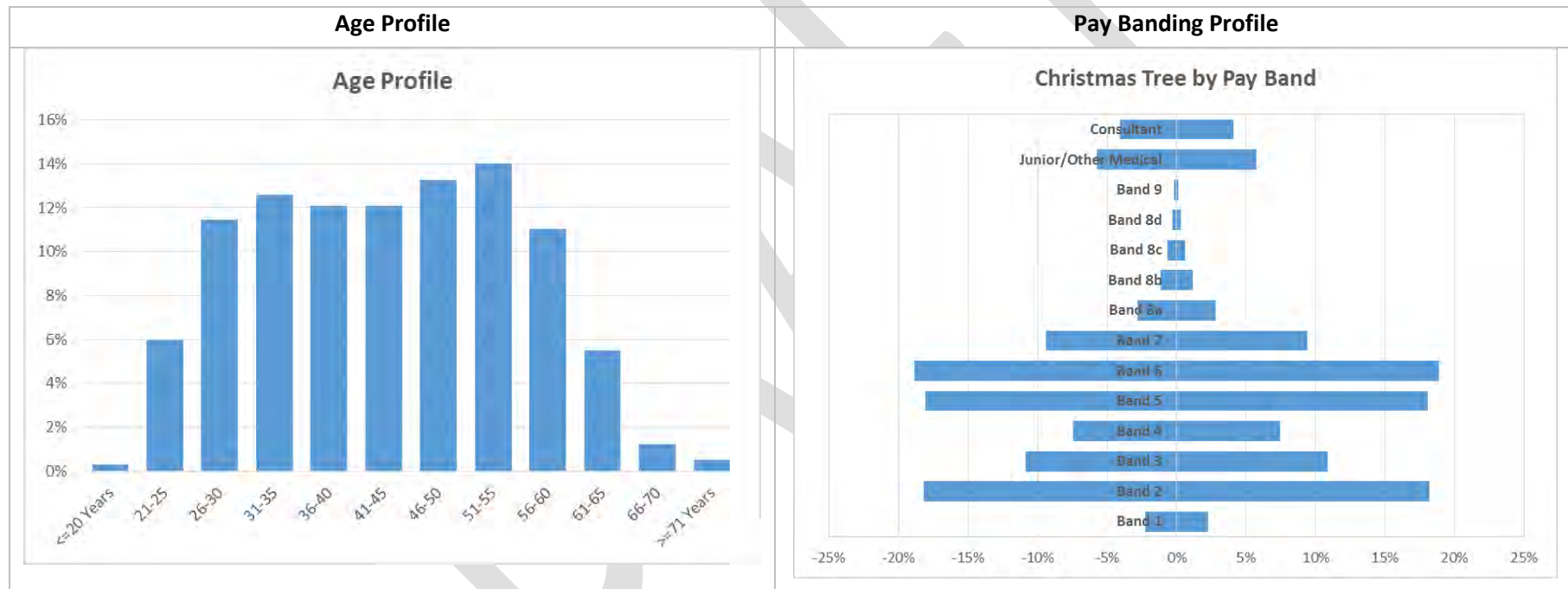
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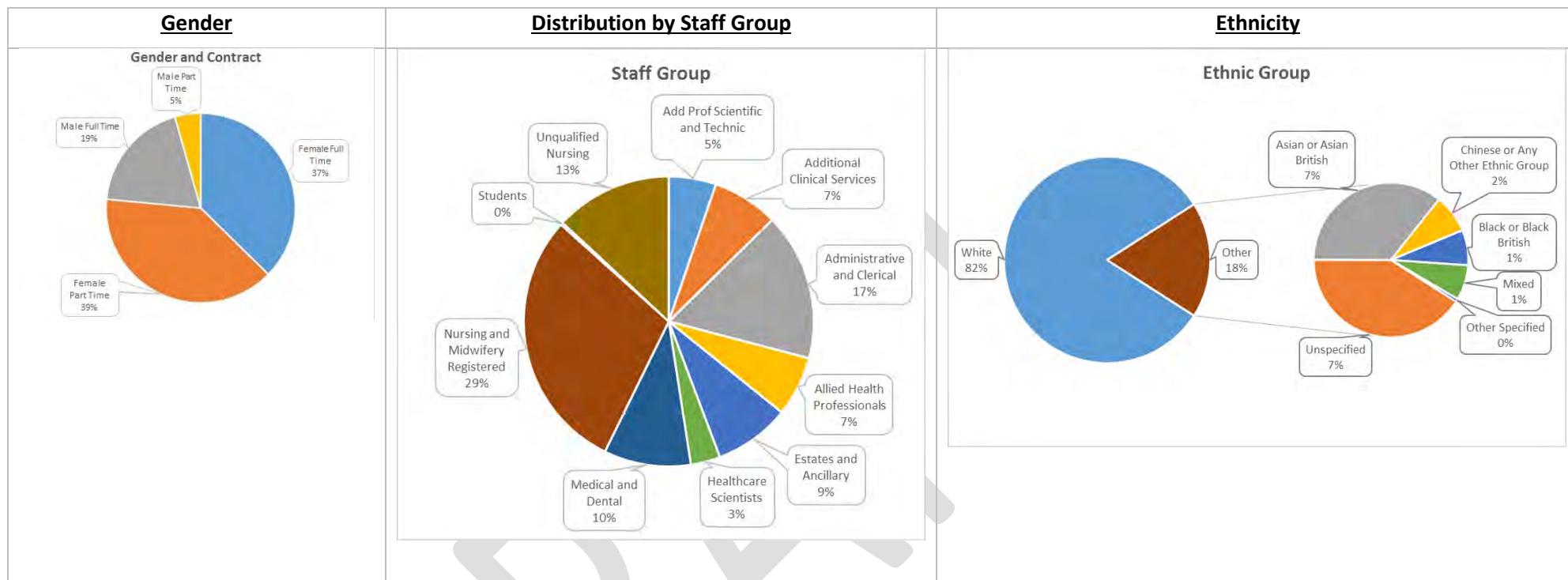


- Increasing need for accurate workforce information and analytics
- Continuing requirement to reduce workforce cost to underpin financial framework
- Ensure sustainability and recruit to substantive posts to provide continuity and effective clinical care
- Workforce impact and drivers associated with ongoing reconfiguration of Acute Services in South Wales and of the development of the Major Trauma Centre and Network
- Working more closely in partnership with primary care, local authority and nursing homes to find creative workforce solutions to ensure patients are cared for out of hospital and closer to home

### Current Workforce Overview and Analysis (data @ 30.6.2019)



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The data above indicates the following challenges when determining optimal ways to deploy the current and future workforce and how to consider future supply against the service priorities as laid out within this Plan:

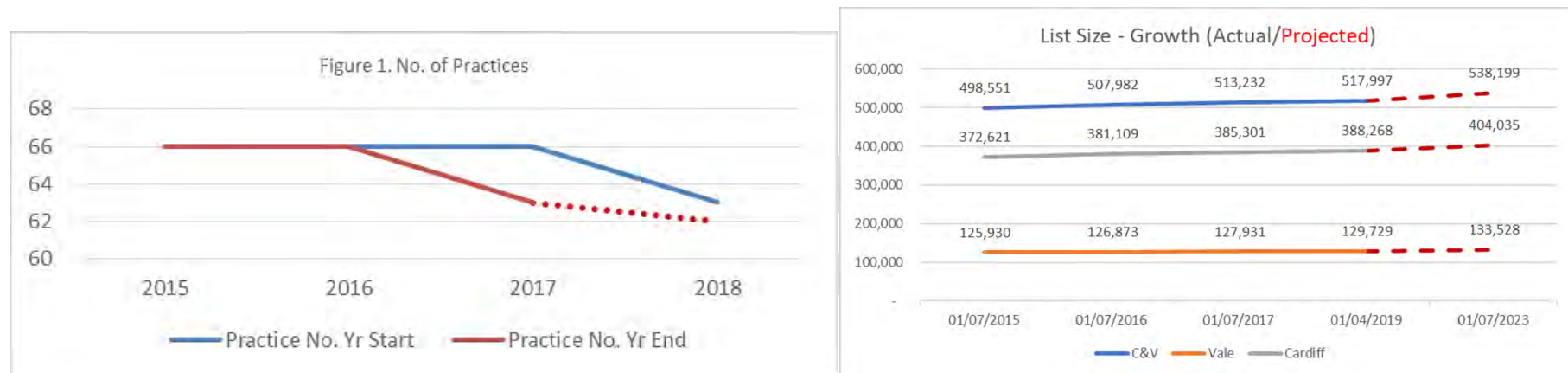
- The UHB has an aging workforce similar to the all-Wales position with the largest age categories being aged 46-50 years and 51-55 years (approximately 2000 staff in each of these categories). The impact of employees retiring from service critical areas is key in Clinical Boards undertaking local workforce planning and we are supporting them by making the Retire and Return and other flexible retirement options more accessible in 2020.
- The largest grade categories are staff in Agenda for Change Bands 2, 5 and 6. Continually reviewing skill mix and new ways of working is important in ensuring adequate future supply of skills in the right place and grade.
- The majority of the workforce is female (77%) with an almost even split in this group of full-time (37%) and part-time working (39%). Use of our employment policies, such as the new Adaptable Workforce Policy which was approved in 2019 and our Flexible Working, Redeployment and Retirement Procedures are crucial to retaining talent and keeping staff engaged.
- The majority of the workforce is white (82%) with 11% Black and Minority Ethnic categories and 7% not stated. The Strategic Equality Plan has a number of actions to continue review of our workforce in this regard to ensure it strives to reflect the local population where relevant e.g. in recruiting practices.
- The nursing and midwifery qualified staff and unqualified nursing staff make up just over 42% of the total workforce. Given there is a recognised national shortage of qualified nurses, the UHB has made nurse sustainability a high priority on its workforce agenda as detailed later in the plan.
- The overall capture of equality data is reported as 63% in September 2018.

### Primary Care Workforce Profile:

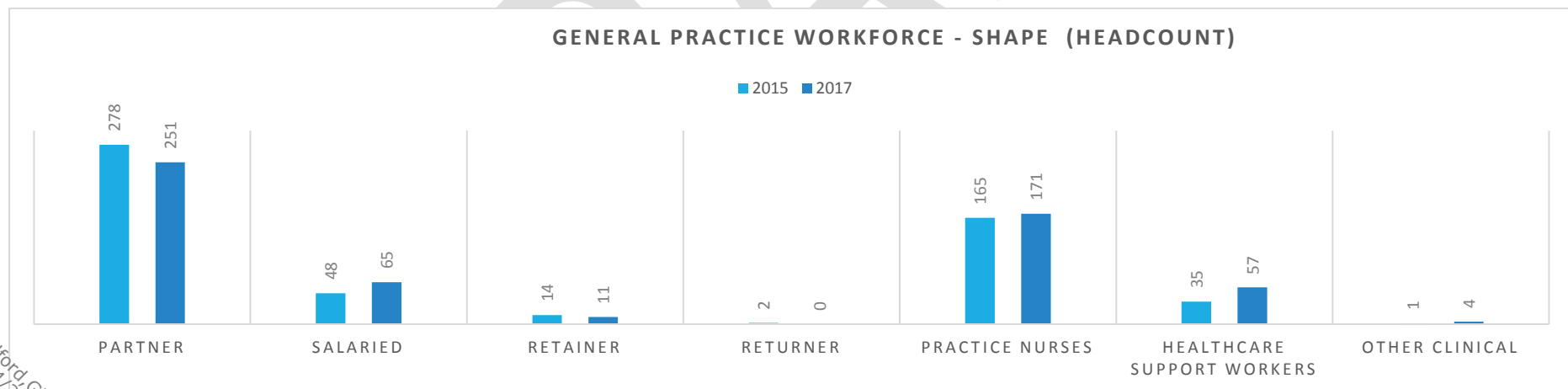
Primary care, as the first point of contact for the majority of citizens accessing health services, has a key role in maximising the opportunities for prevention and self-management and work continues across our Clusters in the delivery of the Primary Care Model for Wales, which places a great emphasis on working closely with partners to promote the social model of care. The model has placed more responsibilities on Health Boards to support the maturity development of Primary Care Clusters (9 in Cardiff and the Vale) and the sustainability of independent GP contractors. The PCIC Clinical Board itself is complex and made up of a directly employed workforce and a wider workforce that are not employed by the Health Board but are key to the delivery of the Clinical Board key objectives. Our previous workforce analysis (2017) compared to the data extracted from the National Primary Care Workforce Reporting Tool indicates a further decline in the number of GP Partners across Cardiff and Vale by 14%. Whilst we recognise the continued growth of the salaried GP role our total GP workforce appears to be in decline by a headcount of 20 (6.12% reduction).



We will continue to assess this decline further in line with the introduction of Partnership premiums as an incentive to attract more GPs to Partnerships.



Profiling based on practice development plans, and validated workforce submissions in 2017 provides a baseline to make comparisons on the changing shape of the Medical and Clinical workforce:



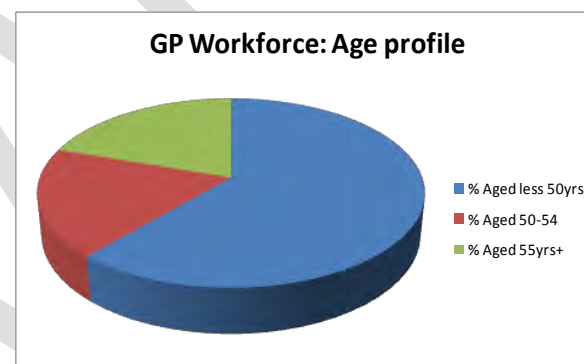
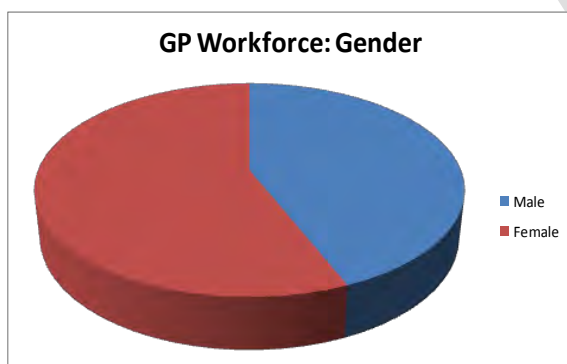
Further analysis demonstrates the change by Locality Area as follows:

Role/ Year	2015	2017	Difference	% inc /- dec		2015	2017	Difference	% inc /- dec	Vale	2015	2017	Difference	% inc /- dec
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<b>Cardiff North West</b>	Partner	124	119	-5	-4.03	<b>Cardiff South &amp; East</b>	78	66	-12	-15.38		76	63	-13	-17.11
	Salaried	20	21	1	5.00		20	26	6	30.00		8	17	9	112.50
	Retainer	6	5	-1	-16.67		5	4	-1	-20.00		3	2	-1	-33.33
	Returner	0	0	0			2	0	-2	-100.00		0	0	0	
	Practice Nurses	73	70	-3	-4.11		50	50	0	0.00		42	49	7	16.67
	Healthcare Support Workers	18	28	10	55.56		10	14	4	40.00		7	10	3	42.86
	Other Clinical	1	1	0	0.00		0	0	0			0	3	3	

In the absence of a Quality Outcomes Framework for 2019, we have been unable to extend the analysis beyond 2017 at this time.

Further analysis of the GP workforce identifies that 56% are female and 39% of the total GP workforce is aged 50 years and over (20% aged 55 years+) which is in line with national predictions indicating that the GP workforce is becoming increasingly younger and more female. It's also evident that many GP's are working part time hours.



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## Workforce & OD Objectives

Below is a summary of the key priorities within the **4 objectives** of the Workforce and Organisational Development Framework.

### 1. TRANSFORMING WORKFORCE

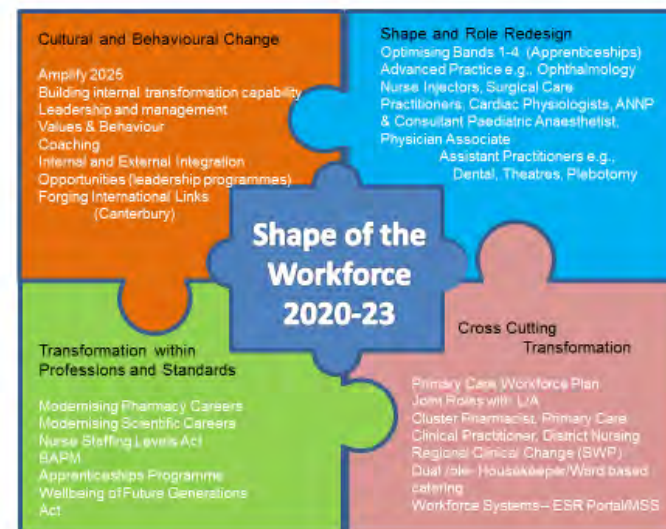
Enable quality, productivity & continuous improvement through innovation

Workforce Transformation is necessary to underpin the achievement of the ten-year vision for the UHB **Shaping Our Future Wellbeing. Amplify 2025** is aimed at creating a working environment where people can challenge and change and have permission to do so. Holistically, Amplify 2025 brings together:

- ❖ Social movement to unleash capability within the organisation – via the **Wyn Showcase**
- ❖ Leadership & Succession Planning
- ❖ Effective Appraisal for the individual and talent management (PADR)

### Cultural and Leadership

We will continue to build **internal transformation capability** in 2020/21 to ensure we can promote the **Cardiff and Vale Way**. We are drawing upon evidence-based practice from other organisations and recognise the true value of our internal expertise to build this capability. The use of organisational development principles will be key to successful implementation of change. We continue to work collaboratively with our learning alliance partners both in Christchurch Health Board, Canterbury New Zealand and with South Tyne Side, North East England. In 2020 we will continue to drive the improvement methodology through the new up-to-date system approach suite of leadership programmes.



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The UHB continues to be a member of **Quest learning and sharing of best practice network**, which allows collaborative working with 15 other high performing Healthcare Trusts in England. The organisations work together in line with the triple aim principles of improving patient safety and quality; to be recognised as the employer of choice; and to improve innovation through greater enabled technology. Whilst the UHB's involvement in Quest is in its infancy it is apparent that we can benchmark and learn from others, allowing us to introduce and inherit processes other organisations have already benefitted from. Quest are visiting the

UHB in September 2019 to learn from our good practice.

### Shape and Role Redesign

#### **Optimising roles within Bands 1-4**

Primary Care have a number of action plans in place during 2020 to continue to maximise the skills of all our workforce. Examples include: continuing to define and train all Health Care Support Workers to embed the HCSW Skills and Career Framework and the development of a Band 4 role to release District Nurse Capacity. Nursing HCSWs now have the opportunity to develop their knowledge and skills to undertake a undergraduate nursing degree whilst employed by the UHB. A flexible earn as you learn approach is now provided by two universities to cater to the adult and mental health branch. CD&T are developing the Health Care Support Worker workforce linked to radiology in order to utilise the skills of this workforce more effectively, centred around the needs of the patient.

#### **Physician Associates**

The UHB have committed to student PAs in some areas, and this will continue to grow. We are also developing substantive posts within a number of areas and exploring a rotational programme with Swansea University and other Health Boards to inform the approach. We are working with HEIW and Birmingham University to develop training in Wales for Physician Associates Anaesthesia (PAA). In 2020 we hope to support our staff in the Anaesthesia Assistant course and supported by HEIW, hold a series of task and finish groups to explore further appetite across Wales.

#### **Advanced Practice**

**Nursing Advanced Practitioner** roles remain well established within: Paediatric and Neonatal Critical Care; Acute and Emergency Medicine: Critical Care; Haematology; Acute Oncology; Acute Child Health (medicine, surgery and oncology); GP out of hours services; and in GP Practices. Trainee advanced practitioners continue to be developed in Acute Child Health, GP Out-of-Hours

service; Critical Care; Mental Health and Haematology. Advanced skills development is also being provided for new Major Trauma Centre Nurse Practitioner roles and the Hospital at night service.

For Allied Health Professions, the implementation of the advanced **First Contact Physiotherapist** role continues and numbers will increase throughout 2020/21. Post holders appointed to this advanced role work in **GP practices** and provide expert musculoskeletal care to patients instead of GPs. Post holders are undertaking advanced practice development e.g. non-medical prescribing and joint injections, and are working towards undertaking the advanced practice portfolio. Community advanced practitioner roles are also being developed in OT and Podiatry.

The governance of non-medical prescribing, as an advanced skill, remains a priority as we will now see the implementation of our **Non-Medical Prescribing Governance Framework** across secondary and primary care; in collaboration with University and HEIW partners.

### Cross Cutting Transformation across the UHB

#### Primary Care Workforce Plan

Over the last 12 months significant work has been undertaken in workforce planning and OD to support primary care through dedicated expertise. The Team have identified a three year Workforce operating model.



The strategic programme includes the following:

- Workforce planning and modelling – developing local population based modelling based upon demand analysis.
- A good place to work – addressing the issues of recruitment and retention, pay and employment terms as well as a focus on well-being.
- Specific Role Development – priority areas include developing a national framework and training for the community navigator role and triage roles.
- Education, training and skills – this includes developing mechanisms to increase opportunities for education and training within primary care settings, including mentoring and supervision requirements and career pathways.
- Sharing best practice – building on the compendium of models and roles produced to date with the development of workforce elements of evaluation of new models.

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## Cluster Development

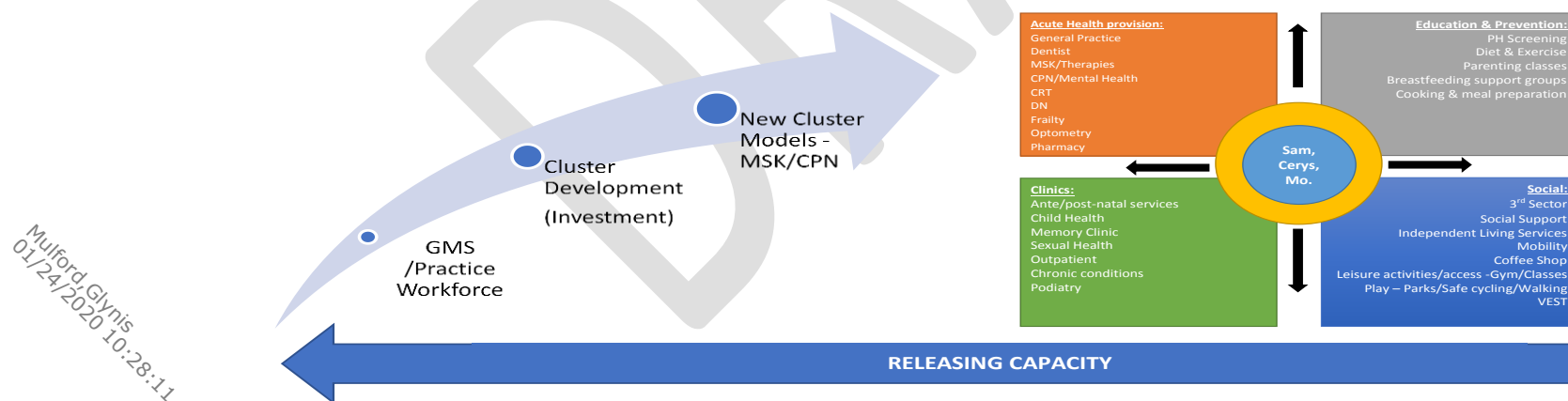
We continue to grow the workforce employed by the Health Board to work directly with practices/clusters to support sustainability and to release GP capacity, however pressures on existing leadership structures, and supervision arrangements remain. We have embedded a Cluster Partnership agreement to provide governance and structure to these models and we continue to learn and develop from our evaluation work as our clusters continue to evolve and mature.

The last 12 months has seen the rollout of Musculoskeletal (MSK) and Mental Health (MH) practitioners throughout many of the Clusters. While the rollout of the MSK practitioners still continues, the benefits of both are already being experienced throughout practices and clusters.

## Locality/Cluster Wellbeing Hub Development:

Work continues in the North West Locality to respond to the challenges of the Cardiff Local Development Plan (LDP). All partners were actively engaged in a series of workshops as part of the Shaping our Future Wellbeing Strategy and in response to the challenges of the Cardiff LDP. The focus and the priority of the work is the development of the wellbeing Hub within the Cardiff West Cluster area. The workshops were designed collaboratively with stakeholders using the population health needs assessment to ensure that future services are designed, modelled and delivered around the patient to identify a range of scenarios/options to inform decision making, estates and planning.

The following diagram illustrates the journey towards sustainability based on the engagement and inclusion of partners to date.



**Health & Social services Transformation Fund:**

Work is progressing in the Cardiff South West Cluster with the implementation and development of social prescribing. Organisational Development (OD) support will be provided by the Clinical Board who will actively work with the 3rd Sector Service Providers to identify processes and criteria to inform the implementation of an IT system. The IT system will assist service users in signposting and referral.

The Cardiff South West Cluster is also giving consideration as to whether it will further develop and become an entity in its own right, or establish a form of co-operative society. The Clinical Board will continue to support the Cluster with this work by providing a dedicated Project Manager and OD Support as necessary. The implementation of an entity or co-operative may influence and enhance integrated working within the Cluster.

**Urgent Primary Care (OOH):**

We have delivered against a number of the workforce priorities. A comprehensive demand and capacity exercise has supported the development of the workforce plan and future service model, which supports the continued growth of a skilled multi-disciplinary team. We have developed a competence framework, supported by appropriate education to ensure all clinicians have the cores skills required to work and grow. Our work has been used to inform the development of the All Wales Urgent Primary Care Competency Framework and we continue to work closely with the 111 Project Team on developing appropriate education that delivers the skills required for the future.

**District Nursing:**

Succession planning continues to ensure the service continues to meet the SPQ requirements as outlined within the Principles and we continue to work with HEIW to identify the staff and funding requirements to expedite the number of staff achieving SPQ through 2020/21. Further aspirations include the journey towards a 'Community Nurse' which would incorporate the nursing provision currently situated in separate services (CRT Nurse, Frailty Nurse & DN Nurse) taking account of the learning from Community Nursing Pilots across Wales. Further workforce planning activities are to include specialist areas of work including Acute Response (ART), Continence and Nurse Assessor Teams.

General Practice Nursing (GPN) continues to be a challenge to recruit to due to the time to skill up nurses to work within this field. As a direct response we successfully launched a jointly funded initiative, working with partners in General Practice, to introduce a 12 month GPN training scheme for Cardiff and Vale to increase the supply of trained GPNs for Primary Care practices as part of the solution to sustaining and developing the primary care nurse workforce of the future. The scheme will be evaluated in due course to identify success/lessons learnt and opportunities to grow the scheme further during 2020/21.



## A Healthier Wales – Regional Partnership Board Proposal

“Me, My Home, My Community” ambition for Cardiff and the Vale of Glamorgan provides for significant opportunity. Engaging staff and partners will be critical to its success, in addition to the development of integrated workforce plans across our health and social care system.

### Regional Collaboration/Clinical Change Programme

Formal Joint Regional Planning and Delivery Committees are in place for the South Central and South East Region (Cwm Taf, Cardiff and Vale and Aneurin Bevan, with representation from ABMU for the Bridgend population) and the South West Region (ABMU and Hywel Dda). The workforce transformation required to support these change programmes is embedded within each of the two streams and no longer sits alone. These include Vascular; ENT; Paediatrics, Obstetrics, Neonatal and Gynaecology (PONG); and Regional Priority programmes covering Orthopaedics, Ophthalmology and Diagnostics. A specific Workforce work-stream has been developed to support the **Major Trauma Network and Centre** and this group has already established Workforce Principles which will underpin our collaborative working so that we build a strong network across South, Mid and West Wales.

As part of its role in the **Cardiff and Vale Regional Partnership Board**, the UHB participated in a Workforce Planning Development Session. The purpose of this was to review, in partnership, the strategic workforce context across the health and social care region, noting the working already taking place in each of the 3 areas at a local, regional and national level and considering further strategic priorities and action plans. Coming out of this, last year, the senior leadership teams in Workforce & OD in the UHB and Cardiff Council met informally in order to develop working relationships and share practice across sectors.

**Workforce systems - ESR and Rosterpro** – during 2020/21 our priorities for further developments are:

- Review and update the nurse e-rostering system
- Continue local implementation of the national digital workforce programme
- Migrate to the occupational health bi-directional interface of the Cohort and ESR system
- Maximise use of Learning and Development functionality available within ESR to update PADR Values Based Appraisal, Talent management and succession planning and link to pay progression
- Progressing online booking for training through ESR
- Develop the ESR Learning Path functionality
- Continue to remove barriers to using ESR through developing single sign on functionality
- Survey users to ensure we offer tailor made training and education to maximise usage and efficiency



## Transformation within Professions and Standards

**The Apprenticeship Academy** is now established and underpins our commitment to the *Well-being of Future Generations Act*; a *prosperous Wales*. This investment in apprenticeships, internships placements and graduate opportunities remains a key development in our workforce plan for 2020/21. Our ambition is to develop 100 entry level apprenticeships and also continue to



upskill our current workforce with opportunities to study apprenticeship courses. This will ensure we obtain a return on investment from the £2.4m apprenticeship levy contribution we make each year. We continue to support the Cardiff Commitment Pledge which aims to ensure that all young people in Cardiff are provided with the support, choices and opportunities to make a successful transition from compulsory schooling to ongoing education, training and the world of work, and are enabled to reach their full potential.



To support this we are continuing to support the widening access agenda by attending Careers Events and visiting schools across Cardiff and Vale to publicise the Academy and the varied roles and opportunities that are available in the Health Board. We intend to provide further NHS work observation programmes to promote the UHB as a 'great place to work and learn' and to #TRAINWORKLIVE in Wales.

**Modernising Pharmacy Careers** - this work has been transitioned into the Pharmacy Deanery of HEIW. The UHB is embracing the pharmacy workforce changes required to support the vision in Healthier Wales, initially by ensuring that all pre-registration training is delivered across primary community and secondary care, from 2019 intake. Further pharmacy workforce development (from early 2020) will include cross sector career pathways for pharmacists, pharmacy technicians and support staff wherever appropriate, including Foundation and Advanced practice and supportive job planning to reflect the needs of patients, the public and healthcare in Wales.

**Modernising Scientific Careers (MSC)** – we continue to develop and implement service and workforce plans in Cellular Pathology including a successful programme to develop Consultant Reporting Biomedical Scientists, and Laboratory and Clinical Genetics. Genetics staff (Clinical Scientists, Bioinformaticians, Genetic Technologists, Genetic Counsellors) who are receiving further training to meet the increasing demands of the growing **Genomic service**. Genomic medicine workforce plans will have a particular focus on the recommendations of the 2019 **Topol Review**. The Genetics Department is organising a clinical workforce planning session

with HEIW and will look to develop an integrated Bioinformatics workforce plan through Genomics Partnership Wales. We aim to provide training to non-genetic healthcare professionals (across Wales) in the delivery of clinical Genomic Medicine services and how they are 'main streamed' into routine clinical practice.

The UHB is also progressing analogous integrated workforce planning in Radiology which is outside MSC. This has resulted in new structures and skill mix to support 7 day working and change in service pathways. The UHB will develop plans to respond to the challenges and opportunities for healthcare science and healthcare scientist as described in "Healthcare Science in NHS Wales – Looking Forward".

## 2. ENGAGED WORKFORCE

Create conditions which unleash more potential, and commitment to the goals and values

**Improving levels of staff engagement** improves performance and outcomes, including: mortality rate; health and wellbeing; absenteeism; patient satisfaction; quality of services; and financial management (NHS Employers, 2013). We have a comprehensive programme of engagement work at both organisational and Clinical Board level.

Our surveys – Medical Engagement, Staff Survey and Values Survey – are one way in which our staff can share their views and they

Theme	Cardiff and Vale University Local Health Board			NHS Wales		
	2018	2016	2013	2018	2016	2013
Intrinsic psychological engagement	4.02	3.90	3.77	4.02	3.91	3.80
Ability to contribute towards improvements at work	3.65	3.31	3.16	3.65	3.35	3.14
Staff advocacy and recommendation	3.81	3.71	3.37	3.79	3.68	3.37
<b>OVERALL ENGAGEMENT INDEX SCORE:</b>	<b>3.83</b>	<b>3.64</b>	<b>3.43</b>	<b>3.82</b>	<b>3.65</b>	<b>3.43</b>

have given us a clear picture of the work we need to do to improve staff engagement. Although our staff are feeling more engaged, improvement is required. The results of the NHS 2018 survey for Cardiff and Vale continue to show positive improvements in most areas since 2016 survey and the Board is above the overall NHS Wales scores on many questions. However, there are some scores which have

declined and some which are below average which include stress at work and harassment, bullying and abuse. See paragraphs below for actions to address these issues following a recent successful Employee Well-being bid. The Executive Director of Workforce and OD leads a task and finish group with a range of staff throughout the UHB to develop a response and action plans to

deliver against the themes from staff feedback. Delivery of this action plan is overseen by the Staff Survey Steering Group which will continue to meet in 2020 to improve staff engagement, promote good work and successes and encourage greater participation in the next survey through the **#CAVYourSay** strapline.

### The Quadruple Aim for All



In 2020/21 we will continue to invest in reward and recognition of staff; improve staff involvement in change activity; improve the quality of our appraisals; improve our response to complaints of bullying; and reduce the number of stress-related absences. In 2020/21 we will enhance our understanding of the drivers of engagement, bringing together the 'key diagnostic indicators' of engagement, such as selection of workforce measures, medical engagement results, and data from our Values programme. We have recently been working with Professor Michael West in the mission to continue to develop the culture in our Health Board for High Quality Care.

**Medical Engagement** has been a particular focus in recent years and in 2020/21 we will continue to evaluate our progress in order to develop

further the Engagement Charters at team level.

We recognise that staff wellbeing is key to staff feeling engaged. A multi-disciplinary group leads a strategic action plan for **improving staff health and wellbeing**. Dietetics, physiotherapy, health and safety, transport and travel, occupational health, employee wellbeing and the Public Health team developed a collaborative plan, which realised improvements across a range of areas. We have achieved great success with achieving both Gold and Platinum Corporate Health Standards and being recognised as an exemplar organisation. In 2020/21 we will continue to use the learning from these standards to stretch our health and wellbeing activity even further, achieving further reductions in sickness absence through whole-system approaches.

As a signatory of both the **Time to Change Wales (TTCW)** Campaign and **Mindful Employer Charter**, the UHB is aware of the importance of improving and maintaining mental health in the workplace. In 2019 the UHB's Health Charity has provided a two year financial investment in the **Employee Wellbeing Service** which will double the number of counsellors and introduce a new assistant psychological therapy practitioner role which will increase access to low intensity support and reduce waiting times for staff. In addition, **we have trained over 40 TTCW wellbeing champions** with further training planned and introduced the **CAV a Coffee Campaign** which encourages staff to take time out and talk about their wellbeing.

As an organisation we strongly believe it is vital our leaders exhibit the behaviours and values we expect from all our staff. In recent years these behaviours have been integrated in to all workforce processes, including recruitment, promotion, appraisals, induction and performance management. Each of our core value comes with a set of behaviours that are measurable and specific. Incorporating core values as part of the performance management process will enable employees to be recognised whenever they behave in alignment with core values. Reviewing people based on values is interrelated with rewarding people for demonstrating the values. All leadership and Management training in Cardiff & Vale now incorporates training on a coaching style and managers are encouraged to coach and support employees on how to demonstrate the core values which eventually lead to recognition and rewards.



#### **Year 4 of the Strategic Equality Delivery Plan.**

This is the last year of the current four year Strategic Equality Plan. As we approach 2020, we have continued our work to become an inclusive organisation. In partnership with Delsion, an award winning equality consultancy, and Cardiff and Vale College, this year we delivered a **“Leading through Inclusion”** training package for managers. We also started to use theatre through the AFTA Thought theatre company, as a way of communicating the inclusive message amongst staff. We are looking to build on both initiatives in 2020.

Consultation has commenced on a new **four year Strategic Equality Plan: Caring about Inclusion 2020-2024**. As the title suggests this plan will focus on taking a more inclusive approach. It will look to make inclusion an explicit aspect of **AMPLIFY 2025**.

Although we have fallen out of the **Stonewall Workplace Equality Index Top 100**, we are still one of two top Health and Social Care organisations in Wales and are in the **top 5 Health and Social Care** organisations in the UK as well as being in the **Top 10 Employers in Wales**. Our continued presence at the annual PRIDE Cymru Parade, led by our Chief Executive and other Board members continues to grow. Plans for PRIDE 2020 are already underway. This year we have consolidated our **Disability Confident** Employer status and will be looking to achieve Disability **Confident Leader** status during 2020. Workshops on **Trans** related issues, which include content on terminology and discrimination has been successfully piloted and will be made available to staff on an on-going basis. A further review of some of our employment policies has led to them becoming more inclusive and we will be looking for more appropriate opportunities to continue this work, including reviewing our Equality, Diversity and Human Rights Policy.

## Welsh Language



The Welsh Language Standards, after a very comprehensive and systematic consultation process undertaken by staff, was placed with the UHB at the end of November 2018. The implications of their content and implementation means that there are challenges that the UHB must meet if the standards are to be achieved. Issues such as providing training opportunities to staff and working with local dementia networks to develop a reminisce resource for staff to use with Welsh speaking dementia patients are examples of the work that we are and will continue to develop in the coming year. The Standards also provide us with opportunities and not just challenges. Through our work in meeting the Standards, we will be able to identify good practice with the More Than Just Words Awards taking place in 2020. This can be used a measurement tool to see how far we have progressed.

Most recently we have:

- ✓ Held a number of workshops to develop an implementation plan to meet the Standards
- ✓ Secured new translation services in partnership with Cardiff City Council
- ✓ Delivered more welsh language courses than ever - free for staff, comprising
  - Work Welsh Taster courses
  - Intensive Welsh courses
  - Residential courses
- ✓ Signposting our staff to the breadth of on line learning resources at our disposal
- ✓ Encouraged our staff to register their skills on ESR so we have informed data on the language skills across the UHB
- ✓ Appointed two switchboard operators with welsh language fluency to our main UHW switchboard
- ✓ Worked closely with Clinical Boards to support the development of Patient Management Systems that record welsh language preferences of our patients
- ✓ Developed an on line library of welsh language job descriptions
- ✓ Provided guidance to Clinical Boards on welsh language job advertisements and phrases

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### 3. CAPABLE WORKFORCE

Meet learning & leadership skills needs through delivery of quality training & development.

Investing in our workforce to build capability and capacity is central to the UHB's ambition to be a **Great Place to Work and Learn**. Much of this is coordinated through the Learning, Education and Development Department, working collaboratively with Clinical Boards and Executive Departments.



**Talent Management and succession planning** are integral to our appraisal, recruitment, development and retention plans for 2020/21. The vision

for the organisation is to develop and nurture engaged and motivated staff with the skills and confidence to live up to our values every day. Last year we redesigned our appraisal process to bring it in line with the business objectives and develop a **Career Conversation Framework** to allow a structured approach to incorporate our values and behaviours into the measurement of staff performance. Succession planning review meetings have begun initially in areas of most need which include Directors of Nursing and Therapies. We have also increased the number of graduate placements in the organisation. Along with the Apprenticeship Academy, this will move us towards our aim of integrating talent through different levels of the organisation. Talent management tools and bespoke development programmes will continue to be developed using feedback from the early adopters of the Values Based Appraisal and Succession Planning Reviews. Further outcomes will include: a post-graduate scheme and a career-pathway brochure. Benefits will be identified through a



14 January 2020



reduction in hard-to-fill posts and reduction in expenditure on interim staffing arrangements.

**Leadership and Management** skills development is a key focus as we continue to invest in development to build leadership capability. Following a review of the leadership development offer it is now aligned with the UHB Strategy and renewed transformation programme. The focus of our leadership development at all levels is on networking; not only across the organisation but also across healthcare and Third Sector organisations in Cardiff and Vale, supporting each other and stimulating leaders to solicit new ideas and innovative solutions from each other and their teams and encouraging them to present ideas that are different from their own.

Two new Management programmes have been developed and will begin in 2019/20 which are open to all grades and job roles with the aim of increasing management capability across the organisation; **First Steps to Management** aimed at aspiring managers and supervisors, and **Essential Management** skills for new and existing managers.

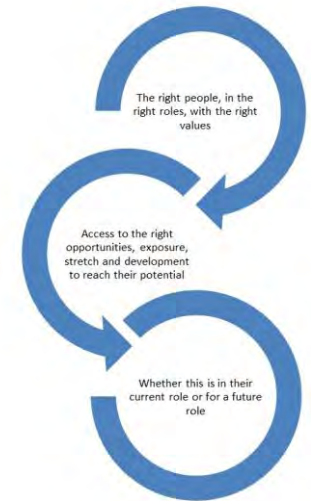
A suite of management and leadership development modules will be rolled out in 2020/21 to allow skills to be gained in line with personal development need and linked to the Talent Management and Succession Planning Strategy. These may include; Understanding the Organisation, Understanding your Personal Leadership Style, Setting up a new Team, Team Development, Workplace Coach, Project management, Financial Skills.

New Leading Change Programmes have been developed and will continue through 2020/21. The three programme are

- ❖ **Acceler8** designed to change mind-set and reduce silo working through cross departmental projects
- ❖ **Integr8** designed to give LEAN skills and complete small projects
- ❖ **Collabor8** aims to develop alliancing skills

The leadership pathway for all roles will be mapped and accessibility to programmes increased. We will also participate actively in the development of **public sector partnership leadership programmes** through our involvement in the Public Services Board.

**Mandatory Training** compliance is monitored and reported monthly to ensure we are moving towards 85% compliance target. We are seeing improvement. During 2018/19 the ESR system was utilised to develop a training needs analysis for all level 1 and 2 awareness raising mandatory training. This has replaced the previous blanket approach and now provides a system for staff to



identify the modules and refresher periods they are required to undertake, deemed essential for their role. This will now identifies the roles that require the relevant training, therefore avoiding duplication and unnecessary time undertaking training not relevant to role.

**Nurse capability:** Significant progress has been made regarding the development of the 'Nursing and Midwifery Education and Development Framework' with active work streams including: the pathway of HCSW developing to registered nurses; implementation of the new NMC education standards; and the development of UHB standards for preceptorship. A revised 12 month preceptorship programme has been tested and launched in 2019 and the work stream has been extended to encompass the preceptorship of newly registered Midwives and a new branding: the Nursing and Midwifery Preceptorship Programme (NMPP). We are also developing the Major Trauma Centre Nurse Education Framework with induction pathways being developed and tested to support associated new roles. The Adaptation programme for Overseas Nurses, launched in 2018, has proved successful with 9 nurses achieving NMC registration and another 25 due to register in 2020. The development of an in-house OCSE preparation programme has brought significant savings to the organisation and has proved a robust approach; now used to support 50 nurses recruited from overseas. The new ESR competency module is now being used to document the achievement of competence for nursing clinical skills and this will continue to be implemented for all clinical skills programmes.

**Non-registered nurse capability:** clear development pathways are now in place for non-registered nurses across all settings in the UHB. Compliance with the HCSW Skills and Career Framework is measured annually and 49% compliance has been maintained for 2019. An interactive development pathway has been launched in 2019, providing managers and educators with guidance to support HCSW wishing to develop to registered nurses. HCSW continue to access undergraduate nurse training through the traditional route or through one of the newer flexible routes as 9 individuals have joined cohorts of the University of South Wales and Open University flexible undergraduate programmes. The UHB is working in partnership with HEIW in 2019/20 to pilot a new HCSW learning pathway for ESR.

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#### 4. EFFICIENT & SUSTAINABLE WORKFORCE

##### Achieve target workforce metrics (KPI's)

Delivering against the UHB's **Workforce Metrics**; ensuring the total pay-bill remains within budget; reducing temporary agency and locum expenditure; continued reduction of sickness absence and promotion of staff wellbeing remain key priorities for the UHB in **2020**. The UHB has made significant improvements in many of these areas but our challenge of reducing expensive high premium agency costs remains a key focus.

Key Performance Indicator	2018-19 Outturn	YTD	Monthly Actual - Jun-19	2020-21 Target	2021-22 Target	2022-23 Target
Sickness Absence (12-month Cumulative)	5.11%	5.18%	4.93%	4.60%	4.40%	4.40%
YTD Sickness Absence (Financial Year)	5.11%	4.84%	4.93%	4.60%		
Job Plan Compliance (12 month review)	31.44%	27.41%	27.41%	85.00%		
Voluntary Resignation Turnover	6.57%	6.53%	6.53%	Reduction		
Pay Bill Over/Underspend	-0.31%	-0.32%	-0.31%	Underspend		
Variable Pay	8.55%	8.64%	8.74%	Improvement		
Actual (Contracted) WTE	12962.53	12924.25	12924.25	As per IMTP Predictions		
Fire Safety Mandatory Training	67.97%	68.69%	68.69%	85.00%		
PADR	56.37%	55.75%	55.75%	85.00%		

Table: monthly sickness rates 2019/20 compared to 4.60% target:

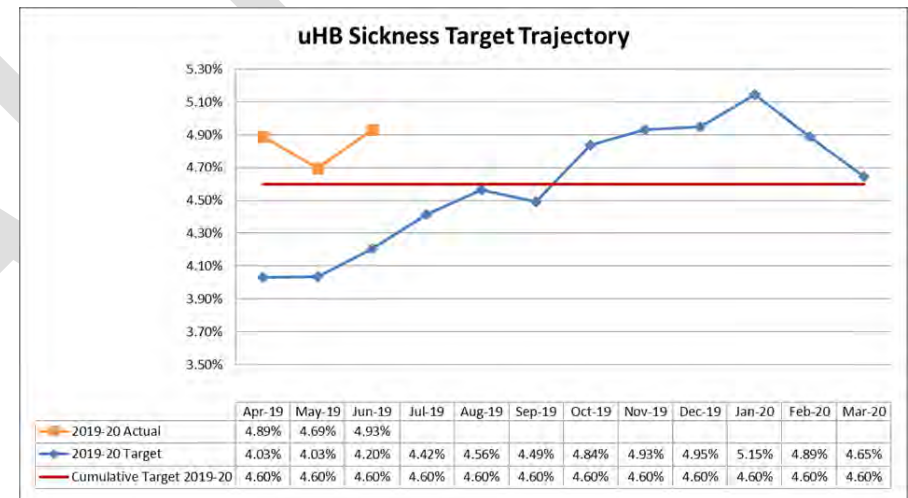
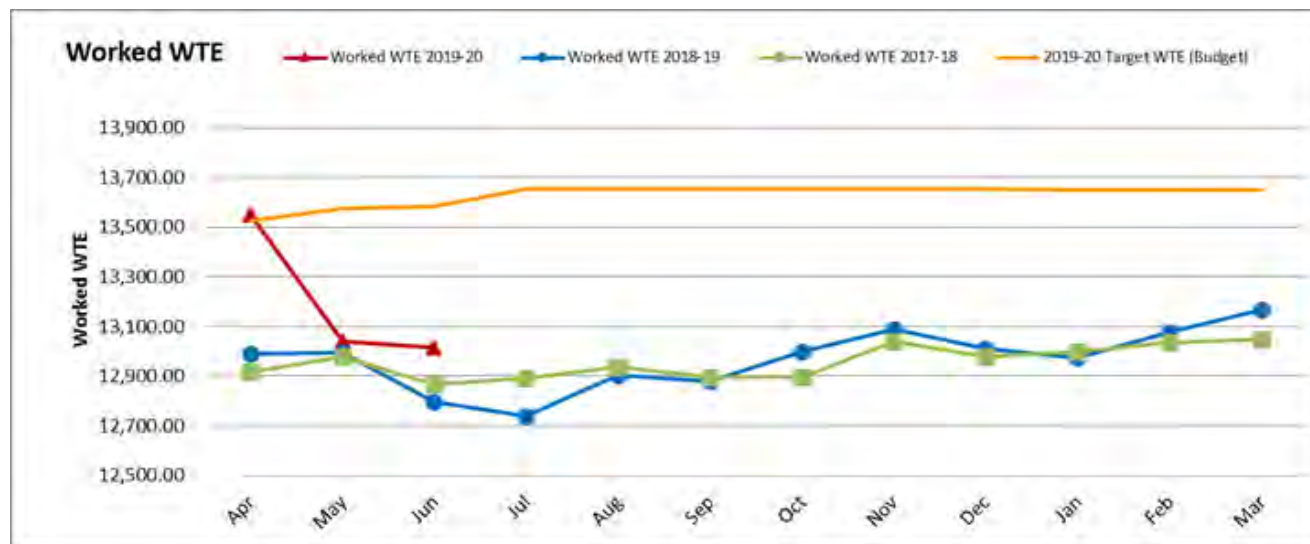


Table: NHS Wales Absence Benchmarking (NHS Wales Performance dashboard data May 2019)

	Contracted FTE	12-Month Cumulative Sickness
Aneurin Bevan uHB	11,388	5.38%
Betsi Cadwaladr	15,505	5.06%
Cardiff & Vale	12,859	5.16%
Cwm Taf	10,304	5.89%
Hywel Dda	8,443	4.89%
Powys	1,775	4.50%
Public Health Wales	1,631	3.78%
Swansea Bay uHB	11,235	5.97%
Velindre	3,905	4.13%
Welsh Ambulance Services	3,215	7.10%
NHS Wales	80,261	5.34%

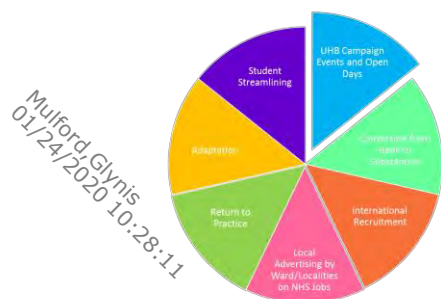
The financial year to date **Sickness Absence** figure to June 2019 is 4.84%. The cumulative sickness absence rate for the 12-month rolling period to June 2019 is 5.18%. The 12-month cumulative sickness rate for the UHB has been at or around the same rate since April 2018. The strategic action plan for **improving staff health and wellbeing** is described within the Engaged Workforce section.



**Workforce costs** have been tightly controlled during 2019/20, seeing a continuing trend to reduce variable pay and expensive agency costs. This is illustrated by a cumulative month 6 budget underspend of £1.190m (-0.33%).

The focus in 2020/21 will be to continue to drive these unnecessary costs out to ensure an affordable and sustainable pay-bill. Clinical Boards and corporate functions continue to refine their workforce saving opportunities, controlling vacancies, temporary spend, skill mix, sickness absence costs and alternative ways of working. Reducing UHB wide workforce costs forms part of the UHB's tactical efficiency savings in 2020/21 and is being driven through the Nursing Productivity Group, Medical Productivity Group, Workforce Productivity Group that feed into the Cross Cutting Steering Board.

Ensuring **sustainability** of current and future workforce supply, especially in nursing and medical roles, remains a priority for the UHB. Specific actions identified within the plan are: deliver Project 95% and sustain Project Switchover; continue to deliver Medical Training Initiative (MTI) strategy; continue to monitor the implementation of the Welsh Government Agency and Locum Circular, recruit hard to fill vacancies; develop talent management and succession planning for senior management posts.



**Project 95%** has held a number of very successful recruitment campaigns in 2019 and continues to fill substantive nursing posts. Recent work has been focussed on the development of a **Nurse Retention Plan** to ensure that when we recruit we also retain our

nurses. We are also having great success with our **international nurse** campaign and nurse adaptation programmes and have a “waiting list” of people who wish to join these. Further cohorts are planned for 2020.

**Project Switchover** has continued to sustain its position of eradicating 100% off contract agency usage.

**Nurse Staffing Levels (Wales) Act 2016** – 25B, C and E commenced in April 2018. Guidance has been implemented to enable us to comply with the Act.

**Medical Locums** remains a priority for the UHB in 2020 and control measures in place and monitored through the established Medical Productivity Project Team.

**MTI** – in 2020 the UHB is aiming to continue to hire more MTI doctors through the BAPIO initiative.

**Hard to fill vacancies** - Whilst the UHB have had a number of successes in 2019 in filling key roles in Emergency Medicine and Paediatrics, our recruitment strategies continue to be reviewed especially in Medicine, Paediatrics and Psychiatry. Our plans to address other professions include: newly qualified nurses, Sonographers, Radiologists, qualified mechanical and electrical trades, Perfusionists, Cardiac scrub nurses and Advanced Nurse Practitioners.

As outlined within the transformation section, the appraisal process and documentation is being thoroughly reviewed which will improve **PADR compliance** which has remained static at around 56-60% for many years. The process is being aligned with the talent management process and fundamentally this new approach will enhance the staff experience and improve the career conversation.

**Brexit** – we are continuing to support our staff who require EU settlement by providing them with as much information and guidance as is available.

**The Workforce and OD Delivery Plan** which outlines the actions identified to deliver against the above objectives, is available at this link:

[WTP 20120-23 Workforce & OD Delivery Plan Only.docx](#)

## **Appendix C - IMTP Mandatory & Discretionary Templates 2020/21 to 2022/23**

### **Mandatory Templates - Sheets**

- C2 Service Shift from Secondary to Primary and Community Care
- C3 Finance – Statement of Comprehensive Net Income/Expenditure – 3 yrs
- C4 Finance – Statement of Comprehensive Net Income/Expenditure NET profile Analysis
- C5 Finance – Financial Plan Summary
- C6 Finance – RP Assumptions
- C7 Finance – Revenue Resource Limit Assumptions
- C8 Income and Expenditure Assumptions (Wales NHS)
- C9 Finance – Year 1 Savings Plan
  - C9a - Year 1 Savings Tracker
- C10 Finance – Years 2 & 3 Savings Plan
- C11 Finance – Risks and Opportunities
- C12 Asset Investment Summary
- C13 Asset Investment Approved
- C14 Asset Investment Unapproved
- C15 Revenue Funded Infrastructure
- C16 Workforce - WTE
- C17 Workforce - £'000
- C18 Workforce - Recruitment Difficulties
- C19 Educational Commissioning information
  - C19.1 Nursing & Midwifery
  - C19.2 AHPs
  - C19.3 HCS
  - C19.4 Pharmacy
  - C19.5 Other Professions
  - C19.6 Adv.Pract-Extended Skills MSc
  - C19.7 Adv.Pract-Extended Skills Modules
  - C19.8 Non Medical Prescribing
  - C19.9 Additional Requirements

### **Discretionary Template - Sheet**

- C20 Delivery - LHB & Trust Specific Internal Service Delivery Plans & Measures
- Other**
- C21 Hyperlinks

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SERVICE CHANGE & SHIFT OF SERVICES / ACTIVITY / WORKFORCE / FINANCE FROM SECONDARY CARE TO PRIMARY & COMMUNITY CARE - HIGH LEVEL MILESTONES

This template can be adjusted to suit local need. What is important is that service change and service shift priorities and the key risks, benefits and milestones associated with them are identifiable.

LIST IN ORDER OF PRIORITY / IMPORTANCE

ID	CHANGE/SCHEME & Ref in IMTP	Detailed description of Service Change & Service Shift	Status & Timetable (see Note)	Expected impact on activity in different settings of care (volume and type of activity) and pathway stage.	Workforce changes to deliver service change and service shift (FTEs and skill mix)	Financial consequences - funding service change and service shifts and costs/savings	Key Risks & Mitigating Actions	Measurable Benefits
1								
2								
3								
4								
etc.								

NOTE

1 Status & Timetable

Status - What is **currently being implemented** and what is **in the pipeline (forward look)**

Timetable - expected timetable for **implementation** and **completion**.

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## STATEMENT OF COMPREHENSIVE NET INCOME/EXPENDITURE

This Table is currently showing errors

Please note that this Table is populated automatically from Table C4

	Annual Plan 2020/21 £'000	Annual Plan 2021/22 £'000	Annual Plan 2022/23 £'000
<b>Revenue/Income (positive entries)</b>			
1 Revenue Resource Limit	993 402	1 009 686	1 038 578
2 Miscellaneous Income - Capital Donation\Government Grant Income	2 069	2 069	2 069
3 Miscellaneous Income - Other (including non resource limited income)	101 363	101 363	101 363
4 Welsh NHS Local Health Boards & Trusts Income	106 574	111 094	115 614
5 WHSSC Income	248 572	248 572	248 572
6 Welsh Government Income	22 851	22 851	22 851
<b>7 Total Revenue/Income</b>	<b>1 474 831</b>	<b>1 495 635</b>	<b>1 529 047</b>
<b>Operating Expenses (positive entries)</b>			
8 Primary Care Contractor (excluding drugs, including non resource limited expenditure)	167 561	167 649	169 598
9 Primary Care - Drugs & Appliances	73 232	75 332	77 432
10 Pay	649 266	676 333	703 400
11 Non Pay (excluding drugs & depreciation)	152 293	141 882	131 472
12 Secondary Care - Drugs	80 099	83 599	87 099
13 Healthcare Services Provided by Other NHS bodies	169 941	176 540	183 139
14 Non Healthcare Services Provided by Other NHS bodies	10 426	10 926	11 426
15 Continuing Care and Funded Nursing Care	72 058	74 165	76 272
16 Other Private & Voluntary Sector	20 679	20 679	20 679
17 Joint Financing and Other	31 079	31 079	31 079
18 Depreciation/Impairments	48 199	37 452	37 452
19 Other	0	0	0
<b>20 Total Operating Expenses</b>	<b>1 474 831</b>	<b>1 495 635</b>	<b>1 529 047</b>
<b>21 Forecast Surplus/(Deficit)</b>	<b>0</b>	<b>0</b>	<b>0</b>

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MONTHLY SUMMARISED STATEMENT OF COMPREHENSIVE NET EXPENDITURE

This Table is currently showing 0 errors																												
Enter Current YTD Month	Current Year				Year 1												Year 2				Year 3				Forecast year-end position			
	8				1	2	3	4	5	6	7	8	9	10	11	12	AV 1-3	AV4-6	AV7-9	AV 10-12	Forecast year-end position	AV 1-3	AV4-6	AV7-9		AV 10-12	Forecast year-end position	
	YTD £'000	YTD Monthly Average £'000	FY FC £'000	FY Monthly Average £'000	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Average month Q1 £'000	Average month Q2 £'000	Average month Q3 £'000	Average month Q4 £'000	Forecast year-end position £'000	Average month Q1 £'000	Average month Q2 £'000	Average month Q3 £'000		Average month Q4 £'000	Forecast year-end position £'000	
1	Revenue Resource Limit	636 528	79 566	1 001 243	83 437	84 561	83 043	82 871	83 248	83 072	82 378	84 656	84 032	81 424	81 693	80 798	81 624	993 402	84 141	84 141	84 141	84 141	1 009 686	86 548	86 548	86 548	86 548	1 038 578
2	Miscellaneous Income - Capital Donation/Government Grant Income	904	113	1 602	134	172	172	172	172	172	172	172	172	172	172	172	172	2 069	172	172	172	172	2 069	172	172	172	172	2 069
3	Miscellaneous Income - Other (including non resource limited income)	315 406	39 426	472 389	39 966	8 447	8 447	8 447	8 447	8 447	8 447	8 447	8 447	8 447	8 447	8 447	101 363	8 447	8 447	8 447	8 447	101 363	8 447	8 447	8 447	8 447	101 363	
4	Welsh NHS Local Health Boards & Trusts Income		0		0	8 881	8 881	8 881	8 881	8 881	8 881	8 881	8 881	8 881	8 881	8 881	106 574	9 258	9 258	9 258	9 258	111 094	9 634	9 634	9 634	9 634	115 614	
5	WHSSC Income		0		0	20 714	20 714	20 714	20 714	20 714	20 714	20 714	20 714	20 714	20 714	20 714	248 572	20 714	20 714	20 714	20 714	248 572	20 714	20 714	20 714	20 714	248 572	
6	Welsh Government Income		0		0	1 904	1 904	1 904	1 904	1 904	1 904	1 904	1 904	1 904	1 904	1 904	22 851	1 904	1 904	1 904	1 904	22 851	1 904	1 904	1 904	1 904	22 851	
7	Income Total	952 838	119 105	1 475 234	122 936	124 680	123 162	122 990	123 367	123 192	122 497	124 775	124 151	121 544	121 812	120 917	121 743	1 474 831	124 636	124 636	124 636	124 636	1 495 635	127 421	127 421	127 421	1 529 047	
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	111 268	13 909	166 803	13 900	13 963	13 963	13 963	13 963	13 963	13 963	13 963	13 963	13 963	13 963	13 963	167 561	13 971	13 971	13 971	13 971	167 649	14 133	14 133	14 133	14 133	169 598	
9	Primary Care - Drugs & Appliances	49 221	6 153	73 641	6 137	6 103	6 103	6 103	6 103	6 103	6 103	6 103	6 103	6 103	6 103	6 103	73 232	6 278	6 278	6 278	6 278	75 332	6 453	6 453	6 453	6 453	77 432	
10	Provided Services - Pay	416 753	52 094	625 631	52 136	55 883	54 365	54 193	54 570	54 394	53 700	55 978	55 354	52 746	53 015	52 120	52 946	649 266	56 361	56 361	56 361	56 361	676 333	58 617	58 617	58 617	703 400	
11	Provider Services - Non Pay (excluding drugs & depreciation)	112 728	14 091	170 462	14 205	12 691	12 691	12 691	12 691	12 691	12 691	12 691	12 691	12 691	12 691	12 691	152 293	11 824	11 824	11 824	11 823	141 882	10 956	10 956	10 956	10 956	131 472	
12	Secondary Care - Drugs	53 639	6 705	81 079	6 757	6 675	6 675	6 675	6 675	6 675	6 675	6 675	6 675	6 675	6 675	6 675	80 099	6 967	6 967	6 967	6 967	83 599	7 258	7 258	7 258	7 258	87 099	
13	Healthcare Services Provided by Other NHS Bodies	110 673	13 834	166 719	13 893	14 162	14 162	14 162	14 162	14 162	14 162	14 162	14 162	14 162	14 162	14 162	169 941	14 712	14 712	14 712	14 712	176 540	15 262	15 262	15 262	15 262	183 139	
14	Non Healthcare Services Provided by Other NHS Bodies	6 876	859	10 364	864	869	869	869	869	869	869	869	869	869	869	869	10 426	910	910	910	910	10 926	952	952	952	952	11 426	
15	Continuing Care and Funded Nursing Care	46 146	5 768	69 239	5 770	6 005	6 005	6 005	6 005	6 005	6 005	6 005	6 005	6 005	6 005	6 005	72 058	6 180	6 180	6 180	6 180	74 165	6 356	6 356	6 356	6 356	76 272	
16	Other Private & Voluntary Sector	13 653	1 707	21 368	1 781	1 723	1 723	1 723	1 723	1 723	1 723	1 723	1 723	1 723	1 723	1 723	20 679	1 723	1 723	1 723	1 723	20 679	1 723	1 723	1 723	1 723	20 679	
17	Joint Financing and Other	20 659	2 582	30 927	2 577	2 590	2 590	2 590	2 590	2 590	2 590	2 590	2 590	2 590	2 590	2 590	31 079	2 590	2 590	2 590	2 590	31 079	2 590	2 590	2 590	2 590	31 079	
18	DEL Depreciation/Accelerated Depreciation/Impairments	19 791	2 474	32 980	2 748	2 569	2 569	2 569	2 569	2 569	2 569	2 569	2 569	2 569	2 569	2 569	30 827	2 520	2 520	2 520	2 520	30 239	2 520	2 520	2 520	2 520	30 239	
19	AME Donated Depreciation/Impairments	(6 330)	(791)	28 023	2 335	1 448	1 448	1 448	1 448	1 448	1 448	1 448	1 448	1 448	1 448	1 448	17 372	601	601	601	601	7 213	601	601	601	601	7 213	
20	Non Allocated Contingency		0	0	0												0	0	0	0	0	0	0	0	0	0	0	
21	Profit/Loss Disposal of Assets	(288)	(36)	(2 003)	(167)												0	0	0	0	0	0	0	0	0	0	0	
22	Cost - Total	954 789	119 349	1 475 234	122 936	124 680	123 162	122 990	123 367	123 192	122 497	124 775	124 151	121 544	121 812	120 917	121 743	1 474 831	124 636	124 636	124 636	124 636	1 495 635	127 421	127 421	127 421	1 529 047	
23	Net surplus/ (deficit)	(1 951)	(244)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Table C4.1 - Net Expenditure Profile Analysis  
A. PROVIDER PAY EXPENDITURE ANALYSIS

Pay - Expenditure Profiles		Current Year				Year 1												Year 2					Year 3					
		8				1	2	3	4	5	6	7	8	9	10	11	12	AV 1-3		AV4-6	AV7-9	AV 10-12	AV 1-3		AV4-6	AV7-9	AV 10-12	
		YTD	YTD Monthly Average	FY FC	FY Monthly Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position	Average month Q1	Average month Q2	Average month Q3	Average month Q4	Forecast year-end position	Average month Q1	Average month Q2	Average month Q3	Average month Q4	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
24	Establishment	383 269	47 909	572 804	47 734	53 329	51 654	51 616	52 125	51 865	51 356	53 518	52 501	50 909	50 918	50 008	51 094	620 892	53 003	53 003	53 003	53 003	636 041	55 259	55 259	55 259	55 259	663 108
25	Variable	29 644	3 706	44 654	3 721	1 282	1 440	1 332	1 173	1 258	1 100	1 187	1 581	592	825	841	614	13 224	1 102	1 102	1 102	1 102	13 224	1 102	1 102	1 102	1 102	13 224
26	Agency/Locum	8 435	1 054	12 652	1 054													0	0	0	0	0	0	0	0	0	0	0
27	Inflationary/Cost Growth		0		0	1 339	1 339	1 339	1 339	1 339	1 339	1 339	1 339	1 339	1 339	1 339	1 339	16 067	1 339	1 339	1 339	1 339	16 067	1 339	1 339	1 339	1 339	16 067
28	Demand/Service Growth		0		0													0	417	417	417	417	5 000	417	417	417	417	5 000
29	Local Service/Cost Pressures		0		0													0	500	500	500	500	6 000	500	500	500	500	6 000
30	Committed Reserves		0	3 321	277													0	0	0	0	0	0	0	0	0	0	0
31	Other		0		0													0	0	0	0	0	0	0	0	0	0	0
32	Total Gross Pay Expenditure	421 348	52 668	633 431	52 786	55 949	54 432	54 287	54 637	54 461	53 794	56 045	55 421	52 841	53 082	52 187	53 047	650 184	56 361	56 361	56 361	56 361	676 333	58 617	58 617	58 617	58 617	703 400
33	Establishment Savings	2 071	259	3 925	327	45	45	45	45	45	45	45	45	45	45	45	51	548	0	0	0	0	0	0	0	0	0	0
34	Variable Pay Savings	904	113	1 396	116	22	22	22	22	22	22	22	22	22	22	22	22	260	0	0	0	0	0	0	0	0	0	0
35	Locum		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36	Agency/Locum Paid at a Premium Savings	79	10	118	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
37	Changes in Bank Staff		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
38	Other Workforce Savings	1 340	168	2 161	180	0	0	28	0	0	28	0	0	28	0	0	28	110	0	0	0	0	0	0	0	0	0	0
39	Total Pay Savings	4 395	549	7 600	633	67	67	94	67	67	94	67	67	94	67	67	100	918	0	0	0	0	0	0	0	0	0	0
40	Unidentified Savings (inc Red & Pipeline)		0		0													0					0				0	0
41	Mitigating Actions to be Identified		0		0													0					0				0	0
42	Total Pay Savings / Mitigating Actions to be Identified	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
43	Accountancy Gains	200	25	200	17													0					0				0	0
44	Net Pay Expenditure (as per Table C4)	416 753	52 094	625 631	52 136	55 883	54 365	54 193	54 570	54 394	53 700	55 978	55 354	52 746	53 015	52 120	52 946	649 266	56 361	56 361	56 361	56 361	676 333	58 617	58 617	58 617	58 617	703 400

C. DRUGS EXPENDITURE ANALYSIS

Drugs/Medicines Management - Expenditure Profiles		Current Year				Year 1												Year 2				Year 3				Forecast year-end position			
		8				1	2	3	4	5	6	7	8	9	10	11	12	AV 1-3	AV4-6	AV7-9	AV 10-12	AV 1-3	AV4-6	AV7-9	AV 10-12				
		YTD	YTD Monthly Average	FY FC	FY Monthly Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position	Average month Q1	Average month Q2	Average month Q3	Average month Q4	Forecast year-end position	Average month Q1	Average month Q2		Average month Q3	Average month Q4	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000
58	Primary Care Drugs	50 751	6 344	72 532	6 044	6 103	6 103	6 103	6 103	6 103	6 103	6 103	6 103	6 103	6 103	6 103	73 232	6 103	6 103	6 103	6 103	73 232	6 103	6 103	6 103	6 103	73 232		
59	Secondary Care Drugs	53 639	6 705	81 079	6 757	6 205	6 205	6 205	6 205	6 205	6 205	6 205	6 205	6 205	6 205	6 206	74 464	6 675	6 675	6 675	6 675	80 099	7 142	7 142	7 142	7 142	86 699		
60	Inflationary/Cost Growth		0		0												0	0	0	0	0	0	0	0	0	0	0		
61	Demand/Service Growth		0		0	492	492	492	492	492	492	492	492	492	492	492	5 900	467	467	467	467	5 600	467	467	467	467	5 600		
62	Local Service/Cost Pressures		0		0												0	0	0	0	0	0	0	0	0	0	0		
63	Committed Reserves			3 796	316												0	0	0	0	0	0	0	0	0	0	0		
64	Total Gross Drugs Expenditure	104 390	13 049	157 406	13 117	12 800	12 800	12 800	12 800	12 800	12 800	12 800	12 800	12 800	12 800	12 801	153 596	13 244	13 244	13 244	13 244	158 931	13 711	13 711	13 711	13 711	164 531		
65	Medicines Management Savings	1 530	191	2 686	224	22	22	22	22	22	22	22	22	22	22	23	265	0	0	0	0	0	0	0	0	0	0		
66	Unidentified Savings (inc Red & Pipeline)		0		0												0					0					0		
67	Mitigating Actions to be Identified		0		0												0					0					0		
68	Total Drugs Savings / Mitigating Actions to be Identified	1 530	191	2 686	224	22	22	22	22	22	22	22	22	22	22	23	265	0	0	0	0	0	0	0	0	0	0		
69	Accountancy Gains		0		0												0					0					0		
70	Net Drugs Expenditure (as per Table C4)	102 860	12 858	154 720	12 893	12 778	12 778	12 778	12 778	12 778	12 778	12 778	12 778	12 778	12 778	12 778	153 331	13 244	13 244	13 244	13 244	158 931	13 711	13 711	13 711	13 711	164 531		
						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

D. PRIMARY CARE CONTRACTOR (excl drugs, incl Non Resource Limited) EXPENDITURE ANALYSIS

Primary Care Contractor - Expenditure Profiles	Current Year				Year 1												Year 2				Year 3				Forecast year-end position			
	8				1	2	3	4	5	6	7	8	9	10	11	12	AV 1-3	AV4-6	AV7-9	AV 10-12	AV 1-3	AV4-6	AV7-9	AV 10-12				
	YTD	YTD Monthly Average	FY FC	FY Monthly Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average month Q1	Average month Q2	Average month Q3	Average month Q4	Average month Q1	Average month Q2	Average month Q3	Average month Q4				
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				
71 Primary Care Contractor Expenditure	111 407	13 926	167 011	13 918	13 699	13 699	13 699	13 699	13 699	13 699	13 699	13 699	13 699	13 699	13 699	13 699	164 394	13 808	13 808	13 808	13 808	165 700	13 971	13 971	13 971	13 971	167 649	
72 Primary Care - Agency/Locum Paid at a Premium		0		0													0	0	0	0	0	0	0	0	0	0	0	
73 Inflationary/Cost Growth		0		0	162	162	162	162	162	162	162	162	162	162	162	162	1 949	162	162	162	162	1 949	162	162	162	162	1 949	
74 Demand/Service Growth		0		0	113	113	113	113	113	113	113	113	113	113	113	113	1 350	0	0	0	0	0	0	0	0	0	0	
75 Local Service/Cost Pressures		0		0													0	0	0	0	0	0	0	0	0	0	0	
76 Committed Reserves		0		0													0	0	0	0	0	0	0	0	0	0	0	
77 Total Gross Primary Care Contractor Expenditure	111 407	13 926	167 011	13 918	13 974	13 974	13 974	13 974	13 974	13 974	13 974	13 974	13 974	13 974	13 974	13 974	167 693	13 971	13 971	13 971	13 971	167 649	14 133	14 133	14 133	14 133	169 598	
78 Primary Care Savings	139	17	208	17	11	11	11	11	11	11	11	11	11	11	11	11	132	0	0	0	0	0	0	0	0	0	0	
79 Unidentified Savings (inc Red & Pipeline)		0		0													0	0				0					0	
80 Mitigating Actions to be Identified		0		0													0	0				0					0	
81 Total Primary Care Contractor Savings / Mitigating Actions to be Identified	139	17	208	17	11	11	11	11	11	11	11	11	11	11	11	11	132	0	0	0	0	0	0	0	0	0	0	0
82 Accountancy Gains		0		0													0					0					0	
83 Net Primary Care Contractor Expenditure (as per Table C4)	111 268	13 909	166 803	13 900	13 963	13 963	13 963	13 963	13 963	13 963	13 963	13 963	13 963	13 963	13 963	13 963	167 561	13 971	13 971	13 971	13 971	167 649	14 133	14 133	14 133	14 133	169 598	

E. CONTINUING HEALTHCARE/ FUNDED NURSING CARE EXPENDITURE ANALYSIS

Continuing Healthcare / Funded Nursing Care - Expenditure Profiles		Current Year				Year 1												Forecast year-end position £'000	Year 2				Year 3				Forecast year-end position £'000
		8				1	2	3	4	5	6	7	8	9	10	11	12		AV 1-3	AV4-6	AV7-9	AV 10-12	AV 1-3	AV4-6	AV7-9	AV 10-12	
		YTD	YTD Monthly Average	FY FC	FY Monthly Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		Average month Q1	Average month Q2	Average month Q3	Average month Q4	Average month Q1	Average month Q2	Average month Q3	Average month Q4	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
84	Continuing Healthcare / Funded Nursing Care	46 585	5 823	70 289	5 857	5 525	5 525	5 525	5 525	5 525	5 525	5 525	5 525	5 525	5 525	5 527	66 301	6 005	6 005	6 005	6 005	72 058	6 180	6 180	6 180	6 180	74 165
85	Inflationary/Cost Growth		0		0	109	109	109	109	109	109	109	109	109	109	109	1 307	9	9	9	9	107	9	9	9	9	107
86	Demand/Service Growth		0		0	208	208	208	208	208	208	208	208	208	208	208	2 500	167	167	167	167	2 000	167	167	167	167	2 000
87	Local Service/Cost Pressures		0		0	217	217	217	217	217	217	217	217	217	217	217	2 600	0	0	0	0	0	0	0	0	0	0
88	Committed Reserves		0		0												0	0	0	0	0	0	0	0	0	0	0
89	Total Gross CHC/FNC Expenditure	46 585	5 823	70 289	5 857	6 059	6 059	6 059	6 059	6 059	6 059	6 059	6 059	6 059	6 059	6 061	72 708	6 180	6 180	6 180	6 180	74 165	6 356	6 356	6 356	6 356	76 272
90	Continuing Healthcare / Funded Nursing Care Savings	439	55	1 050	88	54	54	54	54	54	54	54	54	54	54	56	650	0	0	0	0	0	0	0	0	0	0
91	Unidentified Savings (inc Red & Pipeline)		0		0												0					0					0
92	Mitigating Actions to be Identified		0		0												0					0					0
93	Total CHC/FNC Savings / Mitigating Actions to be Identified	439	55	1 050	88	54	54	54	54	54	54	54	54	54	54	56	650	0	0	0	0	0	0	0	0	0	0
94	Accountancy Gains		0		0												0					0					0
95	Net CHC/FNC Expenditure (as per Table C4)	46 146	5 768	69 239	5 770	6 005	6 005	6 005	6 005	6 005	6 005	6 005	6 005	6 005	6 005	6 005	72 058	6 180	6 180	6 180	6 180	74 165	6 356	6 356	6 356	6 356	76 272

F. COMMISSIONED SERVICES (Health Care & Non HealthCare) EXPENDITURE ANALYSIS

Commissioned Services - Expenditure Profiles					Current Year				Year 1												Year 2				Year 3				Forecast year-end position		
					8				1	2	3	4	5	6	7	8	9	10	11	12	AV 1-3		AV4-6	AV7-9	AV 10-12	AV 1-3		AV4-6		AV7-9	AV 10-12
					YTD	YTD Monthly Average	FY FC	FY Monthly Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average month Q1	Average month Q2	Average month Q3	Average month Q4	Forecast year-end position	Average month Q1	Average month Q2	Average month Q3		Average month Q4	Forecast year-end position
					£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000
96	HealthCare Services Provided by Other NHS Bodies	110 673	13 834	166 719	13 893	12 930	12 930	12 930	12 930	12 930	12 930	12 930	12 930	12 930	12 930	12 931	155 163	14 162	14 162	14 162	14 162	14 162	169 941	14 753	14 753	14 753	14 753	177 040			
97	Non HealthCare Services Provided by Other NHS Bodies	6 876	869	10 364	864	869	869	869	869	869	869	869	869	869	869	869	10 426	869	869	869	869	869	10 426	869	869	869	869	10 426			
98	Other Private & Voluntary	13 653	1 707	21 368	1 781	1 723	1 723	1 723	1 723	1 723	1 723	1 723	1 723	1 723	1 723	1 723	20 679	1 723	1 723	1 723	1 723	1 723	20 679	1 723	1 723	1 723	1 723	20 679			
99	Joint Financing & Other	20 659	2 582	30 927	2 577	2 590	2 590	2 590	2 590	2 590	2 590	2 590	2 590	2 590	2 590	2 590	31 079	2 590	2 590	2 590	2 590	2 590	31 079	2 590	2 590	2 590	2 590	31 079			
100	Inflationary/Cost Growth	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
101	Demand/Service Growth	0	0	0	0	1 233	1 233	1 233	1 233	1 233	1 233	1 233	1 233	1 233	1 233	1 233	14 799	592	592	592	592	592	7 099	592	592	592	592	7 099			
102	Local Service/Cost Pressures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
103	Committed Reserves	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
104	Total Comm Serv Gross Expenditure	161 861	18 983	229 378	19 115	19 345	19 345	19 345	19 345	19 345	19 345	19 345	19 345	19 345	19 345	19 346	232 146	19 935	19 935	19 935	19 935	19 935	239 224	20 527	20 527	20 527	20 527	246 323			
105	Commissioned Services Savings	0	0	0	0	2	2	2	2	2	2	2	2	2	2	3	21	0	0	0	0	0	0	0	0	0	0	0			
106	Unidentified Savings (inc Red & Pipeline)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
107	Mitigating Actions to be Identified	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
108	Total Comm Serv Savings / Mitigating Actions to be Identified	0	0	0	0	2	2	2	2	2	2	2	2	2	2	3	21	0	0	0	0	0	0	0	0	0	0	0			
109	Accountancy Gains	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
110	Net Comm Serv Expenditure (as per Table C4)	151 861	18 983	229 378	19 115	19 344	19 344	19 344	19 344	19 344	19 344	19 344	19 344	19 344	19 344	19 344	232 125	19 935	19 935	19 935	19 935	19 935	239 224	20 527	20 527	20 527	20 527	246 323			
					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			

		2020/21		2021/22		2022/23	
		In Year	Recurring Full Year Effect (N/R items enter 0)	In Year	Recurring Full Year Effect (N/R items enter 0)	In Year	Recurring Full Year Effect (N/R items enter 0)
		£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit (RRL) LHB only (positive values)	993 402	993 402	1 009 686	1 009 686	1 038 578	1 038 578
2	Income (For Trusts)/Other Income (positive values)		0		0		0
3	Total Revenue Allocation/Income	993 402	993 402	1 009 686	1 009 686	1 038 578	1 038 578
	High Level Summary						
4	1. Underlying Position b/f						
5	1.1 b/f Recurring Cost Pressures (by speciality) / Developments (by title) - (negative values):						
6	Primary Care		0		0		0
7	Mental Health		0		0		0
8	Continuing HealthCare		0		0		0
9	Commissioned Services		0		0		0
10	Scheduled Care	(3 500)	(3 500)		0		0
11	Unscheduled Care	(6 500)	(6 500)	(4 000)	(4 000)		0
12	Children & Women's		0		0		0
13	Community Services		0		0		0
14	Specialised Services		0		0		0
15	Executive / Corporate Areas	(1 190)	(1 190)		0		0
16	Support Services (inc. Estates & Facilities)	(310)	(310)		0		0
17	Total Underlying Position b/f: Deficits and Cost Pressures (negative)/ Surplus (positive)	(11 500)	(11 500)	(4 000)	(4 000)	0	0
18	2. New Cost Pressures (negative values)						
19	2.1 Cost Growth						
20	Pay Inflation						
21	- Pay Award	(16 067)	(16 067)	(16 067)	(16 067)	(16 067)	(16 067)
22	- Increments						
23	- Pensions & Other Pay Oncost Changes						
24	- Terms & Conditions (incl T&S)						
25	Other.....Specify						
26							
27							
28							
29	Sub Total Pay Inflation	(16 067)	(16 067)	(16 067)	(16 067)	(16 067)	(16 067)
30	Non pay Inflation	(1 000)	(1 000)	(1 100)	(1 100)	(1 100)	(1 100)
31	Statutory Compliance and National Policy						
32	Continuing Heath Care	(1 200)	(1 200)	(1 200)	(1 200)	(1 200)	(1 200)
33	Funded Nursing Care	(107)	(107)	(107)	(107)	(107)	(107)
34	Prescribing						
35	GMS	(1 949)	(1 949)	(1 949)	(1 949)	(1 949)	(1 949)
36	Quality & Safety Developments						
37	Other.....Specify						
38							
39							
40							
41							
42							
43							
44	Total Inflationary/Cost Growth	(20 323)	(20 323)	(20 423)	(20 423)	(20 423)	(20 423)
45	2.2 Demand / Service Growth (negative values)						
46	Primary Care Contractor	(3 500)	(3 500)	(3 500)	(3 500)	(3 500)	(3 500)
47	NICE and New High Cost Drugs	(2 500)	(2 500)	(2 000)	(2 000)	(2 000)	(2 000)
48	Continuing Heath Care						
49	Funded Nursing Care						
50	Prescribing	(2 400)	(2 400)	(2 100)	(2 100)	(2 100)	(2 100)
51	Specialist Services - Direct	(1 200)	(1 200)	(800)	(800)	(800)	(800)
52	Specialist Services - via WHSSC	(6 250)	(6 250)	(5 000)	(5 000)	(5 000)	(5 000)
53	Welsh Risk Pool	(1 500)	(1 500)	(1 500)	(1 500)	(1 500)	(1 500)
54	EASC	(500)	(500)	(500)	(500)	(500)	(500)
55	RTT (associated with planned activity stated in IMTP)						
56	Treatment Fund (associated anticipated funding to be reported in Section 5)						
57	Demographic / Demand on Acute Services: Please Specify below						
58							
59							
60							
61							
62							
63							
64							
65	Other.....Specify						
66	Velindre Cancer Centre	(2 250)	(2 250)	(1 200)	(1 200)	(1 200)	(1 200)
67	LTA inflation plus wage award	(3 899)	(3 899)	(3 899)	(3 899)	(3 899)	(3 899)
68	Cluster Funding	(1 350)	(1 350)				
69							
70							
71							
72	Total Demand/Service Growth	(25 349)	(25 349)	(20 499)	(20 499)	(20 499)	(20 499)
73	2.3 Local Service/Cost Pressures (negative values)						
74	Other.....Specify						
75	Income reductions	(500)	(500)	(500)	(500)	(500)	(500)
76	Local cost pressures	(2 600)	(2 600)	(3 000)	(3 000)	(3 000)	(3 000)
77	Investments	(3 000)	(3 000)	(5 500)	(5 500)	(5 500)	(5 500)
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89	Total Local Cost Base Challenge	(6 100)	(6 100)	(9 000)	(9 000)	(9 000)	(9 000)
90	Total Opening Financial Challenge (Deficit)/Surplus	(63 272)	(63 272)	(53 922)	(53 922)	(49 922)	(49 922)
91	3. Identified Savings Plans (positive values)						
92	Continuing Care and Funded Nursing Care	650	650	0	0	0	0
93	Commissioned Services	21	21	0	0	0	0
94	Medicine Management (Primary and Secondary Care)	265	265	0	0	0	0
95	Non Pay	1 358	605	0	0	0	0
96	Pay	918	658	0	0	0	0
97	Primary Care	132	132	0	0	0	0
98	Total Identified Savings Plans	3 344	2 331	0	0	0	0
100	Total Red / Pipeline Saving schemes	12 444	8 536				
101	Total Savings / Mitigating Actions Yet To Be Identified (positive value)	12 786	13 759	20 510	20 510	16 510	16 510
102	Total Net Income Generation (positive value)	423	369				
103	Total Planned Accountancy Gains (positive value)	0	0				
104	Total Unallocated Reserves (positive value)						
105	Total In Year Performance/Position Before Repayment of Prev Years Deficit - (Deficit)/Surplus	(34 275)	(38 276)	(33 412)	(33 412)	(33 412)	(33 412)
106	4. Repayment of Previous Years Deficit (negative value)						
107	Total In Year Performance/Position After Repayment of Prev Years Deficit - (Deficit)/Surplus	(34 275)	(38 276)	(33 412)	(33 412)	(33 412)	(33 412)
108	5. WG Revenue Assistance/Funding Requested (positive values) (breakdown to be provided in Commentary)						
109	Recurring - Inflation	28 405	28 406	28 892	28 892	28 892	28 892
110	Recurring - Other	1 350	1 350				
111	Non Recurring						
112	Total WG Assistance	29 755	29 756	28 892	28 892	28 892	28 892
113	6. Provider Income						

**Cardiff & Vale ULHB**

**Resource Planning Assumptions**

#####

Local Resource Planning Assumptions Used			
	2020/21 % Cost	2021/22 % Cost	2022/23 % Cost
Inflationary Pressure			
1 Cost Growth			
2 Pay Inflation (inc. awards, T & Cs inc. Travel etc)			
3 Incremental Drift			
4 Pensions & Other Pay Oncost Changes			
5 Non pay Inflation	-0,10%	-0,10%	-0,11%
6 Statutory Compliance and National Policy	0,00%	0,00%	0,00%
7 Continuing Heath Care	-0,12%	-0,12%	-0,12%
8 Funded Nursing Care	-0,01%	-0,01%	-0,01%
9 Prescribing	0,00%	0,00%	0,00%
10 GMS	-0,20%	-0,20%	-0,20%
11 Quality & Safety Developments			
13 Total Cost Growth	-0,44%	-0,44%	-0,45%
Demand / Service Growth			
15 Primary Care Contractor	-0,36%	-0,36%	-0,36%
16 NICE and New High Cost Drugs	-0,26%	-0,26%	-0,21%
17 Continuing Heath Care	0,00%	0,00%	0,00%
18 Funded Nursing Care	-0,25%	-0,25%	-0,22%
19 Prescribing	-0,12%	-0,12%	-0,08%
20 Specialist Services - Direct	-0,64%	-0,64%	-0,52%
21 Specialist Services - via WHSSC	-0,15%	-0,15%	-0,15%
22 Welsh Risk Pool	-0,05%	-0,05%	-0,05%
23 EASC	0,00%	0,00%	0,00%
24 RTT	0,00%	0,00%	0,00%
25 Treatment Fund	0,00%	0,00%	0,00%
26 Specialist Services	0,00%	0,00%	0,00%
27 Demographic / Demand on Acute Services	0,00%	0,00%	0,00%
28 Total Demand / Service Growth	-1,84%	-1,84%	-1,59%
29 Total Inflationary Pressure	-2,28%	-2,28%	-2,04%

	2020/21		2021/22		2022/23	
Pay Related Cost Assumptions - Local	£'000	%	£'000	%	£'000	%
1 Pay Awards						
2 - A 4 C Staff	12 126	1,25%	12 126	1,25%	12 126	1,25%
3 - Consultants	2 492	0,26%	2 492	0,26%	2 492	0,26%
4 - Specialty and associate specialist doctors (SAS)	224	0,02%	224	0,02%	224	0,02%
5 - Junior Doctors	1 188	0,12%	1 188	0,12%	1 188	0,12%
6 - Staff Grades	20	0,00%	20	0,00%	20	0,00%
7 - Salaried GPs	17	0,00%	17	0,00%	17	0,00%
8 Total Pay Awards	16 067	1,66%	16 067	1,66%	16 067	1,66%
9 Increments	£'000	%	£'000	%	£'000	%
10 Cost of Increments						
11 - A 4 C Staff		0,00%		0,00%		0,00%
12 - Consultants		0,00%		0,00%		0,00%
13 - Specialty and associate specialist doctors (SAS)		0,00%		0,00%		0,00%
14 - Junior Doctors		0,00%		0,00%		0,00%
15 - Salaried GPs		0,00%		0,00%		0,00%
16 - Consultant Commitment Awards		0,00%		0,00%		0,00%
17 Total Increments	0	0,00%	0	0,00%	0	0,00%
18 Pensions & Other Pay Oncost Changes	£'000	%	£'000	%	£'000	%
19 1 - NHS Pension						
20 Employers Contribution		0,00%		0,00%		0,00%
21		0,00%		0,00%		0,00%
22 Total Pensions	0	0,00%	0	0,00%	0	0,00%
23 Comparator	970 231		970 231		970 231	

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## Revenue Resource Limit Assumptions

## LHB COMPLETION ONLY

	2020/21 £'000	2021/22 £'000	2022/23 £'000
<b>1 RRL used in SCNE profiled analysis</b>	<b>993 402</b>	<b>1 009 686</b>	<b>1 038 578</b>
Made up of:-			
<b>2 Allocation Letter/ Resource Planning Figure</b>	<b>953 857</b>	<b>953 857</b>	<b>953 857</b>
<b>3 Plus the following additional anticipated allocations:-</b>			
<b>4 DEL- Funded in Previous Years:</b>			
6 Substance Misuse	6 410	5 811	5 811
7 Clinical Excellence/Distinction Awards	2 396	2 396	2 396
8 Orthopaedics	3 500	3 500	3 500
9 Immunisations (Vaccine & GMS fees) & HPV			
10 Treatment Fund - see note at foot of table	282	282	282
11 ARRP	32	32	32
12 Carers Funding	144	144	144
13 GP IM & T Refresh	1 250	1 250	1 250
14 ETTF	0	0	0
15 Dental Vocational trainees	1 800	1 800	1 800
16 Pharmacy Pre Reg trainees	360	360	360
17 SPR	500	500	500
18 NEW MEDICAL TRAINING POSTS - AUGUST 2017,18,19	260	260	260
19 Dementia action Plan	1 101	1 101	1 101
20 DOLS	8	8	8
21 RETURN OF FUNDING RE DONATED ADDITIONS	-467	-456	-456
22 I2S Repayments	-232	-232	-232
23 PREP	60	60	60
<b>24 Sub Total - Funded in Previous Years</b>	<b>971 261</b>	<b>970 673</b>	<b>970 673</b>
<b>25 DEL New Funding Issues</b>			
<b>26 1.Recurring</b>			
27 GMS/GDS	1 949	3 898	5 847
28 AOF Funding			
29 Uplift		13 500	27 000
30 MH Uplift		2 092	4 184
31 I2S Change		130	260
32 Wage award		11 222	22 444
33 Refugees & Asylum Seekers 2019-2020	63	63	63
34 Learning Disability: Improving Lives Programme	57	64	64
35 Support Health Disability Sport Partnership	1		
36 Suicide Prevention	65	65	65
37 Provision of activity and sports prostheses ('running blades') for chil	66	66	66
38 Transformation	1 867		
39			
40			
41 Transformation/Learning D/ health Dis			
42 Treatment Fund	2 303	2 303	2 303
<b>43 Sub Total - New Funding Issues - Recurring</b>	<b>6 371</b>	<b>33 403</b>	<b>62 296</b>
<b>44 2. Non Recurring</b>			
45			
46			
47			
48			
49			
50			
51			
52			
53			
54			
55			
56			
57			
58			
<b>59 Sub Total - New Funding Issues - Non Recurring</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>60 AME</b>			
61 Donated Depreciation	1 348	1 311	1 311
62 Impairments	14 422	4 300	4 300
63 Other...specify Rounding		-1	-2
64			
65			
66			
67			
<b>68 Sub Total - AME</b>	<b>15 770</b>	<b>5 610</b>	<b>5 609</b>
<b>69 Total RRL used in SCNE profiled analysis</b>	<b>993 402</b>	<b>1 009 686</b>	<b>1 038 578</b>
<b>70 Check total = zero</b>	<b>0</b>	<b>0</b>	<b>0</b>

N.B. Treatment fund should be reported within Section 5 of Table C5 to offset the

Cardiff & Vale ULHB

31 January 2020

Income and Expenditure Assumptions (Wales NHS)

This Table is currently showing 0 errors

A. Annual Forecast 2020/21

		Contracted Income	Non Contracted Income	Total Income	Contracted Expenditure	Non Contracted Expenditure	Total Expenditure
	LHBs / Trusts	£'000	£'000	£'000	£'000	£'000	£'000
1	Swansea Bay	3 635	885	4 520	1 900	697	2 597
2	Aneurin Bevan	30 977	2 116	33 093	1 211	2 390	3 602
3	Betsi Cadwaladr	0	605	605	0	689	689
4	Cardiff & Vale	0	0	0	0	0	0
5	Cwm Taf Morgannwg	27 758	2 299	30 057	15 049	1 994	17 043
6	Hywel Dda	5 657	788	6 445	356	240	597
7	Powys	1 768	137	1 905	0	373	373
8	Public Health Wales	3 666	849	4 515	5 913	728	6 641
9	Velindre	0	6 392	6 392	19 568	16 105	35 673
10	Welsh Ambulance	20	18	38	4 585	14	4 599
11	WHSSC	244 804	3 768	248 572	120 985	297	121 282
12	EASC	0	0	0	21 054	9	21 063
13	HEIW	412	18 593	19 005	0	0	0
14	NHS Wales Executive			0			0
15	Total	318 696	36 450	355 146	190 623	23 537	214 159

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**Cardiff & Vale ULHB**

31 January 2020

This Table is currently showing 0 errors

NOTE: Tables automatically populated with Green &amp; Amber identified savings plans entered in C9a

**YEAR 1 SAVINGS PLANS - All Positive Entries**

To include Cost Improvement &amp; Cost Containment schemes

Savings Plans:-

Savings Plans:-		Year 1											
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000
1	CHC and Funded Nursing Care	54	54	54	54	54	54	54	54	54	54	54	56
2	Commissioned Services	2	2	2	2	2	2	2	2	2	2	2	3
3	Medicines Management (Primary & Secondary Care)	22	22	22	22	22	22	22	22	22	22	22	23
4	Non Pay	113	113	114	114	114	114	113	113	113	113	113	114
5	Pay	67	67	94	67	67	94	67	67	94	67	67	100
6	Primary Care	11	11	11	11	11	11	11	11	11	11	11	11
7	Total Savings Plans	268	268	297	269	269	297	268	268	296	268	268	307

Pay Savings: Analysis

Pay Category		Year 1											
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000
8	Pay - Changes in Staffing Establishment	45	45	45	45	45	45	45	45	45	45	45	51
9	Pay - Variable Pay	22	22	22	22	22	22	22	22	22	22	22	22
10	Pay - Locum	0	0	0	0	0	0	0	0	0	0	0	0
11	Pay - Agency/Locum Paid at a Premium	0	0	0	0	0	0	0	0	0	0	0	0
12	Pay - Changes in Bank Staff	0	0	0	0	0	0	0	0	0	0	0	0
13	Pay - Other (Please Specify)	0	0	28	0	0	28	0	0	28	0	0	28
14	Total Pay Savings: Analysis	67	67	94	67	67	94	67	67	94	67	67	100
15	Check - Agrees to Savings Plan Line 5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Agency/Locum paid at a premium Savings: Analysis

	Agency/Locum paid at a premium	Year 1											
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000
16	Agency - Reduced usage of Agency/Locums paid at a premium	0	0	0	0	0	0	0	0	0	0	0	0
17	Agency - Non Medical 'off contract' to 'on contract'	0	0	0	0	0	0	0	0	0	0	0	0
18	Agency - Medical - Impact of Agency pay rate caps	0	0	0	0	0	0	0	0	0	0	0	0
19	Agency - Other (Please Specify)	0	0	0	0	0	0	0	0	0	0	0	0
20	Total Agency/Locum paid at a premium Savings: Analysis	0	0	0	0	0	0	0	0	0	0	0	0
21	Check - Agrees to Savings Plan Line 11	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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<b>Total £'000</b>
650
21
265
1 358
918
132
3 344

<b>Total £'000</b>
548
260
0
0
0
110
918
Yes

<b>Total £'000</b>
0
0
0
0
0
Yes

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C&V Summary of Savings / Tracker (£000's)	Cash-Releasing Saving (Pay)	Cash-Releasing Saving (Non Pay)	Cost Avoidance	Savings Total	Income Generation	Accountancy Gains
Planned Care	-	263	-	263	-	-
Unscheduled Care	-	-	-	-	-	-
Primary and Community Care (Excl Prescribing)	270	51	-	321	-	-
Mental Health	-	-	-	-	-	-
Clinical Support	34	-	-	34	-	-
Non Clinical Support (Facilities/Estates/Corporate)	-	73	-	73	-	-
Commissioning	-	21	-	21	20	-
Across Service Areas	614	410	-	1 024	149	-
CHC	-	1 250	-	1 250	-	-
Prescribing	-	347	-	347	-	-
Medicines Management (Secondary Care)	-	10	-	10	-	-
Green & Amber Sub-Total	918	2 426	-	3 344	169	-
Red Schemes	7 058	4 887	498	12 444	254	-

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**Cardiff & Vale ULHB**

31 January 2020

This Table is currently showing 0 errors

NOTE: Tables to be populated with Green &amp; Amber rated identified savings plans only

YEAR 2 & 3 SAVINGS PLANS - All Positive Entries														
Savings Plans:-						Year 2			Year 3					
						Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total	Non Recurring	Recurring	FYE of Recurring	Total
						£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Continuing Care and Funded Nursing Care					0								0
2	Commissioned Services					0								0
3	Medicine Management (Primary and Secondary Care)					0								0
4	Non Pay					0								0
5	Pay					0								0
6	Primary Care					0								0
7	<b>Total Savings Plans</b>	0	0	0	0	0	0	0	0	0	0	0	0	0

**Pay Savings: Analysis**

Pay Savings: Analysis														
Pay Category						Year 2			Year 3					
						Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total	Non Recurring	Recurring	FYE of Recurring	Total
						£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
8	Changes in Staffing Establishment					0								0
9	Variable Pay					0								0
10	Locum					0								0
11	Agency / Locum paid at a premium					0								0
12	Changes in Bank Staff					0								0
13	Other (Please Specify in Narrative)					0								0
14	<b>Total Pay Savings: Analysis</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
15	<b>Check - Agrees to Savings Plan Line 5</b>	Yes	Yes	Yes	Yes	Yes								Yes

**Agency/Locum paid at a premium Savings: Analysis**

Agency/Locum paid at a premium Savings: Analysis														
Agency/Locum paid at a premium						Year 2			Year 3					
						Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total	Non Recurring	Recurring	FYE of Recurring	Total
						£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
16	Reduced usage of Agency/Locums paid at a premium					0								0
17	Replacing 'off contract' with 'in contract'					0								0
18	Impact of Agency pay rate caps					0								0
19	Other (Please Specify in Narrative)					0								0
20	<b>Total Agency/Locum paid at a premium Savings: Analysis</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
21	<b>Check - Agrees to Savings Plan Line 11</b>	Yes	Yes	Yes	Yes	Yes								Yes

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Cardiff & Vale ULHB

Overview Of Worse & Best Case Outturn Positions

31 January 2020

		2020/21		2021/22		2022/23	
		Worst Case	Best Case	Worst Case	Best Case	Worst Case	Best Case
		£'000	£'000	£'000	£'000	£'000	£'000
	Current Reported Financial Plan Outturn	0	0	0,25	0,25	0,25	0,25
1	Risks (negative values)						
2	Non Identification of Unidentified Savings	8 000	0	4 000			
3	Non Identification of Red/Pipeline		0				
4	Non Delivery of Identified Savings Schemes		0				
5	Operational pressures	8 000	0	4 000			
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21	Total Risks	16 000		8 000		0	
22	Financial Challenge excluding opportunities	16 000	0	8 000	0	0	0
		2020/21		2021/22		2022/23	
		Worst Case	Best Case	Worst Case	Best Case	Worst Case	Best Case
		£'000	£'000	£'000	£'000	£'000	£'000
23	Opportunities (positive values) (record value in Worst column and Best column will populate automatically)		0		0		0
24			0		0		0
25			0		0		0
26			0		0		0
27			0		0		0
28			0		0		0
29			0		0		0
30			0		0		0
31			0		0		0
32			0		0		0
33			0		0		0
34			0		0		0
35			0		0		0
36			0		0		0
37			0		0		0
38			0		0		0
39			0		0		0
40			0		0		0
41			0		0		0
42	Total Opportunities	0	0	0	0	0	0
43	Total Amended Forecast Plan Outturn Surplus/(Deficit)	16 000	0	8 000	0	0	0

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Property & Asset Investment

Summary

	2020-21	2021-22	2022-23	2023-24	2024-25
	£m	£m	£m	£m	£m
Gross Capital Expenditure	59,693	15,327	15,327	15,327	15,327
less: Receipts	0,467	0,456	0,456	0,456	0,456
Disposals:					
Net Capital Expenditure					
	2020-21	2021-22	2022-23	2023-24	2024-25
	£m	£m	£m	£m	£m
Welsh Government Funding					
Discretionary (Group 1 - CRL / CEL)	14,871	14,871	14,871	14,871	14,871
Approved Schemes (Group 2 - CRL / CEL)	12,32	0	0	0	0
WG Funding Required (approved)	27,191	14,871	14,871	14,871	14,871
Funding for identified schemes not approved by Welsh Government	32,035	0	0	0	0

Key Performance Indicators

	2017-18 as per EFPMS	2022-23 Forecast
	£m	£m
High Risk Backlog Maintenance		
	%	%
Physical Condition: % in Category B or above		
Statutory, Safety & Compliance: % in Category B or above		
Fire Safety Compliance : % in Category B or above		
Functional Suitability: % in Category B or above		
Space Utilisation: % in Category F or above		
Energy Performance: % with Energy B or better		

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Property & Asset Investment

Capital Expenditure

						Revenue Implications (Incremental consequences)					
DISCRETIONARY	2020-21	2021-22	2022-23	2023-24	2024-25	Discretionary Non Cash Costs	2020-21	2021-22	2022-23	2023-24	2024-25
	£m	£m	£m	£m	£m		£m	£m	£m	£m	£m
IT	0,915	0,915	0,915	0,915	0,915	Discretionary Other Revenue Costs					
Equipment	1,8	1,8	1,8	1,8	1,8	Discretionary Revenue Savings					
Statutory Compliance	2,6	2,6	2,6	2,6	2,6	Discretionary Net Revenue					
Estates	9,556	9,556	9,556	9,556	9,556						
Other											
Sub total DISCRETIONARY	14,871	14,871	14,871	14,871	14,871						
	2020-21	2021-22	2022-23	2023-24	2024-25						
APPROVED SCHEMES	£m	£m	£m	£m	£m	Approved Schemes	£m	£m	£m	£m	£m
Scheme 1 - Rookwood Replacement	4,449					Scheme 1 - Rookwood Replacement					
						Scheme 1 - Non Cash - DEL	1,146	0,198	0,198	0,198	0,198
						Scheme 1 - Non Cash - AME	13,163	0	0	0	0
						Scheme 1 - Other Revenue Costs					
						Scheme 1 - Revenue Savings					
						Scheme 1 - Net Revenue					
Scheme 2 - Cystic Fibrosis	3,593					Scheme 2 - Cystic Fibrosis					
						Scheme 2 - Non Cash - DEL	0,018	0,021	0,021	0,021	0,021
						Scheme 2 - Non Cash - AME	3,35	0	0	0	0
						Scheme 2 - Other Revenue Costs					
						Scheme 2 - Revenue Savings					
						Scheme 2 - Net Revenue					
Scheme 3 - Penarth Well-Being Hub (Fees on	0,224					Scheme 3 - Penarth Well-Being Hub (Fees only)					
						Scheme 3 - Non Cash - DEL	0	0	0	0	0
						Scheme 3 - Non Cash - AME	0	0	0	0	0
						Scheme 3 - Other Revenue Costs					
						Scheme 3 - Revenue Savings					
						Scheme 3 - Net Revenue					
Scheme 4 - Maelfa Well -Being Centre (Fees o	0,244					Scheme 4 - Maelfa Well -Being Centre (Fees only)					
						Scheme 4 - Non Cash - DEL	0	0	0	0	0
						Scheme 4 - Non Cash - AME	0	0	0	0	0
						Scheme 4 - Other Revenue Costs					
						Scheme 4 - Revenue Savings					
						Scheme 4 - Net Revenue					
Scheme 5 - CRI Chapel	3,81					Scheme 5 - CRI Chapel					
						Scheme 5 - Non Cash - DEL	0,002	0,002	0,002	0,002	
						Scheme 5 - Non Cash - AME	2,665				
						Scheme 5 - Other Revenue Costs					
						Scheme 5 - Revenue Savings					
						Scheme 5 - Net Revenue					
Scheme 6 - INSERT TITLE						Scheme 6 - INSERT TITLE					
						Scheme 6 - Non Cash - DEL					
						Scheme 6 - Non Cash - AME					
						Scheme 6 - Other Revenue Costs					
						Scheme 6 - Revenue Savings					
						Scheme 6 - Net Revenue					
Scheme 7 - INSERT TITLE						Scheme 7 - INSERT TITLE					
						Scheme 7 - Non Cash - DEL					
						Scheme 7 - Non Cash - AME					
						Scheme 7 - Other Revenue Costs					
						Scheme 7 - Revenue Savings					
						Scheme 7 - Net Revenue					
Scheme 8 - INSERT TITLE						Scheme 8 - INSERT TITLE					
						Scheme 8 - Non Cash - DEL					
						Scheme 8 - Non Cash - AME					
						Scheme 8 - Other Revenue Costs					
						Scheme 8 - Revenue Savings					
						Scheme 8 - Net Revenue					
Scheme 9 - INSERT TITLE						Scheme 9 - INSERT TITLE					
						Scheme 9 - Non Cash - DEL					
						Scheme 9 - Non Cash - AME					
						Scheme 9 - Other Revenue Costs					
						Scheme 9 - Revenue Savings					
						Scheme 9 - Net Revenue					
Scheme 10 - INSERT TITLE						Scheme 10 - INSERT TITLE					
						Scheme 10 - Non Cash - DEL					
						Scheme 10 - Non Cash - AME					
						Scheme 10 - Other Revenue Costs					
						Scheme 10 - Revenue Savings					
						Scheme 10 - Net Revenue					
Scheme 11 - INSERT TITLE						Scheme 11 - INSERT TITLE					
						Scheme 11 - Non Cash - DEL					
						Scheme 11 - Non Cash - AME					
						Scheme 11 - Other Revenue Costs					
						Scheme 11 - Revenue Savings					
						Scheme 11 - Net Revenue					

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Scheme 12 - INSERT TITLE						Scheme 12 - INSERT TITLE					
						Scheme 12 - Non Cash - DEL					
						Scheme 12 - Non Cash - AME					
						Scheme 12 - Other Revenue Costs					
						Scheme 12 - Revenue Savings					
						<b>Scheme 12 - Net Revenue</b>					
Scheme 13 - INSERT TITLE						Scheme 13 - INSERT TITLE					
						Scheme 13 - Non Cash - DEL					
						Scheme 13 - Non Cash - AME					
						Scheme 13 - Other Revenue Costs					
						Scheme 13 - Revenue Savings					
						<b>Scheme 13 - Net Revenue</b>					
Scheme 14 - INSERT TITLE						Scheme 14 - INSERT TITLE					
						Scheme 14 - Non Cash - DEL					
						Scheme 14 - Non Cash - AME					
						Scheme 14 - Other Revenue Costs					
						Scheme 14 - Revenue Savings					
						<b>Scheme 14 - Net Revenue</b>					
<b>Sub Total Approved Schemes Total</b>	<b>12,32</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>						
<b>Other Capital Expenditure:</b>						<b>Other Capital Expenditure:</b>					
Donated Assets Additions	0,467	0,456	0,456	0,456	0,456	Non Cash Costs					
Capital Grants						Other Revenue Costs					
Other						Revenue Savings					
<b>Sub Total Other Capital Expenditure</b>	<b>0,467</b>	<b>0,456</b>	<b>0,456</b>	<b>0,456</b>	<b>0,456</b>	<b>Net Other Capital Expenditure</b>					
<b>Gross Capital Expenditure</b>	<b>59,693</b>	<b>15,327</b>	<b>15,327</b>	<b>15,327</b>	<b>15,327</b>						
<b>Receipts</b>											
Land & Property Disposals (list individually)	0	0	0	0	0						
Capital Grants Received											
Donations	0,467	0,456	0,456	0,456	0,456						
Other											
<b>Sub Total Receipts</b>	<b>0,467</b>	<b>0,456</b>	<b>0,456</b>	<b>0,456</b>	<b>0,456</b>						
<b>Net Capital Expenditure</b>	<b>59,226</b>	<b>14,871</b>	<b>14,871</b>	<b>14,871</b>	<b>14,871</b>						
	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>	<b>2024-25</b>						
Land and Property Disposals	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>						
Scheme 1											
Scheme 2											
Scheme 3											
Scheme 4											
Scheme 5											
Scheme 6											
Scheme 7											
Scheme 8											
Scheme 9											
Scheme 10											
etc											
Total	0	0	0	0	0						

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	Business Case Position	2020-21	2021-22	2022-23	2023-24	2024-25				2020-21	2021-22	2022-23	2023-24	2024-25
UNAPPROVED SCHEMES	(inc if scoping discussion held)	£m	£m	£m	£m	£m	Business Case Status	Internal Approval Process Status	Unapproved Schemes	£m	£m	£m	£m	£m
Priority Scheme 1 - CRI Block 4, 10 & 11	Yes	4,732					BJC to be submitted before Christmas 2019		Priority Scheme 1 - CRI Block 4, 10 & 11					
									Scheme 1 - Non Cash - DEL	TBC	TBC	TBC	TBC	TBC
									Scheme 1 - Non Cash - AME	TBC	TBC	TBC	TBC	TBC
									Scheme 1 - Other Revenue Costs					
									Scheme 1 - Revenue Savings					
									<b>Scheme 1 - Net Revenue</b>					
Priority Scheme 2 - Maelfa Well Being Hub (	Yes	11,322					Funding approved for fees to complete FBC		Priority Scheme 2 - Maelfa Well Being Hub (excl fees)					
									Scheme 2 - Non Cash - DEL	0,218	0,205	0,056	0,056	0,056
									Scheme 2 - Non Cash - AME		7,765			
									Scheme 2 - Other Revenue Costs					
									Scheme 2 - Revenue Savings					
									<b>Scheme 2 - Net Revenue</b>					
Priority Scheme 3 - Penarth Well Being Cen	Yes	10,267					Funding approved for fees to complete FBC		Priority Scheme 3 - Penarth Well Being Centre (Excl Fees)					
									Scheme 3 - Non Cash - DEL		0,036	0,086	0,086	0,086
									Scheme 3 - Non Cash - AME		7,166			
									Scheme 3 - Other Revenue Costs					
									Scheme 3 - Revenue Savings					
									<b>Scheme 3 - Net Revenue</b>					
Priority Scheme 4 - Sustainable Transport H	Yes	5,714					BJC to be submitted April 2020		Priority Scheme 4 - Sustainable Transport Hub					
									Scheme 4 - Non Cash - DEL	TBC	TBC	TBC	TBC	TBC
									Scheme 4 - Non Cash - AME	TBC	TBC	TBC	TBC	TBC
									Scheme 4 - Other Revenue Costs					
									Scheme 4 - Revenue Savings					
									<b>Scheme 4 - Net Revenue</b>					
Scheme 5 - INSERT TITLE	Yes / No								Scheme 5 - INSERT TITLE					
									Scheme 5 - Non Cash - DEL					
									Scheme 5 - Non Cash - AME					
									Scheme 5 - Other Revenue Costs					
									Scheme 5 - Revenue Savings					
									<b>Scheme 5 - Net Revenue</b>					
Scheme 6 - INSERT TITLE	Yes / No								Scheme 6 - INSERT TITLE					
									Scheme 6 - Non Cash - DEL					
									Scheme 6 - Non Cash - AME					
									Scheme 6 - Other Revenue Costs					
									Scheme 6 - Revenue Savings					
									<b>Scheme 6 - Net Revenue</b>					
Scheme 7 - INSERT TITLE	Yes / No								Scheme 7 - INSERT TITLE					
									Scheme 7 - Non Cash - DEL					
									Scheme 7 - Non Cash - AME					
									Scheme 7 - Other Revenue Costs					
									Scheme 7 - Revenue Savings					
									<b>Scheme 7 - Net Revenue</b>					
Scheme 8 - INSERT TITLE	Yes / No								Scheme 8 - INSERT TITLE					
									Scheme 8 - Non Cash - DEL					
									Scheme 8 - Non Cash - AME					
									Scheme 8 - Other Revenue Costs					
									Scheme 8 - Revenue Savings					
									<b>Scheme 8 - Net Revenue</b>					
Scheme 9 - INSERT TITLE	Yes / No								Scheme 9 - INSERT TITLE					
									Scheme 9 - Non Cash - DEL					
									Scheme 9 - Non Cash - AME					
									Scheme 9 - Other Revenue Costs					
									Scheme 9 - Revenue Savings					
									<b>Scheme 9 - Net Revenue</b>					
Scheme 10 - INSERT TITLE	Yes / No								Scheme 10 - INSERT TITLE					
									Scheme 10 - Non Cash - DEL					
									Scheme 10 - Non Cash - AME					
									Scheme 10 - Other Revenue Costs					
									Scheme 10 - Revenue Savings					
									<b>Scheme 10 - Net Revenue</b>					
Scheme 11 - INSERT TITLE	Yes / No								Scheme 11 - INSERT TITLE					
									Scheme 11 - Non Cash - DEL					
									Scheme 11 - Non Cash - AME					
									Scheme 11 - Other Revenue Costs					
									Scheme 11 - Revenue Savings					
									<b>Scheme 11 - Net Revenue</b>					
Scheme 12 - INSERT TITLE	Yes / No								Scheme 12 - INSERT TITLE					
									Scheme 12 - Non Cash - DEL					
									Scheme 12 - Non Cash - AME					
									Scheme 12 - Other Revenue Costs					
									Scheme 12 - Revenue Savings					
									<b>Scheme 12 - Net Revenue</b>					
Scheme 13 - INSERT TITLE	Yes / No								Scheme 13 - INSERT TITLE					
									Scheme 13 - Non Cash - DEL					
									Scheme 13 - Non Cash - AME					
									Scheme 13 - Other Revenue Costs					
									Scheme 13 - Revenue Savings					
									<b>Scheme 13 - Net Revenue</b>					
Scheme 14 - INSERT TITLE	Yes / No								Scheme 14 - INSERT TITLE					
									Scheme 14 - Non Cash - DEL					
									Scheme 14 - Non Cash - AME					
									Scheme 14 - Other Revenue Costs					
									Scheme 14 - Revenue Savings					
									<b>Scheme 14 - Net Revenue</b>					
Sub Total unapproved Schemes Total		32,035	0	0	0	0								

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**Revenue Funded Infrastructure (including Primary Care Pipeline 3PD and  
Mutual Investment Model (MIM) investments)**

	Scheme Capital Value	Annual Revenue Repayment				
		2020-21	2021-22	2022-23	2023-24	2024-25
<b>Prioritised Schemes (to be named individually)</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Whitchurch Road Surgery	2,500	0	0,045	0,179	0,179	0,179
Pentrych Surgery	3,100	0	0,050	0,200	0,200	0,200
Scheme 3						
Scheme 4						
etc						
<b>Total</b>	5,6	0	0,095	0,379	0,379	0,379

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**Health Board**  
**Workforce Plans - WTE**

**Cardiff &  
Vale ULHB**

	A	B	C	D	E	F	F	G
	Actual Workforce @ 31.01.2020 WTE	Planned WTE @ 31.03.2020 WTE	2020/21 Profiled Workforce at end of each Quarter				Workforce at end of	
			30/06/2020 WTE	30/09/2020 WTE	31/12/2020 WTE	31.03.2021 WTE	31/03/2022 WTE	31/03/2023 WTE
Core workforce:-								
Board Members								
Medical & Dental	1397	1432	1459	1459	1459	1464	1464	1464
Nursing & Midwifery Registered	3924	4235	4360	4360	4360	4365	4365	4365
Additional Professional, Scientific and Technical	680	754	779	779	779	781	781	781
Healthcare Scientists	469	482	482	482	482	482	482	482
Allied Health Professionals	870	858	897	897	897	898	898	898
Additional Clinical Services	2531	2615	2651	2651	2651	2651	2651	2651
Administrative and Clerical (inc Senior Managers)	2109	2196	2220	2220	2220	2220	2220	2220
Estates and Ancillary	1035	1114	1118	1118	1118	1118	1118	1118
Students	46	1	1	1	1	1	1	1
<b>Sub total</b>	<b>13062</b>	<b>13686</b>	<b>13969</b>	<b>13969</b>	<b>13969</b>	<b>13981</b>	<b>13981</b>	<b>13981</b>
Variable Workforce:-								
Board Members								
Medical & Dental	51	22	22	22	22	22	22	22
Nursing & Midwifery Registered	163	11	11	11	11	11	11	11
Additional Professional, Scientific and Technical	18	0	0	0	0	0	0	0
Healthcare Scientists	5	0	0	0	0	0	0	0
Allied Health Professionals	7	2	2	2	2	2	2	2
Additional Clinical Services	332	7	7	7	7	7	7	7
Administrative and Clerical (inc Senior Managers)	39	-1	-1	-1	-1	-1	-1	-1
Estates and Ancillary	40	0	0	0	0	0	0	0
Students	0	0	0	0	0	0	0	0
<b>Sub total</b>	<b>656</b>	<b>41</b>	<b>41</b>	<b>41</b>	<b>41</b>	<b>41</b>	<b>41</b>	<b>41</b>
Agency/Locum:-								
Board Members								
Medical & Dental	41							
Nursing & Midwifery Registered	229							
Additional Professional, Scientific and Technical								
Healthcare Scientists	7							
Allied Health Professionals	15							
Additional Clinical Services	2							
Administrative and Clerical (inc Senior Managers)	25							
Estates and Ancillary	37							
Students								
<b>Sub total</b>	<b>355</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total workforce plans</b>	<b>14072,65</b>	<b>13726,87</b>	<b>14010,00</b>	<b>14010,00</b>	<b>14010,00</b>	<b>14021,79</b>	<b>14021,79</b>	<b>14021,79</b>

**NOTES**

Column A: Baseline actual WTE

Column B - G: Projected WTE (funded/budgeted WTE)

Core Workforce: Total Staff WTE with a contract of employment including fixed term, temporary and contracted locums

Variable Workforce: Hours worked above contract including additional hours worked at plain time, overtime, bank, additional sessions for medical staff.

Agency/Locum: WTE estimate of agency/locum use.

**Health Board**  
**Workforce Plans - £'000**

Cardiff & Vale ULHB

	2020/21 Workforce Quarterly Profile				Workforce Annual	
	Qtr 1 £'000	Qtr 2 £'000	Qtr 3 £'000	Qtr 4 £'000	2021/22 £'000	2022/23 £'000
Core workforce:-						
Board Members						
Medical & Dental	9 426	9 426	9 426	9 452	38 682	40 261
Nursing & Midwifery Registered	18 769	18 769	18 769	18 792	76 995	80 138
Additional Professional, Scientific and Technical	20 085	20 085	20 085	20 121	82 408	85 771
Healthcare Scientists	10 051	10 051	10 051	10 051	41 219	42 901
Allied Health Professionals	8 133	8 133	8 133	8 142	33 363	34 725
Additional Clinical Services	6 184	6 184	6 184	6 184	25 359	26 394
Administrative and Clerical (inc Senior Managers)	40 232	40 232	40 232	40 232	164 991	171 726
Estates and Ancillary	48 722	48 722	48 722	48 722	199 811	207 967
Students	68	68	68	68	280	291
<b>Sub total</b>	<b>161 670</b>	<b>161 670</b>	<b>161 670</b>	<b>161 764</b>	<b>663 108</b>	<b>690 175</b>
Variable Workforce:-						
Board Members						
Medical & Dental	61	70	61	59	250	250
Nursing & Midwifery Registered	794	584	500	394	2 273	2 273
Additional Professional, Scientific and Technical	114	143	90	61	408	408
Healthcare Scientists	426	369	275	234	1 303	1 303
Allied Health Professionals	219	249	174	67	709	709
Additional Clinical Services	133	75	6	63	277	277
Administrative and Clerical (inc Senior Managers)	1 595	1 489	1 360	1 008	5 453	5 453
Estates and Ancillary	712	552	895	392	2 551	2 551
Students						
<b>Sub total</b>	<b>4 054</b>	<b>3 530</b>	<b>3 361</b>	<b>2 279</b>	<b>13 224</b>	<b>13 224</b>
Agency/Locum: -						
Board Members						
Medical & Dental						
Nursing & Midwifery Registered						
Additional Professional, Scientific and Technical						
Healthcare Scientists						
Allied Health Professionals						
Additional Clinical Services						
Administrative and Clerical (inc Senior Managers)						
Estates and Ancillary						
Students						
<b>Sub total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total workforce plans</b>	<b>165 724</b>	<b>165 200</b>	<b>165 031</b>	<b>164 044</b>	<b>676 333</b>	<b>703 400</b>

**NOTES**

Core Workforce: Total staff £ - with a contract of employment including fixed term, temporary and contracted locums

Variable Workforce: £ hours worked above contract including additional hours worked at plain time, overtime, bank, additional sessions for medical staff

Agency / Locum £

## Integrated Planning Framework - Recruitment Difficulties Summary

This pro-forma links to Planning Stage 1

In the below section, a recruitment difficulty is defined as a post/specialty which you have advertised for

Professional Group	Role	Specialty	Band / Grade
Additional Clinical Services	Genetic Counsellor Psychologists (HCPC registered practitioner psychologists (with doctorates at all grades)	Adult and Older People	particular issue 7-8C
Additional Professional, Scientific & Technical	Cardiac Physiologist Specialist Cardiac Physiologist Advanced Cardiac Physiologist Echocardiographs Perfusionist Clinical Scientists Clinical Technologists	Cardiac Physiology Cardiac Physiology Cardiac Physiology Cardiac Physiology Perfusion Medical Physics Medical Physics	Bands 5 & 6 Band 7 Band 8a Band 7 Bands 7 & 8a Bands 8d, 8c, 8b, 8a & 7 Band 5 & 6
Allied Health Professionals	Speech & Language Therapists  Occupational Therapy, Speech and Language Therapy, Physiotherapy  Clinical Lead  Children's Speech & Language Therapist  Psychologists Mental Health staff- OT, SWs, Nurses Primary Mental Health Lead Radiographer Consultant Radiologists Sonographer  Dietitian  Operating Department Practitioners (ODPs)	Adult and Community  PCIC Community Services  Paediatric Occupational Therapy  Autism  Child Child CAMHS Radiology Radiology Radiology  Paediatrics and public health posts  Perioperative Care	Band 6  Bands 5 & 6  Band 8a  Band 7  Band 7-8C Band 6-7 8A Band 5 , 6 & 7 Consultant Band 7  band 6  Band 5
Admin & Estates (Inc. Managers, Senior Managers and VSMs)			
HCA and Support Staff	Crisis Secretary	CAMHS	Band 3
	Rehab Engineer and Specialist Rehab Engineer Clinical Scientist	Clinical Engineering Genetics	Band 5 & 6 Band 7

Health Care Scientists	Specialist Biomedical Scientist	Cellular Pathology	Band 6
	Biomedical Scientist	Medical Biochemistry and Immunology	Band 5
Medical & Dental	Consultant	Intensive Care	Consultant
	Junior Doctor	Neurosciences	ST3 - SAS
	Junior Medical Staff	Mental Health	All grades
	GP Out of Hours	Primary Care	
	Sexual Health	Primary Care	Junior Grades
	Psychiatrist	Older People	Specialty Doctor
	Psychiatrist	Adult MH	Specialty Doctor
	Community Dental Service	PCIC	Specialist in Special Care Dentistry
	Community Dental Service	PCIC	Consultant in Special Care Dentistry
	Consultant	Intensive Care	
	Consultant	Neurosciences	
	Junior Doctor	Cardiothoracics	
	Speciality Doctor/Consultant Paediatric Audiology/ Paediatric Audiological Medicine Consultant	Paediatric Audiology	Consultant
	Middle grades	Paediatrics	Middle grades
	Middle grades	O and G	Middle grades
	Specialty Doctor	CAMHS	Specialty Doctor
	Consultant Pathologists	Adult Paediatric Neuropathology	Consultant
	Anaesthetic Consultants	Pain Management	Consultant
	Anaesthetic Consultants	Anaesthetics	Consultant
	Consultant	OMFS	
	Consultant	Special Care Dentistry	
	Hon Consultant	Restorative Dentistry (2 posts)	
	Hon Consultant	Orthodontics	
	Breast Radiologist	Breast	Cons
Melford, Glynis 01/24/2020 10:28:11	Staff Nurses - Medicine	Clinical Gerontology and Integrated Medicine	Band 5
	Assessment Unit Staff Nurse	Emergency & Acute Medicine	Band 6

Nursing & Midwifery	Consultant Nurse Specialist	Emergency & Acute Medicine	Band 8b
	Associate CF CNS with Specialist Knowledge of CF Related Diabetes	Specialised Medicine	Band 6
	Sexual Health Nurses	Department of Sexual Health, PCIC	Band 6
	Nurse Assessors and Nurse Manager	Learning Disabilities	Band 6 & 7
	Specialist Nurse	Community Diabetes	Band 7
	District Nursing		Bands 5, 6 & 7
	Registered Nurses	Prison Healthcare	Band 5
	Minor illness Nurses	OOHs	Band 5
	Registered Nurses	Neurosciences	Bands 5 & 6
	Registered Nurses	Intensive Care	Bands 5 & 6
	Clinical Nurse Specialist	Cardiothoracics	Band 7
	Clinical Nurse Specialist	Haematology (Porphyria and Non Malignant)	Band 7
	CAMHS Nurses including Crisis	CAMHS	Bands 6 & 7
	Registered Nurses	Perioperative Care	Band 5

Staff Group to be confirmed	Clinical Practitioners ( Advanced Paramedics Practitioners (APP/ANP)	OOHs	Band 7
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In addition, please specify any posts or specialties that you anticipate **future difficult** to recruit:

Professional Group	Role	Specialty	Band / Grade
Additional Clinical Services	Psychologists (HCPC registered practitioner psychologists (with doctorates at all grades)	Adult and Older People	particular issue 7-8C
Additional Professional,			
Mulford, Glynis 01/24/2020 10:28:11	Occupational Therapy, Speech & Language Therapy, Physiotherapy	Community Services/CRT	Band 6
	advanced and team lead Occupational Therapists	Paediatric	Band 7

Allied Health Professionals	Clinical Psychologist CAMHS Therapist Family Therapist	CAMHS	Bands 7 - 8b
	Primary Mental Health Workers	CAMHS	Bands 6 & 7
	Core clinical and Community services Dietitians	Medicine, Surgery and core community services	Band 5
Admin & Estates (Inc. Managers, Senior HCA and Support Staff	Locality Managers	Primary Care	Band 8c
Health Care Scientists	Specialist Biomedical Scientist	Stem Cell Processing Laboratory	Band 6
	Specialist Biomedical Scientist	Cellular Pathology	Band 6
Medical & Dental	Junior medical staff	Mental Health - MHSOP	F2, SPR
	Speciality Doctors, Mental Health	Adult MHSOP	Specialty Dr
	Consultant Sexual Health	MHSOP Primary Care	Consultant Junior Grades
	Specialty Doctor	CAMHS	Specialty Doctor
	Consultant	CAMHS	Consultant
Nursing & Midwifery	Medical Nurses	Clinical Gerontology and Internal Medicine	Band 5
	Directors of Nursing	Primary Care and Mental Health	Band 8d
	Registered Nurses	Mental Health - MHSOP	Band 5

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Reason / impact
National Shortage
National Shortage
Hight turnover/national shortage Hight turnover/national shortage Hight turnover/national shortage Hight turnover/national shortage Role is a higher grade in England National Shortage National Shortage
Lack of sufficiently skilled staff - recruiting band 5 staff to develop required band 6 skills. Lack of sufficiently skilled/experinced staff especially at band 6 level which has led to multiple adverts to fill posts and prolonged vacancies. Biggest impact recently within Physiotherapy.  Post is 0.8 WTE therefore it is ddicult to attract people from outside the area, thus impacting sustained service redesign, delivery of the ALNET, compliance with tier 1 targets  First round one applicant who turned it down, second round no applicants, third round one applicant who was offered the post (no masters) Lack of sufficiently trained staff, not enough being trained annually National Shortage Lack of suitably qualified and experienced applicants - linked to national shortage of CAMHS staff National Shortage All subspecialities, (cardiac, neuro, MSK, body, IR, Nuc Med) National Shortage Paediatrics is a specialist area of clinical practise and shortage of dietitians having exposure to paediatrics once qualified at band 5 . Likewise dietitians working in public health and experienced to be recruited at band 6 We are trying to set up training rotations to increase the pool of dietitians . Competing with other health Boards to recruit from a finite pool of candidates . Nationwide shortage. Can be a high stress environment with significant out of hours working. Historic changes in ODP training. Lack of identified opportunities for promotion in due course secondary to over establishment of Band 6's post historic Agenda for Change issues.
Unable to appoint due to calibre of candidates. Were not able to shortlist any candidates when advertised second time. Impact significant upon Clinical Board due to loss of administrative support and diary management duties. Lack of suitably qualified and experienced applicants
National Shortage and lack of suitable training provision across UK Not enough registered Scientists applying, shortage in UK

Lack of suitably trained and experienced candidates locally. Inability to expand scientific service delivery. Failure to deliver timely diagnoses against increasing demands.

Although we are recruiting to band 5 we rarely have registered staff apply

National Shortage of ITU/Neuro Consultants

Insufficient Trainees nationally. Neurosciences unpopular with junior doctors

National Shortage

National Shortage

National Shortage

National shortage

National Shortage

National Shortage

National Shortage

National shortage

National shortage

National shortage

Retirement. National Shortage, no national training plan for Consultant Audiology Paediatricians and not enough Paediatric Audiovestibular paediatricians in country to fill post. Impact is gap in service for 5 sessions with compromised service to babies and children with hearing impairment requiring a developmental assessment and understanding of impact of hearing loss on development and investigation of aetiology.

National shortage

National shortage

National Shortage and difficulty attracting candidates due to lower salary scale than England

Recognised national shortage. Highly acute in Wales with aging incumbent staff and recruitment and retention challenges. Failure to deliver timely diagnoses. Failure to maximise patient outcomes. Failure to deliver services.

National shortage

National shortage

All impact on the ability to deliver service / teach / maintain postgraduate training.

Severe shortage of clinical academics plus difficult in attracting people to Wales

This post has been difficult to recruit to, and currently is being undertaken by a locum. It needs to sit within radiology as the clinical specialty but seems to sit within the Breast Service, which might make it less attractive. However, radiologists are difficult to find nationally.

National nursing shortage - many wards now carrying significant vacancies (eg B7)

Advertised internally and externally and unable to fill the volume of vacancies due to lack of experienced candidates, risk to service - incorrect skill mix and a very junior workforce.

<p>Shortlisted and interviewed but unable to appoint due to experience/suitability of candidates.</p> <p>The role was critical to undertake transformation work in order to support the Major Trauma centre for the regional trauma network. The role was also integral to the reconfiguration of the Paediatric Emergency Medicine services in Cardiff.</p> <p>No suitable applicants applied. Unable to further develop diabetic care of patients in the service with CF related diabetes</p> <p>National Shortage.</p> <p>Lack of Nursing Disability Nurses applicants and LD service challenges</p> <p>National Shortage</p> <p>National shortages but also the requirement for Band 6 &amp; 7 to have Specialist Practitioner Qualification (SPQ) to meet DN principles. Impact on current services but will be a means of succession planning</p> <p>inappropriate skill mix impacting on recruitment and retention. Being addressed through strategic workforce planning.</p> <p>Competition across in and out of hours/GP practices and clusters</p> <p>National Shortage/Very specialist</p> <p>High turnover due to mental and emotional requirements of the role</p> <p>National shortage</p> <p>National shortage and sickle cell component of the non malignant role not attractive</p> <p>National Shortage</p> <p>Nationwide shortage. Non traditional nursing area that can lack appeal to newly qualified nurses. Lack of exposure to theatres during student nurse training. High stress environment, with significant out of hours working. Lack of identified opportunities for promotion in due course secondary to over establishment of Band 6's post historic Agenda for Change issues.</p> <p>National Shortage</p> <p>National Shortage</p> <p>National Shortage</p> <p>National Shortage</p> <p>Competition across in and out of hours/GP practices and clusters</p>
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Reason / impact
National Shortage
<p>Access to sufficiently skilled/experienced candidates to fill community vacancies. Recent reduction in numbers of Speech &amp; Language Therapists being trained in Cardiff.</p> <p>Limited band 5 and 6 workforce supporting progression planning. Limitation in direct service delivery due to delivery of prevent model and upstreaming care to universal and targeted care</p>

National shortage and small staff pool within Wales
Shortage of suitably qualified and experienced staff and small staff pool within Wales
There are insufficient band 5 dietitians qualifying to meet the needs of all health boards in Wales. Currently only 42 places commissioned per year across Wales. We have recommended this is increased to 62. I am unaware of the final numbers for 2020. To date this year all graduates have secured posts and none available until next year. Strategies that will impact on the service include; WG Obesity strategy, Diabetes Structured Education, Eating Disorders, Single Cancer Pathway, Pre hab to rehab, Primary care models, 7 day working and extended hours, Major Trauma. As a female dominated profession we are always looking for maternity backfill which is at band 5. Winter temporary funding from November to April. Very difficult to recruit short term funded staff and then have to use locum staff to fill the gaps. This is a very expensive model. Short term funded projects for public health funding.
Suitable candidates with the relevant experience, knowledge and skills.
Specialised knowledge and experience required
Lack of suitably trained and experienced candidates locally. Inability to expand scientific service delivery. Failure to deliver timely diagnoses against increasing demands.
National Shortage difficulty recruiting to part time posts. Low number of applicants for posts and delays with Visa applications National Shortage National Shortage National shortage and differing salary offers with English services National shortage and differing salary offers with English services Recognised national shortage. Highly acute in Wales with aging incumbent staff and recruitment and retention challenges. Failure to deliver timely diagnoses. Failure to maximise patient outcomes. Failure to deliver services.
National nursing shortage - attempting to overcome this via alternative recruitment methods, eg overseas and adaptation nurses  Lack of succession plans - being addressed currently  Difficulty recruiting to posts outside of Student Streamlining process, with low numbers of applicants

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For Academic intake 2020/21		
Course Title	Course duration	Year of output
Medical Ultrasound/Sonography	1-2 years	2021/2022
For Academic intake 2021/22		
SPECIALIST PRACTICE QUALIFICATION OR COMMUNITY HEALTH STUDIES AWARDS		
<p>Students can undertake specialist community nursing education on a part time or modular basis to achieve either a Specialist Dip Community Health Studies degree.</p> <p><b>Part time:</b> usually completed over a period of 2 years.</p> <p><b>Modular:</b> allows students to undertake one or more specific taught modules over an undefined period of time. Students follow</p>		
Course Title	Course duration	Year of output
District Nursing (Part-time)	2 years	2023
District Nursing Modules (in modules)	3-6 months	2022
Practice Nursing (Part-time)	2 years	202
Practice Nursing Modules (in modules)	3-6 months	2022
Community Paediatric Nursing (Part-time)	2 years	2023
Community Paediatric Nursing Modules (in modules)	3-6 months	2022
CPN (Part-time)	2 years	2023
CPN Modules (in modules)	3-6 months	2022
CLDN (Part-time)	2 years	2023
CLDN Modules (in modules)	3-6 months	2022
Additional Modules	1 year	2022
For Academic intake 2021/22		
Course Title	Course duration	Year of output
NURSING & MIDWIFERY		
Bachelor of Nursing (B.N.) Adult	3 years	2024
Bachelor of Nursing (B.N.) Child	3 years	2024
Bachelor of Nursing (B.N.) Mental Health	3 years	2024
Bachelor of Nursing (B.N.) Learning Disability	3 years	2024
Shortened Nursing Degree Programme-Adult	2 years	2023
Shortened Nursing Degree Programme-Child	2 years	2023
Shortened Nursing Degree Programme-Mental Health	2 years	2023
Shortened Nursing Degree Programme-Learning Disability	2 years	2023
Bachelor of Nursing (B.N.) Adult (Part-time)	4 years	2025
Bachelor of Nursing (B.N.) Child (Part-time)	4 years	2025
Bachelor of Nursing (B.N.) Mental Health (Part-time)	4 years	2025
Bachelor of Nursing (B.N.) Learning Disabilities (Part-time)	4 years	2025
B.Sc. Midwifery Direct Entry	3 years	2024
B.Sc. Midwifery Conversion Programme	18 months	2023
Return To Practice	6 months	2022

For Academic intake 2021/22		
Course Title	Course duration	Year of output
SPECIALIST COMMUNITY PUBLIC HEALTH NURSING		
<b>Specialist Community Public Health Nurse (SCPHN)</b> courses are registerable NMC qualifications <b>Full time:</b> takes the student up to 52 weeks to complete <b>Part time:</b> usually completed over 2 years <b>Modules:</b> Students undertake one or more specific taught modules over an undefined period of time.		
Health Visiting (Full-time)	1 year	2022
Health Nursing (Part-time)	2 years	2023
Health Visiting (modules)		
School Nursing (Full-time)	1 year	2022
School Nursing (Part-time)	2 years	2023
School Nursing (modules)		
Occupational Health (Full-time)	1 year	2022
Occupational Health (Part-time)	2 years	2023
For Academic intake 2021/22		
Programme	Level 2 Numbers required	Level 3 Numbers required
HEALTHCARE SUPPORT WORKER		
HCSW Clinical Induction	183	
Diploma in Health and Social Care	10	10
Diploma in Clinical Healthcare Support	70	81
Diploma in Maternity and Paediatrics Support	10	20
Diploma in Perioperative Support		18
Level 4 education for HCSW's to access Yr 2 of nurse training		
Units for learning specific to role		

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Numbers Required	HEI Provider	
1	University West of England	
st Practice Qualification (SPQ) as recognised by the Nursing and Midwifery Council (NMC) or BSc/PG		
owing the modular route complete the Fundamentals of Community practice, as their first module.		
New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Indicate any Recruitment Difficulties / Reason for commissions
16		
6		
6		
5		to sustain increasing number of children cared for in community / support ALN / increased growth
8		
2		community casemix changing -more challenging behaviour and complex physical disability
New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Indicate any Recruitment Difficulties / Reason for commissions
484		mix of adult and children's nurses in HV and SHN nursing, imms team.
82		
116		CAMHS/ Primary Mental Health Team, services expanding, YOS, no age profile or turnover rate available as yet- newly repatriated.
5		increasing LD services with ccomplex needs /ICF
30		
10		
10		
1		
50		
10		
28		HCSW's in CAMHS
		HCSW's in CCNS /ICF
50		
10		
40		



New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Indicate any Recruitment Difficulties / Reason for commissions

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16		There needs to be an increase in the number of Cardiff & Vale students, this is because currently we lose a large proportion of newly qualified Health Viistors to their local health boards and we are unable to fill our vacancies. There has been an increase in retire and return and maternnity leave and this will continue over the next three years.
4		
6		We are aiming to increase access to Health Visiting via skill mix
2		
1		

Level 4 Numbers required	Comments	Indicate any Recruitment Difficulties / Reason for commissions
75		Difficulty sustaining funding for training as currently the Band 4 that are interesting in accessing nurse training wish to access SCPHN immediately aftyer. There is some discussion whether this is possible.

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For Academic intake 2020/21		
Course Title	Course duration	Year of output
Medical Ultrasound/Sonography	1-2 years	2021/2022
For Academic intake 2021/22		
Course Title	Course duration	Year of output
ALLIED HEALTH PROFESSIONALS		
B.Sc. Diagnostic Radiography	3 years	2024
B.Sc Therapy Radiography	3 years	2024
B.Sc. Human Nutrition - Dietician	3 years	2024
PG Diploma Human Nutrition - Dietician	2 years	2023
PG Diploma Medical Illustration	2 years	2023
B.Sc. Occupational Therapy	3 years	2024
B.Sc. Occupational Therapy (Part time)	4 Years	2025
PG Diploma Occupational Therapy	2 years	2023
Degree in ODP	3 years	2024
B.Sc. Physiotherapy	3 years	2024
B.Sc. Podiatry	3 years	2024
B.Sc Orthoptist	3 years	2024
PhD Clinical Psychology Doctorate	3 years	2024
B.Sc. Speech & Language Therapy	3 years	2024
B.Sc. Speech & Language Therapy - Welsh Language	3 years	2024
Ambulance Paramedics	2 years	2023
Ambulance Paramedics - EMT conversion	1 year	2022
B.Sc Paramedicine	3 years	2024
For Academic intake 2021/22		
Course Title	Course duration	Year of output
RADIOGRAPHY - Assistant Practitioners		
Assistant Practitioners Radiography - Diagnostic	1 year	2022
Assistant Practitioners Radiography - Therapy	1 year	2022
For Academic intake 2020/21		

Programme	Level 2 Numbers required	Level 3 Numbers required
HEALTHCARE SUPPORT WORKER		
HCSW Clinical Induction	20	
Diploma in Health and Social Care		5
Diploma in Clinical Healthcare Support		5
Diploma in Dietetics Support		8
Diploma in Occupational Therapy Support		5
Diploma in Physiotherapy Support		10
Diploma in Maternity and Paediatrics Support		
Diploma in Perioperative Support		15
Certificate in Clinical Imaging	8	
Units for learning specific to role		

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Numbers Required	HEI Provider	
New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Indicate any Recruitment Difficulties / Reason for commissions
13		national shortage, difficult recruitment
15		NARRATIVE DOCUMENT PROVIDED
2		Workforce planning
10		
5		
10		no p/t programme provision
36	4	Continued expansion of FCP, establishment of CMATS model of care and development of Major trauma centre in C&V
3		
1		Planned Retirement
16		National and local priorities (NHS) to increase access to psychological therapies and psychologically informed care. To be able to ensure supervision and governance through evidence based pathways. Recruitment difficulties. 4 MHSOP 3 Adult 1 inpatient/forensic addictions 4 child 4 clinical health/neuropsychology.
4		PLEASE SEE ADDITIONAL ATTACHMENT WITH NARRATIVE TO SUPPORT THESE FIGURES.
New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority	Indicate any Recruitment Difficulties / Reason for commissions

Level 4 Numbers required	Comments	Indicate any Recruitment Difficulties / Reason for commissions
		no recruitment difficulties and aiming to implement model ward for nutrition and hydration across the UHB on a phased approach and it is modelled around band 3 dietetic assistants
5		
4	Therapy Assistant Practitioner Apprenticeship	

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For Academic intake 2021/22		
Course Title	Course duration	Year of output
HIGHER SPECIALIST SCIENTIST TRAINING - HSST		
Physical Sciences		
Clinical Biomedical Engineering	5 years	2026
Medical Physics	5 years	2026
Bioinformatics	5 Years	2026
Life Sciences		
Genetics-Genomics	5 years	2026
Molecular Pathology of Infection	5 years	2026
Molecular Pathology of acquired Disease	5 years	2026
Histopathology and Immunology	5 years	2026
Embryology and Reproductive Science	5 years	2026
Physiological Sciences		
Audiology	5 years	2026
Vascular Science	5 years	2026
For Academic intake 2021/22		
Course Title	Course duration	Year of output
SCIENTIST TRAINING PROGRAMME-STP		
Physiological Sciences - STP		
M.Sc. Clinical Science in Neurosensory Sciences - Audiology	3 years	2024
M.Sc. Clinical Science in Neurosensory Sciences - Neurophysiology	3 years	2024
M.Sc. Clinical Science in Neurosensory Sciences - Cardiac Physiology	3 years	2024
M.Sc. Clinical Science in Neurosensory Sciences - Resp & Sleep	3 Years	2024
Life Science -STP		
M.Sc. in Infection Science - Clinical Microbiology	3 years	2024
M.Sc. in Blood Sciences - Clinical Immunology	3 years	2024
M.Sc in (Blood Sciences) Haematology and Transfusion Science	3 years	2024
M.Sc in (Blood Sciences) Histocompatibility and Immunogenetics	3 years	2024
M.Sc. in Blood Sciences - Clinical Biochemistry	3 years	2024
M.Sc. in Blood Sciences - Genomics (formally Genetics)	3 years	2024
M.Sc. in Blood Sciences - Cancer Genomics	3 years	2024
M.Sc in Genomic Counselling (formerly Genetic Counselling)	3 years	2024
M.Sc in Cellular Sciences - Reproductive Sciences - Clinical Embryology and Andrology	3 years	2024
M.Sc in Cellular Sciences - Histopathology	3 years	2024
M.Sc in Cellular Sciences - Cytopathology	3 years	2024

M.Sc in Reconstructive Science	3 Years	2024
Physical Sciences and Biomedical Engineering - STP		
M.Sc. in Clinical Science - Medical Physics-Radiotherapy Physics	3 years	2024
M.Sc. in Clinical Science - Medical Physics-Imaging with Non Ionising Radiation	3 years	2024
M.Sc. in Clinical Science - Medical Physics-Imaging with Ionising Radiation	3 years	2024
M.Sc. in Clinical Engineering - Rehabilitation Engineering	3 years	2024
M.Sc. in Clinical Engineering - DRMG	3 years	2024
Clinical Bio Informatics -STP		
MSc in Clinical Bioinformatics (Health Informatics)	3 years	2024
MSc in Clinical Bioinformatics (Genomics)	3 years	2024
M.Sc in Clinical Bioinformatics (Physical Sciences)	3 years	2024
Post Graduate Education		
MSc Genomic Medicine (This is not an STP)	2 Years	2023
<b>For Academic intake 2021/22</b>		
Course Title	Course duration	Year of output
HEALTHCARE SCIENTIST		
Physiological Science - PTP		
B.Sc. (Hons) Healthcare Science - Cardiac Physiology	3 years	2024
B.Sc. (Hons) Healthcare Science - Audiology	3 years	2024
HE Cert in Audiological Practice	2 Years	2023
B.Sc. (Hons) Healthcare Science - Respiratory and Sleep Science	3 years	2024
B.Sc. (Hons) Healthcare Science - Neurophysiology	3 years	2024
Physical and Biomedical Engineering - PTP		
B.Sc. (Hons) Healthcare Science- Clinical Engineering in Rehab	3 years	2024
B.Sc. (Hons) Healthcare Science - Clinical Engineering (Medical Engineering)	3 years	2024
B.Sc. (Hons) Healthcare Science - Nuclear Medicine & Radiotherapy Physics	3 years	2024
Life Science - PTP		
B.Sc. (Hons) Healthcare Science - Biomedical Science - Blood,	3 years	2024



B.Sc. (Hons) Healthcare Science - Biomedical Science - Infection	3 years	2024
B.Sc. (Hons) Healthcare Science - Biomedical Science - Cellular	3 years	2024
B.Sc. (Hons) Healthcare Science - Biomedical Science - Genetics	3 years	2024

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1		Supports workforce planning. INIR staffing levels are low. Additional INIR staff are required in Wales, but a minimum number of existing staff are required to provide training. The MRI component of the INIR training within the All Wales consortium is currently provided by Swansea centre (agreed between centres) and currently relies on recruitment within the existing MRI physics team in Swansea.
1		
2		Supports workforce plans
1		Increasing demands on bioinformatics service
New Graduates Required - Employed workforce - Head count		Indicate any Recruitment Difficulties / Reason for commissions
Direct Applicant	In service Applicant	
4		
2		
2		Currently very difficult to fill posts due to low numbers of graduates. Number of Universities running the degree programme has been reduced and current intake via Swansea University is only 5 per year
This programme is only for employed staff		
2		Current turnover is high with a prediction of a number of retirement in coming years

2		Continual turnover of staff at Bands 4 and 5

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For Academic Intake 2022/23		
Course Title	Course duration	Year of output
Pre Reg Pharmacy -Hospital programme	1 year	2023
Pre Reg Pharmacy - Combined programme	1 year	2023
Pharmacy Diploma	2 years	2024
For Academic intake 2021/22		
Pharmacy Technician	2 years	2023

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New Graduates Required - Employed Workforce - Head count	New Graduates Required - Independent Sector/ Local Authority
6	
5	
5	

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For Academic intake 2021/22			
Course Title	Course duration	Year of output	New Graduates Required - Employed Workforce - Head count
Diploma in Dental Hygiene	2 years	2022	
Degree in Dental Hygiene & Therapy	3 years	2023	
Physicians Associates	2 years	2022	

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<b>Indicate any Recruitment Difficulties / Reason for commissions</b>

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**Guidance Notes: -**

**Advanced practice education** is at Masters level, and will either be a full advanced practice masters degree pathway

**Extended practice education** are modules of education which extends a registrant's skill set and may be at master

**Target group:** Non-Medical Registered Healthcare professionals across Secondary/Community and Primary care/C

**Course Name**

Advanced Clinical Practice

Advanced Clinical Practice (MSC)

Advanced Clinical Practitioner (MSc)

Advanced HEMS Practice (MSc/PGCert/PGDip)

Advanced Manipulative Physiotherapy (MSC)

Advanced Physiotherapy (MSc)

Advanced Practice (Dietetics) (MSC)

Advanced Practice (MSc)

Advanced Practice in Health Care (PGDip)

Advanced Practice in Health Care (MSc/PGDip)

Advanced Professional Practice in Neurological rehabilitation (MSc)

Advanced Specialist Blood Transfusion (MSc/PGCert/PGDip)

Advancing Healthcare Practice (MSc)

Ageing Health and Disease (MSC)

Anticoagulation Management Theory and Practice (MSC)

Autism and Related conditions (MSC/PGCert/PGDip)

Biomedical Science (Clinical Data Interpretation) (MSc)

Certificate in Psychiatric Therapeutics

Child Public Health (MSc/PGCert/PGDip)

Clinical Medicine

Community & Primary Healthcare Practice(MSc/PGCert/PGDip)

Computed Tomography (Radiographers) PGCert

Critical Care (MSc)

Diabetes (MSC/PGCert/PGDip)

Diagnostic Imaging (PGCert)

Dietetics (MSc)

Diploma in Paediatric Dentistry (Online)

Diploma in Therapeutics

Education for Health Professions (MSc/PGDip/PGCert)

Enhanced Professional Practice MSc

Ergonomics in Health and Community Care (MSc/PGCert/PGDip)

Expert Practice in Immunocytochemistry (PGDip)

Gastroenterology (MSC/PGDip)

Health and Public Service Management (MSc)

Health Informatics (MSc/PGCert/PGDip)

Healthcare Management (MSc)

Higher Specialist Diploma in Cellular Pathology

Infection, Prevention & Control (MSc)

Language and Communication Impairment in Children (MSc/PGCert/PGDip)

Leadership for Healthcare Professionals (MSc/PGCert/PGDip)

Long Term & Chronic Condition Management (MSc)
Managing care in perioperative and anaesthesia practice (MSc)
Managing Care in Perioperative and Anaesthesia Practice (MSc)
Master of Research (Health) Mres/PGCert
Medicines Optimisation
Midwifery and Women's Health (MSc)
Mres Health
MSc Diagnostic & Interventional Ultrasound (MSc)
MSc in Clinical Pharmacy
MSc Pharmaceutical Technology and Quality Assurance
Musculoskeletal Medicine (MSc)
Musculoskeletal Studies (MSc/PGCert/PGDip)
Musculoskeletal Ultrasound (PGCert)
Nuclear Medicine (MSc/PGCert/PGDip)
Occupational Therapy (MSc)
Paediatric Physiotherapy (MSc)
Pharmaceutical Technology and Quality Assurance
Pharmaceutical Technology and Quality Assurance (MSc)
Physiotherapy (MSc)
Play Therapy (MSc)
Professional Practice (MSc)
Public Health (MSc)
Public Health(MSc)
Radiographic Reporting (PGDip/PGCert)
Radiography (CT) PGCert
Respiratory Medicine (MSc)
Respiratory Medicine (MSc/PGDip)
Rheumatology (MSc/PGDip)
SLT Advanced Practitioner (MSc in Public Health)
Stem Cells and Regeneration (MSc)
Systemic Practice in Psychotherapy (PGDip)
Systemic Psychotherapy (MSc)
Theory of Podiatric Surgery (MSc)
Therapeutics
Understanding Domestic and Sexual Violence (MSc)
Vision and Strabismus (MMedSci/Diploma/Certificate)
Wound Healing & Tissue Repair (MSc)

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way or modules from an advanced practice degree pathway.  
 ers level or level 5 and 6. This funding does **not** extend to modules at level 4 and below.  
 GP practice/cluster environments.

Nursing and Midwifery	AHP	HCS	Pharmacy	Other Professionals
59	2			
6				
29	30			
	3			
			2	
2				
			2	
5	2			
5				

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**Guidance Notes: -**

**Extended practice education** are modules of education which extends a registrant's skill set and may be at ma below.

**Target group:** Non-Medical Registered Healthcare professionals across Secondary/Community and Primary ca

Course Name	Nursing and Midwifery
Achieving Excellence in Care of Older People	
Advanced Assessing & Decision Making	7
Advanced Telephone Consultation Skills	
Advancing complex assessment, decision making and care management (HCT 201)	2
Analysis and interpreting advanced practice	
ANP Research Methods	
Appendicular/Axial Image appreciation (HCT208)	
Applied Research Methods	
Assessing your current practice	
Assessment and Treatment of Sports Injuries HCT022)	
Assessment Prevention and Management of Falls	
Assistive Technology in Health and Social Care	
Asthma module from diploma in respiratory medicine	
Bone Health, falls and frailty	
BSCCP Nurse Colposcopist	1
BTEC Level 4 Professional Diploma in Pharmacy Clinical Services	
Cardio-Respiratory Physiology and Pathophysiology	
Cardiovascular disease and diabetes	
Changing Health Behaviour & Reflection for Advanced Professional Practice	
Clinical Kinaesiology and Tissue Pathology	
Clinical Assessment and Diagnostics	
Clinical assessment for Health Care Scientists	
Clinical Assessment in Advanced Practice (20 cr)	
Clinical Competence in Mammography (HCT053)	
Clinical Decision Making	6
Clinical Dietetics for children and infants	
Clinical Endoscopist Training Programme	
Clinical Examination/Pathology	
Clinical infection Therapy	
Clinical Patient Assessment	42
Clinical Risks	
Consultation & History Taking	
Critically Exploring Professional Practice	
Transforming Health Service Delivery Service	
Dermatology for Health professionals online distance learning	
Developing Advanced Practice	
Developing Advanced Practice Module	
Developing Expertise	
Developing Leadership, Innovation and Change	
Developing yourself as a leader	

Diabetes in Pregnancy	1
Diploma in Therapeutics	
Emergency Practitioner	
Epidemiology	
Ethics	
Ethics in Health and Social Care	2
Evidence based practice and assessment PTY40002	
Evidencing Learning in Specialist Professional Practice	
Examination & Diagnostics	
Extended Scope Practice	
Facilitating Learning and Teaching (Non-NMC)	6
Foundation in advanced clinical assessment	
Foundations in ADV Clinical Assessment for Health Care Professionals	
Foundations in Advanced Clinical Assessment for Healthcare Professionals	
Foundations in neuroscience	
Foundations in Physiology and Health Assessment	
From assessment to practice	
Global Public Health	
Health Policy and Economics	
Health Psychology of Long Term and Chronic Illness	
Healthcare professionals: end of life care	
Histopathology BMS Reporting	
History Taking and Consultation	
Image guided Interventional procedures of the breast	
Image interpretation and reporting in Mammography (HCT119)	
Independent Study	
Injection therapy course	
Insulin pump	
Introduction to image appreciation and evaluation	
Leadership & Professional Module	
Leadership / Quality / Innovation and Change	2
Leadership and Negotiated Module	
Leadership in Context	
Leading Quality Improvement	
Lower Quadrant Neuromuscular Physiotherapy Dysfunction	
Management of Parkinson's disease related conditions	
Masters Certificate of Professional Development in Medicines Use in Paediatrics and neonates (20 Credits)	
Maternity Ultrasound Anomalies	
Medical Education Practice module - MSE4031 Teaching Settings Evaluation	
Minor illness management	2
Motivational Interviewing: Strategies for Lifestyle Changes	
MSc Clinical Pharmacy (Research module)	
Musculoskeletal Diagnosis and Treatment	
Neuromusculoskeletal I (Upper Quadrant)	
Neuropsychology	
Neurorehabilitation – A Theoretical Basis	



Non-Medical Prescribing	9
Nutrition and Dietetics in common paediatric Disorders	
Nutrition for the Older Adult	
Occupational Science and Occupational Therapy Theory and application	
Optimizing asthma management	
Paediatric cardiorespiratory physio	
Paediatric Dietetics	
Paediatric Hearing Impairment (Speech and Language Therapy)	
Patient safety and clinical risk	9
PG Cert Clinical Medicine	
PgDip in Diabetes	
PgDip Psychiatric Pharmacy	
Philosophy, ethics & medicine SHPM48	
PMLM Developing Leadership, innovation and change/mentoring and supervision	
Policies & practice for an ageing population	
Post graduate diploma in pain management	
Post graduate diploma in respiratory medicine	
Postgraduate certificate in Psychiatric therapeutics	
Postgraduate Diploma in Diabetes	
Postgraduate Diploma in Respiratory Medicine	
Postgraduate Diploma in Therapeutics	
Practice of joint and soft tissue injection PTY40015	
Public health, health economics and policy	
Quality & Safety	
Quality and Safety Module (Radiographers)	
Quality Improvement	
Research Methods	5
Research Methods & Health Improvement in Health and Social Care	2
Research Methods and Health Improvement in Health and Social Care	24
Research Methods and Leadership & Professional Module	
Science of performance & Injury in sport	
Society of Musculoskeletal Medicine (SOMM modules)	
Special Tests in MSK Medicine	
Specialist Certificate in Clinical Transfusion Practice	
Sport and Exercise Participation	
Strategy and leadership	
The Social Aspects of Long Term and Chronic Illness	
Theory and practice of injection therapy	
Theory and Practice of long term and chronic conditions management	
Transforming Care, Systems and Leadership	2
Transforming Care, Systems and Services through Leadership	2
Transforming Individual Practice Module	
Understanding Cancer: Patient and Professional Perspectives (HCT150)	

masters level or level 5 and 6. This funding does **not** extend to modules at level 4 and core/GP practice/cluster environments.

[illegible]

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4			
5			
10			
1			
2			
1			
4			

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**Independent prescribers:** may prescribe for any medical condition within their area of competence  
**Supplementary prescribers:** can only prescribe in partnership with a doctor or dentist.  
**Limited Prescribing:** Prescribing by Community Practitioners from the Nurse Prescribers' Formulary for Commu  
independently from a limited formulary comprising a limited range of medicines, dressings and appliances suital  
**Postgraduate Certificate in Blood Component Transfusion** enables experienced non-medical Healthcare Practitio  
component transfusion to patients within their own clinical specialty, and within their own areas of competence :

Course Name	Nursing and Midwifery	AHP
Full Independent Prescribing	48	2
Supplementary Prescribing		12
Limited Independent Prescribing		
PGCert in Blood Component Transfusion (NABT) - <b>Swansea University</b>	2	
Therapeutic Prescribing for Optometrists (PgCert) - <b>Cardiff University</b>		

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Community Practitioners, i.e. District Nurses and Health Visitors, are able to prescribe for use in community settings.  
Practitioners to make the clinical decision and provide the written instruction for blood and expertise.

Optometrist / Orthoptists	HCS	Pharmacy	Other Professionals
		8	

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Please add any education on this sheet that is not included on the Advanced Practice / Extend

Course Title and Educational Level	Course duration	Is This Advanced / Extended Practice Education?
Minor illness & Minor Injury in Children	6mths	Yes
Diploma in Sexual Health		Yes
patient cases studies ( Pain module)	6 months	Yes
Clinical Management	6 months	Yes
perioperative care anaesthetic programme Agored	6 months	Yes
Periopertive care Recovery programme Agored	6 months	Yes
Periopertive care scrub programme Agored	6 months	Yes
Dissertation module	6 months	Yes
surgical care practitioner	3 years	Yes
Neonatal examination and behavioural assessment	20 weeks	Yes
Perioperative Care Recovery programme Agored	6 months	Yes
Perioperative Care Scrub programme Agored	6 months	Yes
Physical Assessment and Clinical Reasoning of the Presenting Child	3 months	Yes
Phototherapy skills	1 day update	yes
Phototherapy skills	3 day	Yes
MSc module in Respiratory diagnostics	2 years	Yes
Orth408: Medicines Excmptions For Orthoptists (Level2- 15 Credits)	3 Months	Yes
Master Of Medical Science In Vision And Strabismus	3 Years	Yes
The AGORED Diploma in Ophthalmology for HCSW's	2-3 Years	Yes
Theory and practice of injection therapy	12 weeks	Yes
Fieldwork Practice Educators Course	5 days	No
M.Sc. / Diploma In Clinical Neuropsychiatry	2-3 yrs	Yes
University of Salford Advancing Practice in Medical Imaging MSc Module	3-6 months	Yes
Diploma in Speech and Language Therapy Support (HCSW Level 3)		No



Advanced Clinical Educators Course	4 days	Yes
MSc/Diploma Cognitive Behaviour Therapy	2	Yes
Systemic Family Therapy (Msc/Diploma)		
Counselling Psychology		
part time ODP programme	4 years	No
Foot in Diabetes	1 week	yes
Diploma in Podiatry Support Level 3		No
certification for the competence in administering intravenous Injections for radiographers	1 day	Yes
Radiography (MRI) PGCert	1 Year	Yes
Medical Ultrasound PG Dip (2nd year)	1 Year	Yes
Managing People and Organisations in the Public Sector	Masters Module	Yes
Managing Resources and Projects	Masters Module	Yes
Psychological Aspects of Pain (PTY-40011)	Module	Yes
Assessment and measurement (PTY-40046)	Module	Yes
Sciences of cancer care	Module	Yes
Critical reflection in clinical practice	Module	Yes
Dissertation module (M59PH)	Module	Yes
Dissertation NRT079	Module	Yes
Dissertation HCT217	Module	Yes
Applied Anatomy and Pathophysiology for long term and chronic conditions (SHVM00)	Module	Yes
Clinical Management of MSK Problems	Module	Yes
Developing Expertise in Therapy Professionals (7016SOH)	Module	Yes
Management and Leadership Module (M001CRB)	Module	Yes
Decision Making and Managing Complex Care (HCT255)	Module	Yes
Cardio respiratory Care Theory to Practice (HCT341)	Module	Yes
Clinical Leadership (NUR-40042)	Module	Yes

Behaviour Change for health and Well being (PTY-40053)	Module	Yes
Lower Quadrant Neuromuscular Physiotherapy Dysfunction (7HSK0075)	Module	Yes
Foundations in Research (SHGM18)	Module	Yes
Clinical Assessment Skills (SHHM49)	Module	Yes
Anatomy physiology and Pathophysiology for Advanced Clinical Practice (SHHM58)	Module	Yes
Work Based Learning (Rehabilitation sciences) ER717X 15 Credits	Module	Yes
Rehabilitation in Major Trauma (Rehabilitation sciences) CD0158N 15 Credits	Module	Yes
Bridges Training for Major Trauma		
HSST Clinical Bioinformatics (Genomics)	5 years	Yes
ARTP Level III Practitioner Exam	6 months	
ARTP Spirometry Exam	6 months	
Certificate in Blood Gas Sampling and Analysis	6 months	
Advanced Hearing Therapy Advanced Practice	3 years (part time)	Yes
Clinical Assessment - Cardiac Valve clinic/Palpitations Clinic/Device Optimisation Clinic	3-6 months	Yes
FdSc in Healthcare Science	2 years	Yes
British Society of Echocardiography (BSE), British Heart Rhythm Society (BHRS) and International Board of Heart Rhythm Examiners (IBHRE) Qualifications	18 months to 2 years	No

Higher Specialist Scientist (HSST)	3 years	Yes
Academy of Healthcare Science - STP equivalence	N/A	Yes
Apprenticeships	TBC	No
Anaesthetics Associate	2 years from Sept/Oct 2020	

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ed Skill Worksheets				
HEI/Provider	Reason for Request	Nursing and Midwifery	AHP	HCS
Uni of West England	To increase the ability/confidence of adult nurses working in Primary Care OOH Setting	1		
FRSH	Development of specialist sexual health workforce	2		
Cardiff Uni	Pain team	1		
Cardiff Uni	Pain team	1		
AGORED CYMRU	No Part time OPD course		10	
AGORED CYMRU	No Part time OPD course		10	
AGORED CYMRU	No Part time OPD course		10	
Cardiff Uni	CPD	1		
to be sourced	No current programme	3		
Cardiff University	service requirements	6		
Agored Cymru	service requirements	2		
Agored Cymru	service requirements	1		
Cardiff University /UWE	development of ANP pathway	3		
clear skin	Dermatology treatment	4		
clear skin	Dermatology treatment	1		
University of Herfordshire	Specialist respiratory module	1		
Liverpool University	Medicines Exemption Is Part Of The Orthoptic Degree. The Orthoptists Who Qualified Before 2019 Will Need To Take This On-Line Learning Course		6	
Sheffield university	For the majority of extended roles in orthoptics there is an expectation that the candidates will have a masters qualification		1	
AGORED	To Formalise In House Competencies Allowing Hcsw To Have Comparable Education In Ophthalmology		2	
Southampton University	Hand therapy service		3	
Cardiff University	Comply with practice education requirements		10	
non-Wales (University of B'ham)	to meet needs of service		1	
non-Wales (University of Salford)	to meet needs of service		2	
	Course is in development and should be ready early 2020		5	

Cardiff Metropolitan University	To uplift capacity within the team for supporting pre-registration dietetic students in their dietetic clinical placements and to support increased number of WG commissioned student places for Dietetic course.		6	
Cardiff University	Informed by Matrics Cymru guidance.		10	
	Informed by Matrics Cymru guidance.		4	
	Informed by Matrics Cymru guidance.		3	
Cardiff university or Open University	No p/t provision currently or flexible route		10	
College of Podiatry	Essential to clinical progression from specialist to highly specialist podiatrist. Previously on course list but removed without explanation		5	
	HCSW Diploma not listed as an existing programme		2	
Birmingham city university	Radiographers are require to inject constrast media for Ct/MRI and NM scans		20	
UWE			1	
UWE			1	
USW			2	
USW			2	
Keele University			1	
Keele University			1	
University East Anglia (Royal Marsden)			1	
University East Anglia (Royal Marsden)			1	
Coventry			1	
Cardiff			3	
Cardiff			1	
Swansea			1	
Coventry			1	
Coventry			1	
Coventry			1	
Cardiff			4	
Cardiff			1	
Keele University			1	

Keele University			1	
University of Hertfordshire			1	
Swansea			1	
Swansea			1	
Swansea			1	
Kingston and St Georges Faculty of Health, Social Care and Education			6	
Kingston and St Georges Faculty of Health, Social Care and Education			6	
Kingston and St Georges Faculty of Health, Social Care and Education			25	
National School of Healthcare Science	To meet urgent service needs and development requirements			1
ARTP	Role development of existing staff			1
ARTP	All staff performing spirometry are required to be accredited with the ARTP in order to perform these tests			3
ARTP	To ensure staff are compliant with national standards			3
Aston University	Succession planning/retirement of hearing therapist			1
Swansea Uni	Extended roles to assist RTT situation.			2
UWE - Bristol	Role development in line with work force planning to enable other staff to undertake focused clinical roles. Currently have 1x member of staff on this course, which is proving to be a success			2
BSE, BHRS, IBHRE	Essential criteria in the personal specifications for Band 6 posts and above. here are significant costs attached to gaining these qualifications and candidates are required to sit further re- certification exams after an allotted time frame			5

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TBC	Development of a consultant cardiac physiologist role within the UHB. This individual could influence RTT targets achieving the appropriate response times.			1
Academy of Healthcare Science	Incumbent staff are already working at healthcare scientist level, this is the obvious route for them to gain healthcare scientist status to assist with advanced practice clinics etc.			5
TBC	Would be interested in pursuing apprenticeships in Cardiac Physiology			TBC
Birmingham	New profession/role			

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	2

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## LHB & Trust Specific Internal Service Delivery Plans & Measures

Each LHB & Trust should identify their proposed delivery areas from both the national outcome/delivery domains and their local need

NOTE - Discretionary Template

Measure	Target	Profile												
		Projected end of March 2020 position	apr-20	mai-20	jun-20	jul-20	aug-20	sep-20	okt-20	nov-20	des-20	jan-21	feb-21	mar-21
Monthly														
Monthly														
Monthly														
Monthly														
Monthly														
Monthly														
Monthly														
Monthly														
Monthly														
Quarterly assessment														
Quarterly assessment														
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## C21

## Hyperlinks

Please use this template to provide links to key documents, delivery and programme plans v

Document		Hyperlink	Page ref
Delivery Plans	Antimicrobial resistance Cancer Cardiac Critically ill Diabetes End of life Eye Liver disease Mental health Neurological New conditions Oral health Public health information Rare diseases Respiratory Stroke		
Programme Boards	Planned Care Unscheduled Care Primary Care Efficiency		
SSWB assessments			
Long term and/or clinical strategy			
Any other documents referenced			

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NHS Organisation		Cardiff and Vale UHB														
Date Updated		10.01.19														
Completed By: Name		Lee Davies														
Completed By: Email		lee.davies3@wales.nhs.uk														
Measure		Target	Profile													Comments
			Projected end of March 2020 position	apr-20	mai-20	jun-20	jul-20	aug-20	sep-20	okt-20	nov-20	des-20	jan-21	feb-21	mar-21	
Monthly	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%		>65%	>65%	>65%	>65%	>65%	>65%	>65%	>65%	>65%	>65%	>65%	>65%	
	Number of ambulance handovers over one hour	0		180	100	50	50	100	100	150	150	150	150	150	150	
	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%		90,0%	90,0%	90,0%	92,0%	92,0%	92,0%	92,0%	92,0%	92,0%	90,0%	90,0%	90,0%	
	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0		50	30	20	15	0	0	0	0	0	0	0	0	
	Percentage of patients waiting less than 26 weeks for treatment	95%	86,0%	86,0%	86,0%	86,0%	86,5%	86,5%	87,0%	87,5%	88,0%	88,0%	88,5%	89,0%	90,0%	
	Number of patients waiting more than 36 weeks for treatment	0	1 900	1 900	1 700	1 500	1 300	1 300	1 100	900	700	700	500	300	0	
	Number of patients waiting more than 8 weeks for a specified diagnostic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of patients waiting more than 14 weeks for a specified therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route)	98%		98,0%	98,0%	98,0%	98,0%	98,0%	98,0%	98,0%	98,0%	98,0%	98,0%	98,0%	98,0%	
	Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days receipt of referral	95%		90,0%	90,5%	91,0%	91,5%	91,5%	92,0%	92,5%	93,0%	93,0%	93,5%	94,0%	95,0%	
	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	Improvement (12 mth trend)		82,0%	82,5%	83,0%	83,5%	83,5%	84,0%	84,5%	85,0%	85,0%	85,5%	86,0%	87,0%	
	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	-		50,0%	50,0%	50,0%	55,0%	55,0%	55,0%	60,0%	60,0%	60,0%	60,0%	60,0%	65,0%	
	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	-		80,0%	80,0%	80,0%	85,0%	85,0%	85,0%	90,0%	90,0%	90,0%	95,0%	95,0%	95,0%	
Quarterly	Percentage of stroke patients who receive a 6 month follow up assessment	Qtr on qtr improvement		55,0%			57,0%			60,0%			65,0%			
Note: PHW trajectories will be used for HCAI measure profiles																
Please submit C1 returns to hss.performance@gov.wales																

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<b>Report Title:</b>	<b>New Block (Academic Avenue) at UHW – Strategic Outline Case</b>					
<b>Meeting:</b>	<b>Cardiff and Vale UHB Board</b>			<b>Meeting Date:</b>	<b>30 January 2020</b>	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	✓ <b>For Information</b>
<b>Lead Executive:</b>	<b>Director of Planning</b>					
<b>Report Author (Title):</b>	<b>Service Planning Project Lead – 029 2183 6069</b>					

### Background and current situation:

The attached Programme Business Case (PBC) seeks approval from the Health Board to develop the preferred way forward - a new block on Academic Avenue at the University Hospital of Wales (UHW). This new block will provide fit for purpose accommodation for the following services:

- 6 Main Theatres; 2 Hybrid theatres for Vascular and Major Trauma
- Major Trauma Inpatients;
- Haematology/ Bone Marrow Transplant
- Advanced Cell Therapy.

The PBC also includes the refurbishment of the remaining 6 main theatres.

The PBC develops the rationale and makes the case for the preferred option at a capital investment of £131.500m.

The PBC has been submitted to the CMG as part of the assurance and governance process. The Board is asked to agree the submission of the PBC to Welsh Government for All Wales Capital Funding to allow the development of the Outline Business Cases.

### Executive Director Opinion/Key Issues to bring to the attention of the Board:

Following submission of the original Strategic Outline Case in May 2019 it has now been agreed that the preferred way forward for the development of the hybrid theatres, for both Vascular and Major Trauma, is to include them into the New Block building alongside the other proposed new theatres. The rationale for this decision was predominantly based on requisite clinical adjacencies such as critical care facilities and the siting of the new polytrauma ward. These theatres were not included in the original SOC, and in discussion with WG it was mutually agreed that the original SOC would be replaced by a PBC with a view to progress a number of Outline Business Cases (OBCs), following on from the approval of the PBC, as described below:

#### Phase 1 - Vascular and Major Trauma Theatres

OBC - May 2020

FBC – Nov 2020

Completion and Commissioning Aug 2021

#### Phase 2 – New Build Main Theatres Theatres (x6), Major Trauma Inpatients,

## Haematology/Bone Marrow Transplant, Advanced Cell Therapy

OBC - Dec 2020

FBC – Dec 2021

Completion and Commissioning March 2023

## Phase 3 – Refurbishment of remaining Main Theatres (x6)

OBC - March 2022

FBC – March 2023

Completion and Commissioning Dec 2025

### Assessment:

In brief, the scope is to provide a facility that meets statutory requirements and best practice guidance with regard to environmental and care quality standards for all services. The plan is for a new block to be constructed adjacent to Academic Avenue at UHW, opposite the Dental Hospital, connected to the existing hospital. The accommodation will be distributed across 3 main floor levels to align with the existing services in tower block 2, such as theatres.

The shortlisted options are:

<b>Option 1 Do Minimum - All services remain in current footprint with MTC/Hybrid theatres in an extension within Jubilee Courtyard and a refurbishment of an area of the Surgical Short Stay Unit</b>	<b>Option 2 - Main Theatres and Polytrauma remain within their current footprints, Major Trauma and Hybrid Theatres are provided in an elevated extension on Academic Avenue, and Haematology/ BMT Unit is provided within a new build at the front of UHW</b>	<b>Option 3 - Academic Avenue Extension – a three storey development on stilts to align with ground, first and second floor along Academic Avenue at UHW</b>
<b>Hybrid and Major Trauma Theatres</b> Stand-alone two theatre development in Jubilee Courtyard adjacent to Surgical Short Stay Unit on lower ground floor	<b>Hybrid &amp; Major Trauma Theatres</b> Elevated extension on Academic Avenue	<b>Level 3 - Hybrid &amp; Major Trauma Theatre</b> Integrated 2 theatre unit on stilts at Level 3 at the back of UHW theatres on Academic Avenue with some refurbishment of the area adjacent to the existing recovery area to increase capacity

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<b>Theatres</b> Backlog maintenance, plant and ductwork replaced to the existing 12 theatres in UHW main theatre suite	<b>Theatres</b> Backlog maintenance, plant and ductwork replaced to the existing 12 theatres in UHW main theatre suite	<b>Level 3 - Theatres</b> 6 theatres incorporated in the extension which includes the Major Trauma and Hybrid Theatres. This enables theatres 0-5 (6 theatres) in the main theatre suite to be reconfigured and upgraded, theatres 6-11 can then move into 0-5 and the space provided through vacating 6-11 can accommodate expanded recovery
<b>Haematology/Bone Marrow Transplant</b> To enable the provision of en-suite facilities for all BMT inpatient rooms would reduce transplant beds from 10 to 5. Remaining 17 Haematology IP beds would remain in situ. Plant would be replaced. Day Unit would remain in existing ground floor site	<b>Haematology/Bone Marrow Transplant</b> Level 1 Ward of 30 beds (10 BMT 7 20 Haematology) with isolation rooms and flexibility to run an ambulatory care service Level 2 Daycase – 19 treatment chairs and 7 consult/exam rooms	<b>Level 1 –</b> Haematology/Bone Marrow Transplant Ward of 30 beds with isolation rooms and flexibility to run an ambulatory care service Daycase – 19 treatment chairs and 7 consult/exam rooms
<b>Advanced Cell Therapy</b> No provision – demand not able to be met	10 bed unit	<b>Level 2</b> 10 bed unit
<b>Polytrauma ward</b> No provision – demand absorbed within existing temporary ward accommodation – A4 South (14 beds & hyper acute rehabilitation facilities)	<b>Polytrauma ward</b> No provision – demand absorbed within existing temporary ward accommodation – A4 South (14 beds & hyper acute rehab facility)	<b>Level 2 –</b> - Polytrauma ward, capacity for up to 16 beds & Hyper Acute Rehabilitation

A summary of the appraisals of the short-listed options are shown below:

## Qualitative Appraisal

Benefit Criteria	Weighted Scores		
	Option 1	Option 2	Option 3

1. Enables compliance with accreditation standards and/or critical infection prevention and control standards.	60	120	180
2. Provides commissioned capacity for services	45	75	150
3. Provides flexible capacity to meet changing requirements for the catchment population	10	10	90
4 Provides an environment compliant with statutory and/or mandatory building and facilities standards	60	100	180
5. Provides appropriate inter-departmental adjacencies / co-location of services	15	45	150
6. Provides a functionally suitable environment improving staff experience	16	32	80
7. Provides a modern and fit for purpose environment improving patient experience	36	48	120
<b>TOTALS</b>	<b>242</b>	<b>430</b>	<b>950</b>
<b>RANK (weighted)</b>	<b>3</b>	<b>2</b>	<b>1</b>

## Economic Appraisal

<b>Economic Cost</b>	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>	<b>Option 4</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Net Present Cost (NPC)	28,418	57,395	76,233	96,893
Equivalent Annual Cost (EAC)	1,493	2,188	2,906	3,694
Ranking of Options	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ranking of Development Options		<b>1</b>	<b>2</b>	<b>3</b>
EAC Margin Development Options		0	718	1,506
EAC Switch Value		718	(718)	(1,506)
EAC Margin above preferred %			32.8%	68.8%

At this stage option 2 is the preferred PBC option from a quantitative appraisal perspective, however as the only costs included are capital and lifecycle this is a direct reflection of these cost inputs.

## Combined Appraisal

The outputs of the Non-Financial and Economic Appraisals have been combined in order to identify which option offers the best Benefit/Cost ratio.

<b>Economic Cost</b>	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>
Weighted Non-Financial Score	242	430	950
Equivalent Annual Cost (EAC £000)	3,227	3,551	5,481
Benefit Points per EAC £000	0.075	0.121	0.173

Margin below preferred %	-56.7%	-30.1%	0.0%
Ranking of Options	<b>3</b>	<b>2</b>	<b>1</b>

The above shows that on a combined score basis, Option 3 shows the best Benefit/Cost ratio, by a considerable margin of 30% over Option 2;

### Service Revenue

It has not been possible to cost the service revenue costs at this stage given the tight timescale for the development of the PBC, however there would be increased revenue costs associated with the preferred way forward as it incorporates the introduction of new services i.e. the MTC Theatre, Polytrauma Ward and the ATMP facilities. All of these services are commissioned by WHSSC and will be subject to revenue business cases: In relation to the Vascular Hybrid theatre the UHB will seek funding via the collaborative regional vascular business case.

### Facilities Revenue

The cost pressures in relation to the additional facilities revenue costs will be worked through in detail at the OBC stage. These costs will be a priority and first call against wider corporate efficiency savings and will be reflected in the UHB's IMTP.

### Recommendation:

- The Board is asked to:

**APPROVE** the PBC for submission to Welsh Government for All Wales capital funding to allow the development of the OBCs.

### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities	✓	6. Have a planned care system where demand and capacity are in balance	✓
2. Deliver outcomes that matter to people	✓	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	✓
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	✓	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

<b>Five Ways of Working (Sustainable Development Principles) considered</b> <i>Please tick as relevant, click <a href="#">here</a> for more information</i>									
Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓
<b>Equality and Health Impact Assessment Completed:</b>		Yes. EHIA available – included as part of the PBC							

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# New Block (Academic Avenue) at University Hospital Wales (UHW)

## Programme Business Case

January 2020 – Final Version 6

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# Introduction

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## 1.0 INTRODUCTION

### 1.1 Overview and Introduction

The main purpose of this Programme Business Case (PBC) is to establish the need for investment, to appraise the main options for service delivery, and to provide a preferred way forward for further analysis to:

- Enable the development of the New Block (Academic Avenue) at the University Hospital of Wales (UHW) providing replacement of 4 of the existing main theatres provision of 2 new theatres for Major Trauma and Vascular services, refurbishment of 6 of the existing main theatres, Major Trauma Inpatients, Haematology / Bone Marrow Transplant and Advanced Cell Therapy services.

It is proposed that the scheme is delivered within three phases, namely:

- Phase 1 – construction and commissioning of a hybrid theatre and a major trauma theatre. The Health Board has an urgent need to deliver these theatres in the shortest possible timescales;
- Phase 2 – completion of the New Block, including new replacement theatres, Major Trauma Inpatients, Haematology / Bone Marrow Transplant and Advanced Cell Therapy services;
- Phase 3 – refurbish the existing theatres and recovery area

### 1.2 Structure and Content of the Document

This document describes the Programme Business Case for this investment. It has been developed to reflect the guidance set out in HM Treasury's Green Book (a Guide to Investment Appraisal in the Public Sector) and the Infrastructure Investment Guidance for the NHS in Wales.

This business case comprises the following sections:

- The Strategic Case. This sets out the strategic context and the case for change, together with the supporting investment objectives for the scheme;
- The Economic Case. This demonstrates that the organisation has selected a preferred way forward, which best meets the existing and future needs of the service and is likely to optimise value for money (VFM);
- The Commercial Case. This outlines what any potential deal might look like;
- The Financial Case. This highlights likely funding and affordability issues and the potential balance sheet treatment of the scheme;
- The Management Case. This demonstrates that the scheme is achievable and can be delivered successfully in accordance with accepted best practice.

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# Executive Summary

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## 2.0 EXECUTIVE SUMMARY

### 2.1 Overview and Introduction

The main purpose of this Programme Business Case (PBC) is to establish the need for investment, to appraise the main options for service delivery, and to provide a preferred way forward for further analysis to:

- Enable the development of the New Block (Academic Avenue) at the University Hospital of Wales (UHW) providing replacement of 4 of the existing main theatres provision of 2 new theatres for Major Trauma and Vascular services, refurbishment of 6 of the existing main theatres, Major Trauma Inpatients, Haematology / Bone Marrow Transplant and Advanced Cell Therapy services.

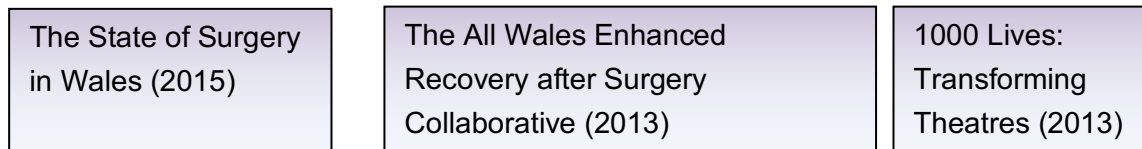
It is proposed that the scheme is delivered within three phases, namely:

- Phase 1 – construction and commissioning of a hybrid theatre for vascular services and a major trauma theatre. The Health Board has an urgent need to deliver these theatres in the shortest possible timescales;
- Phase 2 – completion of the New Block, including new replacement theatres, Major Trauma Inpatients, Haematology / Bone Marrow Transplant and Advanced Cell Therapy services;
- Phase 3 – refurbish the existing theatres and recovery area.

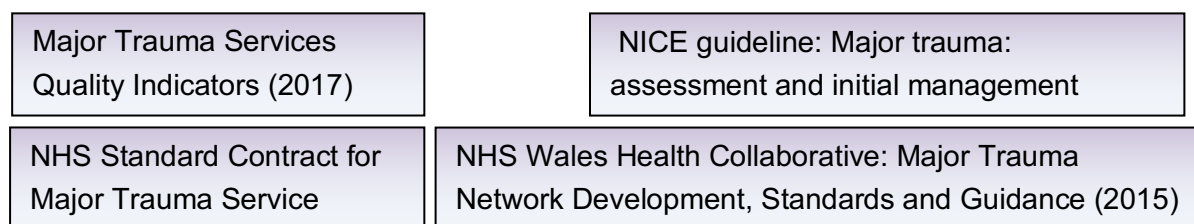
### 2.2 The Strategic Case

#### 2.2.1 Business Strategies

##### 2.2.1.1 Theatres



##### 2.2.1.2 Major Trauma



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### 2.2.1.3 **Haematology/ Bone Marrow Transplant and Advanced Cell Therapy**

Haematological cancers: improving outcomes NICE guideline (2016)

NHS Blood and Transplant Strategic Plan 2016-21 (2016)

Facilities for the treatment of adults with haematological malignancies – 'Levels of Care': BCSH Haemato-Oncology Task Force (2009)

A Strategy for the Development and Commissioning of Haematopoietic Stem Cell Transplantation Services in Wales (2011)

## 2.2.2 **The Case for Change**

### 2.2.2.1 **Theatres**

Over recent years the Health Board has experienced significant challenges with its theatre estate. In particular episodes of 'black' and 'white' particles being found in the main theatres leading to lengthy periods of theatre closure and remedial environmental work to temporarily resolve the issue; and the complete failure of the two 'temporary' theatres in Cardiff & Vale Orthopaedic Centre (CAVOC) which had been in place for over 15 years.

The current situation is the two CAVOC theatres have been temporarily replaced by a single modular theatre (due to space constraints) and all the theatres in Main Theatres are operational. However, the problems in main theatres are believed to result from the ageing plant in theatres 0-11 (12 theatres), which has not been replaced since the original opening of the hospital almost 50 years ago. As a consequence, the underlying issues in main theatres remain and a further occurrence of the "black/white particles" episode is entirely likely. Such an event could have a devastating impact on main theatre activity - which is predominantly emergency, cancer or tertiary (i.e. cardiac, thoracic, renal and neurosurgery) services. Major refurbishment or replacement of theatres 0 – 11 in the Main Theatres suite is therefore long overdue and of critical importance from both a service and infrastructure perspective.

Over the next five years the Health Board anticipates it will need a comprehensive refurbishment/replacement programme of UHW Main theatres, alongside the permanent replacement of the two Orthopaedic theatres at UHL. At present there are only 3 vacant sessions (half-day) per week in UHW Main and 7 sessions in SSSU. Furthermore, the Health Board is expecting to place additional demands on the theatre estate during this period including the establishment of a Major Trauma Centre, vascular centralisation and an increase in local demand associated with population growth and potential regional flow changes for surgical demand.

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## Service Vision

The Health Board is keen to develop a strategy to deliver the most efficient and effective care for people needing its health services both locally and regionally. Clearly given an aging population, new technologies, greater expectations and the development of tertiary and regional services it is of critical importance to create an estate that is fit for purpose and designed to support services to deliver the best care possible for the people of Wales.

The Health Board has an opportunity to transform its current infrastructure, workforce and resource, and in doing so create both sustainable and efficient service that will improve the care for the population.

The theatre developments need to respond to the following service developments, local and regional pressures:

- Centralisation of Upper GI Cancer Service;
- Regionalisation of Vascular services;
- Major Trauma Centre;
- Increasing demands in specialities;
- Emergency Spine pathway;
- Neurosurgery demand;
- Regionalisation of Head and Neck Cancer.

### 2.2.2.2 *Major Trauma*

Major trauma is defined as a life-threatening or potentially life-changing injury. Injuries can occur to a single part of the body or at multiple sites and the best treatment requires a coordinated response from the accident site to hospital care and then rehabilitation. International experience has shown that this is best provided by a coordinated network of hospitals that work together to allow the patient to receive treatment in the most appropriate facility in a safe and timely fashion. The system should be designed to save life and prevent avoidable disability, returning patients to their families, work and education.

As a result of the option appraisal carried out by the South Wales Health Collaborative in June 2015 the University Hospital of Wales has been designated as the Major Trauma Centre as part of this designation there is a requirement for a polytrauma inpatient ward which does not currently exist at UHW.

## Service Vision

The aim of the service is to provide care to major trauma patients, from the point of injury to rehabilitation. A trauma triage tool will be used to identify patients with major trauma. Patients will be triaged to the major trauma centre directly or through a secondary transfer protocol. The major trauma centre will have a policy of automatic acceptance for patients requiring major trauma centre care from within the network. Hospitals within the major trauma network will work together ensuring patients have seamless access to care and transfer back to their local hospital when medically fit.

The on-going care and reconstruction section of the South Wales Service Model for Major Trauma sets out the requirements for:

- A dedicated major trauma theatre;
- A defined ward for polytrauma patients;
- A ward environment suitable for people with disability to practice and maintain their activities.

### **2.2.2.3 Vascular**

UHW currently does not have a hybrid theatre, surgery is undertaken within existing theatres, radiology review is either undertaken with the aid of an image intensifier equipment or, at a later stage, via angiography. Both options provide sub-optimal technological support for some of the complex arterial surgical procedures. The hybrid theatre concept is new to the Health Board. All surgery is currently undertaken in theatre facilities across both UHW and UHL, with major and complex vascular surgery undertaken at UHW. The space, adjacencies and quality of existing accommodation does not deliver to the level of expectations of recent clinical developments requiring either transfer of patients or equipment. There is currently no dedicated combined theatre and imaging suite, patients are required to attend the main theatres or the imaging department reducing efficiencies and to the detriment of patient experience and safety.

#### **Service Vision**

The preferred model of care is delivered by centralising inpatient arterial surgical care to a hub (Arterial Centre), with key aspects of the vascular service being maintained at spoke sites (Non-Arterial Centres). This serves the dual aims of generating the best outcomes for patients requiring inpatient care whilst delivering as much of the service as possible closer to the patient.

There is good evidence to support the concentration of specialist vascular services with surgeons doing minimum volumes of activity and the centres having the necessary critical care, interventional radiological and surgical support services.

The planned regional centralisation of major arterial surgery for SE Wales will require a hybrid theatre environment to provide appropriate physical capacity and functional capability to meet service need.

### **2.2.2.4 Haematology/Bone Marrow Transplant**

The current Cardiff and Vale Haematology service is spread over six sites and provides secondary services, including treatment of malignant disease, to the population of Cardiff and Vale and a tertiary Haematology service to the six southern Health Boards. It hosts the Haemophilia Comprehensive Care Centre for South Wales.

The haematology and BMT inpatient facility (B4 Haematology) were inspected by JACIE in 2013 and concerns were raised regarding the poor infrastructure of the service. No improvements have been made to the infrastructure following the JACIE report in 2013.

Consequently, when JACIE then re-inspected the BMT service in February 2019 they were extremely concerned to find the ward in the same position as in 2013. The verbal feedback from the inspectors was positive in terms of the impressive outcomes delivered by the service but was scathing around the poor facilities that the service operates within and the lack of progress since the previous inspection 6 years before.

The inspectors also remarked that the service within Cardiff and Vale was at high risk of an infection outbreak due to the poor infrastructure that could potentially close the entire service.

### Service Vision

The current Haematology service fails to meet national and international standards for the care of patients with Haematological malignancies due to a severe lack of space, no specialised isolation facilities, inability to clean outdated facilities to modern infection control standards and no area to triage patients before they mix with other immunocompromised patients. There is evidence of 3 bacterial outbreaks within the haematology patients that are likely to be, at least in part, due to the poor facilities that the service operates within.

The vision is to provide safe, timely, compassionate and comprehensive care in an environment suited to the management of patients with leukaemia, myeloma, lymphoma, sickle cell disease, bleeding disorders and those who are having blood and marrow transplantation. This requires an increase in the number of beds, reflected in the activity data later in this document, provision of isolation facilities in the ward, day centre and outpatient settings, and separate, but neighbouring, facilities for patients with inherited bleeding disorders.

#### 2.2.2.5 Advanced Cell Therapies

Advanced cellular therapies are new and emerging medicines with potential uses in treating forms of blindness, cancer, heart failure, liver disease, neurological conditions and rare paediatric diseases. Advanced cell therapies potentially offer curative options for patients with chronic conditions, including cancer, where standard therapies have effectively 'run out'. Malignancies, for licensed products.

Cancer specific Adoptive T-Cell therapy (ACT), one type of advanced therapy, is a form of cellular therapy that harnesses the power of the patient's immune system to direct tumour-specific T-cells to kill cancer cells.

There is now a mandated requirement within the NHS for leukaemia and lymphoma patients to be offered advanced cellular therapies within NICE guidelines. There is an expected significant expansion within this area of drug development predicted for the next few years.

Only JACIE accredited facilities will be able to deliver advanced cellular therapies to patients. The only JACIE accredited service within Wales currently resides within Cardiff and Vale UHB within the haematology directorate.

Given the political will to bring advanced Cellular Therapies to Wales within a research capacity and the present requirement to deliver CAR-T therapy for NHS patients, Cardiff and Vale UHB will need to develop capacity to deliver these services within haematology in a safe and timely manner without reducing capacity for delivery of other haematological cancer therapies.

### 2.2.2.6 *Investment Objectives*

The following investment objectives have been developed for the project:

- Investment Objective 1: Quality and Safety of Services
- Investment Objective 2: Provide a High Quality Environment
- Investment Objective 3: Access
- Investment Objective 4: Effective Use of Resources
- Investment Objective 5: Sustainability/Flexibility

### 2.2.3 *Potential Business Scope and Key Service Requirements*

Minimum	Intermediate	Maximum
A facility that meets minimum statutory requirements with regard to environmental and care quality standards for all current services	A facility that meets statutory requirements and best practice guidance with regard to environmental and care quality standards for all services including the introduction of new polytrauma and advanced cell therapies	A facility that meets statutory requirements and best practice guidance with regard to environmental and care quality standards for all services including the introduction of new polytrauma and advanced cell therapies
Sized to meet current demand	Sized to meet current demand	Sized to meet current and projected future demand

Executive Summary Table 1: Potential Scope

#### 2.2.3.1 *Proposed Functional Content*

##### Theatres

- A hybrid theatre and major trauma theatre;
- Resolve the current estates issues within the main theatres at UHW.

##### Major Trauma

- A major trauma theatre (included above);
- A 16 bedded polytrauma ward.

##### Haematology / Bone Marrow Transplant

- Inpatients - 30 beds with isolation rooms and flexibility to run an ambulatory care service;
- Daycase – 19 treatment chairs and 7 consult/exam rooms.

##### Advanced Cell Therapy

- An inpatient ward of 10 beds.

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## 2.3 The Economic Case

### 2.3.1 The Long-Listed Options

The long list has appraised a wide range of possible options, the table below provides a summary of the assessment of each of these:

Option	Finding
<b>1.0 Scope</b>	
Option 1.1 – do nothing – status quo	Discounted
Option 1.2 – the ‘minimum’ scope – A facility that meets minimum statutory requirements with regard to environmental and care quality standards for all current services and sized for current demand	Discounted
Option 1.3 – the ‘intermediate’ scope – A facility that meets statutory requirements and best practice guidance with regard to environmental and care quality standards for all services including the introduction of new polytrauma and advanced cell therapies and sized to meet current demand	Possible
Option 1.4 - ‘maximum’ scope – A facility that meets statutory requirements and best practice guidance with regard to environmental and care quality standards for all services including the introduction of new polytrauma and advanced cell therapies sized to meet future demand	Preferred
<b>2.0 Service Solutions</b>	
Option 2.1: Do minimum - All services remain within their current footprints with MTC/Hybrid theatres in an extension within Jubilee Courtyard and a refurbishment of an area of the Surgical Short Stay Unit	Discounted
Option 2.2: Main Theatres and Polytrauma remain within their current footprints, Major Trauma and Hybrid Theatres are provided in an elevated extension on Academic Avenue, and Haematology/ BMT Unit is provided within a new build at the front of UHW	Possible
Option 2.14: Haematology and Advanced Cell Therapy are located on the ground floor of a new block along Academic Avenue that is on stilts and so sits at level 1 of the main hospital with Polytrauma Inpatients on the first floor (level 2 of main hospital) and Theatres (including the Hybrid and Major Trauma Theatres) on (level 3 of main hospital).	Preferred
<b>3.0 Service Delivery</b>	
3.1 In House	Preferred
3.2 Outsource	Discounted
3.3 Strategic Partnership	Discounted
<b>4.0 Implementation</b>	
4.1 Big Bang	Discounted
4.2 Phased	Preferred
<b>5.0 Funding</b>	
Only public funding has been considered as it has been agreed with Welsh Government that this project will be supported	

Executive Summary Table 2: Long List Options – Inclusions and Exclusions

### 2.3.2 Short Listed Options

The 'preferred' and 'possible' options identified in the table above have been carried forward into the short list for further appraisal and evaluation. All the options that were discounted as impracticable have been excluded at this stage.

On the basis of this analysis, the recommended short list for further appraisal is as follows:

Option	Functional Specification Outline	High Level Service Impact	Facilities Impact
<b>2.1. Do Minimum - All services remain in current footprint with MTC/Hybrid theatres in an extension within Jubilee Courtyard and a refurbishment of an area of the Surgical Short Stay Unit</b>			
All existing services remain where they are and MTC/Hybrid theatres are provided in an extension within Jubilee Courtyard and a refurbishment of an area of the Surgical Short Stay Unit	<b>Theatres</b> Backlog maintenance, plant and ductwork replaced to the existing 12 theatres in UHW main theatre suite	Addresses ventilation and backlog maintenance only – does not improve compliance with functional standards or additional recovery capacity. Implementation would require 2 theatres to be refurbished at a time – reducing theatre capacity and taking a total of 6 years to complete	Existing area
	<b>Haematology/Bone Marrow Transplant</b> To enable the provision of en-suite facilities for all BMT inpatient rooms would reduce transplant beds from 10 to 5. Remaining 17 Haematology IP beds would remain in situ. Plant would be replaced. Day Unit would remain in existing ground floor site	Significant capacity reduction which will reduce access to service along with lack of integration with day case service would create longer waits for clinically compromised patients negatively impacting JACIE access standards	Existing area
	<b>Advanced Cell Therapy</b> No provision – demand not able to be met	Would preclude the Health Board from providing capacity to meet service demand for this new specialist services and the Health Board would withdraw from UK service	None
	<b>Polytrauma ward</b> No provision – demand absorbed within existing temporary ward accommodation – A4 South (14 beds & hyper acute rehabilitation facilities)	Temporary ward does not meet HBN or IP & C standards and provides not capacity for anticipated increased demand	Existing area



Option	Functional Specification Outline	High Level Service Impact	Facilities Impact
	<p><b>Hybrid &amp; Major Trauma Theatre</b></p> <p>Stand-alone two theatre development in Jubilee Courtyard adjacent to Surgical Short Stay Unit on lower ground floor</p>	Provides capacity and full functional clinical integrated diagnostic capability and theatre capacity for MTC and major arterial operating demand in line with the MTN Programme business case and the planned regional vascular centralization but remotely located from Main theatre unit.	1,087 m <sup>2</sup> of new build and 1,289 m <sup>2</sup> of refurbishment (total 2,376 m <sup>2</sup> )
<b>2.2. Main Theatres and Polytrauma remain within their current footprints, Major Trauma and Hybrid Theatres are provided in an elevated extension on Academic Avenue, and Haematology/ BMT Unit is provided within a new build at the front of UHW</b>			
<p>Theatres and Polytrauma Inpatients remain within their current locations. MTC/Hybrid theatres are provided in an elevated stand-alone extension</p> <p>Haematology, BMT and advanced cell therapy are located within a new build on the car park above the existing main hospital entrance</p>	<p><b>Theatres</b></p> <p>Backlog maintenance, plant and ductwork replaced to the existing 12 theatres in UHW main theatre suite</p>	As with Absolute Do Min	Existing area
	<p><b>Haematology/Bone Marrow Transplant</b></p> <p>Level 1</p> <p>Ward of 30 beds (10 BMT 7 20 Haematology) with isolation rooms and flexibility to run an ambulatory care service</p>	Provides capacity to meet JACIE requirements and service capacity requirements to meet demand for patients in an appropriate clinical environment	1,500 m <sup>2</sup>
	<p>Level 2</p> <p>Daycase – 19 treatment chairs and 7 consult/exam rooms</p> <p>Advanced Cell Therapy 10 bed unit</p>	<p>Does not provide opportunity to collocate close to critical care for critically ill patients</p> <p>Enables the Health Board to provide capacity to meet demand for newly commissioned ATMP services as part of UK service</p>	1,500 m <sup>2</sup>
	<p><b>Polytrauma ward</b></p> <p>No provision – demand absorbed within existing temporary ward accommodation – A4 South (14 beds &amp; hyper acute rehab facility)</p>	Temporary ward does not meet HBN or IP & C standards and provides no capacity for anticipated increased demand	Existing area

Option	Functional Specification Outline	High Level Service Impact	Facilities Impact
	<p><b>Hybrid &amp; Major Trauma Theatre</b></p> <p>Integrated 2 theatre unit on stilts at Level 3 at the back of UHW theatres on Academic Avenue with some refurbishment of the area adjacent to the existing recovery area to increase capacity</p>	Provides capacity and full functional clinical integrated diagnostic capability and theatre capacity for MTC and major arterial operating demand in line with the MTN Programme business case and the planned regional vascular centralisation	1,087 m <sup>2</sup> of new build and 1,289 m <sup>2</sup> of refurbishment (total 2,376 m <sup>2</sup> )
<b>2.14. Academic Avenue Extension – a three storey development on stilts to align with ground, first and second floor along Academic Avenue at UHW</b>			
Full three storey extension on stilts on Academic Avenue, consisting of: 6 Replacement Theatres and 2 Additional Theatres on (level 3) Polytrauma Inpatients and Advanced Cell Therapy Unit on the first floor (level 2) and Haematology on the ground floor of a new block which sits at level 1 of the main hospital	<p><b>Level 3 - Theatres</b></p> <p>8 theatres incorporated in the extension which includes the Major Trauma and Hybrid Theatres. This enables theatres 0-5 (6 theatres) in the main theatre suite to be reconfigured and upgraded, theatres 6-11 can then move into 0-5 and the space provided through vacating 6-11 can accommodate expanded recovery</p>	Provides capacity and configuration of main theatres as well as MTC and vascular hybrid to meet local and regional demand and compliance against environmental and IP&C standards. Meets business case objectives and MTN programme business case and the planned regional vascular centralisation	2,320 m <sup>2</sup>
	<p><b>Level 2 – Polytrauma ward</b></p> <p>Capacity for up to 16 beds &amp; Hyper Acute Rehabilitation</p>	Enables the Health Board to provide HBN & IP&C compliant Polytrauma ward capacity to meet MTN demand and standards (with futureproofed capacity growth of up to a further 2) and expanded Hyper Acute Unit rehabilitation space	1,620 m <sup>2</sup>
	<p><b>Advanced Cell Therapy Inpatient ward of 10 beds</b></p>	Enables the Health Board to provide capacity to meet demand for newly commissioned ATMP services as part of UK service	700 m <sup>2</sup>

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Option	Functional Specification Outline	High Level Service Impact	Facilities Impact
	<p>Level 1 –</p> <p>Haematology/Bone Marrow Transplant</p> <p>Ward of 30 beds with isolation rooms and flexibility to run an ambulatory care service</p> <p>Daycase – 19 treatment chairs and 7 consult/exam rooms</p>	Provides capacity to meet JACIE requirements and service capacity requirements to meet demand for patients in an appropriate clinical environment and fully integrated inpatient and daycase service resources to optimise service efficiency and clinical effectiveness.	2,320 m <sup>2</sup>

Executive Summary Table 3: Short Listed Options

Please note that for ease of reference, and to ensure compatibility with the financial and economic appendices the shortlisted options have now been renumbered to range from 1 – 3 and in summary are as follows:

- Option 1: Do Minimum - All services remain within their current footprints with MTC/Hybrid theatres in an extension within Jubilee Courtyard and a refurbishment of an area of the Surgical Short Stay Unit (previously option 2.1);
- Option 2: (Do Minimum Plus) Main Theatres and Polytrauma remain within their current footprints, Major Trauma and Hybrid Theatres are provided in an elevated extension on Academic Avenue, and Haematology/ BMT Unit is provided within a new build at the front of UHW (previously option 2.2);
- Option 3: (Preferred) Haematology and Advanced Cell Therapy are located on the ground floor of a new block along Academic Avenue that is on stilts and so sits at level 1 of the main hospital with Polytrauma Inpatients on the first floor (level 2 of main hospital) and Theatres (including the Hybrid and Major Trauma Theatres) on (level 3 of main hospital)(previously option 2.14).

### 2.3.3 Qualitative Benefits Appraisal

A qualitative benefits appraisal was undertaken whereby benefit scores were allocated on a range of 1-10 (rising scale) for each option and agreed through rigorous discussion by the workshop participants to confirm that the scores were agreed as fair and reasonable. The summary results of this exercise were as follows:

Benefit Criteria	Weighted Scores		
	Option 1	Option 2	Option 3
1. Enables compliance with accreditation standards and/or critical infection prevention and control standards.	60	120	180
2. Provides commissioned capacity for services	45	75	150
3. Provides flexible capacity to meet changing requirements for the catchment population	10	10	90

Benefit Criteria	Weighted Scores		
	Option 1	Option 2	Option 3
4 Provides an environment compliant with statutory and/or mandatory building and facilities standards	60	100	180
5. Provides appropriate inter-departmental adjacencies / co-location of services	15	45	150
6. Provides a functionally suitable environment improving staff experience	16	32	80
7. Provides a modern and fit for purpose environment improving patient experience	36	48	120
<b>TOTALS</b>	<b>242</b>	<b>430</b>	<b>950</b>
<b>RANK (weighted)</b>	<b>3</b>	<b>2</b>	<b>1</b>

Executive Summary Table 4: Summary Results of Benefits Option Appraisal

### 2.3.4 Economic Appraisal

The following economic appraisal has only considered the differing capital costs as it is not possible to assess in detail the revenue costs at this stage. A full detailed economic analysis of all shortlisted options will be undertaken during the development of the Outline Business Case (OBC).

The capital costs are summarised below:

Capital Costs at PUBSEC 250	Option 1	Option 2	Option 3 <sup>1</sup>
	£000	£000	£000
Works Costs	32,148	42,761	76,371
Fees	4,940	7,269	12,219
Non-Works	2,051	2,051	3,957
Equipment Costs	4,295	7,101	8,925
Planning Contingency	5,339	5,917	10,148
<b>Subtotal excluding VAT</b>	<b>48,773</b>	<b>65,099</b>	<b>111,620</b>
VAT @ 20% less reclaimable	8,767	11,556	19,880
<b>PBC Total Capital Cost</b>	<b>57,540</b>	<b>76,665</b>	<b>131,500</b>

Executive Summary Table 5: Capital Costing Summary

<sup>1</sup> Option 3 costs include Phase 3 works to refurbish 6 existing theatres

### 2.3.4.1 Economic Appraisal Outputs

Economic Cost	Option 1	Option 2	Option 3
	£000	£000	£000
Net Present Cost (NPC)	61,433	93,134	143,766
Equivalent Annual Cost (EAC)	3,227	3,551	5,481
Ranking of Options	1	2	3
EAC Margin Development Options	0	324	2,254
EAC Switch Value	324	(324)	(2,254)
EAC Margin above preferred %	0.0%	10.0%	69.8%

Executive Summary Table 6: Summary of Economic Appraisal Outputs

### 2.3.5 Combined Appraisal Outputs

The outputs of the Non-Financial and Economic Appraisals have been combined in order to identify which option offers the best Benefit/Cost ratio.

Economic Cost	Option 1	Option 2	Option 3
Weighted Non-Financial Score	242	430	950
Equivalent Annual Cost (EAC £000)	3,227	3,551	5,481
Benefit Points per EAC £000	0.075	0.121	0.173
Margin below preferred %	-56.7%	-30.1%	0.0%

Executive Summary Table 7: Summary of Combined Appraisal Outputs

This highlights:

- The clear preference for Option 3 in Non-Financial terms;
- Both Options 1 and 2 (with significantly lower capital related costs) have lower economic costs than Option 3, with Option 1 having the lowest economic cost;
- Nevertheless, on a combined score basis, Option 3 shows the best Benefit/Cost ratio, by a considerable margin of 30% over Option 2;
- Sensitivity testing indicates that the Non-Financial score of Option 3 would have to reduce by 30% (to 669) or increase under Option 2 by 44% (to 620) in order to switch the overall preference in favour of Option 2.

### 2.3.6 Preferred Way Forward

Having taken into consideration the above options and outcomes to address the theatre estate issues and other required developments without significantly impeding service provision, the preferred way forward has been identified as option 3.

This preferred way forward will address the current issues and emerging evidence base and will consider extending out from the back of the hospital to create seven theatres, allowing for the reprovision of theatres 6 – 10 and two theatres for hybrid vascular and MTC whilst 0 – 5 are refurbished. The lower floors of this extension (the theatre suite is on level three) would be utilised to address two other significant issues for the UHW site – the reprovision of B4

Haematology (BMT), the accommodation of a new advanced cell therapy ward and the accommodation of a polytrauma ward for the new Major Trauma Centre development. The existing space used for theatres 6 – 10 would then be used to relocate theatre recovery, which itself has not been refurbished or extended since the original opening of the hospital.

## **2.4 The Commercial Case**

### **2.4.1 Required Services**

The scope of works required for the PBC preferred way forward is the development of the New Block (Academic Avenue) at the University Hospital of Wales (UHW) comprising of Theatres, Major Trauma, Haematology / Bone Marrow Transplant and Advanced Cell Therapy services delivered as two phases as follows:

- Phase 1 – construction and commissioning of a hybrid theatre and a major trauma theatre. The Health Board has an urgent need to deliver these theatres in the shortest possible timescales;
- Phase 2 – completion of the New Block, including new theatres, Major Trauma Inpatients, Haematology / Bone Marrow Transplant and Advanced Cell Therapy services.

### **2.4.2 Procurement Strategy and Implementation Timescales**

The procurement options considered by the Health Board include:

- Traditional tender process;
- Single tender action to an individual contractor;
- Utilising the SCAPE framework;
- NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) established NHS 'Building for Wales' Framework (Using the Design for Life procurement framework).

In deciding on the most appropriate procurement route, consideration will be made of the following factors:

- The size and complexity of the works;
- A cost effective procurement route;
- Procurement which complies with EU Law (OJEU);
- The timescales and target date for delivery as programmed;
- The level of pre-works engagement with the contractor required under each procurement route;
- The current status of the project with regard to design.

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## 2.5 The Financial Case

### 2.5.1 Capital Costs

Please see section 2.3.4 and Executive Summary Table 5.

### 2.5.2 Revenue Costs

#### 2.5.2.1 *Depreciation and Impairment*

In line with other centrally funded capital schemes, the Health Board would anticipate that the non-cash implications of the scheme would be funded. That is, Welsh Government would provide funding to cover any additional depreciation costs or impairments arising from the scheme.

#### 2.5.2.2 *Service Delivery*

There would be increased revenue costs associated with the PBC preferred way forward as it incorporates the introduction of new services in new facilities. In terms of the introduction of new services, both of these services are commissioned by WHSC and will be subject to revenue business cases:

- Polytrauma is part of UHW becoming a major trauma centre; and
- The introduction of advanced therapies is happening across the UK as and when new therapies are appraised by NICE and approved for use (2 indications so far). WHSC has budgetary provision for welsh patients to access these innovative therapies and the Health Board, in partnership with other NHS organisations, is the recipient of a substantial research award to advance medicine in this area.

Therefore, any additional costs will be subject to a funding stream.

Whilst the refurbishment work takes place, a second recovery area will be provided in the new build. These will be some distance apart and that together with an ability to redirect existing staff (due to critical mass) is likely to lead to additional revenue costs until the project is complete.

#### 2.5.2.3 *Other Revenue Costs*

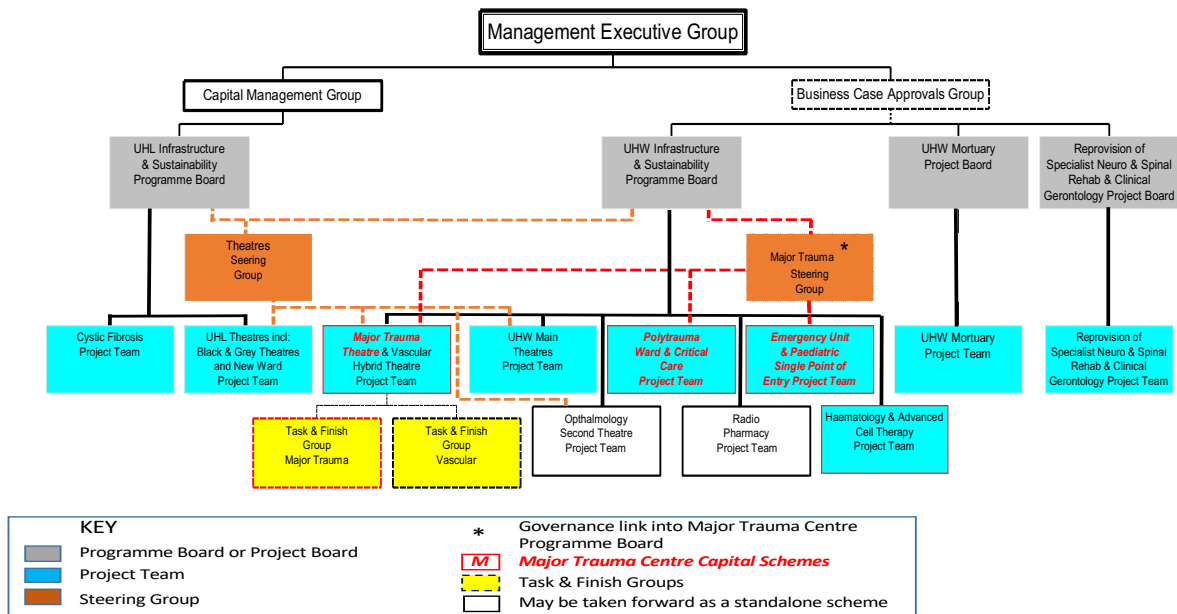
The cost pressures in relation to the additional facilities revenue costs will be worked through in detail at the OBC stage. These costs will be a priority and first call against wider corporate efficiency savings and will be reflected in the Health Board's IMTP.

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## 2.6 The Management Case

### 2.6.1 Management and Governance Arrangements



### 2.6.2 Outline Project Plan

The dates detailed below highlight the proposed key milestones of the project:

Milestone	Target Date
<b>Phase 1</b>	
Completion of the Outline Business Case (OBC)	May 2020
Completion of the Full Business Case (FBC)	November 2020
Completion and Handover	June 2021
Operational Commissioning	August 2021
<b>Phase 2</b>	
Completion of the Outline Business Case (OBC)	December 2020
Completion of the Full Business Case (FBC)	December 2021
Completion and Handover	December 2022
Operational Commissioning	March 2023
<b>Phase 3</b>	
Completion of the Outline Business Case (OBC)	March 2022
Completion of the Full Business Case (FBC)	March 2023
Completion and Handover	October 2025
Operational Commissioning	December 2025

Executive Summary Table 8: Key Milestones

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### **2.6.3 Equality and Health Impact Assessment**

In line with the Health Board's ethos and philosophy an Equality and Health Impact Assessment (EHIA) of the business case has been completed which will inform key stages in the programme development to ensure that the proposals promote equality and positive health outcomes for all.

### **2.6.4 Gateway Review Arrangements**

The impact of the programme has been scored against the risk potential assessment (RPA) model.

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# Strategic Case

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## 3.0 STRATEGIC CASE

### 3.1 Introduction

This section provides an overview of the context within which the investment will be made. It sets out:

- An overview of the organisation – the size and role of Cardiff and Vale University Health Board (CVUHB) the scale and nature of the demand in the area that it serves;
- The national, regional and local strategies that underpin this investment.

## PART A: THE STRATEGIC CONTEXT

### 3.2 Organisational Overview

#### 3.2.1 Profile of Cardiff and Vale University Health Board

Cardiff and Vale University Health Board (CVUHB) was established in October 2009 as part of a restructuring of NHS Wales and is one of the largest NHS organisations in the UK. It brings together the former Cardiff and Vale NHS Trust and two former Local Health Boards – Cardiff and the Vale of Glamorgan – with the core purpose of improving health and delivering integrated health services.

Since its establishment, Cardiff and Vale UHB's priority has been to provide safe, high quality and sustainable services that compare well with the best in the world, with a focus on developing centres of excellence that support the actions needed to progress and deliver the strategic mission '*Caring for People, Keeping People Well*' with a vision that a person's chance of leading a healthy life is the same wherever they live and whoever they are.

Cardiff and Vale UHB is responsible for planning and delivering health services for its local population of around 485,000, which represents 15.5% of the country's residents. This includes health promotion and public health functions as well as the provision of local primary care services (GP practices, dentists, optometrists and community pharmacists) and the running of hospitals, health centres, community health teams and mental health services. The Health Board employs approximately 14,500 staff and has an annual budget of £1.4 billion. The Health Board provides approximate 75 distinct tertiary services i.e. those that meet the WHSSC definition of 'services provided in a relatively small number of centres and requiring planning at a population of more than 1 million.

Catchment areas range from:

- Regional (South East Wales – pop 1.4 million) – 22 services;
- Supraregional (South and West Wales, and South Powys – pop 2.3 million) – 46 services;
- National (Wales – pop 3.1 million) – 6 services;
- UK- 1 highly specialised service.

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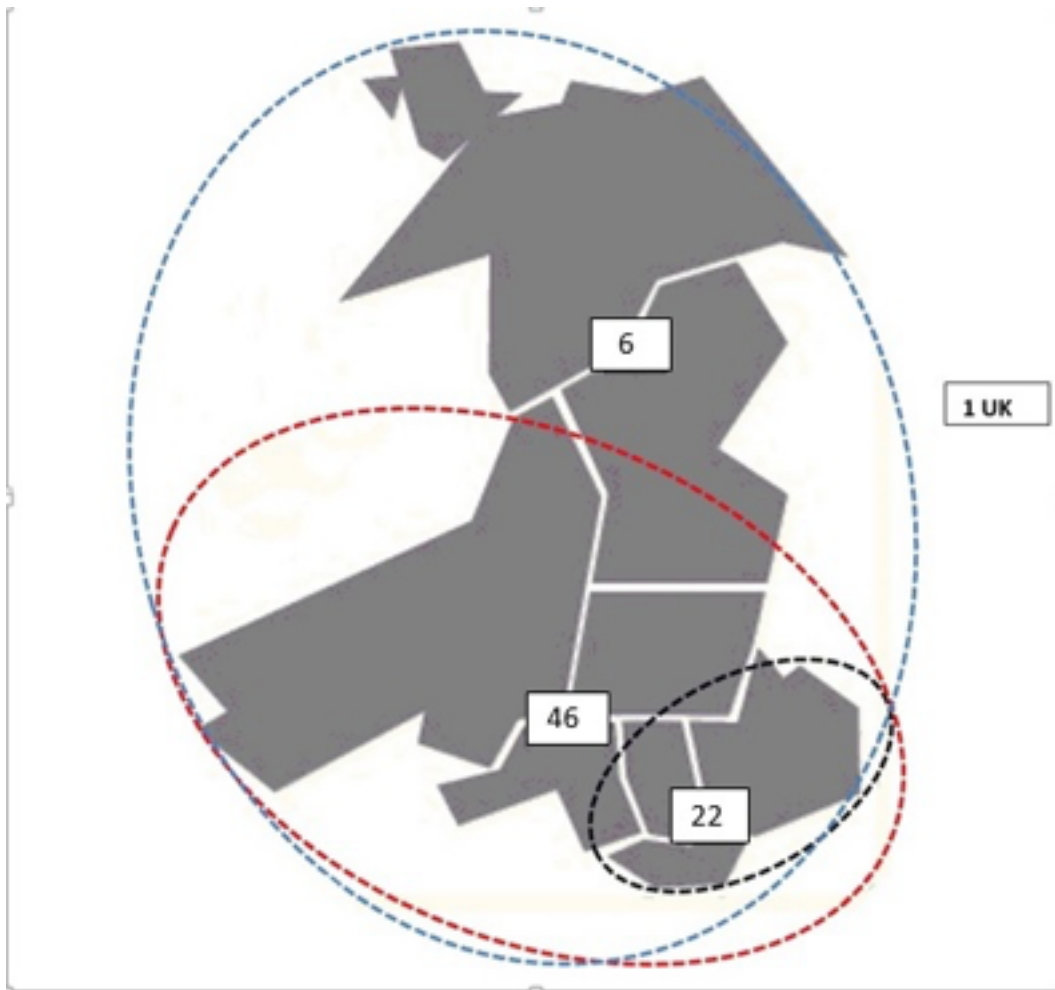


Figure 1: Map showing specialist service catchment areas

Examples of some of the larger tertiary services provided by Cardiff and Vale UHB include Haematology, Clinical Immunology, Medical Genetics, Critical Care, Major Trauma Centre, Neurosciences, Nephrology and Transplant, Cardiothoracics and Advanced Cell Therapies.

As a teaching Health Board, there are very close links to Cardiff University, which boasts a high-profile teaching, research and development role within the UK and abroad. This is alongside other academic links with Cardiff Metropolitan University and the University of South Wales. Training the next generation of clinical and non-clinical professionals, in order that we develop our expertise and improve our clinical outcomes is a key priority for the Health Board.

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Figure 2: Map showing area covered by Cardiff and Vale UHB

The Health Board's hospital based services are currently provided from 5 hospital sites:

- University Hospital of Wales, which incorporates:
  - University Dental Hospital;
  - Noah's Ark Children's Hospital for Wales.
- University Hospital Llandough;
- Barry Hospital;
- St. David's Hospital;
- Rookwood Hospital (until 2021).

### 3.2.1.1 The Area Served and its Needs

The population served by the Health Board is:

- Growing rapidly in size, projected to increase by 10% between 2017-27, higher than the average growth across Wales and the rest of the UK. An extra 36,000 people will live in Cardiff over the next five years who require access to health and wellbeing services;
- Relatively young in Cardiff compared with the rest of Wales, with the proportion of infants (0-4 yrs) and the young working age population (20-39 yrs) higher than the Wales average; this reflects in part, a significant number of students who study in Cardiff;
- Ageing – with increases in all age groups by 2026, particularly in people aged 65-84 and 85+, the rate of growth in the Vale of Glamorgan being higher than Cardiff; and
- Ethnically very diverse, particularly compared with much of the rest of Wales, with a wide range of cultural backgrounds and languages spoken. Arabic, Polish, Chinese and Bengali are the four most common languages spoken after English and Welsh. Cardiff is an initial accommodation and dispersal centre for asylum seekers.

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### 3.2.1.2 **Health Equity and Inequalities**

There are stark inequalities in health outcomes across Cardiff and Vale:

- Life expectancy is nearly 12 years lower in the most-deprived areas compared with those in the least-deprived areas;
- The number of years of healthy life varies even more, with a gap of 23 years between the most and least-deprived areas;
- Premature death rates are approximately three times higher among the most-deprived areas compared with the least deprived;
- Proportion of children with preventable tooth decay is twice as common amongst those from deprived communities;
- Number of missed appointments for sight tests are over twice as high in more deprived communities.

## 3.3 **Business Strategies**

This section summarises the business strategies for Cardiff and Vale UHB and related national, regional or local strategies relating to the investment.

### 3.3.1 **National Strategies**

#### 3.3.1.1 **General**

Planning within the health board is influenced by national policies, underpinned by speciality/professional standards and regulatory requirements. These policies include:

- Prudent Healthcare Principles;
- Wellbeing of Future Generations (Wales) Act 2015;
- Social Services and Wellbeing (Wales) Act 2014;
- Prosperity for All: The National Strategy;
- The parliamentary Review of Health and Social Care;
- A Healthier Wales;
- National Development Framework;
- Prosperity for All: A Low Carbon Wales;
- Digital First;
- Environment (Wales) Act 2016;
- Planning Policy Wales 10<sup>th</sup> edition.

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### 3.3.1.2 Theatres



Figure 3: Key National Strategies and Policies for Surgery

#### The State of Surgery in Wales (2015)

This paper sets out the Royal College of Surgeons' view about the current state of surgery in Wales, with a focus on where improvements can be made. It outlines the recommendations the next Welsh Government, working with others in the NHS, can take to address them.

#### The All Wales Enhanced Recovery after Surgery Collaborative (2013)

In September 2010, the All Wales Enhanced Recovery after Surgery (ERAS) Programme was launched, supported by 1000 Lives Plus, with the aim of optimising the recovery of patients undergoing major surgery.

ERAS attempts to modify the physiological and psychological responses to major surgery. It is a paradigm shift in care and actively promotes the adoption of evidence-based best practices for every patient all of the time. The scope of ERAS covers all areas of the patient's journey. The basic principles include ensuring the patient:

- Is in the best possible condition for surgery;
- Has the best possible, evidence-based and standardised, management during and after his/her operation;
- Experiences the best possible rehabilitation, has an optimal recovery and a timely discharge from hospital allowing them to return to their normal activities as soon as possible.

Two years since the inception of the programme in September 2010 it is clear that health boards in Wales have achieved a great deal to implement the evidence-based approach of ERAS to improve outcomes and reduce lengths of stay for patients undergoing colorectal surgery and joint replacement.

#### 1000 Lives: Transforming Theatres (2013)

The focus on 'Transforming Theatres' used proven tools, techniques and methods to ensure theatres are running as efficiently as possible – benefitting patients, maintaining staff morale and reducing waste. Staff taking part formed effective teams, redesigned processes and ensured that patient safety and quality of care are at the forefront of all they do.

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### 3.3.1.3 Major Trauma

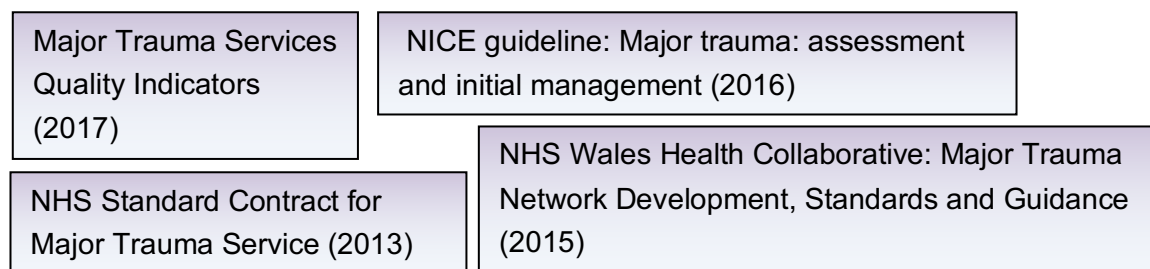


Figure 4: Key National Strategies and Policies for Major Trauma

#### Major Trauma Services Quality Indicators (2017)

The indicators cover the whole organisation of adult and children's major trauma services including sections for Major Trauma networks, pre-hospital care via ambulance services, Adult Major Trauma Centres, Children's Major Trauma Centres and Major Trauma units. Data from the Trauma Audit and Research Network (TARN) dataset will be used to support the review of the quality indicators alongside information submitted direct from major trauma services.

#### NICE guideline: Major trauma: assessment and initial management (2016)

This guideline covers the rapid identification and early management of major trauma in pre-hospital and hospital settings, including ambulance services, emergency departments, major trauma centres and trauma units. It aims to reduce deaths and disabilities in people with serious injuries by improving the quality of their immediate care.

#### NHS Wales Health Collaborative: Major Trauma Network Development, Standards and Guidance (2015)

This document details recommendations that are substantially drawn from the NHS Clinical Advisory Group (CAG) 'Regional Networks for Major Trauma' report (2010). The recommendations include those that are considered as primary considerations within the development of proposals for a major trauma network for South Wales and have been subject to discussion and validation through the Major Trauma Network Clinical Reference Group and Project Board.

#### NHS Standard Contract for Major Trauma Service (2013)

The scope of this specification relates to patients who have been triaged as major trauma patients (adult or child) with an ISS>8 using a major trauma triage tool and treated in a Major Trauma Centre. A number of these patients will be found to have ISS>15 and a further cohort an ISS of 9 - 15. The exact score will not be known until the data is submitted at a later stage to the Trauma Audit Research Network (TARN) database for ISS coding.

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### 3.3.1.4 Haematology/ Bone Marrow Transplant and Advanced Cell Therapy

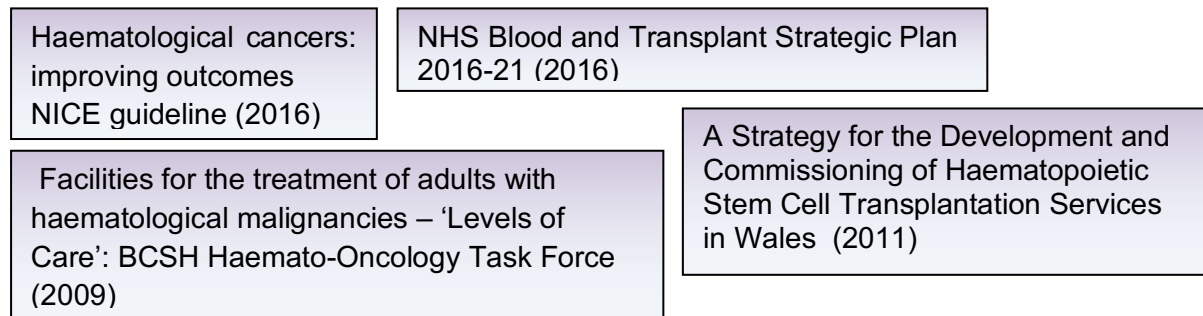


Figure 5: Key National Strategies & Policies for Haematology/Bone Marrow Transplant & Advanced Cell Therapy

#### Haematological cancers: improving outcomes: NICE guideline - 2016

This guideline covers integrated diagnostic reporting for diagnosing haematological cancer in adults, young people and children. It also covers staffing, facilities (levels of care) and multidisciplinary teams needed for adults and young people. It aims to improve care for people with suspected or diagnosed cancer by promoting best practice on the organisation of haematological cancer services.

#### NHS Blood and Transplant Strategic Plan 2016-21 (2016)

This strategy contains the goal to more than double the provision of innovative cell therapies for regenerative medicine by 2020 by:

- Producing a range of advanced cell therapy products under MHRA license intended for early phase clinical trials;
- Collaborating closely with the National Institute for Health Research (NIHR) Blood and Transplant Research Units (BTRUs) and other academic and biotechnology enterprises;
- Developing close and effective links with the Cell Therapy Catapult, Centres of Excellence for regenerative medicine, and UK regenerative medicine networks; and
- Developing additional laboratory capacity and capability for the manufacture of advanced cell therapies at a single selected site.

#### Facilities for the treatment of adults with haematological malignancies – 'Levels of Care': BCSH Haemato-Oncology Task Force – 2009

These guidelines take into account the results of a survey questionnaire in addition to the work of the members of the BCSH Haemato-Oncology Task Force and comments from patient support groups.

#### A Strategy for the Development and Commissioning of Haematopoietic Stem Cell Transplantation Services in Wales - 2008

The purpose of this document is to offer a replacement the current commissioning policy issued by Health Commission Wales (HCW) in October 2006 and in doing so provide more informed guidance on the application, governance and performance aspects of Haematopoietic Stem Cell Transplantation Services.

### 3.3.2 Regional Strategies

#### 3.3.2.1 General

##### NHS Wales Health Collaborative

The Health Board continues to work with the *NHS Wales Health Collaborative* and other Health Board and Trust partners to collaboratively plan and implement changes to improve the sustainability and delivery of a range of mainly hospital services in the region. The South Central Region covers Cardiff and Cwm Taf Morgannwg Hospitals. The South East Region covers Cardiff, Cwm Taf and Aneurin Bevan Hospitals.

#### 3.3.2.2 Major Trauma

##### South Wales Major Trauma Network

The *South Wales Major Trauma Network* paper describes the proposed service model for a major trauma network to serve South Wales, South Powys and West Wales. The service model is being developed by the Major Trauma Network Clinical Reference Group, which reports to the Major Trauma Network Project Board, and has clinical representation from all participating health boards and the Welsh Ambulance Services Trust. The University Hospital of Wales will be the Major Trauma Centre for the South Wales and this necessitates some critical infrastructure modification to support the service requirements – in particular, a dedicated major trauma theatre, additional critical care capacity and a polytrauma ward.

### 3.3.3 Local Strategies

#### 3.3.3.1 Our Clinical Services Plan

In 2015 the Health Board published its ten year strategy, *Shaping Our Future Wellbeing*, developed with people who use services at the centre of the thinking. The strategy set out a vision for ensuring that everyone in Cardiff and the Vale of Glamorgan, whoever they are and wherever they live, has the same opportunity to live a healthy life. This vision was driven by the very stark differences in life expectancy and healthy years lived between the more affluent communities in the local population and those living in more deprived communities. The strategy is underpinned by four key design principles:

- Home first;
- Empower the person;
- Outcomes that matter;
- Avoiding harm waste and variation.

The Health Board is approaching the mid-way point in the delivery of the strategy, and in 2018 identified the need to set out in more detail how clinical services need to develop over the next decade and into the mid-21<sup>st</sup> century in order to realise the vision set out in the strategy and to respond to the many drivers of change the Health Board is facing. This included developing detailed plans as well as developing the tertiary services provided to the South Wales and wider Welsh population.

The development of the clinical services plan has been clinically led, and in relation to services delivered in the community, has been developed with public service partners. The draft plan has been agreed by CVUHB's Board. The plan is being strengthened and tested internally over the winter, prior to external engagement and potentially consultation taking place in 2020. The clinical services plan doesn't become completely fixed – it will continue to evolve as new treatments and approaches are developed. With this in mind, the draft clinical services plan does not describe all of services in detail. It signals how the Health Board will develop services overall, clarifying the role that each of the Health Board facilities will provide and what needs to change.

In relation to how the Health Board see its clinical services developing over the next decade, there are a series of overarching planning principles which guide this work:

- The UHB will work collaboratively with our neighbouring UHBs, Local Authority and other public and third sector partners to provide care through a connected health and social care system to improve health and wellbeing.
- Citizens should receive care at home or as close to home as possible – hospitals should only provide assessment or care that cannot be provided in the community.
- Patients requiring hospital admission should receive high quality, high value, and evidence-driven, safe and compassionate care.
- Hospital care should provide the appropriate package of specialist care co-ordinated to meet the needs of the patient and focussed on improving outcomes.
- Innovative workforce models, new technologies and a flexible digital platform across clinical and wider care providers will support new models of care.
- Redesigned clinical pathways and services driven by the UHB's Transformation programme will deliver improved outcomes and value-based healthcare.
- Our R&D activities will enable patients to have access to a wider range of treatment options by participating in research and clinical trials.
- Creating a climate, with the necessary facilities, which facilitates and promotes clinical innovation and health inventions to benefit patient care through better outcomes, and contributing to economic growth in the region.

Overleaf is the draft clinical services plan on a page

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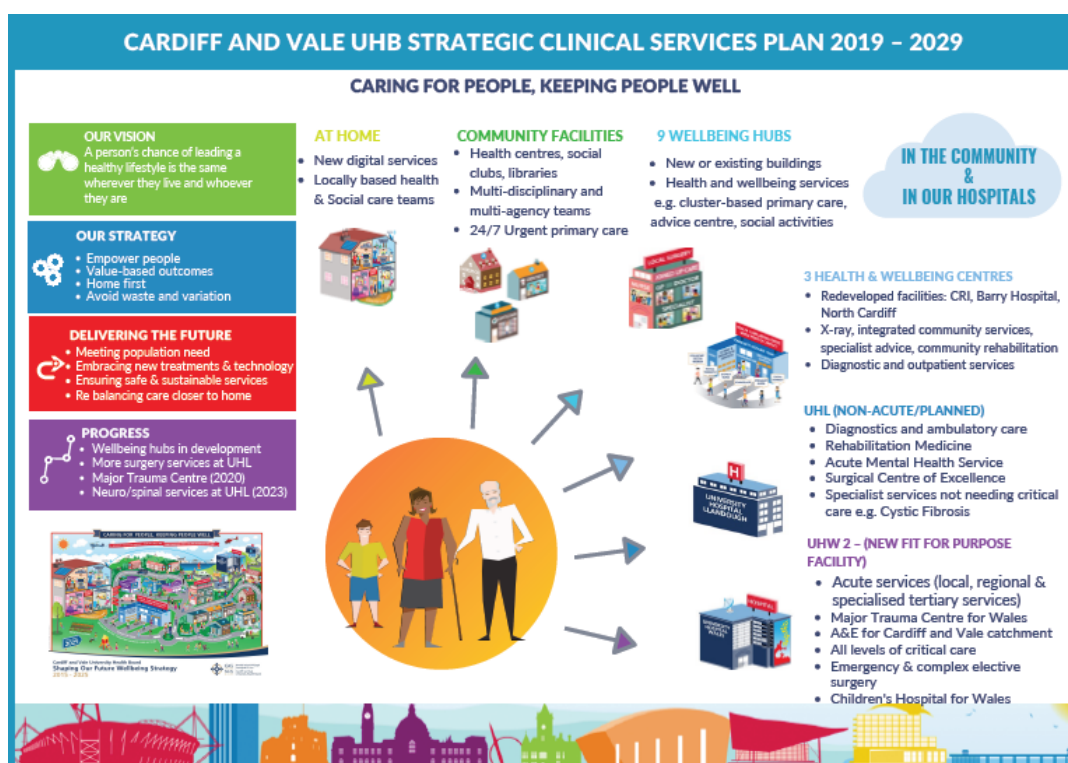


Figure 6: Clinical Services Plan

The delivery of the clinical services plan will be phased over the next 10 years, in line with evolving service provision, shaped by wide stakeholder engagement and enabled by continuing development of digital and infrastructure solutions.

The Health Board's long term, prudent and appropriate infrastructure plan aims to ensure that it is able to deliver services in environments which aid healing and recovery, and are fit for purpose, whilst being as adaptable as possible for further future change. The role of University Hospital Llandough will be a centre for rehabilitation, mental health and elective surgery. The Health Board is already making good progress with the Shaping Our Future Wellbeing in our Community programme which will see Cluster Wellbeing Hubs and Locality Health and Wellbeing Centres established in support of the new integrated model for primary and community based services.

The long term vision for the current UHW site is to replace the current hospital to enable the re-provision of University Hospital of Wales (UHW2) within a health park and life sciences quarter in collaboration with Cardiff University and regional partners. The Health Board's vision is that the new hospital will be for: (i) patients from Cardiff and the Vale of Glamorgan needing emergency, high acuity or high intensity care (ii) patients from other Health Boards in the SE and wider South Wales Regions in the Health Board's role as the hub for some regional and supra-regional service provision and (iii) patients from across Wales, in the Health Board's role as the largest provider of tertiary services in the country, requiring highly specialised regional services. It will be built with and have the latest design and technology



for the full spectrum of specialities available 24/7 for local, regional, supra-regional and national services. The clinical approach for UHW is:

- Site for acutely ill and complex medical/surgical patients;
- Regional, supra-regional and national tertiary services;
- Acute services dependant on co-location with 24/7 specialist services e.g. Critical Care (L3) and specialised radiology;
- Referral and repatriation pathways agreed with regional Health Board partners. People supported back to the appropriate care location when no longer requiring high intensity/ specialist care.

However, this vision is currently in the initial stages of planning – the production of a programme business case is proposed for 2020 – so will take a minimum of 10 years to deliver and the Health Board will necessarily need to meet demand for these services in the meantime. The condition and functional suitability of some key infrastructure and essential clinical accommodation means that there will need to be some significant interim capital investment to maintain essential, safe service provision until this vision can be realised.

Our Integrated Medium Term Plan sets out the key actions we are taking to deliver the next steps in the implementation of our clinical models of care. A summary of the key delivery priorities for this IMTP is shown below:

**PLAN ON A PAGE:** This diagram sets out our Delivery Priorities for 2019-22, mapped against our Strategic Priorities

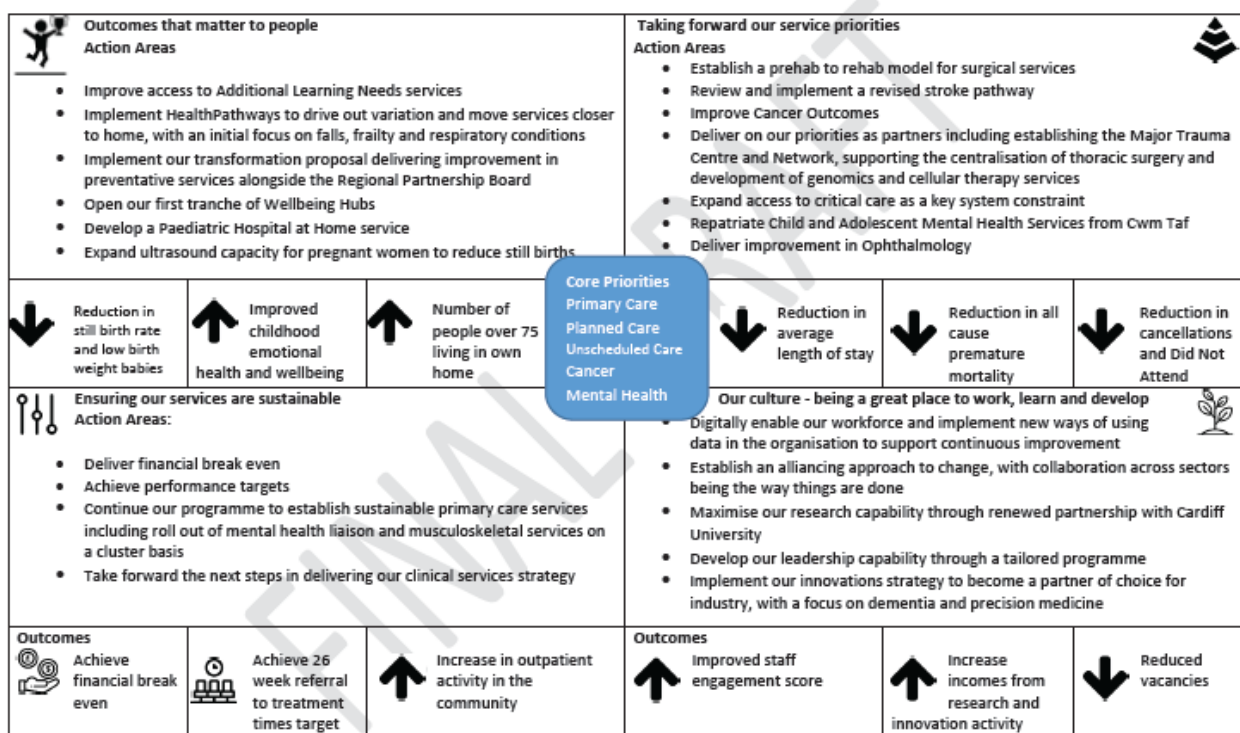


Figure 7: IMTP Plan on a Page



## Cardiff and Vale UHB Estates Strategy

In 2018, we developed an estates strategy describing the current state of our estate and setting out a ten year programme for delivering the infrastructure we need in place in order to realise the vision and aims of our strategy and to enable us to fully implement our clinical services plan.

The plan identified that much of our current infrastructure is no longer suitable for current and future uses, and is not conducive to the best patient outcomes and experience, nor staff wellbeing.

The estates strategy sets out the case for change for major investment in our infrastructure, outlining the developments we believe are needed at are key sites over the next decade. It provides a specific focus on the need to re-provide the majority of facilities currently at UHW and sets out a compelling vision to develop a new hospital as part of health science campus with university, government and industry partners.

The document remains a working document which is regularly updated to reflect progress and changes that are needed. Below is a summary of the objectives of the estates strategy.

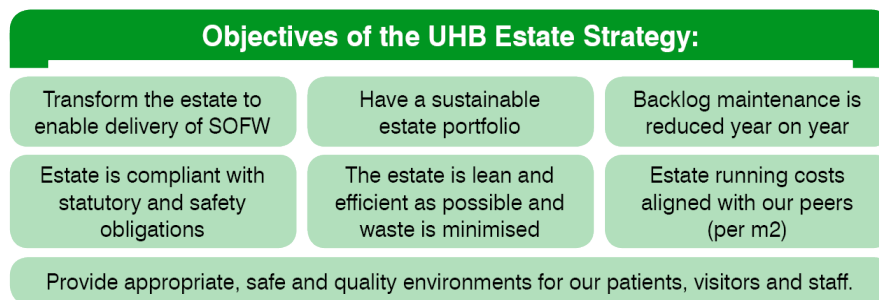


Figure 8: Estates Strategy Objectives

These objectives a key to the achievement of our aspiration to achieving carbon neutrality by 2030.

### 3.3.3.2 Theatres

#### Cardiff and Vale UHB Operating Theatre Strategy

The Strategic Plan contains five strategic priorities for the next two to three years. These relate to:

- The provision of a quality, safe and efficient service;
- The development of our ICT systems and business reporting;
- The promotion of staff engagement;
- The development of robust clinical education;
- Devise and implement a development plan for the physical infrastructure to support current and planned service delivery.

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In order to deliver these five strategic priorities a Theatre Strategy Steering Group has been established. The objectives of the group are to:

- Highlight the key interdependencies between the five strategic aims and the sub-components of the five strategic aims;
- 'Unblock' key issues, risks and interdependencies through decision-making by the Theatres Strategy Steering Group and providing recommendations to the groups/boards of any workstreams and project groups related to the project;
- Share best practice performance improvement knowledge;
- Provide suggestions on the communication and engagement strategy with internal and external stakeholders.

### Cardiff and Vale UHB Theatres Development Plan

At this time there are numerous environmental challenges facing the theatre provision across the Health Board. These include:

- Maintenance demands on an aging infrastructure;
- Sustainability and resilience to meet current and future demand;
- Compliance with current clinical guidance;
- Surgical flow, efficient and effective working;

These issues have created serious risks to the essential operating capacity on both the UHW and UHL sites. Particles in ventilation, issues with plant, environmental deterioration have led to increased infection risk and direct loss of capacity on the UHW site. At the University Hospital Llandough, the temporary theatres (Orthopaedic theatres 5 and 6) are over ten years old and have had to be decommissioned due to issues with laminar flow, temperature regulation and ventilation. A single temporary modular build theatre has been commissioned at UHL to part-mitigate the loss of these theatres in the short term.

The plan developed to address the risks and challenges identified above will ensure capacity is created to deliver the level of activity required whilst an essential refurbishment and refit programme is undertaken.

Although estates compliance is the primary driver for the development of this proposed programme of work it is essential that this is aligned to the wider theatre strategy for the development of an elective surgical centre at UHL that has been developed. The estates plan will be interwoven into the concurrent ongoing development of a robust structure that will be responsible and accountable for the delivery of the wider theatre strategy. There are a range of work programmes associated with these schemes which include:

- Surgical Flow, Efficiency and Performance Programme;
- Strategic Workforce and Organisation Development Programme;
- South East Wales Regional Hub – Arterial Surgery (SE Wales Vascular Network)
- South Wales Major Trauma Centre Theatre service
- Medium and long term surgical capacity development at UHL and UHW;
- Development of sustainable theatres pilot (green theatres).

## PART B: THE CASE FOR CHANGE

This section sets out the case for change from a care and estates perspective whilst setting out the investment objectives; the drivers for change and the current issues impacting on the relevant services. It also highlights the benefits and risks associated with the project.

### 3.4 Investment Objectives

The investment objectives for this project are as follows:

Investment Objective 1: Quality and Safety of Services	
<b>Specific</b>	<p>Services that deliver quality care and meet agreed clinical, quality and safety standards, including:</p> <ul style="list-style-type: none"> <li>Compliance with legislation, regulations and accreditation standards / performance;</li> <li>Supports rapid adoption of best practice;</li> <li>Clinical effectiveness, including: <ul style="list-style-type: none"> <li>Delivering improved outcomes for patients;</li> <li>Supporting research &amp; development;</li> </ul> </li> <li>Improves consistency in clinical practice.</li> </ul>
<b>Measurable</b>	<p>Evidenced by:</p> <ul style="list-style-type: none"> <li>Continued JACIE accreditation;</li> <li>Elimination of environmental issues within haematology and bone marrow transplant facilities;</li> <li>Introduction of new treatments as part of Advanced Cell and Gene Therapy Centre;</li> <li>Elimination of environmental issues within theatres;</li> <li>Development of specific, appropriate environment for major trauma and vascular surgery inpatients;</li> <li>Ensuring all services within the project have sufficient capacity</li> </ul>
<b>Achievable</b>	By the development of new facilities that meet current guidance and allow the implementation of clinical best practice
<b>Relevant</b>	<p>This objective relates to the Health Board's IMTP regarding the strategic priority of taking forward service priorities. In particular delivering on the priorities of the Major Trauma Centre and Network and cellular therapy services.</p> <p>The objective is aligned with the NHS Infrastructure Investment Guidance objectives and criteria. In particular:</p> <ul style="list-style-type: none"> <li><b>Health gain:</b> Improving outcomes and providing sufficient capacity to meet future demand;</li> <li><b>Clinical and Skills Sustainability:</b> Supporting the delivery of safe, sustainable and accessible services, and facilitating high standards of patient care;</li> <li><b>Value for Money:</b> Promoting the maximum efficient utilisation of assets and improving asset condition and performance.</li> </ul>
<b>Time-bound</b>	This objective will be fully realised within 1 to 2 years of the facility being operational.

Investment Objective 2: Provide a High Quality Environment	
<b>Specific</b>	To provide facilities that comply with statutory standards and best practice and enable the Health Board to deliver high quality care.
<b>Measurable</b>	Evidenced by: <ul style="list-style-type: none"> <li>Improved estate performance;</li> <li>JACIE accreditation;</li> <li>Meeting design and technical standards.</li> </ul>
<b>Achievable</b>	Providing functionally suitable facilities with better designed and equipped space, appropriately sized to meet patient and staff expectations.
<b>Relevant</b>	The 2019/21 IMTP outlines how services will develop over the next 3 years. This objective is consistent with the priorities of the IMTP and contributes to the development and sustainability of clinical services. The objective is aligned with the NHS Infrastructure Investment Guidance objectives and criteria. In particular: <ul style="list-style-type: none"> <li><b>Health gain:</b> Improving outcomes and providing sufficient capacity to meet future demand;</li> <li><b>Clinical and Skills Sustainability:</b> Supporting the delivery of safe, sustainable and accessible services, and facilitating high standards of patient care;</li> <li><b>Value for Money:</b> Promoting the maximum efficient utilisation of assets and improving asset condition and performance.</li> </ul>
<b>Time-bound</b>	This objective will be fully realised upon the facility being operational.
Investment Objective 3: Access	
<b>Specific</b>	To ensure that the changing needs and expectations of a growing population are met in line with Health Board clinical strategies and national guidance standards and that the solution does not destabilise other clinical services/developments. Access to services is optimised with: <ul style="list-style-type: none"> <li>Service capacity that will meet demand in a timely way;</li> <li>Services delivered in an appropriate environment.</li> </ul>
<b>Measurable</b>	Evidenced by: <ul style="list-style-type: none"> <li>Streamlined major trauma pathway;</li> <li>Effective hybrid interventional and surgical capability to treat patients requiring major arterial surgery</li> <li>Reduction in lost theatre time due to environmental issues;</li> <li>Reduced nosocomial infection rates within haematology and bone marrow transplant patients;</li> <li>Improved access to services through appropriate use of technologies;</li> <li>Access to new advanced cell therapy service, to the population of Wales.</li> </ul>
<b>Achievable</b>	Providing functionally suitable facilities appropriately sized to meet demand with appropriate patient pathways.

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<b>Relevant</b>	<p>This objective aligns with the IMTP through ensuring performance targets are met and the contribution to delivering the Major Trauma Centre.</p> <p>The objective is aligned with the NHS Infrastructure Investment Guidance objectives and criteria. In particular:</p> <ul style="list-style-type: none"> <li>▪ <b>Health gain:</b> Improving outcomes and providing sufficient capacity to meet future demand;</li> <li>▪ <b>Clinical and Skills Sustainability:</b> Supporting the delivery of safe, sustainable and accessible services, and facilitating high standards of patient care;</li> <li>▪ <b>Health Need:</b> Introduction of new polytrauma and advanced cell therapy inpatient services.</li> </ul>
<b>Time-bound</b>	This objective will be fully realised within 6 to 12 months of the facility being operational.
<b>Investment Objective 4: Effective Use of Resources</b>	
<b>Specific</b>	To maximise the use of available resource and provide an environment that promotes improved service efficiency through improved productivity and improved patient flows.
<b>Measurable</b>	<p>Evidenced by:</p> <ul style="list-style-type: none"> <li>▪ Appropriate lengths of stay across the major trauma pathway;</li> <li>▪ Reduction in staff turnover/increased staff retention through provision of better quality facilities;</li> <li>▪ Reduction in lost theatre time due to environmental issues.</li> </ul>
<b>Achievable</b>	Providing functionally suitable facilities appropriately sized to meet demand with appropriate patient pathways.
<b>Relevant</b>	<p>This objective relates to the IMTP by ensure delivery of financial break even through using resources effectively.</p> <p>The objective is aligned with the NHS Infrastructure Investment Guidance objectives and criteria. In particular:</p> <ul style="list-style-type: none"> <li>▪ <b>Health gain:</b> Providing sufficient capacity to meet future demand;</li> <li>▪ <b>Clinical and Skills Sustainability:</b> Supporting the delivery of safe, sustainable and accessible services, and facilitating high standards of patient care;</li> <li>▪ <b>Value for Money:</b> Promoting the maximum efficient utilisation of assets and improving asset condition and performance.</li> </ul>
<b>Time-bound</b>	This objective will be fully realised within 1 to 2 years of the facility being operational.
<b>Investment Objective 5: Sustainability/Flexibility</b>	
<b>Specific</b>	To provide a solution that will ensure the reputation of the Health Board and will support the delivery of safe, sustainable and accessible services both in the short and medium term and with built-in resilience to adapt to changing needs.
<b>Measurable</b>	<p>Evidenced by:</p> <ul style="list-style-type: none"> <li>▪ Capacity to meet increased demand;</li> <li>▪ Rooms to be generic and flexible to meet multiple uses wherever appropriate.</li> </ul>
<b>Achievable</b>	Providing functionally suitable facilities appropriately sized to meet demand with appropriate patient pathways.

<b>Relevant</b>	<p>This objective supports the IMTP through taking forward the next steps in delivery clinical services strategy.</p> <p>The objective is aligned with the NHS Infrastructure Investment Guidance objectives and criteria. In particular:</p> <ul style="list-style-type: none"> <li>▪ <b>Health gain:</b> Providing sufficient capacity to meet future demand;</li> <li>▪ <b>Clinical and Skills Sustainability:</b> Supporting the delivery of safe, sustainable and accessible services, and facilitating high standards of patient care;</li> <li>▪ <b>Value for Money:</b> Promoting the maximum efficient utilisation of assets and improving asset condition and performance.</li> </ul>
<b>Time-bound</b>	This objective will be fully realised within 1 to 2 years of the facility being operational.

Table 1: Investment Objectives

### 3.5 Existing Service Arrangements

#### 3.5.1 Theatres

The following table shows the current provision of theatres across the Health Board:

Site	2018
UHW Main	15
UHW SSSU	7
UHW Ophthalmology OPD	1
Cardiff & Vale Orthopaedic Centre (UHL)	6 (2 theatres down, 1 modular)
Day theatres (UHL)	6
Obstetrics	2
Children's Hospital for Wales	5
Dental Hospital	2
<b>Total</b>	<b>44</b>
Black and Grey (UHL)	2 (Decommissioned – Currently mitigated by the provision of a temporary modular build theatre)

Table 2: Current Theatre Provision

Over recent years the Health Board has experienced significant challenges with its theatre estate. In particular episodes of 'black' and 'white' particles being found in the main theatres leading to lengthy periods of theatre closure and remedial environmental work to temporarily resolve the issue; and the complete failure of the two 'temporary' theatres in Cardiff & Vale Orthopaedic Centre (CAVOC) which had been in place for over 15 years.

The current situation is the two CAVOC theatres have been temporarily replaced by a single modular theatre (due to space constraints) and all the theatres in Main Theatres are operational. However, the problems in main theatres are believed to result from the ageing plant in theatres 1-11, which has not been replaced since the original opening of the hospital almost 50 years ago. As a consequence, the underlying issues in main theatres remain and

a further occurrence of the “black/white particles” episode is entirely likely. Such an event could have a devastating impact on main theatre activity - which is predominantly emergency, cancer or tertiary (i.e. cardiac, thoracic, renal and neurosurgery) services. Major refurbishment or replacement of theatres 1 – 11 in the Main Theatres suite is therefore long overdue and of critical importance from both a service and infrastructure perspective.

Over the next five years the Health Board anticipates it will need a comprehensive refurbishment/replacement programme of UHW Main theatres, alongside the permanent replacement of the two Orthopaedic theatres at UHL. At present there are only 3 vacant sessions (half-day) per week in UHW Main and 7 sessions in SSSU. The SSSU theatres are smaller and do not all have an anaesthetic room, making them unsuitable for many of the major cases undertaken in main theatres. Furthermore, the Health Board is expecting to place additional demands on the theatre estate during this period including the establishment of a Major Trauma Centre, vascular centralisation and an increase in local demand associated with population growth. There will be some opportunity to transfer activity to neighbouring Health Boards through reciprocal elective exchanges, however both Cwm Taf Morgannwg and Aneurin Bevan Health Boards have advised they have no vacant theatre sessions at present. Given these requirements, it is not an option for the Health Board to close the affected theatres without alternative provision.

### 3.5.1.1 **Service Vision**

The surgical services have adopted the following principles:

- Do not cancel patients needing an operation;
- Timely care every time;
- Responsible informed patients;
- Fit and healthy patients before surgery;
- Design estate around service;
- Smart and wise healthcare: Align pathways and service provision to prudent health care and healthier wales (Bevan commission / Wales Health policy);
- Only spend what you need to spend: Financial governance;
- Create environment of learning, innovation and education for staff - Excellent place to work.

The Health Board is keen to develop a strategy to deliver the most efficient and effective care for people needing its health services both locally and regionally. Clearly given an aging population, new technologies, greater expectations and the development of tertiary and regional services it is of critical importance to create an estate that is fit for purpose and designed to support services to deliver the best care possible for the people of Wales.

The Health Board has an opportunity to transform its current infrastructure, workforce and resource, and in doing so create both sustainable and efficient service that will improve the care for the population.



### 3.5.1.2 Activity and Capacity

The table below shows the current sessional usage of the theatres across a typical week:

	Mains	SSSU	UHL	Total
Trauma	13	4.5	0.5	18
Orthopaedics	0	0	62.5	62.5
Orthopaedic Spines	0	0	7.5	7.5
Orthopaedic Spines (6)	0	0	5	5
Oral and Maxillo Facial	6	2.5	0	8.5
Vascular	6	0	0	6
ENT	5	11.5	0	16.5
Thoracic	8	0	0	8
Cardiac	22	0	0	22
Neurosurgery	20	0	0	20
Urology	10	13	0	23
CEPOD	20	0	0	20
Renal	6	4.5	1	11.5
General	10	4.5	16.75	31.25
Colorectal	10	0	0	10
Gynaecology	10	5	3	18
Ophthalmology	0	20.5	0	20.5
Fertility	0.5	0		0.5
Breast	0	0	8.25	8.25
Pain	0	0	3	3
Gastroenterology	0	0	0.5	0.5
<b>Total</b>	<b>146.5</b>	<b>66</b>	<b>108</b>	<b>320.5</b>

Table 3: Current Theatre Usage

### 3.5.2 Major Trauma

Major trauma is the leading cause of death in people under the age of 45 and as such is a serious public health problem. Over a number of years, the level of care for these patients has been shown to be poor, with lack of regional organisation and a poor consultant level involvement in decision-making (*National Confidential Enquiry into Peri- Operative Deaths(NCEPOD) "Trauma who Cares" 2007, National Audit Office "Major Trauma Care in England 2010"*). Many deaths could be prevented with systematic improvements to the delivery of major trauma care.

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Major trauma is defined as a life-threatening or potentially life-changing injury. Injuries can occur to a single part of the body or at multiple sites and the best treatment requires a coordinated response from the accident site to hospital care and then rehabilitation. International experience has shown that this is best provided by a coordinated network of hospitals that work together to allow the patient to receive treatment in the most appropriate facility in a safe and timely fashion. The system should be designed to save life and prevent avoidable disability, returning patients to their families, work and education.

Trauma and injuries are common but only 1 in a 1,000 patients who arrive at an A&E department will have major trauma. It is impossible for every hospital to provide comprehensive care for all major injuries and so the network should identify these patients and ensure their rapid and safe transfer to a designated Major Trauma Centre (MTC) that has the facilities to provide comprehensive and definitive care for the patient.

Patients in Mid and North Wales who suffer major trauma are currently transferred to designated MTCs in England. South and West Wales has a population of 2.2 million and the Welsh Health Boards have planned to develop a network to cover this area, which has a mixed urban and rural geography and some remote rural populations.

As a result of the option appraisal carried out by the South Wales Health Collaborative in June 2015 the University Hospital of Wales has been designated as the Major Trauma Centre as part of this designation there is a requirement for a polytrauma inpatient ward which does not currently exist at UHW.

### **3.5.2.1 Service Vision**

The aim of the service is to provide care to major trauma patients, characterised by an Injury Severity Score (ISS) >15 and most patients with moderately severe trauma (ISS>8), from the point of injury to rehabilitation. Calculation of the ISS requires a full diagnostic work-up and so the service is designed around the triage of patients at the point of wounding, to identify "candidate major trauma patients" on the basis of mechanism of injury and assessment of their symptoms and physical signs. A trauma triage tool will be used to identify patients with major trauma. Patients will be triaged to the major trauma centre directly or through a secondary transfer protocol. The major trauma centre will have a policy of automatic acceptance for patients requiring major trauma centre care from within the network. Hospitals within the major trauma network will work together ensuring patients have seamless access to care and transfer back to their local hospital when medically fit.

### **3.5.3 Vascular Services**

UHW currently does not have a hybrid theatre, surgery is undertaken within existing theatres, radiology review is either undertaken with the aid of an image intensifier equipment or, at a later stage, via angiography. Both options are sub-optimal. The hybrid theatre concept is new to the Health Board. All surgery is currently undertaken in theatre facilities across both UHW and UHL, with major and complex vascular surgery undertaken at UHW.

The space, adjacencies and quality of existing accommodation does not deliver to the level of expectations of recent clinical developments requiring either transfer of patients or equipment. There is currently no dedicated combined theatre and imaging suite, patients are required to attend the main theatres or the imaging department reducing efficiencies and to the detriment of patient experience and safety.

### **3.5.4 Haematology / Bone Marrow Transplant**

The current Cardiff and Vale Haematology service is spread over six sites and provides secondary services, including treatment of malignant disease, to the population of Cardiff and Vale and a tertiary Haematology service to the six southern Health Boards. It hosts the Haemophilia Comprehensive Care Centre for South Wales.

#### **3.5.4.1 Ward B4 Haematology, UHW**

This is a 27-bed unit providing inpatient service for the whole range of Haematology patients. There are six isolation single rooms (HEPA filtered positive air pressure) and two 2-bed areas (HEPA filtered positive air pressure) in the transplant part of the ward; and there are two single rooms (no air handling), a 3-bedded area and three 4-bedded areas on the general side. Patients are admitted for induction chemotherapy for malignant disease and for management of complications of treatment; for treatment for sickle cell crises; treatment of bleeding episodes or management of haemophilia patients; for blood and marrow transplantation.

Due to increasing activity in all parts of the service, and particularly in blood and marrow transplantation (BMT), there are frequently long delays for patients awaiting chemotherapy and patients who are outlying on other non-Haematology wards. Ten BMT beds are commissioned by WHSSC allowing current transplant activity and patients readmitted with complications. Despite a recent uplift in transplant resource, the BMT service frequently impacts on non-transplant beds.

#### **3.5.4.2 Haematology Day Centre, UHW**

The Haematology Day Centre (HDC) provides day care and reviews around 40 patients daily. Patients attend the HDC for medical review, chemotherapy that does not require inpatient stay, blood transfusion and medical procedures such as bone marrow examinations, lumbar punctures, insertion or removal of central venous catheters and collection of peripheral blood stem cells (apheresis). Patients undergoing apheresis sit directly adjacent to patients having blood tests and both groups are in full view of waiting patients and their relatives. There is currently not enough space to get an arrest trolley in to the apheresis facility area should a patient have a serious cardiopulmonary event whilst undergoing apheresis.

Patients undergoing bone marrow extraction currently have to lie on a bed within the chemotherapy area of the unit, screened from other patients by a curtain only.

There are no facilities to triage patients for contagious infection before they walk on to the day unit and interact with other immunocompromised patients. Once within the unit, there are no isolation facilities on the Haematology Day Centre and any patients suspected of having respiratory spread viruses are confined to one of the examination rooms during their time on HDC. This severely hampers the normal flow of patients and restricts the time available for medical review. There is a high risk of immunosuppressed patients contracting healthcare acquired infections in the current haematology day unit space from other patients due to the cramped environment.

Given the serious nature of the risk to patients from contagious respiratory viruses within the current day unit facility a plan to extend and refurbish the haematology day unit is due to be undertaken from late May 2019. The newly refurbished day unit will include 2 cubicles to isolate patients with respiratory symptoms (not isolation rooms as no individualised air handling facility) and a triage area outside of the main waiting area to reduce the risk of cross infection between patients. The plans for the refurbishment were shown to the JACIE inspectors in 2019. They verbally fed back that the refurbishment would improve risks to patients in the short term but were not acceptable in the long term as there remains no proper isolation facility within the design specification. In order to meet JACIE regulations a new build for day unit will be required.

#### **3.5.4.3 Outpatient Facilities**

All Haematology clinics at the UHW site are in the main outpatient suite. Conditions are cramped and waits for blood results can be long. In some instances, two clinics are running in parallel in the same outpatient suite compounding the cramped seating arrangements. There is no isolation facility, particularly important in the BMT clinic where patients remain very immunosuppressed for long periods after their inpatient treatment. Consequently there have been repeated occurrences of a potentially highly infectious patient sitting next to other immunocompromised patients for over an hour before the medical team realised that there has been a possible spread of serious infections.

The BMT clinic relies on a multidisciplinary arrangement with access to consultants, Advanced Nurse Practitioners, dieticians, physiotherapists in a sequence. Lack of space and, critically, isolation facility means that the current arrangement fails to meet the JACIE standards.

#### **3.5.4.4 Service Vision**

The current Haematology service fails to meet national and international standards for the care of patients with Haematological malignancies due to a severe lack of space, no specialised isolation facilities, inability to clean outdated facilities to modern infection control standards and no area to triage patients before they mix with other immunocompromised patients. There is evidence of 3 bacterial outbreaks within the haematology patients that are likely to be, at least in part, due to the poor facilities that the service operates within.

The vision is to provide safe, timely, compassionate and comprehensive care in an environment suited to the management of patients with leukaemia, myeloma, lymphoma, sickle cell disease, bleeding disorders and those who are having blood and marrow transplantation. This requires an increase in the number of beds, reflected in the activity data later in this document, provision of isolation facilities in the ward, day centre and outpatient settings, and separate, but neighbouring, facilities for patients with inherited bleeding disorders.

In addition, the vision is to provide Welsh patients with access to cutting edge advanced cellular therapies, some of which remain experimental while others are already commissioned within the NHS.

#### **3.5.4.5 Activity and Capacity**

There has been an increase in attendances in Haematology Day Centre over the last several years. Inpatient admissions remain relatively stable over the same period of time since there is constraint on the number of beds, but e-Datix data show a rise in the number of patient-day delays in admission for chemotherapy and in inter hospital transfers for patients requiring diagnosis or treatment of haematological malignancy.

Outpatient activity has been reasonably stable over a similar period, with a particular leaning towards the increasing activity in the BMT service. This is reflected in a longer waiting time to first outpatient review in the BMT service and more generally. It is rare for Haematology to report cancer breaches due to the urgency of new cases - they are admitted directly to the ward in around 50% of cases and overbooked in clinic or Day Centre in the remainder. When cancer breaches do arise it is more frequently due to delays in other departments before referral to Haematology.

#### **3.5.5 Advanced Cell Therapy**

Advanced cellular therapies are new and emerging medicines with potential uses in treating forms of blindness, cancer, heart failure, liver disease, neurological conditions and rare paediatric diseases. Advanced cell therapies potentially offer curative options for patients with chronic conditions, including cancer, where standard therapies have effectively 'run out'. Unlike conventional medicines these therapies aim to selectively remove, replace and re-engineer a patient's own cells / genes to allow restoration of normal function / elimination of disease. There are already opportunities identified offering potential treatments for liver disease, arthritis, diabetic ischaemia and several types of cancers including haematological cancers within both the clinical trial setting and, with respect to haematological malignancies, for licensed products.

Cancer specific Adoptive T-Cell therapy (ACT), one type of advanced therapy, is a form of cellular therapy that harnesses the power of the patient's immune system to direct tumour-specific T-cells to kill cancer cells. ACTs are showing huge promise in the treatment of

haematological malignancies, potentially offering a chance of cure to patients that previously would have been facing end of life palliative care only.

Currently there are already published studies showing improved survival rates for patients with relapsed / refractory high grade lymphomas treated with advanced cellular therapies with numerous additional clinical trials sponsored by major pharmaceutical companies (e.g. Novartis, GSK) now underway both in the USA and Europe. Both KITE pharma and Novartis have a chimeric antigen receptor T cell (CAR-T) product that is already licensed in the USA and the Europe by the European Medicines Agency (EMA) These products were the subject of two NICE technology appraisals in 2018 that recommended funding the use of both products within license for a 2 year period under the Cancer Drugs Fund in England with a plan to review the 'real world' efficacy data at the end of that time period. If efficacy within the NHS setting is confirmed at the end of 2 years then it is expected that these 2 products will then be formally commissioned by NHS England (NHSE) going forwards.

It is anticipated that Cardiff and Vale UHB will be commissioned to deliver CAR-T cell therapies for Welsh patients in 2019 within the haematology service. The delivery of CAR-T cell therapy is highly complex. Initially the patient has to undergo apheresis to remove their own cytotoxic T cells. These cells then need to be shipped to an accredited facility for purification. The cells are transduced with the genetically modified product of choice (CAR) and expanded in culture. This may take place in the same facility or a different facility to the initial purification step i.e. the cells may have travelled from the place of care for the patient to a purification facility to a transduction facility before going to a further facility for testing and quality control. Finally the cells will be returned to the place of care for the patient so that they can be re-infused into the patient (see figure below). This entire process currently often crosses country boundaries within Europe and the USA and takes up to 6 weeks to complete depending on the product and company involved.

The toxicity profile of these CAR-T cell products is very different to standard chemotherapy agents currently used to treat haematological cancers. Patients can experience an acute toxicity known as cytokine release syndrome (CRS). In this situation the patients can rapidly deteriorate with what looks like septic shock. CRS can be fatal and requires the patient to immediately be admitted to an intensive care facility (within a few minutes) for resuscitation and specialist treatments including high dose steroids. The other serious toxicities reported following CAR-T cell infusions are neurological events including seizures, confusion and features of encephalopathy. Up to one third of patients may require a period of time in critical care for management of the CRS and neurological complications within the first month following infusion of CAR-T cells. Critical care teams will also need to be involved with service planning from the outset given the requirement for immediate access to ITU.

In order to provide advanced cellular products to Welsh patients within Wales the haematology service within Cardiff and Vale UHB will need to have an expansion in their facilities with designated beds collocated within the BMT service and with rapid access to



ITU services. The current infrastructure within B4 Haematology does not allow for this expansion in work within an appropriately safe environment.

In addition to the commissioned use of CAR-T cell therapies for patients with haematological malignancies in 2019 there are expected to be many new advanced cellular therapies coming to Wales both as part as research studies and in future commissioned NHS services as research progresses. 2017 the UK Government, as part of the life sciences industrial strategy Innovate UK, launched a competition through which UK companies, working with research organisations, were invited to apply for a share of £30 million to support the creation of a network of Advanced Therapies Treatment Centres in the UK. The network of Advanced Therapy Treatment Centres (ATTC) will be responsible for developing the systems and infrastructure to support delivery of cell and gene therapies, including final manufacture and supply, clinical trial capability, R&D approval, specialist clinician availability and support services.

A new health consortium, jointly led by the Welsh Blood Service (on behalf of NHS Wales) and The National Institute for Health Research Birmingham Biomedical Research Centre, successfully bid for one of 3 grants within the ATTC bid to create the Midlands and Wales Advanced Therapy Treatment Centre (MW-ATTC) to which the Health Board are part of. The consortium was awarded £7.5M of UK Government funding to ensure more patients benefit from a new generation of breakthrough therapies. The overriding aim of the project is to achieve the following through collaborative research across the UK:

- Increase patient access to advanced therapy medicinal products (ATMPs) on a national level;
- Establish best practice for the safe and effective delivery of ATMPs to patients;
- Establish best practice for the manufacturing and final preparation of ATMPs using Good Manufacturing Practice (GMP) within a clinical setting;
- Establish robust connected supply chains for the manufacture & delivery of ATMPs;
- Create systems to allow traceability and tracking of ATMPs. These must be compatible with current regulations and be suitable for applying across the NHS;
- Establish best practice for patient follow up and data capture.

One of the first products to come to Wales as part of the MW-ATTC is a product for the treatment of diabetic patients with critical limb ischaemia, developed by a company called Rexgenero. One of the first trials will involve the collection of autologous bone marrow (for subsequent manipulation by Rexgenero) from prospective patients and this will be facilitated by the bone marrow transplant team within the haematology directorate.

It is envisaged that in the future demand for this type of therapy will increase and the Health Board wish to be prepared for this by including an additional ward at UHW that can be developed to provide such services.

Although some of the developments are likely to be longer term it is envisaged that this service development will have a medium term increase in demand for inpatient beds within



this specialist field. The ability to enable use of additional beds for cellular therapies gives the health board an opportunity to future proof their plans for the haematology and BMT programme given that some of these therapies are already being used as standard of care within the NHS in 2019.

#### NICE technology appraisals

- Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to 25 years. NICE Technology Appraisal ID1167. In Development;
- Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies. NICE Technology Appraisal ID1166. In Development;
- Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal B-cell lymphoma after 2 or more systemic therapies. NICE Technology Appraisal ID1115. In Development.

### 3.6 Business Need

#### 3.6.1 Theatres

The theatres at UHW have encountered several issues over the last few years:

- In February 2015 unidentified black particles were found in theatre 9;
- Further investigation resulted in black bits being identified in theatre 6, 7, 8, 9 & 10.

In an attempt to resolve these issues, the ductwork was internally cleaned in all above theatres. However, due to turning vanes within ductwork some sections of duct were inaccessible and the ductwork could not be fully cleaned. Furthermore, within the galvanised ductwork system there are fire dampers of a steel construction. These are original (over 40 years old) and were showing signs of breaking down. The cleaning had disturbed the fire damper steelwork and rust particles were being dislodged.

Terminal catchers (course filter) were installed in supply grilles to catch and dislodge debris. Once the terminal catchers were clear of debris it was agreed that fresh catchers would be installed every month and removed media would be monitored. The air to the theatre was increased to take account of the additional resistance.

This approach was taken in theatres 7, 8, 9 & 10 and still remains in place.

With the above system theatre 6 was unable to meet the required air change rate for the theatre and a refurbishment of the theatre was undertaken, completed in July 2015. This included repair of flooring, white rock of walls, new ceilings, redecoration, and replacement fan for ventilation system to provide required air. All supply grilles to theatre suite were fitted with manufacturers terminal filters. A similar refurbishment of theatre 11 was completed in October 2017 due to ongoing identification of particles. The refurbishment of theatre 11 also included the renewal of all ductwork and fire dampers back to the plantroom.

The annual validations of theatres 6 to 11 highlighted the following:

- All air handling units are in poor condition and DO NOT meet current HTM compliance as set out in HTM 03.01 Part B;
- Room conditions in theatre 7, 8, 9 & 10 are poor;
- There are continual pressure issues in all theatres.

In addition to the above the following further issues still remain:

- Theatres don't comply with current requirement of 25 air changes;
- Fire dampers are old wired dampers, current legislation requires smoke dampers;
- Fire dampers are deteriorating so terminal catchers are required to prevent debris into theatre these are restricting air flow which increase energy use and require regular replacement;
- Air Handling units are over 20 years old.

The theatre developments need to respond to the following service developments, local and regional pressures:

- Centralisation of Upper GI Cancer Service;
- Regionalisation of Vascular services;
- Major Trauma Centre;
- Increasing demands in specialities;
- Emergency Spine pathway;
- Neurosurgery demand;
- Regionalisation of Head and Neck Cancer.

### 3.6.1.1 Activity and Capacity

The following table shows the anticipated usage of the theatres:

	Mains	SSSU	UHL	Total
Trauma	13	1	4	18
Orthopaedics	0	0	62.5	62.5
Orthopaedic Spines	7.5	0	0	7.5
Orthopaedic Spines (6)	0	0	5	5
Oral and Maxillo Facial	6	2.5	0	8.5
Vascular	14	0	0	14
ENT	5	5.5	6	16.5
Thoracic	8	0	0	8
Cardiac	22	0	0	22
Neurosurgery	25	0	0	25
Urology	10	13	0	23
CEPOD	20	0	0	20
Renal	6	4.5	1	11.5

	Mains	SSSU	UHL	Total
General	10	4.5	16.75	31.25
Colorectal	10	0	0	10
Gynaecology	10	0	8	18
Ophthalmology	0	20.5	0	20.5
Fertility	0	0.5	0	0.5
Breast	0	0	8.25	8.25
Pain	0	0	3	3
Gastroenerology	0	0	0.5	0.5
Major Trauma		10		10
<b>Total</b>	<b>166.5</b>	<b>62</b>	<b>115</b>	<b>343.5</b>

Table 4: Proposed Theatre Usage

The highlighted rows indicate where the service provision is required to change. The impact of these changes are an additional 18 sessions, 10 of which are for major trauma and 8 of which are associated with the regional vascular service. However, it must be noted, that during the period concerned it is expected there will be further local and regional service changes, including the expansion of Neurosurgery and Orthopaedics and the centralisation of thoracic surgery within Abertawe Bro Morgannwg University Health Board at Morriston Hospital.

The Health Board is mitigating the impact of the services changes by reviewing the provision of surgery across all sites and through transferring non-complex surgery to University Hospital Llandough (UHL), however this will not resolve all the current pressures on theatres.

### 3.6.2 Major Trauma

The on-going care and reconstruction section of the South Wales Service Model for Major Trauma sets out the requirements for:

- A dedicated major trauma theatre;
- A defined ward for polytrauma patients;
- A ward environment suitable for people with disability to practice and maintain their activities;
- A nursing team in the ward, who are able to facilitate practice of and independence in functional activities by the patient and undertake the activities with the patient as advised by the rehabilitation team.

The area covered by the major trauma network is the fastest growing population in Wales & the UK with 100,000 more people expected to be living in the area by 2035.

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### 3.6.2.1 **Model of Care**

The Polytrauma Unit model has been developed by a team of clinicians across the range of specialties taking lessons learned from experts and good practice around the UK.

The following is the admission criteria:

- Adults;
- Polytrauma/major trauma – needs >level 0.

The exclusion criteria are:

- Existing care model – e.g. High care neurosurgery (T4), spinal unit;
- Requires admission to critical care;
- ICP bolt monitoring / EVD / lumbar drains.

The physical requirement is 'Hot' (6 beds) & 'Cold' (15 beds) zones with therapy space, MDT room and family/counselling rooms.

Key adjacencies are:

- Critical care;
- Theatres.

The polytrauma ward will be developed over three phases:

- Phase 1 – Developing the Team, prior to MTC start date;
- Phase 2 – 'Hot zone', early physical infrastructure established;
- Phase 3 – Full PTU.
- 

The major trauma co-ordinating consultant will be responsible for:

- Co-ordinate patient care;
- Run daily MT MDT;
- Co-ordinate therapy involvement;
- Monitor repatriation/liaise with TU's (Pull with a nudge);
- Paediatric liaison.

### 3.6.2.2 **Service Model**

The service model is being developed by the Major Trauma Network Clinical Reference Group, which reports to the Major Trauma Network Project Board, and has clinical representation from all participating health boards and the Welsh Ambulance Services Trust (WAST).

This service model should be considered in conjunction with service models for emergency medicine, emergency surgery and the Emergency Medical Retrieval and Transfer Service (EMRTS).

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## Rehabilitation Service Model

### Vision

To ensure patients have appropriate, timely access to reliable, safe, high quality and sustainable trauma rehabilitation services at all points along their care pathway from the point of injury to rehabilitation, in line with best practice standard requirements.

### Service Model

The rehabilitation model will align with the major trauma network for South Wales, South Powys and West Wales and will serve the populations of Aneurin Bevan UHB, Abertawe Bro Morgannwg UHB, Cardiff & Vale UHB, Cwm Taf Morgannwg UHB, Hywel Dda UHB and Powys tHB.

The service model will provide a holistic patient-focussed treatment package. The service will comply with accepted best clinical practice and standards, provide improved patient outcomes and have robust governance arrangements. Consideration will be given as to how this service interfaces with other relevant developments and impacts on other clinical and support services.

The service will also align with the neuro and spinal specialist rehabilitation centre which is in the process of being transferred from Rookwood Hospital to UHL.

### 3.6.2.3 Activity and Capacity

The following is the isochrone map from the Major Trauma Board paper of September 2017, showing the activity modelling undertaken as part of the bid for the Major Trauma Centre:

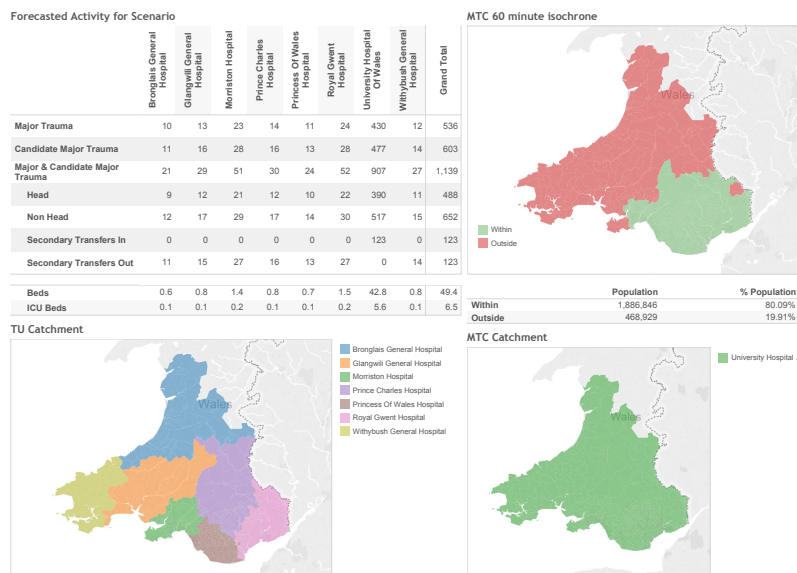


Figure 9: Isochrone Map

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### 3.6.3 Vascular Hybrid Theatre for Regional Arterial Surgery

Vascular services are required by a wide population of patients across several disease categories. There are 5 main disease categories that account for the majority of the elective and emergency vascular workload: aortic aneurysm disease; carotid artery disease; peripheral vascular disease; renal disease; and venous disease (principally varicose veins).

Historically, vascular surgery was considered a sub-specialty of general surgery with services provided by general surgeons who had an interest in vascular disease and treatments. This arrangement has not occurred for many years and vascular surgery is recognised as a specialty in its own right. Clinicians without vascular training no longer have the necessary skills to intervene on vascular patients and therefore produce demonstrably worse outcomes.

In recent years, there has been a technological revolution in vascular surgery with a paradigm shift away from open surgical reconstructive procedures to minimally invasive catheter delivered treatments such as angioplasty and stenting. The delivery of acute and planned vascular surgery interventions is now inextricably linked with Interventional Vascular Radiology (IVR) services, a fact now reflected in the joint training programmes being driven by the Royal Colleges as well as the Vascular Society.

The 'Provision of Services for Patients with Vascular Disease 2012' published by the Vascular Society and the 'Service Specification for Specialised Vascular Services' by NHS England documents recommend reorganisation of vascular services in order to improve outcomes following elective and emergency interventions by concentrating inpatient care into arterial centres, which should be based around a population of at least 800,000 in order to ensure the most efficient use of staff, specialist equipment and facilities. This preferred model of care is delivered by centralising inpatient arterial care to a hub (Arterial Centre), with key aspects of the vascular service being maintained at spoke sites (Non-Arterial Centres). This serves the dual aims of generating the best outcomes for patients requiring inpatient care whilst delivering as much of the service as possible closer to the patient.

The data lends support to the current move towards performing major arterial surgery in larger volume units in order to further optimise outcomes. It is no longer consider acceptable to provide elective or emergency vascular cover outside a fully centralised service or a formalised modern clinical network with a designated single site for all arterial interventions providing a 24/7 on-site service.

#### 3.6.3.1 Model of Care/Service Model

The preferred model of care is delivered by centralising inpatient arterial surgical care to a hub (Arterial Centre), with key aspects of the vascular service being maintained at spoke sites (Non-Arterial Centres). This serves the dual aims of generating the best outcomes for patients requiring inpatient care whilst delivering as much of the service as possible closer to the patient.

There is good evidence to support the concentration of specialist vascular services with surgeons doing minimum volumes of activity and the centres having the necessary critical care, radiological and surgical support services.

The planned regional centralisation of major arterial surgery for SE Wales will require a hybrid theatre environment to provide appropriate physical capacity and functional capability to meet service need.

### **3.6.4 Haematology / Bone Marrow Transplant**

The Service is governed by national and international regulatory bodies, including, but not limited to, Human Tissue Authority and Joint Accreditation Committee for ISCT and EMBT (JACIE). The service was inspected in 2013 and 2019. The current inpatient, day care (Haematology Day Centre) and outpatient facilities fail JACIE standards on isolation and patient facilities.

#### **3.6.4.1 Blood and Marrow Transplant facilities**

The physical infrastructure of the South Wales Blood and Transplant (SWBMT) Adult Programme on the UHW site is in urgent need of being upgraded.

The haematology and BMT inpatient facility (B4 Haematology) were inspected by JACIE in 2013 and concerns were raised regarding the poor infrastructure of the service. No improvements have been made to the infrastructure following the JACIE report in 2013. Consequently when JACIE then re-inspected the BMT service in February 2019 they were extremely concerned to find the ward in the same position as in 2013. The verbal feedback from the inspectors was positive in terms of the impressive outcomes delivered by the service but was scathing around the poor facilities that the service operates within and the lack of progress since the previous inspection 6 years before.

The inspectors also remarked that the service within Cardiff and Vale was at high risk of an infection outbreak due to the poor infrastructure that could potentially close the entire service. The full written report from that inspection is expected in the summer of 2019.

Subsequent to that inspection the haematology directorate has been informed by colleagues in microbiology and Infection Control that there is epidemiological evidence of a vancomycin resistant enterococcus (VRE) outbreak on B4 Haematology ward. This outbreak appears to have started in the autumn of 2017 although peaked December 2018. The patient group affected includes patients receiving systemic chemotherapy treatment for haematological cancers within the main body of B4 Haematology ward and those patients being treated with stem cell transplantation within the Bone Marrow Transplant side of the ward.

The causes of this outbreak have not yet been fully elucidated and are the subject of an ongoing investigation being run by Public Health Wales. However, there is microbiological evidence of VRE contamination of the ward environment which may well be contributing to the risk of nosocomial spread to patients. In addition, Public Health Wales are now



investigating 2 additional outbreaks of infections within the haematology and BMT patients – pseudomonas and c. *Jeikeium*. It has been documented again by infection control that the current facilities for treating haematology patients are not fit for purpose. The advice is that the service requires new facilities with proper isolation rooms for BMT patients and a ward that meet modern standards for infection control procedures. In the short term the Haematology Directorate have been advised by Infection Control to undertake urgent remedial refurbishment measures to improve the cleanliness and subsequent safety of the ward environment. The management of this serious situation has been escalated to the executives within the health board. Despite there now being a plan to urgently undertake remedial action to improve the environment within B4 Haematology there is no guarantee that the current infection outbreaks will be controlled by these measures and the advice from Infection Control remains that the service need to be relocated to a new facility.

Loss of JACIE accreditation would have far-reaching consequences:

- The SWBMT Programme would be the only major UK programme (currently the 9th largest of 53 UK and Irish transplant centres) without JACIE accreditation;
- The SWBMT Programme would need to cease activity since it is the policy of all UK BMT commissioners, including WHSSC, to procure services only from JACIE-accredited centres. This would lead to significant political and reputational loss;
- Patients in Wales would need to be referred to BMT centres in England where transplant costs are typically 50-100% higher than in Wales with published benchmarked survival outcomes inferior to those of the SWBMT Programme. Data from the British Society of Blood and Marrow Transplantation (BSBMT) 2017 report, covering the period 2009-2014, showed that despite more co-morbidity in Welsh patients (53%) than the BSBMT average of 37%, SWBMT survival outcomes were rated “excellent”, reflecting better 95% confidence intervals than those of the BSBMT in virtually all major outcome areas. This included autologous transplantation (all indications), autologous transplantation for myeloma (main autologous indication), autologous transplantation in patients with co-morbidities, allogeneic transplantation (all indications), sibling transplantation (all indications), allogeneic transplantation for leukaemia (main allogeneic indication), allogeneic transplantation for AML (main disease indication), and allogeneic transplantation in patients with co-morbidities. For example, SWBMT 5-year survival following allogeneic transplantation for AML in CR1 was 65% (95% CI: 51-77%) compared to the BSBMT average of 48% (95% CI: 45-51%);
- In addition to the financial dis-benefit to NHS Wales and the potential for a worse clinical outcome by referring patients to NHS England, this would contravene cancer standards which require patients to be treated as close to home as possible. The patient experience would be significantly worse since relatives would be able to visit less often and families would incur greater travel costs to visit patients in England.

The current configuration of the inpatient, day unit, outpatient and apheresis facilities does not comply with the above standards and deficiencies in the above were highlighted in the 2013 JACIE report and will certainly be highlighted again in 2019. Although there are now plans to undertake urgent remedial action to refurbish the facilities for haematology and BMT patients within Cardiff and Vale UHB, the planned works will not bring the unit up to that

required for JACIE accreditation and may not be sufficient to eradicate the current bacterial outbreaks. All patients treated within the service during building works may be exposed to dust and an increased risk of fungal and bacterial infections. There is a significant additional cost to be incurred in giving increased microbial prophylaxis to patients with increased expensive microbiological monitoring in order to reduce the risks to patients from the current environment. It should be noted that no work is currently planned to improve the outpatient facilities for immunocompromised patients within the haematology and BMT services and consequently their risks remain unchanged.

### 3.6.5 Advanced Cell Therapy

There is now a mandated requirement within the NHS for leukaemia and lymphoma patients to be offered advanced cellular therapies within NICE guidelines. There is an expected significant expansion within this area of drug development predicted for the next few years. Only JACIE accredited facilities will be able to deliver advanced cellular therapies to patients. The only JACIE accredited service within Wales currently resides within Cardiff and Vale UHB within the haematology directorate.

Given the political will to bring advanced Cellular Therapies to Wales within a research capacity and the present requirement to deliver CAR-T therapy for NHS patients, Cardiff and Vale UHB will need to develop capacity to deliver these services within haematology in a safe and timely manner without reducing capacity for delivery of other haematological cancer therapies.

## 3.7 Potential Business Scope and Key Service Requirements

This section describes the potential scope for the project in relation to the investment objectives and business needs.

In line with Welsh Government guidance, the scope has been assessed against a continuum of need ranging from:

- A minimum – essential or core requirements/outcomes;
- An intermediate – essential and desirable requirements/outcomes;
- A maximum – essential, desirable and optional requirements/outcomes.

Minimum	Intermediate	Maximum
A facility that meets minimum statutory requirements with regard to environmental and care quality standards for all current services	A facility that meets statutory requirements and best practice guidance with regard to environmental and care quality standards for all services including the introduction of new polytrauma and advanced cell therapies	A facility that meets statutory requirements and best practice guidance with regard to environmental and care quality standards for all services including the introduction of new polytrauma and advanced cell therapies
Sized to meet current demand	Sized to meet current demand	Sized to meet current and projected future demand

Table 5: Potential Scope

This business case will take forward the maximum scope which is to provide fit for purpose facilities which will deliver theatres, haematology, bone marrow transplant, advanced cell therapy and polytrauma inpatients. This scope will not only meet all statutory requirements and best practice models but will also support improved access to existing services and provide additional services to support current and project demand.

### **3.7.1 Proposed Services**

The proposed development of the New Block (Academic Avenue) at the University Hospital of Wales (UHW) will look to provide Theatres, Major Trauma, Haematology / Bone Marrow Transplant and Advanced Cell Therapy services.

#### **3.7.1.1 Functional Content – Theatres**

As part of this project there is a requirement to provide:

- A hybrid theatre and major trauma theatre;
- Resolve the current estates issues within the main theatres at UHW.

#### **3.7.1.2 Functional Content – Major Trauma**

As part of this project the following additional functional content is required for the Major Trauma Centre:

- A major trauma theatre (included above);
- A 16 bedded polytrauma ward.

#### **3.7.1.3 Functional Content – Haematology / Bone Marrow Transplant**

The following functional content is required for the Haematology/Bone Marrow Transplant Service:

- Inpatients - 30 beds with isolation rooms and flexibility to run an ambulatory care service;
- Daycase – 19 treatment chairs and 7 consult/exam rooms.

#### **3.7.1.4 Functional Content - Advanced Cell Therapy**

The following functional content is required for the Advanced Cell Therapy Service:

- An inpatient ward of 10 beds.

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### 3.8 Main Benefits

This section describes the main outcomes and benefits associated with the implementation of the potential scope in relation to the identified business needs. Benefits criteria will be used to assess the options within the 'available options' section of this PBC.

Benefits are expressed in relation to the developed appraisal criteria that were derived from the investment objectives as follows:

- **CRB**- cash releasing benefits (e.g. avoided costs);
- **Non CRB**- non cash releasing benefits (e.g. staff time saved);
- **QB**- quantifiable benefits (e.g. achievement of targets);
- **Non QB**- non-quantifiable or qualitative benefits (e.g. improvement in staff morale).

Investment Objective	Stakeholder Group	Main Benefits
Investment Objective 1: Quality and Safety of Services	Patients	Non QB - High quality patient care QB – Reduced risk of airborne cross infection due to replacement of theatre plant QB – Improvements in health and safety (reduced incidents)
	Staff	Non QB – Maintain continuity of services QB – Improvements in health and safety (reduced incidents) QB – Staff recruitment and retention will improve as investment in new facilities will help attract and retain high quality professional staff
	Health Community	Non QB – High quality care given to all patients
Investment Objective 2: Provide a high quality physical environment	Patients	Non QB – Provide safe and appropriate environments of care for patients and improving the patient experience Non QB – Maintaining appropriate privacy and dignity
	Staff	Non QB – Provide a safe and appropriate environment for staff and be a better place to work Non QB – Improved clinical morale gained from improved access to modern equipment, technologies and facilities
	Health Community	QB – Improved BREEAM rating QB – Compliance with statutory standards QB – Compliance with NHS guidance/best practice QB – Improved environments to enable productivity gains CRB – Remove various short life expectancy and inefficient plant CRB – Realise revenue benefits of new efficient M&E plant
Investment Objective 3: Access	Patients	Non QB – provide suitable services and facilities sized to meet demand to ensure improved and optimised treatment pathways QB – Improved waiting times

Investment Objective	Stakeholder Group	Main Benefits
	Staff	<p>QB – Reduction in the number of theatre lists that overrun due to delays caused by building/plant failure</p> <p>QB – Reduction in the number of theatre lists not available due to theatres not being fit for purpose</p> <p>QB – Reduction in the non-availability of inpatient beds for Haematology/BMT patients</p>
	Health Community	QB – Reduced pressures on other facilities and provides appropriate capacity for the population
Investment Objective 4: Effective use of Resources	Patients	QB – Improved waiting times
	Staff	Non CRB – Reduced delays and cancellations maximises use of staff
	Health Community	Non QB - Maximise use of existing accommodation to enable estate rationalisation and improved utilisation
Investment Objective 5: Sustainability	Patients	Non QB – Services continue to be provided to meet patients' needs
	Staff	<p>QB - Reduction in vacancy and turnover rates</p> <p>QB - Reduction in staff sickness rates</p> <p>QB - Improved job satisfaction</p>
	Health Community	<p>Non QB – meet the sustainability objectives as set out in SOFW:</p> <ul style="list-style-type: none"> <li>▪ Have an unplanned (emergency) care system that provides the right care, in the right place, first time;</li> <li>▪ Have a planned care system where demand and capacity are in balance; and</li> <li>▪ Reduce harm, waste and variation sustainably making best use of the resources</li> </ul> <p>Non QB - Maximise flexibility of facilities</p> <p>QB – Services provided within the revenue affordability envelope</p>

Table 6: Main Benefits

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### 3.9 Main Risks

The main business and service risks associated with the potential scope for this project are shown below, together with their counter measures:

Risk	Counter Measures	Stage			
Service Risks		Design Development	Implementation	Operational	Termination
Insufficient revenue resources to support the new facilities	Service model will be developed to support the service within the current revenue resource envelope or reduced costs where more optimal environments enable this			✓	
Clinical quality – failure to ensure that clinical quality is reflected in the plans	Ensure appropriate review of plans during design development including clinical, infection prevention, clinical support and FM representatives	✓	✓	✓	✓
Changes in demand – the anticipate demand for services is greater or less than has been projected within the case	Robust activity and capacity analysis has been undertaken. Theatre design will be generic with the ability to adapt to different specialty usage	✓	✓	✓	✓
Disruption to service continuity during the works	The Health Board will develop a robust plan for the provision of surgical services during the period of upgrading the existing theatres. This may involve the use of other theatres within the Health Board in the short term and/or may require investment in an interim solution		✓		
Constraints of existing service and infrastructure	Undertake appropriate surveys to establish any constraints	✓	✓		
Business Risks		Design Development	Implementation	Operational	Termination
Financial Viability – capital cost of works is unaffordable, tenders exceeds budget	Monitoring of costs during business case development. Robust financial analysis utilising established benchmarked norms to establish project budget	✓	✓	✓	
Changes in strategic context/policy direction	None political and strategic factors have been considered in developing the proposals	✓	✓	✓	✓
Design changes that are over and above the contingency allowances	Health Board to monitor and manage changes throughout the project	✓	✓		

Risk	Counter Measures	Stage			
Discovery of latent defects in existing fabric	Undertaken inspections and surveys at earliest opportunity		✓		
Life-cycle cost (building and engineering maintenance) exceeds budget	Estates and facilities input into revenue cost modelling during business case development and clarity of life cycle costs			✓	
<b>External Risks</b>		Design Development	Implementation	Operational	Termination
Failure to proceed – Contractor bankruptcy, development stalls due to lack of capital or failure to achieve business case approval	Appointment of established Contractor and liaison with Welsh Government to ensure available capital and approval of business case	✓	✓		

Table 7: Main Risks

The Health Board's approach to the management of risk for the preferred option, are described later within this document along with details regarding the risk register that includes mitigation against the above risks.

### 3.10 Constraints

Identified below are the parameters within which the investment must be delivered which have been set at the outset of the project:

- The proposals must be consistent with the Health Board's *Shaping Our Future Wellbeing strategy and long term clinical services plan for acute care*, contributing to the Health Boards pursuit of a more sustainable future for services;
- The scheme must allow full compliance with relevant statutory/mandatory standards and meet the requirements of the various clinical service pathways;
- Physical works will need to be delivered in order to have the least possible impact on service provision;
- Any plans must maintain revenue neutrality unless alternative/new funding streams are clearly identified;
- Project must be delivered through funding from the All Wales Capital Programme.

### 3.11 Dependencies

The project is subject to the following dependencies that will be carefully monitored and managed throughout the lifespan of the scheme:

- Approval from Welsh Government and release of capital form the All Wales Capital Programme.

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# Economic Case

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## 4.0 ECONOMIC CASE

### 4.1 Introduction

This section describes the options considered by the Health Board and the assessment of the benefits and costs of those that were shortlisted.

### 4.2 Critical Success Factors

The Critical Success Factors (CSFs) for this project are:

CSF1: Strategic Fit

- Can it satisfy the existing and future business needs of the services and NHS Wales?

CSF2: Service Need

- Does it provide a holistic fit and synergy with other key elements of the National, Regional and Local Strategies?

CSF3: Potential Achievability (Service Transformation, Continuity and Sustainability)

- Does it contribute to the transformation of services?
- Does it contribute to the sustainability of key Health Board services?
- Can it be achieved within the planning timescales of the project?

CSF4: Flexibility

- Does not constrain future developments that may be required to meet the changing needs of the population and future service developments.

### 4.3 The Long-Listed Options

The long list of options was generated in accordance with best practice contained in the Infrastructure Investment Guidance. The evaluation was undertaken in accordance with how well each option met the investment objectives and CSFs.

This process results in options either being discounted or carried forward for further consideration in the short list.

The long list of options for this investment was generated within the following key categories of choice:

#### Scoping options – choices in terms of coverage (the what)

The choices for potential scope are driven by business needs and the strategic objectives at both national and local levels. In practice, these may range from business functionality to geographical, customer and organisational coverage. Key considerations at this stage are what's in? 'what's out?' and service needs.

### Service solution options – choices in terms of solution (the how)

The choices for potential solution are driven by new technologies, new services and new approaches and new ways of working, including business process re-engineering. In practice, these will range from services to how the estate of an organisation might be configured. Key considerations range from 'what ways are there to do it?' to 'what processes could we use?'

### Service delivery options – choices in terms of delivery (the who)

The choices for service delivery are driven by the availability of service providers. In practice, these will range from within the organisation (in-house), to outsourcing, to use of the public sector as opposed to the private sector, or some combination of each category. The use of some form of public private sector partnership (PPP) may be relevant here.

### Implementation options – choices in terms of the delivery timescale

The choices for implementation are driven by the ability of the supply side to produce the required products and services, VFM, affordability and service need.

### Funding options – choices in terms of financing and funding

The choices for financing the scheme (public versus private) and funding (central versus local) will be driven by the availability of capital and revenue, potential VFM, and the effectiveness or relevance/ appropriateness of funding sources.

#### 4.3.1 Scoping Options

In accordance with the Treasury Green Book and Infrastructure Investment Guidance, the do-nothing option has been considered as a benchmark for potential VFM.

An infinite number of options and permutations are possible; however, within the broad scope outlined in the strategic case, the following main options have been considered:

- Option 1.1 – do nothing – status quo;
- Option 1.2 – the 'minimum' scope – A facility that meets minimum statutory requirements with regard to environmental and care quality standards for all current services and sized for current demand;
- Option 1.3 – the 'intermediate' scope – A facility that meets statutory requirements and best practice guidance with regard to environmental and care quality standards for all services including the introduction of new polytrauma, advanced cell therapies and vascular hybrid and MTC theatres and sized to meet current demand;
- Option 1.4 - 'maximum' scope – A facility that meets statutory requirements and best practice guidance with regard to environmental and care quality standards for all services including the introduction of new polytrauma, advanced cell therapies vascular hybrid and MTC theatres sized to meet future demand.

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#### 4.3.1.1 **Option 1.1: Do nothing**

##### Description

This option maintains all current services as existing and does not provide any additional services.

##### Advantages

The advantages are:

- No capital required.

##### Disadvantages

The main disadvantages are:

- Does not improve the environmental quality of services;
- JACIE accreditation at risk;
- Does not provide facilities to allow the introduction of advanced cell therapy or polytrauma inpatients;
- Does not provide vascular hybrid and MTC theatres;
- No improvements to the theatre plant areas and, therefore, risk around theatre failures remains;
- Does not provide sufficient capacity to meet future demand.

#### 4.3.1.2 **Option 1.2: Do Minimum**

##### Description

A facility that meets minimum statutory requirements with regard to environmental and care quality standards for all current services and sized for current demand.

##### Advantages

The advantages are:

- Some improvement in the environmental quality of services;
- Reduced capital outlay required.

##### Disadvantages

The main disadvantages are:

- JACIE accreditation may still be at risk;
- Does not provide facilities to allow the introduction of advanced cell therapy or polytrauma inpatients;
- Does not provide vascular hybrid and MTC theatres;
- Some improvements to the theatre plant areas may be achieved but this is technically challenging and is unlikely to achieve the quality standards required;
- Does not provide sufficient capacity to meet future demand.

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#### 4.3.1.3 **Option 1.3: Intermediate Scope**

##### Description

A facility that meets statutory requirements and best practice guidance with regard to environmental and care quality standards for all services including the introduction of new polytrauma and advanced cell therapies and sized to meet current demand.

##### Advantages

The advantages are:

- Will improve the environmental quality of services;
- Will achieve JACIE accreditation;
- Will provide facilities to allow the introduction of advanced cell therapy or polytrauma inpatients;
- Provides vascular hybrid and MTC theatres;
- Improvements to the theatre plant areas.

##### Disadvantages

The main disadvantages are:

- More significant capital cost outlay required;
- Does not provide sufficient capacity to meet future demand.

#### 4.3.1.4 **Option 1.4: Maximum Scope**

##### Description

A facility that meets statutory requirements and best practice guidance with regard to environmental and care quality standards for all services including the introduction of new polytrauma and advanced cell therapies sized to meet future demand.

##### Advantages

The advantages are:

- Will improve the environmental quality of services;
- Will achieve JACIE accreditation;
- Will provide facilities to allow the introduction of advanced cell therapy or polytrauma inpatients;
- Provides vascular hybrid and MTC theatres;
- Improvements to the theatre plant areas.
- Provides sufficient capacity to meet future demand.

##### Disadvantages

The main disadvantages are:

- More significant capital cost outlay required.

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#### 4.3.1.5 Overall conclusion: scoping options

The table below summarises the assessment of each option against the investment objectives and CSFs:

Option:	1.1: Do Nothing	1.2: Minimum Scope	1.3: Intermediate Scope	1.4: Maximum Scope
<b>Investment Objectives</b>				
Quality and Safety of Services	X	✓	✓✓	✓✓
Provide a High Quality Environment	X	✓	✓✓	✓✓
Access	X	X	✓	✓✓
Effective Use of Resources	✓✓	✓✓	✓	✓
Sustainability	X	X	✓	✓✓
<b>Critical Success Factors</b>				
Strategic Fit	X	X	✓	✓✓
Service Need	X	X	✓	✓✓
Potential Achievability	✓✓	X	✓✓	✓✓
Flexibility	X	X	✓	✓✓
<b>Summary</b>	<b>Discounted</b>	<b>Discounted</b>	<b>Possible</b>	<b>Preferred</b>

Table 8: Summary Assessment of Scoping Options

Key:

✓✓ - fully achieves      ✓ - partially achieves      X - does not achieve

Option 1.4 has been carried forward as the preferred choice for assessment within the next category.

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### 4.3.2 Service Solution Options

The range of options that could be considered in relation to the preferred scope are complex and numerous. However, this extensive list would include some very unrealistic and undeliverable options. The Health Board has, therefore, undertaken an exercise to review only those more realistic options that would deliver the required scope for all services. The range of options that have been considered are:

Option:	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10	2.11	2.12	2.13	2.14
Service	Location													
Main Theatres	Backlog only	Backlog only	Backlog only	Backlog only	Backlog only	Backlog only	Backlog only	Backlog only	New block on Academic Avenue	New block on Academic Avenue	New block on Academic Avenue	New block on Academic Avenue	New block on Academic Avenue	New block on Academic Avenue
Hybrid/ Major Trauma theatres	Refurb and new build in Jubilee Courtyard	New block on Academic Avenue	Refurb and new build in Jubilee Courtyard	Theatres in a new block on the existing Emergency Admissions road.	New block on Academic Avenue	Refurb and new build in Jubilee Courtyard	Theatres in a new block on the existing Emergency Admissions road.	New block on Academic Avenue	Refurb and new build in Jubilee Courtyard	Theatres in a new block on the existing Emergency Admissions road.	New block on Academic Avenue	Refurb and new build in Jubilee Courtyard	Theatres in a new block on the existing Emergency Admissions road.	New block on Academic Avenue

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Option:	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10	2.11	2.12	2.13	2.14
Service	Location													
Haematology/ BMT	Back-log addressed and ensuite rooms provided for BMT	New block on car park above the existing main hospital entrance	New block on car park above the existing main hospital entrance	New block on car park above the existing main hospital entrance	New block on car park above the existing main hospital entrance	New block on Academic Avenue	New block on Academic Avenue	New block on Academic Avenue	New block on car park above the existing main hospital entrance	New block on car park above the existing main hospital entrance	New block on car park above the existing main hospital entrance	New block on Academic Avenue	New block on Academic Avenue	New block on Academic Avenue
Advanced Cell Therapy	No provision – demand not able to be met	New block on car park above the existing main hospital entrance	New block on car park above the existing main hospital entrance	New block on car park above the existing main hospital entrance	New block on car park above the existing main hospital entrance	New block on Academic Avenue	New block on Academic Avenue	New block on Academic Avenue	New block on car park above the existing main hospital entrance	New block on car park above the existing main hospital entrance	New block on car park above the existing main hospital entrance	New block on Academic Avenue	New block on Academic Avenue	New block on Academic Avenue

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New Block (Academic Avenue) at UHW  
Programme Business Case

Economic Case

Option:	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10	2.11	2.12	2.13	2.14
Service	Location													
Polytrauma Inpatients	Demand absorbed within A4 South (14 beds)	Demand absorbed within A4 South (14 beds)	New block on Academic Avenue	New block on Academic Avenue	New block on Academic Avenue	New block on Academic Avenue	New block on Academic Avenue	New block on Academic Avenue	New block on Academic Avenue	New block on Academic Avenue	New block on Academic Avenue	New block on Academic Avenue	New block on Academic Avenue	New block on Academic Avenue

Table 9: Description of Service Solution Options

Appendix 1 provides the advantages and disadvantages with regard to individual service options.

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#### 4.3.2.1 Overall conclusion: service solutions options

The table below summarises the assessment of each option against the investment objectives and CSFs:

Option:	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10	2.11	2.12	2.13	2.14
<b>Investment Objectives</b>														
Quality and Safety of Services	✓	✓	✓	✓	✓	✓	✓	✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓
Provide a High Quality Environment	✓	✓	✓	✓	✓	✓	✓	✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓
Access	x	✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓
Effective Use of Resources	✓✓	✓	x	x	✓	✓	✓	✓✓	x	x	✓	✓	✓	✓✓
Sustainability	x	✓	✓	✓	✓	✓	✓✓	✓✓	✓	✓✓	✓✓	✓	✓✓	✓✓
<b>Critical Success Factors</b>														
Strategic Fit	x	✓	x	x	x	x	x	x	x	x	x	x	x	✓✓
Service Need	x	✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓
Potential Achievability	x	✓✓	x	✓	✓	x	✓	✓	x	✓	✓	✓	✓	✓

New Block (Academic Avenue) at UHW  
Programme Business Case

Economic Case

Flexibility	x	✓	x	✓	✓	x	✓	✓	x	✓	✓	x	✓	✓✓
Summary	Discount (carried forward for comparative purposes)	Possible	Discount	Discount	Discount	Discount	Discount	Discount	Discount	Discount	Discount	Discount	Discount	Preferred

Table 10: Summary Assessment of Service Solution Options

Key:    ✓✓ - fully achieves                    ✓ - partially achieves                    X - does not achieve

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### 4.3.3 Service Delivery Options

This range of options considers the options for service delivery in relation to the preferred scope and potential solution.

The ranges of options that have been examined are:

- Option 3.1: In-house;
- Option 3.2: Outsource;
- Option 3.3: Strategic Partnership.

#### 4.3.3.1 Option 3.1: In-house

##### Description

In-house delivery of proposed services and facilities by Cardiff and Vale UHB.

##### Advantages

The main advantages are:

- Retains the income stream for this work;
- Retains control over the quality of the service;
- Maintains clinical skills and experience within the Health Board;
- Maintains flexibility to accommodate required changes in service delivery;
- Ensures seamless pathways for patients;
- Consistent with Health Board commissioning strategy;
- Maintains direct relationship with partner organisations.

##### Disadvantages

The main disadvantages are:

- Risk remains with the Health Board;
- Requirement to provide a suitable, fit for purpose environment;
- Capital investment required.

#### 4.3.3.2 Option 3.2: Partial Outsource

##### Description

Outsource delivery of proposed services and facilities to another provider.

##### Advantages

The main advantages are:

- No capital investment required;
- Risk shared with an external provider.

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## Disadvantages

The main disadvantages are:

- Potential increase in revenue cost;
- Requires comprehensive monitoring mechanism to maintain quality of the service;
- Not consistent with Health Board commissioning strategy;
- Reduced flexibility to accommodate required changes in service delivery and facilities;
- Potential for delivery of services to be compromised.

### 4.3.3.3 **Option 3.3: Strategic Partnership**

#### Description

This option describes the provision of services through a strategic partnership

#### Advantages

The main advantages are:

- Retains control over the quality of the service;
- Maintains clinical skills and experience within the Health Board;
- Maintains flexibility to accommodate required changes in service delivery;
- No capital investment required;
- Risk shared with external provider.

#### Disadvantages

The main disadvantages are:

- Potential increase in revenue cost;
- Some loss of control over the quality of the service;
- Finding a suitable partner who can provide the required services and capacity within the timescales;
- Not consistent with Health Board commissioning strategy;
- Reduced flexibility to accommodate required changes in service delivery and facilities;
- Not conducive to holistic care;
- Contract based, lack of flexibility.

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#### 4.3.3.4 Overall conclusion: service delivery options

The table below summarises the assessment of each option against the investment objectives and CSFs.

	Option 3.1 In-house	Option 3.2 Partial Outsourced	Option 3.3 Strategic Partnership
<b>Investment Objectives</b>			
Quality and Safety of Services	✓✓	✓	✓
Provide a High Quality Environment	✓✓	✓	✓
Access	✓✓	✓	✓
Effective Use of Resources	✓✓	X	✓
Sustainability	✓✓	✓	✓
<b>Critical Success Factors</b>			
Strategic Fit	✓✓	X	X
Service Need	✓✓	X	✓
Potential Achievability	✓✓	X	X
Flexibility	✓✓	✓	✓
<b>Summary</b>	<b>Preferred</b>	<b>Discounted</b>	<b>Discounted</b>

Table 11: Summary Assessment of Service Delivery Options

Key: ✓✓ - fully achieves      ✓ - partially achieves      X - does not achieve

#### 4.3.4 Implementation Options

A phased programme of works will be required to ensure that the Health Board can continue to deliver the required surgical services during the works. This will be a first phase consisting of the construction of the new block followed by subsequent stages to refurbish the existing theatre department.

#### 4.3.5 Funding Options

It has been agreed that the scheme will be publicly funded as part of Welsh Government's All Wales Capital Programme, it is, therefore, unnecessary to consider the use of alternative methods of finance.

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#### 4.4 The Long List: Inclusions and Exclusions

The long list has appraised a wide range of possible options, the table below provides a summary of the assessment of each of these:

Option	Finding
<b>1.0 Scope</b>	
Option 1.1 – do nothing – status quo	Discounted
Option 1.2 – the ‘minimum’ scope – A facility that meets minimum statutory requirements with regard to environmental and care quality standards for all current services and sized for current demand	Discounted
Option 1.3 – the ‘intermediate’ scope – A facility that meets statutory requirements and best practice guidance with regard to environmental and care quality standards for all services including the introduction of new polytrauma and advanced cell therapies and sized to meet current demand	Possible
Option 1.4 - ‘maximum’ scope – A facility that meets statutory requirements and best practice guidance with regard to environmental and care quality standards for all services including the introduction of new polytrauma and advanced cell therapies sized to meet future demand	Preferred
<b>2.0 Service Solutions</b>	
Option 2.1: Do minimum - All services remain within their current footprints with MTC/Hybrid theatres in an extension within Jubilee Courtyard and a refurbishment of an area of the Surgical Short Stay Unit	Discounted
Option 2.2: Main Theatres and Polytrauma remain within their current footprints, Major Trauma and Hybrid Theatres are provided in an elevated extension on Academic Avenue, and Haematology/ BMT Unit is provided within a new build at the front of UHW	Possible
Option 2.14: Haematology and Advanced Cell Therapy are located on the ground floor of a new block along Academic Avenue that is on stilts and so sits at level 1 of the main hospital with Polytrauma Inpatients on the first floor (level 2 of main hospital) and Theatres (including the Hybrid and Major Trauma Theatres) on (level 3 of main hospital).	Preferred
<b>3.0 Service Delivery</b>	
3.1 In House	Preferred
3.2 Outsource	Discounted
3.3 Strategic Partnership	Discounted
<b>4.0 Implementation</b>	
4.1 Big Bang	Discounted
4.2 Phased	Preferred
<b>5.0 Funding</b>	
Only public funding has been considered as it has been agreed with Welsh Government that this project will be supported	

Table 12: Summary of Inclusions, Exclusions and Possible Options

## 4.5 Short Listed Options

The 'preferred' and 'possible' options identified in the table above have been carried forward into the short list for further appraisal and evaluation. All the options that were discounted as impracticable have been excluded at this stage.

On the basis of this analysis, the recommended short list for further appraisal is as follows:

Option	Functional Specification Outline	High Level Service Impact	Facilities Impact
<b>2.1. Do Minimum - All services remain in current footprint with MTC/Hybrid theatres in an extension within Jubilee Courtyard and a refurbishment of an area of the Surgical Short Stay Unit</b>			
All existing services remain where they are and MTC/Hybrid theatres are provided in an extension within Jubilee Courtyard and a refurbishment of an area of the Surgical Short Stay Unit	<b>Theatres</b> Backlog maintenance, plant and ductwork replaced to the existing 12 theatres in UHW main theatre suite	Addresses ventilation and backlog maintenance only – does not improve compliance with functional standards or additional recovery capacity. Implementation would require 2 theatres to be refurbished at a time – reducing theatre capacity and taking a total of 6 years to complete	Existing area
	<b>Haematology/Bone Marrow Transplant</b> To enable the provision of en-suite facilities for all BMT inpatient rooms would reduce transplant beds from 10 to 5. Remaining 17 Haematology IP beds would remain in situ. Plant would be replaced. Day Unit would remain in existing ground floor site	Significant capacity reduction which will reduce access to service along with lack of integration with day case service would create longer waits for clinically compromised patients negatively impacting JACIE access standards	Existing area
	<b>Advanced Cell Therapy</b> No provision – demand not able to be met	Would preclude the Health Board from providing capacity to meet service demand for this new specialist services and the Health Board would withdraw from UK service	None
	<b>Polytrauma ward</b> No provision – demand absorbed within existing temporary ward accommodation – A4 South (14 beds & hyper acute rehabilitation facilities)	Temporary ward does not meet HBN or IP & C standards and provides not capacity for anticipated increased demand	Existing area

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Option	Functional Specification Outline	High Level Service Impact	Facilities Impact
	<p><b>Hybrid &amp; Major Trauma Theatre</b></p> <p>Stand-alone two theatre development in Jubilee Courtyard adjacent to Surgical Short Stay Unit on lower ground floor</p>	Provides capacity and full functional clinical integrated diagnostic capability and theatre capacity for MTC and major arterial operating demand in line with the MTN Programme business case and the planned regional vascular centralization but remotely located from Main theatre unit.	1,087 m <sup>2</sup> of new build and 1,289 m <sup>2</sup> of refurbishment (total 2,376 m <sup>2</sup> )
<b>2.2. Main Theatres and Polytrauma remain within their current footprints, Major Trauma and Hybrid Theatres are provided in an elevated extension on Academic Avenue, and Haematology/ BMT Unit is provided within a new build at the front of UHW</b>			
<p>Theatres and Polytrauma Inpatients remain within their current locations. MTC/Hybrid theatres are provided in an elevated stand-alone extension</p> <p>Haematology, BMT and advanced cell therapy are located within a new build on the car park above the existing main hospital entrance</p>	<p><b>Theatres</b></p> <p>Backlog maintenance, plant and ductwork replaced to the existing 12 theatres in UHW main theatre suite</p>	As with Absolute Do Min	Existing area
	<p><b>Haematology/Bone Marrow Transplant</b></p> <p>Level 1</p> <p>Ward of 30 beds (10 BMT 7 20 Haematology) with isolation rooms and flexibility to run an ambulatory care service</p>	Provides capacity to meet JACIE requirements and service capacity requirements to meet demand for patients in an appropriate clinical environment	1,500 m <sup>2</sup>
	<p>Level 2</p> <p>Daycase – 19 treatment chairs and 7 consult/exam rooms</p> <p>Advanced Cell Therapy 10 bed unit</p>	<p>Does not provide opportunity to collocate close to critical care for critically ill patients</p> <p>Enables the Health Board to provide capacity to meet demand for newly commissioned ATMP services as part of UK service</p>	1,500 m <sup>2</sup>
	<p><b>Polytrauma ward</b></p> <p>No provision – demand absorbed within existing temporary ward accommodation – A4 South (14 beds &amp; hyper acute rehab facility)</p>	Temporary ward does not meet HBN or IP & C standards and provides no capacity for anticipated increased demand	Existing area

Option	Functional Specification Outline	High Level Service Impact	Facilities Impact
	<p>Hybrid &amp; Major Trauma Theatre</p> <p>Integrated 2 theatre unit on stilts at Level 3 at the back of UHW theatres on Academic Avenue with some refurbishment of the area adjacent to the existing recovery area to increase capacity</p>	Provides capacity and full functional clinical integrated diagnostic capability and theatre capacity for MTC and major arterial operating demand in line with the MTN Programme business case and the planned regional vascular centralisation	1,087 m <sup>2</sup> of new build and 1,289 m <sup>2</sup> of refurbishment (total 2,376 m <sup>2</sup> )
<b>2.14. Academic Avenue Extension – a three storey development on stilts to align with ground, first and second floor along Academic Avenue at UHW</b>			
Full three storey extension on stilts on Academic Avenue, consisting of: 6 Replacement Theatres and 2 Additional Theatres on (level 3) Polytrauma Inpatients and Advanced Cell Therapy Unit on the first floor (level 2) and Haematology on the ground floor of a new block which sits at level 1 of the main hospital	<p>Level 3 - Theatres</p> <p>8 theatres incorporated in the extension which includes the Major Trauma and Hybrid Theatres. This enables theatres 0-5 (6 theatres) in the main theatre suite to be reconfigured and upgraded, theatres 6-11 can then move into 0-5 and the space provided through vacating 6-11 can accommodate expanded recovery</p>	Provides capacity and configuration of main theatres as well as MTC and vascular hybrid to meet local and regional demand and compliance against environmental and IP&C standards. Meets business case objectives and MTN programme business case and the planned regional vascular centralisation	2,320 m <sup>2</sup>
	<p>Level 2 – Polytrauma ward</p> <p>Capacity for up to 16 beds &amp; Hyper Acute Rehabilitation</p>	Enables the Health Board to provide HBN & IP&C compliant Polytrauma ward capacity to meet MTN demand and standards (with futureproofed capacity growth of up to a further 2) and expanded Hyper Acute Unit rehabilitation space	1,620 m <sup>2</sup>
	<p>Advanced Cell Therapy Inpatient ward of 10 beds</p>	Enables the Health Board to provide capacity to meet demand for newly commissioned ATMP services as part of UK service	700 m <sup>2</sup>

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Option	Functional Specification Outline	High Level Service Impact	Facilities Impact
	<p>Level 1 –</p> <p>Haematology/Bone Marrow Transplant</p> <p>Ward of 30 beds with isolation rooms and flexibility to run an ambulatory care service</p> <p>Daycase – 19 treatment chairs and 7 consult/exam rooms</p>	Provides capacity to meet JACIE requirements and service capacity requirements to meet demand for patients in an appropriate clinical environment and fully integrated inpatient and daycase service resources to optimise service efficiency and clinical effectiveness.	2,320 m <sup>2</sup>

Table 13: Short Listed Options

Please note that for ease of reference, and to ensure compatibility with the financial and economic appendices the shortlisted options have now been renumbered to range from 1 – 3 and in summary are as follows:

- Option 1: Do Minimum - All services remain within their current footprints with MTC/Hybrid theatres in an extension within Jubilee Courtyard and a refurbishment of an area of the Surgical Short Stay Unit (previously option 2.1);
- Option 2: Main Theatres and Polytrauma remain within their current footprints, Major Trauma and Hybrid Theatres are provided in an elevated extension on Academic Avenue, and Haematology/ BMT Unit is provided within a new build at the front of UHW (previously option 2.2);
- Option 3: Haematology and Advanced Cell Therapy are located on the ground floor of a new block along Academic Avenue that is on stilts and so sits at level 1 of the main hospital with Polytrauma Inpatients on the first floor (level 2 of main hospital) and Theatres (including the Hybrid and Major Trauma Theatres) on (level 3 of main hospital)(previously option 2.14).

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## 4.6 Qualitative Benefits Appraisal

A workshop event was held at University Hospital of Wales on the 21<sup>st</sup> November 2019 to evaluate the qualitative benefits associated with each of the shortlisted options. The workshop was attended by project team members, service leads and clinical representatives. The list of attendees is attached as Appendix 2.

### 4.6.1 Methodology

The appraisal of the qualitative benefits associated with each option was undertaken by:

- Identifying the benefits criteria related to each of the investment objectives;
- Weighting the relative importance (%) of each benefit criteria in relation to each investment objective;
- Scoring each of the shortlisted options against each of the benefit criteria on a scale of 1 to 10;
- Deriving a weighted benefit score for each option.

### 4.6.2 Qualitative Benefits Criteria

The benefits criteria were derived from further analysis of the Investment Objectives and Main Benefits set out within the Strategic Case and were weighted as follows:

	Benefit Criteria	Weight
1.	Enables compliance with accreditation standards and/or critical infection prevention and control standards.	20%
2.	Provides commissioned capacity for services	15%
3.	Provides flexible capacity to meet changing requirements for the catchment population	10%
4.	Provides an environment compliant with statutory and/or mandatory building and facilities standards	20%
5.	Provides appropriate inter-departmental adjacencies / co-location of services	15%
6.	Provides a functionally suitable environment improving staff experience	8%
7.	Provides a modern and fit for purpose environment improving patient experience	12%

Table 14: Qualitative Benefits

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The chart below shows the qualitative benefits weightings:

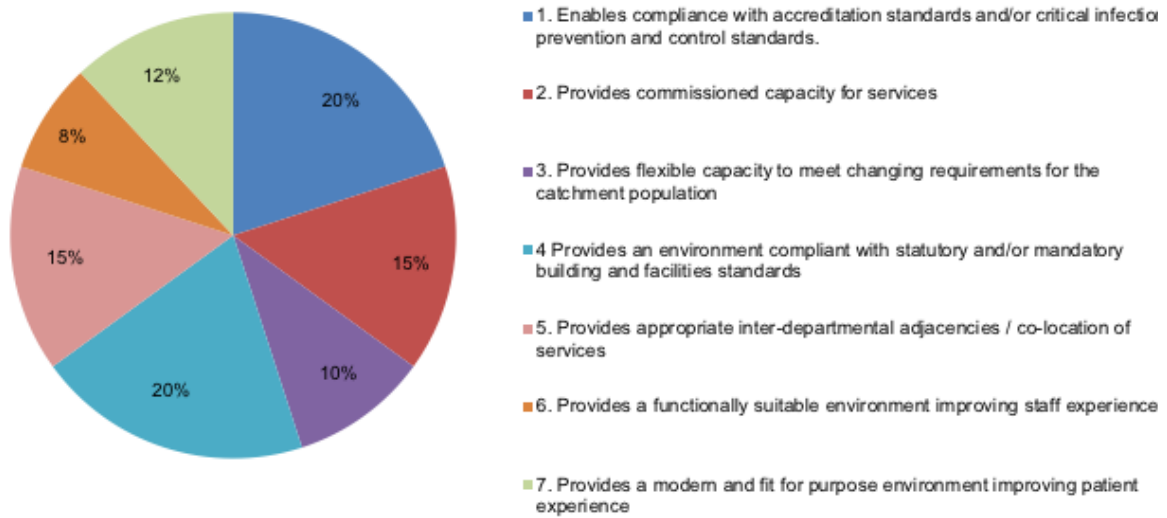


Figure 10: Qualitative Benefits weightings

#### 4.6.3 Qualitative Benefits Scoring

##### Methodology

Benefit scores were allocated on a range of 1-10 (rising scale) for each option and agreed through rigorous discussion by the workshop participants to confirm that the scores were agreed as fair and reasonable. The summary results of this exercise were as follows:

Benefit Criteria	Weighted Scores		
	Option 1	Option 2	Option 3
1. Enables compliance with accreditation standards and/or critical infection prevention and control standards.	60	120	180
2. Provides commissioned capacity for services	45	75	150
3. Provides flexible capacity to meet changing requirements for the catchment population	10	10	90
4. Provides an environment compliant with statutory and/or mandatory building and facilities standards	60	100	180
5. Provides appropriate inter-departmental adjacencies / co-location of services	15	45	150
6. Provides a functionally suitable environment improving staff experience	16	32	80
7. Provides a modern and fit for purpose environment improving patient experience	36	48	120
<b>TOTALS</b>	<b>242</b>	<b>430</b>	<b>950</b>
<b>RANK (weighted)</b>	<b>3</b>	<b>2</b>	<b>1</b>

Table 15: Summary Results of Option Appraisal



The results are demonstrated graphically below:

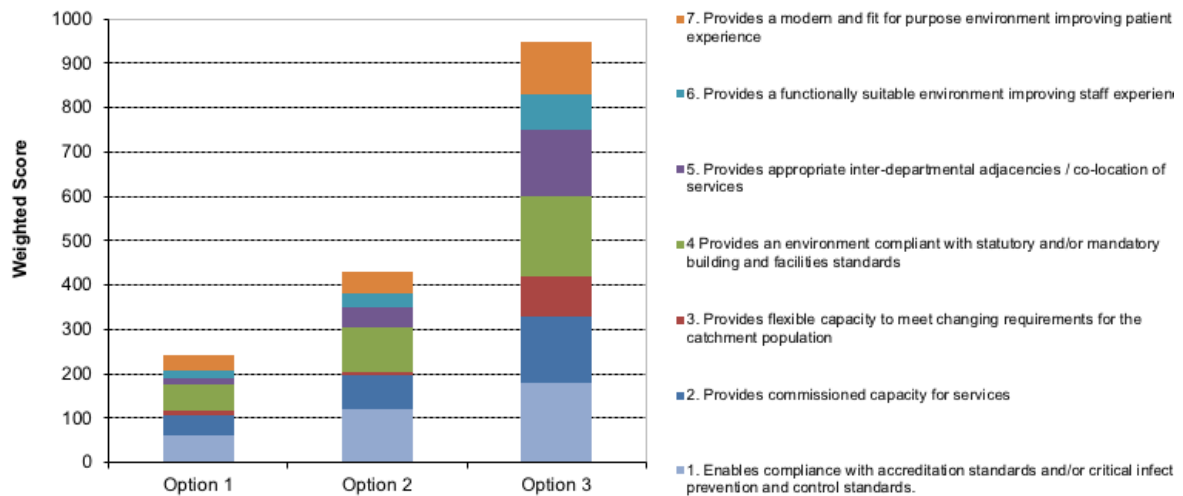


Figure 11: Qualitative Benefits Scoring

#### 4.6.4 Analysis of Key Results

Key considerations that influenced the scores achieved by the various options were as follows:

- Option 1 – do minimum, this option ranks 3rd, key considerations were:
  - This option addresses theatre ventilation and backlog maintenance only and JACIE standards will not be met for Haematology/BMT resulting in loss of accreditation;
  - Due to the need to decant 2 theatres, this option would impact significantly on elective waiting times with significant additional revenue consequences. It would also significantly reduce capacity in BMT and leave no capacity for Advanced Cell Therapies;
  - This option does not deliver any improvement for existing services with MTC & Hybrid in isolated theatre location, remote from main theatres and inpatient facilities, there is also cause for concern due to the logistically challenging nature of splitting emergency work across floors;
  - This option does not deliver many improvement for staff other than a new theatre for MTC and vascular hybrid surgery. Specialist staff may therefore look to utilise their skills elsewhere.
- Option 2 – this option ranks 2nd, key considerations were:
  - This option addresses theatre ventilation and backlog maintenance only but would enable compliance with JACIE standards for Haematology/BMT;
  - Due to the need to decant 2 theatres, this option would also impact significantly on elective waiting times with significant additional revenue consequences;
  - This option provides capacity to meet increased demand in BMT and Advanced Cell Therapies but not growth in Polytrauma (MTC demand);

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- This option would provide an improvement in the co-location of MTC and Hybrid theatres with main theatres together with shared use of an enlarged recovery both in close proximity to critical care and inpatient facilities however BMT and Advanced Cell Therapies are remotely located from critical care and day case unit located on a separate floor.
- Option 3 – this option ranks 1st, key considerations were:
  - This option would provide full compliance with JACIE standards for Haematology/BMT. It would also enable full compliance with IP&C standards in Main Theatres and the new Polytrauma ward. This option also significantly improves compliance with environmental and functional suitability standards in all areas;
  - This option would result in no loss of theatre capacity whilst building work is carried out and will allow for continuing provision of commissioned capacity as well as provide commissioned capacity for Haematology/BMT, Advanced Cell Therapy and Polytrauma facilities;
  - This option would also provide improvement in the co-location of MTC and Hybrid theatres with main theatres together with the shared use of an enlarged recovery with close proximity to critical care, but also near to inpatient facilities. It also provides a better co-location of Haematology/BMT inpatient and daycare facilities in that they are accommodated on the same level allowing for fully integrated service resources to optimise efficiency and effectiveness.

#### 4.6.5 Non-Financial Sensitivity Analysis

Sensitivity analysis was undertaken by changing the ranking of the benefit criteria to evaluate the impact on the overall score for each option. The analysis included applying reverse, high, low and no weightings to the criteria.

The results indicated that even if the weighting of the benefit criteria were to be changed there is no scenario in which option 3 is not the preferred option although there are changes amongst the rankings of the other options. The results of the scoring and sensitivity analysis are attached in Appendix 3.

#### 4.7 Economic Appraisal

At this early stage it is not possible to assess in detail the service revenue costs. However, the Health Board has considered the likely impact of the different options with regards to service revenue.

The following economic appraisal has only considered the differing capital costs. A full detailed economic analysis of all shortlisted options will be undertaken during the development of the Outline Business Case (OBC).

The economic appraisal has been conducted in accordance with the following guidance:

- The Green Book – Appraisal and Evaluation in Central Government plus supplementary guidance published by HM Treasury;
- 5 Case Model guidance for SOC, OBC and FBC (WG) and WG/IPAG FBC Template.

The principles and assumptions used in this PBC are:

- For the development Options 2 and 3 an appraisal period of 60 years has been adopted. For the Do Minimum Option 1 a 30-year period has been used;
- Cash flows exclude VAT and have been discounted by 3.5% per annum for years 0 to 30 and by 3% thereafter;
- Price base is 2019/20;
- At this stage of the project no assessment has been made of the respective economic benefits of the options compared with Do Nothing (now referred to in the Green Book as Business as Usual).

Cost elements incorporated within the economic appraisal are:

- Capital costs excluding VAT at PUBSEC index 250;
- Lifecycle costs using standard NHS asset life profiles;
- Under Options 1 and 2, allowance has been made for the impact of 2 theatre closures necessary for a 6-year period whilst refurbishment and other works take place;
- Avoidable cost saving of £3.8m per annum;
- For an estimated 1,865 cases displaced, a cost provision of £5.1m (£2,750 per case);
- (Net additional annual cost £1.3m for 6 years).

#### 4.7.1 Capital Costs

These are summarised below:

Capital Costs at PUBSEC 250	Option 1 £000	Option 2 £000	Option 3 <sup>2</sup> £000
Works Costs	32,148	42,761	76,371
Fees	4,940	7,269	12,219
Non-Works	2,051	2,051	3,957
Equipment Costs	4,295	7,101	8,925
Planning Contingency	5,339	5,917	10,148
<b>Subtotal excluding VAT</b>	<b>48,773</b>	<b>65,099</b>	<b>111,620</b>
VAT @ 20% less reclaimable	8,767	11,556	19,880
<b>PBC Total Capital Cost</b>	<b>57,540</b>	<b>76,665</b>	<b>131,500</b>

Table 16: Capital Costing Summary at Approvals PUBSEC Index 250 – (£'000)

Capital cost forms are attached as Appendix 4.

<sup>2</sup> Option 3 costs include Phase 3 works to refurbish 6 existing theatres

#### 4.7.1.1 Economic Appraisal Outputs

Details of the economic appraisal are attached at Appendix 5 and summarised in the table below:

Economic Cost	Option 1 £000	Option 2 £000	Option 3 £000
Net Present Cost (NPC)	61,433	93,134	143,766
Equivalent Annual Cost (EAC)	3,227	3,551	5,481
Ranking of Options	1	2	3
EAC Margin Development Options	0	324	2,254
EAC Switch Value	324	(324)	(2,254)
EAC Margin above preferred %	0.0%	10.0%	69.8%

Table 17: Summary of Economic Appraisal Outputs

On the basis of the economic appraisal undertaken:

- Since at this stage the appraisal primarily only incorporates capital and lifecycle costs, the economic impact is a direct reflection of those cost inputs and Option 1 would be preferred.

Option 1 is therefore confirmed as the preferred PBC option from a quantitative appraisal perspective.

There are many non-financial elements that will be fully explored during the development of the OBC. Key issues identified as part of the development of the PBC are:

- Options 1 and 2 would require theatres to be closed during the refurbishment period that will last several years. At present there are only 3 vacant sessions (half-day) per week in UHW Main and 7 sessions in SSSU. The SSSU theatres are smaller and do not all have an anaesthetic room, making them unsuitable for many of the major cases undertaken in main theatres. Furthermore the Health Board is expecting to place additional demands on the theatre estate including the establishment of a Major Trauma Centre, vascular centralisation and an increase in local demand associated with population growth. There will be some opportunity to transfer activity to neighbouring Health Boards through reciprocal elective exchanges, however both Cwm Taf Morgannwg and Aneurin Bevan Health Boards have advised they have no vacant theatre sessions at present. Given these requirements, it is not an option for the Health Board to close the affected theatres without alternative provision;
- During the development of the PBC the Health Board's Estates Team investigated the possibility of undertaking a refurbishment of the existing theatres including replacing plant that has exceeded its life expectancy. The conclusion of this is that it would be extremely technically challenging to install new, modern plant equipment within the existing plant spaces that would meet statutory and best practice guidance;
- Options 1 and 2 include refurbishing the theatres in a phased manner without the provision of any decant facilities. This will impact on the Health Board's ability to delivery surgical procedures and both performance (as waiting times increase) and/or revenue (outsourcing) are likely to be affected. Whilst Option 3 does not provide decant facilities the new build will contain an additional 8 theatres allowing the remaining theatres to be refurbished.

#### 4.7.1.2 Combined Appraisal Outputs

The outputs of the Non-Financial and Economic Appraisals have been combined in order to identify which option offers the best Benefit/Cost ratio.

Economic Cost	Option 1	Option 2	Option 3
Weighted Non-Financial Score	242	430	950
Equivalent Annual Cost (EAC £000)	3,227	3,551	5,481
Benefit Points per EAC £000	0.075	0.121	0.173
Margin below preferred %	-56.7%	-30.1%	0.0%

Table 18: Summary of Combined Appraisal Outputs

This highlights:

- The clear preference for Option 3 in Non-Financial terms;
- Both Options 1 and 2 (with significantly lower capital related costs) have lower economic costs than Option 3, with Option 1 having the lowest economic cost;
- Nevertheless, on a combined score basis, Option 3 shows the best Benefit/Cost ratio, by a considerable margin of 30% over Option 2;
- Sensitivity testing indicates that the Non-Financial score of Option 3 would have to reduce by 30% (to 669) or increase under Option 2 by 44% (to 620) in order to switch the overall preference in favour of Option 2.

The above key qualitative considerations lead the Health Board to the conclusion that the PBC preferred way forward is Option 3.

## 5.0 PREFERRED WAY FORWARD

Having taken into consideration the above options and outcomes to address the theatre estate issues and other required developments without significantly impeding service provision, the preferred way forward has been identified as option 3.

This preferred way forward will address the current issues and emerging evidence base and will consider extending out from the back of the hospital to create seven theatres, allowing for the reprovision of theatres 6 – 10 and two theatres for hybrid vascular and MTC whilst 0 – 5 are refurbished. The lower floors of this extension (the theatre suite is on level three) would be utilised to address two other significant issues for the UHW site – the reprovision of B4 Haematology (BMT), the accommodation of a new advanced cell therapy ward and the accommodation of a polytrauma ward for the new Major Trauma Centre development. The existing space used for theatres 6 – 10 would then be used to relocate theatre recovery, which itself has not been refurbished or extended since the original opening of the hospital (despite the addition of six additional theatres).

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# Commercial Case

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## **6.0 COMMERCIAL CASE**

### **6.1 Introduction**

This section of the PBC outlines the proposed deal in relation to the preferred option outlined in the economic case. It gives a very high level, preliminary view and detailed analysis will take place during the development of the OBC.

### **6.2 Required Services**

The scope of works required for the PBC preferred way forward is the development of the New Block (Academic Avenue) at the University Hospital of Wales (UHW) comprising of Theatres, Major Trauma, Haematology / Bone Marrow Transplant and Advanced Cell Therapy services delivered as two phases as follows:

- Phase 1 – construction and commissioning of a hybrid theatre and a major trauma theatre. The Health Board has an urgent need to deliver these theatres in the shortest possible timescales;
- Phase 2 – completion of the New Block, including new theatres, Major Trauma Inpatients, Haematology / Bone Marrow Transplant and Advanced Cell Therapy services.

### **6.3 Procurement Strategy and Implementation Timescales**

The procurement options considered by the Health Board include:

- Traditional tender process;
- Single tender action to an individual contractor;
- Utilising the SCAPE framework;
- NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) established NHS 'Building for Wales' Framework (Using the Design for Life procurement framework).

In deciding on the most appropriate procurement route, consideration will be made of the following factors:

- The size and complexity of the works;
- A cost effective procurement route;
- Procurement which complies with EU Law (OJEU);
- The timescales and target date for delivery as programmed;
- The level of pre-works engagement with the contractor required under each procurement route;
- The current status of the project with regard to design.

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Subject to agreement of this PBC, it is anticipated that the implementation milestones to be agreed for the scheme will be as follows:

Milestone	Target Date
<b>Phase 1</b>	
Completion of the Outline Business Case (OBC)	May 2020
Completion of the Full Business Case (FBC)	November 2020
Completion and Handover	June 2021
Operational Commissioning	August 2021
<b>Phase 2</b>	
Completion of the Outline Business Case (OBC)	December 2020
Completion of the Full Business Case (FBC)	December 2021
Completion and Handover	December 2022
Operational Commissioning	March 2023
<b>Phase 3</b>	
Completion of the Outline Business Case (OBC)	March 2022
Completion of the Full Business Case (FBC)	March 2023
Completion and Handover	October 2025
Operational Commissioning	December 2025

Table 19: Key Milestones

## 6.4 Risk Transfer

This section provides an initial assessment of how the associated risks might be apportioned between the Health Board and the main contractor. Detailed analysis of risks will be undertaken during the OBC stage.

The general principle is to ensure that risks should be passed to 'the party best able to manage them', subject to value for money (VFM).

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The table below outlines the potential allocation of risk; this will be appraised and reviewed at subsequent stages later in the business case process to ensure there is an appropriate allocation of risk:

Risk Category	Potential allocation		
	Public	Private	Shared
1. Design Risk		✓	
2. Construction & Development Risk		✓	
3. Transition & Implementation Risk	✓		
4. Availability and Performance Risk	✓		
5. Operating risk	✓		
6. Variability of Revenue Risks	✓		
7. Termination Risks			✓
8. Technology & Obsolescence Risks			✓
9. Control Risks			✓
10. Residual Value Risks	✓		
11. Financing Risks			✓
12. Legislative Risks	✓		
13. Other Project Risks			✓

Table 20: Potential Risk Allocations

## 6.5 Personnel Implications (including TUPE)

It is anticipated that the TUPE – Transfer of Undertakings (Protection of Employment) Regulations 1981 will not apply to this investment

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# Finance Case

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## 7.0 FINANCIAL CASE

### 7.1 Introduction

The purpose of this section is to set out the indicative financial implications of the project and provide a high level assessment of affordability. It should be noted the detailed analysis of the financial case will be undertaken as part of the OBC.

### 7.2 Capital Costs

The shortlisted options are:

- Option 1: Do Minimum - All services remain within their current footprints with MTC/Hybrid theatres in an extension within Jubilee Courtyard and a refurbishment of an area of the Surgical Short Stay Unit;
- Option 2: Main Theatres and Polytrauma remain within their current footprints, Major Trauma and Hybrid Theatres are provided in an elevated extension on Academic Avenue, and Haematology/ BMT Unit is provided within a new build at the front of UHW;
- Option 3: Haematology and Advanced Cell Therapy are located on the ground floor of a new block along Academic Avenue that is on stilts and so sits at level 1 of the main hospital with Polytrauma Inpatients on the first floor (level 2 of main hospital) and Theatres (including the Hybrid and Major Trauma Theatres) on (level 3 of main hospital).

Capital Costs at PUBSEC 250	Option 1 £000	Option 2 £000	Option 3 <sup>3</sup> £000
Works Costs	32,148	42,761	76,371
Fees	4,940	7,269	12,219
Non-Works	2,051	2,051	3,957
Equipment Costs	4,295	7,101	8,925
Planning Contingency	5,339	5,917	10,148
<b>Subtotal excluding VAT</b>	<b>48,773</b>	<b>65,099</b>	<b>111,620</b>
VAT @ 20% less reclaimable	8,767	11,556	19,880
<b>PBC Total Capital Cost</b>	<b>57,540</b>	<b>76,665</b>	<b>131,500</b>

Table 21: Capital Costs

Capital cost forms for each of the options have been attached as Appendix 4. These include the assumptions on which the costs for each of the options are based.

<sup>3</sup> Option 3 costs include Phase 3 works to refurbish 6 existing theatres

## 7.3 Revenue Costs

### 7.3.1 Depreciation and Impairment

In line with other centrally funded capital schemes, the Health Board would anticipate that the non-cash implications of the scheme would be funded. That is, Welsh Government would provide funding to cover any additional depreciation costs or impairments arising from the scheme.

Facilities management costs will be determined during the development of the individual business cases for each phase.

### 7.3.2 Service Delivery

There would be increased revenue costs associated with the PBC preferred way forward as it incorporates the introduction of new services in new facilities. In terms of the introduction of new services, both of these services are commissioned by WHSSC and will be subject to revenue business cases:

- Polytrauma is part of UHW becoming a major trauma centre; and
- The introduction of advanced therapies is happening across the UK as and when new therapies are appraised by NICE and approved for use (2 indications so far). WHSSC has budgetary provision for welsh patients to access these innovative therapies and the Health Board, in partnership with other NHS organisations, is the recipient of a substantial research award to advance medicine in this area.

Therefore, any additional costs will be subject to a funding stream.

Whilst the refurbishment work takes place, a second recovery area will be provided in the new build. These will be some distance apart and that together with an ability to redirect existing staff (due to critical mass) is likely to lead to additional revenue costs until the project is complete.

### 7.3.3 Other Revenue Costs

The cost pressures in relation to the additional facilities revenue costs will be worked through in detail at the OBC stage. These costs will be a priority and first call against wider corporate efficiency savings and will be reflected in the Health Board's IMTP.

## 7.4 Impact on the Balance Sheet

All assets will be shown on the Health Board's balance sheet. The asset will be valued on completion and recorded on the balance sheet at that value. Subsequently it will be treated as per the Health Board's capital accounting policy.

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# Management Case

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## 8.0 MANAGEMENT CASE

### 8.1 Introduction

This section of the PBC addresses the “achievability” of the scheme and identifies how the project will be managed from its initiation to completion. Its purpose is to describe the arrangements that will be required to effectively govern and successfully manage the project and deliver it in accordance with best practice.

This section has been drafted based upon the lessons learnt from previous projects, incorporating proven arrangements, structures and processes to ensure the successful delivery of the project.

### 8.2 Project Management Arrangements

Robust project management arrangements are vital to ensure the implementation of the overall project and that effective control is maintained over the capital scheme.

For the Health Board to successfully deliver this project, it is vital that the following overall approach is taken for the organisation and management of the project:

- The Health Board will adopt the general principles of PRINCE 2 methodology in managing the activities and outputs of the project and will meet the requirements of the WHC (2015): 012; Infrastructure Investment Guidance; and subsequent guidance which may be issued during the projects’ lifespan;
- The project will use NHS Wales standard documentation and products where these are available, and will seek to benefit from experience and best practice from other NHS Wales projects;
- Specialist professional and technical advisers will be employed for those activities where the necessary skills and experience are not otherwise available to the project team. The transfer of skills and knowledge from specialist advisers to the project team will be achieved wherever possible and appropriate.

In managing the project, the Health Board aims to:

- Deliver the project on time and to budget;
- Ensure effective and proactive lines of accountability and responsibility for the project deliverables; and
- Establish user involvement at all stages of the project.

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### 8.2.1 Outline Project Reporting Structure

The following diagram details the management arrangements for the project:

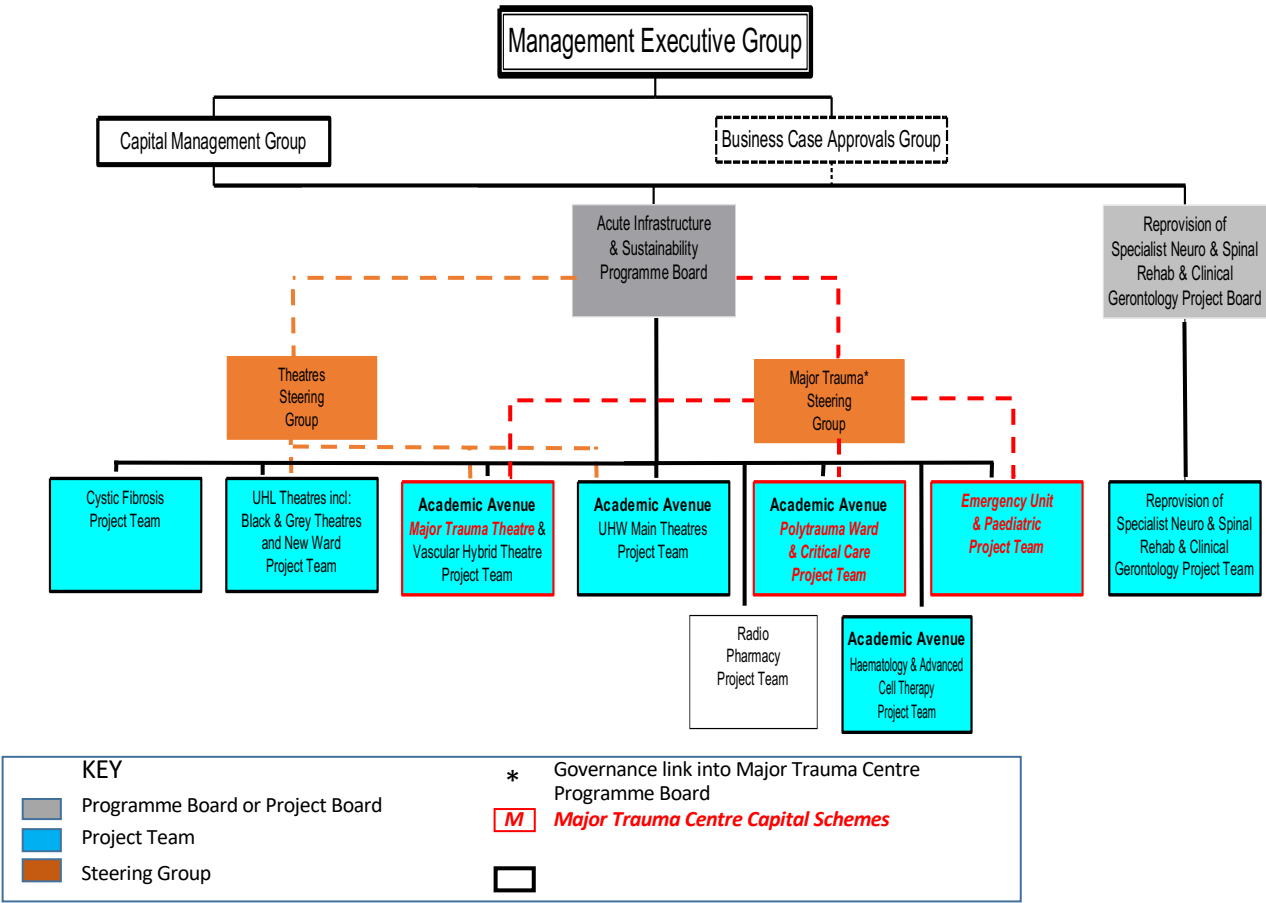


Figure 12: Project Structure

The purpose of the Project Team is to manage and co-ordinate, within the parameters set by the Project Board. The Project Team is responsible for the preparation of the business case for the project, which sets out the case for the proposed service and the capital implications, providing supporting justification in the form of the relevant strategic, economic, commercial, financial and management information required to produce the PBC.

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## 8.2.2 Outline Project Roles and Responsibilities

The project roles and responsibilities are as follows:

### 8.2.2.1 *Investment Decision Maker*

In line with the Infrastructure Investment Guidance, it is recognised that there must be clarity on decision making authority and management arrangements.

The Investment Decision Maker is the Cardiff and Vale UHB Board. Their role is to:

- Ensure a viable and affordable programme business case exists and remains valid during the planning process;
- Ensures that the appropriate level of business case is developed for submission to Welsh Government;
- Maintain commitment to the programme and project;
- Authorise allocation of funds to the programme and project;
- Oversee programme and project performance;
- Ensure resolution of issues.

### 8.2.2.2 *Senior Responsible Owner*

The Senior Responsible Owner (SRO) of this programme and the project is the Executive Director of Strategy and Planning, Abigail Harris. The SRO will monitor the development and progress of the project at Executive Board level and will exercise executive responsibility for the capital aspects of the scheme including compliance with Financial Instructions and Standing Orders; will be responsible for responding to internal and external audit scrutiny and ensuring the appropriate interim reports are made to the Capital and Estates Division of Welsh Government in line with existing directives.

### 8.2.2.3 *Project Director*

The Director of Capital, Estates and Facilities, Geoff Walsh, will fulfil the role of Project Director for the project. The Project Director will have ultimate responsibility for the project and will ensure the project is focused, throughout its lifecycle on achieving the objectives and delivering the projected benefits. The Project Director will ensure that the project provides value for money and will act as the point of contact in all dealings with contractors, consultants and outside organisations involved in the construction process.

### 8.2.2.4 *Business Case Manager – Programme and Projects*

This function will be undertaken by Service Planning Lead, Ann Stewart-Davies, who will establish the management structure for the project, involving appropriate representatives from within the Health Board who can provide the appropriate input to support the development of the project.

The Business Case Manager will develop and manage the project plan, setting out the key actions and milestones to manage the business planning process.

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### **8.2.2.5 Project Board**

The UHW and UHL Core Infrastructure Programme Boards, covering a number of projects including CAVOC Theatres, Main Theatres, Ground Floor Theatres, Polytrauma, Bone Marrow Transplant/Advanced Therapy and Radiopharmacy, will act as the Project Board for this project. The Terms of Reference are included within Appendix 6.

The Project Board will support the delivery of the project through:

- Ensuring that the project scope remains consistent with the strategic programme;
- Providing formal approval at key stages to the project both in terms of business case development and formal submission to Welsh Government;
- Providing the formal authority for committing resources to the project;
- Ensuring that the scheme delivers appropriate value for money.

### **8.2.2.6 Project Teams**

Due the range of services to be provided as part of the project there will be several project teams as shown in figure 10. The Terms of Reference for the Project Teams are included within Appendix 7.

The Project Team will support the delivery of the project through:

- Taking actions to ensure all stages of the project are achieved within the identified timescales, reviewing progress on a regular basis;
- Ensuring plans being developed fit within both the Capital Programme of the Health Board and the wider strategic service planning framework;
- Developing and regularly reviewing the Project Risks Register and ensuring appropriate mitigation plans are developed;
- Developing, agreeing and monitoring budgeting arrangements for project delivery;
- Identifying and developing appropriate capital and revenue financing arrangements for the project ensuring both affordability and sustainability;
- Every team member will have equal responsibility for identifying, at the earliest opportunity any major factors, risks or variances arising during the course of the project that may impact upon project delivery.

### **8.2.2.7 Other Roles**

The development of this project will be supported by a range of corporate departments from within the Health Board including:

- Capital Planning;
- Finance;
- Strategic Clinical Engagement;
- Workforce;
- IM&T.

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### 8.2.3 Outline Project Plan

The dates detailed below highlight the proposed key milestones of the project:

Milestone	Target Date
<b>Phase 1</b>	
Completion of the Outline Business Case (OBC)	May 2020
Completion of the Full Business Case (FBC)	November 2020
Completion and Handover	June 2021
Operational Commissioning	August 2021
<b>Phase 2</b>	
Completion of the Outline Business Case (OBC)	December 2020
Completion of the Full Business Case (FBC)	December 2021
Completion and Handover	December 2022
Operational Commissioning	March 2023
<b>Phase 3</b>	
Completion of the Outline Business Case (OBC)	March 2022
Completion of the Full Business Case (FBC)	March 2023
Completion and Handover	October 2025
Operational Commissioning	December 2025
Milestone	Target Date

Table 22: Outline Project Plan

### 8.3 Use of Special Advisors

Specialist advisors have been used in a timely and cost-effective manner in accordance with the Treasury Guidance: Use of Special Advisors. For the development of the PBC these were:

Specialist Area	Adviser
Architects	Stride Treglown Architecture
Healthcare Planner	Adcuris Consulting Ltd
Cost Consultancy	Gleeds Cost Management Ltd

Table 23: Specialist Advisors

### 8.4 Equality and Health Impact Assessment

In line with the Health Board's ethos and philosophy an Equality and Health Impact Assessment (EHIA) of the business case has been completed which will inform key stages in the programme development to ensure that the proposals promote equality and positive

health outcomes for all. A copy of the equality and health impact assessment is attached at Appendix 8.

## 8.5 Gateway Review Arrangements

Gateway Reviews undertaken across the health service have identified a range of common deficiencies within projects. These key areas have been reviewed under this project to ensure they were being managed as follows:

- Risk – A clearly structured risk management process has been put in place with regular review of the project risk register;
- Roles and Responsibilities – A clear project structure exists for the management of this project with the Senior Responsible Officer and Project Director identified;
- Skills and Resource – The Health Board is experienced and well-resourced and is supported by legal, financial and technical specialists;
- Business Case - The need for a robust Business Case was identified at an early stage and has in part driven the project development;
- Planning – A programme was developed early in the scheme development and has been a strong management tool in moving the project forward;
- Stakeholder Issues – Stakeholder management has been a key focus in the projects development as it integrates various organisations;
- Benefits – A clear benefits realisation plan has been developed and is embedded in the project processes;
- Financial Issues – Finances have been robustly managed as the project has developed to ensure the project is affordable and value for money.

The impact of the programme has been scored against the risk potential assessment (RPA) model. A copy of the RPA stage 1 form is attached as Appendix 9.

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# **New Block (Academic Avenue) at University Hospital Wales (UHW)**

## **Programme Business Case – Appendices**

January 2020

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Appendix 6 - Terms of Reference for the Project Board
Appendix 7 - Terms of Reference for the Project Team
Appendix 8 - Equality and Health Impact Assessment
Appendix 9 - Risk Potential Assessment (RPA): Stage 1

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## **APPENDIX 1 –**

### **Service Solution Options: Advantages and Disadvantages**

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## 1.0 INTRODUCTION

In order to develop a long list of possible options the Health Board has reviewed each individual service with regards to the service solution options. This Appendix provides the advantages and disadvantages with regard to options for individual services.

## 2.0 MAIN THEATRES

This range of options considers potential solutions in relation to the required scope for main theatres. The only realistic options that have been considered are:

- Option A: Backlog maintenance addressed, plant and ductwork replaced to the existing 12 theatres in UHW main theatre suite;
- Option B: New block of six new theatres on Academic Avenue at UHW linked to existing main theatres on (level 3).

### 2.1 Option A

#### Description

Backlog maintenance addressed, plant and ductwork replaced to the existing 12 theatres in UHW main theatre suite

#### Advantages

The advantages are:

- Some improvement in the environmental quality of services by addressing ventilation and backlog maintenance;
- Reduced capital outlay required.

#### Disadvantages

The main disadvantages are:

- Significant disruption to existing services whilst work is carried out;
- Does not improve compliance with functional standards or additional recovery capacity;
- Implementation would require 2 theatres to be refurbished at a time – reducing theatre capacity and taking a total of 6 years to complete;
- Some improvements to the theatre plant areas may be achieved but this is technically challenging and is unlikely to achieve the quality standards required.

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## 2.2 Option B

### Description

Six theatres incorporated in a new block extension on Academic Avenue, at level 3 of the existing hospital to provide a direct link to the existing main theatre department.

This enables theatres 0-5 (6 theatres) in the main theatre suite to be reconfigured and upgraded, theatres 6-12 can then move into 0-5 and the space provided through vacating 6-12 can accommodate expanded recovery.

### Advantages

The advantages are:

- Minimal disruption to existing services whilst work is carried out;
- Provides compliance with functional standards and additional recovery capacity;
- Allows all theatre plant areas to achieve the quality standards required.

### Disadvantages

The main disadvantages are:

- Some disruption to the site during construction;
- A modular build option is more contentious with regard to planning given its prominence and will likely require a longer planning period.

## 3.0 HYBRID AND MAJOR TRAUMA THEATRES

This range of options considers potential solutions in relation to the required scope for the hybrid and major trauma theatres. The only realistic options that have been considered are:

- Option A: Provide two new hybrid theatres as a combination of new build within Jubilee Courtyard and internal reconfiguration of existing day theatres, short stay unit and surgical assessment unit;
- Option B: Provide two new hybrid theatres on stilts adjacent to existing main theatres from the existing Emergency Admissions road side;
- Option C: Provide two new hybrid theatres via modular build on stilts adjacent to existing main theatres from Academic Avenue side.

## 3.1 Option A

### Description

This option would provide two new hybrid theatres and associated support space on the ground floor of the main building at UHW by reconfiguring the existing day theatre, short stay unit and surgical assessment unit spaces along with a new build extension within Jubilee Courtyard.

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### Advantages

The main advantages are that:

- Provides two HBN/HTM compliant hybrid theatres;
- Allows continuity of service during construction;
- Allows a good adjacency with the emergency department and radiology.

### Disadvantages

The main disadvantages are that:

- Remote location from existing theatre department.

## 3.2 Option B

### Description

This option would provide two new hybrid theatres on stilts adjacent to existing main theatres via a high level connection within Tower block 2 at the third floor from the existing Emergency Admission road side.

### Advantages

The main advantages are that:

- Provides two HBN/HTM compliant hybrid theatres;
- Hybrid theatres located adjacent to main theatres which would create economies in terms of staffing and shared use of support spaces;
- Low planning risk due to location;
- Option does not involve major reconfiguration of existing SSU and SAU accommodation.

### Disadvantages

The main disadvantages are that:

- Significant disruption to services during construction;
- Potential logistical issues due to constrained site access.

## 3.3 Option C

### Description

This option would provide two new hybrid theatres on stilts adjacent to existing main theatres via a high level connection within Tower block 2 at the third floor from the Academic Avenue side.

### Advantages

The main advantages are that:

- Provides two HBN/HTM compliant hybrid theatres;
- Hybrid theatres located adjacent to main theatres which would create economies in terms of staffing and shared use of support spaces;

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- Option does not involve major reconfiguration of existing SSU and SAU accommodation;
- A modular solution will significantly reduce the construction programme on site.

#### Disadvantages

The main disadvantages are that:

- Some disruption to the site during construction;
- A modular build option is more contentious with regard to planning given its prominence and will likely require a longer planning period.

### 4.0 HAEMATOLOGY/BMT/ADVANCED CELL THERAPY

This range of options considers potential solutions in relation to the required scope for main theatres. The only realistic options that have been considered are:

- Option A: Backlog maintenance issues are addressed and en-suite facilities are provided to all BMT inpatient rooms. No provision is made for advanced cell therapy services;
- Option B: Haematology, BMT and Advanced Cell Therapy are located within a new build on the car park above the existing main hospital entrance;
- Option C: Haematology, BMT are located on the ground floor of a new block on Academic Avenue which sits at level 1 of the main hospital with Advanced Cell Therapy located on level 2 of this block.

#### 4.1 Option A

##### Description

Backlog maintenance issues are addressed and en-suite facilities are provided to all BMT inpatient rooms. No provision is made for advanced cell therapy services

##### Advantages

The advantages are:

- Some improvement in the environmental quality of services;
- Reduced capital outlay required.

##### Disadvantages

The main disadvantages are:

- Significant disruption to existing services whilst work is carried out;
- JACIE accreditation may still be at risk;
- Reduction in the number of BMT beds;
- Does not provide facilities to allow the introduction of advanced cell therapy;
- Significant capacity reduction which will reduce access to service along with lack of integration with day case service would create longer waits for clinically compromised patients negatively impacting JACIE access standards;
- Does not provide sufficient capacity to meet future demand.

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## 4.2 Option B

### Description

Haematology, Bone Marrow Transplant and Advanced Cell Therapy are located within a new build on the car park above the existing main hospital entrance.

### Advantages

The advantages are:

- Enables the provision of Advanced Cell Therapy Services;
- Improved environment for haematology and BMT patients;
- Provides sufficient capacity to meet future demand;
- Will fully meet JACIE requirements.

### Disadvantages

The main disadvantages are:

- Does not provide opportunity to collocate close to critical care for critically ill patients;
- Disruption to the main entrance of the hospital during construction;
- Reduction in car parking provision.

## 4.3 Option C

### Description

Haematology and BMT are located on the ground floor of a new block on Academic Avenue which sits at level 1 of the main hospital with Advanced Cell Therapy located on level 2 of this block.

### Advantages

The advantages are:

- Enables the provision of Advanced Cell Therapy Services;
- Improved environment for haematology and BMT patients;
- Provides sufficient capacity to meet future demand;
- Will fully meet JACIE requirements;
- Co-location close to critical care;
- No disruption to the hospital main entrance;
- No loss of car parking provision.

### Disadvantages

The main disadvantages are:

- Some disruption to the site during construction;
- A modular build option is more contentious with regard to planning given its prominence and will likely require a longer planning period.

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## 5.0 POLYTRAUMA INPATIENTS

This range of options considers potential solutions in relation to the required scope for main theatres. The only realistic options that have been considered are:

- Option A: No additional provision – demand is absorbed within existing ward accommodation on A4 South (14 beds & hyper acute rehab facility);
- Option B: New block on Academic Avenue at UHW with provision for 16 beds along with appropriate Hyper Acute Rehabilitation facilities.

### 5.1 Option A

#### Description

No additional provision – demand is absorbed within existing ward accommodation on A4 South (14 beds & hyper acute rehab facility).

#### Advantages

The advantages are:

- Reduced capital outlay required.

#### Disadvantages

The main disadvantages are:

- Provision on A4 South does not meet HBN or IP&C Standards;
- Does not provide sufficient capacity to meet anticipated future demand.

### 5.2 Option B

#### Description

New block on Academic Avenue at UHW with provision for 16 beds along with appropriate Hyper Acute Rehabilitation facilities.

#### Advantages

The advantages are:

- Accommodation will meet HBN and IP&C Standards;
- Provides sufficient capacity to meet anticipated future demand.

#### Disadvantages

The main disadvantages are:

- Some disruption to the site during construction;
- A modular build option is more contentious with regard to planning given its prominence and will likely require a longer planning period.

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## **APPENDIX 2 –**

### **Non-Financial Option Appraisal Attendee's**

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Meeting: New Block (Academic Avenue) at University Hospital Wales (UHW) – Non-Financial Option Appraisal Workshop

Date: 21<sup>st</sup> November 2019

## Attendance Register

Name	Role	Organisation
Jessica Castle	Director of Operations, Specialist Services	CVUHB
Richard Skone	Clinical Board Director, Medicine	CVUHB
Clare Rowntree	Clinical Director, Haematology	CVUHB
Alun Tomkinson	Clinical Board Director, Surgery	CVUHB
Steven Hill	Assistant Director of Finance	CVUHB
Mike Bond	Director of Operations, Surgery Clinical Board	CVUHB
Adam Wright	General Manager, Perioperative Care	CVUHB
Mike Bourne	Clinical Board Director, Clinical Diagnostics and Therapeutics	CVUHB
Matthew Temby	Director of Operations, Clinical Diagnostics and Therapeutics	CVUHB
Anthony Turley	Clinical Director, Perioperative Care	CVUHB
Geoff Walsh	Director of Capital, Estates and Facilities	CVUHB
Victoria Legrys	MTC Programme Director, Planning	CVUHB
Lee Davies	Director of Operational Planning	CVUHB
Catherine Wood	General Manager, Critical Care and Major Trauma	CVUHB
Hywel Pullen	Head of Finance, Specialist Clinical Board	CVUHB
Marie Davies	Deputy Director of Planning, Strategic and Service Planning	CVUHB
Ann Stewart-Davies	Service Planning	CVUHB
Jane McMahon	Healthcare Planner	Adcuris

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## **APPENDIX 3 –**

### **Non-Financial Option Appraisal Scoring and Sensitivity Analysis**

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## Sensitivity Analysis of Non Financial Appraisal

### Base Weightings

		Option 1		Option 2		Option 3	
Criteria	Weight	Score	Total	Score	Total	Score	Total
1. Enables compliance with accreditation standards and/or critical infection prevention and control standards.	20.0	3	60	6	120	9	180
2. Provides commissioned capacity for services	15.0	3	45	5	75	10	150
3. Provides flexible capacity to meet changing requirements for the catchment population	10.0	1	10	1	10	9	90
4 Provides an environment compliant with statutory and/or mandatory building and facilities standards	20.0	3	60	5	100	9	180
5. Provides appropriate inter-departmental adjacencies / co-location of services	15.0	1	15	3	45	10	150
6. Provides a functionally suitable environment improving staff experience	8.0	2	16	4	32	10	80
7. Provides a modern and fit for purpose environment improving patient experience	12.0	3	36	4	48	10	120
<b>TOTAL</b>	<b>100</b>	<b>16</b>	<b>242</b>	<b>28</b>	<b>430</b>	<b>67</b>	<b>950</b>
<b>Ranking</b>		<b>3</b>		<b>2</b>		<b>1</b>	

### Reverse Weightings

		Option 1		Option 2		Option 3	
Criteria	Weight	Score	Total	Score	Total	Score	Total
1. Enables compliance with accreditation standards and/or critical infection prevention and control standards.	8.0	3	24	6	48	9	72
2. Provides commissioned capacity for services	12.0	3	36	5	60	10	120
3. Provides flexible capacity to meet changing requirements for the catchment population	20.0	1	20	1	20	9	180
4 Provides an environment compliant with statutory and/or mandatory building and facilities standards	10.0	3	30	5	50	9	90
5. Provides appropriate inter-departmental adjacencies / co-location of services	15.0	1	15	3	45	10	150
6. Provides a functionally suitable environment improving staff experience	20.0	2	40	4	80	10	200
7. Provides a modern and fit for purpose environment improving patient experience	15.0	3	45	4	60	10	150
<b>TOTAL</b>	<b>100</b>	<b>16</b>	<b>210</b>	<b>28</b>	<b>363</b>	<b>67</b>	<b>962</b>
<b>Ranking</b>		<b>3</b>		<b>2</b>		<b>1</b>	

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### No Weightings

		Option 1		Option 2		Option 3	
Criteria	Weight	Score	Total	Score	Total	Score	Total
1. Enables compliance with accreditation standards and/or critical infection prevention and control standards.	14.28	3	43	6	86	9	129
2. Provides commissioned capacity for services	14.28	3	43	5	71	10	143
3. Provides flexible capacity to meet changing requirements for the catchment population	14.28	1	14	1	14	9	129
4 Provides an environment compliant with statutory and/or mandatory building and facilities standards	14.28	3	43	5	71	9	129
5. Provides appropriate inter-departmental adjacencies / co-location of services	14.28	1	14	3	43	10	143
6. Provides a functionally suitable environment improving staff experience	14.28	2	29	4	57	10	143
7. Provides a modern and fit for purpose environment improving patient experience	14.28	3	43	4	57	10	143
<b>TOTAL</b>	<b>100</b>	<b>16</b>	<b>228</b>	<b>28</b>	<b>400</b>	<b>67</b>	<b>957</b>
<b>Ranking</b>		<b>3</b>		<b>2</b>		<b>1</b>	

### Low Weightings

		Option 1		Option 2		Option 3	
Criteria	Weight	Score	Total	Score	Total	Score	Total
1. Enables compliance with accreditation standards and/or critical infection prevention and control standards.	18.0	3	54	6	108	9	162
2. Provides commissioned capacity for services	14.0	3	42	5	70	10	140
3. Provides flexible capacity to meet changing requirements for the catchment population	8.0	1	8	1	8	9	72
4 Provides an environment compliant with statutory and/or mandatory building and facilities standards	18.0	3	54	5	90	9	162
5. Provides appropriate inter-departmental adjacencies / co-location of services	14.0	1	14	3	42	10	140
6. Provides a functionally suitable environment improving staff experience	7.0	2	14	4	28	10	70
7. Provides a modern and fit for purpose environment improving patient experience	11.0	3	33	4	44	10	110
<b>TOTAL</b>	<b>90</b>	<b>16</b>	<b>219</b>	<b>28</b>	<b>390</b>	<b>67</b>	<b>856</b>
<b>Ranking</b>		<b>3</b>		<b>2</b>		<b>1</b>	

### High Weightings

		Option 1		Option 2		Option 3	
Criteria	Weight	Score	Total	Score	Total	Score	Total
1. Enables compliance with accreditation standards and/or critical infection prevention and control standards.	21.0	3	63	6	126	9	189
2. Provides commissioned capacity for services	16.0	3	48	5	80	10	160
3. Provides flexible capacity to meet changing requirements for the catchment population	12.0	1	12	1	12	9	108
4 Provides an environment compliant with statutory and/or mandatory building and facilities standards	21.0	3	63	5	105	9	189
5. Provides appropriate inter-departmental adjacencies / co-location of services	16.0	1	16	3	48	10	160
6. Provides a functionally suitable environment improving staff experience	10.0	2	20	4	40	10	100
7. Provides a modern and fit for purpose environment improving patient experience	14.0	3	42	4	56	10	140
<b>TOTAL</b>	<b>110</b>	<b>16</b>	<b>264</b>	<b>28</b>	<b>467</b>	<b>67</b>	<b>1046</b>
<b>Ranking</b>		<b>3</b>		<b>2</b>		<b>1</b>	

## **APPENDIX 4 –**

### **Capital Cost Forms**

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## Programme Business Case

Trust: Cardiff and Vale University Health Board

Hospital/Site University Hospital of Wales, Cardiff

Project Title Academic Avenue

Project No

Option No 1

Option Title Do Minimum

Prepared by Gleeds

Date 10-Dec-19

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Project Title            Academic Avenue  
Option No                1  
Option Title             Do Minimum

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## BASIS OF ESTIMATING

Healthcare Capital Investment document Version 2.1

PUBSEC Index Level FP/~~VP~~                :                **250**  
Equipment cost level                        :                **N/A**  
Location factor                                :                **0**  
Proposed start on site (TBC)                :                **Feb-22**  
Proposed completion date (TBC)            :                **Feb-25**

**Capital Cost Summary**

Ref	Cost Cent Gleeds		Net £	VAT £	Gross £
1	Departmental Cost (SOC2)		32,147,861	6,429,572	38,577,433
2	On costs                                        (0% of (1))		0	0	0
3	Sub-total		32,147,861	6,429,572	38,577,433
4	Provisional location adjustment	100%	0	0	0
5	Works Cost		32,147,861	6,429,572	38,577,433
6	Fees    (15.37% of (5))		4,939,930	987,986	5,927,916
7	Non-works Costs		2,051,000	410,200	2,461,200
8	Equipment Costs (SOC2)                    (13.36% of (1))		4,295,000	859,000	5,154,000
9	Planning contingency (10% of 5+6+7+8)	12.29%	5,339,350	1,067,870	6,407,220
10	VAT Reclaim			-987,986	-987,986
11	<b>Project Cost (for approval purposes)</b>		48,773,141	8,766,642	57,539,783

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Accommodation	Functional Size	Space allowance		N/A/C	Departmental Allowance £	Equipment Allowance £
		m2	£/m2			

Haematology	A	86,387
Theatres 0 to 5	A	7,593,889
Theatres 6 to 12	A	7,641,044
Plant rooms serving theatres 1 to 10	A	4,978,132
Hybrid and Major Trauma Theatres in Jubilee Courtyard	A/N	11,848,409

0

0

32,147,861

4,295,000

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Project Title Academic Avenue  
Option No 1  
Option Title Do Minimum

## CAPITAL COSTS: ON-COSTS

	Net Cost	% of DCA
1 Communications )		
a1 Communication space )		0.00%
a2 Plant room ( roof top of new build) )		0.00%
b Medical Gases )		0.00%
c Lifts )		0.00%
d Stairs )		0.00%
2 "External" Building Work		
a Drainage )		0.00%
b Roads, paths and parking )		0.00%
c Site layout, walls, fencing, gates )		0.00%
d BWIC with "External" engineering work )		0.00%
3 "External" Engineering Work )		
a Steam, condensate, heating, hot water )		
and gas supply mains )		0.00%
b Cold water mains and storage )		0.00%
c Electricity mains, sub-stations, )		
standby generating plant )		0.00%
d Califiers and associated plant		
e Miscellaneous services		
4 Auxiliary Buildings )		0.00%
5 Other on-costs and abnormals )		
a Building abnormals )		0.00%
b Engineering )		0.00%
c Other on-costs )		0.00%
		0%
Total On-costs - to SOC1 Summary	0	0.00%

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Project Title Academic Avenue  
Option No 1  
Option Title Do Minimum

## CAPITAL COSTS: FEES AND NON-WORKS COSTS

		£	% of Works Cost
1	Fees		
	<u>Helath Board</u>		
	a. Project Manager )		0.00%
	b. Trust Cost Advisor )		0.00%
	c. Supervisor )		0.00%
	d. Project Director )		0.00%
	e. In-house Project Sponsorship )		0.00%
	f. Business Case Support )		0.00%
	g. Financial Vetting )		0.00%
	h. Audit )		0.00%
	i. Specialist Advisors )	0	0.00%
	<u>SCP</u> )		0.00%
	j. Constructor - pre-construction )	4,939,930	0.00%
	k. Project Manager )	0	0.00%
	l. Health Planner )	0	0.00%
	m. Architect )	0	0.00%
	n. Civil and Structural Engineer )	0	0.00%
	o. Building Services Engineer )	0	0.00%
	p. Planning Supervisor )	0	0.00%
	q. Cost Manager )	0	0.00%

Total Fees to OB1 Summary

4,939,930	15.37%
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## 2 Non-Works Costs

a. Land purchase costs and associated legal fees

b. Statutory and Local Authority charges

c. Planning and Building Control fees 45,000

d. Other

Arts -

Decant costs - Portering and Moving 295,000

FM isolations 50,000

IT &amp; Telephony - software 500,000

Hygenic Clean 150,000

Staff Training new equipment and processes 25,000

Commissioning 161,000

Wayfinding and signage 15,000

Asbestos surveys and removal 625,000

Surveys 110,000

Works to electrical switchgear 75,000

Total Non-Works Costs to OB1 Summary

2,051,000
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PROJECT CASHFLOW FORECAST

Proposed start on site:  
Proposed completion date:

	Year Financial year	0	1	2	3	4	5	6	Total
		2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2024/25	
Works Cost			4,500,000	7,348,409	400,000	7,300,000	7,250,000	5,349,452	32,147,861
Fees		347,000	1,174,884	1,330,000	966,000	397,000	370,000	355,046	4,939,930
Non-works Costs			125,000	250,000	360,000	200,000	556,000	560,000	2,051,000
Equipment Costs				4,295,000					4,295,000
Planning Contingency			756,789	1,625,157	212,125	970,541	1,004,830	769,907	5,339,350
VAT			1,076,358	2,703,713	194,425	1,694,108	1,762,166	1,335,872	8,766,642
Total		347,000	7,633,030	17,552,279	2,132,550	10,561,650	10,942,996	8,370,277	57,539,783

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Project Title      Academic Avenue  
Option No            1  
Option Title        Do Minimum

Notes

- 1.00 Backlog maintenance costs provided by the health board Health Board
- 2.00 The works to refurbish the existing theatres will be carried out in phases with two theatres at a time being upgraded
- 3.00 No costs are taken from DEGAG's so no location allowances have been included
- 4.00 Costs have been updated to reflect current reporting levels
- 5.00 There are no On costs for this option
- 6.00 VAT reclaim has only been applied to Fees

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## Programme Business Case

Trust: Cardiff and Vale University Health Board

Hospital/Site University Hospital of Wales, Cardiff

Project Title Academic Avenue

Project No

Option No 2

Option Title Main Theatres and Polytrauma upgrade, Major Trauma and Hybrid Theatres are provided in an elevated extension on Academic Avenue, and Haematology/ BMT Unit is provided within a new build at the front of UHW

Prepared by Gleeds

Date 10-Dec-19

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Project Title Academic Avenue  
Option No 2  
Option Title Main Theatres and Polytrauma upgrade, Major Trauma and Hybrid Theatres are provided in an elevated extension on Academic Avenue, and Haematology/ BMT Unit is provided within a new build at the front of UHW

## BASIS OF ESTIMATING

Healthcare Capital Investment document Version 2.1

PUBSEC Index Level FP/~~VP~~ : 250  
Equipment cost level : N/A  
Location factor : 0  
Proposed start on site (TBC) : Feb-22  
Proposed completion date (TBC) : Feb-25

## Capital Cost Summary

Ref	Cost Cent Gleeds		Net £	VAT £	Gross £
1	Departmental Cost (SOC2)		42,760,589	8,552,118	51,312,707
2	On costs (0% of (1))		0	0	0
3	Sub-total		42,760,589	8,552,118	51,312,707
4	Provisional location adjustment	100%	0	0	0
5	Works Cost		42,760,589	8,552,118	51,312,707
6	Fees (17% of (5))		7,269,000	1,453,800	8,722,800
7	Non-works Costs		2,051,000	410,200	2,461,200
8	Equipment Costs (SOC2) (16.61% of (1))		7,100,680	1,420,136	8,520,816
9	Planning contingency (10% of 5+6+7+8)	10.00%	5,918,127	1,183,625	7,101,752
10	VAT Reclaim			-1,453,800	-1,453,800
11	Project Cost (for approval purposes)		65,099,396	11,566,079	76,665,475

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Project Title Academic Avenue  
Option No 2  
Option Title Main Theatres and Polytrauma upgrade, Major Trauma and Hybrid Theatres are provided in an elevated extension on Academic Avenue, and Haematology/ BMT Unit is provided within a new build at the front of UHW

CAPITAL COSTS: DEPARTMENTAL AND EQUIPMENT COSTS

Accommodation	Functional Size	Space allowance		N/A/C	Departmental Allowance	Equipment Allowance
		m2	£/m2		£	£

Backlog maintenance

Theatres 0 to 5		A	7,593,889		
Theatres 6 to 12		A	7,641,044		
Plant rooms serving theatres 1 to 10		A	4,978,132		
New Build					
Heamatology/Bone Marrow		N	10,699,115		805,680
Hybrid and Major Trauma Theatres in Jubilee Courtyard		A/N	11,848,409		6,295,000

Total floor area	0	7,100,680
Less: Abatement for transferred equipment 0 %		0
Departmental Cost - to SOC1 Summary	42,760,589	
Equipment Cost - to SOC1 Summary		7,100,680

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Project Title Academic Avenue  
Option No 2  
Option Title Main Theatres and Polytrauma upgrade, Major Trauma and Hybrid Theatres are provided in an elevated extension on Academic Avenue, and Haematology/ BMT Unit is provided within a new build at the front of UHW

## CAPITAL COSTS: ON-COSTS

		Net Cost	% of DCA
1 Communications	)		
a1 Communication space	)	213,982	0.50%
a2 Plant room ( roof top of new build)	)	588,451	1.38%
b Medical Gases	)	213,982	0.50%
c Lifts	)	267,478	0.63%
d Stairs	)	187,235	0.44%
2 "External" Building Work			
a Drainage	)	106,991	0.25%
b Roads, paths and parking	)	106,991	0.25%
c Site layout, walls, fencing, gates	)	26,748	0.06%
d BWIC with "External" engineering work	)	112,341	0.26%
	)		
3 "External" Engineering Work	)		
a Steam, condensate, heating, hot water and gas supply mains	)	160,487	0.38%
b Cold water mains and storage	)	53,496	0.13%
c Electricity mains, sub-stations, standby generating plant	)	106,991	0.25%
d Califiers and associated plant		106,991	0.25%
e Miscellaneous services		100,000	0.23%
4 Auxiliary Buildings	)		0.00%
	)		
5 Other on-costs and abnormals	)		
a Building abnormals	)	267,478	0.63%
b Engineering	)	58,845	0.14%
c Other on-costs	)	58,845	0.14%
			6%
Total On-costs - to SOC1 Summary		0	6.40%

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Project Title Academic Avenue  
Option No 2  
Option Title Main Theatres and Polytrauma upgrade, Major Trauma and Hybrid Theatres are provided in an elevated extension on Academic Avenue, and Haematology/ BMT Unit is provided within a new build at the front of UHW

## CAPITAL COSTS: FEES AND NON-WORKS COSTS

	£	% of Works Cost
1 Fees		
<u>Helath Board</u>		
a. Project Manager )		0.00%
b. Trust Cost Advisor )		0.00%
c. Supervisor )		0.00%
d. Project Director )		0.00%
e. In-house Project Sponsorship )		0.00%
f. Business Case Support )		0.00%
g. Financial Vetting )		0.00%
h. Audit )		0.00%
i. Specialist Advisors )	0	0.00%
<u>SCP</u> )		0.00%
j. Constructor - pre-construction )	7,269,000	0.00%
k. Project Manager )	0	0.00%
l. Health Planner )	0	0.00%
m. Architect )	0	0.00%
n. Civil and Structural Engineer )	0	0.00%
o. Building Services Engineer )	0	0.00%
p. Planning Supervisor )	0	0.00%
q. Cost Manager )	0	0.00%

## Total Fees to OB1 Summary

7,269,000	17.00%
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## 2 Non-Works Costs

a. Land purchase costs and associated legal fees

b. Statutory and Local Authority charges

c. Planning and Building Control fees 45,000

d. Other

Arts -

Decant costs - Portering and Moving 295,000

FM isolations 50,000

IT &amp; Telephony - software 500,000

Hygenic Clean 150,000

Staff Training new equipment and processes 25,000

Commissioning 161,000

Wayfinding and signage 15,000

Asbestos surveys and removal 625,000

Surveys 110,000

Works to electrical switchgear 75,000

## Total Non-Works Costs to OB1 Summary

2,051,000
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PROJECT CASHFLOW FORECAST

Proposed start on site:  
Proposed completion date:

	Year							Total
	0	1	2	3	4	5	6	
Financial year	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2024/25	
Works Cost			7,348,409	14,000,000	8,812,872	7,250,000	5,349,308	42,760,589
Fees	347,000	1,174,884	1,330,000	1,966,000	897,000	870,000	684,116	7,269,000
Non-works Costs		125,000	250,000	360,000	200,000	556,000	560,000	2,051,000
Equipment Costs				7,100,680				7,100,680
Planning Contingency			892,841	2,342,668	990,987	1,032,288	659,342	5,918,127
VAT		25,000	1,698,250	4,760,670	2,000,772	1,767,658	1,313,730	11,566,079
Total	347,000	1,324,884	11,519,500	30,530,018	12,901,631	11,475,946	8,566,496	76,665,475

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Project Title	Academic Avenue
Option No	2
Option Title	Main Theatres and Polytrauma upgrade, Major Trauma and Hybrid Theatres are provided in an elevated extension on Academic Avenue, and Haematology/ BMT Unit is provided within a new build at the front of UHW

Notes

- 1.00 Backlog maintenance costs provided by the health board Health Board
- 2.00 The works to refurbish the existing theatres will be carried out in phases with two theatres at a time being upgraded
- 3.00 No costs are taken from DEGAG's so no location allowances have been included
- 4.00 Costs have been updated to reflect current reporting levels
- 5.00 There are no On costs for this option, except for Heamato;ogy
- 6.00 VAT reclaim has only been applied to Fees

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## Programme Business Case

Trust: Cardiff and Vale University Health Board

Hospital/Site University Hospital of Wales, Cardiff

Project Title Academic Avenue

Project No

Option No 3

Option Title Academic Avenue Extension - a three storey development on stilts to align with ground, first and second floor along Academic Avenue at UHW

Prepared by Gleeds

Date Dec-19

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Project Title	Academic Avenue
Option No	3
Option Title	Academic Avenue Extension – a three storey development on stilts to align with ground, first and second floor along Academic Avenue at UHW

## BASIS OF ESTIMATING

Healthcare Capital Investment document Version 2.1

PUBSEC Index Level FP/VP	:	<b>250</b>
Equipment cost level	:	<b>N/A</b>
Location factor	:	<b>0</b>
Proposed start on site (TBC)	:	<b>Jan-22</b>
Proposed completion date (TBC)	:	<b>May-24</b>

## Capital Cost Summary

Ref	Cost Cent Gleeds		Net £	VAT £	Gross £
	New	54,267,000			
1	Departmental Cost (SOC2)	Ph 3 Theatres	12,619,000	66,886,000	13,377,200
2	Oncosts	(18% of (1))	On New only	9,485,000	1,897,000
3	Sub-total			76,371,000	15,274,200
4	Provisional location adjustment	100%	0	0	0
5	Works Cost			76,371,000	15,274,200
6	Fees	(16% of (5))		12,219,360	2,443,872
7	Non-works Costs			3,957,000	791,400
8	Equipment Costs (SOC2)	(16.45% of (1))		8,925,000	1,785,000
9	Planning contingency (10% of 5+6+7+8)	10.00%	10,147,236	2,029,447	12,176,683
10	VAT Reclaim			-2,443,872	-2,443,872
11	<b>Project Cost (for approval purposes)</b>			111,619,596	19,880,047
					131,499,643

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Project Title Academic Avenue  
Option No 3  
Option Title Academic Avenue Extension – a three storey development on stilts to align with ground, first and second floor along Academic Avenue at UHV

CAPITAL COSTS: DEPARTMENTAL AND EQUIPMENT COSTS

Accommodation	Functional Size	Space allowance		N/A/C	Departmental Allowance £	Equipment Allowance £
		m2	£/m2			

Haematology - Modular building - level one		N	)			805,000
			)			
Polytrauma - Modular building - level two		N	)	38,000,000		620,000
			)			
Theatres 8 nr - Modular building - level three		N	)			1,500,000
5			)			
Additional cost for Two Hybrid Theatres		N		4,500,000		6,000,000

Façade upgrade					1,722,000	
Foundations and frame to two storeys					7,895,000	
Supports to bridge links					750,000	
Scaffold					900,000	
Traffic management					250,000	
Alterations within existing for Access					250,000	

Total floor area						0			8,925,000
Less: Abatement for transferred equipment 0 %									
Departmental Cost - to SOC1 Summary								54,267,000	
Equipment Cost - to SOC1 Summary									8,925,000

Theatres 6 to 12	A	7,641,000	0 No On-Costs
Plant rooms serving theatres 1 to 10	A	4,978,000	0 No On-Costs

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Project Title Academic Avenue  
Option No 3  
Option Title Academic Avenue Extension – a three storey development on stilts to align with ground, first and second floor along Academic Avenue at UHW

CAPITAL COSTS: ON-COSTS

		Net Cost	% of DCA
1 Communications	)		
a1 Communication space	)	450,000	0.83%
a2 Plant room ( roof top of new build)	)	0	0.00%
b Medical Gases	)	750,000	1.38%
c Lifts	)	0	0.00%
d Stairs	)	0	0.00%
2 "Exi 5	)		
a Drainage	)	500,000	0.92%
b Roads, paths, parking	)	0	0.00%
c Site layout, walls, fencing, gates	)	0	0.00%
d BWIC with "External" engineering work	)	500,000	0.92%
3 "External" Engineering Work	)		
a Steam, condensate, heating, hot water and gas supply mains	)	2,000,000	3.69%
b Cold water mains and storage	)	0	0.00%
c Electricity mains, sub-stations, standby generating plant	)	2,785,000	5.13%
Calorifiers and associated plant	)	0	0.00%
e Miscellaneous services	)	0	0.00%
4 Auxiliary Buildings	)	0	0.00%
5 Other on-costs and abnormals	)		
a Building abnormals	)	2,500,000	4.61%
b Engineering	)	0	0.00%
c Other on-costs	)	0	0.00%
		9,485,000	17%
Total On-costs - to SOC1 Summary		9,485,000	17.48%

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Project Title Academic Avenue  
Option No 3  
Option Title Academic Avenue Extension – a three storey development on stilts to align with ground, first and second floor along Academic Avenue at UHW

## CAPITAL COSTS: FEES AND NON-WORKS COSTS

		£	% of Works Cost
1	Fees		
	<u>Helath Board</u>		
	a. Project Manager	1,145,565	1.50%
	b. Trust Cost Advisor	1,145,565	1.50%
	c. Supervisor	763,710	1.00%
	d. Project Director )		
	e. In-house Project Sponsorship )	763,710	1.00%
	f. Business Case Support	190,928	0.25%
	g. Finance 5 )		
	h. Audit )	190,928	0.25%
	i. Specialist Advisors	381,855	0.50%
	<u>SCP</u>		
	j. Constructor - pre-construction )	7,637,100	10.00%
	k. Project Manager )	0	0.00%
	l. Health Planner )	0	0.00%
	m. Architect )	0	0.00%
	n. Civil and Structural Engineer )	0	0.00%
	o. Building Services Engineer )	0	0.00%
	p. Planning Supervisor )	0	0.00%
	q. Cost Manager )	0	0.00%
	s. Building Services Installer- pre-construction )	0	0.00%
	t. Others: )	0	0.00%
	Total Fees to OB1 Summary	12,219,360	16.00%
2	Non-Works Costs		
	a. Land purchase costs and associated legal fees	0	
	b. Statutory and Local Authority charges	155,000	
	c. Planning and Building Control fees	150,000	
	d. Other		
	Decant costs - Portering and Moving	400,000	
	FM isolations	100,000	
	IT & Telephony - software	1,250,000	
	Hygenic Clean	240,000	
	Staff Training new equipment and processes	50,000	
	Commissioning	252,000	
	Wayfinding and signage	140,000	
	IT Infrastructues	750,000	
	Asbestos surveys and removal	360,000	
	Surveys	110,000	
	Total Non-Works Costs to OB1 Summary	3,957,000	

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PROJECT CASHFLOW FORECAST

Proposed start on site: Jan-22  
Proposed completion date: May-24

	Year							Total
	0	1	2	3	4	5	6	
Financial year	prior years	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	
Works Cost				6,742,000	49,500,000	7,510,000	12,619,000	76,371,000
Fees		250,000	3,300,000	3,500,000	2,568,000	582,320	2,019,040	12,219,360
Non-works Costs				410,000	750,000	1,121,000	1,676,000	3,957,000
Equipment Costs						8,925,000		8,925,000
Planning Contingency		25,000	330,000	1,065,200	5,281,800	1,813,832	1,631,404	10,147,236
VAT		5,000	66,000	1,643,440	11,106,360	3,873,966	3,185,281	19,880,047
Total	0	280,000	3,696,000	13,360,640	69,206,160	23,826,118	21,130,725	131,499,643

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Project Title	Academic Avenue
Option No	3
Option Title	Academic Avenue Extension - a three storey development on stilts to align with ground, first and second floor along Academic Avenue at UHW

Notes

- 1.00 Haematology, bone marrow transplant and advanced cell therapy to be located in a two storey building adjacent to concourse entrance, Building is at first and second floor level to accommodate the access to the concourse. Approximate floor areas 1300 m2 each 2600 m2 in total
- 2.00 Polytrauma modular building built on stilts starting two floors above ground level, 2000m2 has been allowed
- 3.00 The works to refurbish the existing theatres will be carried out in phases with two theatres at a time being upgraded
- 4.00 No costs are taken from DEGAG's so no location allowances have been included
- 5.00 Costs are taken from costs of similar works in the South Wales location
  - Costs have been taken from costs from a modular company adjusted to PUBSEC 250
- 6.00 Costs have been updated to reflect current reporting levels
- 7.00 On Costs, these have been reviewed for each of the elements with those costs not contained within the m2 rates being included in this section.
- 8.00 There are no Schedules of accommodation available for either Haematology or Polytrauma
- 9.00 VAT has been applied at 20%
- 10.00 VAT reclaim has only been applied to Fees

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## **APPENDIX 5 –**

### **Economic Appraisal Outputs**

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## Cardiff and Vale University Health Board

### New Block (Academic Avenue) UHW ECONOMIC APPRAISAL

MODEL VERSION:

Draft 1

MODEL DATE:

12th December 2019

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01/24/2020 10:28:11

191212 New Block (Academic Avenue) UHW Model Draft  
Title

ECONOMIC APPRAISAL
OUTPUTS SUMMARY
Cardiff and Vale University Health Board
New Block (Academic Avenue) UHW
Draft 1
12th December 2019

1.0 CAPITAL COSTS AT APPROVALS LEVEL	Option 1 £000	Option 2 £000	Option 3 £000
Departmental Costs	32,148	42,761	66,886
On-Costs	0	0	9,485
Location Adjustment	0	0	0
Works Cost Total	32,148	42,761	76,371
Fees	4,940	7,269	12,219
Non-Works	2,051	2,051	3,957
Land Acquisition	0	0	0
Equipment	4,295	7,101	8,925
Planning Contingencies	5,339	5,918	10,147
Optimism Bias	0	0	0
Total Capital Cost excluding VAT	48,773	65,099	111,620
VAT	8,767	11,566	19,880
<b>TOTAL OB1 CAPITAL COSTS</b>	<b>57,540</b>	<b>76,665</b>	<b>131,500</b>

2.0 ECONOMIC IMPACT	Option 1 30 £000	Option 2 60 £000	Option 3 60 £000
APPRAISAL PERIOD (YEARS)			
Net Present Cost (NPC)	61,433.0	93,134.9	143,766.6
Equivalent Annual Cost (EAC)	3,227.2	3,550.9	5,481.3
<b>Economic Ranking of Options</b>	<b>1</b>	<b>2</b>	<b>3</b>
MARGINAL EAC IMPACT OVER OPTION RANKED 1	0.0	323.7	2,254.1
EAC SWITCH VALUES	324	(323.7)	(2,254.1)
Margin Preferred	0.0%	10.0%	69.8%

3.0 ECONOMIC SENSITIVITY - Change in Costs required to trigger switch values	Option 1 £000	Option 2 £000	Option 3 £000
3.1 Capital Costs			
Base Case Capital Costs	48,771	65,099	111,620
Flexed Capital Costs	55,631	55,525	46,118
Change required	6,860	(9,575)	(65,501)
Change %	14.1%	-14.7%	-58.7%

4.0 COMBINED ECONOMIC AND NON-FINANCIAL APPRAISALS	Option 1	Option 2	Option 3
4.1 Weighted Non-Financial Scores	242.0	430.0	950.00
<b>NON-FINANCIAL RANKING OF OPTIONS</b>	<b>3</b>	<b>2</b>	<b>1</b>
4.2 EAC Impact of Option (£000)	3,227.2	3,550.9	5,481.3
<b>ECONOMIC RANKING OF OPTIONS</b>	<b>1</b>	<b>2</b>	<b>3</b>
4.3 Benefit Points per EAC (£000)	0.075	0.121	0.173
<b>COMBINED RANKING OF DEVELOPMENT OPTIONS</b>	<b>3</b>	<b>2</b>	<b>1</b>
DIFFERENCE (% below Preferred Option on Combined	-56.7%	-30.1%	0.0%

4.4 SENSITIVITY NON-FINANCIAL SCORES TO SWITCH 1st and 2nd ranked Options - MARGINAL CHANGE	Option 1	Option 2	Option 3
Base Weighted Non-Financial Scores		430.0	950.0
Weighted Non-Financial Scores needed to switch rankings		620.1	669.2
Equivalent to a change in %		44.2%	-29.6%
EAC Impact of Option (£000)		3,550.9	5,481.3
Benefit Points per EAC (£000)		0.175	0.122
<b>COMBINED RANKING OF OPTIONS - SWITCHED</b>		<b>1</b>	<b>2</b>

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ECONOMIC APPRAISAL
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Option 1
Cardiff and Vale University Health Board
New Block (Academic Avenue) UHW
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30	YEARS APPRAISAL
3.50%	DISCOUNT RATE

YEAR	PERIOD	CAPITAL COSTS excluding VAT								REVENUE COSTS					TOTAL COSTS	Discount Factor 3.5%	NET PRESENT COST
		New Capital at Current	Land Sales	Opportunity Costs	Residual Value	Lifecycle New Works	Lifecycle New Equipment	Lifecycle Existing	TOTAL CAPITAL	Pay	Non-Pay	Cost Avoidance	Outsourcing	TOTAL REVENUE			
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000		£000
0	2019 2020	390	0	0	0	0	0	0	390	0	0	0	0	0	390	3.50%	1.0000 390
1	2020 2021	6,512	0		0	0	0	0	6,512	0	0	(3,754)	5,129	1,375	7,887	3.50%	0.9662 7,620
2	2021 2022	14,848			0	0	0	0	14,848	0	0	(3,754)	5,129	1,375	16,223	3.50%	0.9335 15,144
3	2022 2023	5,711			0	0	0	0	5,711	0	0	(3,754)	5,129	1,375	7,086	3.50%	0.9019 6,391
4	2023 2024	8,868			0	0	0	0	8,868	0	0	(3,754)	5,129	1,375	10,243	3.50%	0.8714 8,926
5	2024 2025	9,180			0	0	0	0	9,180	0	0	(3,754)	5,129	1,375	10,555	3.50%	0.8420 8,887
6	2025 2026	3,262			0	0	0	0	3,262	0	0	(3,754)	5,129	1,375	4,637	3.50%	0.8135 3,772
7	2026 2027	0			0	0	0	0	0	0	0	0	0	0	0	3.50%	0.7860 0
8	2027 2028	0			0	0	0	0	0	0	0	0	0	0	0	3.50%	0.7594 0
9	2028 2029	0			0	0	0	0	0	0	0	0	0	0	0	3.50%	0.7337 0
10	2029 2030				0	260	0	0	260	0	0	0	0	0	260	3.50%	0.7089 184
11	2030 2031				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.6849 0
12	2031 2032				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.6618 0
13	2032 2033				0	0	4,295	0	4,295	0	0	0	0	0	4,295	3.50%	0.6394 2,746
14	2033 2034				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.6178 0
15	2034 2035				0	2,336	0	0	2,336	0	0	0	0	0	2,336	3.50%	0.5969 1,395
16	2035 2036				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.5767 0
17	2036 2037				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.5572 0
18	2037 2038				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.5384 0
19	2038 2039				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.5202 0
20	2039 2040				0	1,558	0	0	1,558	0	0	0	0	0	1,558	3.50%	0.5026 783
21	2040 2041				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.4856 0
22	2041 2042				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.4692 0
23	2042 2043				0	0	4,295	0	4,295	0	0	0	0	0	4,295	3.50%	0.4533 1,947
24	2043 2044				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.4380 0
70					0	0	0	0	0	0	0	0	0	0	0	3.00%	0.0000 0
TOTAL		48,771	0	0	0	11,831	8,590	0	69,192	0	0	(22,524)	30,773	8,249	77,440		
NPC 30 YEARS		43,804	0	0	0	5,610	4,693	0	54,108	0	0	(20,003)	27,329	7,325			61,433.0
EAC 30 YEARS		2,301	0	0	0	295	247	0	2,842	0	0	(1,051)	1,436	385			19,035.8 3,227.2

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Option 2
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Draft 1
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60	YEARS APPRAISAL
3.50%	DISCOUNT RATE

YEAR	PERIOD	CAPITAL COSTS excluding VAT									REVENUE COSTS					TOTAL COSTS		Discount Factor 3.5%	NET PRESENT COST
		New Capital at Current	Land Sales	Opportunity Costs	Residual Value	Lifecycle New Works	Lifecycle New Equipment	Lifecycle Existing	TOTAL CAPITAL	Pay	Non-Pay	Cost Avoidance	Outsourcing	TOTAL REVENUE					
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000			£000
0	2019 2020	382	0	0	0	0	0	0	382	0	0	0	0	0	0	382	3.50%	1.0000	382
1	2020 2021	1,430	0		0	0	0	0	1,430	0	0	(3,754)	5,129	1,375	2,805	3.50%	0.9662	2,710	
2	2021 2022	9,821	0		0	0	0	0	9,821	0	0	(3,754)	5,129	1,375	11,196	3.50%	0.9335	10,452	
3	2022 2023	25,769	0		0	0	0	0	25,769	0	0	(3,754)	5,129	1,375	27,144	3.50%	0.9019	24,482	
4	2023 2024	12,563	0		0	0	0	0	12,563	0	0	(3,754)	5,129	1,375	13,938	3.50%	0.8714	12,146	
5	2024 2025	10,061	0		0	0	0	0	10,061	0	0	(3,754)	5,129	1,375	11,435	3.50%	0.8420	9,628	
6	2025 2026	5,073	0		0	0	0	0	5,073	0	0	(3,754)	5,129	1,375	6,448	3.50%	0.8135	5,246	
7	2026 2027	0	0		0	0	0	0	0	0	0	0	0	0	0	3.50%	0.7860	0	
8	2027 2028	0	0		0	0	0	0	0	0	0	0	0	0	0	3.50%	0.7594	0	
9	2028 2029	0	0		0	0	0	0	0	0	0	0	0	0	0	3.50%	0.7337	0	
10	2029 2030					350	0	0	350	0	0	0	0	0	350	3.50%	0.7089	248	
11	2030 2031					0	0	0	0	0	0	0	0	0	0	3.50%	0.6849	0	
12	2031 2032					0	0	0	0	0	0	0	0	0	0	3.50%	0.6618	0	
13	2032 2033					0	0	7,101	7,101	0	0	0	0	0	7,101	3.50%	0.6394	4,540	
14	2033 2034					0	0	0	0	0	0	0	0	0	0	3.50%	0.6178	0	
15	2034 2035					0	3,152	0	3,152	0	0	0	0	0	3,152	3.50%	0.5969	1,881	
16	2035 2036					0	0	0	0	0	0	0	0	0	0	3.50%	0.5767	0	
17	2036 2037					0	0	0	0	0	0	0	0	0	0	3.50%	0.5572	0	
18	2037 2038					0	0	0	0	0	0	0	0	0	0	3.50%	0.5384	0	
19	2038 2039					0	0	0	0	0	0	0	0	0	0	3.50%	0.5202	0	
20	2039 2040					0	2,101	0	2,101	0	0	0	0	0	2,101	3.50%	0.5026	1,056	
21	2040 2041					0	0	0	0	0	0	0	0	0	0	3.50%	0.4856	0	
22	2041 2042					0	0	0	0	0	0	0	0	0	0	3.50%	0.4692	0	
23	2042 2043					0	0	7,101	7,101	0	0	0	0	0	7,101	3.50%	0.4533	3,219	
24	2043 2044					0	0	0	0	0	0	0	0	0	0	3.50%	0.4380	0	
25	2044 2045					0	10,356	0	10,356	0	0	0	0	0	10,356	3.50%	0.4231	4,382	
26	2045 2046					0	0	0	0	0	0	0	0	0	0	3.50%	0.4088	0	
27	2046 2047					0	0	0	0	0	0	0	0	0	0	3.50%	0.3950	0	
28	2047 2048					0	0	0	0	0	0	0	0	0	0	3.50%	0.3817	0	
29	2048 2049					0	0	0	0	0	0	0	0	0	0	3.50%	0.3687	0	
30	2049 2050					0	2,952	0	2,952	0	0	0	0	0	2,952	3.50%	0.3563	1,052	
31	2050 2051					0	0	0	0	0	0	0	0	0	0	3.00%	0.3459	0	
32	2051 2052					0	0	0	0	0	0	0	0	0	0	3.00%	0.3358	0	
33	2052 2053					0	0	7,101	7,101	0	0	0	0	0	7,101	3.00%	0.3260	2,315	
34	2053 2054					0	0	0	0	0	0	0	0	0	0	3.00%	0.3165	0	
35	2054 2055					0	8,255	0	8,255	0	0	0	0	0	8,255	3.00%	0.3073	2,537	
36	2055 2056					0	0	0	0	0	0	0	0	0	0	3.00%	0.2984	0	
37	2056 2057					0	0	0	0	0	0	0	0	0	0	3.00%	0.2897	0	
38	2057 2058					0	0	0	0	0	0	0	0	0	0	3.00%	0.2812	0	
39	2058 2059					0	0	0	0	0	0	0	0	0	0	3.00%	0.2731	0	
40	2059 2060					0	350	0	350	0	0	0	0	0	350	3.00%	0.2651	93	
41	2060 2061					0	0	0	0	0	0	0	0	0	0	3.00%	0.2574	0	
42	2061 2062					0	0	0	0	0	0	0	0	0	0	3.00%	0.2499	0	
43	2062 2063					0	0	7,101	7,101	0	0	0	0	0	7,101	3.00%	0.2426	1,723	
44	2063 2064					0	0	0	0	0	0	0	0	0	0	3.00%	0.2355	0	
45	2064 2065					0	10,356	0	10,356	0	0	0	0	0	10,356	3.00%	0.2287	2,368	
46	2065 2066					0	0	0	0	0	0	0	0	0	0	3.00%	0.2220	0	
47	2066 2067					0	0	0	0	0	0	0	0	0	0	3.00%	0.2156	0	
48	2067 2068					0	0	0	0	0	0	0	0	0	0	3.00%	0.2093	0	
49	2068 2069					0	0	0	0	0	0	0	0	0	0	3.00%	0.2032	0	
50	2069 2070					0	2,101	0	2,101	0	0	0	0	0	2,101	3.00%	0.1973	414	
51	2070 2071					0	0	0	0	0	0	0	0	0	0	3.00%	0.1915	0	
52	2071 2072					0	0	0	0	0	0	0	0	0	0	3.00%	0.1859	0	
53	2072 2073					0	0	7,101	7,101	0	0	0	0	0	7,101	3.00%	0.1805	1,282	

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60	YEARS APPRAISAL
3.50%	DISCOUNT RATE

YEAR	PERIOD	CAPITAL COSTS excluding VAT								REVENUE COSTS					TOTAL COSTS	Discount Factor 3.5%	NET PRESENT COST
		New Capital at Current	Land Sales	Opportunity Costs	Residual Value	Lifecycle New Works	Lifecycle New Equipment	Lifecycle Existing	TOTAL CAPITAL	Pay	Non-Pay	Cost Avoidance	Outsourcing	TOTAL REVENUE			
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000		£000
54	2073 2074				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.1753
55	2074 2075				0	5,753	0	0	5,753	0	0	0	0	0	5,753	3.00%	0.1702
56	2075 2076				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.1652
57	2076 2077				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.1604
58	2077 2078				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.1557
59	2078 2079				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.1512
70					0	0	0	0	0	0	0	0	0	0	0	3.00%	0.0000
TOTAL		65,099	0	0	0	45,727	35,503	0	146,330	0	0	(22,524)	30,773	8,249	154,578		
NPC	60 YEARS	57,720	0	0	0	15,011	13,079	0	85,810	0	0	(20,003)	27,329	7,325			93,134.9
EAC	60 YEARS	2,201	0	0	0	572	499	0	3,272	0	0	(763)	1,042	279			3,550.9

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60	YEARS APPRAISAL
3.50%	DISCOUNT RATE

YEAR	PERIOD	CAPITAL COSTS excluding VAT									REVENUE COSTS					TOTAL COSTS		Discount Factor 3.5%	NET PRESENT COST
		New Capital at Current	Land Sales	Opportunity Costs	Residual Value	Lifecycle New Works	Lifecycle New Equipment	Lifecycle Existing	TOTAL CAPITAL	Pay	Non-Pay	Cost Avoidance	Outsourcing	TOTAL REVENUE					
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000			£000	
0	2019 2020	329	0	0	0	0	0	0	329	0	0	0	0	0	329	3.50%	1.0000	329	
1	2020 2021	4,349	0		0	0	0	0	4,349	0	0	0	0	0	4,349	3.50%	0.9662	4,201	
2	2021 2022	14,279	0		0	0	0	0	14,279	0	0	0	0	0	14,279	3.50%	0.9335	13,329	
3	2022 2023	70,043	0		0	0	0	0	70,043	0	0	0	0	0	70,043	3.50%	0.9019	63,175	
4	2023 2024	22,620	0		0	0	0	0	22,620	0	0	0	0	0	22,620	3.50%	0.8714	19,712	
5	2024 2025	0	0		0	0	0	0	0	0	0	0	0	0	0	3.50%	0.8420	0	
6	2025 2026	0	0		0	0	0	0	0	0	0	0	0	0	0	3.50%	0.8135	0	
7	2026 2027	0	0		0	0	0	0	0	0	0	0	0	0	0	3.50%	0.7860	0	
8	2027 2028	0	0		0	0	0	0	0	0	0	0	0	0	0	3.50%	0.7594	0	
9	2028 2029	0	0		0	0	0	0	0	0	0	0	0	0	0	3.50%	0.7337	0	
10	2029 2030				0	620	0	0	620	0	0	0	0	0	620	3.50%	0.7089	440	
11	2030 2031				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.6849	0	
12	2031 2032				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.6618	0	
13	2032 2033				0	0	8,925	0	8,925	0	0	0	0	0	8,925	3.50%	0.6394	5,707	
14	2033 2034				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.6178	0	
15	2034 2035				0	5,581	0	0	5,581	0	0	0	0	0	5,581	3.50%	0.5969	3,331	
16	2035 2036				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.5767	0	
17	2036 2037				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.5572	0	
18	2037 2038				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.5384	0	
19	2038 2039				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.5202	0	
20	2039 2040				0	3,721	0	0	3,721	0	0	0	0	0	3,721	3.50%	0.5026	1,870	
21	2040 2041				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.4856	0	
22	2041 2042				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.4692	0	
23	2042 2043				0	0	8,925	0	8,925	0	0	0	0	0	8,925	3.50%	0.4533	4,046	
24	2043 2044				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.4380	0	
25	2044 2045				0	18,338	0	0	18,338	0	0	0	0	0	18,338	3.50%	0.4231	7,760	
26	2045 2046				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.4088	0	
27	2046 2047				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.3950	0	
28	2047 2048				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.3817	0	
29	2048 2049				0	0	0	0	0	0	0	0	0	0	0	3.50%	0.3687	0	
30	2049 2050				0	5,227	0	0	5,227	0	0	0	0	0	5,227	3.50%	0.3563	1,862	
31	2050 2051				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.3459	0	
32	2051 2052				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.3358	0	
33	2052 2053				0	0	8,925	0	8,925	0	0	0	0	0	8,925	3.00%	0.3260	2,910	
34	2053 2054				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.3165	0	
35	2054 2055				0	14,617	0	0	14,617	0	0	0	0	0	14,617	3.00%	0.3073	4,492	
36	2055 2056				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.2984	0	
37	2056 2057				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.2897	0	
38	2057 2058				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.2812	0	
39	2058 2059				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.2731	0	
40	2059 2060				0	620	0	0	620	0	0	0	0	0	620	3.00%	0.2651	164	
41	2060 2061				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.2574	0	
42	2061 2062				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.2499	0	
43	2062 2063				0	0	8,925	0	8,925	0	0	0	0	0	8,925	3.00%	0.2426	2,165	
44	2063 2064				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.2355	0	
45	2064 2065				0	18,338	0	0	18,338	0	0	0	0	0	18,338	3.00%	0.2287	4,194	
46	2065 2066				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.2220	0	
47	2066 2067				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.2156	0	
48	2067 2068				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.2093	0	
49	2068 2069				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.2032	0	
50	2069 2070				0	3,721	0	0	3,721	0	0	0	0	0	3,721	3.00%	0.1973	734	
51	2070 2071				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.1915	0	
52	2071 2072				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.1859	0	
53	2072 2073				0	0	8,925	0	8,925	0	0	0	0	0	8,925	3.00%	0.1805	1,611	

ECONOMIC APPRAISAL
ECONOMIC ANALYSIS
Option 3
Cardiff and Vale University Health Board
New Block (Academic Avenue) UHW
Draft 1
12th December 2019

60	YEARS APPRAISAL
3.50%	DISCOUNT RATE

YEAR	PERIOD	CAPITAL COSTS excluding VAT								REVENUE COSTS					TOTAL COSTS	Discount Factor 3.5%	NET PRESENT COST
		New Capital at Current	Land Sales	Opportunity Costs	Residual Value	Lifecycle New Works	Lifecycle New Equipment	Lifecycle Existing	TOTAL CAPITAL	Pay	Non-Pay	Cost Avoidance	Outsourcing	TOTAL REVENUE			
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000		£000
54	2073 2074				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.1753
55	2074 2075				0	10,188	0	0	10,188	0	0	0	0	0	0	3.00%	0.1702
56	2075 2076				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.1652
57	2076 2077				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.1604
58	2077 2078				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.1557
59	2078 2079				0	0	0	0	0	0	0	0	0	0	0	3.00%	0.1512
70					0	0	0	0	0	0	0	0	0	0	0	3.00%	0.0000
TOTAL		111,620	0	0	0	80,972	44,625	0	237,217	0	0	0	0	0	237,217		
NPC	60 YEARS	100,747	0	0	0	26,581	16,439	0	143,767	0	0	0	0	0	0		143,766.6
EAC	60 YEARS	3,841	0	0	0	1,013	627	0	5,481	0	0	0	0	0	0		5,481.3

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## **APPENDIX 6 –**

### **Terms of Reference for the Project Board**

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### **UHW Infrastructure and Sustainability Programme Board:**

UHW Main Theatres, UHW Polytrauma Ward/Critical Care, Haematology/Advanced Therapy, Emergency Unit and Paediatric Single Point of Entry, Radiopharmacy and Ophthalmology 2<sup>nd</sup> Theatre

### **Programme Board Terms of Reference v1 – 20<sup>th</sup> September 2018**

#### **1. INTRODUCTION**

A number of projects to address environmental and capacity deficiencies are being progressed which will involve the provision of new and upgraded accommodation for the following:

- the replacement of 5 of the *main theatres* as well as 2 decant theatres linked to the existing theatre accommodation;
- *Haematology and Advanced Cell Therapy facilities* - Development of facilities for Haematology has been subject to significant risk as a result of potential loss of JACIE accreditation due to care environment concerns. Introduction of Advanced Cell Therapy facilities.
- *Radio Pharmacy facilities* - Development of facilities for the production of radioactive pharmaceuticals for diagnostic and therapeutic purposes.
- *Polytrauma Ward/Critical Care* – Accommodation for the provision of a polytrauma ward/critical care accommodation for the new Major Trauma Centre development.
- Alterations to the *Emergency Unit* to accommodate the Major Trauma Centre inclusive of *Paediatric Single Point of Entry Facilities*.
- Creation of a 2<sup>nd</sup> *Ophthalmology Theatre*

This paper sets out the terms of reference for the Programme Board who will be responsible for the successful delivery of the projects within its scope and overseeing the planning required to ensure services are maintained operationally as appropriate throughout phases of implementation.

#### **2. ROLE**

Whilst the Board of the UHB hold ultimate responsibility for the project, the purpose of the Programme Board is to direct and oversee the planning and delivery for the various schemes on behalf of the UHB Board, to ensure delivery within the timescales and budget through to financial close.

The Programme Board will provide strategic direction for each of the projects, oversee the work of the Project Teams, provide a challenge to the proposals as appropriate and recommend to the UHB the preferred way forward as part of the integrated assurance and approval plan.

The Programme Board will take responsibility for ensuring that the projects meet their key objectives and is the prime vehicle for engaging the key stakeholders in the scheme and for ensuring that the overall project structure functions effectively.

The process will result in the preparation of a business case for each of the projects, which will be compliant with the WG Infrastructure Investment Guidance. The business cases will:

- Set out the case for change;

- Identify the option which offers the optimum VfM;
- Set out the detailed commercial and contractual arrangements;
- Demonstrate unequivocal affordability;
- Describe the detailed management arrangements for the successful delivery of the individual projects.

Once approved by the UHB, the business cases will be submitted to WG for scrutiny, and where appropriate inclusion in the All Wales Capital Programme, and approval to proceed to the next stage in the business planning process.

### 3. RESPONSIBILITIES

The Terms of Reference for the Programme Board set out their responsibilities to ensure timely delivery of the proposals, and the development of the business case to support them.

These are as follows:

- To oversee the delivery of the projects within the timetable and within cost and to the required quality;
- To ensure that robust business cases are developed by the Project Teams, which are compliant with the WG Infrastructure Investment Guidance, providing an internal scrutiny and assurance role, challenging the information on which the service proposals are based;
- To undertake appropriate programme assurance exercises including risk potential assessments, OGC Gateway Review, health impact assessment, equality impact assessment;
- To recommend to the UHB Board for approval project proposals in the form of a compliant business case based on a robust case for change, with well developed and affordable capital and revenue costs, and which can demonstrate value for money
- To ensure the various stages of the procurement process are managed in accordance with the Capital Investment Manual and the UHB's standing orders;
- To provide formal authority for committing resources, and obtaining appropriate approvals within the UHB, to deliver the capital projects;
- To ensure capital and revenue risk assessment and risk management strategies are in place and monitored regularly;
- To ensure that the schemes deliver value for money;
- To ensure and monitor adherence to the project programme;
- To ensure that effective communication and engagement is maintained and stakeholders are actively represented on the project;
- To liaise with WHSSC to ensure agreement and support for proposed development;
- To ensure that there are mechanisms in place to minimise the disruptive effects of the projects on the running of the UHB, its staff, patients and visitors;
- To provide regular reports on progress to the UHB.

### 4. REPRESENTATION

Membership of the Project Board will consist of representation from within the UHB.

- Chair – Geoff Walsh, Director of Capital Estates and Facilities
- Mike Bond, Director of Operations, Surgery Clinical Board
- Marie Davies, Deputy Director of Planning, Strategic and Service Planning
- Linda Walker, Director of Nursing, Surgery Clinical Board
- Tony Turley – Clinical Director, Perioperative Care
- Adam Wright – General Manager, Perioperative Care
- Clare Rowntree – Clinical Director, Haematology
- Paula Goode – Director of Operations, Specialist Clinical Board

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- Matt Temby – Director of Operations, CD&T
- Lee Davies – Director of Operational Planning
- Hywel Pullen – Head of Finance, Specialist Clinical Board
- Gareth Bulpin – IM&T
- HR - TBC

There may be occasions where it will be necessary to invite other representatives to discuss/agree specific issues.

## 5. QUORUM AND ATTENDANCE

A quorum shall consist of 50% of the membership being present.

Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent.

## 6. FREQUENCY OF MEETINGS

Meetings will, in general, be scheduled at bi-monthly intervals although additional meetings may be arranged from time to time, if required, to support the effective functioning of the project.

## 7. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

The Programme Board will be accountable for providing assurance to the UHB Board via the Management Executive. It will be responsible for the work progress of the Project Teams. The Chair will provide verbal/written reports to the Board as appropriate, highlighting progress to date, major issues, project risks and any actions to be taken.

## 8. OUTPUTS

To oversee the development of robust business case documents in line with the 5-case model which include:

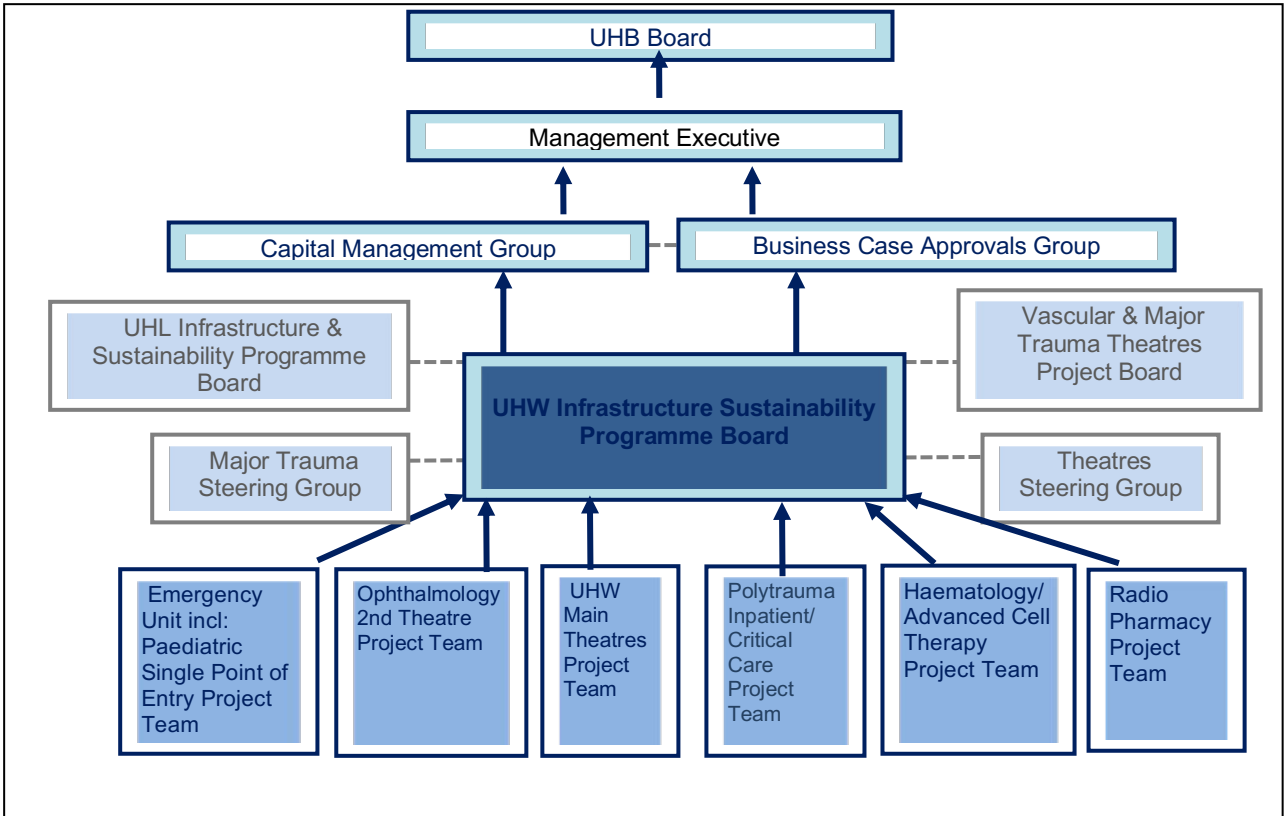
- Strategic Overview Paper - UHW Main Theatres, Haematology/Advanced Cell Therapy, Polytrauma Ward, Radiopharmacy Facilities
- OBC/FBC - UHW Main Theatres, Haematology/Advanced Cell Therapy, Polytrauma Ward/Critical Care, Radiopharmacy Facilities
- BJC – Emergency Unit including Paediatric Single Point of Entry
- BJC – 2<sup>nd</sup> Ophthalmology Theatre
- Refurbishment of remaining UHW Theatres

## 9. REVIEW

The Terms of Reference of this Programme Board will be reviewed annually.

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10. PROGRAMME REPORTING STRUCTURE



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## **APPENDIX 7 –**

### **Terms of Reference for the Project Team**

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## University Hospital Wales: Redevelopment of Main Theatres

### Project Team Terms of Reference v3 – 20<sup>th</sup> September 2018

#### 1. INTRODUCTION

The theatres at UHW fail to meet modern standards, in terms of environment, infrastructure, ventilation, heating, space provision, and compliance with relevant current clinical guidance and building standards which poses a very high risk to essential business continuity and delivery of core service priorities and commitments.

It is proposed that these theatres are now refurbished and/or replaced and a Business Case will need to be produced to secure all Wales Capital funding.

#### 2. ROLE

The Project Team will be responsible for the operational delivery of the business case and the procurement process on behalf of the UHW Infrastructure and Sustainability Programme Board. The purpose of the group is to manage and co-ordinate the work at each key stage of the production of the business case and its subsequent implementation.

#### 3. RESPONSIBILITIES

The Terms of Reference for the Project Team set out their responsibilities to ensure timely delivery of the proposals, and the development of the business case to support them.

These are as follows:

##### 1.1. Accountability

- To support the UHW Infrastructure and Sustainability Programme Board in managing the delivery, to time and cost, the capital and service change element of the development;
- Maintaining an efficient and auditable project administration function;
- To provide monthly verbal/written reports to the UHW Infrastructure and Sustainability Programme Board highlighting progress to date, major issues, project risks and any actions to be taken.

##### 1.2. Business case development process

- To develop robust business case documents in line with the 5 case model on behalf of the UHW Infrastructure and Sustainability Programme Board.

##### 1.3. Project Management

- To monitor the development of service models and operational policies associated with the development of the proposals;
- To monitor and approve the development of the design brief for the proposals;

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- To monitor project progress against the project milestones as set out in the Management Control Plan;
- To ensure that the capital spend is in line with the identified budget;
- To ensure the identification and realisation of benefits;
- To review capital and revenue risks and ensure appropriate mitigation plans are developed;
- To ensure the scheme delivers value for money;
- To develop and implement post project evaluation plans.

#### 1.4. Communication

- To implement and deliver the internal and external communication activities associated with project communication strategy.

### 4. REPRESENTATION

Membership of the Project Team will consist of representation from within the UHB.

Geoff Walsh, Director of Capital Estates and Facilities (Chair)

Jeremy Holifield, Head of Capital Planning

Mike Fry, Capital Planning

Tony Turley, Clinical Director, Perioperative Care

Lee Davies, Director of Operational Planning

Ann Stewart-Davies, Service Planning

Jane McMahon, Healthcare Planner, Adcuris

Ceri Chinn, Lead Nurse, Peri Operative Care

Adam Wright, General Manager Perioperative Care

There may be occasions where it is necessary to invite other representatives to discuss or agree specific issues.

### 5. QUORUM AND ATTENDANCE

A quorum shall consist of 50% of the membership being present.

Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent.

### 6. FREQUENCY OF MEETINGS

Meetings will, in general, be scheduled at monthly intervals although additional meetings may be arranged from time to time, if required, to support the effective functioning of the project.

### 7. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

The Project Team will report to the UHB Infrastructure and Sustainability Programme Board, which will be chaired by Geoff Walsh, Director of Capital Estates and Facilities. The Chair will provide verbal/written reports to the UHB Infrastructure and Sustainability Programme Board as appropriate, highlighting progress to date, major issues, project risks and any actions to be taken.

The Project Team will set up Sub Groups as appropriate to undertake specific detailed work on behalf of the Project Team. The Project Team will receive monthly reports from the Chairs of the Sub Groups on progress to date, major issues and project risks along with identified actions to be taken.

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## 8. OUTPUTS

- OBC/FBC - UHW Main Theatres, Haematology/Advanced Cell Therapy, Polytrauma Ward/Critical Care, Radiopharmacy Facilities

## 9. REVIEW

The Terms of Reference of this Project Team will be reviewed annually.

## 10. PROJECT REPORTING STRUCTURE



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## University Hospital Wales: Provision of a Polytrauma Ward and associated Critical Care Facilities

### Project Team Terms of Reference v1 – 20th September 2018

#### 1. INTRODUCTION

In March 2018 the University Hospital of Wales became a designated major trauma centre forming part of the wider Wales Trauma Network to provide highly specialist services for people who have suffered a major trauma in Aneurin Bevan UHB, Abertawe Bro Morgannwg UHB, Cardiff & Vale UHB, Cwm Taf UHB, Hywel Dda UHB and Powys tHB.

UHW will provide the major trauma centre for adults and children for the region and will also provide services of a trauma unit for the local population. A requirement for the Major Trauma designation includes the creation of a polytrauma inpatient ward and associated critical care facilities.

It is proposed that a Business Case will be produced to secure all Wales Capital funding for this development.

#### 2. ROLE

The Project Team will be responsible for the operational delivery of the business case and the procurement process on behalf of the UHW Infrastructure and Sustainability Programme Board. The purpose of the group is to manage and co-ordinate the work at each key stage of the production of the business case and its subsequent implementation.

#### 3. RESPONSIBILITIES

The Terms of Reference for the Project Team set out their responsibilities to ensure timely delivery of the proposals, and the development of the business case to support them.

These are as follows:

##### 1.1. Accountability

- To support the UHW Infrastructure and Sustainability Programme Board in managing the delivery, to time and cost, the capital and service change element of the development;
- Maintaining an efficient and auditable project administration function;
- To provide monthly verbal/written reports to the UHW Infrastructure and Sustainability Programme Board highlighting progress to date, major issues, project risks and any actions to be taken.

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## 1.2. Business case development process

- To develop robust business case documents in line with the 5 case model on behalf of the UHW Infrastructure and Sustainability Programme Board .

## 1.3 Project Management

- To recommend options to meet demand;
- To monitor the development of service models and operational policies associated with the development of the proposals;
- To monitor and approve the development of the design brief for the proposals;
- To monitor project progress against the project milestones as set out in the Management Control Plan;
- To ensure that the capital spend is in line with the identified budget;
- To ensure the identification and realisation of benefits;
- To review capital and revenue risks and ensure appropriate mitigation plans are developed;
- To ensure the scheme delivers value for money;
- To develop and implement post project evaluation plans.

## 1, 4 Communication

- To implement and deliver the internal and external communication activities associated with project communication strategy.

## 4. REPRESENTATION

Membership of the Project Team will consist of representation from within the UHB.

Geoff Walsh, Director of Capital Estates and Facilities (Chair)

Jeremy Holifield, Head of Capital Planning

Mike Fry, Capital Planning

Ann Stewart-Davies, Service Planning

Jane McMahon, Healthcare Planner, Adcuris

Paula Goode, Director of Operations, Specialist Clinical Board

Carys Fox, Head of Nursing, Specialist Clinical Board

Jenny Thomas, Consultant Neurosciences Rehabilitation

Melissa Rossiter, Consultant Emergency Medicine

Cath Wood, General Manager MTC

Hywel Pullen, Specialist Services, Head of Finance

Emma Cooke, Head of Physiotherapy Services

Ian Fitsall, Facilities Representative

Gareth Bulpin, IT Representative

There may be occasions where it is necessary to invite other representatives to discuss or agree specific issues.

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## 5. QUORUM AND ATTENDANCE

A quorum shall consist of 50% of the membership being present.

Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent.

## 6. FREQUENCY OF MEETINGS

Meetings will, in general, be scheduled at monthly intervals although additional meetings may be arranged from time to time, if required, to support the effective functioning of the project.

## 7. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

The Project Team will report to the UHW Infrastructure and Sustainability Programme Board, which will be chaired by Geoff Walsh, Director Capital, Estates and Facilities. The Chair will provide verbal/written reports to the Project Board as appropriate, highlighting progress to date, major issues, project risks and any actions to be taken.

The Project Team will set up Sub Groups as appropriate to undertake specific detailed work on behalf of the UHW Infrastructure and Sustainability Programme Board. The Project Team will receive monthly reports from the Chairs of the Sub Groups on progress to date, major issues and project risks along with identified actions to be taken.

## 8. OUTPUTS

To oversee the development of robust business case documents in line with the 5 case model:

- Strategic Overview Paper
- OBC/FBC – UHW Main Theatres, Haematology/Advanced Cell Therapy, Polytrauma Ward/Critical care, Radiopharmacy Facilities

## 9. REVIEW

The Terms of Reference of this Project Team will be reviewed annually.

## 10. PROJECT REPORTING STRUCTURE



# University Hospital Wales: Bone Marrow Transplant and Advanced Therapy

## Project team Terms of reference v1 – 20<sup>th</sup> September 2018

### 1. INTRODUCTION

Demand for transplantation and general and malignant Haematology, has grown steadily over recent years. It is anticipated that it will grow further due to continuously improving outcomes as a result of better supportive care, an increase in the range of treatment regimens available, the ability to deliver curative treatments to older patients (who bear the greatest burden of haematological cancer) and improved donor availability resulting from improvements in HLA typing. However, capacity to provide a timely service remains a challenge. This has resulted in increased waiting times for admission to the ward and delays in transplantation. This has had direct implications for morbidity, mortality and resources, including inpatient and outpatient facilities and staffing. There are documented disease relapses while awaiting transplantation.

In addition to inadequate capacity, current inpatient, outpatient and day unit facilities have inadequate provision for the isolation of patients with infectious complications. This has resulted in unnecessary exposure of immunosuppressed patients to infection resulting in additional treatment, morbidity and mortality.

A new physical infrastructure, which will facilitate an ambulatory model of treatment delivery, will meet future demand and address health and safety deficiencies.

It is proposed that these facilities are provided at UHW and a Business Case will need to be produced to secure all Wales Capital funding.

### 2. ROLE

The Project Team will be responsible for the operational delivery of the business case and the procurement process on behalf of the Programme Board. The purpose of the group is to manage and co-ordinate the work at each key stage of the production of the business case and its subsequent implementation.

### 3. RESPONSIBILITIES

The Terms of Reference for the Project Team set out their responsibilities to ensure timely delivery of the proposals, and the development of the business case to support them.

These are as follows:

#### 1.1. Accountability

- To support the Programme Board in managing the delivery, to time and cost, the capital and service change element of the development;

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- Maintaining an efficient and auditable project administration function;
- To provide monthly verbal/written reports to the Programme Board highlighting progress to date, major issues, project risks and any actions to be taken.

### 1.2. Business case development process

- To develop robust business case documents in line with the 5 case model on behalf of the Programme Board.

### 1.3. Project Management

- To recommend options to meet orthopaedic demand;
- To monitor the development of service models and operational policies associated with the development of the proposals;
- To monitor and approve the development of the design brief for the proposals;
- To monitor project progress against the project milestones as set out in the Management Control Plan;
- To ensure that the capital spend is in line with the identified budget;
- To ensure the identification and realisation of benefits;
- To review capital and revenue risks and ensure appropriate mitigation plans are developed;
- To ensure the scheme delivers value for money;
- To develop and implement post project evaluation plans.

### 1.4. Communication

- To implement and deliver the internal and external communication activities associated with project communication strategy.

## 4. REPRESENTATION

Membership of the Project Team will consist of representation from within the UHB.

Geoff Walsh, Director of Capital Estates and Facilities (Chair)

Paula Goode, Director of Operations, Specialist Clinical Board

Jeremy Holifield, Head of Capital Planning

Mike Fry, Capital Planning

Clare Rowntree, Clinical Director Haematology

Ann-Marie Morgan, Directorate Manager, Haematology

Ann Stewart-Davies, Service Planning

Jane McMahon, Healthcare Planner, Adcuris

Hywel Pullen, Head of Finance, Specialist Clinical Board

Ian Fitsall, Facilities Representative

Gareth Bulpin, IT Representative

There may be occasions where it is necessary to invite other representatives to discuss or agree specific issues.

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## 5. QUORUM AND ATTENDANCE

A quorum shall consist of 50% of the membership being present.

Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent.

## 6. FREQUENCY OF MEETINGS

Meetings will, in general, be scheduled at monthly intervals although additional meetings may be arranged from time to time, if required, to support the effective functioning of the project.

## 7. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

The Project Team will report to the UHW Infrastructure and Sustainability Programme Board, which will be chaired by Geoff Walsh, Director Capital, Estates and Facilities. The Chair will provide verbal/written reports to the Project Board as appropriate, highlighting progress to date, major issues, project risks and any actions to be taken.

The Project Team will set up Sub Groups as appropriate to undertake specific detailed work on behalf of the UHW Infrastructure and Sustainability Programme Board. The Project Team will receive monthly reports from the Chairs of the Sub Groups on progress to date, major issues and project risks along with identified actions to be taken.

## 8. OUTPUTS

To oversee the development of robust business case documents in line with the 5 case model:

- Strategic Overview Paper
- OBC/FBC – UHW Main Theatres, Haematology/Advanced Cell Therapy, Polytrauma Ward/Critical care, Radiopharmacy Facilities

## 9. REVIEW

The Terms of Reference of this Project Board will be reviewed annually.

## 10. PROJECT REPORTING STRUCTURE



## **APPENDIX 8 –**

### **Equality and Health Impact Assessment**

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## Equality & Health Impact Assessment for

### *Strategic Outline Case for the Development of a new multi-use block at University Hospital of Wales*

#### Introduction and Aim

The Strategic Outline Case (SOC) presents the proposal for the development of a New Block (Academic Avenue) at the University Hospital of Wales (UHW) providing Theatres, Major Trauma Inpatients, Haematology / Bone Marrow Transplant and Advanced Cell Therapy Services.

1	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	The development of a New Block (Academic Avenue) at the University Hospital of Wales (UHW) providing Theatres, Major Trauma Inpatients, Haematology / Bone Marrow Transplant and Advanced Cell Therapy Services Strategic Outline Case
2	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	The Senior Responsible Owner (SRO) for this development is:  Abigail Harris, Executive Director of Planning Cardiff and Vale UHB Headquarters University Hospital of Wales (UHW) Heath Park Cardiff CF14 4XW

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<p>3 Objectives of strategy/ policy/ plan/ procedure/ service</p>	<p>Investment Objective 1: Quality and Safety of Services Services that deliver quality care and meet agreed clinical, quality and safety standards, including:</p> <ul style="list-style-type: none"> <li>• Compliance with legislation, regulations and accreditation standards / performance;</li> <li>• Supports rapid adoption of best practice;</li> <li>• Clinical effectiveness, including: <ul style="list-style-type: none"> <li>○ Delivering improved outcomes for patients;</li> <li>○ Supporting research &amp; development;</li> </ul> </li> <li>• Improves consistency in clinical practice.</li> </ul> <p>Investment Objective 2: Provide a High Quality Environment To provide facilities that comply with statutory standards and best practice and enable the Health Board to deliver high quality care.</p> <p>Investment Objective 3: Access To ensure that the changing needs and expectations of a growing population are met in line with Health Board clinical strategies and national guidance standards and that the solution does not destabilise other clinical services/developments. Access to services is optimised with:</p> <ul style="list-style-type: none"> <li>• Service capacity that will meet demand in a timely way;</li> <li>• Services delivered in an appropriate environment.</li> </ul> <p>Investment Objective 4: Effective Use of Resources To maximise the use of available resource and provide an environment that promotes improved service efficiency through improved productivity and improved patient flows.</p> <p>Investment Objective 5: Sustainability/Flexibility To provide a solution that will ensure the reputation of the Health Board and will support the delivery of safe, sustainable and accessible services both in the short and medium term and with built-in resilience to adapt to changing needs.</p>
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<p>4 Evidence and background information considered. For example</p> <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> <li>• Cluster and GP Practice Plans</li> </ul> <p>Population pyramids are available from Public Health Wales Observatory<sup>1</sup> and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need<sup>2</sup>.</p> <p>1) <a href="http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf">http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf</a>  2) <a href="http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face">http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face</a></p>	<p>The Health Board have considered many aspects of evidence in developing the business case. Each of these is specific to the particular service, for example:</p> <p>Significant analysis has been undertaken regarding the future requirements for theatre sessions, including population growth, transfer of activity to other Health Board facilities (such as University Hospital of Llandough) and the development of regional services such as major trauma and orthopaedics.</p> <p>Similarly with regards to the need for a polytrauma ward the Health Board has benchmarked this new development against existing centres and undertaken specific activity and demand analysis to determine the required capacity.</p> <p>Further details regarding all the evidence analysed is included within the Strategic Outline Case.</p> <p>Under the Equality Act 2010 the Health Board has a legal duty to pay due regard to duties to eliminate discrimination, advance equality and foster good relations between those who share protected characteristics and those who do not.</p> <p>This means taking into account the needs of people from different groups within the population who might be affected by the proposals. The Health Board must take reasonable and proportionate steps wherever possible to eliminate or mitigate any identified potential or actual negative impact or disadvantage. Developing a major trauma network also gives the opportunity to identify and enhance any potential positive impact on protected groups. The Equality Act 2010 gives people protection from discrimination in relation to "protected characteristics"</p> <p>The Health Board also has a responsibility to carers under the legislation.</p>
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<p>Mulford, Glynis 09/24/2020 10:28:11</p>	<p>The Human Rights Act 1998 places a positive duty to promote and protect rights for all. In Wales, there is a responsibility to comply with the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards (No. 7) Regulations 2018 in terms of seek views on, the effects (whether positive or adverse) that the policy decision under consideration would have on (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.</p> <p>Further the Health Board needs to adhere to the All Wales Sensory Loss Standards for Accessible Communication and Information for People with Sensory Loss and will take all their legal duties into consideration when making decisions around this proposal</p> <p>The Health Board recognise that consideration of the needs of protected groups helps to develop and deliver cost-effective services and person-centred care, ensuring that people are treated fairly and equitably.</p> <p>EHIA is an ongoing process running throughout the course of the decision making process, from the start through to implementation and review. It requires consideration of how the development of the proposal may affect a range of people in different ways</p> <p>It is worth specifically mentioning that under the Equality Act 2010 there is a duty to make reasonable adjustments for people with disabilities and deliver appropriate service provision. The Act also helps to ensure that people with disabilities are protected against discrimination.</p> <p>The Health Board has been gathering evidence to inform the assessment of the potential impact of the proposed establishment on patients, families and carers, staff, and other stakeholders and are looking at a range of national research evidence and engagement with key stakeholders has helped in considering the potential impact. In particular, the Health Board are aware that many people who share certain protected characteristics</p>
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<p>Mulford, Glynis 09/24/2020 10:28:11</p>	<p>such as disability, older age, younger people and some minority ethnic groups also face social and or economic disadvantage.</p> <p>While socio-economic status is not a protected characteristic under the Equality Act 2010, there is a strong correlation between the protected characteristics and low socio-economic status, demonstrated by the findings of numerous research studies.</p> <p>The report Transport and Social Exclusion: Making the Connections (Social Exclusion Unit, 2003) highlighted the current challenges faced by socially excluded groups in accessing health and other services. They found people who are socially excluded are more likely to experience a number of factors that in themselves have a negative impact on gaining access to health services. These may include low income, disability and age, coupled with poor transport provision or services sited in inaccessible locations. It also found that the location of health services and the provision of transport to health services can reinforce social exclusion and disproportionately affect already excluded groups.</p> <p>Looking at socio-economic disadvantage goes some way to showing due regard to equality considerations. There will also be other distinct areas that are not driven by socio-economic factors but which relate directly to people with different protected characteristics.</p> <p>Below, from review of national evidence and research, discussion concentrates on the 'at risk groups' (those most likely to experience major trauma events for example) and the sections of the population which are likely to be most affected by the proposals (those groups that are expected to experience impacts which are disproportionate to those experienced by the general population). There is also reference to health care needs in general.</p> <p>A literature review was carried out as a first stage of gathering evidence to inform this initial reiteration of the EHIA in terms of major trauma. The initial results are provided below against each of the protected characteristics. There has also been engagement with stakeholders to develop the service model. The Health Board will explore further any evidence in regard to Haematology / Bone Marrow Transplant and Advanced Cell Therapy</p>
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- 3) Trauma: who cares? A report of the national confidential enquiry into patients outcomes and deaths (NCEPOD) (2007)
- 4) NHS Clinical Advisory Groups Report: Regional Networks for Major Trauma (2010)
- 5) The changing face of major trauma in the UK Emerg Med J 2015;32:911-915

## 2.1 Potential impacts on protected characteristic groups?

The first observation to make is that major trauma/Haematology / Bone Marrow Transplant and Advanced Cell Therapy tends not to be closely associated with particular equality groups; events are not simple to predict on the basis of socio-economic characteristics. However, evidence suggests that should you suffer a major trauma, you are more likely to survive and make a full recovery if you are in a region where there is a major trauma network, regardless of how far you are away from the major trauma centre.

Evidence suggests there are a number of protected groups who may be likely to suffer a major trauma.

### 2.1.1 Gender

Men are at far higher risk of experiencing major trauma than women. The NCEPOD report<sup>3</sup> showed that 75% of major trauma was in men. This is borne out by local data: in 2013, data for University Hospital of Wales, Cardiff, and Morriston Hospital, Swansea, shows that 70% of major trauma was in men.

Young men are at greater risk of being involved in major trauma accidents, typically arising from moving vehicles, tools or work.

### 2.1.2 Age

Age is a risk factor for suffering major trauma. It is the leading cause of death for people under 45 years and a significant cause of short and long-term morbidity (National Clinical Advisory Group, 2010)<sup>4</sup>.

There is evidence, of a rising number of falls in the elderly that should be managed within a major trauma pathway and supported with a frail elderly rehabilitation pathway. The conclusion to a study published in 2015 (Emergency Medical Journal, 2015)<sup>5</sup> suggested that the major trauma population in the UK is becoming more elderly and the predominant mechanism that precipitates major trauma is a fall from lower than 2 metres.

Teenagers and young adults are more likely to need hospitalisation from injuries than other age groups.

Children under the age of 15 only account for a very small percentage of major trauma and deaths as a result of major trauma.



- 6) <http://www.england.nhs.uk/wp-content/uploads/2014/04/d15-major-trauma-0414.pdf> ).
- 7) Integrated impact assessment for region-wide service redesign: NHS East Midlands (2010)

Potential impact –Involvement of carers and family in rehabilitation is more difficult the further away rehabilitation is from local support mechanisms. It should be recognised that patients are not always able to return ‘home’, or to the setting they came from.

Older patients will have different co-morbidities such as dementia or medical requirements, and it will be necessary to ensure that staff in the major trauma network have all the skills required to care for these patients.

There is a need to consider further the transitional needs of young adults aged between 16 and 18 to ensure that they receive appropriate care and rehabilitation in an age-appropriate setting

Young people may also have different needs, and may require facilities to have relatives closer to them, for example in family rooms for patients from further away or more rural areas. When treating children, the service model will additionally follow the standards and criteria outlined for children’s services<sup>6</sup>.

#### 2.1.3 Race

Major trauma is more than twice as common in urban areas due to concentration of traffic and people. Additionally, it has been identified that people from Black, Asian and other Ethnic Minority backgrounds are at a higher risk of incidence and mortality from major trauma, at least in part due to a correlation with concentration in urban areas and the relationship of minorities, deprivation and major trauma incidents<sup>7</sup>.

**Potential Impact** - Engagement with stakeholders on the rehabilitation element of the patient pathway identified that there is a need to consider requirements of those patients who may require translation or interpretation services, and access to volunteers or staff who can converse in their first language. Cultural issues are also important to take into account and a toolkit is available for this purpose.

#### 2.1.4 Disability

Major trauma is the national leading cause of disability for those under 45 years of age. The improved number of survivals in young adults and reduced incidences of disability resulting from major trauma will also improve the rate of return to work and socio-economic functioning.

Evidence shows that there is a five to fifteen-fold return on the investment

- 8) Integrated impact assessment for region-wide service redesign: NHS East Midlands (2010)
- 9) All Wales Standards for Communication and Information for People with Sensory Loss 2013)
- 10) [http://www.gmc-uk.org/guidance/ethical\\_guidance/21179.asp](http://www.gmc-uk.org/guidance/ethical_guidance/21179.asp)

made in treatment. As most major trauma patients tend to be of working age, this is an important indicator that given the right care, it is possible for people suffering the most serious injuries to recover sufficiently to go on and have an active working life (NHS East Midlands, 2010)<sup>8</sup>.

**Potential Impact** - Engagement with stakeholders on the rehabilitation element of the patient pathway identified that Rehabilitation services should give choice to patients with pre-existing mobility issues, for example patient with multiple sclerosis should receive the same options for treatment. Specific patient needs, such as bariatric needs should be considered to ensure the provision of appropriate equipment across boundaries and within social care sector. As well as physical disability, there is a need to consider learning disabilities and mental health. Communication needs in these client groups may be more challenging and care should be adapted accordingly, for example, where there is a need for BSL interpretation services.

There are specific standards under the All Wales Standards for Communication and Information for People with Sensory Loss<sup>9</sup> that apply directly to emergency and unscheduled care (in addition to primary care and other secondary care services) and these outline the staff training requirements, communication systems and equipment and patient needs information which should be provided by health boards. BSL interpreters will be required for the deaf community.

#### 2.1.5 *Marriage and civil partnership*

No impacts upon this protected characteristic are anticipated.

#### 2.1.6 *Pregnancy and maternity*

No impacts upon this protected characteristic are anticipated.

#### 2.1.7 *Religion or belief (including lack of belief)*

**Potential impact** - staff need to consider and recognise that patients' personal beliefs may lead them to ask for a procedure for mainly religious, cultural or social reasons or refuse treatment that you judge to be of overall benefit to them<sup>10</sup>. There are also many issues in relation to prayer, diet, death and dying rituals that would have to be considered. As previously a comprehensive cultural awareness toolkit is available for this purpose.

- 11) <http://www.stonewallcymru.org.uk/our-work/research/have-your-say>

#### 2.1.8 *Sexual orientation*

Despite an appreciation that awareness of sexual orientation and gender identity issues in the health and social care sector has improved, lesbian, gay, bisexual and transgender (LGBT) patients in Wales report significant barriers to health and social care services<sup>11</sup>. Feedback provided at a Stonewall event indicated that service providers often use inappropriate language when dealing with LGBT patients, and make assumptions about patients' sexual orientation or gender identity. Inappropriate assumptions are also made about 'next of kin' if they are in a same sex relationship. This makes LGBT people feel anxious about accessing health or social care and creates barriers to honest discussions about their health needs. Moreover, it can lead to serious health risks.

**Potential Impact** - There is a need to ensure that patients' needs and personal circumstances are taken into consideration when providing care along the patient pathway, including any implications for rehabilitation services.

Stonewall have commended work by healthcare employers around setting up LGBT staff networks, putting zero tolerance policies in place towards discrimination, and taking a more active approach to LGBT community engagement as having improved the experiences of staff and their patients. Health boards should continue to seek to make progress in this area.

#### 2.1.9 *Transgender*

Trans\* is an umbrella term used to describe the whole range of people whose gender identity/or gender expression differs from the gender assumptions made at birth.

**Potential Impact** - In 'It's just Good Care: A guide for health staff caring for people who are Trans' 2015<sup>19</sup> Trans\* people must be accommodated in line with their gender expression. This applies to toilet facilities, wards, outpatient departments, accident and emergency or other health and social care facilities, including where these are single sex

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<p>Mulford, Glynis 09/24/2020 10:28:11</p>	<p>environments. Different genital or chest appearance is not a bar to this. Privacy is essential to meet the needs of the trans* person and other service users. If there are no cubicles, privacy can usually be achieved with curtaining or screens. The wishes of the trans* person must be taken into account rather than the convenience of nursing staff. An unconscious patient should be treated according to their gender presentation. Absolute dignity must be maintained at all times. It also states that breaching privacy about a person's Gender Recognition Certificate or gender history without their consent could amount to a criminal offence. A medical emergency where consent is not possible may provide an exception to the privacy requirements. All these issues, as well as others, could be mitigated through training.</p> <p><i>2.1.10 Welsh Language</i></p> <p>Public services have a responsibility to comply with the Welsh Language (Wales) Measure 2011. This has created standards which establish the right for Welsh language speakers to receive services in Welsh. Whilst we recognise that Welsh and English are Wales' official languages, Wales has many different voices. Like two-thirds of the world's population many people in Wales are bilingual or multilingual. This is particularly important in traumatic situations where people are more likely to need to communicate in their first language. A total of around 50,000 people speak Welsh in Cardiff and Vale.</p> <p><b>Potential impact</b> - Service users who prefer to communicate in the medium of Welsh may be required to access highly specialist services which do not have sufficient Welsh speaking staff (this may also be the case for languages other than English). This could affect the service user's ability to communicate with service providers in their preferred language. Meeting the information and communication needs of victims who speak Welsh will need to be taken into account.</p> <p>The importance of bilingual healthcare for all patients in Wales is fundamental and is particularly important for four key groups - people with mental health problems; those with learning disabilities; older people and young children. However it is important to recognise groups of other</p>
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	<p>12) More than just words: Strategic Framework for Welsh Language Services in Health, Social Services and Social care (2012)</p>	<p>individuals who have suffered life changing conditions that may benefit from community through the medium of welsh. Research has shown these groups cannot be treated safely and effectively except in their first language (Welsh Language Services in Health, Social Services and Social Care, 2012)<sup>12</sup>. Our consideration of equality takes account of this.</p> <p>Other impacts are noted in sections 6 and 7 below</p>
<p>5</p>	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p>	<p>Individuals who require surgery, have multiple injuries (polytrauma), a haematological condition and those involved with advanced cellular therapy along with their families, carers, visitors and staff.</p>

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## 6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
<b>6.1 Age</b> For most purposes, the main categories are: <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	<b>Potential positive impacts:</b> <ul style="list-style-type: none"> <li>• Patients treated in a high quality environment, which is welcoming and conducive their care and recovery, with an improved environment which meets Standard of Care Guidelines</li> </ul>		Capital, Estates and Facilities to ensure design, installation and commissioning of all capital schemes comply with all necessary Legislation and Guidelines including the provision of operational services.

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
	<ul style="list-style-type: none"> <li>• Improved access to services at the point of need</li> <li>• Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate.</li> <li>• Improved access to en-suite facilities within haematology inpatients and reduced risk of cross infection, conforming to Standards of Care Guidelines.</li> </ul> <p><b>Potential negative impacts:</b> None</p>		Capital, Estates and Facilities to ensure design, installation and commissioning of all capital schemes comply with all necessary Legislation and Guidelines including the provision of operational services.

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
<b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	<b>Potential positive impacts:</b> <ul style="list-style-type: none"> <li>Improved access to services at the point of need</li> <li>Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate.</li> <li>Improved access to en-suite facilities within haematology inpatients and reduced risk of cross infection, conforming to Standards of Care Guidelines.</li> </ul> <b>Potential negative impacts:</b> None		Capital, Estates and Facilities to ensure design, installation and commissioning of all capital schemes comply with all necessary Legislation and Guidelines including the provision of operational services.

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
<p><b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<p><b>Potential positive impacts:</b></p> <ul style="list-style-type: none"> <li>• Improved access to services at the point of need</li> <li>• Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate.</li> <li>• Improved access to en-suite facilities within haematology inpatients and reduced risk of cross infection, conforming to Standards of Care Guidelines.</li> </ul> <p><b>Potential negative impacts:</b> None</p>		Design of facilities will comply with equality implications and other relevant standards and guidelines

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
<b>6.4 People who are married or who have a civil partner.</b>	<ul style="list-style-type: none"> <li>Improved access to services at the point of need</li> <li>Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate.</li> <li>Improved access to en-suite facilities within haematology inpatients and reduced risk of cross infection, conforming to Standards of Care Guidelines.</li> </ul> <p><b>Potential negative impacts:</b> None</p>		Design of facilities will comply with equality implications and other relevant standards and guidelines
<b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	Pregnant members of staff will be subject to the UHB risk assessment process and will be moved to non-clinical areas if necessary		Design of facilities will comply with equality implications and other relevant standards and guidelines

How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
<b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b>	<p><b>Potential positive impacts:</b></p> <ul style="list-style-type: none"> <li>• Improved access to services at the point of need</li> <li>• Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate.</li> <li>• Improved access to en-suite facilities within haematology inpatients and reduced risk of cross infection, conforming to Standards of Care Guidelines.</li> </ul> <p><b>Potential negative impacts:</b> None</p>		<p>Design of facilities will comply with equality implications and other relevant standards and guidelines</p>

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
<b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief	<b>Potential positive impacts:</b> <ul style="list-style-type: none"> <li>• Improved access to services at the point of need</li> <li>• Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate.</li> <li>• Improved access to en-suite facilities within haematology inpatients and reduced risk of cross infection, conforming to Standards of Care Guidelines.</li> </ul> <b>Potential negative impacts:</b> None		

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
<b>6.8 People who are attracted to other people of:</b> <ul style="list-style-type: none"> <li>the opposite sex (heterosexual);</li> <li>the same sex (lesbian or gay);</li> <li>both sexes (bisexual)</li> </ul>	<b>Potential positive impacts:</b> <ul style="list-style-type: none"> <li>Improved access to services at the point of need</li> <li>Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate.</li> <li>Improved access to en-suite facilities within haematology inpatients and reduced risk of cross infection, conforming to Standards of Care Guidelines.</li> </ul> <b>Potential negative impacts:</b> None		

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
<p><b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b></p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p><b>Potential Positive impact</b></p> <ul style="list-style-type: none"> <li>Improved staff access to appropriate communication methods that facilitate engagement with non-English speaking patients</li> <li>IT supports patient engagement and communication</li> </ul>	<ul style="list-style-type: none"> <li>Translation services to be available as required by the Welsh Language Standards</li> <li>All public documents available in Welsh</li> <li>Develop IT support /social media programmes in Welsh</li> <li>Employ Welsh speaking staff</li> <li>Develop local patient engagement programmes in Welsh</li> <li>Promote the availability of Welsh speaking staff</li> </ul>	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> <li>Strategy &amp; Service Planning Team</li> <li>Clinical Boards</li> <li>UHB IM&amp;T Team</li> <li>Workforce and Organisational Development</li> <li>Patient Experience Team</li> <li>SOFW Programme Team (including PCIC and other Clinical Board members)</li> </ul>

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
<b>6.10 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	<b>Potential positive impacts:</b> <ul style="list-style-type: none"> <li>• Improved access to services at the point of need</li> <li>• Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate.</li> <li>• Improved access to en-suite facilities within haematology inpatients and reduced risk of cross infection, conforming to Standards of Care Guidelines.</li> </ul> <b>Potential negative impacts:</b> None		

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
<b>6.11 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	<b>Potential positive impacts:</b> <ul style="list-style-type: none"> <li>Improved access to services at the point of need for all welsh patients</li> <li>Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate.</li> <li>Improved access to en-suite facilities within haematology inpatients and reduced risk of cross infection, conforming to Standards of Care Guidelines.</li> </ul> <b>Potential negative impacts:</b> <ul style="list-style-type: none"> <li>Transport links</li> </ul> <b>Potential negative impacts:</b> None		<ul style="list-style-type: none"> <li>Provide information in relation to public transport routes/timetables</li> <li>Provide information for voluntary services</li> </ul>

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	<p><b>Potential positive impacts:</b></p> <ul style="list-style-type: none"> <li>• Improved access to services at the point of need</li> <li>• Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate.</li> <li>• Improved access to en-suite facilities within haematology inpatients and reduced risk of cross infection, conforming to Standards of Care Guidelines.</li> </ul> <p><b>Potential negative impacts:</b> None</p>		

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**KATE ROBERTS WILL HAVE A BETTER VIEW IF THE BELOW AND SO MAY WISH TO COMMENT.**

**7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?**

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
<b>7.1 People being able to access the service offered:</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities  Well-being Goal - A more equal Wales	<b>Potential positive impacts:</b> <ul style="list-style-type: none"> <li>Improved access to services at the point of need</li> <li>Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate.</li> <li>Services on a major site with accessibility by ambulance, car, walking, cycling and public transport</li> </ul> <b>Potential negative impacts:</b> None		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
<p><b>7.2 People being able to improve /maintain healthy lifestyles:</b> Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>	<p><b>Potential positive impacts:</b></p> <ul style="list-style-type: none"> <li>• Improved access to services at the point of need</li> <li>• Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate.</li> <li>• Services provided on a health site that incorporates health promotion opportunities wherever possible, including offering access to healthy choice foods with staff trained in MECC and able to signpost patients/visitors to stop smoking services. Promotion of use of stairs for those able to</li> </ul> <p><b>Potential negative impacts:</b> None</p>		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
<b>7.3 People in terms of their income and employment status:</b> Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions  Well-being Goal – A prosperous Wales	If vacancies arise the recruitment of staff, will be in accordance with Health Board recruitment policies	Employment of local people to reflect demographic population as far as possible given the specialist nature of the service	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
<p><b>7.4 People in terms of their use of the physical environment:</b> Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	<p><b>Potential positive impacts:</b></p> <ul style="list-style-type: none"> <li>• Improved access to services at the point of need</li> <li>• Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate.</li> <li>• Improved environment that complies with standards and guidelines</li> <li>• Improved gender segregation with en-suite bedrooms along with privacy and dignity arrangements</li> <li>• Services provided on a hospital site with good transport links on a site that prioritises walking and cycle routes</li> <li>• Disability Discrimination Act related compliant facilities</li> <li>• Use of natural lighting and ventilation wherever possible</li> </ul> <p><b>Potential negative impacts:</b> None</p>		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
<p><b>7.5 People in terms of social and community influences on their health:</b> Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p><b>Potential positive impacts:</b></p> <ul style="list-style-type: none"> <li>• Improved access to services at the point of need</li> <li>• Better facilities to facilitate earlier input and promote earlier discharge focussed on the needs of the client group, easy to access and navigate.</li> <li>• Improved environment that complies with standards and guidelines</li> </ul> <p><b>Potential negative impacts:</b> None</p>		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
<b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b> Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate  Well-being Goal – A globally responsible Wales	<b>Potential positive impacts:</b> <ul style="list-style-type: none"> <li>• Ability and capacity to continue to provide care to welsh patients within Wales.</li> <li>• Potential for reduced length of stay if patients are able to be admitted at the point of need, producing a more effective use of resources</li> <li>• Delivery of UHB Policy and Standards of Care</li> <li>• Ability to meet well-being objectives</li> <li>• Energy efficient building design</li> </ul> <b>Potential negative impacts:</b> None		

Please answer question 8.1 following the completion of the EHIA and complete the action plan

<b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b>	<b>Summary of Analysis</b>  The impact of the project should have a positive impact on all of the protected characteristics. The implementation of the preferred option will deliver the following key benefits: <ul style="list-style-type: none"> <li>- Improved interventional space ensuring provision promotes service of excellence</li> <li>- Patients treated in a high quality fit for purpose environment focussed on the needs of the client group</li> <li>- Enhanced levels of safety and observation facilitating improved response times</li> </ul>
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	<ul style="list-style-type: none"> <li>- Welcoming patient environment</li> <li>- Enhanced privacy and dignity</li> <li>- Maximising daylight and ventilation</li> <li>- More rapid access to inpatient facilities to aid the timeliness of interventions, decision making and overall progression along the care pathway</li> <li>- Support adherence to Equality Act, Human Rights Act, All Wales Sensory Loss Standards, Disability Discrimination Act related compliance and BREEAM standards</li> <li>- Ability to future proof to cope with the predicted rise of demand in terms of complexity of cases, the ageing community and increased population projections</li> <li>- Patients seen in a more timely manner leading to improved clinical outcomes</li> <li>- Patients seen in the right place in a specialist haematology and polytrauma units with specialist staff and treatment</li> <li>- Improved clinical outcomes through more timely treatment</li> <li>- Better continuity of service</li> <li>- Clinical expertise co-located within one area</li> <li>- Enhanced multi-disciplinary working</li> <li>- Improved staff recruitment and retention</li> <li>- Improved regional networking for major trauma</li> <li>- Opportunities to develop specialist skills</li> <li>- Safeguard and consolidate Welsh services encouraging high quality staff to train and remain in Wales</li> <li>- Reduction of the risk of spread and transmission of infection through the provision of en-suite facilities leading to reduced length of stay and increased capacity</li> <li>- Improved environment and condition of estate leading to reduced maintenance costs</li> <li>- Compliance with HBN/HTM Standards</li> <li>- Reduction in staff sickness rates</li> <li>- Improved job satisfaction</li> <li>- Improved levels of staff and patient satisfaction regarding service provision</li> </ul>
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## Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.2 What are the key actions identified as a result of completing the EHIA?</b>	<p>Translation services to be available as required by the Welsh Language Standards</p> <p>All public documents available in Welsh</p> <p>Develop IT support /social media programmes in Welsh</p> <p>Employ Welsh speaking staff</p> <p>Develop local patient engagement programmes in Welsh</p> <p>Promote the availability of Welsh speaking staff</p> <p>Employment of local people to reflect demographic population as far as possible given the specialist nature of the service</p>	<p>Strategy &amp; Service Planning Team</p> <p>Clinical Boards</p> <p>UHB IM&amp;T Team</p> <p>Workforce and Organisational Development</p> <p>Patient Experience Team</p> <p>SOFW Programme Team (including PCIC and other Clinical Board members)</p>		<p>Capital, Estates and Facilities to ensure design, installation and commissioning of all capital schemes comply with all necessary Legislation and Guidelines including the provision of operational services.</p> <p>Design of facilities will comply with equality implications and other relevant standards and guidelines</p> <p>Provide information in relation to public transport routes/timetables</p> <p>Provide information for voluntary services</p>

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b>  This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	As there has been potentially no negative impacts identified, and consultation and engagement activity with users has taken place both face to face and through user satisfaction surveys, it is unnecessary to undertake a more detailed assessment.			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.4 What are the next steps?</b>  Some suggestions:- Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> <li>continues unchanged as there are no significant negative impacts</li> <li>adjusts to account for the negative impacts</li> <li>continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)</li> <li>stops.</li> </ul> Have your strategy, policy, plan, procedure and/or service proposal approved Publish your report of this impact assessment  Monitor and review	<p>On reviewing this service delivery strategy positive changes have been made. The EHIA has been consulted upon.</p> <p>The Strategy will continue, enhanced by the actions identified within the EHIA</p> <p>The EHIA will be published, alongside the Strategy, on the intranet and internet once approved.</p> <p>This EHIA will be reviewed three years after approval unless changes to legislation or best practice determine that an earlier review is required</p>			

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## **APPENDIX 9 –**

### **Risk Potential Assessment (RPA): Stage 1**

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Llywodraeth Cymru  
Welsh Government

**Welsh Government**

**GATEWAY REVIEW PROCESS**

**RISK POTENTIAL ASSESSMENT  
STAGE 1**

**(RPA1 – FORM)**

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## INTRODUCTION

The WG Risk Potential Assessment form part 1, (RPA1) is designed to provide a standard set of high-level criteria for assessing the initial risk potential of a programme/project in a strategic context.

The RPA1 is based on the 2009 OGC RPA form (part A), but utilises criteria for determining risk potential of WG-specific programmes/projects.

The RPA1 has two purposes: (a) for identifying potential risk of all programmes/projects across WG for use by the Integrated Assurance Hub, and (b) for determining the most applicable assurance method for a programme/project.

The overall RPA assessment process is an indicator of risk potential and is not an exhaustive risk analysis model. However, it can be the starting point for a more exhaustive risk assessment of a programme/project. The RPA enables a conversation to be had about the risks and responsibilities that the SRO has for delivery and that the programme/project has in respect of visibility, reporting and assurance in a wider portfolio management context. The RPA can also help the programme/project to identify areas where specific skills sets, commensurate with the level of complexity, may be required.

Gateway reviews are now mandatory for all mission critical and high value programmes/projects within WG. In order to determine the applicability of a Gateway review, the RPA1 must be completed by all programmes/projects at key decision points in their lifecycles (if you need additional guidance on completion of the RPA1 please contact the Integrated Assurance Hub via the Programmes and Projects mailbox [Programmes&Projects@wales.gsi.gov.uk](mailto:Programmes&Projects@wales.gsi.gov.uk)

Completed forms must be sent for assessment via the Programmes and Projects mailbox [Programmes&Projects@wales.gsi.gov.uk](mailto:Programmes&Projects@wales.gsi.gov.uk)

## HOW TO COMPLETE THIS FORM

The OGC Gateway process is applicable to a wide range of programmes/projects including policy driven, business or organisation, property/construction, ICT enabled or procurement/acquisition change initiatives. The RPA process should be completed as early in the life of a programme/project as possible - irrespective of its type - and should be reviewed and updated prior to undertaking all subsequent OGC Gateway Reviews.

The RPA1 is the first risk step in the Gateway review risk potential assessment process, and requires the Senior Responsible Owner (SRO) supported by the programme/project manager, to consider the programme/project through a strategic assessment of the potential Consequential Impact, should the programme/project fail to deliver its

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objectives or outcomes.

The RPA1 is made up of a series of short assessments, which will determine the basic risk rating of the programme/project. These assessments are made using the knowledge and judgement of the SRO and programme/project team and should be considered in the light of a programme/project's strategic context. The majority of answers require the appropriate box to be checked, however, where applicable a short explanatory note of the reasoning for each mark is also required to provide further detail for the Gateway team and an audit trail of the considerations.

The completed RPA1 will be assessed by the Integrated Assurance Hub and where programmes/projects have been primarily assessed as medium risk, high risk or mission critical then completion of a further Complexity Assessment (**RPA2**) is required.

Where programmes/projects have been primarily assessed as low risk, the Gateway Portfolio Leader will advise the SRO of the outcome and offer an alternative form of assurance if required.

In all instances the Portfolio Leader must independently validate the RPA1 and be satisfied that it fairly reflects the programme/project's strategic profile within the WG change portfolio. If the RPA1 is deemed to be inaccurate then a discussion with the SRO will be held to reach a consensus.

If you have further questions about the use or completion of the RPA1, please contact the Integrated Assurance Hub via the Programmes and Projects mailbox [Programmes&Projects@wales.gsi.gov.uk](mailto:Programmes&Projects@wales.gsi.gov.uk)

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PART 1: For completion by the SRO

SECTION A: PROGRAMME / PROJECT DETAILS	
Programme/Project Name	Development of a new block on Academic Avenue at UHW
SRO Name	Abigail Harris, Executive Director of Planning, Cardiff & Vale UHB
SRO Contact Details	Cardiff and Vale University Health Board, Headquarters Building, University Hospital of Wales, Heath Park, Cardiff CF14 4XW
Department/Division	Planning
Programme/Project Type	<div> <input type="checkbox"/> Policy  <input type="checkbox"/> Legislation  <input type="checkbox"/> ICT  <input type="checkbox"/> Business change  <input type="checkbox"/> Infrastructure  <input checked="" type="checkbox"/> Construction  <input type="checkbox"/> Capital  <input type="checkbox"/> Other (Please specify below:)  <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> </div>
<p><b>Please provide a brief overview of the programme/project:</b></p> <p>This project will enable the development of the New Block (Academic Avenue) at the University Hospital of Wales (UHW) providing replacement of 4 of the existing main theatres provision of 2 new theatres for Major Trauma and Vascular services, refurbishment of 6 of the existing main theatres, Major Trauma Inpatients, Haematology / Bone Marrow Transplant and Advanced Cell Therapy services.</p>	

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## SECTION B: ORGANISATIONAL COMMITMENTS

Does the programme/project satisfy a ministerial commitment?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please state who is the responsible minister(s)	Cabinet Secretary for Health, Wellbeing and Sport
Does the programme/project cut across ministerial portfolios?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If YES, please state which portfolios	
Does the programme/project satisfy a major policy commitment?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, which policy?	<input type="checkbox"/> One Wales <input type="checkbox"/> Delivering Beyond Boundaries <input type="checkbox"/> Making the Connections <input checked="" type="checkbox"/> Other (Please specify below:) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <ul style="list-style-type: none"> <li>Services fit for the future: Quality and Governance in health and care in Wales (White Paper Consultation 2017)</li> <li>Taking Wales Forward (2016 – 2021)</li> <li>Prudent Healthcare (2016)</li> <li>Health and Care Standards (April 2016)</li> <li>Wellbeing of Future Generations (Wales) Act 2015</li> </ul> </div>
Does the programme/project satisfy a legislative requirement?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please clarify:	<div style="border: 1px solid black; padding: 5px;"> <p>Explanatory Note:</p> <p>Legislation and statutory compliance in relation to H&amp;S, Fire Regulations and environmental standards. Equality and disability Legislation, HBN's and HTN's</p> </div>

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	where applicable and appropriate. Planning and building legislation and licensing. Ecological guidance and legislation.
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### SECTION C: PROGRAMME / PROJECT BUDGET

How much is the projected budget for the programme/project?

N.B. when completing this part of the form, please take into account the whole-life costs of the programme/project (as defined by HM Treasury Green Book)

Up to £50k	£50k - £250K	£250K - £1m	£1m - £5m	£5m and above
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/

How long is the programme/project expected to run?

Up to 1 yr	Up to 2yrs	Up to 3yrs	Up to 4yrs	Up to 5yrs	Unknown
<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is funding secured and in place for the entire lifecycle of the programme/project?	<input type="checkbox"/> YES / NO
--	--------------------------------------

If NO, what is the deficit?	£131,499,643  Explanatory Note: Awaiting Business Case approval
-----------------------------	--

Does the programme/project receive external funding?	/ Centrally Retained Capital <input type="checkbox"/> Grants <input type="checkbox"/> Enabling Government Portfolio <input type="checkbox"/> Other (Please specify below: <div></div>
--	---

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SECTION D: STAFF IMPACT					
Is the programme/project concerned with business, operational or ICT-enabled change?			<input type="checkbox"/> YES / NO		
If YES please provide additional information:			Explanatory Note: <div style="border: 1px solid black; height: 60px;"></div>		
How many staff within the organisation will be affected by the programme/project?					
1-100	100-250	250-500	500-1,000	1,000 +	All staff
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the programme/project involve the physical movement of staff?			<input type="checkbox"/> YES / NO		
If YES how many staff (approx)?			Staff nos. Less than 100 Explanatory Note: <div style="border: 1px solid black; height: 30px;"></div>		
Will there be any training requirements involved in the final delivery of the programme/project output(s)?			<input type="checkbox"/> YES / NO		
If YES please provide more detail:			Explanatory Note: <div style="border: 1px solid black; height: 40px;"></div>		

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SECTION E: PROGRAMME/PROJECT DEPENDENCIES	
Is the programme/project dependant upon the delivery of another programme/project to meet its objectives?	YES / NO
If YES please clarify:	Explanatory Note: <div></div>
Is there another programme/project within the organisation that is dependant on this programme/project delivering to time and cost?	YES / NO
If YES please clarify:	Explanatory Note: <div></div>
Has a scoping exercise been undertaken to ensure that there is no duplication of work in any other part of the organisation?	YES / NO
Does the programme/project have external stakeholders?	<input type="checkbox"/> YES / NO
Have all key stakeholders been identified and engaged?	<input checked="" type="checkbox"/> YES – all key stakeholders identified and engaged <input type="checkbox"/> Most stakeholders identified and engaged <input type="checkbox"/> Some stakeholders identified but no engagement to date <input type="checkbox"/> Stakeholders not yet identified

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SECTION F: SECURITY	
Has Privacy Impact Assessment (PIA) screening been undertaken?	<input type="checkbox"/> YES  / NO
If NO please complete the PIA screening tool: <a href="https://documents.fh.wales.gov.uk/xclens/ld A1015704">https://documents.fh.wales.gov.uk/xclens/ld A1015704</a>	
Does screening indicate that a formal PIA assessment is required?	<input type="checkbox"/> YES  / NO
If YES, has the PIA been undertaken?	<input type="checkbox"/> YES  <input type="checkbox"/> NO
Please supply the following documentary evidence: <ul style="list-style-type: none"> <li>• Copy of completed PIA screening tool</li> <li>• Copy of PIA report (where formal PIA undertaken)</li> </ul>	

Section G: SRO ENDORSEMENT	
I am satisfied that the initial Risk Potential Assessment provides an accurate reflection of the programme/project at this stage of development.	
Signed <i>Abigail Harris</i> (Senior Responsible Owner)	Date <i>8/1/2020</i>
I will re-assess the programme/project if there is a significant change to the programme/project scope or budget or if significant changes emerge that may threaten successful delivery.	
Signed <i>Abigail Harris</i> (Senior Responsible Owner)	Date <i>8/1/2020</i>

Once signed, please send a copy of this form to the [Programmes&Projects@wales.gov.uk](mailto:Programmes&Projects@wales.gov.uk) for assessment.

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This section is for completion by the Gateway Portfolio Leader.

#### SECTION H: ASSESSMENT BY GATEWAY PORTFOLIO LEADER

I am satisfied that the SRO's assessment of the programme/project, as recorded above, is an accurate reflection of the programme/project's risk potential at this stage of development.

Signed		Date
(Gateway Portfolio Leader)		
Based on the information provided, the risk potential of this programme/project is assessed as:	<input type="checkbox"/> Mission Critical <input type="checkbox"/> High Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> Low Risk	
Does the programme/project require a Gateway review?	<input type="checkbox"/> YES <input type="checkbox"/> RPA2 required for validation <input type="checkbox"/> NO	
Is further information required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

#### FILING / RECORDING ARRANGEMENTS

Retain a copy of this completed and signed form with the official record for the programme or project.

☐

If this assessment relates to a grant-funded project, a copy of this form must be sent to the Grants team.

☐ sent      date:

If this assessment relates to a CRC-funded project, a copy of this form must be sent to the CRC team.

☐ sent      date:

If this assessment relates to an Enabling Government-funded project, a copy of this form must be sent to the Enabling Government team.

☐ sent      date:

If this assessment relates to an ICT programme/project, a copy of this form must be sent to the ICT team.

☐ sent      date:

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<b>Report Title:</b>	Cardiff and Vale University Health Board Research and Development Strategy 2020-2023						
<b>Meeting:</b>	CVUHB BOARD MEETING				<b>Meeting Date:</b>	30/1/2020 1.00pm	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	√	<b>For Information</b>
<b>Lead Executive:</b>	Dr Stuart Walker, Medical Director						
<b>Report Author</b>	Professor Christopher Fegan, CVUHB R&D Director						

### Background and current situation:

NHS R&D funding is provided by WG via Health Care Research Wales. Since 2015 HCRW have mandated each UHB has a 3 year rolling R&D strategy which is reviewed, if needs be updated, and approved annually by the UHB Executive Board.

In April 2019, CVUHB fully adopted the WG R&D Finance Policy which shifted the responsibility for R&D expenditure from each individual Clinical Directorate to the R&D Director. To assist the R&D Director with the management of this R&D funding, and also the CVUHBs overall R&D performance, a Research Management Delivery Board (RDMB) was set up, within R&D, chaired by the R&D Director with representation from all the CBs.

Although CVUHB had its best R&D performance in over 5 years in 2018/9 (number of patients recruited (including into cancer trials), Paediatric and interventional studies in Wales, highest commercial income, etc), - the RDMB have now committed to a complete re-write of the R&D strategy, led by the R&D Manager (Dr Jane Jones) and R&D Director, with input from each CB. The attached strategy summarises the overall UHB view therefore with the individual CB performance summaries attached as an appendix A.

### Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The RDMB re-writing of the CVUHB R&D Strategy has allowed us to re-affirm our previous objectives:

Closer working with Cardiff University (with a Joint Research Office, Biobank, agreement on clinical Academic role, etc),

Better reflect the alignment between CVUHB R&D strategy, WGs aims, CVUHB's IMTP and Shaping our Future Wellbeing strategy,

Alignment of our R&D portfolio, working alongside Innovation and Improvement colleagues, to directly influence patient outcomes.

Introduction of new and exciting initiatives such as the Advanced Therapy Treatment Centre.

In addition each CB will develop its own Implementation Plan which the RDMB, and the Medical Director, will overview at the 6 monthly CB performance meetings.

### Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Research & Development within CVUHB is undergoing a transformational change, associated with the setting up of the RDMB with responsibility for R&D expenditure and performance. It was appropriate that this new era was reflected in a complete re-write of CVUHB's R&D strategy.

This has resulted in a much smaller but practically deliverable R&D strategy.

As such there are no new risks associated with the re-alignment of the R&D strategy, and indeed this new R&D strategy will better assist CVUHB in reducing the risk profile of its own initiatives and strategic aims. It will do this by gaining the well-recognised advantages of a thriving R&D culture within CVUHB, and by additional reputational enhancement.

**Recommendation:** We recommend that the Board approves this year's CVUHB R&D Strategy.

<b>Shaping our Future Wellbeing Strategic Objectives</b> <i>This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report</i>									
1. Reduce health inequalities	✓	6. Have a planned care system where demand and capacity are in balance	✓						
2. Deliver outcomes that matter to people	✓	7. Be a great place to work and learn	✓						
3. All take responsibility for improving our health and wellbeing	✓	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	✓						
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	✓						
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	✓	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	✓						
<b>Five Ways of Working (Sustainable Development Principles) considered</b> <i>Please tick as relevant, click <a href="#">here</a> for more information</i>									
Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓
<b>Equality and Health Impact Assessment Completed:</b>		Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.							



Clinical Board Recruitment Summary 2018-19 & 2019-20 (Q1 Draft Data Only)

2018-19

Non-commercial Recruitment by Clinical Board (2018-19)

Clinical Board	No. of Studies with Recruitment	% of Total CVUHB Studies with Recruitment	Total Recruitment	% of Total CVUHB Recruitment	No. of studies with zero recruits*	Total no. of studies	% of Total CVUHB Studies	Interventional		Observational	
								No. of Interventional Studies with recruitment	Total Interventional Recruitment	No. of Observational Studies with recruitment	Total Observational Recruitment
Children & Women's	24	12	1323	21	21	45	15	16	889	8	434
Clinical Diagnostics & Therapeutics	12	6	187	3	4	16	5	3	19	9	168
Dental Services	1	0	409	7	1	2	1	1	409	0	0
Medicine	35	17	664	11	14	49	17	16	177	19	487
Mental Health	6	3	89	1	3	9	3	2	38	4	51
Other - Directorate Split	3	1	40	1	0	3	1	1	2	2	38
Primary, Community & Intermediate Care	11	5	155	2	6	17	6	9	99	2	56
Specialist Services	74	36	1984	32	26	100	34	31	256	43	1728
Surgical Services	39	19	1400	22	13	52	18	24	284	15	1116
	205		6251		88	293		103	2173	102	4078

Narrative:  
\*13 studies with zero recruitment were in set-up during this financial year, Q4 - these studies are not included above nor in the clinical board charts.  
38 studies with zero recruitment were closed, suspended or abandoned during this financial year, Q4.

Commercial Recruitment by Clinical Board (2018-19)

Clinical Board	No. of Studies with Recruitment	% of Total CVUHB Studies with Recruitment	Total Recruitment	% of Total CVUHB Recruitment	No. of studies with zero recruits*	Total no. of studies	% of Total CVUHB Studies	Interventional		Observational	
								No. of Interventional Studies with recruitment	Total Interventional Recruitment	No. of Observational Studies with recruitment	Total Observational Recruitment
Children & Women's	2	4	4	1	2	4	5	2	4	0	0
Clinical Diagnostics & Therapeutics	0	0	0	0	0	0	0	0	0	0	0
Dental Services	0	0	0	0	0	0	0	0	0	0	0
Medicine	6	11	20	6	6	12	14	6	20	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0
Other - Directorate Split	1	2	5	2	0	1	1	1	5	0	0
Primary, Community & Intermediate Care	6	11	103	31	1	7	8	3	78	3	25
Specialist Services	31	58	103	31	22	53	61	23	70	8	33
Surgical Services	7	13	93	28	3	10	11	6	66	1	27
	53		328		34	87		41	243	12	85

Narrative:  
\*2 studies with zero recruitment were in set-up during this financial year, Q4 - these studies are not included above nor in the clinical board charts.  
24 studies with zero recruitment were closed, suspended or abandoned during this financial year, Q4.

Non-commercial and Commercial Recruitment by Clinical Board (2018-19)

Clinical Board	No. of Studies with Recruitment	% of Total CVUHB Studies with Recruitment	Total Recruitment	% of Total CVUHB Recruitment	No. of studies with zero recruits*	Total no. of studies	% of Total CVUHB Studies	Interventional		Observational	
								No. of Interventional Studies with recruitment	Total Interventional Recruitment	No. of Observational Studies with recruitment	Total Observational Recruitment
Children & Women's	26	10	1327	20	23	49	13	18	893	8	434
Clinical Diagnostics & Therapeutics	12	5	187	3	4	16	4	3	19	9	168
Dental Services	1	0	409	6	1	2	1	1	409	0	0
Medicine	41	16	684	10	20	61	16	22	197	19	487
Mental Health	6	2	89	1	3	9	2	2	38	4	51
Other - Directorate Split	4	2	45	1	0	4	1	2	7	2	38
Primary, Community & Intermediate Care	17	7	258	4	7	24	6	12	177	5	81
Specialist Services	105	41	2087	32	48	153	40	54	326	51	1761
Surgical Services	46	18	1493	23	16	62	16	30	350	16	1143
	258		6579		122	380		144	2416	114	4163

Narrative:  
\*15 studies with zero recruitment were in set-up during this financial year - these studies are not included above nor in the clinical board charts.  
62 studies with zero recruitment were closed, suspended or abandoned during this financial year.

2019-20

Non-commercial Recruitment by Clinical Board (2019-20 Q1 Draft Data)

Clinical Board	No. of Studies with Recruitment	% of Total CVUHB Studies with Recruitment	Total Recruitment	% of Total CVUHB Recruitment	No. of studies with zero recruits*	Total no. of studies	% of Total CVUHB Studies	Interventional		Observational	
								No. of Interventional Studies with recruitment	Total Interventional Recruitment	No. of Observational Studies with recruitment	Total Observational Recruitment
All Wales Medical Genomics Service	7	6	65	4	11	18	7	0	0	7	65
Children & Women's	8	7	470	30	30	38	16	5	143	3	327
Clinical Diagnostics & Therapeutics	3	3	18	1	4	7	3	3	18	0	0
Medicine	25	22	201	13	16	41	17	8	27	17	174
Mental Health	4	3	41	3	4	8	3	1	12	3	29
Other - Directorate Split	1	1	3	0	2	3	1	1	3	0	0
Primary, Community & Intermediate Care	6	5	67	4	8	14	6	3	20	3	47
Specialist Services	34	29	313	20	33	67	27	16	49	18	264
Surgical Services	28	24	397	25	20	48	20	15	144	13	253
	116		1575		128	244		52	416	64	1159

Narrative:  
\*10 studies with zero recruitment were in set-up during this quarter (Q1) - these studies are not included above nor in the clinical board charts.  
25 studies with zero recruitment were closed, suspended or abandoned during this quarter (Q1)

Commercial Recruitment by Clinical Board (2019-20 Q1 Draft Data)

Clinical Board	No. of Studies with Recruitment	% of Total CVUHB Studies with Recruitment	Total Recruitment	% of Total CVUHB Recruitment	No. of studies with zero recruits*	Total no. of studies	% of Total CVUHB Studies	Interventional		Observational	
								No. of Interventional Studies with recruitment	Total Interventional Recruitment	No. of Observational Studies with recruitment	Total Observational Recruitment
All Wales Medical Genomics Service	0	0	0	0	0	0	0	0	0	0	0
Children & Women's	0	0	0	0	3	3	5	0	0	0	0
Clinical Diagnostics & Therapeutics	1	5	10	15	0	1	2	0	0	1	10
Medicine	3	16	5	8	4	7	12	2	2	1	3
Mental Health	0	0	0	0	0	0	0	0	0	0	0
Other - Directorate Split	0	0	0	0	0	0	0	0	0	0	0
Primary, Community & Intermediate Care	2	11	3	5	3	5	9	1	2	1	1
Specialist Services	11	58	41	62	25	36	62	8	15	3	26
Surgical Services	2	11	7	11	4	6	10	2	7	0	0
	19		66		39	58		13	26	6	40

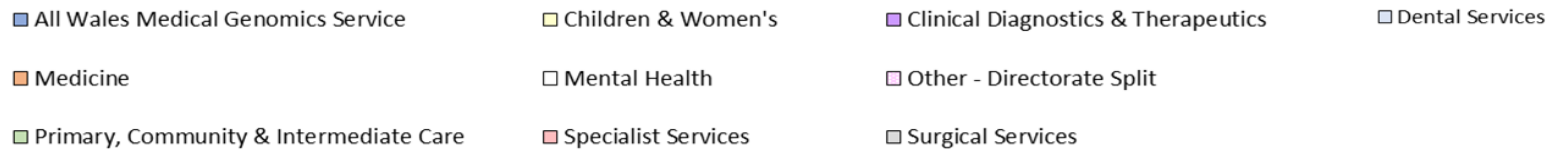
Narrative:  
\*2 studies with zero recruitment were in set-up during this quarter (Q1) - these studies are not included above nor in the clinical board charts.  
8 studies with zero recruitment were closed, suspended or abandoned during this quarter (Q1).

Non-commercial and Commercial Recruitment by Clinical Board (2019-20 Q1 Draft Data)

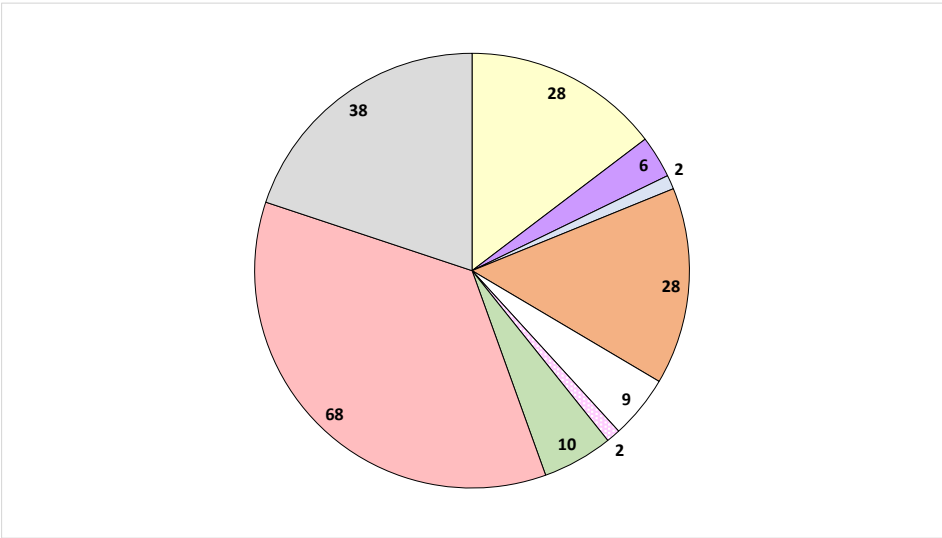
Clinical Board	No. of Studies with Recruitment	% of Total CVUHB Studies with Recruitment	Total Recruitment	% of Total CVUHB Recruitment	No. of studies with zero recruits*	Total no. of studies	% of Total CVUHB Studies	Interventional		Observational	
								No. of Interventional Studies with recruitment	Total Interventional Recruitment	No. of Observational Studies with recruitment	Total Observational Recruitment
All Wales Medical Genomics Service	7	5	65	4	11	18	6	0	0	7	65
Children & Women's	8	6	470	29	33	41	14	5	143	3	327
Clinical Diagnostics & Therapeutics	4	3	28	2	4	8	3	3	18	1	10
Medicine	28	21	206	13	20	48	16	10	29	18	177
Mental Health	4	3	41	2	4	8	3	1	12	3	29
Other - Directorate Split	1	1	3	0	2	3	1	1	3	0	0
Primary, Community & Intermediate Care	8	6	70	4	11	19	6	4	22	4	48
Specialist Services	45	33	354	22	58	103	34	24	64	21	290
Surgical Services	30	22	404	25	24	54	18	17	151	13	253
	135		1641		167	302		65	442	70	1199

Narrative:  
\*12 studies with zero recruitment were in set-up during this quarter (Q1) - these studies are not included above nor in the clinical board charts.  
33 studies with zero recruitment were closed, suspended or abandoned during this quarter (Q1).

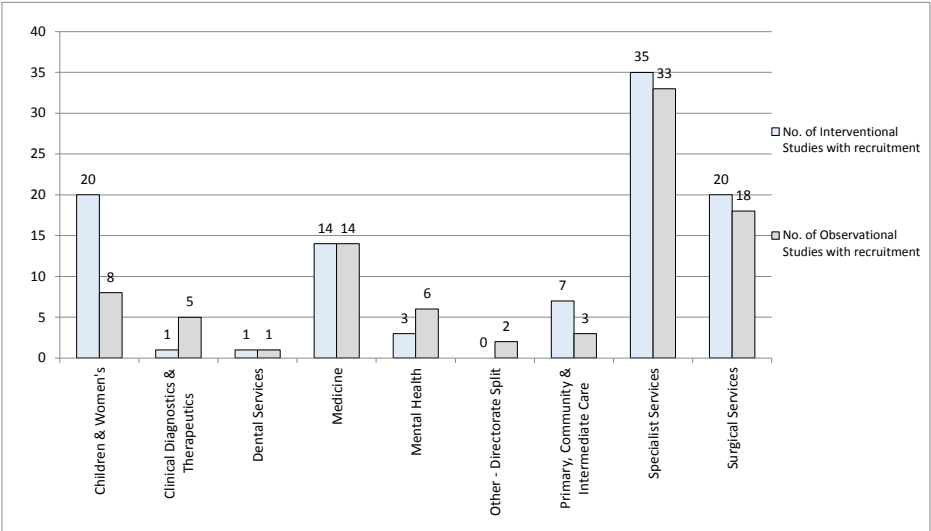
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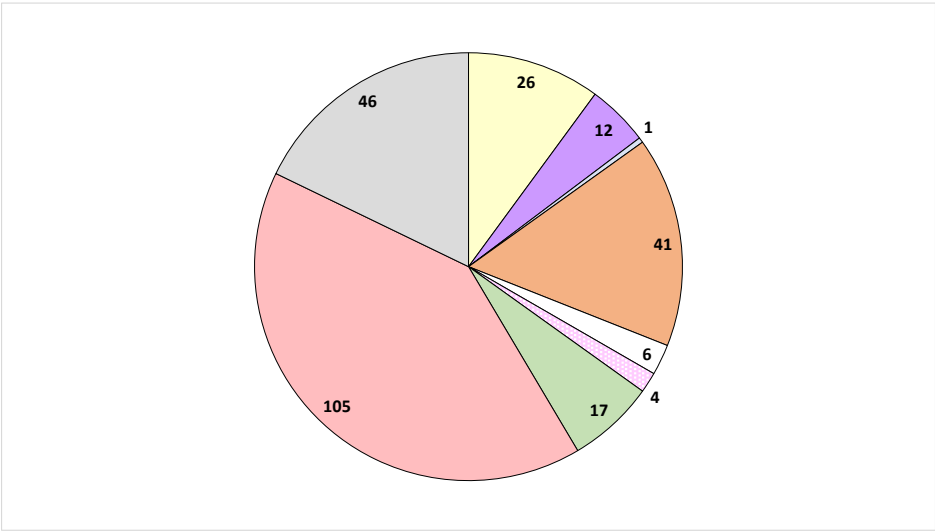
Number of Non-commercial Studies with Recruitment by Clinical Board (2017-18)



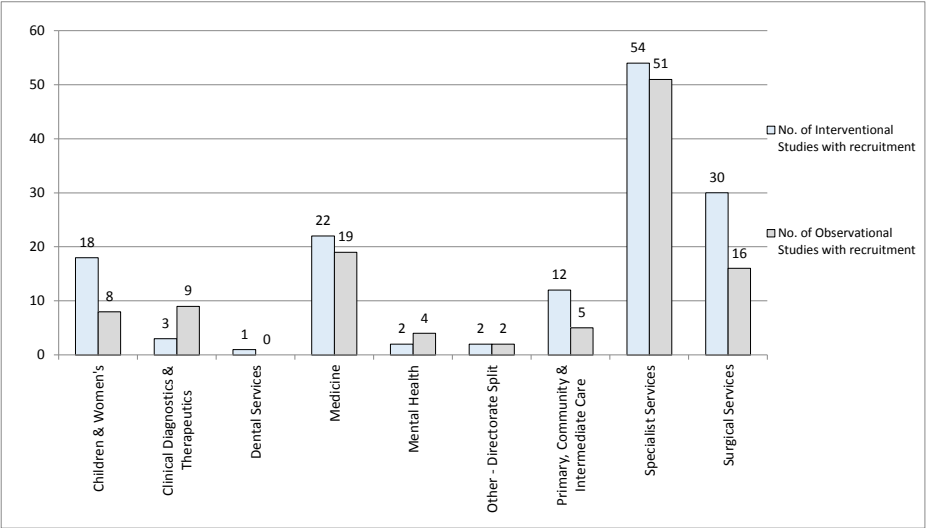
Number of Non-commercial Interventional and Observational Studies with Recruitment by Clinical Board (2017-18)



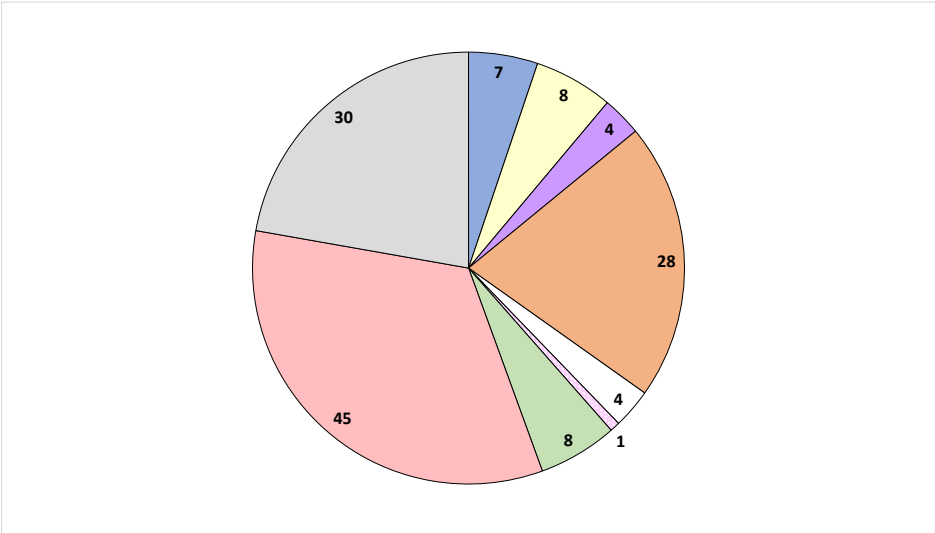
Number of Non-commercial and Commercial Studies with Recruitment by Clinical Board (2018-19)



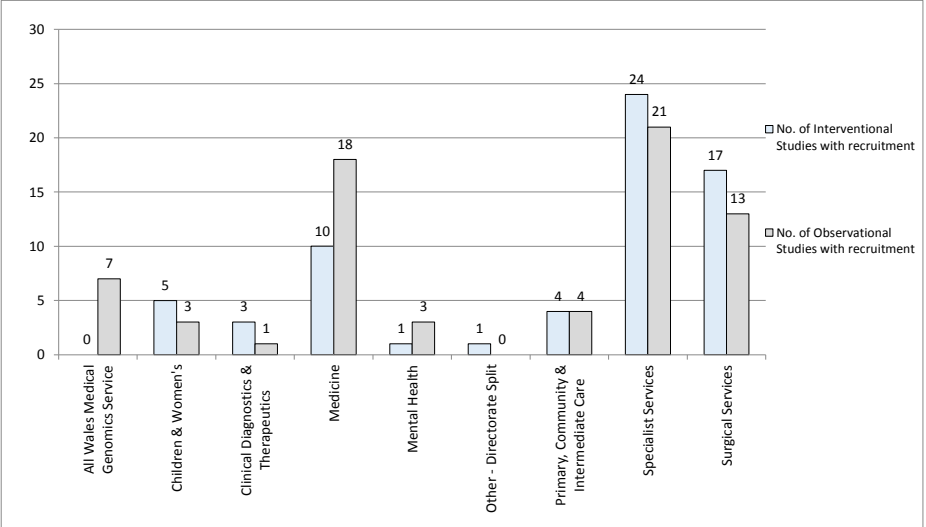
Number of Non-commercial and Commercial Interventional and Observational Studies with Recruitment by Clinical Board (2018-19)



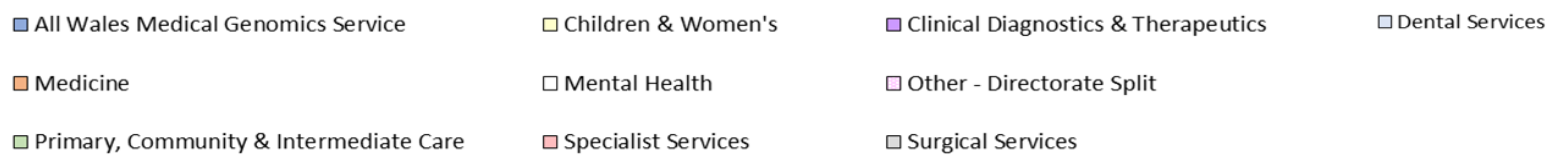
Number of Non-commercial and Commercial Studies with Recruitment by Clinical Board (2019-20, Q1 Draft)



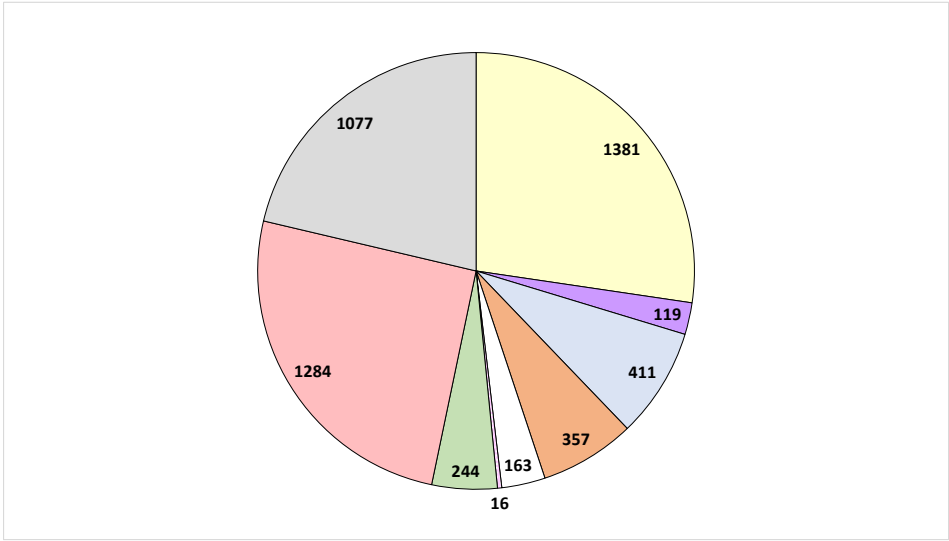
Number of Non-commercial and Commercial Interventional and Observational Studies with Recruitment by Clinical Board (2019-20, Q1 Draft)



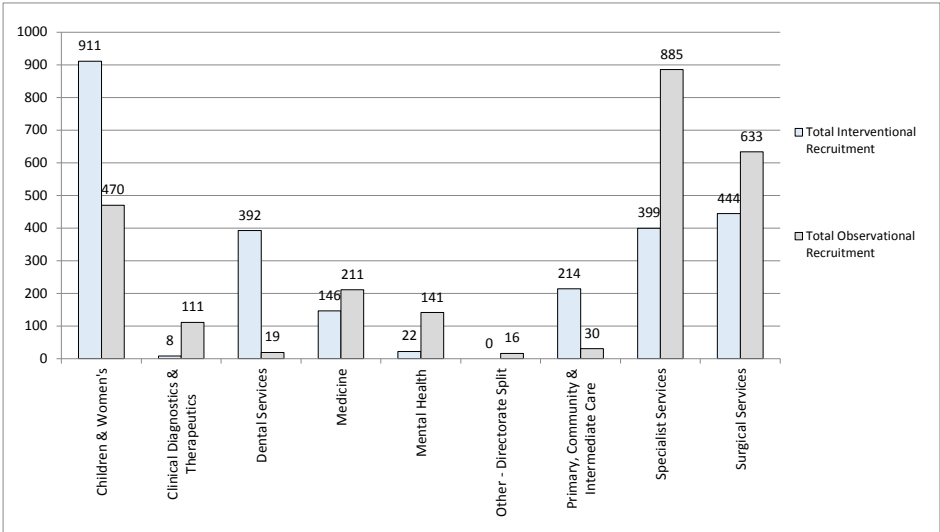
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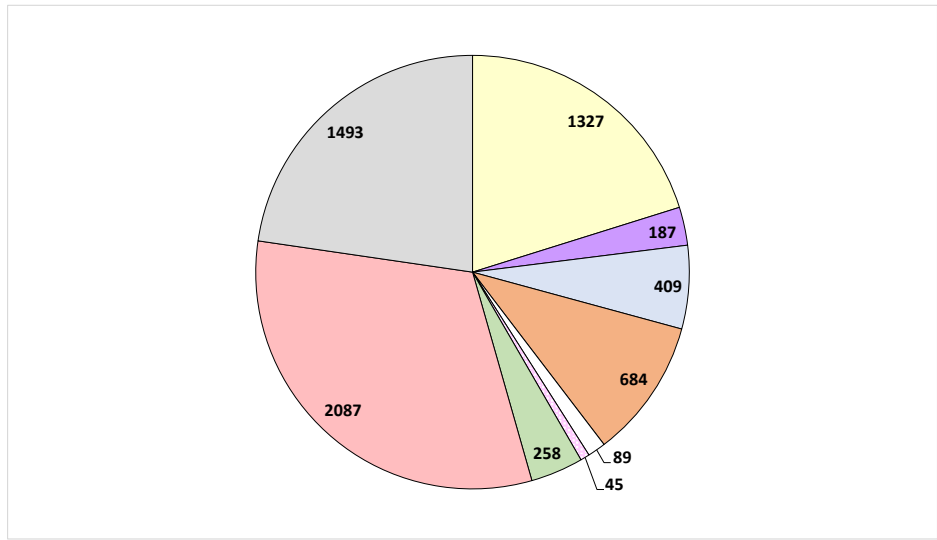
Total Non-commercial Recruitment by Clinical Board (2017-18)



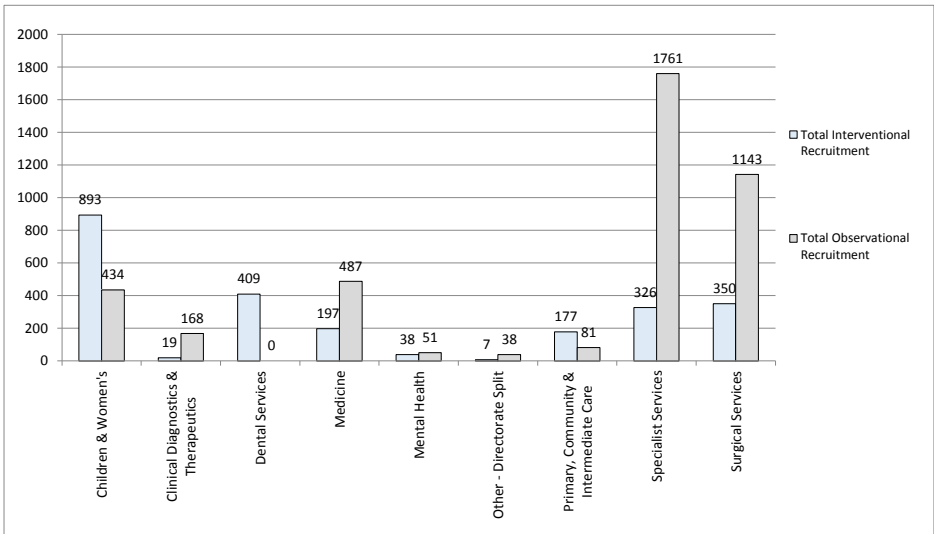
Total Non-commercial Interventional and Observational Recruitment by Clinical Board (2017-18)



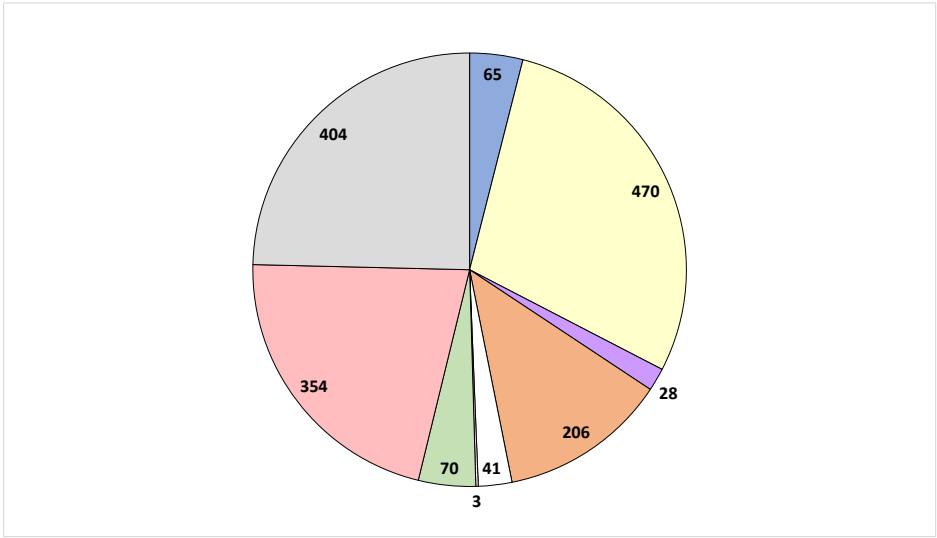
Total Non-commercial and Commercial Recruitment by Clinical Board (2018-19)



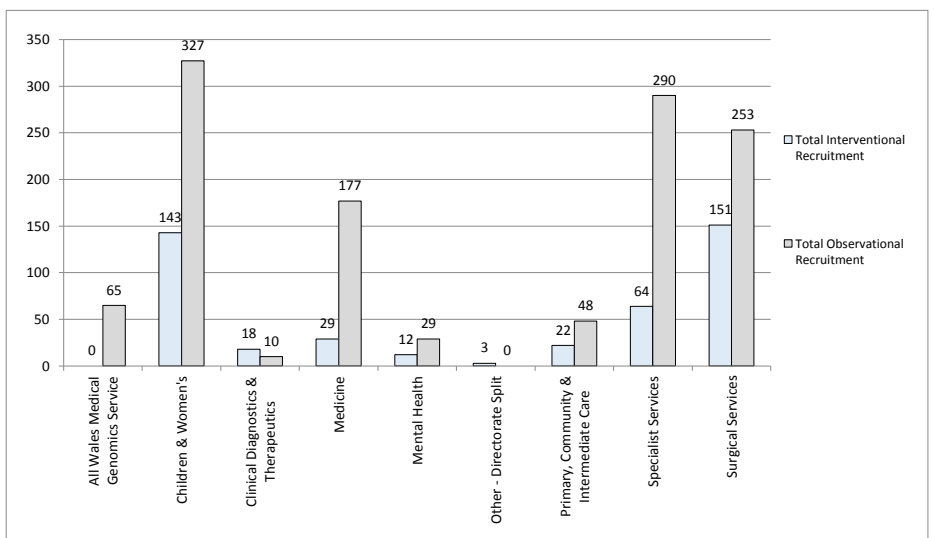
Total Non-commercial and Commercial Interventional and Observational Recruitment by Clinical Board (2018-19)



Total Non-commercial and Commercial Recruitment by Clinical Board (2019-20, Q1 Draft)



Total Non-commercial and Commercial Interventional and Observational Recruitment by Clinical Board (2019-20, Q1 Draft)



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# Cardiff and Vale University Health Board

## Research and Development Strategy 2020-2023

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## 1.0 Executive Summary

This Strategy sets out clear aims on how Research and Development activities will be supported, promoted and implemented within C&V UHB. It provides strategic direction within the context of local and national developments including the organisation's IMTP and C&V UHB Shaping Our Future Wellbeing Strategy 2015-2025. This Strategy closely reflects the aims of the Health and Care Research Wales (HCRW) Strategic Plan (2015-2020) which demonstrates Wales' commitment to creating a dynamic research environment for the health and wealth of the people of Wales. The five high level strategic aims will be underpinned at Clinical Board level by more detailed R&D Implementation plans.

This document also outlines how the Strategy has been developed, and the roles and responsibilities required at individual organisational levels for its successful delivery.

## 2.0 Introduction

### 2.1 How the Strategy has been developed

The Strategy has been developed in full consultation with the Clinical Boards through the Clinical Board R&D Leads at the Research Delivery Management Board, involving senior finance, R&D Office, and research and delivery staff representation.

### 2.2 Strategy approval and review mechanism

The Strategy has been approved by the Executive Management Board. Welsh Government requires an annual review process to ensure the document remains fit for purpose. Each Clinical Board will review their individual strategic aims and objectives on an annual basis.

## 3.0 National Context

### 3.1 National Funding Structure

The Welsh Government's Research and Development Division sits within the Health and Social Services Group. It leads on strategy, policy, commissioning, funding, contract management and governance of health and social care R&D in Wales.

HCRW is a national, multi-faceted virtual organisation comprising several distinct elements of infrastructure and funding schemes, to support and build capacity in Research and Development. The Support and Delivery Service, which is part of this, includes a Support Centre to provide centralised functions and services at a national level, and local R&D functions via NHS R&D departments at each organisation.

In order to provide a range of local R&D services, each NHS organisation is in receipt of Local Support and Delivery Funding.

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The Welsh Government set a national objective to ensure the effective provision of an NHS research infrastructure, to develop research capacity through the appropriate use of R&D allocations, as well as investment of other R&D income that the NHS organisation generates. The key indicator set to achieve this national objective is for NHS organisations to have a current 'in use' finance policy.

HCRW has produced a NHS R&D Finance Policy Template which covers the details and mechanisms necessary for the management, accountability and distribution of NHS research funding and income.

### 3.2 HCRW strategy

HCRW' vision is for Wales to be internationally recognised for its excellent health and social care research that has a positive impact on the health, wellbeing and prosperity of the people in Wales.

The Local Support and Delivery Funding is underpinned by the [Delivery Framework - Performance Management of Local Support and Delivery Services 2019/20](#).

The Delivery Framework sets out how the Welsh Government will performance manage the NHS organisations in Wales in relation to R&D, including the use of their local support and delivery funding, performance against national objectives, key indicators and targets. It also sets out the enablers of research aligned to the IMTPs (Integrated Medium Term Plans) of NHS organisations in Wales.

### 3.3 Working with the HCRW Support Centre to realise the 'One Wales' vision

The vision of the Support and Delivery Service is to realise a 'One Wales Seamless Service' for supporting and delivering high quality health and social care research. As part of the Support and Delivery Service, C&V UHB needs to be responsive to the 'One Wales' aims of increasing opportunities for patients and the public to participate in, and benefit from, safe ethical research, regardless of geographical location. This will enable Industry and Chief Investigators to set-up studies in multiple sites across Wales in a single-access, streamlined and efficient way; whilst attracting and deploying appropriately skilled, qualified and experienced staff in a consistent way across HCRW, embedding shared values and behaviours.

## 4.0 Local Context

### 4.1 Consistency with C&V UHB Integrated Medium Term Plan (IMTP)

The Integrated Medium Term Plans (IMTPs) play a fundamental role in the planning and delivery of high quality care to the population of Wales.

The R&D Division, Welsh Government therefore expects each NHS organisation to purposefully support research and, through the IMTP, demonstrate how the

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patients of Wales will be offered increased opportunities to participate in high quality research within their locality.

The R&D Division of Welsh Government, in its review of IMTPs, will particularly focus on identifying how NHS R&D Directors have aligned themselves and their R&D departments to other parts of the NHS to promote R&D and maximise the potential for the uptake of findings across their organisations, including, as appropriate, primary care.

The core actions identified in C&V UHB IMTP 2019-2022 have been fully integrated into the aims section of this R&D Strategy document

#### **4.2 Core business with R&D embedded in strategic goals**

C&V UHB Shaping Our Future Wellbeing Strategy 2015-2025 outlines as part of its 'Vision of Care' statement that we will focus on working better together across the care sectors, valuing people and harnessing innovation, and research to make this a great place for patients and staff

#### **4.3 Clinical Board structure and R&D Implementation plans to support the delivery of the Strategy**

C&V UHB has a management structure based around 7 Clinical Boards supported by corporate organisational functions. Each Clinical Board has endorsed the overall strategic aims and objectives of the C&V UHB R&D Strategy and have summarised their own individual high level strategic aims and objectives. Each Clinical Board is required to have an up to date R&D Implementation Plan which underpins how they will meet their strategic aims and objectives. The Clinical Board R&D Implementation Plans will inform discussions at biannual R&D review meetings with the Medical Director, R&D Director and R&D Performance Manager. R&D representation on each Clinical Board 'Board' meeting, with R&D as a standing agenda item, with the presentation of key R&D metrics, would also be considered as good practice.

### **5.0 C&V UHB R&D Strategic Aims**

#### **AIM 1 Maximise patient access to high quality care through participation in safe, ethical research**

- Monitor and manage all key indicators set out in the Delivery Framework for Performance management of NHS R&D, promoting Clinical Board ownership of targets relating to increasing numbers of non-commercial and commercial studies and recruitment to them, and the elimination of non-recruiting studies, as well as recruiting to time and target
- Ensure a more refined risk-based approach to Capacity and Capability, and Sponsorship assessments with the aim of decreasing study set-up times
- Provide support to research teams to navigate the regulatory review processes to help reduce set up times

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- Encourage a balanced portfolio of study types to include observational and complex interventional studies

## **AIM 2 Ensure a culture that places research at the core of clinical service delivery and the prevention, and population health, agendas**

- The Executive Board will be provided with R&D reports through the Medical Director
- Clinical Boards will facilitate a joined up approach between Boards for R&D funding proposals to share costs and associated benefits from revenue
- Directorate and Clinical Board R&D leads together with the R&D office will performance manage ring fenced Directorate R&D budgets
- Clinical Boards will consider the full benefits of R&D studies including the potential for significant drug/device savings
- The UHB will hold an Annual R&D day to promote research and the message that it is at the core of clinical service delivery
- R&D will feature strongly in the UHB annual report
- R&D Communication through web pages, newsletters, social media and other means will be reviewed and strengthened to improve dissemination and engagement in R&D related issues
- Links between Continuous Service Improvement and the research community will be strengthened to facilitate research into practice initiatives and innovation opportunities, and to strengthen the culture of Research, Innovation and Improvement becoming a core function of daily practice.
- The Clinical Board R&D Lead role will be strengthened through membership of the Research Delivery Management Board

## **AIM 3 Build research infrastructure and capacity**

- The Research Delivery Management Board will approve budgetary allocations to Clinical Boards/Directorates on an annual basis ensuring research infrastructure and capacity continues to be built in alignment with Clinical Board Strategic aims.
- Support services will be invested in appropriately, to align with Clinical Board strategic aims
- Funding will be identified to support the set-up of a Research Nursing Bank to increase the ability to cover research nurse maternity, sickness and study leave
- The Clinical Research Facility will be utilised to prioritise early phase studies and those that require a specialist environment, also carrying out later phase studies, to ensure it operates at maximum capacity with good utilisation of the endoscopy suite
- Establish research beds within the critical care footprint using the current PACU (which will become a larger purpose built enhanced care unit in late 2020) for patients at risk of serious toxicities and organ failures from new biologic agents

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such as CAR-T therapy, which would be unsuitable for the Clinical Research Facility. MHRA phase 1 accreditation will be sought providing a unique selling point, for not only Cardiff, but the UK.

- The physical build capacity of the Clinical Research Facility will be further developed to allow a safe and appropriate environment for the placement of a larger number of studies
- The Children and Young Adult Research Unit will be supported and fully utilised providing further opportunities for children across Wales to participate in clinical studies
- The UHB will support high quality applications for Centre or Unit bids, alone or in collaboration with local HEIs, to major funders
- The UHB will explore a range of possibilities to support investigator-led complex studies (both UHB Sponsored and where the UHB wishes to act as a National Co-ordinating centre) where a Clinical Trials Unit is required
- The UHB will support new investigators where the appointment has been made specifically to boost the UHB R&D agenda
- The UHB will support a balanced range of studies, including portfolio and pathway to portfolio that have real potential to be developed into future portfolio studies.
- The UHB will increase commercial income by ensuring it focuses resources on studies where recruitment targets are realistic, and the study is judged as likely to facilitate future service enhancement.
- The UHB will look to expand commercial activities via direct meetings with global pharmaceutical companies.
- The Primary Care 'Hub and Spoke' model will be supported through the pilot phase in the UHB to provide more research opportunities for participants in GP practices which are not traditionally research active.

#### **AIM 4 Develop workforce capability and satisfaction by providing a learning environment which actively promotes research**

- Providing equal access to structured, high quality training opportunities for all staff involved in research in the UHB. This includes staff working in core research delivery roles, staff supporting research activity in their department and staff carrying out their own research.
- Providing a needs based annual training programme responding to identified research governance trends, regular audit and evaluation of staff training requirements, and in line with the HCRW aims and objectives.
- Providing support and guidance for research staff with their development and career progression, in line with organisational and national standards.
- Providing educational learning opportunities for undergraduate nursing, midwifery and allied health professional students and medical trainees within the UHB that raise awareness of research and clinical trials in the NHS, and the roles research staff have within the wider disciplinary team.
- Providing research teams with a dedicated educational oversight, linked to the Learning, Education and Development Department, ensuing training

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standards meet local policy and procedure, as well as national and international regulatory requirements.

- Encourage and support non-medical staff to take on the role of Principal Investigator for suitable studies
- Having a point of contact and hub for information sharing for up to date, relevant research specific communication throughout the UHB
- Setting up a small education and training budget to be available for eligible Cardiff and Vale UHB research staff wanting to apply for funding to support short courses, study days and conferences.
- Providing Clinical Boards with access to £10k per annum to utilise for training events either at Board or individual level

#### **AIM 5 Enter into strategic collaborations and engagements to enhance joint working across Wales, the UK and internationally.**

- The agreement to establish a Joint Research Office between C&V UHB and Cardiff University (CU) will be realised to:
  - support the delivery of a shared research strategy, with clear priorities and outcomes;
  - maximise our joint potential in the delivery of research and impact for patients;
  - establish a unified service by bringing together people, processes and systems;
  - create a positive environment for all of our staff to collaborate;
  - encourage and support researchers to engage and inform patients and the public;
  - develop connections which will enable growth in research activity, income and output.
- C&V UHB will facilitate joint working with CU Biobank under the terms of the Collaborative Material Transfer Agreement
- C&V UHB will work closely with Welsh Government through HCRW Support Centre to help realise the One Wales initiative by fully engaging in working groups tasked at looking at the various aspects of this agenda
- C&V UHB will explore the possibility of acting as Sponsor/Joint Sponsor of multicentre European studies
- C&V UHB will be the clinical lead for Wales for the Advanced Therapy Treatment Centre (ATCC) working under the terms of the successful collaborative award from Innovate UK with Swansea, Birmingham and Nottingham, with the aim of enabling pioneering therapies for the people of Wales.
- C&V UHB will continue to develop its relationships with other Higher Education Institutes in Wales and beyond, and other NHS organisations to maximise potential for joint working and reciprocal beneficial relationships

## **6 Roles and Responsibilities**

### **6.1 Chief Executive**

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The Chief Executive, as Accountable Officer, is responsible for ensuring C&V UHB delivers on its R&D Strategy and implements effective Research Governance to meet applicable legislative standards. Responsibility for delivery is delegated through the reporting line as defined below.

## 6.2 Medical Director

The Medical Director is the C&V UHB Executive Lead for R&D, reporting to the Chief Executive on the delivery and implementation of the R&D Strategy and Policy

## 6.3 Assistant Medical Director for Research and Development

The Medical Director is supported by an Assistant Medical Director (AMD) with specific responsibility for R&D. The AMD for R&D is required to coordinate strategically all aspects of research delivery within C&V UHB, providing expert advice and support to the Medical Director and Chief Executive. The AMD for R&D will oversee the allocation and management of the R&D Budget and will chair the Research Delivery Management Board

## 6.4 Clinical Board Research and Development Leads

Each Clinical Board will appoint a Clinical Board R&D Lead (refer to Job description – JDR-RD-002) who is responsible for attending the Research Delivery Management Board (RDMB) and Research Governance Group (RGG). RDMB is responsible for strategic decisions on the following:

- Management of UHB R&D income streams through Welsh Government (currently called Activity Based Funding), commercial income and grant funding.
- Allocation of Activity Based Funding to Clinical Boards (CB) including support services, Delivery staff, Clinical Research Facility and R&D Office.

The role of the RGG is to oversee the operational management of Research Governance and provide assurance of robust Research Governance arrangements within the UHB.

The Clinical Board R&D lead is also responsible for ensuring there is appropriate input into the C&V UHB R&D Strategy and that this is underpinned by a robust Clinical Board R&D Implementation Plan.

## 6.5 Research and Development Office

The R&D Office is headed by the R&D Manager reporting to the AMD for R&D, within the Medical Director's Office. The R&D Office provides the operational support and assurance to C&V UHB that all R&D operates within a framework of effective governance consistent with Wales and UK R&D specific legislation and guidance. The R&D Office is responsible for providing administrative support for drafting and reviewing the R&D Strategy.

## 6.6 Research Delivery Team

The Research Delivery team is headed by the Head of Research Delivery –South East Wales, reporting to the AMD (R&D) within the Medical Director's Office. The

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Research Delivery Team oversees performance in terms of delivering studies to time and target and is responsible for supporting the Medical Director and R&D Director at biannual performance meetings where the Clinical Board Implementation Plans together with overall performance at study level will be discussed.

## 7.0 C&VUHB's SMART Objectives

- 7.1 Increase the total number of open and recruiting commercial and non-commercial portfolio studies from 264 in 2018/19 by 10% by 2023
- 7.2 Improve recruitment to time and target metrics from the current 51% to 75% by 2023
- 7.3 Reduce time taken from receipt of Local Information Pack to recruitment of first patient from a median of 128 days for non-commercial and 90 days for commercial to 60 days by 2023
- 7.4 Increase commercial income from £1.7m in 2018/9 by 20% by 2023
- 7.5 Increase the number of UHB Sponsored studies from 18 in 2018/19 by 30% by 2023
- 7.6 A Joint Research Office to be physically established by September 2020 with continuing progress towards integration of all relevant functions by 2023
- 7.7 Clinical Board/Directorate R&D budgets to be appropriately managed in terms of income and expenditure from Welsh Government Activity Based Funding by April 2020, to include Commercial and non-commercial trial income and expenditure by April 2021 measurable by simplified population of quarterly spending plans, quarterly returns and annual reports to Welsh Government.

## 8.0 References

NHS R&D Finance Policy Template

<https://www.healthandcareresearch.gov.wales/nhs-randd-funding-policy/>

Delivery Framework – Performance Management of Local Support and Delivery Services 2019/20

[https://www.healthandcareresearch.gov.wales/uploads/About/Delivery\\_Framework-2019-20.pdf](https://www.healthandcareresearch.gov.wales/uploads/About/Delivery_Framework-2019-20.pdf)

C&V UHB Integrated Medium Term Plan (IMTP)

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Cardiff%20and%20Vale%20UHB%20IMTP%202019%20to%202022.pdf>

C&V UHB Shaping Our Future Wellbeing Strategy 2015-2025

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Document Title: <i>Research and Development Strategy</i>	11 of 11	Approval Date: dd mmm yyyy
Reference Number: SRT-RD-001		Next Review Date: dd mmm yyyy
Version Number: 1		Date of Publication: dd mmm yyyy
Approved By:		

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/10%20-%20UHB%20Shaping%20Our%20Future%20Wellbeing%20Strategy%20Final.pdf>

Clinical Board R&D Lead Job Description (JDR-RD-002) (link once available)

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**CONFIRMED MINUTES OF THE AUDIT COMMITTEE  
HELD ON MONDAY, 30 SEPTEMBER 2019  
COED Y BWL ROOM, GROUND FLOOR, WOODLAND HOUSE  
MAES Y COED ROAD, HEATH, CARDIFF CF14 4HH**

**Present:**

John Union	JU	Chair – Audit
Dawn Ward	DW	Independent Member – Trade Union

**In attendance:**

Robert Chadwick	RC	Director of Finance
Simon Cookson	SC	Director of Internal Audit Shared Services
Nicola Foreman	NF	Director of Corporate Governance
Scott Lavendar	SL	Post Payment Verification Manager
Urvisha Perez	UP	Wales Audit Office
Mike Usher	MU	Wales Audit Office
Elizabeth Vincent	EV	Senior Internal Auditor
Ian Virgil	IV	Interim Head of Internal Audit

**Secretariat:**

Glynis Mulford

**Apologies:**

Eileen Brandreth

AC: 19/09/001	WELCOME AND INTRODUCTIONS	ACTION
	The Chair welcomed everyone to the meeting.	
AC: 19/09/002	APOLOGIES FOR ABSENCE	
	Apologies for absence were noted.	
AC: 19/09/003	DECLARATIONS OF INTEREST	
	The Chair invited Members to declare any interests in the proceedings. None were declared.	
AC: 19/09/004	MINUTES OF THE AUDIT COMMITTEE HELD ON 23 AND 30 MAY 2019	
	The Committee reviewed the Minutes of the meeting held on 23 and 30 May 2019.	
	<b>The Committee resolved that:</b>	
	The Committee received and approved the minutes of the meeting held on 23 and 30 May 2019.	
AC: 19/09/005	ACTION LOG FOLLOWING THE LAST MEETING	
	The Committee reviewed the action log and noted that the following	

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amendments should be made:

**AC: 18/071 – Wales Audit Report Medical Equipment:** Chair to discuss off line with the Executive Director of Therapies and Health Science. **COMPLETE**

**The Board resolved – that:**

- a) the action log be noted.

**AC: 19/09/006 CHAIRS ACTION TAKEN SINCE LAST MEETING**

No actions have been taken.

**AC: 19/09/007 BREXIT UPDATE**

This item had been updated in detail at the recent Board meeting. Members asked for an update to be brought to a future meeting of the Audit Committee.

Mike Usher, WAO provided an update on Brexit from the Auditor General's presentation to Welsh Government. The following comments were made:

- **To Sustain collective working:** Planning had been significantly strengthened and collaboration was seen across services.
- **Strengthening communications with public:** Clear and consistent messages must be communicated to the public and the public should know what to do / what not to do in terms of medicine, fuel and food.
- **Enhanced independent scrutiny:** Wales' public bodies needed to enhance their scrutiny of Brexit preparations.
- **To be collectively ready to respond to the unexpected:** Respond to things that had not been anticipated and for these issues to be escalated swiftly.
- **Plan and prepare for longer term impacts:** for public bodies to think of the immediate consequences of a no deal Brexit and prepare for its longer term effects.

**AC: 19/09/008 INTERNAL AUDIT PROGRESS REPORT**

Mr Ian Virgil, Acting Head of Internal Audit presented an overview of the progress report on the Internal Audit Plan. The following comments were made:

- Three of the five planned audits were in draft stage with a reasonable rating. Two were a work in progress and were relatively positive.
- In providing detail of the outcomes, three reports related to the 2018/19 plan. Although they were included in last year's opinion, they were unable to be put into the final report. No significant issues were identified.

AH

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- Seven reports had been finalised from the 2019/20 schedule. Three reports at draft stage were of substantial assurance. There were no limited assurance reports issued. There had been a delay in delivering a few reports but these would be presented at the next meeting.
- Three reports were follow-ups from 'limited' audits last year. The Standards of Behaviour audit had made significant progress with all actions completed and achieved a substantial assurance rating. The Mental Health Clinical Board, Sickness Management and Regulatory Compliance audits had increased to reasonable assurance. Work was ongoing with the CDT Clinical Board to provide a dashboard for the regulatory body reviews which would move onto a tracker process. Another detailed audit would not be undertaken as good progress had been made towards implementing the agreed actions but they would continue to be monitored. The audits undertaken to date provided the Health Board with a positive indication of the opinion to be arrived at, at the end of year.
- Adjustments to the plan was also provided and explained.
- Due to the level of reduction on specialising within the Medicine Clinical Board they had changed their focus to QSE Governance. The Chief Operating Officer confirmed that he was happy with the change. The Surgery Clinical Board would now look at specialising.
- There were two additions to the plan, namely, Cyber Security follow-up, as the original assurance was limited and Capital Keir Prompt Payments review of compliance with the 'Fair Payment' Charter.

The summary of the appendices attached to the document were presented and it was acknowledged that the Health Board had strengthened its timeliness in reacting to and signing off reports, but further improvements could be made.

#### **Resolved that:**

- a) The Audit Committee considered the Internal Audit Progress Report, including the findings and conclusions from the finalised individual audit reports.
- b) The Audit Committee considered and approved updates to the Internal Audit Plan.
- c) The Audit Committee agreed to defer five of the reports until January 2020.

#### **AC: 19/09/009 WALES AUDIT OFFICE PROGRESS REPORT**

Urvisha Perez, Wales Audit Office provided an overview of the Audit Plan and went through several key points:

- In regards to the Financial Audit Update, the WAO team informed the Committee that they would be onsite to review Charitable Funds.

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- In terms of work completed since the last Committee (the Integrated Care Fund), a regional report would come to the December Audit Committee. The report would be available on the WAO website shortly and would cover the local flavour of the key messages. The Wellbeing and Future Generations draft report had been sent to the Health Board. Follow-up of Operating Theatres and Orthopaedics Services work was at fieldwork stage.
- There were delays on the part of Health Boards in the timeliness of responses to the surveys and the dates for on-site visits.
- The IMT follow-up would focus on governance recommendations which had been made previously. The Audit Lead had met with the Director of Digital and Health Intelligence to review the final TORs.
- The Structured Assessment would go forward to the December meeting.
- The Thematic Review of Quality Governance Arrangements was an extension of the Structured Assessment work and was currently being scoped.

**The Committee resolved that:**

- a) The Wales Audit Office Progress Report be noted.

AC: 19/09/010

**AUDIT OF FINANCIAL STATEMENTS REPORT ADDENDUM - RECOMMENDATIONS**

Mike Usher, Wales Audit Office, presented the report that followed up on the financial work where a number of recommendations had been made. Also inspected were recommendations made in the previous year. The following comments were made:

- WAO were pleased with the progress made by management against each of the previous year's proposals.
- In regards to the retire and return arrangements the Health Board's process was reviewed and it was considered that it should strengthen its guidance to ensure that it complied with Department of Health Guidance. This would be completed by February 2020.
- In regard to the Annual Governance Statement, the size of the draft report had increased but this had been reduced to provide a concise document which had been accepted by WAO. There was further learning across Wales that would be shared with the team in relation to the Annual Governance Statement.
- The sensitivity around Related Party Transactions Guidance for Independent Members and Senior Officers needed to be audited for a much tighter level of materiality and to include reputational risk. This had been accepted by management.
- The document would be circulated with completed responses.

NF

**The Committee resolved that:**

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- a) The information provided by WAO in relation to the production of Finance Statements and Annual Governance Statement be noted.

**AC: 19/09/011 WALES AUDIT OFFICE REPORT – CLINICAL CODING**

Urvisha Perez, Wales Audit Office presented the report. The following comments were made:

- In 2014-15 WAO reviewed Clinical Coding arrangements across Wales and highlighted areas of improvement with accuracy of coding, qualitative medical records and engagement between coders, clinicians and medical records staff.
- It highlighted that there was no recognition of specialist staff knowledge and the understanding required. There was no understanding of clinical coding and how this could help with day to day business. The 2014-15 report concluded that while there was a strong focus on clinical coding, there were weaknesses in a number of arrangements and processes which affected timely and robust management of information. At the time, a number of recommendations were made to strengthen the clinical coding team, which included the management of medical records and building of clinical and Board engagement.
- The follow up review examined progress made. It concluded positively that the Health Board was producing good coding data which had been used to support service improvement but more work was needed for these proposals to be fully addressed.
- Since 2017, the Health Board had been consistent in achieving completeness and goals in terms of performance. Furthermore, the Health Board was well above the Wales average against the national performance. The adhoc position had significantly improved since the 2014 report but NWIS had reported the Health Board accuracy rate had decreased slightly over the last 12 months.
- The Health Board understood the value of coding data and used it to support winter and capacity plans.
- Out of the 25 recommendations previously made, seven had been fully implemented, 12 were still in progress, four were overdue and two recommendations had been superseded. One new recommendation within clinical coding had been made to resolve interim management arrangements.
- The follow up review across Wales would pull together key findings from the work into a short paper which would be published around December.

**The Committee resolved that:**

- a) The Wales Audit Office Report on Clinical Coding be noted.

**AC: 19/09/012 JOB PLANNING AND CLINICAL AUDIT**

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The Medical Director provided a verbal update on the above. The following comments were made:

### **JOB PLANNING**

This was currently being re-audited in four areas of the organisation and would provide the Committee with the best indication of the current status. Job Planning had been recorded on ESR in three different ways, (1) in relation to whether someone had a job plan, (2) whether the job plan has been updated in the last year and (3) in the Direct Clinical Care to ATS split.

It was reported that the consultant staff and permanent staff, who were not trainees, numbered 703 and 11% of them did not have a job plan history recorded on ESR and 28% had an update in a year. This varied by Service, Directorate and Board. Secondly, a job planning tracker, was held by each Service and was mixed with some detailed job planning information. In other instances this did not occur. Thirdly, the service would hold job plans locally on their system and provided a good detailed record of what they were like.

In summary, they would await the results of the internal audit report and put together a proposal and take it through the normal business cycle. A significant piece of work needed to be undertaken to develop a comprehensive local job planning process that would integrate a centralised recording system with a bespoke piece of software capable of comparing data.

### **CLINICAL AUDIT**

The Medical Director provided a review of the current level of assurance regarding national audit performance. A detailed paper on the local audits would be brought to the December meeting. The following comments were made:

There were 38 nationally mandated audits and some of these were broken down into subdivisions which brought the total to 42. These had been red/amber/green ("RAG") rated and highlighted compliance with 23. These were managed centrally by the Quality and Safety Team. It highlighted exemplars of how national audits were being used to drive through quality improved patient safety. Five had been RAG rated as amber with a partial degree of compliance. These were managed locally within the Health Boards. Three of the mandated audits had been RAG rated red. There had been a systematic analysis of the audits which had been taken back to the Clinical Boards highlighting the amber and red ratings.

There was a need to have a discussion regarding how much of our activity, as an organisation, we wanted to devolve to Clinical Boards and how much we wanted to keep centrally in order to assure ourselves we had the governance processes in place centrally.

The Chair invited comments and questions:

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The Chair questioned the lack of timescales regarding the amber and red audit ratings. In response it was stated this was in the Health Board's plans but was dependant on local circumstances within each service. One of the issues with national audits was that, for the vast majority of audits the results were not seen until the report was published and therefore, the Health Board did not have the ability to monitor the outcomes.

There was an issue regarding the process for managing outlying data because the Health Board did not have a systematic approach once it received good quality data informing the Health Board that there was a problem. Therefore there was a need for centralised assurance. It was suggested that this be discussed at a Board Development session regarding the principle of devolvment and for this to be put on the internal audit plan for 2021/22.

The Director of Internal Audit Shared Services said that they had looked at clinical audit across Wales. They commented that the areas of limited assurance and clinical audit were one of the issues highlighted. There was good compliance with national audits but, the local audits identified corporate priorities and how this was being addressed. There was some negative data suggesting this was an area to focus on.

**The Committee resolved that :**

- a) The verbal updates on Job Planning and the Clinical Audit be noted.

**AC: 19/09/013 POST PAYMENT VERIFICATION REPORT**

Scott Lavendar, Post Payment Verification Manager, presented the Post Payment Verification report in the new style format and informed the Committee that feedback from across the whole of Wales had asked for more comparative data and provided the detail on this. The spreadsheet had been RAG rated in order to show where PPV was concerned and when to raise concerns. There would be more input into training, guidance and support measures and Scott Lavendar offered one on one training with the practices. Quarterly meetings had been reinstated with finance, counterfraud, PPV and the Primary Care Team for each discipline. The Report also looked at the schedule performance and what actions should take place. It was pleasing to see that every year the average error rate for each Health Board had decreased.

The Chair invited comments and questions:

Independent Member – Trade Union, questioned how the sample size worked. It was clarified that it was different for each discipline. This has been standardised across the whole of Wales, 25% for pharmacies, 103 samples were selected for the ophthalmic sample

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and the sample size for the medical discipline was 10% or 22 claims.

Members were informed that where errors were found this was reclaimed. The practices had the opportunity to submit the evidence. If any errors were highlighted the error went through a number of checks and was then deducted from the next imbursement. In terms of visits, each practice was seen on a 3 year cycle but if they triggered a 10% error rate the visit would take place within a year. Visits were now based on trends and themes which allowed the team to be smarter and more effective with their time and resource.

A pilot had been undertaken where a letter was sent to each contractor stating a letter would be sent out to patients to verify the services they had received. A low return was received from five practices and a visit was undertaken on those claims which provided a good deterrent.

**The Committee resolved that:**

- a) The Post Payment Verification Report be noted.

**AC: 19/09/014 WALES AUDIT OFFICE TRACKING REPORT**

The Director of Corporate Governance provided an overview of the above report. The following comments were made:

In 2016 it was identified in the Structured Assessment Review that the trackers needed reworking as they did not track compliance effectively this was picked up again in 2018.

The information provided to the Committee did not provide all the detail but summarised where we were against recommendations on external audits. All of the tracking reports would be followed up on a quarterly basis. The reports would be reported to Management Executive and Health Systems Management Board to provide assurance that this was being undertaken across the Health Board. Data from the Executives would be presented in December, which should display improved figures.

The Chair invited questions and comments:

Independent Member – Trade Union stated that the layout of the report was a helpful platform to judge going forward. It provided an overview of the distribution of the work and would enable the Committee to track performance on the Health Boards improvement, identify what was moving and would be able to display the overall percentages.

Mike Usher, Wales Audit Office suggested that, where recommendations were showing as overdue it would be helpful for the owner of that action to provide the Director of Corporate Governance with a revised completion date whilst keeping the

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previous date.

**The Committee resolved that:**

- a) the tracking report which was now in place for tracking audit recommendations made by External Audit (WAO) be noted.
- b) It be noted that progress will be seen over the coming months in the number of recommendations which are completed/closed.

**AC: 19/09/015 INTERNAL AUDIT TRACKING REPORT**

The Director of Corporate Governance presented the Internal Audit Tracking report. The following comments were made:

This table was slightly different and provided detail on the assurance rates, whether they were high, low or medium recommendations over the last two financial years. This work was progressing and the expectation was it would lead to improvements. In terms of resource, it was acknowledged there was a huge amount of work to keep the trackers maintained and up to date.

The Interim Head of Internal Audit asked to see the tracker prior to submission to the next Committee to see if it tied in with their work.

NF

**The Committee resolved that:**

- a) the tracking report which was now in place for tracking audit recommendations made by Internal Audit be noted.
- b) It be noted that progress will be seen over coming months in the number of recommendations which are completed/closed.

**AC: 19/09/016 REGULATORY BODIES TRACKING REPORT**

The Director of Corporate Governance presented the Regulatory Bodies Tracking Report informing that it had received a limited assurance rating last year. It was acknowledged there was still a lot of work to be undertaken and that centrally we needed to know what we were being inspected on. This needed to come up through the governance structure as the Board and Executives could potentially not be sighted on some significant reports. All of the Clinical Boards had advised the Corporate Governance Team of the regulatory reviews that they needed to be aware of.

To ensure that the tracking report went through due process all regulators had been written to and reports received would go into a dedicated inbox. A heat map was shown with an example of the dials highlighting the level of compliance and when an inspection was due. The aim was to complete this for the December meeting. This was a starting point and a policy had been through Management Executives and would be presented at the Health Systems Management Board.

**The Committee resolved that:**

- a) the development of the Legislative and Regulatory Tracker

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and 'reasonable' assurance rating provided by internal audit be noted;

- b) the next steps required to complete all of the recommendations made within the Internal Audit Report and so provide further assurance to the Audit Committee and the Board on compliance with Legislation and Regulatory Standards be noted.

**AC: 19/09/017 DECLARATIONS OF INTEREST REPORT**

The Director of Corporate Governance presented the above report. Members were informed that significant progress had been made and the Health Board had achieved a rating of substantial assurance. When the audit was completed last year only a few declarations were disclosed. The tracker now showed those who had declared an interest exceeded 700 plus and this was still growing. The mechanisms were in place for communications and would be followed-up and reported regularly.

The Director of Finance asked to know who had not replied and if the breakdown of disciplines of non-compliance could be provided.

NF

**The Committee resolved that:**

- progress made by the Corporate Governance team to date be noted;
- the strengthened governance procedures implemented by the Corporate Governance team be noted;
- they were assured that the new arrangements were sufficient following the recent 'Substantial Assurance' rating for Internal Audit Report.

**AC: 19/09/018 ITEMS FOR NOTING AND INFORMATION**

**The Committee resolved that:**

- a) Items for information were noted.

**AC: 19/09/019 ITEMS TO BRING TO THE ATTENTION OF THE BOARD / COMMITTEE**

There were no items to bring to the attention of the Board / Committee.

**AC: 19/09/020 REVIEW OF THE MEETING**

- The meeting worked well and it was useful to have the Medical Director present.
- It was good to see how the trackers and tools worked.

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**CONFIRMED MINUTES OF FINANCE COMMITTEE  
HELD ON 30<sup>th</sup> OCTOBER 2019  
LARGE MEETING ROOM, HQ, UHW**

**Present:**

John Union	JU	Chair, Independent Member – Finance
Charles Janczewski	CJ	Vice Chair (Board)
Michael Imperato	MI	Independent Member – Legal
Andrew Gough	AG	Assistant Director of Finance
Chris Lewis	CL	Deputy Director of Finance
Nicola Foreman	NF	Director of Corporate Governance
Robert Chadwick	RC	Executive Director of Finance
Ruth Walker	RW	Executive Nurse Director
Steve Curry	SC	Chief Operating Officer

**In Attendance:**

Arran Fowler	AF	Head Of Governance
Daniela Bridgeman	DB	Project Manager Improvement Implementation

**Secretariat:**

Paul Emmerson	PE	Finance Manager
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**Apologies:**

John Antoniazzi	JA	Independent Member – Estates
Abigail Harris	AH	Executive Director of Planning
Len Richards	LR	Chief Executive
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development

<b>FC 19/107</b>	<b>WELCOME AND INTRODUCTIONS</b>  The Chair welcomed everyone to the meeting.	<b>ACTION</b>
<b>FC 19/108</b>	<b>APOLOGIES FOR ABSENCE</b>  Apologies for absence were noted.	
<b>FC 19/109</b>	<b>DECLARATIONS OF INTEREST</b>  The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	
<b>FC 19/110</b>	<b>MINUTES OF THE FINANCE COMMITTEE MEETING HELD ON 25<sup>th</sup> SEPTEMBER 2019</b>  The minutes of the meeting held on 25 <sup>th</sup> September 2019 were	

	<p>reviewed for accuracy and were agreed as a true and accurate record.</p> <p><b>Resolved – that:</b></p> <p>The minutes of the meeting held on 25<sup>th</sup> September 2019 were approved by the Committee as an accurate record.</p>	
<b>FC 19/111</b>	<p><b>ACTION LOG FOLLOWING THE LAST MEETING</b></p> <p><b>The Finance Committee reviewed the Action Log and noted the following:</b></p> <p><b>FC19/099 – Financial position reporting against planned profile.</b> A comparison of actual performance against the forecast recovery profile was now incorporated within the Monthly Finance Report provided to Finance Committee.</p> <p><b>Action Complete.</b></p> <p><b>FC19/100 - Profile of UHB plans to deliver a break even position.</b> The expected financial position profile had been revised for the updated financial breakeven plan and included within the Monthly Finance Report provided to the Finance Committee of the 30th October 2019.</p> <p><b>Action Complete</b></p> <p><b>FC19/100 - Updated financial forecast.</b> A presentation on Plans to Deliver a Break Even Position was considered as part of the agenda of the Finance Committee held on the 25<sup>th</sup> September 2019 and is included as a standing item on the agenda for the remainder of the year.</p> <p><b>Action Complete</b></p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>received</b> the Action Log and <b>noted</b> the completed action.</p>	
<b>FC 19/112</b>	<p><b>CHAIRS ACTION SINCE THE LAST MEETING</b></p> <p>There had been no Chairs action taken since the last meeting.</p>	
<b>FC 19/113</b>	<p><b>FINANCE REPORT AS AT MONTH 6</b></p> <p>The Deputy Director of Finance presented the UHB's financial performance to month 6 and highlighted that the UHB had reported an in month underspend of £0.291m and a year to date deficit of £2.525m. It was noted that the in month underspend was in part a result of the release of a £0.800m provision which was no longer required.</p>	

The year to date deficit was expected to be recovered by year end through the delivery of identified remedial actions. However there were some risks in the delivery of the remedial actions and these had been quantified at £4m excluding any financial risks associated with overspends against the Welsh Risk Pool.

The forecast trajectory in order to achieve break-even was amended at month 6 to reflect the updated financial breakeven plan and in response to a question from the UHB Vice Chair (CJ) the Deputy Director of Finance confirmed that the updated trajectory had assumed the release of the £0.800m provision at month 6.

It was noted that delegated budgets had reported an in month overspend in month 6 and that this was expected to continue until the final month of the year. The position against delegated budgets was expected to be more than offset by the delivery of corporate opportunities leading to a balanced year end position.

The Finance Committee Chair (JU) asked whether the UHB's revised recovery profile has been shared with Welsh Government and in response the Deputy Director of Finance confirmed that the profile Had been provided as part of the monthly financial monitoring return to Welsh Government.

Moving on, the Committee was informed that income was broadly balanced in month and there was a small in month overspend against pay as a result of nursing pressures partly due to supernumerary posts. Non pay budgets had reported an underspend in the month due to the release of the provision and a non recurring re-assessment of Continuing Health Care (CHC) liabilities, however the underlying pressures against drugs, premises and CHC had continued.

Further Comments were received as follows:

- The UHB Vice Chair asked what influence the UHB had over drugs spend and in response the Chief Operating Officer pointed towards the UHB's Medicines Management Group which had an agreed workstream focussing on the evaluation and communication of value based prescribing practice to prescribing clinicians. The Executive Director of Finance added that other Health Boards had also reported pressures against prescribing budgets due to price increases.
- In answer to a query from the UHB vice chair (CJ) as to whether there were any new pressures against premises the Deputy Director of Finance indicated that the overspend was caused by a continuation of additional security costs although it was noted that some of the pressures around securing the Whitchurch and Lansdowne sites were non recurrent in nature. The Lansdowne site was expected to be sold in 2019/20 however the disposal plans for the Whitchurch site were dependent on the plans to develop Velindre Hospital and not within the discretion of the UHB.

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- The UHB vice chair (CJ) queried the pressures driving the overspend on CHC and enquired if the shift towards providing more care in the community would add further pressure. In response the Chief Operating Officer stated that the UHB had observed a net increase in CHC clients in year as the number of entrants to the service outstripped the numbers leaving the service. It was also acknowledged that some packages were particularly complex and that this could lead to pressures. Turning towards the push from hospital to community and home based care the Chief Operating Officer stated that partnership working with the local authorities was key to the UHB's future plans and these would need to reflect the financial impact of changes.

Four measures remained RAG rated Red on the Finance Dashboard namely: remaining within revenue resource limits; the reduction in the underlying deficit to £4m; the delivery of the recurrent £16.345m 2% devolved target; the delivery of the £12.8m recurrent/non recurrent corporate target. It was indicated that greater assurance of delivery against the 4 red rated measures was expected to be gained as the UHB moved into the second half of the year.

It was noted that the UHB's PSPP performance continued to exceed the 95% target; cash plans were currently on target with the UHB not expecting to request additional cash support in 2019/20 and that there was some slippage against capital expenditure profiles at month 6 which was expected to be recovered by year-end.

In conclusion the Deputy Director of Finance highlighted that the key risk to the Plan was the management of budgets to deliver a balanced financial position by year end and this risk was assessed as being up to £4m. In addition it was noted that a recent risk had emerged relating to the Welsh Risk Pool where costs across NHS Wales are now predicted to exceed the budget available. The risk to the UHB had been reassessed by NWSSP as being up to £1.4m.

**ASSURANCE** was provided by:

- The scrutiny of financial performance undertaken by the Finance Committee and the UHBs intention to recover the year to date deficit and deliver a break even position by the year end as planned.

**Resolved – that:**

The Finance Committee **noted** that the UHB has an approved IMTP which includes a balanced Financial Plan for 2019/20;

The Finance Committee **noted** the £2.525m deficit at month 6;

The Finance Committee **noted** the key concerns and actions being taken to manage risks

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<p><b>FC 19/114</b></p>	<p><b>PLANS TO DELIVER A BREAK EVEN POSITION (presentation)</b></p> <p>The Deputy Director of Finance presented an update on the Plans To Deliver A Break Even Position stating that plans had been adjusted for issues which had emerged in September as follows:</p> <ul style="list-style-type: none"> <li>• The UHB position had improved by £0.292m in September, however a number of significant overspends had been reported by Clinical Boards in month.</li> <li>• A full savings programme was in place to meet the £29.145m target. £5.5m of savings schemes remained RAG rated amber and the Committee was informed that Welsh Government was pressing the UHB to expedite the remaining amber schemes to green status.</li> <li>• At month 6 Clinical Boards were reporting a cumulative overspend of £7.705m which was £0.459m higher than the original forecast. Five Clinical Boards had recorded cumulative overspends in excess of their forecast profile. Clinical Board Recovery actions are back loaded and there was a straight line risk of £6.3m if Clinical Board performance continued at the rate established in the first 6 months of the year.</li> <li>• In recognition of the deterioration in Clinical Board overspends at month 6 the Risk Adjusted Forecast had been increased by £0.6m. A further increase of £0.3m in respect of IT pressures and the TACU initiative to improve patient flows was also recognised. The increase was offset by slippage on corporate reserves and a reduction in forecast premises costs following the receipt of professional advice.</li> <li>• Moving forwards, the overall UHB overspend was expected to show a gradual improvement each month before finally reaching a breakeven position in March. The forecast was sensitive to the following factors: the management of the risk adjusted position across a number of areas; turning amber savings schemes to green as soon as possible; maintaining expenditure restraints; unexpected events as the UHB is not holding a contingency; closing down the residual £1m risk; Clinical Board improvement plans; and the Welsh Risk Pool</li> <li>• A further risk which had recently emerged in respect of a potential year end overspend against the Welsh Risk Pool. If there was a requirement for Health Boards to cover the cost of the overspend Cardiff and Vale UHBs share was expected to be c £1.4m.</li> </ul> <p>Comments were received as follows:</p> <ul style="list-style-type: none"> <li>• The UHB Vice Chair (CJ) asked what confidence the UHB had in the likely success of the remaining amber schemes. In reply the Deputy Director of Finance stated that the UHB had some assurance and that generally the schemes had a 80% success rate of delivery.</li> <li>• The Finance Committee Chair (JU) asked whether savings</li> </ul>	
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	<p>were profiled to deliver on a monthly basis and the Deputy Director of Finance confirmed that this was the case and that some savings remained to be deliver over the second half of the year.</p> <ul style="list-style-type: none"> <li>• A further question was raised by the Finance Committee Chair (JU) who asked whether the UHB had an impression of the month 7 financial position and any impact that this may have on the forecast position. The Deputy Director of Finance confirmed that the monthly position is normally confirmed on the fourth working day following month end and at this stage nothing had emerged to suggest a change to the UHB's forecast year end position.</li> </ul> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> the plans and actions required to deliver a break even position in 2019/20.</p>	
<b>FC19/115</b>	<p><b>CLINICAL BOARDS IN ESCALATION</b></p> <p>The Chief Operating Officer confirmed that the number of Clinical Boards in escalation remained at 3. The Medicine Clinical Board was in escalation as a consequence of financial performance particularly around nursing. The other two Boards were in escalation as a result of activity performance.</p> <p>In the context of the pressures faced by the Medicine Clinical Board the Chief Operating Officer stated that pressures in unscheduled care had been reported across the UK and that the UHB had observed a significant increase in the numbers attending A &amp; E in 2019/20. In response to a query from the Finance Committee Chair (JU) the Chief Operating Officer indicated that the increase in A &amp; E numbers did not appear to be correlated to an increase in specific health conditions.</p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> the actions being taken to manage financial performance</p>	
<b>FC19/116</b>	<p><b>COST REDUCTION PROGRAMME AND CROSS CUTTING THEME</b></p> <p>The Assistant Director of Finance asked the Finance Committee to note the 2019/20 Cost Reduction Report which included the following key points:</p> <ul style="list-style-type: none"> <li>• At 30<sup>th</sup> September 2019 £15.777m of schemes had been identified as Green or Amber against the devolved 2% savings target of £16.345m, leaving a gap of £0.568m. £14.771m of the identified schemes were recurrent.</li> <li>• Schemes totalling £13.368m had been identified as Green or Amber against the corporate savings target of £12.800m target as at 30<sup>th</sup> September 2019 leaving a surplus of £0.568m which covered the gap in delegated schemes. The recurrent effect of the identified schemes in 2020/21 was £3.332m. The recurrent</li> </ul>	

	<p>position of corporate schemers was being reviewed on a scheme by scheme basis.</p> <p>The Committee was informed the main concerns were the shortfall against the 2% devolved CRP target of £0.568m which needed to be addressed as soon as possible and the level of recurrent schemes which needed to improve to ensure that the UHB started 2020/21 in the best possible position.</p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> the progress against the £29.145m UHB savings requirement for 2019/20.</p>	
<b>FC19/117</b>	<p><b>RISK REGISTER</b></p> <p>The Assistant Director of Finance asked the Finance Committee to endorse the removal of a low level risk from the risk register, namely Increased employers pension contributions where optimum controls were now in place.</p> <p>Three (3) risks remained categorized as extreme risks (Red) on the 2019/20 Risk Register as follows:</p> <ul style="list-style-type: none"> <li>• Reduction in the £36.3m underlying deficit b/f to 2019/20 to the IMTP planned £4m c/f underlying deficit in 2020/21;</li> <li>• Management of Budget pressures;</li> <li>• Management of Nursing overspend - £1.741m month 6.</li> </ul> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> the risks highlighted within the 2019/20 risk register.</p> <p>The Finance Committee <b>endorsed</b> the removal of the highlighted low level risk from the risk register.</p>	
<b>FC 19/118</b>	<p><b>MONTH 6 FINANCIAL MONITORING RETURNS</b></p> <p>These were noted for information.</p>	
<b>FC 19/119</b>	<p><b>ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES</b></p> <p>No other items to bring to the main Board.</p>	
<b>FC 19/120</b>	<p><b>DATE OF THE NEXT MEETING OF THE BOARD</b></p> <p><b>Wednesday 27<sup>th</sup> November; 2.00pm;</b> Cefn Mably, Meeting Room, Ground Floor, HQ, Woodland House</p>	



**CONFIRMED MINUTES OF FINANCE COMMITTEE  
HELD ON 27<sup>th</sup> NOVEMBER 2019  
CEFN MABLY MEETING ROOM, WOODLAND HOUSE**

**Present:**

John Union	JU	Chair, Independent Member – Finance
Charles Janczewski	CJ	Interim Chair (Board)
Andrew Gough	AG	Assistant Director of Finance
Chris Lewis	CL	Deputy Director of Finance
Len Richards	LR	Chief Executive
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Robert Chadwick	RC	Executive Director of Finance
Ruth Walker	RW	Executive Nurse Director
Steve Curry	SC	Chief Operating Officer

**In Attendance:**

**Secretariat:**

Paul Emmerson	PE	Finance Manager
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**Apologies:**

John Antoniazzi	JA	Independent Member – Estates
Abigail Harris	AH	Executive Director of Strategic Planning

<b>FC 19/121</b>	<b>WELCOME AND INTRODUCTIONS</b>  The Chair welcomed everyone to the meeting.	<b>ACTION</b>
<b>FC 19/122</b>	<b>APOLOGIES FOR ABSENCE</b>  Apologies for absence were noted.	
<b>FC 19/123</b>	<b>DECLARATIONS OF INTEREST</b>  The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	
<b>FC 19/124</b>	<b>MINUTES OF THE FINANCE COMMITTEE MEETING HELD ON 30<sup>th</sup> OCTOBER 2019</b>  The minutes of the meeting held on 30 <sup>th</sup> October 2019 were reviewed for accuracy and were agreed as a true and accurate record.  <b>Resolved – that:</b>	

	The minutes of the meeting held on 30 <sup>th</sup> October 2019 were approved by the Committee as an accurate record.	
<b>FC 19/125</b>	<p><b>ACTION LOG FOLLOWING THE LAST MEETING</b></p> <p><b>The Finance Committee was advised that there were no outstanding Actions.</b></p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> that there were no outstanding Actions.</p>	
<b>FC 19/126</b>	<p><b>CHAIRS ACTION SINCE THE LAST MEETING</b></p> <p>There had been no Chairs action taken since the last meeting.</p>	
<b>FC 19/127</b>	<p><b>FINANCE REPORT AS AT MONTH 7</b></p> <p>The Deputy Director of Finance presented the UHB's financial performance to month 7 and highlighted that the UHB had reported an in month underspend of £0.140m and a year to date deficit of £2.385m. It was noted that part of the improvement in month 7 was due to the release of £0.5m accruals and that whilst the UHB's financial position had improved in month, it was circa £0.2m short of the expected profiled recovery.</p> <p>The UHB Vice Chair (CJ) noted the slippage and asked for assurance that the UHB still expected to reach a balanced position at year-end. The Deputy Director of Finance confirmed that this was the case and that the detailed plan to reach a break even position would be outlined in more detail in the presentation to follow. It was noted that there were some risks in the delivery of the plan which had been quantified at £4m excluding any financial risks associated with overspends against the Welsh Risk Pool.</p> <p>Turning to the Finance Dashboard it was highlighted that four measures remained RAG rated Red on the Finance Dashboard namely: remaining within revenue resource limits; the reduction in the underlying deficit to £4m; the delivery of the recurrent £16.345m 2% devolved target; the delivery of the £12.8m recurrent/non recurrent corporate target. Referring to the plan to reduce the UHB's underlying deficit to £4m the Deputy Director of Finance added that the UHB was £6.6m short of reaching its recurrent savings target at the end of month 7. In respect of this the UHB Vice chair (CJ) asked whether the UHB would start 2020/21 with an underlying deficit of £10.6m as a consequence of this and the Director of Finance acknowledged that unless further progress was made in the remainder of the year that this would be the case. The Chief Executive indicated that a reduction in the underlying deficit to £10.6m represented a significant step forward from the underlying deficit brought forward into 2019/20, however he added that if there</p>	

<p>Mulford, Glynis 01/24/2020 10:28:11</p>	<p>was no improvement moving into 2020/21 that the UHB would need to consider flexing its plan and curtailing investments next year to cover the underlying deficit.</p> <p>Performance against income was broadly balanced although some areas such as the orthopaedics LTA were reporting significant underperformance. In response to a query from the Finance Committee Chair (JU) the Chief Operating Officer signalled that performance in orthopaedics should improve following the appointment of additional medical staff to vacant posts.</p> <p>Pay pressures against nursing budgets which had continued in month were offset by underspends against other clinical and non clinical staff groups.</p> <p>The pressures against non pay budgets were broadly in line with the trends observed in previous months and it was acknowledged that the pressures around continuing healthcare and drugs would need to be considered in the 2020/21 budget setting process.</p> <p>Moving on to performance against delegated budgets the Deputy Director of Finance reported that the significant rates of overspend which had continued in a number of Clinical Boards had been offset by the release of corporate opportunities leading to the £0.140m in month surplus.</p> <p>The UHB Vice Chair (CJ) noted that the Medicine Clinical Board had been in escalation for some time and asked when the UHB expected to see improvements in the financial position. The Director of Finance confirmed that the Clinical Board was working towards a target financial outturn. The Committee was informed that significant external pressures in relation to the Assessment Unit and oncology had emerged in year and that the cost of addressing these pressures has been reported within the Medicine Board's position for the year to date. It was acknowledged that the Clinical Board had little influence over these additional costs, therefore UHB funding would be allocated to cover the retrospective and ongoing costs in November. In addition it was noted that the slippage in plans to close the Sam Davies ward at Barry Hospital had delayed the Clinical Boards plans to re-deploy substantive nursing staff and reduce reliance on agency nursing. The Executive Nurse Director indicated that the Boards progress in filling vacant posts and the implementation of Switch off Sunday were still expected to lead to a reduction in the use of agency staff and a reduction in cost over time.</p> <p>The UHB's savings target had been reduced by an additional £0.250m in month to reflect a further increase to the WEQAS operational underspend.</p> <p>It was noted that the UHB's PSPP performance had improved by 0.2% in month and continued to exceed the 95% target; cash plans were currently on target with the UHB not expecting to request additional cash support in 2019/20 and that there was some slippage</p>	
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	<p>against capital expenditure profiles at month 7 which was expected to be recovered by year-end.</p> <p>Picking up on the capital expenditure profile the UHB Vice Chair (CJ) asked whether the UHB had plans in place to exploit any further capital allocations which were confirmed by Welsh Government towards the end of the financial year. In response the Director of Finance indicated that the UHB had a prioritized list of medical and IT equipment that would be replaced from any further discretionary capital that was allocated before year end.</p> <p>In conclusion the Deputy Director of Finance highlighted that the key risk to the Plan was the management of budgets to deliver a balanced financial position by year end and this risk was assessed as being up to £4m. In addition it was noted that the risk of £2.4m that had emerged relating to the Welsh Risk Pool was excluded from the UHB's forecast break even position on the basis that this risk was not confirmed and that there was potential for Welsh Government funding to cover this.</p> <p><b>ASSURANCE</b> was provided by:</p> <ul style="list-style-type: none"> <li>The scrutiny of financial performance undertaken by the Finance Committee and the UHBs intention to recover the year to date deficit and deliver a break even position by the year end as planned.</li> </ul> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> that the UHB has an approved IMTP which includes a balanced Financial Plan for 2019/20;</p> <p>The Finance Committee <b>noted</b> the £2.385m deficit at month 7;</p> <p>The Finance Committee <b>noted</b> the key concerns and actions being taken to manage risks</p>	
FC 19/128	<p><b>PLANS TO DELIVER A BREAK EVEN POSITION (presentation)</b></p> <p>The Deputy Director of Finance presented an update on the Plans To Deliver A Break Even Position stating that plans had been adjusted for issues which had emerged in October as follows:</p> <ul style="list-style-type: none"> <li>The UHB position had improved by £0.140m in October, however a number of significant overspends had been reported by Clinical Boards in month.</li> <li>The largest in month overspends were reported by the Medicine, PCIC and Surgery Clinical Boards. Both the PCIC and Surgery Clinical Boards still expected to meet the control targets which had been set.</li> </ul>	

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- A full savings programme was in place to meet the £29.145m target and the number of schemes which had reached green status had increased by £4.2m in month
- At month 7 Clinical Boards were reporting a cumulative overspend of £8.059m which was £1.074m higher than the original forecast and £0.347m higher than the planned profile to reach break-even. The Clinical Board position was partly abated by a £0.143m favourable in month performance against central budgets leaving the UHB £0.204m over the forecast profile to reach breakeven at the end of October.
- Clinical Board Recovery actions are back loaded and there was a straight line risk of £5.5m if Clinical Board performance continued at the rate established in the first 7 months of the year.
- In recognition of the deterioration in Clinical Board overspends at month 7 the Risk Adjusted Forecast had been increased by £0.5m. The increase was offset by mitigation on corporate CIP risk, corporate reserves and corporate budgets leaving the UHB with the requirement to identify a further £0.8m of opportunities to reach break-even which in the context of an organisation of the UHB's size was considered a balanced position.
- Moving forwards, the overall UHB overspend was expected to show a gradual improvement each month before finally reaching a breakeven position in March. The forecast was sensitive to the following factors: the management of the risk adjusted position across a number of areas; turning the final amber savings schemes to green as soon as possible; maintaining expenditure restraints; unexpected events as the UHB is not holding a contingency; closing down the residual £1m risk; Clinical Board improvement plans; the management of the Welsh Risk pool cost pressure that is assessed at £2.4m.

**Comments were received as follows:**

- The Finance Committee Chair (JU) asked whether the additional costs to meet winter pressures were included in the forecast and the Deputy Director of Finance of Finance confirmed that the UHB had allocated additional Welsh Government and internal funding to meet the additional demands arising in winter.
- The UHB Vice Chair (CJ) asked whether the UHB was confident that it would bridge the remaining £0.8m required to reach breakeven without compromising patient safety. In response the Chief Executive confirmed that the UHB had enough scope to delay expenditure in non-patient facing areas to reach a break even position, however it was acknowledged that this might weaken the UHB's position moving into 2020//21 if there were limited options to reduce spend.
- The Chief Executive confirmed that the UHB would allocate additional funding to cover the additional costs incurred by the Medicine Clinical Board in meeting the recommendations of the external reviews of the Assessment Unit and oncology. This would allow the Medicine Clinical Board to concentrate on the pressures which it could directly influence.

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	<ul style="list-style-type: none"> <li>The Deputy Director of Finance indicated that copies of the presentation would be made available for Committee member following the meeting.</li> </ul> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> the plans and actions required to deliver a break even position in 2019/20.</p>	
<b>FC19/129</b>	<p><b>CLINICAL BOARDS IN ESCALATION</b></p> <p>The Chief Operating Officer confirmed that the number of Clinical Boards in escalation remained at 3. The Medicine Clinical Board was in escalation as a consequence of financial performance particularly around nursing. The other two Boards were in escalation as a result of activity performance.</p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> the actions being taken to manage financial performance</p>	
<b>FC19/130</b>	<p><b>COST REDUCTION PROGRAMME AND CROSS CUTTING THEME</b></p> <p>The Assistant Director of Finance asked the Finance Committee to note the 2019/20 Cost Reduction Report which included the following key points:</p> <ul style="list-style-type: none"> <li>At 31<sup>st</sup> October 2019 £16.975m of schemes had been identified as Green or Amber against the devolved 2% savings target of £16.345m, leaving a surplus of £0.630m. £15.627m of the identified schemes were recurrent.</li> <li>Schemes totalling £13.505m had been identified as Green or Amber against the corporate savings target of £12.800m target as at 31<sup>st</sup> October 2019 leaving a surplus of £0.705m which covered the gap in delegated schemes. The recurrent effect of the identified schemes in 2020/21 was £4.332m. The recurrent position of corporate schemes was being reviewed on a scheme by scheme basis.</li> </ul> <p>The Committee was informed the main concern was the level of recurrent schemes which needed to improve to ensure that the UHB started 2020/21 in the best possible position.</p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> the progress against the £29.145m UHB savings requirement for 2019/20.</p>	

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<b>FC19/131</b>	<p><b>RISK REGISTER</b></p> <p>The Assistant Director of Finance asked the Finance Committee to note the risks highlighted within the 2019/20 Risk Register.</p> <p>Three risks remained categorized as extreme risks (Red) on the 2019/20 Risk Register as follows:</p> <ul style="list-style-type: none"> <li>• Reduction in the £36.3m underlying deficit b/f to 2019/20 to the IMTP planned £4m c/f underlying deficit in 2020/21;</li> <li>• Management of Budget pressures;</li> <li>• Management of Nursing overspend - £2.215m month 7</li> </ul> <p>The Finance Committee was also asked to note an increase in the assessed risk attached to the forecast 2019/20 Welsh Risk Pool overspend (Fin 13/19) where the UHB's share of the overspend had increased from £1.4m to £2.4m following a revision to the forecast at month 7.</p> <p>The UHB vice chair (CJ) queried whether the impact and likelihood of risk to the reduction of the Underlying Deficit required re-assessment following the emerging shortfall against the recurrent CRP Target. The Committee agreed that this risk and the population of the 2020/21 Risk Register would need to be considered once there was further clarity on the 2020/21 Financial Plan.</p> <p><b>Resolved – that:</b></p> <p>The Finance Committee <b>noted</b> the risks highlighted within the 2019/20 risk register.</p> <p>The Finance Committee <b>noted</b> an increase in the assessed risk attached to the forecast 2019/20 Welsh Risk Pool overspend.</p>	
<b>FC 19/132</b>	<p><b>MONTH 7 FINANCIAL MONITORING RETURNS</b></p> <p>These were noted for information.</p>	
<b>FC 19/133</b>	<p><b>ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES</b></p> <p>No other items to bring to the main Board.</p>	
<b>FC 19/134</b>	<p><b>DATE OF THE NEXT MEETING OF THE COMMITTEE</b></p> <p><b>Wednesday</b> 18<sup>th</sup> December; <b>2.00pm</b>; Executives Meeting Room, 2nd Floor, HQ, Woodland House</p>	

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**CONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE HELD ON 8<sup>TH</sup>  
OCTOBER 2019**

**NANT FAWR 2, GROUND FLOOR, WOODLANDS HOUSE, MAES-Y-COED**

**Present:**

Michael Imperato	MI	Independent Member – Legal (Chair)
Akmal Hanuk	AH	Independent Member – Community
Dawn Ward	DW	Independent Member – Trade Union

**In attendance:**

Janice Aspinall	JA	Staff Safety Representative
Charles Dalton	CD	Head of Health and Safety
Martin Driscoll	MD	Director of Workforce and OD
Stuart Egan	SE	Staff Safety Representative
Fiona Kinghorn	FK	Director of Public Health
Lee Wyatt	LW	Head of Facilities
 Ceri Butler	 CB	 Head of Learning and Education (for item HSC: 19/10/007)
Catherine Salter	CS	Senior Health and Safety Trainer (Strategic) (for item HSC: 19/10/007)

**Secretariat:**

Rachael Daniel	RD	Health and Safety Adviser
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**Apologies:**

Carol Evans	CE	Assistant Director of Patient Safety and Quality
Nicola Foreman	NF	Director of Corporate Governance
Geoff Walsh	GW	Director of Capital, Estates and Facilities

**Observer:**

Maggie Berry	MH	Swansea Bay University Health Board
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<b>HSC: 19/10/001</b>	<b>WELCOME AND INTRODUCTIONS</b>  The Chair welcomed everyone to the meeting.	<b>ACTION</b>
<b>HSC: 19/10/002</b>	<b>APOLOGIES FOR ABSENCE</b>  Apologies for absence were noted.	
<b>HSC: 19/10/003</b>	<b>DECLARATIONS OF INTEREST</b>  The Chair invited Committee Members to declare any interest in the proceedings included in the agenda. None were declared.	
<b>HSC: 19/10/004</b>	<b>MINUTES OF PREVIOUS MEETING</b>  The minutes of the Health and Safety Committee held on the 9 July 2019 were reviewed.  <b>The Committee resolved – that:</b>	



<p><b>HSC:</b> <b>19/10/005</b></p>	<p>The Committee approved the minutes of the meeting held on 9 July 2019.</p> <p><b>COMMITTEE ACTION LOG</b></p> <p>The Committee reviewed the action log from the meeting held on the 9<sup>th</sup> July 2019.</p> <p><b>The Committee resolved – that:</b></p> <p>(a) The action log and updates upon it be received and noted.</p>
<p><b>HSC:</b> <b>19/10/006</b></p>	<p><b>CHAIRS ACTION TAKEN SINCE LAST MEETING</b></p> <p>The Chair informed the Committee that the following had taken place since the last meeting:</p> <p>(a) He had attended Swansea Bay University Health Board’s Health and Safety Committee meeting which was chaired by Martyn Waygood (Interim Vice Chair) who was the previous chair of this Committee. Mr Imperato commented he was surprised health and safety was not a statutory committee and he would be urging other Health Boards to have a Health and Safety Committee.</p> <p>The Independent Member – Trade Union commented she was a member of the Quality, Safety and Experience Committee which had a very busy and heavy agenda so if health and safety was part of that Committee it would not be able to give it due credence. The Staff Safety Representative (SE) advised if the Health Board didn’t have a Health and Safety Committee the Safety Representatives would be demanding for one to be set up.</p> <p>(b) Mr Imperato informed the Committee he had borrowed a lone worker device and took it on a patient safety walk around with District Nurses where it has been positively received.</p>
<p><b>HSC:</b> <b>19/10/007</b></p>	<p><b>PRESENTATION – STRUCTURE AND PROCESS FOR STAFF HEALTH AND SAFETY TRAINING</b></p> <p>The Chair welcomed Ceri Butler, Head of Learning and Education and Catherine Salter, Senior Health and Safety Trainer (Strategic) to the meeting.</p> <p>Mrs Butler began the presentation by giving some background to the Electronic Staff Record (ESR) process, she explained:</p> <ul style="list-style-type: none"> <li>• All staff had the 10 core mandatory modules linked to their ESR record.</li> <li>• Unable to produce an accurate Training Needs Analysis (TNA) linked to individual staff requirements.</li> <li>• Time consuming - manual update of training records from classroom and e-learning uploaded by Learning Education and Development (LED) team.</li> </ul>

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- Corporate Induction revised and staff completed mandatory training modules prior to attending bringing certificates as evidence.
- All Wales project introduced to automate e-learning to update ESR.
- Reduced the need for manual update of training records by LED team.
- Corporate Induction revised, LED were no longer required to check certificates of completion of mandatory training e-learning modules.
- Requirement to up-skill staff to enrol and access e-learning appropriately.

As a result of the above the following work was undertaken in 2018:

- ESR prompting all staff to complete all modules was inaccurate.
- in conjunction with Subject Matter Expert's (SME's) identify accurate training requirements for levels 1-4 training and upload specific training requirements for staff into ESR – mapping training to job roles and not the person.
- Decision for all payslips to be made available from ESR encouraged staff to access the ESR Portal which highlighted individual's mandatory training compliance.
- LED commenced work to upload Level 1 training into ESR.
- LED had almost completed the upload of Level 2-4 training into ESR.
- Every time LED upload a new module onto ESR – generates queries from across the organisation.
- LED are liaising with SME's to ensure those removed are appropriate.
- All Mandatory Training reporting via Workforce Information Team to avoid any reporting inconsistencies.

Mrs Butler advised as a result of undertaking the above the following benefits can already be seen:

- TNA can now be produced which will support HSE visit.
- Avoid time consuming completion of paper based TNA's.
- ESR Portal shows accurate compliance details for individual staff.
- Increased ownership of training and staff are less likely to duplicate training.
- Line Manager can monitor compliance for individuals with ESR alerts.
- ESR Inter Authority Transfer (IAT) ensure consistency of training across Wales and avoid duplication.

Mrs Salter informed the Committee of the project work being undertaken by the Health and Safety Department to improve the compliance for both manual handling and violence and aggression training.

The project identified 5 primary drivers to improve compliance, these

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being; ESR (admin process), training module, link worker system, reporting & monitoring and communication and a number secondary drivers then fed from these which then ultimately led to specific ideas to test or change concepts. Mrs Salter added the scale of the project could not be under estimated.

The Independent Member – Trade Union welcomed the approach being taken as it identified what training was essential for staff. She added the system was the answer but was still not quite right, she stated there were a range of job descriptions which potentially could be used for bespoke training and queried whether there was a timeframe for completion. Mrs Butler advised this was being led by Shared Services but she would investigate and feedback.

CB

The Independent Member – Community acknowledged this was a vast project and queried whether the training was provided internally or externally. Mrs Salter advised the trainers were managed through the health and safety department so it was a health board resource. The majority of the training provided was classroom based but was looking to do more workplace training which should improve compliance. The project was also investigating the possibility of merging foundation and update training. The Head of Health and Safety added there was also a link worker system in place but there was a very small uptake percentage for this approach.

Mrs Ward agreed that Link Workers was definitely the way forward but to learn lessons from other link worker roles where the time required to undertake the function had not been protected.

**The Committee resolved that:**

- (a) the scale of the project be noted.
- (b) the quality of the data was key so that training could be targeted.
- (c) the Director of Workforce and OD update the Committee at the next meeting.

MD

**RISK REGISTER FOR HEALTH AND SAFETY**

The Director of Workforce and OD informed the Committee this item would be deferred to the next meeting.

**HSE INSPECTION OF VIOLENCE AND AGGRESSION AND MUSCULOSKELETAL DISORDERS IN HEALTHCARE 2018-19**

The Head of Health and Safety informed the Committee that as yet there was no date for the proposed inspection.

Mr Dalton assured the Committee that work was on-going in preparation for the impending inspection. A Health and Safety Adviser from the team had been allocated to co-ordinate a review of current status and develop an action plan for identified shortfalls. The Adviser had initiated a number of meetings and actions to give greater assurance of our risk with knowledge with particular emphasis on status of risk assessments, management controls and training

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compliance.

The Chair queried whether there was someone externally that could undertake a mock audit, Mr Dalton stated the health and safety department work independently and therefore would pick up the negatives as well as the positives, shortcomings have been identified and plans in place to address.

Mr Imperato stated he was assured that the health and safety department's preparations were on track and requested he be informed as soon as the date was known.

CD

**The Committee resolved that:**

- (d) the report be noted.
- (e) a progress report be presented to the January meeting.
- (f) the Chair be informed as soon as the date was known.

**PEDESTRAIN ACCESS STRATEGY**

The Head of Facilities informed the Committee the programme of works would be completed in January 2020 as planned. The Head of Health and Safety added the lockdown of the tunnels had been completed and a positive difference could already be seen.

**The Committee resolved that:**

- (a) the report be noted.
- (b) an update of the Task and Finish Group Programme of Works be provided to the January meeting.

**FIRE SAFETY ANNUAL REPORT**

The Head of Facilities informed the Committee the annual report identified that the number of false alarms had significantly improved. The Independent Member – Trade Union stated the strategic priorities had all been addressed in the report but queried whether the Deputy Fire Safety Managers were given dedicated time to undertake this function in order for the role to be given credibility. The Head of Health and Safety advised the DFSMs were senior positions in the Clinical Boards and had delegated some of the responsibilities.

**The Committee resolved that:**

- (a) the annual report be noted.

**ENFORCEMENT AGENCIES REPORT**

The Head of Health and Safety informed the Committee there were no new issues since the last meeting.

Mr Dalton advised the Committee the case in relation to the Contractor Fall had now come to its conclusion and the Health Board received a fine of £400,000.00. He advised a briefing report had been prepared which included the main learning points from the case,

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	<p>the Chair requested that the report be shared with him.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>(a) the report be noted.</li> <li>(b) the briefing report be shared with the Chair.</li> <li>(c) agreed that appropriate actions were being pursued to address the issues raised.</li> </ul> <p><b>FIRE ENFORCEMENT AND MANAGEMENT COMPLIANCE REPORT</b></p> <p>The Head of Facilities informed the Committee the issues raised had been discussed in HSC: 19/10/011.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>(a) the report be noted.</li> </ul>	CD
<p><b>HSC:</b> <b>19/10/013</b></p>	<p><b>HEALTH AND SAFETY ASSURANCE SCHEDULE AND PRIORITY IMPROVEMENT PLAN 2019/20</b></p> <p>The Head of Health and Safety informed the Committee a lot of the actions were operational in nature and would be monitored through the Operational Health and Safety Group.</p> <p>The Independent Member – Trade Union stated she did take assurance from this report but did have a concern with the timescales for those items with limited assurance.</p> <p><b>The Committee resolved that:</b></p> <ul style="list-style-type: none"> <li>(a) the report be noted.</li> <li>(b) agreed that appropriate actions are being taken to address the issues raised.</li> </ul>	
<p><b>HSC:</b> <b>19/10/014</b></p>	<p><b>LONE WORKER DEVICES REPORT</b></p> <p>The Head of Health and Safety informed the Committee new devices were currently been swapped for old so no usage compliance data was available at this time, he also assured that at no time during the transition period would anyone be without a working device. He added the contract had been renewed for a further 3 years.</p> <p>The Chair advised he had recently undertaken a patient safety walk around with community nurses and staff's opinion is that they do not need this level of protection. Mr Imperato stated there was a duty on staff to protect themselves and staff need to be educated that they must use these devices. The Staff Safety Representative (SE) added safety representatives class these devices as part of Personal Protective Equipment (PPE) and staff are duty bound to use them. The Independent Member – Trade Union stated these were fantastic devices that had significantly improved and staff placed a high value on them, Clinical Boards need to sign up to the principle for them and ensure they are used.</p>	

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<p><b>HSC:</b> <b>19/10/016</b></p>	<p><b>The Committee resolved that:</b></p> <p>(a) the report be noted.</p> <p><b>UPDATED HEALTH AND SAFETY RELATED POLICIES SCHEDULE</b></p> <p>The Director of Public Health informed the Committee the Smoking Policy had not been updated as the Health Board were awaiting the Public Health (Wales) Act early next year.</p> <p><b>The Committee resolved that:</b></p> <p>(a) the updated schedule be noted.</p>	
<p><b>HSC:</b> <b>19/10/017</b></p>	<p><b>ENVIRONMENTAL HEALTH REPORT OF CATERING DEPARTMENT, ROOKWOOD HOSPITAL ON 25<sup>TH</sup> JULY 2019</b></p> <p>The Head of Facilities informed the Committee a score of 3 had been awarded and a re-score had been applied for as the action had now been completed.</p> <p><b>The Committee resolved that:</b></p> <p>(a) the report and remedial actions taken be noted.</p>	
<p><b>HSC:</b> <b>19/10/018</b></p> <p><i>Mulford, Glynis 01/24/2020 10:28:11</i></p> <p><b>HSC:</b></p>	<p><b>ENVIRONMENTAL HEALTH REPORT OF WARD BASED CATERING, UNIVERSITY HOSPITAL OF WALES ON 13<sup>TH</sup> AUGUST 2019</b></p> <p>The Head of Facilities informed the Committee a score of 3 had been awarded. Mr Wyatt stated the UHW site was very complex with lots of old kitchens, this inspection had generated a large action plan which is currently being worked through.</p> <p>The Director of Public Health expressed her disappointment with the scores and requested assurance that maintenance was of a high quality and the management issues had been re-emphasised and re-trained. Mr Wyatt advised they were engaging in a Joint Partnership Programme with Cardiff Council with independent management levels in place.</p> <p>Following further discussion it was agreed at the next meeting there would be a presentation on Food Safety.</p> <p><b>The Committee resolved that:</b></p> <p>(a) the report and remedial actions taken be noted. (b) there would be a presentation on food safety at the next meeting.</p> <p><b>HEALTH AND SAFETY POLICY</b></p>	<p><b>LW/GW</b></p>

<p><b>19/10/019</b></p>	<p>The Head of Health and Safety advised the Policy had been slightly amended to reflect organisational changes.</p> <p><b>The Committee resolved that:</b></p> <p>(a) the Policy be RATIFIED for onward approval by the Board.</p>	
<p><b>HSC: 19/10/020</b></p>	<p><b>CONTRACTOR CONTROL POLICY</b></p> <p>The Head of Facilities advised the Policy had been amended and updated to reflect the enhanced systems for contractor control holistically.</p> <p><b>The Committee resolved that:</b></p> <p>(a) the Policy be APPROVED.</p>	<p><b>MD</b></p>
<p><b>HSC: 19/10/021</b></p>	<p><b>OPERATIONAL HEALTH AND SAFETY GROUP</b></p> <p><b>The Committee resolved that:</b></p> <p>(a) the minutes of the Operational Health and Safety Group held in June 2019 be RATIFIED.</p>	
<p><b>HSC: 19/10/022</b></p>	<p><b>HEALTH AND SAFETY PRIORTY IMPROVEMENT PLAN – DETAILED</b></p> <p><b>The Committee resolved that:</b></p> <p>(a) the plan be NOTED.</p>	
<p><b>HSC: 19/10/023</b></p>	<p><b>ENVIRONMENTAL HEALTH REPORT OF Y GEGIN, UNIVERSITY HOSPITAL OF WALES ON 20<sup>TH</sup> JUNE 2019</b></p> <p>It was noted that a score of 4 had been awarded.</p> <p><b>The Committee resolved that:</b></p> <p>(a) the report be NOTED.</p>	
<p><b>HSC: 19/10/024</b></p>	<p><b>ENVIRONMENTAL HEALTH REPORT OF AROMA PLAZA OUTLET, UNIVERSITY HOSPITAL LLANDOUGH ON 25<sup>TH</sup> JUNE 2019</b></p> <p>It was noted that a score of 5 had been awarded.</p> <p><b>The Committee resolved that:</b></p> <p>(b) the report be NOTED.</p>	
<p><b>HSC: 19/10/025</b></p>	<p><b>ENVIRONMENTAL HEALTH REPORT OF AROMA COFFEE OUTLET, WOODLANDS HOUSE ON 9<sup>TH</sup> AUGUST 2019</b></p>	

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It was noted that a score of 5 had been awarded.

**The Committee resolved that:**

(c) the report be NOTED.

**REVIEW OF MEETING**

The Chair welcomed comments from the Committee.

The Director of Public Health commented that too much detail is discussed at times, she appreciated the need to get the balance right but felt some discussions could be briefer.

Mr Imperato requested members let him know of any issues they wished to be discussed at the Committee so that they could be considered as part of the agenda setting process. It was noted that there would be a presentation on food safety at the next meeting.

The Staff Safety Representative (SE) requested the opportunity to have agenda items, Mr Imperato welcomed this approach and again requested any issues to be forwarded either to himself or Miss Daniel for the agenda.

**DATE OF THE NEXT MEETING OF THE COMMITTEE**

Tuesday 21<sup>st</sup> January 2020 at 9.00am, Cefn Mably Meeting Room, Woodlands House, Heath, Cardiff, CF14 4TT

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**Confirmed Minutes of the Strategy & Delivery Committee**  
**Tuesday 29<sup>th</sup> October – 9:00am – 12:00pm**  
**Nant Fawr 1 & 2, Woodland House**

**Chair:**

Charles Janczewski                      CJ              UHB Interim Chair & Committee Chair

**Members:**

Sara Moseley                              SM              Committee Vice Chair & Independent Member – Third Sector

**In Attendance:**

Caroline Bird	CB	Deputy Chief Operating Officer
Robert Chadwick	RC	Executive Director of Finance
Marie Davies	MD	Deputy Director of Planning
Martin Driscoll	MD	Executive Director of Workforce & Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Aaron Fowler	AF	Interim Head of Corporate Governance
Andrew Gough	AG	Assistant Director of Finance
Fiona Kinghorn	FK	Executive Director of Public Health
Len Richards	LR	Chief Executive Officer
Jason Roberts	JR	Deputy Nurse Director
David Thomas	DT	Director of Digital & Health Intelligence
Geoff Walsh	GW	Director of Capital, Estates & Facilities

**Secretariat:**

Laura Tolley                              LT              Corporate Governance Officer

**Apologies:**

John Antoniazzi	JA	Independent Member
Ruth Walker	RW	Executive Nurse Director

<b>S&amp;D 19/10/001</b>	<b>Welcome &amp; Introductions</b>  The Committee Chair (CC) welcomed everyone to the public meeting. The CC extended a special welcome to Len Richards - Chief Executive Officer (CEO), Aaron Fowler – Head of Corporate Governance (HCG), Caroline Bird, Deputy Chief Operating Officer, Geoff Walsh – Director of Capital and Estates (DCE), Marie Davies – Deputy Director of Planning (DDP) Andrew Gough, Assistant Director Finance (ADF), and Jason Roberts – Deputy Executive Nurse Director, who were all in attendance at the meeting.	<b>Action</b>
<b>S&amp;D 19/10/002</b>	<b>Quorum</b>  The CC confirmed the meeting was quorate.	
<b>S&amp;D 19/10/003</b>	<b>Apologies for Absence</b>  Apologies for absence were noted.	

<b>S&amp;D 19/10/004</b>	<b>Declarations of Interest</b>  There were no interests declared.	
<b>S&amp;D 19/10/005</b>	<b>Minutes of the Committee Meeting held on 3<sup>rd</sup> September 2019</b>  The Committee reviewed the minutes of the meeting held on 3 <sup>rd</sup> September 2019  <b>Resolved – that:</b>  (a) the Committee approved the minutes of the meeting held on 3 <sup>rd</sup> September 2019 as a true and accurate record.	
<b>S&amp;D 19/10/006</b>	<b>Action Log following the Meeting held on 3<sup>rd</sup> September 2019</b>  The CC commented on the following:  <b>Action 19/06/008</b> – Action contained too much information and reminded Committee members that comments in the action log should only be a couple of sentences for clear and concise reading.  <b>Action 19/06/015</b> – it was noted that a meeting had been re scheduled for 19/11/2019.  <b>Action 19/06/018</b> – the CC requested that the Deputy Chief Operating Officer (DCOO) agree a deadline date for this action.  <b>Resolved – that:</b>  (a) the Committee reviewed the action log following meeting held on 3 <sup>rd</sup> September 2019	<b>CB</b>
<b>S&amp;D 19/10/007</b>	<b>Chairs Action taken since last meeting</b>  There had been no Chairs actions taken since the last meeting.	
<b>S&amp;D 19/10/008</b>	<b>Wellbeing of Future Generations Act – WFG Flash Report</b>  The Executive Director of Public Health (EDPH) introduced the report and explained the following: <ul style="list-style-type: none"> <li>• Very detailed and positive feedback had been received from the recent self-assessment although there was a perception that the Wellbeing of Future Generations Act (“the Act”) was not being embedded and embraced by Health Boards across Wales, therefore, learning would be taken on board.</li> <li>• A recent audit had been undertaken by Wales Audit Office which was very positive, working with communities came out strongly and it was demonstrated that the wellbeing objectives were aligned to the strategic objectives of the Health Board. The EDPH advised the Committee that ongoing work was underway to embed the Act</li> </ul>	

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	<p>across the UHB.</p> <p>The Independent Member – Third Sector (IM – TS) congratulated the team for aligning the wellbeing objectives to the UHB Strategy and asked how assurance was sought from the Future Generations Commissioner (FGC), what was expected externally from C&amp;V UHB and were the team confident we were meeting external expectations? In response, the EDPH advised that a sustainable future, holistic report was being developed and the detailed report from the self-assessment could be shared with the IM-TS for further understanding.</p> <p>The CEO advised that the FGC required a separate section on the Act outlined in all areas across the UHB, however, C&amp;V UHB aimed to show that the Act was embedded in the whole approach of the UHB. The CEO informed the Committee that the C&amp;V UHB sustainable travel example was being promoted across Wales.</p> <p>The CC expressed appreciation for the Flash Report and advised that it provided the Board with assurance that the UHB were trying to embed the Act.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the Wellbeing of Future Generations Act – WFG Flash Report.</p>	FK
S&D 19/10/009	<p><b>Ensuring that service provision, quality, finance and workforce elements are aligned and integrated</b></p> <p>The ADF introduced the presentation and confirmed that its purpose was to provide an example of how the quality, finance and workforce elements were aligned through the work of the Business Case Approval Group (BCAG). The ADF confirmed the following:</p> <ul style="list-style-type: none"> <li>• BCAG provided assurance about the commitments the UHB entered into and ensured appropriate exit strategies were in place for short term funding arrangements.</li> <li>• Cases relating to Transformation funds and Integrated Care Fund (ICF) bids do not go through BCAG.</li> </ul> <p>Membership of BCAG included:</p> <ul style="list-style-type: none"> <li>• Director of Finance – Chair;</li> <li>• Director of Planning;</li> <li>• Director of Workforce &amp; Organisational Development;</li> <li>• Deputy Director of Finance;</li> <li>• Chief Operating Officer; and</li> <li>• Public Health Consultant.</li> </ul> <p>Clinical Board Directors were also invited as Multi-Disciplinary Teams to present business case proposals and share patient experiences and different approaches to value based healthcare.</p>	

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	<p>The following outlined an integrated approach:</p> <ul style="list-style-type: none"> <li>• Consideration of geographical factors;</li> <li>• Key Stakeholder involvement, including cross Clinical Board working and sign off;</li> <li>• Anticipated strategic, financial, operational, regulatory, political or reputation risk;</li> <li>• Population and community impact;</li> <li>• Health inequality impact;</li> <li>• Affordability and value for money; and</li> <li>• Clinical effectiveness and added value of service implementation.</li> </ul> <p>The ADF advised that BCAG questioned whether the investment provided real value to patients and improved their quality of life or prospects for recovery by taking the following 4 value pillars into consideration:</p> <ol style="list-style-type: none"> <li>1. Personal Value;</li> <li>2. Technical Value;</li> <li>3. Allocative Value; and</li> <li>4. Societal Value.</li> </ol> <p>The IM – TS asked what the key enablers in practice were. In response, the ADF advised that work on cross clinical board learning was developing well and that fewer business cases were going through BCAG as Clinical Boards had increased ownership and analysed their own funding before submitting bids for consideration.</p> <p>In relation to cross clinical board working, the IM-TS asked if it was linked with Amplify and other organisational development initiatives. In response, the CEO advised that Amplify tried to tackle reducing barriers as well as the Spread and Scale programme. The CEO advised that there was a long way to go to improve cross clinical board working, however, a significant improvement had already been seen.</p> <p>The CC thanked the ADF for the presentation and encouraged all executive colleagues involved in this agenda item to continue using real life examples to demonstrate how service provision, quality, finance and workforce elements are aligned and integrated</p> <p><b>Resolved – that:</b></p> <p>(a) the Committee noted the presentation.</p>	
<p><b>S&amp;D 19/10/010</b></p> <p>Mulford, Glynis 01/24/2020 10:28:11</p>	<p><b>Scrutiny of the Workforce Plan</b></p> <p>The Executive Director of Workforce &amp; Organisational Development (EDWOD) introduced the report and confirmed that it was the annual review of the workforce plan. The EDWOD explained that there were 2 workshops being rolled out across the UHB:</p> <ol style="list-style-type: none"> <li>1. Improving right bed, first time; and</li> <li>2. Amplify Showcase.</li> </ol>	

The EDWOD further explained that Welsh Government were assessing C&V Workforce to ensure there was sufficient workforce in place across the UHB. In relation to Equality Champions, a paper would be presented to the Committee in January, this included the significant changes required across the UHB to meet the Welsh Language Standards in the coming months.

In terms of data, there had been a significant improvement seen in statutory and mandatory training requirements and the EDWOD explained that the Chair of the Health & Safety Committee requested an action plan be brought to the Health & Safety Committee to monitor improvement around Fire.

Absence had started to increase slightly above the 5% target, however the EDWOD was assured that actions to monitor and manage absence were sufficient.

Regarding Brexit, it was suspected that a "No Deal" was off the table but hard work was being undertaken across the UHB to engage with EU staff to obtain their residential status. There had not been any indication of any EU staff members leaving the UHB to date.

The IM – TS asked how Amplify momentum and engagement was being kept up? In response, the EDWOD explained that during the first Amplify event, each Executive that attended 'sponsored' a table and those Executives were having individual and group discussions to see the impact that Amplify has made. The EDWOD further explained that the branding of Amplify was far more developed and advanced than he had first anticipated when it launched. The CEO added that Amplify was being adopted across the UHB and a number of training programmes had been developed and rolled out across the UHB since Amplify, such as, Acceler8.

The CC confirmed Acceler8 and other development sessions were part of a new leadership programme and he was keen to develop individuals correctly, therefore he requested that a paper be brought to the Committee which outlined how this would be monitored to ensure outcomes were delivered.

The CC questioned the workforce integration and noted an informal meeting with the Cardiff Council HR Director.

The CC commented on the continued low level of renewal of consultant job plans. This was a long standing issue with little progress seen, therefore the CC requested an indication of progress. In response, the Executive Medical Director (EMD) advised the Committee that he and the EDWOD were in agreement that a locally delivered approach that included an automated system, with centralised monitoring was required and that a paper was currently being developed for this, however, the team were waiting for internal audit outcomes before confirming final decisions.

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	<p>The CC explained he was very encouraged and assured with the direction of travel within Workforce &amp; Organisational Development.</p> <p><b>Resolved – that:</b></p> <p>(a) the Committee noted the Scrutiny of the Workforce Plan.</p>	
<b>S&amp;D 19/10/011</b>	<p><b>Scrutiny of the Capital Plan</b></p> <p>The DCE introduced the report and advised the Committee:</p> <ul style="list-style-type: none"> <li>• Confirmation of further funding of £4.5 million had been received for imaging equipment.</li> <li>• £2.9 million ICF funding had been received for the Chapel Scheme in Cardiff Royal Infirmary. It was explained that the Chapel in Cardiff Royal Infirmary was being converted into an information and café area which will also provide a library service for the Roath area. It would also include an upstairs meeting room to be used by the UHB and community and also a computer suite for Local Authority and community use.</li> <li>• Neonatal facility was handed over to Estates. Building work was now completed and the team were in the process of installing two MRI Scanner Suites and completion was expected in 2020.</li> </ul> <p>The IM – TS asked if there was anything causing concern within Estates currently? In response, the DCE confirmed that the team had experienced frustrations with schemes being delayed, which meant timescales given were not met.</p> <p>The CEO explained that the Committee could not under estimate the difficult facilities that people were working out of and this was recognised across the UHB. The CEO added that this was not the fault of the Capital Programme, but was due to the lack of investment over past years, therefore the team were prioritising major risks in identified areas but were looking to convince Welsh Government of the need for a new hospital.</p> <p>The CC confirmed that the Committee were provided with assurance that Capital, Estates &amp; Facilities schemes were monitored closely.</p> <p><b>Resolved – that:</b></p> <p>(a) the Committee noted the Scrutiny of the Capital Plan.</p>	
<b>S&amp;D 19/10/012</b> Mulford, Glynis 01/24/2020 10:28:11	<p><b>Draft IMTP</b></p> <p>The DDP introduced the paper and advised the Committee that the team were aiming to get the IMTP signed off by the Board in November. There had been very good engagement from Clinical Boards and Corporate Teams across the UHB and the team had a well-established process where a series of workshops were undertaken to ensure the IMTP was</p>	



	<p>appropriately refreshed and focussed.</p> <p>The DDP explained that the finances were a work in progress and the financial plan would be added in December. The Executive Director of Finance (EDF) reminded the Committee of the underlying financial deficit, and should the financial targets not be met, this would have a significant impact on the IMTP.</p> <p>The CC asked how the Cluster IMTP's were being managed? In response, The DDP explained that Clusters were developing and a lot of aspirations were being picked up through schemes from Amplify and the Regional Partnership Board Forum.</p> <p>The CC explained that it was critical for the UHB to get an IMTP that was deliverable and advised the Committee that better monitoring of the IMTP process was required to analyse performance and deliverables, therefore, it was agreed that quarterly monitoring reports would be brought to the Committee for information.</p> <p><b>Resolved – that:</b></p> <p>(a) The Committee discussed the Draft IMTP.</p>	<b>MD</b>
<b>S&amp;D 19/10/013</b>	<p><b>Digital Healthcare Strategic Outline Case</b></p> <p>The Director of Digital &amp; Health Intelligence (DDHI) introduced the presentation and confirmed the UHB were committed to delivering a Digital Strategic Outline Case by the end of the year which incorporated "Wyn" to ensure the patient voice was heard.</p> <p>The DDHI explained the following:</p> <ul style="list-style-type: none"> <li>• An informatics plan was developed last year, and it was a 3 year plan. Improvements were being made and Lightfoot were analysing data that the UHB already captured, this improved systems across the UHB.</li> <li>• Data repository work was being undertaken to achieve real time data.</li> <li>• Work was underway to create useable systems to enable a digital population and workforce.</li> <li>• Office 365 was being rolled out across the UHB and this would transform the way the UHB works.</li> <li>• Patient Knows Best system was being developed</li> </ul> <p>The DDHI advised the Committee that WiFi was a particular concern, therefore using the transformation funding, the team were looking at how WiFi could be less reliant on Health Charity Funding. The DDHI added that the UHB required a change in culture to enable a digital workforce.</p> <p>The CC asked how would support be given to Third Sectors that were not</p>	

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	<p>digital? In response, the DDHI explained that the full answer was not known and discussions were required to address some issues.</p> <p>The EDF asked the DDHI to clarify with Welsh Government if the £25 million Capital was recurrent.</p> <p>The EMD asked how the DDHI would get clinical engagement to ensure that the systems developed and implemented would be functional for the frontline clinicians and nurses? In response, the DDHI confirmed that the team were going out to all Clinical Boards between October and January to gain feedback. The EMD advised the DDHI that service by service engagement was required. The EMD confirmed that a meeting would be arranged outside of the meeting to discuss this further.</p> <p>The CC reminded Committee Members that the Committee was only looking at strategic outline case and the Digital Health &amp; Intelligence Committee would look at the detail and scrutinise as they felt appropriate.</p> <p><b>Resolved – that:</b></p> <p>(a) the Committee noted the Digital Healthcare Strategic Outline Case</p>	<p><b>DT</b></p> <p><b>SW / DT</b></p>
<b>S&amp;D 19/10/014</b>	<p><b>Developing a Performance Framework</b></p> <p>The CC advised the Committee that Sharon Hopkins, previous Deputy Chief Executive Officer, began the process some time ago as the Committee needed to see performance databases and Executives needed to work out what areas required focus.</p> <p>The DDHI explained that clarity was required around what performance data the Committee wanted to be provided with, the report provided at the meeting reviewed framework measures and summarised these.</p> <p>The CC confirmed that a meeting would be booked outside of the Committee to discuss how to gather information and report correctly into the Committee, and subsequently, the Board.</p> <p>The desire to get a framework in place was shared amongst all members of the Committee and it was agreed that an update would be provided at the next Committee meeting.</p> <p><b>Resolved – that:</b></p> <p>(a) the Committee discussed the Performance Framework.</p>	<b>DT</b>
<b>S&amp;D 19/10/015</b>	<p><b>Key Organisational Performance Indicators</b></p> <p>The DCOO introduced the paper and confirmed the following:</p> <ul style="list-style-type: none"> <li>Whilst IMTP targets had not been achieved, significant improvements had been seen, especially within RTT and Cancer.</li> </ul>	



- Tax Pensionable Issues were still proving difficult, however, work was being undertaken to address this.
- Higher admissions had been seen in Unscheduled Care, in September alone, 1000 more patients came through the front door, therefore work was being carried out which focused on improvement of patient flow in preparation for Winter.

The CC confirmed within the Mental Health Measures, Part 1a, an improvement to 58% had been seen, however, the target of 80% was still not being met, same with CAHMS performance. Therefore the CC asked what work was being undertaken to achieve this and what assurance could be offered that an improvement would be seen? In response, the DCOO explained that in October the team became compliant and this was expected to be sustained. In terms of CAHMS, an improved performance should be seen in November and compliance should be met in January 2020.

The IM – TS added that a similar discussion had taken place within the Mental Health & Capacity Legislation Committee, rapid improvement was expected and CAHMS data had been requested to be taken to the Committee in January 2020 where further assurance should be gained.

The CC explained that it was good to see the Cancer figures moving in the right direction and asked for the Committee to be assured that the performance would be sustained. The DCOO advised that the enablers to keep moving forward were:

1. Strengthened tracking performance; and
2. Addressing two HealthPathways, Urology and Gastroenterology

The DCOO confirmed that work was being undertaken to get demand and capacity in balance. Money had been received from Welsh Government to fund this and posts were currently being advertised to support the services.

The CC asked with the incredible increases in activity levels within the Emergency Unit, how the Staff were coping? In response, the DCOO explained the need to recognise the additional pressures but staff were managing very well, however, there was a need for the winter plans to be resilient to enable staff to cope with the additional winter pressures.

The Deputy Nurse Director (DND) informed the Committee that staff are coping and are aware that they can escalate concerns appropriately should they wish.

The CEO advised the Committee that across the wider system there were some concerning plans being made. As other organisations were struggling more than C&V UHB, in particular with ambulance waiting, plans were being developed to cohort patients outside of Emergency Departments, which meant patients would be assessed and treated by paramedics before accessing the Emergency Department. Whilst this

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	<p>enables ambulances to be released back into the system, a risk for patients was identified. The CEO explained that should C&amp;V UHB be asked to do this, it would be resisted due to the patient risks identified.</p> <p>The CEO also advised of a wider demand and capacity issue where, if other Health Boards Emergency Departments were too full, patients would be expected to be transferred to C&amp;V UHB. The CEO explained that this would have a significant impact on C&amp;V UHB as an organisation and would dislocate the system going forward, therefore, C&amp;V were resisting this and reasons why this would not be good were being explained. The CEO confirmed that the position of C&amp;V UHB was that all Health Boards need to improve patient flow within their hospitals. The CEO confirmed he would keep the Committee informed regarding this.</p> <p><b>Resolved – that:</b></p> <ul style="list-style-type: none"> <li>The Committee noted the year to date performance for 2019-20 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Board's Integrated Medium Term Plan (IMTP)</li> </ul>	<b>LR</b>
<b>S&amp;D 19/10/016</b>	<p><b>Any Other Business</b></p> <p><b>Resolved – that:</b></p> <p>(a) There was no other business to discuss.</p>	
<b>S&amp;D 19/10/017</b>	<p><b>Items to bring to the attention of the Board</b></p> <p><b>Resolved – that:</b></p> <p>(a) There were no items to bring to the attention of the Board</p>	
<b>S&amp;D 19/10/018</b>	<p><b>Date &amp; Time of next Meeting</b></p> <p>Tuesday 14th January 2020, Executive Meeting Room, Woodland House</p>	

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**Minutes from the Local Partnership Forum Meeting held on 2 October 2019 at  
10am in Nant Fawr Room 1, Woodland House**

**PRESENT:**

Martin Driscoll	Exec Director of Workforce and OD (co-Chair)
Mike Jones	Chair of Staff Representatives / UNISON (co-Chair)
Joanne Brandon	Director of Communication, Arts, Health Charity and Engagement
Caroline Bird	Deputy COO
Peter Welsh	Hospital Manager ,UHL and Barry
Dawn Ward	Independent Member – Trade Union
Mathew Thomas	UNISON
Stuart Egan	UNISON
Lianne Morse	Head of HR Operations
Fiona Jenkins	Exec Director of Therapies and Health Sciences
Rebecca Christy	BDA
Dorothy Debrah	BDA
Rhian Wright	RCN
Pauline Williams	RCN
Andrew Crook	Head of Workforce Governance
Julie Cassley	Deputy Director of Workforce and OD
Fiona Kinghorn	Executive Director of Public Health
Sian Griffiths	Consultant in Public Health (part of meeting)
Chris Dawson-Morris	Corporate Strategic Planning Lead
Abigail Harris	Executive Director of Strategic Planning

**APOLOGIES:**

Len Richards	Chief Executive
Rachel Gidman	Assistant Director of OD
Nicola Foreman	Director of Corporate Governance
Ruth Walker	Executive Director of Nursing
Steve Gaucci	UNISON
Robert Chadwick	Executive Director of Finance
Ceri Dolan	RCN
Janice Aspinall	RCN
Fiona Salter	RCN
Joe Monks	UNISON
Peter Hewin	BAOT/UNISON
Stuart Walker	Medical Director

**SECRETARIAT:**

Rachel Pressley	Workforce Governance Manager
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**LPF 19/063 WELCOME AND INTRODUCTIONS**

Mr Jones welcomed everyone to the meeting and introductions were made.

**LPF 19/064 APOLOGIES FOR ABSENCE**

Apologies for absence were noted.

Mr Jones asked if Executive members of the Forum could be reminded of the need to send a deputy if they were not able to attend the meeting.

**LPF 19/065 DECLARATIONS OF INTEREST**

There were no declarations of interest in respect of agenda items.

## **LPF 19/066 MINUTES OF THE PREVIOUS MEETING**

The minutes from the meeting held on 7 August 2019 were agreed to be an accurate record of the meeting.

## **LPF 19/067 ACTION LOG**

The Local Partnership Forum noted the action log.

*LPF/055 (Clinical Services Plan):* Mrs Harris advised that the Links Building was no longer considered fit for purpose from a Health and Safety perspective. Elements of the plan to re-locate the CMHT team in CRI had been pulled forward following a business continuity meeting. Discussions were still taking place around the relocation of the Drug and Alcohol Team and more would be known later that day. In the longer/medium term, a service model similar to that in the Vale was being considered for CHMTs in Cardiff. This would involve capital funding and investment, but the service model needed to be agreed first before agreeing the infrastructure needed to deliver it.

## **LPF 19/068 INTEGRATED MEDIUM TERM PLAN**

The Forum received a presentation from Mr Dawson-Morris on the development of IMTP for 2020-23. Mr Dawson-Morris advised that 2020-21 was Year 2 of the current plan, and as such was a refresh of the priorities and actions previously agreed rather than a new plan.

Key highlights of the presentation included:

- The IMTP needed to be viewed in the context of the Clinical Services Plan, SOFW (Shaping Our Future Wellbeing) and where we are as an organisation.
- The Regional Partnership Board and our role as a deliverer of services needed to be considered
- The approach adopted was transparent, accountable and emergent
- The priorities contained within the plan were presented against the SOFW strategic objectives – comments and reflections on these were being sought
- There is a focus on prevention of decline, cluster/locality working, maximising time (of patients and staff) and optimal pathways
- The plan will contain three levels of action – just do it, improvement with support and alliancing (bring together a range of partners to tackle the big issues between and across Clinical Boards)

Mr Jones stated that his only concern was that the Clinical Boards had not involved their leads staff representatives in this process. Ms Bird assured him that she would feed that back to the Clinical Board teams. Miss Ward supported Mr Jones' comments – she noted that in the past the staff representatives had been given the opportunity to sense check and influence the plans and the implications they had for staff. She emphasised that they were not debating if the plan contained the right things, as it had been well rehearsed over the years, but that the lead reps should have been involved or been invited to the workshops as they know the plan and need to be involved in the process.

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Mrs Cassley offered LPF members reassurance that as well as the integrated Workforce Plan, each Clinical Board has its own written plan with workforce elements which would be discussed in more detail at the Workforce Partnership Group.

**Action: Mrs Cassley**

*(Mr Dawson-Morris left the meeting)*

## **LPF 19/069 Embedding Prevention in the UHB**

The Forum received a paper from Dr Griffiths on the importance of embedding prevention in a systematic way to ensure we deliver our mission of 'keeping people well'.

Dr Griffiths advised that there is a good track record of preventative activity in the UHB, but these are not always co-ordinated. There is evidence that we can support prevention through patient contact, supporting staff health and wellbeing and out environment.

A model has been developed, and the views of LPF were sought, using smoking and healthy travel as examples. The model contains 5 actions for delivery:

- A PMO approach to smoking
- Delivering the UHB commitments in the Healthy Travel Charter
- Creating a social movement approach to prevention
- Supporting a network of clinical champions
- Communication

LPF was asked to support the model, and individual members were asked to commit to prevention themselves through role modelling and sharing the examples of good work.

Mr Jones supported the model and the good work being done. However he suggested that more could be done e.g. claiming travel expenses for traveling too and from work on bicycles, and declaring a climate emergency. Miss Ward also felt that the model could be more aspirational. She suggested that Dr Griffiths should attend a staff side meeting to engage in a more meaningful conversation.

Mrs Wright indicated that she was concerned about the psychological wellbeing of lots of nurses and suggested that there should be more counselling support for them. Mr Driscoll advised that the Health Charity had recently agreed to strengthen the Health and Wellbeing resources for staff through the engagement of additional staff within the Employee Wellbeing Service.

Mrs Cassley suggested that the UHB Values and Behaviours Framework should be built into the model, and Mr Welsh suggested that the staff benefits scheme could be made more explicit to encourage staff to take advantage of them as part of their own self care.

Mr Egan raised concerns about the affordability of healthy food in the UHB restaurants. He suggested that if we were serious about changing behaviours there should be one healthy, affordable meal available every day. Mr Jones suggested that free water should also be available. Dr Jenkins advised, in her role as Chair of the Nutrition and Catering Committee, that there had been long discussions about free water and the provision of cheap healthy meals, but that income targets also needed to be considered and that current food standards meant that the options

available for sale were water and juice. Suitable changes would therefore need to be made to substitute income loss.

Mr Jones brought the discussion to a close, stating that LPF fully supported the model. Any further comments would be sent to Dr Pressley for sharing with Dr Griffiths.

*(Dr Griffiths left the meeting)*

## **LPF 19/070 SUSTAINABLE TRAVEL**

Mrs Harris provided the Forum with a brief update on sustainable travel.

She reminded members that the Health Charity had supported a new Park and Ride Service from Cardiff (Toys R Us) to UHL, and advised that she had been receiving positive feedback in general, though it may be necessary to extend the hours to make it sustainable. She asked LPF to continue to promote the service and encourage staff and visitors to use it.

A new shuttle bus between UHW and UHL had been introduced. Mr Jones asked why this could not stop at St David's on route, but Mrs Harris advised that they needed to use the route with maximum volume and people would not use it if it took too long.

Coporate membership of Nextbikes was due to be launched imminently – this would involve membership for 1500 people and was being co-funded by UNISON. One of the biggest challenges would be ensuring that the right people were allocated membership. Concerns had previously been raised about the use of helmets. Mrs Harris advised that staff would be advised to think about where they could store a helmet if they cycled regularly.

## **LPF 19/071 CHIEF EXECUTIVES REPORT**

In Mr Richards absence, Ms Bird advised that unscheduled care had been under extraordinary pressure, and that staff had done a fantastic job dealing with more patients through the door and more admitted. A winter plan had been developed and had been supported by Board the previous week. This put schemes into place to mitigate against pressures while working with our Local Authority Partners and the voluntary sector. Ms Bird emphasised that all winters are different, but based on debriefs from the previous years, key elements of this year's plan included:

- The principle of home first and prevention (including flu vaccinations)
- Enhancing Primary Care and Out of Hours resources
- Increased focus on respiratory
- In-hospital capacity and increasing number of senior decision makers.

The main risks identified were nursing capacity for additional beds, medical staffing and domiciliary care/home workers. Miss Ward reminded the Forum that there were alternatives to nursing roles, including Allied Health Professionals.

Ms Bird indicated that any feedback was welcome. She picked up on the theme of engagement mentioned earlier in the meeting, and assured the Forum that staff representatives would be involved in the debrief next year, if they hadn't been previously.

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Mrs Wright asked about a rumour she had heard regarding a regional Bank. Mrs Cassley advised that this was more than a rumour and that there were discussions about a collaborative Bank with neighbouring organisations, however, it would take time. Mr Driscoll added that assurances were needed that we would be better, not worse, off as a consequence. Mrs Cassley advised that this work was being led within the UHB by Mr Roberts (Deputy Director of Nursing).

Mrs Kinghorn advised the Forum that a comprehensive programme of flu vaccinations was being rolled out. In terms of staff this would be phased out in batches, starting in high risk areas.

#### **LPF 19/072 FINANCE REPORT**

The Local Partnership Forum received and noted the Finance Report for the period ending 31 July 2019. Mr Driscoll advised that the UHB had been de-escalated from targeted intervention to 'Business as Usual'.

#### **LPF 19/073 WORKFORCE KPI REPORT**

The Local Partnership Forum received and noted the Workforce Report for the period ending 31 July 2019.

Mr Driscoll advised that the Welsh Language Commissioner had rejected the concerns raised about the implementation of the Standards, which meant that the UHB needed to comply with all elements of the Standards.

The first cohort of international nurses had arrived, with a further 40-50 expected. These would be important in the delivery of the winter plan.

There was some cause for concern around absence, with a higher than expected increase for this time of year.

Amplify had been successfully launched in July and there was an extraordinary meeting of the Workforce Partnership Group on 10 October to talk this through. The next phase would be a 'showcase' which would be launched in Spring 2020. This had been delayed due to issues finding the right building.

Mrs Harris was leading the next cohort to Canterbury later this month. Applications had been invited and 2 nursing and therapy staff members had been chosen. They would be invited to attend a future LPF meeting to share their learning.

Mr Crook reminded the Forum that we needed to be able to identify our staff from the EU in order to support them through Brexit and with their applications to the EU Settlement Scheme. He re-iterated the importance of all staff registering their nationality on ESR and asked members of the Forum to support and encourage this. Drop in sessions and pop up stands had been arranged in UHL and UHW to help staff find out more about the EU Settlement Scheme and how to apply.

#### **LPF 19/074 PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT**

The Local Partnership Forum received and noted the Patient Safety, Quality and Experience Report.

Mrs Williams noted that there was an increase in the number of deaths reported. Mrs Harris advised that this had also been noted at Board and work was being done

to look into it, and would be reported back. Mr Jones stated that it was upsetting to read this in a report and requested that Mrs Walker send a deputy if she was not available to talk to the report. Mr Driscoll advised that he would feed this back to her.

Mrs Wright noted that only the last figure was available for pressure ulcers, which did not allow for trends to be analysed. Dr Jenkins explained that this had also been discussed at Board. It was a reporting issue and that there would be better information going forward.

## **LPF 19/75 Part 2 - ITEMS FOR INFORMATION**

The Local Partnership Forum received and noted a report on the Impact on Weekly Pay for Bank Staff

## **LPF 19/076 ITEMS FOR BOARD**

There were no specific items which the LPF wanted to be brought to the attention of the Board.

## **LPF 19/077 ANY OTHER BUSINESS**

There was no other business to be raised.

## **LPF 19/078 FUTURE MEETING ARRANGEMENTS**

The next meeting will be held on Wednesday 4 December at 9.30am with a staff representatives pre-meeting at 8.30am in Room Nant Fawr 1, Woodland House.

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**UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE  
GROUP MEETING HELD ON TUESDAY 24 SEPTEMBER 2019, NANT FAWR 1,  
WOODLAND HOUSE**

**Present:**

Geoffrey Simpson	One Voice Wales (Vice Chair)
Posy Akande	Carer
Garry Davies	South Wales Fire and Rescue Service
Liz Fussell	UHB Volunteer
Iona Gordon	Cardiff Council
Shayne Hembrow	Registered Social Landlord Sector
Zoe King	Diverse Cymru

**In Attendance:**

Chris Dawson-Morris	Corporate Strategic Planning Lead, UHB
Martin Driscoll	Executive Director of Workforce and Organisational Development, UHB
Nikki Foreman	Director of Corporate Governance, UHB
Anne Wei	Strategic Partnership and Planning Manager, UHB

**Apologies:**

Duncan Azzopardi	Cardiff University
Sam Austin	Young Persons Sector
Mark Cadman	WAST
Sarah Capstick	Cardiff Third Sector Council
Paula Martyn	Independent Care Sector
Steve Murray	South Wales Police
Rachel Nugent-Finn	Vale of Glamorgan Council
Linda Pritchard	Glamorgan Voluntary Services
Richard Thomas	Care and Repair Cardiff and the Vale

**Secretariat:**

Gareth Lloyd, UHB

**SRG 19/42 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting and Shayne Hembrow was introduced to the Group.

**SRG 19/43 APOLOGIES FOR ABSENCE**

The SRG **NOTED** the apologies.

It was **NOTED** that although not a member of the SRG, apologies had been received from Abigail Harris, Angela Hughes, Wendy Orrey and Keithley Wilkinson.

## **SRG 19/44                      DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **SRG 19/45                      MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 24 JULY 2019**

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 24 July 2019.

### **Draft UHB Rehabilitation Strategy**

Anne Wei informed the SRG that Fiona Jenkins wished to convey her thanks to the SRG for the comments they had provided on the Draft Rehabilitation Strategy.

### **Improving the Patient Pathway for Frail Older People**

Anne Wei informed the SRG that the formal engagement process had commenced on 2 September and would conclude on 1 November. She thanked the SRG for publicising the engagement event held in Barry the previous day. 53 members of the public had attended the event. Whilst there had been quite a lot of support for the principles underpinning the proposals there had been very strong opposition to the model itself and the proposed closure of Sam Davies Ward at Barry Hospital. There would be an engagement mid-point review meeting with the Community Health Council the following week and it was anticipated that a public evening meeting would be arranged.

### **Day Surgery at University Hospital Llandough**

Anne Wei reported that the formal engagement process had concluded. Around 30 responses had been received all of which had been broadly supportive of the proposals. A report on the outcome of the engagement process would now be produced and discussed with the CHC. If approved, it was hoped to start the process of shifting some non-complex surgery at UHL within a month or so, starting with ENT.

The SRG **RECEIVED** and **NOTED** the agenda of the Board meeting held on 25 July 2019.

Nikki Foreman highlighted some of the key issues discussed.

- The 'Patient Story' had been about the Independent Living Service. The Board were shown a film showcasing the work of the Get Me Home Project directed by Cardiff Council in partnership with the UHB and third sector and supported by the Regional Partnership Board. The SRG noted that the service had been hugely successful with the administrative support provided by Cardiff Council.
- Chairs Report – The Report was focussed on basic governance issues but had mentioned the review of the Patient Pathway for Frail Older People.
- Major Trauma Centre Progress Report – The UHB was in the process of recruiting to some new posts to support the commencement of the service.
- Patient Safety, Quality and Experience Report – There had been a decrease in Serious Incidents but an increase in concerns raised in comparison with previous years. There were, however, no themes emerging from the concerns. There is a worrying trend of missing mental health patients. It is worth noting that there were a total of 15,000 incidents from circa 1 million patient contacts.
- Performance Report – The UHB is £1.3m adrift from the profile to break even at the end of 2019/20. Three Clinical Boards are in 'escalation' and have regular meetings with Executive Board members to ensure that they get their spending back on track. There has been a 69% increase in referral to Child and Adolescent Mental Health Services (CAMHS, 97% year on year). The reason for this increase is unclear and a report was being prepared for consideration by the Board at its meeting on 26<sup>th</sup> September. It was agreed that a link to the Board papers be emailed to SRG members.

**Action: Gareth Lloyd.**

The SRG enquired about links with local authority Social Services Departments on supporting CAMHS. Nikki Foreman confirmed that the UHB was working collaboratively with the local authorities and other partners to support the agenda around young people's emotional and mental health and suggested that it might be helpful for the UHB's Chief Operating Officer to attend a future meeting to explore the issue further. The SRG commented that there had been a reduction in the number of Statements of Educational Need issued by local authorities and this could be contributing to the increase in referrals to CAMHS services.

### **Action: Anne Wei**

- The Board Assurance Framework – The focus is on the six large risks: workforce; financial sustainability; sustainable primary and community care; safety and regulatory compliance; sustainable culture change; and capital assets.
- A new Risk Management and Board Assurance Framework had been agreed
- Welsh Language Policy – The UHB had challenged 20 of the standards but the Welsh Language Commissioner had instructed the UHB to implement them all bar one.
- The Board Development Plan was approved.

Nikki Foremen informed the SRG that there had been a Special Board meeting on 29 August to discuss the Adult Thoracic Surgery Service for South Wales. There had been agreement on the way forward with other Health Boards and the Welsh Health Specialised Services Committee.

### **SRG 19/47                      INTEGRATED MEDIUM TERM PLAN**

The SRG **RECEIVED** a presentation from Chris Dawson-Morris on the UHB's Integrated Medium Term Plan (IMTP) priority setting process and the emerging priorities.

The SRG was informed that the NHS Wales Finance Act places a statutory duty on Health Boards to provide Welsh Government (WG) with an IMTP. The IMTP for 2019/20 had been approved by WG but there was a requirement to refresh and re-submit every year. WG expect the IMTP to include clear priority action plans, the workforce implications, performance expectations and the UHB must also demonstrate how it can deliver its proposals on budget.

The SRG heard that in developing the IMTP the process is more important than the plan. Conversations have been held with staff, patients, carers and a range of stakeholders to understand what is important to them. From these discussions a list of priorities has been developed under the four headings of 'home first', 'avoiding waste, harm and variation', 'outcomes that matter to people' and 'empower the person'. The emerging priorities were then shared and the SRG was asked to:

- consider if the list sufficiently reflected the UHB's partnership agenda; and
- if there were additional key priorities required from a partnership perspective.

The SRG then made a number of observations on the priorities.

- There are clear links with Patient Knows Best.
- Sustainability of 'home first' could be an issue because of resource requirements. Without adequate resourcing the responsibility will fall on unpaid carers. The SRG was informed that the Community Resource Teams were comprised of staff from different organisations with different pay scales and terms and conditions of employment. The UHB was working through these issues with the Regional Partnership Board and Health Education and Improvement Wales (HEIW) was developing a national strategy for a sustainable health and social care workforce. It was noted that the UHB was also looking to provide respite and training for carers as it was acknowledged that carers provide an incredible service.
- It was agreed that the 'profession' of caring should be developed.
- The SRG enquired whether there was a similar scheme to the Independent Living Service in the Vale of Glamorgan. Chris Dawson-Morris understood that there was and that the Community Resource Teams and Discharge to Assess operated across both Cardiff and the Vale.
- The SRG enquired whether there was a mechanism for formally recognising the contribution of carers. Anne Wei explained that the UHB held an annual volunteer celebration event. Carers Trust Wales also issued awards.
- Specific consideration needs to be given to the support required by individuals without family. The SRG was informed that the Community Resource Team undertake holistic needs assessments. Madeleine's Project in Cowbridge, is a pilot project that seeks to create a dementia friendly community to support individuals with dementia.
- The SRG were pleased to see the profile given to vulnerable groups. Black and Minority Ethnic groups tend to access services at a later stage.
- Diverse Cymru has its own Accredited Standards for services.
- Transformation of services for vulnerable groups was welcomed. It was noted that female prisoners from Cardiff were sent to Gloucester prison.
- Registered Social Landlords are key enablers in preventing decline and empowering their residents. They will have a role in supporting the UHB to deliver its priorities.
- Do the WG officials who approve the IMTP have experience of managing Health Boards? Chris Dawson-Morris confirmed that they had senior management experience from working within Health Boards.
- The SRG highlighted the importance of advocacy services and that patients are informed about them.

The SRG **RECEIVED** a presentation from Martin Driscoll on the roll out of 'Amplify 2025'.

The SRG was reminded that the UHB had formed a learning alliance with Canterbury Health Board (CHB) New Zealand. Over the past ten years, CHB had made significant cultural and system improvements that put the patient at the centre of everything it does. Working collaboratively with CHB, the UHB has designed a similar program to develop its own system for the benefit of staff and patients – Amplify 2025.

Amplify 2025 was launched in summer 2019 with a two day engagement event for 80 highly engaged 'leaders'. These 80 were split into groups of 10 each with an Executive 'sponsor'. They were challenged to think differently about the way the UHB delivers healthcare ensuring that 'Wyn' is at the centre of its decision making. The next stage is to establish an interactive 'Showcase' experience to which up to 5,000 staff, patients, carers and other stakeholders will be invited to attend. 'Showcase' will be a two hour experiential walk through of the system incorporating both current and future models of care.

The SRG then considered some specific questions:

- What is the collective view on the UHB putting the patient 'Wyn' at the heart of its decision making?
- Does the SRG have any thoughts/builds on employee engagement?
- The UHB wants employees to volunteer for training or other community activities to Amplify its Vision through Showcase. Does the SRG have any suggestions in this regard?
- How would the SRG like to be involved in Showcase?

The SRG then made a number of observations.

- The principle of putting 'Wyn' at the centre of decision making was supported.
- Personalising services by using 'Wyn' galvanises people to put the patient at the centre whereas focussing on performance measures has the potential to desensitise people to the needs of individuals.
- The aim should be to prevent 'Wyn' requiring services.
- There is a need to consider individuals with protected characteristics and that Wyn might not be perceived as representative. SRG was informed that the UHB has also developed a suite of other characters each with different characteristics which were used in the Director of Public Health's Annual Report.

- Amplify should not be restricted to health services.
- The work of staff should be celebrated.

Martin Driscoll explained that the intention was to launch Showcase in spring 2020. It was agreed that the SRG would be invited to test the 'Showcase' in advance of the formal launch.

## **SRG 19/49          NEXT MEETING OF SRG**

1.30pm-4pm, 27 November 2019, Nant Fawr 1, Woodland House.



<b>Report Title:</b>	<b>Audit and Assurance Committee – Chairs Report</b>					
<b>Meeting:</b>	<b>Board Meeting</b>				<b>Meeting Date:</b>	30.01.20
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	
					<b>For Information</b>	<b>X</b>
<b>Lead Executive:</b>	<b>Chair, Audit and Assurance Committee</b>					
<b>Report Author (Title):</b>	<b>Corporate Governance Officer</b>					

#### **Background and current situation:**

To provide the Board with a summary of key issues discussed at the Audit Committee held on 3 December 2019.

#### **KEY ISSUES TO BRING TO THE ATTENTION OF THE BOARD/ COMMITTEE:**

##### **INTERNAL AUDIT PROGRESS AND TRACKING REPORT**

An overview of the progress report on the Internal Audit Plan was presented and the following was highlighted:

- Members were provided with the details of delayed audits. The delay to the Tentacle IT system, which had received a limited rating, had been reviewed at a recent cancer meeting. Responses to those recommendations would be produced shortly.
- The Consultant Job Planning report was in draft due to delay in receiving responses from Management. The draft report had been received by the Management Executive meeting and the outstanding information would be pursued.
- Five other reports were delayed due to resourcing issues in the Internal Audit team. Members were advised that vacant posts had been appointed to and the outstanding reports would be completed by the end of the year.
- The remaining 11 reports gained positive outcomes with substantial or reasonable ratings.
- The Kier Construction report was a specific piece of work looking at supply chain contractors and as it centred on processes outside the Health Boards remit. Feedback could not be provided and would not feed into the annual opinion.
- The Continuing Healthcare (CHC) reports were assigned separately as the processes for child and adult CHC differed.

##### **INTEGRATED CARE FUND REPORT – CARDIFF AND VALE REGIONAL PARTNERSHIP FUND**

The Wales Audit Office (WAO) informed Members that the report focused on the Integrated Care Fund and Regional Partnership Boards (RPB) across Wales and whether the funds were being used effectively to deliver services. A few areas had been identified for improvement and this was consistent across Wales. Also highlighted was membership of the various levels within the RPB to ensure independence, as there was a potential conflict of interest around decisions



being made concerning the Integrated Care Fund (ICF).

## **AUDIT COMMITTEE UPDATE**

The Wales Audit Office provided an overview of the Audit Plan and went through several key points:

- The Substance Misuse Action Fund Grant claim had a positive outcome and WAO audited the 2018-19 Funds held on the Trust Account. This would be considered by the Trustees on 19 December 2019. Planning for 2019/20 audit had commenced.
- A review would be undertaken on Operating Theatres. Some areas highlighted for consideration were staff engagement and moral. There had been delays experienced with Orthopaedic Service follow-up fieldwork.
- The all Wales Counterfraud phase 2 was a national piece of work and a deep dive would be undertaken across all public sector bodies. The deadline for the report would be tight and WAO are looking for a two page high level report.
- The mandated work would cover quality governance arrangements linked to the Cwm Taf report and would build on the work and methodology.

## **STRUCTURED ASSESSMENT**

A report from the Wales Audit Office was presented which followed up on financial work where a number of recommendations had been made. It also followed on from recommendations made in previous work. The report was positive and covered what needed to be addressed. In regards to governance arrangements, there was scope to improve performance reporting at Board and committee level and the flows of information between the senior management teams and the Board. There was a need for traction around Strategic Planning and its delivery but it was acknowledged that the Health Board was in a positive financial position. It was noted that there were still challenges managing workforce productivity and efficiency including job planning compliance and a few policies that needed updating.

## **IMPLEMENTING THE WELLBEING OF THE FUTURE GENERATIONS ACT**

The Wales Audit Office informed members that the Auditor General for Wales was required to assess the extent to which Health Boards were implementing the Act. The work was refreshed and focused on an update of corporate arrangements and centred on a particular step and how this was being demonstrated. The Health Board put forward a step around Health and Wellbeing hubs and tested the five key ways of working. The workshops provided a more collaborative way forward and provided learning for future steps in relation to the Act. Using the examples, Cardiff and Vale would feature in the national report.

## **EFFECTIVENESS OF CLINICAL AUDIT REPORT**

Members were informed that the Health Board facilitated a high level of national mandated audits and conformed that there was an extensive local audit programme. There was a targeted programme of activity and the Health Board was prudent in completing the audits. There were 38 national audits mandated by Welsh Government which were planned in advance. The outcomes were reported to a local forum of the Clinical Board and the Quality, Safety and

Experience sub Committee. High level reports on local and national audit plans will also be put before the QSE Committee meeting in December.

## DECLARATIONS OF INTEREST AND GIFTS AND HOSPITALITY TRACKING REPORT

Members were informed that the number of declarations had increased to 1,278, which accounted for 10% of the workforce. For the majority of forms received there were no concerns with what had been declared. The current process being rolled out is designed to ensure that the procedure and policy is embedded into the Health Board and for the tracker to be converted electronically so that it can be completed and uploaded automatically to the declaration register. A communications campaign had been undertaken to raise awareness across the Health Board.

## TRACKING REPORTS

A number of tracking reports were presented to the committee which summarised actions completed and inspections undertaken. The Regulatory Bodies Tracking Report had also received a rating of reasonable assurance from its latest report.

## REVIEW LOSSES AND SPECIAL PAYMENTS

The Losses and Special Payments report was reviewed and Members were informed that the Panel met twice a year to review all losses and special payments.

## COUNTERFRAUD AND CORRUPTION POLICY

Members were informed that since the last policy had been written, changes had occurred within GDPR which resulted in minor changes to wording.

### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
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### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention		Long term		Integration		Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>		Yes / No / Not Applicable <i>If “yes” please provide copy of the assessment. This will be linked to the report when published.</i>							

Mulford, Glynis  
01/24/2020 10:28:11

<b>Report Title:</b>	<b>Charitable Funds Committee – Chairs Report</b>					
<b>Meeting:</b>	<b>Board Meeting</b>				<b>Meeting Date:</b>	30.01.2020
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	
					<b>For Information</b>	<b>X</b>
<b>Lead Executive:</b>	<b>Chair, Chairtable Funds Committee</b>					
<b>Report Author (Title):</b>	<b>Corporate Governance Officer</b>					

### Background and Current Situation:

To provide the Board with a summary of key issues discussed at the Charitable Funds Committee held on 10<sup>th</sup> December 2019.

### Key Issues to bring to the attention of the Board/ Committee:

#### New Charitable Funds Bid Application Template

The Committee approved a new Charitable Funds Bid Application template developed by the Director of Corporate Governance. This is a positive improvement as it will ensure that the Charity can demonstrate that bids meet the Charitable objectives as well as ensuring that the correct processes are followed when funds are applied for.

#### Annual Accounts

The Committee were informed that the Charitable Accounts Audit was still under development and the final version of the accounts would be submitted for the Trustee meeting on 30<sup>th</sup> January.

#### Sustainable Staffing

The Committee discussed in detail three positions that supported the development of the Charity. It was explained that the positions had not yet been aligned with the Health Charity Strategy, therefore, the Committee agreed to support the ongoing funding of the positions until the end of the financial year, whilst recognising the need for a final decision on the permanent staffing posts be made by the end of January 2020.

#### Endowment Order

The Committee approved the purchase of twenty breast pumps with stands and cases, for a one-off cost of £30,018, using money currently held on Fund 9116 Child Health Neonatal Intensive Care.

This will allow the Unit to provide breast pumps at every cot space, to facilitate expressing of baby milk for every mum, next to their baby, in addition to encouraging and increasing the Unit's

rate of breast feeding which is known to be beneficial for all sick or premature babies.

### **Health Charity Financial Position**

The Committee reviewed and noted the current Health Charity Financial Position whilst confirming that assets contained within Rookwood Hospital would go into the Charity as restricted funds when sold.

### **Charitable Funds Final Internal Audit Report**

The Committee were pleased to note the Reasonable Assurance received following an Internal Audit. The Committee were informed that a recommendation of high importance was included in the report, which was the treatment of dormant funds. Following this recommendation, Internal Audit have been advised that the use of dormant funds would be addressed by the Committee and Trustee.

### **Investment Manager Update**

The Committee were informed that the Investment Portfolio had gone out to tender and feedback had been provided to all suppliers who had put themselves forward. The scoring process was challenged therefore, two independent bodies were appointed to re-score. These bodies also produced different outcomes, therefore the tender has been re-distributed. The Committee were encouraged to hear that learning had been taken on board from the independent scoring and the UHB scoring criteria had been revised.

### **Fundraising Report**

The Committee were happy to hear fundraising for the Health Charity and the Appeals had gone well with the Staff Lottery continuing to increase, along with applications for bids. The Prop Blue Tie Ball had raised a profit of over £12,000.00 and the Breast Centre Ball was a very successful evening too.

### **Patrons Process**

The Committee discussed the appointing of Charity Patrons and agreed that a memorandum of understanding needed to be drawn up and signed by the Patrons. It was also agreed that the appointment of Patrons would be signed off by the Trustee.

### **Staff Lottery Bid Panel Report**

The Committee were pleased to see a significant increase in bids which had resulted in positive staff morale and was encouraged to know that other Health Boards were approaching the UHB to find out what makes Cardiff & Vale Staff Lottery so successful.

### **Bid Success Report**

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The Committee were delighted to review the Bid Success Report which outlined the impact and difference made to areas where bids were successful. This was a very positive report and the Committee are looking forward to reviewing more Bid Success Reports going forward.

### Any Other Business

The Committee noted a concern raised with the number of Third Sector Organisations who were able to fundraise in concourse areas of the UHB.

The Committee approved for the December 2020 Staff Lottery Mega Draw being a one off amount of £20,000.00 for 2020.

### Items to bring the attention of the Board / Trustee

The Committee agreed to bring the following items to the Charity Trustee for consideration, approval and noting:

- Breast Centre Patient Story;
- Annual Accounts
- Charitable Funds Final Internal Audit Report; and
- Investment Manager Update

### Shaping our Future Wellbeing Strategic Objectives

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1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
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### Five Ways of Working (Sustainable Development Principles) considered

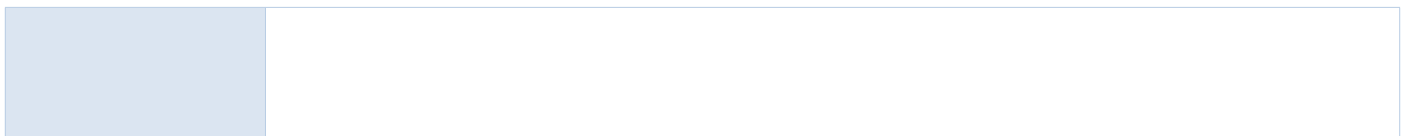
*Please tick as relevant, click [here](#) for more information*

Prevention		Long term		Integration		Collaboration		Involvement	
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**Equality and Health Impact Assessment Completed:**

Yes / No / Not Applicable

*If "yes" please provide copy of the assessment. This will be linked to the report when published.*



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Trust and integrity  
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Personal responsibility  
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<b>Report Title:</b>	<b>Digital Health &amp; Intelligence Committee – Chairs Report</b>					
<b>Meeting:</b>	<b>Board Meeting</b>				<b>Meeting Date:</b>	<b>30/01/2020</b>
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	
					<b>For Information</b>	<b>X</b>
<b>Lead Executive:</b>	<b>Chair, Digital Health &amp; Intelligence Committee</b>					
<b>Report Author (Title):</b>	<b>Corporate Governance Officer</b>					

## SITUATION

To provide the Board with a summary of key issues discussed at the Digital Health & Intelligence Committee held on 3<sup>rd</sup> December 2019.

### Digital Strategy – Update on Progress

The Committee was provided with a positive progress update on the Digital Strategy which had been shared at the Clinical Senate, HSMB and with all Clinical Boards . The Committee will see the final version of the Digital Strategy at the meeting in February.

### Strategic Transformation – Programme Update

The Committee received an informative report which outlined the detailed work that was being undertaken within the digital programme. It was agreed that a dashboard style report would be presented to the Board in future.

### Joint IMT Risk Register

The Committee welcomed the new style of the IMT Risk Register which brought together Information Governance and IT issues onto one joint register. The Committee noted the progress that had been made within the risk register and the update provided in respect of Cyber Security and Software End of Life.

### IMT Audit Assurance

The Committee were advised that a full list of all IMT Audit Recommendations could be found within the central Corporate Risk Register. It was agreed that the Corporate Risk Register would be presented at the meeting in February for the Committee to gain assurance that all recommendations were being actioned.

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## Information Governance Audit Assurance

The Committee were encouraged to see the Information Governance Audit Assurance report which had consolidated previous recommendations and prioritized them into the five highest priorities that the UHB faced. The Committee were pleased to note that the Information Governance Officer was confident that the report would satisfy the Information Commissioners Office when they inspect the UHB in February 2020.

The Committee noted that half of the planned inspection being carried out by the Information Commissioners Office in February would be on Cyber Security Compliance. This is not a usual area of inspection, however the approach will be welcomed. In preparation for the inspection, the Committee will be provided with a comprehensive list of recommendations, objectives and action plans during the Committee meeting in February.

## Clinical Coding – Performance Data

The Committee were extremely encouraged and assured to see the work that had been undertaken within the Clinical Coding Department which has resulted in a significant improvement in this area. The Clinical Coding Department are performing above expectations and this area will continue to be monitored by the Committee.

## Work Plan Exception Report

The Committee were informed of two areas of concern within the Work Plan these were:

Patient Knows Best – it was explained that due to capacity issues within the team the system had not integrated as planned. However the Committee were assured that progress was still being made

Date to Knowledge Programme – the Committee were advised that progress had been made providing data to Lightfoot, however the team faced some challenges in providing data feeds 7 days a week as current provision is Monday – Friday. The Committee were informed that ways to overcome this were being looked at and an update will be provided to the Committee in February.

## Information Governance Policy

The Committee were extremely pleased to see the revised Information Governance Policy, this is an overarching policy, based on an All Wales Policy, that includes the following:

- Information Governance Policy
- IT Security Policy
- Email Use Policy
- Internet Use Policy

## Information Governance Compliance

The Committee were informed that the Subject Access Request Procedure was being revised

after the Information Commissioners Office advised the current process was not appropriate. It was explained that although a new procedure would impact compliance in future reporting, it would give good assurance that no physical or mental harm would come to patients which was an absolute priority.

### **Committee Work Programme**

The Committee reviewed and approved the Work Programme 2019/20 and recommended approval to the Board of Directors.

### **Lightfoot**

In response to a question raised at the Board, in relation to the Lightfoot contract, the Director of Digital & Health Intelligence confirmed that, although no additional IT infrastructure was required (as the UHB data was being shared with Lightfoot who subsequently provide reports via their own platform), there is a need to ensure adequate, on-going investment in providing desk-top PCs and mobile devices to a minimum specification and that there is reliable wi-fi access for clinicians to view and use the data effectively.

### **CDF Schedule (Policies & Procedures)**

The Committee noted the status and planned actions for the remainder of the documents within the CDF Schedule

### **SAR, FOI 2000 & EIR 2004 Procedures**

The Committee reviewed and approved the following procedures:

- SAR Procedure
- FOI 2000 Procedure
- EIR 2004 Procedure

### **Minutes for Noting**

The Committee noted the following minutes:

- Capital Management Group
- NIMB

### **Review of the Meeting**

All Committee members were satisfied that more strategic issues were being addressed and scrutinised, rather than operational issues which is the correct role for the Committee.

### **Shaping our Future Wellbeing Strategic Objectives**

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### Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention		Long term		Integration		Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>		Yes / No / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.							

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<b>Report Title:</b>	<b>FINANCE COMMITTEE KEY ISSUES REPORT</b>					
<b>Meeting:</b>	Board Meeting			<b>Meeting Date:</b>	30th January 2020	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	
					<b>For Information</b>	<b>X</b>
<b>Lead Executive:</b>	<b>Robert Chadwick, Executive Director of Finance</b>					
<b>Report Author (Title):</b>	<b>John Union, Vice Chair of Finance Committee</b>					

### Background and current situation:

To provide the Board with a summary of key issues discussed at the Finance Committee held on the 18th December.

### Executive Director Opinion /Key Issues to bring to the attention of the Board:

At month 8, the UHB reported an overspend of £1.951m against its 2019/20 Financial Plan which represents an improvement of £0.434m at the end of October.

Further reductions on the UHB's budget holder and corporate risk adjusted forecasts are required to deliver a break even position. Budget holders have been requested to seek further financial improvements and get to as good a position as possible so that the residual financial risk can be managed and the approved IMTP delivered. To support this the Finance Committee agreed that further action should be taken to slow down discretionary pay and non pay expenditure.

Assurance is provided by the scrutiny of financial performance undertaken by the Finance Committee and the UHB's plans to recover the year to date deficit and deliver a break even position by the year end. These are reviewed on a monthly basis.

### Indemnity clause within Data Processing Contracts

The Director of Digital & Health Intelligence introduced a paper summarising the current position of the UHB regarding data sharing and actions to minimise the UHB's exposure to financial risk arising from data sharing. The Finance Committee noted that the paper would be presented to the UHB's Audit Committee for consideration.

### Finance Report as at Month 8 and Updated Financial Forecast

The report updated the Committee on the UHB's financial performance to month 8.

The UHB's approved 2019/20-2021/22 Integrated Medium Term Plan (IMTP) includes a balanced financial plan for 2019/20.

The Committee was informed that the UHB had reported a cumulative overspend of £1.951m against the plan at month 8 and that this deficit was expected to be recovered by year end through the delivery of identified remedial actions.

It was emphasized that the operational overspend against delegated budgets at month 8 remained a key financial risk facing the UHB and in this context Clinical Boards had been tasked with improving their financial performance through the delivery of recovery measures which would be managed through the established performance management and escalation processes.

An updated presentation was made to the Committee on the UHB's Plans to Deliver a Break Even Position. The plans which had been reviewed following month 8 included a risk adjusted financial forecast based upon Clinical Board financial forecasts; the recognition of corporate opportunities and unavoidable corporate risks; and the identification of risks requiring management.

An additional cost pressure of circa £1.5m relating to the Welsh Risk Pool was now included in the forecast and as a consequence of this the Finance Committee acknowledged that the UHB needed to take further action to slow down and defer discretionary pay and non pay expenditure.

It was acknowledged that the delivery of break-even was not without risk of delivery. The UHB's assessment of this risk had fallen from £4m to £2.5m in month.

The Committee noted that the UHB's Public Sector Payment Compliance performance continued to exceed the 95% target and that cash plans were currently on target with the UHB not expecting to request additional cash support in 2019/20.

## **2020/21 IMTP**

A presentation was made to the Committee on the UHB's Draft Financial Framework to support the 2020/21 – 2022/23 IMTP.

It was noted that £17m of pressures had emerged since the approval of the original 2019/20 3 Year IMTP relating to: a £7.5m recurrent shortfall on 2019/20 savings schemes; £2.8m of Clinical Board operational pressures; £4.2m of commissioning pressures; £1.5m of additional Welsh Risk Pool costs; and a £1m reduction to the UHB's allocation as a result of the implementation of the revised population funding formula. As a consequence it was recommended that the 2020/21 Financial Plan should be flexed by increasing the level of savings by £8.5m to £29.0m (3.5%) and reducing the Investment Reserve by £8.5m to nil in order to produce an approvable balanced draft financial plan.

The Finance Committee agreed with this approach subject to amendment for any flexibility to cover investment commitments and additional cost pressures if the cash allocation letter confirmed an uplift in excess of 2%.

## **Cost Reduction Programme and Cross Cutting Theme**

The report updated the Committee about the UHB's progress against the savings requirement of £29.145m for 2019/20.

Recurrent and non recurrent schemes totaling £29.145m had been identified as Green or Amber as at 31<sup>st</sup> October 2019. The recurrent impact of schemes was forecast to be £19.382m and in this context the Committee noted a concern that further recurrent schemes need to be identified to ensure that the UHB starts 2020/21 in the best possible position.

### Risk Register

The 2019/20 Finance Risk register was presented to the Committee. It was highlighted that 3 of the risks identified on the 2019/20 Risk Register were categorized as extreme risks (Red) namely:

- Reduction in the £36.3m underlying deficit b/f to 2019/20 to the IMTP planned £4m c/f underlying deficit in 2020/21.
- Management of budget pressures including month 8 overspends of £3.286m, £1.796m and £1.582m reported respectively in the Medicine, PCIC and Surgery Clinical Boards.
- Management of nursing position which was £2.391m over budget at month 8.

### Recommendation:

The Board is asked to:

- **NOTE** this report.

### Shaping our Future Wellbeing Strategic Objectives

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### Five Ways of Working (Sustainable Development Principles) considered

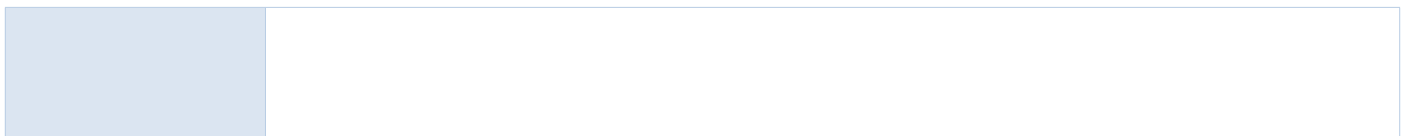
*Please tick as relevant, click [here](#) for more information*

Prevention		Long term	X	Integration		Collaboration		Involvement	
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**Equality and Health Impact Assessment Completed:**

Yes / No / Not Applicable

*If "yes" please provide copy of the assessment. This will be linked to the report when published.*



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<b>Report Title:</b>	<b>Health and Safety Committee – Chairs Report</b>					
<b>Meeting:</b>	<b>Board Meeting</b>				<b>Meeting Date:</b>	<b>21.01.20</b>
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	
					<b>For Information</b>	<b>X</b>
<b>Lead Executive:</b>	<b>Chair, Health and Safety Committee</b>					
<b>Report Author (Title):</b>	<b>Health and Safety Adviser</b>					

## SITUATION

To provide the Board with a summary of key issues discussed at the Health and Safety Committee held on 21<sup>st</sup> January 2020

### Food Safety ‘UHB Provided Catering Services’

The Committee received a presentation from Simon Williams, Commercial Services Manager, Capital, Estates and Facilities Service Board.

The presentation included information on food safety legislation, the process for inspections, the criteria for scoring, training requirements and the work being undertaken by the Service Board to meet all of these requirements.

### Strategic Role of Health and Safety Committee

The Committee had a brief discussion on the strategic and assurance role of the Committee which would be explored in greater detail at the next meeting. It was agreed that members would review the terms of reference as it was considered these were fundamental to how the Committee operated.

### HSE Inspection of Violence and Aggression and Musculoskeletal Disorders in Healthcare 2018/19

The Committee were assured that a lot of work was being undertaken in preparation for the impending inspection. A pre-emptive action plan had been produced which detailed the key risks and areas of vulnerability for the Health Board.

### Pedestrian Access Strategy

The Committee were advised the findings of the draft final audits issued in December 2019 were being assessed and the findings and recommendations were being presented to the January Sustainable Transport and Travel Steering Group including risk ratings and budget costs. The actions were being reviewed with the external Highways and Engineering Consultant ADL to formulate a practical action plan for implementation which will be completed by March 2020.

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01/24/2020 10:28:14



## Health and Safety Assurance Schedule and Priority Improvement Plan 2019/20

The Committee were informed that the PIP would now encompass the draft health and safety risk register and they were assured by the prioritised approach taken within the Priority Improvement Plan.

### Environmental Health Reports

The Committee received a number EHO inspection and re-inspection reports.

### Policies

The following policy was approved by the Committee:

- (i) Safe Working with Electricity Policy

### Shaping our Future Wellbeing Strategic Objectives

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### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention		Long term		Integration		Collaboration		Involvement	
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### Equality and Health Impact Assessment Completed:

Yes / No / Not Applicable

*If "yes" please provide copy of the assessment. This will be linked to the report when published.*



<b>Report Title:</b>	<b>Quality, Safety and Experience Committee Chair's Report</b>					
<b>Meeting:</b>	UHB Board			<b>Meeting Date:</b>	30 Jan 2020	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	
					<b>For Information</b>	<b>x</b>
<b>Lead Executive:</b>	Director of Corporate Governance					
<b>Report Author (Title):</b>	Corporate Governance Officer					

#### **Background and current situation:**

The Quality Safety and Experience Committee held its last meeting on 17 December 2019. This report provides the Board with a summary of the key issues discussed at that meeting.

#### **KEY ISSUES TO BRING TO THE ATTENTION OF THE BOARD/ COMMITTEE:**

##### **PATIENT STORY**

The Speech and Language Therapy Service presented the patient story on "Elaine" and shared the difficulties she encountered around her communication impairment.

The Speech and Language Therapy (SLT) service, which is based at the Neuropsychiatry Unit in Hafan y Coed, and the range of services it provides was described. The service supports people who have sustained moderate to severe cognitive emotional, behavioural and psychiatric difficulties arising from Acquired Brain Injury (ABI). The SLT service is engaged in a range of services to support service users and families and also to provide assessment of communication difficulties.

##### **CLINICAL BOARD ASSURANCE REPORT: CLINICAL DIAGNOSTICS AND THERAPEUTICS CLINICAL BOARD**

A report was presented which provided assurance around the improved quality and care outcomes for patients and looked at the work the Clinical Board had undertaken in collaboration with Public Health on the "Work Health, My Health". The initiative aimed to provide advice and information on simple steps to make small changes around being more active, eating and drinking healthily and improving staff wellbeing. The Clinical Board has used its own resources and raised extra funds to look after the physical and mental wellbeing of its staff. A broad set of actions were put in place to help and drive forward some of the projects.

It was recognised that incidents year on year had almost doubled in causing service disruption but the department were working with the Business Continuity team and assured the Committee that the Clinical Board had become more sophisticated in how to manage these kinds of events.

##### **HEALTH CARE STANDARDS SELF ASSESSMENT PLAN AND PROGRESS UPDATE**

An overview of the report was provided and it was confirmed that its purpose was to recognise the changed approach on self-assessment and the priorities that fall out of this. There had been alignment of Health and Care Standards to established groups and committees within the

organisation who would progress actions throughout the year. A consultation was being undertaken in relation to the Health and Care Standards. Clarity was being sought whether this was the main framework to underpin quality and safety within Health Board and how it aligned with the Quality and Safety Bill.

## **POINT OF CARE TESTING**

The Executive Medical Director provided an overview of the Point of Care Testing report and informed the Committee that there were a number of challenges in the department relating to a number of factors. There were a set of significant clinical processes that did not have the right structure and governance in place. The Committee was made aware of the challenges faced by the department and asked for support to be provided to the service on how to manage these issues.

## **UPDATE ON STROKE REHABILITATION AND MODEL WORKFORCE**

The Executive Director of Therapies and Health Science gave a verbal update on the Stroke Rehabilitation and Model Workforce and confirmed there were no longer any quality issues on the Stroke Rehabilitation Unit. As part of their plans to move the unit forward, the team had reviewed the staffing issues. Work had been undertaken with the lead nurse and lead therapist on the workforce model to move towards a rehab focused unit by using staff in different ways with a different skill mix.

## **LOCAL CLINICAL AUDIT PLAN UPDATE**

The Executive Medical Director stated the report provided a summary of the current audits on Tier 1 and Tier 2 national and local audit mandates for 2019/20.

## **CANCER PEER REVIEW**

A summary was provided on the Cancer Peer Review which highlighted that the lung report had been omitted from the report as it had been received after the report had been written. The Teenage and Young Adult report had not been submitted to the UHB but clinical teams were able to take forward actions to improve the service based on verbal feedback. There were actions outstanding against previous reports but there were no concerns to highlight as a risk.

## **INTERNAL INSPECTIONS**

The Executive Nurse Director informed the Committee that 109 inspections had been carried out during 2019. There were no areas to be overly concerned about but it was recognised that there were some areas of practice that could be improved. There was learning to be had regarding the audit process itself and change would be introduced by using an electronic platform. An App had been designed to improve the quality and consistency of audit outcomes and the Health Board had started to see improvement following the introduction of the App. Information was being triangulated in a systematic way to inform the Health Board about the inspections. The themes that were coming out of inspections, complaints and Serious Incidents needed to be collated so that improvement could be measured and featured in the quality and safety feedback.

## **PATIENT NOTIFICATION EXERCISES IN CARDIFF AND VALE OF GLAMORGAN POPULATIONS: HEPATITIS C VIRUS INFECTION RE-ENGAGEMENT PROJECT**

Over 5000 individuals who had been diagnosed with hepatitis C, but for various reasons had never been linked to care or who had never received follow up investigation or treatment had been identified through laboratory data searches in Wales. Those patients with an identified General Practitioner who had provided consent, were contacted and offered treatment as Phase 1 of an on-going re-engagement programme throughout Wales and directed by Welsh Government. The patient notification exercises carried out showed commitment to the World Health Organisation (WHO) goal to eliminate Hepatitis C by 2030. The measures outlined by the WHO had been fully complied with. There would be a phase 2 approach in finding patients who were not registered with GPs or were in prison.

### **POLICIES FOR APPROVAL**

An overview of the policies and procedures were provided to the Committee for approval, these were the:

1. Consent to Examination or Treatment Policy;
2. Management of a Throat Pack Policy and Procedure; and
3. Update of Healthy Eating Standards for Hospital Restaurant and Retail Outlets.

### **NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE GUIDANCE**

The Committee was informed that the National Institute for Health and Care Excellence Guidance (NICE) lead had undertaken a stock take of processes in Wales and reported that a well-documented system was in place at the Health Board. The NICE lead also flagged areas where other processes needed strengthening. No benchmarking had been undertaken with other HBs. In the future an all-Wales assessment would be undertaken to further strengthen processes. Technology appraisals were not currently being mandated but this would be addressed in the future. In the meantime, the Health Board should be measured against the process and work on this was currently being undertaken.

### **HEALTHCARE INSPECTORATE WALES ACTIVITY OVERVIEW**

The outcome of an unannounced inspection by HIW to the Maternity Unit on 18 November 2019 provided positive feedback. An immediate assurance issue had been identified with resuscitation trolleys and was immediately rectified. A safety notice was issued and the safety team completed a piece of work on this issue. Subject to discussion there would be better solutions across the Health Board. There were also positive outcomes with HIW visits to the Stroke Rehabilitation Centre and Rookwood Hospital.

The Committee was made aware of the issues expressed by the Nurse Directors regarding the HIW template. It was deemed to be too bespoke in relation to the issues that arose from the Cwm Taf Review. This has been raised with Welsh Government.

HEALTHCARE INSPECTORATE WALES PRIMARY CARE CONTRACTORS

The report focused on dental and surgery practices and there were two immediate assurance issues in terms of healthcare waste and a robust process was put in place. Dental practice advisers would work with practices to address the concerns. There was a recurring trend with immediate assurance regarding DBS checks with non clinical staff. Discussions had been undertaken with HIW as their thresholds were higher than Shared Services. The Health Board did not require DBS checks for non clinical staff but this was being requested by HIW. Members were informed that primary care indemnity arrangements now came under the responsibility of the Health Board. The Health Board would therefore see more primary care issues coming through private providers.

RECOMMENDATION

The Board is asked to:

- NOTE the contents of this report

1.Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2.Deliver outcomes that matter to people		7. Be a great place to work and learn	x
3.All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered  
Please tick as relevant, click [here](#) for more information

Prevention		Long term		Integration		Collaboration	x	Involvement	x
Equality and Health Impact Assessment Completed:	Not Applicable								

<b>Report Title:</b>	<b>Local Partnership Forum Report</b>					
<b>Meeting:</b>	UHB Board			<b>Meeting Date:</b>	Jan 2020	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>	<b>x</b>
<b>Lead Executive:</b>	Executive Director of Workforce and OD					
<b>Report Author (Title):</b>	Workforce Governance Manager					

### Background and current situation:

The Local Partnership Forum of the UHB held its last meeting on 4 December 2019. This report provides Board with a summary of the key issues discussed at that meeting.

The UHB has statutory duty to “take account of representations made by persons who represent the interests of the community it serves”. This is achieved in part by three Advisory Groups to the Board and the Local Partnership Forum (LPF) is one of these.

LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of Workforce and OD. Members include Staff Representatives (including the Independent Member for Trade Unions) and the Executive Team and Chief Executive. The Forum meets 6 times a year.

LPF is the formal mechanism for the Health Board and Trade Union/Professional Organisation Representatives to work together to improve health services. Its purpose, as set out in the Terms of Reference, fall into four overarching themes: communicate, consider, consult and negotiate, and appraise.

This report highlights for the Board the key issues discussed at the last meeting, and provide assurance regarding the business assigned to the Forum by the Board.

### Key Issues to bring to the attention of the Board/ Committee:

#### For Consideration:

The Forum received two presentations from the Executive Director of Strategic Planning, firstly on the Clinical Services Plan and then on the plans for UHW2. Mrs Harris reminded the Forum that the Clinical Services Plan was being developed in the context of and in response to Shaping our Future Wellbeing, the Wellbeing of Future Generations Act and a growing population. With regards to UHW2, the drivers for change include population needs, technology and the climate emergency. The current assumption is that UHW2 will be a state of the art hospital, built on the same site. The University have bought adjacent land with a view to consolidating their departments and creating a Biomedical and Life Science Campus. A number of points were raised for noting and future consideration, including the need for a parallel workforce strategy, the role of the therapist, trauma and other determinants of mental health, and concerns around the mutual investment model.

Representatives from Public Health attended to discuss the Move More, Eat Well Framework.



She asked the Forum to support the Framework, not just because of the health and wellbeing benefits but also because of the impact on so many services. 10 priority areas had been identified and the following 3 were explored in some detail:

- Healthy environment
- Healthy travel
- Healthy pre-school and schools

The Forum were very supportive of the programme but staff representatives raised concerns about staff who can't get a hot meal at night, and the need to be able to refill water bottles. It was also suggested that affordability and accessibility were missing and should be added to the Framework.

**For Communication:**

Sustainable travel is a standing agenda item at all LPF meetings. Members of the Forum to continue to use and promote the Park and Ride schemes. It was noted that there are concerns around the times of the service to UHL and it was suggested that staff views should be canvassed.

It was noted that we are creating a library of bilingual, generic job descriptions as all recruitment must be bilingual under the Welsh Language Standards.

The Deputy COO indicated that the extraordinary operational pressures we have been facing continue, with 500+ more people presenting compared with this time last year. This is not unique to the UHB and reflects the UK and Welsh position, but it does mean that there has been no real respite between winters this year.

We have recruited 280 additional (new) nurses. The Forum congratulated everyone involved in recent nurse recruitment events – especially for their hard work and for thinking differently.

**For Appraisal:**

LPF received the Finance Report, Workforce KPI Report and Patient Safety, Quality and Experience Report for July 2019.

**ASSURANCE** is provided by:

Ensuring alignment of Local Partnership Forum agendas with the purpose of the Forum as set out in the Terms of Reference

**RECOMMENDATION**

The Board is asked to:

• **NOTE** the contents of this report

1.Reduce health inequalities	6. Have a planned care system where demand and capacity are in balance
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2. Deliver outcomes that matter to people		7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
<b>Five Ways of Working (Sustainable Development Principles) considered</b> Please tick as relevant, click <a href="#">here</a> for more information			
Prevention		Long term	
		Integration	
		Collaboration	x
		Involvement	x
<b>Equality and Health Impact Assessment Completed:</b>	Not Applicable		

Kind and caring  
Caredig a gofalgwr

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

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Report Title:	Stakeholder Reference Group Report							
Meeting:	UHB Board				Meeting Date:	30 <sup>th</sup> January 2020		
Status:	For Discussion		For Assurance		For Approval		For Information	X
Lead Executive:	Abigail Harris							
Report Author	Richard Thomas, Chair of Stakeholder Reference Group							

## Background and current situation:

The following report provides Board with a summary of the key issues discussed at the Stakeholder Reference Group (SRG) meeting held on 27 November 2019.

## Key Issues to bring to the attention of the Board/ Committee:

### BACKGROUND

This is a report provided to the Board by the Chair of the UHB SRG.

### ASSESSMENT

The SRG considered the following.

#### Draft Sustainable Travel Plan

The SRG received a presentation from Colin McMillan on the development of the UHB's Sustainable Travel Plan. The SRG heard that the Plan was currently being drafted and the final document was due to be published in early 2020. The objective of the Plan is to encourage users out of single occupancy vehicles and into more sustainable forms of transport. The key themes were outlined together with some of the initiatives that had already been introduced/ The SRG considered:

- the key outcomes or benefits it would welcome from the Plan;
- recommendations or initiatives to encourage staff, patients and visitors to use alternatives to cars to travel to UHB sites; and
- what have been the most successful sustainable travel initiatives introduced so far.

The SRG made a number of suggestions

- A key aim should be to reduce the number of people needing to travel to the UHB sites. This could be done by increasing the use of technologies such as Skype and telemedicine.
- The Plan should be aligned with local authority Active Travel Plans.
- Public transport must be improved as cycling is not a feasible option for many. Information on transport options must be accurate and adequate e.g. large public transport timetables at UHL and UHW ideally with real time information.
- There is a need to change people's mindset to encourage them out of cars where possible.
- Outpatient appointment letters could include details of the park and ride services.
- The new Wellbeing Hubs and Health and Wellbeing Centres must be easily accessible by sustainable modes of transport.
- There should be appropriate further engagement once the draft Plan has been produced.

#### Draft Cardiff and Vale of Glamorgan Move More, Eat Well Plan 2020-2023

The SRG received a presentation from Suzanne Wood on the key themes identified in the draft Cardiff and Vale of Glamorgan Move More, Eat Well Plan 2020-2023 as part of the engagement process that had commenced on 4 November. It heard of the ten priority areas before engaging in a workshop session to discuss these priorities during which a number of suggestions were made.

- The focus should not be solely on the public sector. It is important to make connections with third sector organisations and the registered social landlord sector.

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- Initiatives must not further disenfranchise more disadvantaged communities.
- The UHB should: ensure that food outlets on its sites offer healthy affordable options; encourage staff to take breaks and hold walking meetings; continue to encourage work/life balance; and introduce free water refill stations on all of its sites
- Exercise opportunities for some groups are being restricted e.g. free swimming sessions for over 60s in leisure centres is limited to specific times which don't coincide to the times when carers can take advantage of these opportunities.
- Schools should do more to encourage children to be confident about walking to schools and staying safe. The Primary Times could be used to publicize/promote outdoor play opportunities.
- Poverty impacts on what people can afford to eat food and whether they can buy the equipment/clothing needed for certain types of exercise.
- Must signpost people to organisations that can support them in moving more and eating well.
- The GP exercise referral scheme should be further developed.
- Local authorities have a major role e.g. introduce integrated transport systems, promote the use of public transport to access its services.
- The UHB should provide details of sustainable travel options when inviting people to meetings.
- Staff should take responsibility for promoting the messages within their own organisations.
- Target key groups e.g. young people, older people, carers etc. and consider e-learning packs to help cascade messages.

SRG members were encouraged to respond direct to the UHB on four specific questions: are you happy to support the Plan?; do you have any comments on the content of the Plan?; how would you like to get involved in the action areas contained within the Plan?; and do you have any additional comments?

## RECOMMENDATION

The Board is asked to:

- **NOTE** this report.

### Shaping our Future Wellbeing Strategic Objectives

*This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	✓
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	✓
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	✓
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

### Five Ways of Working (Sustainable Development Principles) considered

*Please tick as relevant, click [here](#) for more information*

Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓
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Equality and Health Impact Assessment Completed:	Not Applicable
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## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
<b>Chaired by</b>	Mrs Margaret Foster, Chair
<b>Lead Executive</b>	Mr Neil Frow, Managing Director, NWSSP
<b>Author and contact details.</b>	Peter Stephenson, Head of Finance and Business Development
<b>Date of meeting</b>	2 December 2019

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

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

This was a shortened meeting following the cancellation of the scheduled meeting on 27th November. The meeting covered only those papers requiring approval before the January 2020 meeting.

#### 1. NHAIS Replacement Business Case.

The Committee reviewed the final business case having previously endorsed the draft business case at the September meeting. The business case supports the procurement of the system currently being used in the NHS in Northern Ireland as it delivers a tried and tested system, offering value for money and which allows NHS Wales to develop its own arrangements, rather than being reliant on NHS England. The planned start date for implementation is January 2020 with a go-live date in July 2020. The business case has been subject to detailed discussion with Welsh Government, who are due to confirm the funding for this development shortly. The Committee **approved** the business case, subject to the funding being confirmed.

#### 2. IP5 Strategic Outline Case

The Committee received the Strategic Outline Case (SOC) for the warehouse facility at Imperial Park, Newport, which was purchased on behalf of Welsh Government to provide additional storage facility in the event of a no-deal BREXIT. It was confirmed that appropriate actions had been put in place to ensure that BREXIT contingency support was in place, and included approximately eight weeks of normal stock lines, together with additional non-stock items and items to cover areas of social care in place together with the appropriate infrastructure needed.

The SOC sets out the future intentions for the use of this facility, following extensive stakeholder engagement and discussion with Welsh Government. The

Committee **approved** the SOC. It was recognised that once the SOC had been agreed by Welsh Government further work would be required on individual service areas suggested to move into IP5.

### 3. HCS Fleet Renewal

The Committee **approved** the business case to acquire new vehicles at a total cost of £215k to replenish the fleet. The HCS team are working with providers to test electric vehicles, but at present the limited range of the commercial electric vehicles available is a concern due to the significant distances that are covered by HCS vehicles.

### 4. Single Lead Employer (SLE)

Following a detailed discussion and review of the proposals put forward the Committee **approved** the following for NWSSP:

- To become the SLE for Pre-Registration Pharmacists with effect from August 2020;
- To become the SLE for Dental Foundation Trainees with effect from August 2020; and
- To commence preparatory work to become the SLE for a small number of Specialty Medical Trainees from August 2020 as a pre-cursor to becoming the SLE for all Core and Medical Specialty Trainees not currently subject to SLE arrangements in August 2021.

### 5. Items for Noting

- **IMTP** - The original meeting of the Committee was to have had a presentation on the NWSSP IMTP. This was circulated to Committee members in the original agenda workbook. Members were asked therefore to review the presentation and come back directly with any comments as the final IMTP would need to be approved at the January 2020 meeting ready for submission in line with the Welsh Government timescale.
- **Financial Distribution to Partners** – NWSSP are forecasting a £2m total distribution back to Health Boards at the year-end, against an initial estimate of £750k. Amounts will be confirmed with individual Health Boards in the coming weeks.

### 6. Part B

The confidential Part B of the meeting comprised an update to the Welsh Risk Pool forecast outturn and approval of the proposal to establish a Collaborative Staff Bank Employment Service.

#### Matters requiring Board/Committee level consideration and/or approval

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

#### Matters referred to other Committees

N/A

#### Date of next meeting

16 January 2020

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<b>Report Title:</b>	<b>Strategy &amp; Delivery Committee – Chairs Report</b>					
<b>Meeting:</b>	<b>Board Meeting</b>				<b>Meeting Date:</b>	<b>30.01.2020</b>
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	
					<b>For Information</b>	<b>X</b>
<b>Lead Executive:</b>	<b>Chair, Strategy &amp; Delivery Committee</b>					
<b>Report Author (Title):</b>	<b>Corporate Governance Officer</b>					

## SITUATION

To provide the Board with a summary of key issues discussed at the Strategy & Delivery Committee held on 14<sup>th</sup> January 2020.

### Primary Care – Peer Review

The Committee was very encouraged to hear that the second Primary Care Peer Review was positive and recognised the good progress made following the first review. The Committee were pleased to hear that both Multi-Disciplinary Team and Demand & Capacity work were noted as exemplary, along with recognition for good Executive support.

### Excel at Teaching, Research, Innovation & Improvement

The Committee received an informative report from the Executive Medical Director which explained that an objective for Cardiff & Vale University Health Board ("The UHB") was to convert to a multidisciplinary teaching arrangement and have an enhanced working relationship with HEIW, Cardiff University and other stakeholders. The Committee approved the strategic direction in teaching and research and are looking forward to receiving a report on teaching across nursing and midwifery at a future meeting.

### Update on Healthy Travel Charters

The Committee supported the introduction of a Healthy Travel Charter to the Vale of Glamorgan and were pleased to hear that a recent staff survey indicated a positive improvement within the charter. This was also reflected in the improvements outlined within the report.

### A Long Term Health and Social Care Plan – A Healthier Wales

The Committee were advised that a number of improvements were being made across the whole system and were glad to hear that the recently appointed Director of Transformation & Informatics would be leading transformation into its next phase. It was also confirmed that he will be looking at the UHB objectives within the strategy and analysing how the UHB were delivering against them.

## **Ensuring that service provision, quality, finance and workforce elements are aligned and integrated**

The Committee welcomed a report which detailed a very positive piece of work undertaken for the Enhanced Supervision Framework (“ESF”). The newly developed framework builds a better outcome for patients whilst reducing costs. The Committee felt that the ESF was also an example of the UHB values in practice and were encouraged to note that it had been shared across the UHB and had been deemed best practice in Wales.

## **Scrutiny of the Capital Plan**

The Committee were advised that two Executives had oversight of the Capital Plan due to its complexity. The Capital Plan was reviewed and the committee were assured that it was being closely monitored.

## **IMTP Quarterly Report**

All Committee members discussed, scrutinised and noted the IMTP Quarterly Report for Q2 2019/20 which had been submitted to Welsh Government for approval.

## **Equality Champions**

The Committee were pleased to hear that an Equality Strategy & Welsh Language Standards Group had been set up to help drive both Equality & Welsh Language forward across the UHB. It was agreed that the new group would report into the Committee so progress could be monitored.

## **Developing a Performance Framework Update**

The Committee were informed that mapping of measures for Committees had been completed and a new Digital Group had been created to manage the mapping of the National Framework and identify lead indicators. Whilst further work is required in this area, the Committee were encouraged to see some progress and are eager to receive a further update in May 2020.

## **Primary Care Milestones and Delivery against them**

The Committee received a detailed presentation from the Director of Operations – PCIC which outlined the delivery against primary care milestones. The Committee were pleased to note the improvements made to date whilst acknowledging the need for further clarity around measures from Welsh Government.

## **Staff Survey Steering Group**

The Committee welcomed the development of the Staff Survey Steering group which consisted of 50 volunteers who would represent workforce for improvement. The group will track actions that come from staff surveys to ensure they are followed.



## **Key Organisational Performance Indicators including Winter Resilience Update**

The Committee discussed the most recent performance delivered and achieved across the main areas of service activity that are closely monitored by Welsh Government.

The Committee were disappointed to note, that despite the developments with the pension scheme announced by Andrew Goodall, improvements in clinicians undertaking additional work had not been seen. It was felt that this was because there was no confidence in the pension scheme and clinicians who had stepped away from additional work have gained a good work / life balance and no longer wished to undertake additional work. The Committee expressed concern that until the situation was resolved through a fundamental change, the position would remain the same.

The Chief Operating Officer advised the Committee that during Winter, the media has reported a position against 68% compliance in England. Since December this had become even more challenging, however the Committee were assured that the team continued to look at several options and ways to mitigate risks within the system.

The Committee agreed that this was a very trying time for the UHB as an organisation and there was a collective concern for front line staff. Therefore the team was asked to ensure that the appropriate support was provided to staff when required.

## **Workforce Key Performance Indicators**

The Committee discussed and noted the Workforce Key Performance Indicators and it was agreed that a six monthly report would be provided that specifically identified themes and trends for Committee discussion.

## **Terms of Reference**

The Committee were presented with, and approved the revised draft Terms of Reference and recommended the changes to the Board for approval at the end of March 2020.

## **Work Plan 2020-21**

The Committee reviewed the Work Plan 2020 – 21 and agreed, subject to further discussion relating to corporate objectives being removed from the work plan that the Work Plan would be recommended for Board approval at the end of March 2020.

## **Staff Flu Policy**

The Committee approved the updated Staff Influenza (Flu) Vaccination Policy and approved the full publication of the policy in accordance with the UHB Publication Scheme.

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Shaping our Future Wellbeing Strategic Objectives							
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report							
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	X				
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X				
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X				
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us					
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X				
Five Ways of Working (Sustainable Development Principles) considered							
Please tick as relevant, click <a href="#">here</a> for more information							
Prevention		Long term	X	Integration		Collaboration	
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.						

presentation from the Assistant Director of Finance which clearly demonstrated how quality, finance and workforce elements were aligned through the work of the Business Case Approval Group.

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