Public Board Meeting

Thu 25 February 2021, 11:00 - 12:30

Via MS Teams

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Agenda

1. Welcome & Introductions

Charles Janczewski

2. Apologies for Absence

Charles Janczewski

3. Declarations of Interest

Charles Janczewski

4. Minutes of the Board Meeting held on 28th January 2021

Charles Janczewski

4. Unconfirmed Board Minutes Jan 21 SR.NF, CAJ.pdf (14 pages)

5. Action Log – 28th January 2021

Charles Janczewski

5. Action Log - 28.01.21.pdf (1 pages)

6. Standing Items

6.1. Chair's Report & Chair's Action taken since last meeting

Charles Janczewski

6 1 Chair's Report & Chair's Action.pdf (4 pages)

6.2. Chief Executive Report

Len Richards

6.2 - Chief Executive Board Report - February 2021.pdf (4 pages)

6.3. Corona Virus Report including:

• Quality and Safety Ruth Walker / Stuart Walker • Workforce Martin Driscoll • Governance Nicola Foreman • Operations Steve Curry • Public Health Fiona Kinghor

6.3 - Corona Virus Update Covering Report.pdf (2 pages)
6.3 - COVID 19 Update Report - App 1.pdf (11 pages)

7. Items for Approval

7.1. Programme Business Case

Abigail Harris

- 7.1 - Programme Business Case - new.pdf (4 pages)
- 7.1 - Programme Business Case Executive Summary – DRAFT- new.pdf (21 pages)

7.2. Audit Wales – Annual Audit Report 2020

Darren Griffiths (Audit Wales)

- 7.2 - Audit Wales Annual Audit Report 2020 FINAL.pdf (22 pages)

7.3. SOFCS Engagement Timetable

Abigail Harris

- 7.3 - Cover Report - Shaping our Future Clinical Services Engagement - V2 February 2021.pdf (3 pages)
- 7.3 - Engagement Plan Shaping Our Future Clinical Services Feb 2021 v4.pdf (10 pages)
- 7.3 - Cardiff and Vale UHB - Shaping Our Clinical Services Engagement document 150221.pdf (19 pages)

8. Items for Review and Assurance

NONE

9. Agenda for Private Meeting:

i. Private Committee Minutes ii. Dragons Heart Hospital

10. Review of the meeting

Charles Janczewski

11. Date and time of next meeting:

Thursday, 25th March 2021 at 1.00pm on MS Teams

Unconfirmed Minutes of the Board Meeting
Held on Thursday, 28th January 2021 at 13:00 – 17:00
Via MS Teams Live Event

Present:		
Charles Janczewski	CJ	UHB Chair
Len Richards	LR	Chief Executive Officer
Abigail Harris	AH	Executive Director of Strategic Planning
Akmal Hanuk	AH	Independent Member - Community
Allan Wardhaugh	AW	Chief Clinical Information Officer
Chris Lewis	CR	Interim Executive Director of Finance
Dawn Ward	DW	Independent Member – Trade Union
Eileen Brandreth	EB	Independent Member - ICT
Fiona Jenkins	FJ	Executive Director of Therapies & Health Sciences
Fiona Kinghorn	FK	Executive Director of Public Health
Gary Baxter	GB	Independent Member - University
John Union	JU	Independent Member - Finance
Martin Driscoll	MD	Deputy Chief Executive Officer / Executive Director of Workforce and Organisational Development
Michael Imperato	MI	Interim Vice Chair & Independent Member - Legal
Rhian Thomas	RT	Independent Member – Capital and Estates
Ruth Walker	RW	Executive Nurse Director
Sara Moseley	SM	Independent Member – Third Sector
Steve Curry	SC	Chief Operating Officer
Stuart Walker	SW	Executive Medical Director
Susan Elsmore	SE	Independent Member – Local Authority
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Stephen Allen	SA	Chief Executive Officer - South Glamorgan Community Health Council
Malcolm Latham	ML	South Glamorgan Community Health Council
Observers:		
Bryn Harris	BH	IT Project Manager, IM&T
Darren Griffiths	DG	Audit Wales
David Hanna	DH	Consultant, Emergency Unit
Joanne Brandon	JB	Director of Communications
Lance Carver	LC	Director of Social Services, Vale of Glamorgan Council
Rachel Gidman	RG	Interim Executive Director of Workforce and Organisational Development
Victoria Legrys	VL	Programme Director, Major Trauma – Planning
Secretariat		
Raj Khan	RK	Corporate Governance Officer
Apologies:		
None		

UHB	**Welcome & Introductions**	

21/01/001	The UHB Chair welcomed everyone to the Public Meeting in English and Welsh.	
UHB 21/01/002	**Apologies for Absence** There were no apologies for absence	
UHB 21/01/003	**Declarations of Interest** The Executive Director of Therapies & Health Sciences (EDTHS) declared an interest as a member of Cwm Taf Morgannwg UHB. The Independent Member – Third Sector (IMTS) declared an interest as the Director of Mind Cymru.	
UHB 21/01/004	**Minutes of the Board Meeting held on 17th December 2020** The Chief Operating Officer (COO) highlighted that where the minutes referred on Page 7 (minute reference UHB20/12/004) to rising waiting lists, they should state 39k people waiting 36 weeks instead of 6 weeks. **The Board resolved that:** a) The minutes of the meeting held on 17th December 2020 were approved as a true and accurate record with the exception of the amendment required.	
UHB 21/01/005	**Action Log – 17th December 2020** The Director of Corporate Governance reviewed the action log and presented the updates to the Board. **The Board resolved that:** a) The action log updates were received and noted.	
UHB 21/01/006	**Patient Story** The Executive Nurse Director (END) introduced the patient story which was centred on a member of staff. The END told members how staff were utilised in different settings and how they were frequently moved around to manage risk. The patient story was about a member of staff and their experience of being moved around within the Health Board from their normal working environment into a different one. She commented that staff felt supported during this process but also were looking at their original roles in a very different way. The END added that this experience would lead the UHB to look at roles differently, allow more flexibility for staff and enable staff who were prepared and skilled to more easily move around. The UHB Chair highlighted positive comments made by members on the story and the particular member of staff featured. **The Board resolved that:** **a)** The patient story was received and noted by the Board.	

UHB 21/01/007	**Chair's Report & Chair's Action taken since last meeting** Before the UHB Chair proceeded with his report, he sadly announced that the Health Board had lost another member of staff to Coronavirus, Andrew Woolhouse, a 55 year old porter who had been working at UHL. Andrew passed away on 23/01/2021 leaving behind his wife and daughters. The UHB Chair expressed his condolences to Andrew's family, stating that Andrew had joined the portering team in 2015 and was described as a pleasure to work with by his colleagues and would always go the extra mile for his patients. The UHB Chair, members of the Board and all those in attendance held a minute's silence in memory of Andrew. The UHB Chair proceeded with his report and thanked staff for all the wonderful work they did across the Health Board. He highlighted that within the report there was a request to support the Vale of Glamorgan Public Service Board Climate Change Charter, which tied in with the Health Board's own sustainability action plan that was approved in November. The UHB Chair also wanted to highlight the committed and progressive approach to equality within C&V UHB. He concluded that there were a number of items needing confirmation under Chair's Actions. **The Board resolved that:** a) the Chair's Report be noted b) the Vale of Glamorgan Public Service Board Climate Change Charter be supported c) the Chair's actions contained within the report be approved.	
UHB 21/01/008	**Chief Executive Report** The CEO welcomed the Executive Medical Director (EMD) as the new Deputy CEO taking over from the Executive Director of Workforce and Organisational Development (EDWOD) who was due to leave at the end of February. The CEO also announced Rachel Gidman would step in as the Interim Executive Director of Workforce and Organisational Development. The CEO highlighted work done around the Velindre Cancer Centre and confirmed that there had been a review by the Nuffield Trust. He informed the Board that the Nuffield Trust had now reported and that the UHB was supportive of the recommendations made within the report and that the UHB was working actively with Velindre alongside representatives from Cwm Taf and Aneurin Bevan to develop the South East Wales Regional Cancer Strategy. The CEO updated on the current Covid and mass vaccination position. Currently, the per 100k patients had reduced quite significantly since lockdown had begun. We were now around 300 infections per 100k whereas in December, it was around the 700/800 infections per 100k.	

The number of cases within the organisation had been pretty steady although the pressure being driven by admissions was reducing.

The COO commented that the total Covid occupancy for actively treated Covid patients and recovered patients was at 289 in December but was now at 563. The Health Board were now seeing the number of positive patients relative to the number of recovered patients where the recovered patients were recovering at a greater rate. The Health Board were observing a difference in this second wave in terms of recovery from the occupied bed position andwere seeing a shallower decent from the peak in this wave than the previous indicating that it would take longer to normalise occupancy as a result of the second wave.

The CEO stated that the Mass Vaccination programme was developing and delivering at scale, with the 50k vaccination mark having been broken. 1.5k vaccinations were being done daily via general practice, up to 1k patients per day at Splott mass vaccination site and 500 cases per day at UHW and UHL satellite clinics. The Pentwyn facility would open on 01/02/21 and Holm View facility on the 08/02/21 which would further increase capacity.

The CEO announced that there were 2 commitments that the UHB would be delivering against:
Commitment 1 – delivering vaccinations to all care home residents and staff by the end of January 2021, currently on target.
Commitment 2 – vaccination of all C&V frontline staff by the end of January 2021. The vaccine had been offered to all frontline staff and 13k frontline staff had been vaccinated which included ambulance, social care, hospices, etc.

Independent Member – Local Authority (IM-LA) stated that in terms of Cardiff Council there was an offer on the table to support in real time the delivery of the vaccination programme and added that she was delighted as the Cabinet Member for Social Care that all of the care homes for older people would be vaccinated by the deadline set. In addition it was pleasing to see that the vaccination programme was reaching the learning disability and mental health homes and was going onto our domiciliary care homes.

The CEO commented that he was meeting with the Chief Executives of Cardiff and the Vale of Glamorgan Councils to discuss if anything more could be done to speed up the programme and to ensure all options were explored.

The Director of Social Services, Vale of Glamorgan Council (DSSVGC) commented that in his view, the mass vaccination programme was running fantastically well and that there had been some really close practical working.

The Independent Member – University (IM-U) complimented the Health Board team and other agencies for the mobilisation of the programme. He queried whether there were any material concerns about vaccine supply particularly to any GP surgeries. The CEO responded that there

had been some supply issues, explaining that with any product like this, vaccines batches required checking before distribution. One batch due to come to Wales was rejected by the regulator resulting in 25k less doses being received than expected. He commented that currently the supply was more stable and stated that there were 8k doses of the Astra Zeneca vaccine this week in C&V but next week 18k doses were expected showing the measure of the increase as production rose. He added that the Astra Zeneca vaccine was being used in GP practices due to the ease of logistics compared to the Pfizer vaccine.

IM-U also queried whether any special provisions were being made by GPs in scheduling domiciliary visits to deliver vaccines to the housebound over 80s population not resident in care homes. The CEO informed members that the END had stepped forward to lead on the operational delivery of the vaccine and she confirmed that:

- There was a mobile team currently immunising this priority group;
- The list of patients across C&V was being revisited;
- Those that were not being seen by District Nursing service would be seen by the mobile teams.

Independent Member – Community (IM-C) queried whether there were mechanisms in place to hear any challenges faced by staff and our communities and raised the issue of misinformation / misconceptions within our communities. He stated that he would be happy to help endorse the CEO messages in different languages alongside GPs and clinicians via community events. The END thanked the IM-C for this offer and advised that he link with the Assistant Director of Patient Experience to follow up.

Independent Member – ICT (IM-ICT) commented that there was an enormous impact on Non-Covid related services, workload, and backlogs and wanted to understand the extent of strategic thinking or planning for when we returned to reduced restrictions and Covid-19 eased. The CEO responded that the UHB had worked very hard to not just get side tracked with Covid work and to keep an even position, still delivering cancer surgical services.

The COO commented that with regards to the recovery work, the starting point was to avoid as much loss as possible whilst ensuring we could support the Covid response effort. He confirmed that we were doing very well in terms of recovering activity that was lost and were aiming for the end of this year to be between 80/70% of the activity that was being undertaken pre Covid. Unfortunately, for the second time, elective operating had to cease in January. This would feed into the waiting lists which were not growing significantly but ageing significantly as individuals were waiting longer to access treatments. The COO advised that the UHB had re-engaged with the independent sector and recovered about 20% of the losses incurred as a result of taking down elective operating. The Board were reminded that essential services had been maintained all the way through. The COO outlined that the position could be further recovered by creating more capacity at a local/ regional level, recovering the degree of productivity and efficiency we

	had pre Covid and then move that forward and focusing on outcomes and the most beneficial procedures/interventions. These plans would feature in local, IMTP and longer term plans as recovery would take a number of years. **The Board resolved that:** a) the Chief Executive report be noted.	
UHB 21/01/009	**Corona Virus Update Report** **Quality & Safety** The END reported the current position in relation to hospital acquired infection: • 26 wards were affected • 21 outbreaks affecting 120 beds • 59 patients affected, some of those had now recovered • 119 staff affected during this period The END advised that it was an ongoing picture and they worked very closely with the operations team as there were fluctuation day by day, ward by ward. A paper would be brought to the next Management Executive on learning outcomes. **Workforce** The IEDWOD advised of a daily workforce hub with profession leaders. From this week areas were green with just the estate side showing amber and a lot of work was being done around this. **Governance** The DCG stated that her update could be taken as read with nothing additional to add. **Operations** The COO referred to a number of wider system challenges. Primary care services continued to be extremely busy and the following was advised: • One practice was being supported, at the time of the last Board meeting nine were being supported due to staff shortages and absences • Community services were stretched • Prison outbreak position was much improved • Referrals to mental health continued to increase and they had seen significant Covid related staff losses • Single cancer pathway reported a 68% compliance against All Wales average of 63% **Public Health** The Executive Director of Public Health (EDPH) advised that the position had changed since writing the report. Rates were decreasing significantly in the community and the amount of community clusters were also decreasing. The Board were advised that: • The current rates for Cardiff were 181.8 per 100k over 7 days and 166.2 per 100k over 7 days for the Vale of Glamorgan	

	• The positivity rate for Cardiff was 14.8% and 13.6% for the Vale of Glamorgan which was showing a more significant decline in community cases • Rates among people 60 & under were falling since the middle of January • Rates among the over 60s remained above the rate for under 60s but were starting to decrease • Death rates were rising but were still lower than the first wave although hospital deaths were higher. The EDPH added that in terms of international travel, there were mechanisms in place to track and test returning travelers from areas like South Africa, South America etc. However increasingly the focus would be on reservoirs of infection and the picture of international travel. The CEO commented that the figures were quickly changing as those provided by the EDPH were lower than those he had presented. The EDPH advised that the new Covid variants were still being tracked and understood, there were several but the Kent variant was of most concern. There were currently 838 cases of the new variants in Wales and probably around 50 to 60% of cases now in Cardiff and Vale related to the Kent variant. These variants were more transmissible but it was not necessarily clear whether they caused any particular additional ill health problems and all of the precautionary measures in place needed to continue. The vaccine was not impacted by most of the variants however the effect on immunity for the Brazil variant was currently unknown as it was still being studied. Independent Member – Third Sector (IM-TS) referred to the vaccination workforce report being “red”. The END responded that there had been an overwhelming response of people offering to vaccinate but a robust national training programme had to be completed, this was being reviewed as it caused a bottleneck. The END and IEDWOD had spent time ironing out the pathway into employment which had reduced the botteneck. The training plan had also been revisited and was now shorter and more focused than the national programme, this would come to Management Executive for formal sign off. The IEDWOD added that students had also come on board as temporary staff, with over 600 students in medical, allied health and nursing offering their support. **The Board resolved that:** a) the attached COVID-19 Update Report be noted.	
UHB 21/01/0010 	**Board Assurance Framework** The DCG advised that the report could be taken as read and that most of the issues would be touched upon throughout the meeting. She reminded Board members that there were currently 9 risks on the BAF. Test, Trace and Protect also included risks around mass vaccination	

	which was writen into the detail of the report. Waiting lists and activity was highlighted and the DCG had agreed to look at this risk and the actual scoring with the COO when clear on the position after the second wave. The DCG also highlighted that: • Workforce risk had increased • Financial sustainability had decreased • Patient safety risk had increased The UHB Chair thanked the DCG for a very thorough report and commented that seeing the risks linked into the strategic objectives of the Health Board was very important. **The Board resolved that:** a) the 9 risks to the delivery of Strategic Objectives detailed on the attached BAF be approved b) the progress made in relation to the roll out and delivery of effective risk management systems and processes at Cardiff and Vale UHB be noted.	
UHB 21/01/011	**Patient Safety, Quality and Experience Report** The END highlighted that: • Children under 18 continued to be admitted to Hafan y Coed, this was being focused on and future visits planned visits with IMs • The 30 day target to respond to concerns was at 82% and so continued to be delivered • There had been 6 never events. The END would be taking a more detailed themed paper to QSE in April in relation to these and to report learning and actions taken. IM-C asked about the 36 events reported and for assurance that these events would not happen again. The END provided context in that the number of serious harm reports were low in comparison to the number of patients seen. The END provided assurance that in response to a serious incident there was a full investigation, usually a Root Cause Analysis. Most investigations identified system failures rather than individual failures and it was important to drive a culture encouraging staff to be open and transparent, but the practice of all staff involved was looked at using the just culture assessment tool. If concerns about practice were highlighted then these would be considered and if appropriate disciplinary action taken and a report made to the regulatory body. The EMD added that when looking at the just culture guide it was important to note fundamentally almost all these incidents were systematic in nature, unless someone deliberately ignored protocols when there would be that disciplinary component otherwise it must be looked at as a system issue with a blame free culture encouraging people to speak up. IM-ICT was concerned to see more young people being admitted to	

	Hafan Y Coed and queried the reason for this and what would be done to resolve it. The END responded that it was important to report this as it was not the right place for the children even if they were providing the best care for them. The END again provided context explaining that these were children known to CAMHS who were under more stress than normal due to the pandemic and lockdown which could explain why we were seeing it more. The END advised that she was in constant communication with WHSSC who were responsible for providing this care to children in South Wales and they were undertaking an investigation as to the size of the service required. The COO clarified that there was no timeframe for this from WHSSC and that it was a commissioning issue. IM-TS declared an interest as the Director of Mind Cymru and observed that nearly half of the incidents related to mental health. She commented that it appeared staff were telling us that there were a lot of pressures in the system but also accepted a lot of these issues were systemic. The END responded that we always saw higher numbers in mental health but the investigations were not suggesting there was inappropriate care being provided. **The Board resolved that:** a) the content of the report be considered b) the areas of current concern be noted and the current actions being taken agreed as sufficient.	
UHB 21/01/012	**Performance Report** The COO highlighted the main change being in performance reporting for the single cancer pathways. IM-U referred to the elective access planned care figures; the data seemed to suggest the total waiting lists had been static for the whole of the year at 90k cases, but waiting time more than 36 weeks had grown during the same time and he did not understand the relationship between the two and queried whether the total waiting list capped at 90k. The COO responded that the list was not capped and continued to be added to but up until January there was still activity being undertaken around 60% of previous activity pre-covid which included work with independent hospitals to help manage that. The reason significant growth in the waiting list could not be seen was that activity was happening but the referrals were not happening at the rate they were before. He stated that he would expect to see both growth and aging in the waiting lists as activity recovered to normal levels. IM-LA queried the report only showing the current period and not December in regards to unscheduled care and the position in relation to ambulance handovers. The COO clarified that in December the position was more difficult and throughout late December and early January an easing in non-scheduled pressures, reduction in conveyances and reduction in hours lost started to be seen. These issues were re-emerging, although not in C&V but in areas around the Health Board, as non Covid activity increased. The Interim Executive Director of Finance (IEDF) then updated the	

	Board in regards to the finance report. The Board were reminded that Welsh Government had set out the resources available to support the Health Board's Covid response, with an expectation that all NHS bodies would deliver on their original plan which for C&V UHB was a break even position for the year. The month nine positon was considered in some depth by the Finance Committee and the summary position shown in table one highlighted that the first 9 months of the year, the UHB reported an underspend of £300k against plan. The Health Board had assumed Covid funding of £111 Million which married off Covid costs incurred so far. The forecast breakeven position in table 2 was highlighted, the operational position was assumed to be broadly flat throughout the year with assumed Covid funding of £162.9 Million. The position had remained break even since the additional Covid funding had been released by Welsh Government. One important to item to note, especially moving towards the next calendar year 2021/22, was that the UHB was short in delivering its current savings target which had increased the underlying deficit from an expected £4 Million to £25.3 Million. He added that there was no confirmation that this would be funded by Welsh Government on a current or recurrent basis going forward. The IEDF advised that the UHB continued to work with Welsh Government to secure all additional funding and added that the UHB now knew the key risk areas and its allocation so just needed to be able to deliver on the break-even position at year end which it was on course to do. **The Board resolved that:** a) the current position against specific performance indicators for 2020-21 be noted.	
UHB 21/01/013	**Committee / Governance Group Minutes** i. COVID-19 Board Governance Group Minutes – 4th November 2020 ii. Finance Committee – 25th November 2020 iii. Strategy and Delivery Committee – 10th November 2020 iv. Health & Safety Committee - 24th November 2020 v. Stakeholder Reference Group – 23rd September 2020 vi. Local Partnership Forum – 22nd October 2020 vii. Emergency Ambulance Services Committee – 8th September 2020 viii. WHSSC Joint Committee – 15th December 2020 **The Board resolved that:** a) the minutes outlined above be ratified.	

UHB 21/01/014	**South East Wales Vascular Network Engagement and Consultation** The EDSP advised that she had been working with partners across South East Wales to develop vascular services on a network model adopted by most of the UK. This work had included liaison with clinicians to reach consensus and develop an implementation programme to move services onto a more sustainable footing. This was a standard report coming to all South East Wales organisations' Board meetings at the same time seeking endorsement to proceed to engagement on the proposed service changes. The model advocated by the clinicians was a hub and spoke model which would see the surgical component of the network service delivery delivered by UHW due to the nature of the surgery. Each Health Board would have a spoke which would be around rehabilition and onwards care for patients post and pre surgery. The EDSP expressed her gratitude to Stephen Allen - Chief Executive Officer - South Glamorgan Community Health Council (CEO-SGCHC) in relation to development of the engagement documentation. The EDSP advised that there would be some moving of resources and therefore the engagement process would be just as important for the affected staff. CEO-SGCHC commented that the CHC Service Planning Committee had approved the commencement of the engagement process which would go to the Executive Committee on 02/02/21 for ratification. Approval was strongly recommended and the CHC was reassured by the EDSP and her team that C&V residents would have a better enhanced service as a result. Independent Member - Legal (IM-L) asked if there were any contingencies for slippage in the timeline as we were still operating in uncertain times with the pandemic. The EDSP responded that there would be a pause after engagement was complete to analyse the engagement data, there was the potential for not holding a consultation stage as well, based on the engagement process being thorough. The EDSP concluded that they would be working closely with the CHC across the regions to take stock and recalibrate the consultation programme if needed. **The Board resolved that:** a) the background, history and longevity of clinical discussions in respect of vascular surgery in South East Wales be noted b) the proposed focus of engagement and the process designed to enable it was considered c) the documentation prepared to support a discussion on the future configuration of vascular services in South East Wales was considered d) the proposed timeline be supported e) it would receive the outcome of the engagement back to the May	

	meeting of the Board (or alternate should any programme slippage arise).	
UHB 21/01/015	**Urgent Service Changes to Support Oesophageal and Gastric cancer surgery for Swansea Bay UHB** The EDSP advised that this was being brought back to Board as it reflected urgent service change which had resulted from fragility in a service from Swansea Bay UHB. The UHB had, as outlined in previous plans, the IMTP and Q3/4 plans, been working with Swansea Bay UHB to look at developing a sustainable model for upper GI Cancer services across the region. C&V Upper GI surgeons were working with Swansea Bay to provide support, multi disciplinary team meetings were happening locally in Swansea and the surgical activity (2 cases a month) were brought to UHW for surgery as required. The EDSP wanted to highlight this change to the Board and confirm that the CHC had been kept informed. CEO-SGCHC commented that it understood the pressure the service was under but wanted to make sure it was a time limited change and would not become a default service change. The EMD responded that it was unclear how long the change would be in place but it was a temporary change of service based upon service resilliance, sustainability and safety. A permanent solution would be needed but no permanant change decision would be made without the appropriate consultation process. **The Board resolved that:** a) a joint letter from the Regional and Specialised Services Provider Planning Partnership be issued to all Health Boards in South and West Wales to notify them of the temporary changes, and seek their support to establish the appropriate temporary commissioning arrangements for OG cancer surgery b) the timelines for the engagement exercise and service model work stream be reviewed and adjusted to reflect the current circumstances.	
UHB 21/01/016	**UHL Engineering Infrastructure Business Justification Case** The EDSP advised that this had come to the Board today for ratification due to its value being over £1million. The Business Justification Case (BJC) would also be submitted to Welsh Government and £5.5million in capital was sought to address this issue. She advised that the issues came to light during routine inspection work related to statutory compliance, this identified a single point of failure which would impact significantly on business continuity. **The Board resolved that:** a) the Business Justification Case for the Engineering Infrastructure upgrade at UHL be approved b) submission of the Business Justification Case to the Welsh Government for capital funding to proceed with the works be	

	approved.	
UHB 21/01/017	**Chair's Reports:** i. Finance Committee – 25th November 2020 & 6th January 2021 ii. Quality Safety & Experience – 15th December 2020 iii. Strategy and Delivery Committee – 12th January 2021 iv. Health & Safety Committee – 5th January 2021 v. Mental Health Committee – 19th January 2021 vi. Stakeholder Reference Group – 24th November 2020 vii. Local Partnership Forum – 10th & 16th December 2020 viii. Emergency Ambulance Services Committee – 10th November 2020 **The Board resolved that:** a) the Committee Chair reports outlined above were noted.	
UHB 21/01/018	**Business of Other Committees and Review of Interrelationships** The DCG stated that this item was for noting and provided the Board with assurance on the business of other Committees and with a review of interrelationships between them. This was reported to the Audit Committee in November. **The Board resolved that:** a) the outcome of this review to provide 'independent' assurance to the Board that the Board assurance requirements were appropriately aligned was noted b) the areas of development within the report to provide further assurance to the Board on the interrelationships between the Committees particularly in the areas of Risk, Regulatory Tracking, Performance Monitoring and Audit recommendations was noted c) the outputs of the Committee self-assessment and the action plans in place to improve effectiveness of the Committees and that where the self-assessments were not undertaken that they would be undertaken before the end of the year was noted.	

UHB 21/01/019	**Corporate Risk Register** The DCG stated that this paper was also for noting. The Corporate Risk Register had been reviewed in the private Board sessions previously. The scores were now more robust and the risks cross referenced to the BAF. There were now 27 risks which was a significant decrease from the last report, although the risks were not gone they were more appropriately scored and this was now reflected in the register. The UHB Chair commented that it was good to see the link between the risk register and the BAF along with our strategic objectives. It had become a clearer picture for the Board to understand the risks of the organisation and how to mitigate them. **The Board resolved that:** a) the Corporate Risk Register and the work being progressed was noted.	
UHB 21/01/020	**Review of the meeting** All were content with the meeting and how it was conducted. The UHB Chair expressed his gratitude to the IM-TU for her excellent contribution to the Board throughout her term of office.	
UHB 21/01/021	**Date and time of next meeting:** Thursday, 25th February 2021 at 11am MS Teams	

ACTION LOG
Following Board Meeting
28th January 2021

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
UHB 20/11/010	**Board Assurance Framework**	Revisit the risk score in regards to the workforce score	28.01.20	Nicola Foreman	**COMPLETE**
20/07/010	**Patient Safety, Quality & Experience Report**	A 'Learning Committee' would be discussed and considered with operational colleagues	17.12.2020	R Walker / S Walker	**COMPLETE**
Actions In Progress					
UHB 20/11/014	**Nurse Staffing Act – Mental Health Nurse Staffing Levels**	A further discussion to be had at an Executive level to consider Mental Health Nurse staffing levels for feedback to the Board	**TBC**	R Walker	To be brought to a future Board meeting when concluded
Actions referred to Committees of the Board/Board Development					

Report Title:	**Chair's Report to the Board**								
Meeting:	Public Board Meeting						**Meeting Date:**	25 February 2021	
Status:	**For Discussion**		**For Assurance**		**For Approval**		**x**	**For Information**	**x**
Lead Executive:	Chair of the Board								
Report Author	Executive Assistant to Director of Corporate Governance								

Condolences
It is with great sadness that I have to inform you that we have yet again lost another member of our staff to Covid-19.

Andrew Woolhouse, one of our Porters, who worked at UHL passed away on the 21st January. Andrew was 55 years old and leaves a wife, Marianne and Daughters to whom he was devoted.

I am told that as well as his beloved cats, Andrew loved music and attended a variety of music concerts and always enjoyed a laugh and a joke.

He joined the UHL portering team in August 2015 and was considered a hardworking and well respected member of staff, with many colleagues commenting that he was a pleasure to work with. He loved his job and would often go the extra mile for our patients.

He will be sadly missed by his colleagues and of course this is extremely sad news for all in Capital Estates and Facilities. Our thoughts are with his family.

Independent Board Members
I am pleased to announce that two new Independent Board members have been recruited:

Mike Jones, Independent Member, Trade Union
Mike has worked within Cardiff and Vale UHB for the last 28 years and is a Trade Union Convener with Unison. He has been the Chair of Staff-side for fifteen years and brings to the Board a wealth of experience and understanding of all the Trade Unions and professional organisations that work within Cardiff and Vale UHB. He has a deep understanding of the Health Board and is passionate about the wellbeing of our staff. He will be a valuable addition to the Board and will commence his duties from 1st March 2021.

David Edwards, Independent Member ICT
David is a Chartered IT professional and a fellow of the BCS. He has wide experience of leading and transforming IT organisations in the public and education sectors and has extensive experience in data governance and security with an interest in cybersecurity. He is an elected member of Chatham House, the Royal Institute of International Affairs and the International Institute for Strategic Studies. He brings with him experience of working at Board level and he will also be a valuable addition to the Board. He will commence his duties on 1st April 2021.

I would like to welcome both Mike and David to the Board and I very much look forward to working with them.

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

The common seal of the Health Board has been applied to 1 document since the last meeting of the Board.

Seal No.	Description of documents sealed	Background Information
946	Licence to Charge Lease of Clifton Pharmacy	Between Cardiff and Vale UHB and Clifton Pharmacy Limited

The following legal documents have been signed since the last meeting of the Board:

Date Signed	Description of Document	Background Information
29.12.2020	Lymphodema Hosting Agreement Memorandum of Understanding,	Swansea Bay Health Board & Aneurin Bevan UHB, Cardiff and Vale UHB, Cwm Taff Morgannwg UHB, Hwyel Dda UHB, Powys Teaching HB, Public Health Wales,
02.02.2021	Memorandum of Understanding relating to Regional and Specialised services Provider Planning	Swansea Bay UHB & Cardiff and Vale UHB

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.

Chair's Action was taken in relation to:

Chair's Actions						
Date Received	Chair's Action Details	Background Recommendation Approved	Date Approved	IM Approval		Queries Raised by IMs
				IM 1	IM 2	
08.01.21	Provision of Hospital Capacity	Procurement of additional hospital capacity to assist with Covid demands.	18.01.21	Approved John Union 14.01.21	Approved Michael Imperato 14.01.21	No queries raised
25.01.21	Maintenance of Endoscopes Electromedical equipment, All Wales, Cardiff &	Proposed contract for maintenance of endoscopes approved.	05.02.21	Approved John Union 05.02.21	Approved Rhian Thomas 04.02.21	No queries raised

	Vale UHB					
25.01.21	Provision of security services	Contract for the provisions of security services at Pentwyn and Holm view leisure centres	05.02.21	Approved John Union 05.02.21	Approved Rhian Thomas 04.02.21	No queries raised

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

The COVID-19 Board Governance Group was set up to ensure robust, effective decision making could take place at pace. This has ensured that due process has continued to be followed.

Recommendation:

The Board is recommended to:

- **NOTE** the report
- **APPROVE** the Chair's Actions undertaken.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term	x	Integration	x	Collaboration	x	Involvement	x
Equality and Health Impact Assessment Completed:	Not Applicable								

Report Title:	**CHIEF EXECUTIVE'S REPORT**								
Meeting:	CARDIFF AND VALE UHB BOARD MEETING					**Meeting Date:**	25.02.2021		
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**	✓	
Lead Executive:	**CHIEF EXECUTIVE**								
Report Author (Title):	**EXECUTIVE ASSISTANT TO THE CHIEF EXECUTIVE**								

Background and current situation:

This is the nineteenth 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:

Update on the COVID-19 Mass Vaccination Programme
As a Health Board, our vaccination programme continues to accelerate at pace, with a mass vaccination centre in Pentwyn which opened on 1 February and another one opened in Barry on 8 February.

We have now vaccinated all older adult care homes with the first dose of the vaccination. There are some further sessions scheduled over the next few weeks for residents or staff we were unable to vaccinate due to an outbreak situation, where the vaccination cannot be given until 28 days post positive COVID-19 result.

Our mobile vaccination team has begun visiting the homes of people who are housebound to give them their vaccine as well as people in sheltered accommodation. The satellite vaccination centre at University Hospital Llandough has also reached an exciting milestone of reaching the capacity to give 350 vaccines every day.

Our GP Practices have been vaccinating older people aged 80 and over at practices and will continue to do so. All GP Practices are involved in the vaccination programme.

We have reached a significant milestone within the Health Board as every frontline staff member has now been offered the first dose vaccine and other staff cohorts will soon be offered theirs.

Memorandum of understanding signed with BAPIO
On Saturday 30 January, Dr Stuart Walker and I were delighted to sign a Memorandum of Understanding between the Cardiff and Vale University Health Board and the British Association

of Physicians of Indian Origin (BAPIO). This is the first of its kind for the UHB and BAPIO, and I believe it demonstrates our commitment and willingness to drive forward meaningful and tangible change. Cardiff and Vale UHB is an inclusive employer which thrives on the diversity of its staff, benefiting hugely from the multiple cultures, heritages and nationalities we have in our employment.

I have recently taken a lead role in how we tackle issues of inequality across the UHB and recognise that staff from an ethnic minority background still face inequalities in the workplace compared to their white colleagues. It has been important to see our organisation from a different perspective and the Memorandum of Understanding will help us work on this. The collaboration also committed to assisting recruitment and retention of clinical staff, particularly those joining the UHB from overseas and in early dispute resolution. Prof. Keshav Singhal, Chair of BAPIO, was delighted to recognise the pathfinding role of Cardiff and Vale UHB in our endeavors to promote equality and diversity and expressed the hope that this MOU would serve as a blueprint for the rest of NHS Wales. This is just the beginning of this work and there is clearly a lot more to do.

My aim by signing this MOU is to demonstrate my personal commitment to these areas, to continue to tackle inequality and challenge unacceptable behaviour, while actively promoting inclusion and diversity across all of our clinical areas and support services.

It is vitally important that we are not just talking about inclusivity but actively practicing it and that all of our staff, regardless of who they are, know they are valued members of the UHB and the NHS.

While progressing this work internally, I want to develop alliances with and support of Black, Asian and Minority Ethnic organisation's that will contribute to a more positive and inclusive working environment. This is how we will continue to drive through tangible, meaningful cultural change within the Health Board and across the health system in Wales.

Success in the Protected Elective Surgical Unit
Since the arrival of COVID-19, our surgical teams have been working tirelessly to ensure that the Health Board has been able to undertake surgical procedures at both the University Hospital of Wales and University Hospital Llandough. The risks from COVID-19 to patients recovering from major surgery meant that incredibly robust processes had to be put in place to create protected units and mitigate these risks as much as possible.

This included establishing dedicated entrances and exits, new staff areas, changing rooms and showers for staff as they are required to remain in the dedicated units for the entirety of their shift. Any deliveries to the units are contactless using an 'airlock' door system. Designing this system and process is an excellent example of co-production and collective leadership, with teams breaking down traditional organisational boundaries in order to solve the challenges they faced.

Patients have had a part to play too as those due to have surgery are asked to self-isolate for two weeks prior to their procedure and take a COVID-19 test 72 hours before being admitted to hospital. All of these measures have been absolutely necessary so that staff are supported in their efforts to make patients as safe as possible.

I am delighted to say that we have recently received data from the surgical team of their work

between March and December 2020 that makes for impressive reading. In this period, were 4,901 operations undertaken, which in itself is an incredible feat. However, the team was also successful in reducing our cancellation rate to just 6% down from 18% in the same period in 2019.

What is perhaps most impressive is that according to their data, during this period there has not been a single post-operative hospital-acquired infection. This is not just for COVID-19, but also C-Difficile, MRSA, and MSSA. This is absolutely astounding work, and I would like to congratulate and thanks every single person involved for their efforts.

Cardiff and Vale UHB leads UK in World's largest ICU Oxygen Trial
We have recently led in the UK, the largest ever research trial looking at how patients are treated with oxygen in ICU (Intensive Care Units). Patients with acute hypoxemic respiratory failure in ICU are commonly treated with supplemental oxygen, but the benefits and harms of different oxygen targets have been unclear.

The study which ran in a number of ICU sites across the UK found that among adult patients with acute hypoxemic respiratory failure, a lower oxygen target did not result in lower mortality than a higher target at 90 days. Since the conclusion of the study, the research has been published in the highly respected New England Journal of Medicine.

The results of the study are timely in the midst of the current pandemic. Given that COVID-19 is a respiratory disease and critically ill patients often require the support of oxygen, the results of this study will be used to further guide oxygen use.

We are so proud of contributions to research we make at Cardiff and Vale UHB, on both a national and international level. It is so important to be part of research that will have a tangible impact on healthcare on the world stage. I'd like to pass on my sincere thanks and congratulations to the whole team for continuing to push the boundaries of what we know in the interest of patient care.

Work concludes on the UHW Lakeside Wing
Construction on the Lakeside Wing, which is based on the grounds of the University Hospital of Wales (UHW) site, has finished with the building officially handed over to Cardiff and Vale University Health Board (CAVUHB).

On Monday 8 February, building work on the new surge facility was completed, just 20 weeks after construction first started. This means that the ownership of the modular build has been given to the Health Board from the primary contactors, Darwin Group Ltd.

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

The Executive Team contributed 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	✓

Equality and Health Impact Assessment Completed:	Not Applicable

Report Title:	**Corona Virus Update Report**								
Meeting:	UHB Board					**Meeting Date:**	25.02.21		
Status:	**For Discussion**		**For Assurance**	**x**	**For Approval**		**For Information**	**x**	
Lead Executive:	**Director of Corporate Governance**								
Report Author (Title):	**Director of Corporate Governance**								

Background and current situation:

The COVID-19 Update Report was approved by Board in November 2020 as part of the proposed changes to Governance arrangements to ensure appropriate reporting on key areas during the COVID-19 pandemic.

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

The attached COVID-19 Report (Appendix 1) provides an update since the last meeting in January to the Board regarding the pandemic, and covers key activities in the areas of Quality and Safety, Workforce, Governance, Operations and Public Health.

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

Provision of this report as a standing agenda item for Board ensures transparency of reporting around COVID-19 and ensures robust governance during the second wave of the pandemic.

Recommendation:

The Board is asked to:

- Note the attached COVID-19 Update 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	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	x	10.	Excel at teaching, research, innovation and improvement and	x

care, in the right place, first time		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		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable

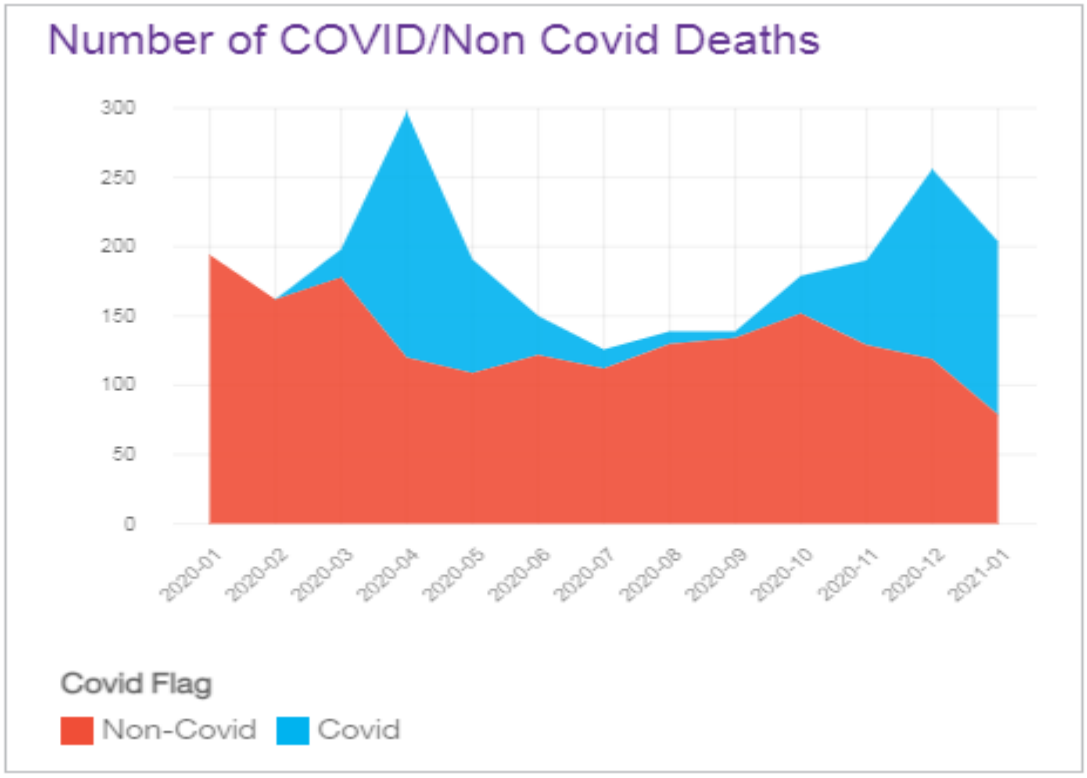
COVID 19 – Update Report covering key activities in relation to • **Quality and Safety** • **Workforce** • **Governance** • **Operations** • **Public Health**	**Month: February 2021**
Quality and Safety	Executive Nurse Director/Executive Medical Director

- **Covid outbreak position** – at time of writing there are 16 wards across the UHB managing covid outbreaks (14 at UHW, 2 at UHL). This is an improving potion from the last report to Board in January 2021, although the situation remains challenging. The Deputy Executive Nurse Director continues to chair daily Infection Prevention and Control meetings with senior staff to monitor the overall situation. Lakeside Wing additional capacity was opened on the 27.12.20 to the first cohort of patients to support with Covid-19 pressures within the C&V UHB footprint. Further capacity remains available if deemed necessary to utilise. Clinical Boards hold operational meetings to ensure that effective management of the clinical areas is in place. These feed in to the outbreak meetings outlined above. There is a twice weekly UHB-wide Covid-19 Operations meeting, chaired by the Chief Operating Officer. The Executive Nurse Director or her deputy provide information to this meeting to ensure a cohesive approach and good communication is in place. The UHB is complying with routine daily nosocomial reporting arrangements to Welsh Government.

- **Healthcare Inspectorate Wales** – HIW have indicated their intention to carry out inspection of two mass vaccinations centres in Cardiff on or around March 1st 2021.

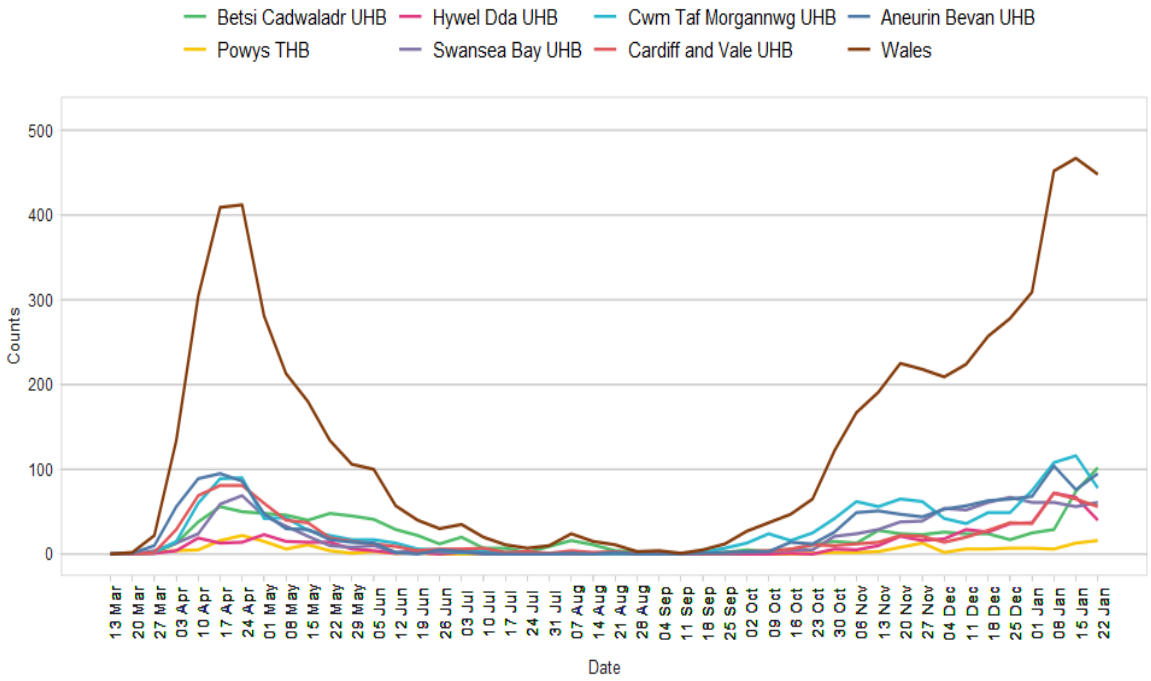
- **Serious Incident (SI) reporting** – Welsh Government have re-introduced a more limited approach to SI reporting and have asked for proportionate investigations. The 60 day timeframe for investigations has been removed at present. They have more recently confirmed that nosocomial transmission should not be reported via the No Surprise process. They have also modified the process for the reporting of PRUDIC (Procedural response to the Unexpected deaths in childhood)

- **Mortality –** To date, the Medical Examiner has referred in 3 cases for a Level 2 review; 2 of which related to patients who had hospital acquired Covid -19. The number of Covid - 19 and Non-Covid – 19 deaths is illustrated in the graph below:



The weekly number of registered COVID – 19 deaths in Wales is summarized below:

Weekly number of registered COVID-19 deaths (any mention), Wales by health board, week ending 13 March 2020 (Week 11) to week ending 22 January 2021 (Week 3)



Provisional figures for Welsh residents have been produced using data provided by ONS to Public Health Wales. The analysis is based on date the death was registered.

Based on most recent ONS mortality regional comparison data the percentage of excess deaths (age adjusted) in Cardiff and Vale UHB is 14.4%:

Area comparison of deaths and excess deaths over specified date period (see slider below) - numbers and age standardised rates (ASR)

Region
Local Health Board

Area	Deaths	Deaths previous 5 years	Excess deaths	% Excess deaths	ASR per 100,000	ASR per 100,000 (previous 5 years)	Excess Rate	% Excess deaths (age adjusted)
Aneurin Bevan University Health Board	6330	5486	852	15.5%	1063.0	923.2	139.8	15.1%
Betsi Cadwaladr University Health Board	7661	7074	562	7.9%	933.7	868.9	64.8	7.5%
Cardiff and Vale University Health Board	4231	3702	516	13.9%	996.7	871.5	125.3	14.4%
Cwm Taf Morgannwg University Health Board	5401	4278	1113	26.0%	1257.4	1000.2	257.2	25.7%
Hywel Dda University Health Board	4386	4072	299	7.3%	909.3	856.5	52.8	6.2%
Powys Teaching Health Board	1546	1425	117	8.2%	847.5	791.4	56.1	7.1%
Swansea Bay University Health Board	4381	3807	567	14.9%	1099.8	959.1	140.7	14.7%

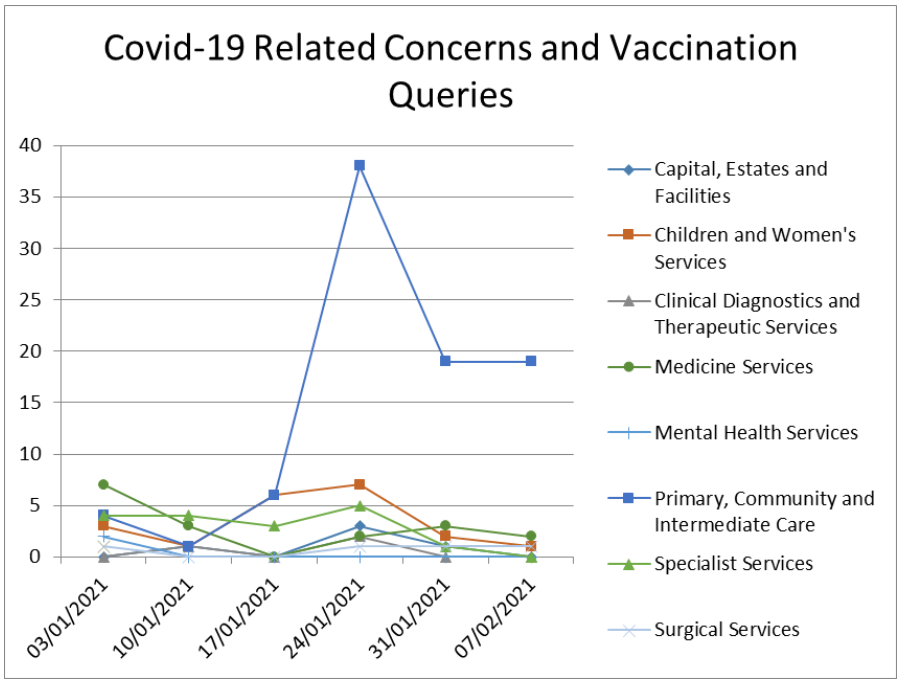
Use slider to change date of death period

3/1/2020 1/26/2021

Concerns:

We continue to see a rise in Covid related concerns and in particular queries relating to mass vaccinations. The team are hosting a specific 7 day enquiry line for vaccination queries. These queries are logged via PCIC as the Clinical Board with governance responsibility for the Vaccination delivery program. The queries mainly relate to

- Priority of cohorts
- Booking appointments-auto scheduling is helping to see a reduction in these queries
- Equity of appointments system
- Choice of vaccine
- Choice of location etc.



Workforce	Deputy CEO and Executive Director of Workforce and OD

- Workforce Hubs are established for Nursing, Medical, AHP, Facilities and Primary Care brought together through Workforce Steering Group chaired by Interim Director of Workforce & OD three times a week

- **Lakeside Wing (LSW)** –both phases are now complete and the build is being handed over from Darwin to the UHB this week. The aim now is to reduce patient numbers to 50 and when this is achieved it is proposed that the patients will be transferred to the 50 medical beds on south side of LSW where the facilities and accommodation is off a higher specification which is conducive to good patient care. Staffing levels were identified last October and this is currently being addressed for implementation on 22 February
  All staff groups currently who are required to work in LSW have a green rag rating

- AHPs and pharmacy - flexing staff across the UHB where needed

- Critical care in a better position, but pressure remains high

- As **absence rates** have improved, with less Covid and less staff self-isolating, it means that 40-50 more nurses available this week compared to previous weeks and all sites are reporting a rag rating of green (10.02.21)

  - **HCSW** position is improving due to rapid recruitment and the nursing hub is currently busy on boarding them.

  - **Medical & Dental rotas** have been changed but a more finessed approach this time to avoid disruption. 45-50 staff have now been moved to overall Mega Rota, with new compliant rotas in place. Feedback positive.

  - **Staff Haven** at LSW is now open and plans are in place for Havens in UHL and a second in UHW

  - **Mass Immunisation** & Vaccination Programme
    Recruitment Plan & support in place
    Call Handlers – Mass Immunisation all recruited and in post (71)
    COVID-19 Registered Immunisers - ongoing, still a shortage of band 6s
    Non-registered - recruited students but start dates paused till 1 march due to supply of vaccine
    Band 7 team leaders and band 6 deputy team leaders now advertised as permanent positions

- **Registered Staffing**
  - Recruitment going through Nursing Hub, with Workforce Hub processing enrolments.
  - Further commission of 75 international nurses confirmed. 45 appointments made.
- **Increasing temporary recruitment:–**
  - There have been a total of 515 posts requested for urgent recruitment with the Workforce Hub, with 431 offered posts.
  - 130wte facilities staff have been requested, with high interest in second advert. 115 wte (163 people) have been offered.

Other:

- Staff-wellbeing being prioritised with a comprehensive full range of initiatives and support in place as well as a new initiative with Remploy to support staff with Long Covid and the Staff Haven
- Temporary enhanced overtime pay incentive scheme for Substantive Registered Nursing staff implemented which is now extended to HCSW
- A COVID-19 Learning Report has been produced
- Daily reporting through Clinical Board Absence is down to 8% (10.02.21)
- This has been impacted due to the recent WG advice on Shielding which means shielding for Clinically Extremely Vulnerable staff resumed from 22 December – 31 March 2021. Our staff can work but they should work from home. Staff are being deployed into alternative roles and call handler roles wherever possible.

Mass Vaccination Workforce Status Report @ 12.02.21

		Splott				Pentwyn				Holme View			
Role	Band	WTE Demand	SIP HC	SIP WTE	Status	WTE Demand	SIP HC	SIP WTE	Status	WTE Demand	SIP HC	SIP WTE	Statu
Clinical Team Lead	B7	1.00	1	1.00		1.00	1	1.00		1.00	1	1.00	
Shift Lead (Senior Registrant)	B6	5.56	2	1.76		5.56	3	2.45		5.56	3	2.82	

		UHL/Mobile Team				UHW			
Role	Band	WTE Demand	SIP HC	SIP WTE	Status	WTE Demand	SIP HC	SIP WTE	Status
Clinical Team Lead	B7	1.00	1	1.00		1.00	0	0.00	
Shift Lead (Senior Registrant)	B6	4.16	3	2.6		4.16	0	0	

Role	Band	WTE Demand	SIP HC	SIP WTE*	WTE* Status	Operational Status
Pharmacy Lead (Senior Registrant/Pharm)/ Vaccine Preparation check (Registrant or Aseptically trained Pharmacy Assistant)	B6/B5/ B3	27.72	31	11.65		
Immuniser Supervisor 1:5 (Registrant)	B5	45.84	139	49.00		
Immunisers (Registrant/Non-registrant)	B3	159.08	267	150.10		

**Estimated WTE due to bank workforce*

Governance	Director of Corporate Governance

As the Health Board continues to progress through the second wave it is important for Members to note the Governance arrangements which have been implemented and are operating in response to the Audits which were undertaken during the first wave:

(a) The Board is now meeting in Public on a monthly basis and has done since November 2020. The Board meeting, held before the Board Development session, is a 90 minute meeting and primarily directed towards Covid 19 issues, updates and concerns.

(b) The new Covid 19 report has been successfully introduced and used to report at each meeting of the Board since November 2020. The report is split into the key headings of Quality, Workforce, Governance, Operational framework and Public Health. Executive Directors are keen to ensure there is no duplication between this report and routine items reported to the Board in these respective areas.

(c) The Covid Board Governance Group continues to meet and now includes all Independent Members. The Terms of Reference were amended and approved to reflect this.

(d) There is an additional paper at each Audit Committee to update Members on Covid 19 Governance arrangements.

(e) There is an additional paper at each Quality, Safety and Experience Committee to outline the impact of Covid 19 on patient safety.

(f) The Strategy and Delivery Committee had a specific focus at their last meeting on workforce (12th January 2021).

(g) The Chair has completed his one to one sessions with IMs to ensure that their input was being maximised and a meeting was also held with the Chair and IMs where key messages were fed back to the IMs from the Chair as a result of the one to ones.

Other Governance arrangements include:

(a) The Chair of the Board has requested that the Committees of the Board continue to meet during the second wave of the pandemic. However, the Committee agendas are being reviewed with the Chairs of each Committee and the Director of Corporate Governance to ensure that they are reduced to only essential items to allow Executive time spent at the Committees to be minimised. Going forward as we exit the second wave Committee agendas are now being planned as per the work plans.

(b) The Management Executive Meeting continues to meet on a Monday each week and there are standing items on the agenda linked to Covid 19 such as Policy Updates etc. The Management Executive are also considering

other key areas which require Executive Director discussion such as Mass Vaccination.

(c) There is a twice weekly Covid 19 Operational Meeting which is Chaired by the Chief Operating Officer with 40+ Clinical Board staff attending in addition to the Executive Directors.

(d) The actions from the KPMG review continue to be implemented.

(e) The Corporate Governance Directorate have considered arrangements and the work required for any Public Inquiry which will take place. The Director of Corporate Governance will soon be appointing an archivist to the Team to start this piece of work and ensure that all record keeping is consistent and ready for any future inquiries.

(f) The Corporate Risk Register and Board Assurance Framework continue to be reported to the Board and both document include risks in relation to Covid 19.

Operations including Operational Framework	Chief Operating Officer

The revised Covid-19 operating framework previously presented to Board and set out in the Health Board's IMTP remains in place. The key components of the revised operating framework continue to guide operations in the second wave of the pandemic. The first principle of remaining 'Covid ready' remains, along with a number of key operating principles which include using a 4-6 week planning horizon, a service 'gearing' approach in response to Covid demand, Protected Elective Surgery Units (PESU) or 'green zones' and an increased emphasis on site-based management and leadership through Local Co-ordinating Centres (LCC's).

The update provided at last month's Board remains valid and all of the actions described within that report remain in place. Developments since the last Board include –

Essential services – urgent and emergency essential services continue to be maintained in all areas – including cancer treatments, urgent and emergency surgery and in unscheduled care.

Unscheduled care – Second wave Covid admissions peaked at the beginning of January 2021, but twice the level of bed occupancy seen in the first wave. At its peak, 569 Covid patients occupied hospital beds in January, compared to 277 in the first wave. Pressure on beds was compounded by a significant bed loss due to IP&C controls - to contain hospital acquired infections spread. At one point more than 130 beds were closed to admission for IP&C reasons.

While Covid admissions peaked in early January, bed occupancy peaked in the following weeks. A slow reduction in bed occupancy from a much higher peak, together with a greater impact from hospital acquired infection, has characterised the second wave.

Current operational planning is focused on managing the longer Covid lengths of stay while coping with the re-emergence of non-Covid demand. The relative rates

of these trends will prove crucial in managing capacity pressures over the remainder of the winter.

Critical care service pressures have continued from the early January peak in occupancy. By early February the numbers of patients in critical care remain above normal capacity but are on a reducing trend.

In line with the revised operating model Local Coordinating Centres have remained agile in their response to the second wave. By late January they had started to re-purpose hospital bed capacity to reflect the transition from Covid admissions to non-Covid demand.

The new Lakeside Wing (LSW) surge facility was deployed on the 27 December and remains in use. Three wards are occupied, caring for up 82 patients. The remainder of the LSW's beds (234 beds in phase 2, 400 in total) have been handed over to the Health Board and are available for use.

Planned care – The last report informed the Board of the decision to cease elective activity from the start of January 2021 in support of the Covid response. As at the 10th of February 2021 this remains the case, although where some elective activity can safely take place and it does not impact the Covid response capability, it has. The ability to release theatre staff from ICU to reinstate theatre activity is key. This is likely to happen incrementally, as critical care patient numbers reduce.

Cancer care – As with the first cessation of elective services, cancer care continues to be provided as an essential service. Monthly cancer treatment volumes remain encouragingly high and it is reassuring that the latest monthly referrals have risen - almost to pre-Covid levels. Although the Health Board has been successful in maintaining treatment activity referral rates, backlog work and timeliness of treatment is likely to result in cancer target compliance reducing transiently in early 2021.

Mental Health services - Pressure on MH services has continued to grow. The increase in demand for PMHSS along with staff absence have meant that 28 day access for primary mental health assessment has deteriorated. There has since been an improvement in staff absence which is benefiting the service recovery.
The suspension of some non-urgent mental health work described in the last report ceased in February. The Clinical Board continues in its efforts to recover the position while meeting the increased demand.

Primary care services remain resilient despite significant pressures. There have been a small number of practices that have been supported by the primary care team within the Health Board but currently no GMS practices reporting high levels of escalation. Dental, optometry and pharmacy are all reporting a green status.
All 60 GP practices have been actively involved in the mass immunisation programme and have been providing vaccines for people aged 80 and over and 75 -79. These are due for completion by 15 February. All 60 practices have also confirmed they will undertake vaccines for the 65-69 cohort and vaccine supplies for this group will be provided from wc 15 February.

Public Health	Executive Director of Public Health

Epidemiology update

Case rates have been steadily falling in Cardiff and the Vale since the New Year, with rates around 100 per 100k in the second week of February. We hope to see these trends continue, though are concerned that individual and workplace compliance with Covid-19 restrictions may be starting to wane, in part due to the length of the current lockdown, but also among people who have been vaccinated.

Workplace clusters have fallen in number, but we have seen persisting reservoirs of infection in our health and social care settings; both settings in which we hope to see transmission fall as the vaccine is rolled out. Hospital admissions have also been steadily falling but remain high in absolute terms, at levels above the peak of the first wave in April 2020. As a consequence, bed occupancy has continued to rise though it is hoped this will plateau and then start to fall in the coming weeks. Sadly as the rate of Covid cases in the community rose over Christmas, the death rate increased once again, with excess rates having risen gradually since the end of October. It appears that rates may have peaked in mid-January.

New variant strains of Covid-19 with higher transmissibility continue to be a concern, and reinforce the need for communities and workplaces to follow Covid precautions. At the time of writing, the whole of Wales remains under Alert Level 4 lockdown rules.

TTP update

The contact tracing service is operating within capacity and reaching both new cases and their contacts rapidly. The regional team are continuing to work in partnership to intervene in persisting reservoirs of infection - including health and social care settings - where robust preventative action is essential to reduce risk of transmission to a minimum.

The introduction of additional restrictions for travellers from countries know to have variants of concern necessitated the development of a dedicated tracing team to follow up returnees who are resident in Cardiff and the Vale of Glamorgan, and ensure appropriate support and testing is offered. From the 15 February 2021, travellers returning from the so called ‘Red’ Countries will quarantine in hotels at their port of entry. All other travellers from ‘Amber’ countries will be required to quarantine at home, and conduct tests on day 2 and day 8 following return. A new national team will be established to support and monitor these travellers, with regional support being requested where individual issues arise.

As case numbers fall and numbers vaccinated increase, there is a concern there may be a relaxation in social distancing and other preventative measures, as people perceive they are protected. At an individual and organisational level it is important that we continue to implement the basic mitigating actions. Our partnership communications teams work collaboratively across the region to promote these messages.

Vaccination update
Our ambition is to protect our Cardiff and Vale population as quickly as possible with vaccination for Covid-19. The model in Cardiff and Vale includes mobile teams, mass vaccination centres, GP Practices and healthcare 'hubs'. To date we have vaccinated over 114,000 people in Cardiff and the Vale of Glamorgan which is over 80% of the priority groups 1-4. We have now commenced vaccination of priority groups 5 – 7.

Mass Vaccination
Splott and Pentwyn Mass Vaccination Centres (MVCs) are vaccinating up to 1000 people a day each and delivery to the 70-74 cohort and clinically extremely vulnerable was completed through this route. Barry Mass Vaccination Centre opened on Monday 8 February 2021 and has started with a capacity of 500 per day with the aim to increase capacity as we receive more vaccination supply. There were some initial issues with queuing, which we have now addressed to enable people to get through the centre more quickly. Parking and lighting have also been improved.

Mobile teams:
Our Mobile Vaccination Teams have been vaccinating our housebound patients aged 70 and over, in liaison with the GP Practices. There are still a small number we have been unable to reach, which could be due to change of contact details. Our local authorities are supporting us in reaching these people so we can ensure they receive the vaccine if they want it.

GP practices:
Our GP Practices completed the 75 and over population by the mid-February milestone. Practices started booking in priority group 5 (aged 65-69) to receive their vaccine from 15 February 2021.

Vaccine Supply:
We are expecting less vaccine supply for the next two weeks and have worked through a plan to deliver this. From Monday our Splott Mass Vaccination Centre will be delivering second doses of the Pfizer vaccine only. Our Oxford AstraZeneca supply will be delivered through GP Practices to the 65-69 cohort and we will be working through inviting priority group 6 and 7 to our other Mass Vaccination Centres in Pentwyn and Holm View, Barry. We are anticipating supplies to significantly increase from 1 March 2021.

Appointments:
Everyone should have been invited in priority groups 1 to 4 but we want to make sure no-one is left behind. If people are in the following groups and have not heard from us we encourage them to get in touch in the following ways:
• Age 75 and over: contact your GP Practice
• 75 and over and clinically extremely vulnerable / shielding: contact your GP Practice
• Age 70-74: contact the booking centre on 029 2184 1234
• Age 74 and under and clinically extremely vulnerable / shielding: contact the booking

centre on 029 2184 1234
• Aged 70 and over AND housebound: contact the booking centre on 029 2184 1234
• Frontline Health and Social Care Staff: email cvuhb.massimms@wales.nhs.uk

Communications:
Communication of the delivery and programme is key to update the public and partners
Of progress across Cardiff and the Vale of Glamorgan. Our web page and social media is regularly updated with our plans, progress with priority groups and now supports dedicated FAQ and Common Myths sections.

Report Title:	**UHW2 Programme Business Case – Shaping Our Future Hospitals**							
Meeting:	**C&V Board**					**Meeting Date:**	25/2/21	
Status:	**For Discussion**		**For Assurance**		**For Approval**	**X**	**For Information**	
Lead Executive:	**Abi Harris, Exec Director Strategy & Planning**							
Report Author (Title):	**Ed Hunt, Programme Director, UHW2**							

Background and current situation:

A paper was provided to Board Members in readiness for the 25/2/21 meeting to inform them that the Programme Business Case (PBC) for UHW2 would be distributed on 22/2/21. The PBC sets out a vision for CVUHB which includes a new clinical strategy and a series of work streams to develop the opportunity.

The PBC will be submitted to Welsh Government on 1/3/21. Accompanying this paper are two items: The Executive Summary and the full PBC. Board Members are being asked to approve the Executive Summary as an encapsulation of the whole business case.

The Board are asked:

- **To note that the Executive Summary is an encapsulation of the entire business case**
- **To note the Executive Summary and PCB are complete in content terms but will be receive minor amendments to increase impact ready for 1/3/21 submission. Additionally, minor amendments will be made to fill final information gaps and address drafting comments raised through recent review. The exception to this is the cost range for the programme. These will be confirmed in the final draft and currently scheduled for 28/2/21.**
- **<u>The Board are asked to sign off the Business Case based upon the Executive Summary.</u>**
- **To note that a full PBC draft will be distributed to Board Members which is also complete in content but will have final information gaps filled and cost ranges inserted. This document provides full detail of all aspects of the programme.**
- **To agree that when the PBC is in its final form, Chair's action can be provided to approve the final version for sending to Welsh Government on 1/3/21.**

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

The Business Case has been written according to HM Treasury Green Book format. It has been agreed between CVUHB and Welsh Government Officials the level of detail/scope contained in the PBC. Welsh Government requested an approach based upon service change and not just about replacing estate. This business case seeks to achieve that balance.

The PBC is a document that describes the programme, the beginning of the journey, so does not ask for funding for the full scheme. This PBC presents an ambitious programme of work to transform how DVUHB provides services in the future. Endorsement is sought from Welsh Government so that funding can be obtained to develop the programme to the next layer of detail (including Strategic Outline Case).

Content
The PBC says this is more than just building a new hospital. It is a once in a generation opportunity to deliver better health outcomes and have positive and early impact on the South Wales economy as it emerges from the effects of the pandemic.

The PBC presents a bold vision for CVUHB, with Shaping Our Future Wellbeing as a baseline, continues to shift service delivery closer to home but with added emphasis on prevention and wellness, integrated with our partners and boosting our research output all to the benefit of our people and communities.

This is not a hospital programme, but a system transformation. The reasons why such a transformation is being contemplated are clearly laid out as a Case for Change. Several hundred colleagues on the front line we invited to a series of workshops to test the vision and strategy with strong levels of support received. The detail behind this whole approach is laid out in the Strategic Case in the full PBC and summarised in the Executive Summary.

The Economic Case considers the options we have for delivery of the programme and sets out a preferred way forward encompassing a number of streams of work: delivering the new clinical strategy; digital transformation to support that clinical strategy; a full re-build of UHW and extension/refurbishment of UHL; developing a regional life sciences ecosystem to boost research output and outcomes for our patients. By executing on these work streams, many benefits will follow to the health of our population and importantly to the regional economy: job creation during construction, attracting new colleagues to the UHB, attracting more inward investment from life sciences organisations and more.

A rough range of costs will be calculated and presented in the final business case. **These are intentionally missing from the version sent to Board Members in preparation for the 25/2/21 meeting.**

Finally, the Management Case sets out how the programme will be managed, monitored and controlled. In this chapter, a timeline is presented based on a number of assumptions that could see a new UHW opening in Q4 2027/28. This pace is ambitious and requires the whole of Wales to get behind the scheme. The projects required to make immediate progress: clinical transformation; hospital redevelopment; developing the Life Sciences proposal are the next steps.

<u>What is Missing From PBC</u>
As mentioned above, the cost range is scheduled to be available on 28/2/21 prior to submission.

At the time of writing, the document's content is now largely fixed. There may be amendments to formatting and wording, plus additional background information added to aid impact and address review comments, but there will no major new content added.

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

Governance

A Programme Board has been established which will be a sub-committee of this Board. The IM for Capital and Estates is the Chair and the IM for Finance will sit on it along with the Chief Executive, Medical Director, Interim Finance Director, Exec Director of Strategy & Planning, Programme Director for UHW2 and PVC of Cardiff University's School or Biomedicine and Life Sciences. Attendance will be kept under review.

Timeline

The PBC will be submitted to WG on 1/3/21.

Recommendation:

- **The Board are asked:**
-
    - **To note that the Executive Summary is an encapsulation of the entire business case**
    - **To note the Executive Summary and PCB are complete in content terms but will be receive minor amendments to increase impact ready for 1/3/21 submission. Additionally, minor amendments will be made to fill final information gaps and address drafting comments raised through recent review. The exception to this is the cost range for the programme. These will be confirmed in the final draft and currently scheduled for 28/2/21.**
    - **The Board are asked to sign off the Business Case based upon the Executive Summary.**
    - **To note that a full PBC draft will be distributed to Board Members which is also complete in content but will have final information gaps filled and cost ranges inserted.**
    - **To agree that when the PBC is in its final form, Chair's action can be provided to approve the final version for sending to Welsh Government on 1/3/21.**

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	X	9.	Reduce harm, waste and variation sustainably making best use of the	X

	entitled to expect			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 here for more information*									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

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.*

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

Shaping Our Future Wellbeing – Future Hospitals Programme

Executive Summary

Programme Business Case Executive Summary – DRAFT

March 2021

UNIVERSITY HOSPITAL WALES 2
PROGRAMME BUSINESS CASE
GLOSSARY

ABF	Activity Based Funding
AI	Artificial Intelligence
AWMGS	All Wales Medical Genomics Service
BAU	Business As Usual
C&V	Cardiff and Vale
CRB	Cash-Releasing Benefits
CVUHB, the Board	Cardiff and Vale University Health Board
CHC	Community Health Council
CRI	Cardiff Royal Infirmary
CSF	Critical Success Factor
EPR	Electronic Patient Record
HMT	Her Majesty's Treasury
ICT	Information and Communications Technology
IHSCP	Integrated Health and Social Care Partnership
JV	Joint Venture
LA	Local Authority
MIM	Mutual Investment Model
NCRB	Non-Cash-Releasing Benefits
OD	Organisational Development
PBC	Programme Business Case
PHW	Public Health Wales
PSB	Public Services Board
QB	Quantitative Benefits
QUAL	Qualitative Benefits
R&D	Research & Development

RSSPPG	Regional and Specialised Services Provider Planning Partnership Group
SOC	Strategic Outline Case
SOFW	Shaping Our Future Wellbeing
UHL	University Hospital Llandough
UHW	University Hospital Wales
WAST	Welsh Ambulance Service
WHSSC	Welsh Health Specialised Services Committee

FOREWORD

We are delight to present this Programme Business Case to Welsh Government for consideration. We believe it sets out a compelling case for investing in the hospital infrastructure and life science facilities as an enabler for service transformation and a catalyst for economic growth for the South Wales region.

Fundamentally this programme is about people: it's about ensuring we organise our services around the needs of the people we serve in order to deliver the best possible clinical outcomes, elevating Wales to the position of one of best health and care systems in the world; it's about our staff who do a brilliant job day-in-day out to provide the best services they can for our patients, but are constrained and challenged by outdated and inadequate facilities which make their jobs much harder to do; it's about the people we work with – our primary care partners, neighboring health boards and NHS trusts, our University and local authority partners, and the people who use our services who are very much equal partners in the delivery of their health and wellbeing; it's about our future generations – a once in a several-generation opportunity to invest in future models of care, and the infrastructure to support this, in a way that is exemplary in terms of our responsibility to the protect the planet, and facilitates post-Brexit, post-COVID19 economic growth as a significant contribution to Wales as a thriving, culturally diverse country.

We started our journey to transform the way we delivery services back in 2015 when we published our ten-year strategy, *Shaping Our Future Wellbeing*. Our vision was to develop our health and care system with partners to enable people to have the same chance of a healthy life irrespective of who they were or where they lived. This drive to eradicate the stark health inequalities across our communities remains the key driver for this programme. The southern arc of Cardiff with a population of around 120,000 is one of the most deprived areas in Wales – if it were a separate local authority area, it would be the second most deprived in the country. We have been significantly challenged by COVID19. It has laid bare the impact of poverty and deprivation on health outcomes, and it has further highlighted the inadequacies of a significant number of our care environments.

In 2019 Welsh Government approved our Programme Business Case for our community infrastructure programme – Shaping Our Future Wellbeing: In our Community. This set out a phased infrastructure programme designed to enable more services to be delivered in our localities close to people's homes. We are pleased that building work is well underway to implement the Cardiff Royal Infirmary Health and Wellbeing Centre (a ten-year redevelopment programme which has most recently seen the completion of the Chapel which will provide a much-needed heart to the Centre – providing the community with access to advice and support, and providing a place where our teams can come together). Construction has now commenced on the first of our community wellbeing hubs thanks to Welsh Government funding. This will provide us with modern integrated primary, community and wellbeing services under a single roof – a seamless offer of support across a range of health and local government services in the heart of Maelfa.

At the beginning for 2019 we commenced work on refreshing out clinical services plan, including working with Swansea Bay UHB to set out a coherent and sustainable plan for specialist and tertiary services. Through collaborative planning and service delivery we have implemented the obstetric and neonatal regional services plans developed through the South Wales Programme. We have also established the Major Trauma Centre at UHW as part of the South Wales MTN. We are currently engaging on a regional model for vascular surgery which would see UHW as the hub, with spokes in each of our neighboring health boards, following the successful implementation of the regional interventional radiology model. We have built on our reputation for genomics and precision medicine to establish the centre for Advanced Therapies and Medicinal Products as one of small number of accredited centres across the UK enabling the people to Wales to have access to novel treatments and clinical trials with the potential to cure previously incurable disease and illness. Through our partnership with Cardiff University, we have steadily increased the amount of research we are undertaking – which now accounts for xxx of the healthcare research undertaken in Wales. Our strong interface between

clinicians, researchers and academics has enabled us to be at the forefront of research into the prevention and treatment of COVID19. Our clinical research facilities have also enabled us to undertake first in world research in relation which may lead to the eradication of diabetes. We also have a growing network of clinical innovators helping to advance healthcare in Wales, and across the world, with a strong track record of products progressing to commercialisation, contributing to the growing life science sector in Wales.

During 2020 we undertook at mid-strategy review and reflected on COVID19 impact and learning. We refreshed our clinical services plan in light of this, and through the clinical engagement workshops undertaken as part of the development of this PBC. We are continuing our engagement process, with engagement with the public commencing in March, following agreement with the South Glamorgan CHC. The clinical services plan is being future proofed as much as possible – but will be a live document which is agile and adaptable – remaining dynamic enabling us to respond to new knowledge, technologies and treatments, and changing demands which are not predicable.

Our ambition is to do more for the betterment of lives in Wales. We know our current facilities limit our ability to realise these ambitions. We could achieve significantly more in relation to research activity – including first in man trials – attracting more international and commercial research funding. We have created a joint research office with Cardiff University to develop world leading research capability and capacity, which would be enabled through the delivery of this programme. We see this being an asset for the whole of south Wales with clinicians from every health board being able to participate in a networked approach to research and development.

Through our partnership with Cardiff University, our patients can access the most advanced brain imaging capability in Europe and we have world leading experts in the fields of genetics, dementia, and precision diagnostics, prognostics and treatment. We believe these assets, if supported through the provision of fit for purpose facilities will help establish us as an 'anchor institution' acting as a magnet for partnerships with big industry players, as well as supporting more start-ups and the explosion and expansion of small business which all make up the rich and growing life science ecosystem in South Wales.

This in turn will enable healthcare to contribute more to GVA growth in Wales – with an increase in higher value jobs, as well as an opportunity to work with people further from the job market through the growth in apprenticeships and work placements delivered jointly with our Public Service Board partners.

With a growing population – and particularly the growth in the number of older people and in the number of school age children, we know that standing still is not an option. If we maintain our current service model, we would need an additional 100 acute medicine beds to accommodate the demand that would flow from the increase in the numbers of older people. Our estate is failing at an increasingly regular occurrence impacting business continuity. Our ability to respond to the delivery of novel and new treatments and technologies will diminish at an increasing rate due to the lack of space for suitable accommodation. Our current digital infrastructure is immature and doesn't enable us to fully harness all of the data that we collect to inform clinical care, improvements in practice and research. However, we know the power and opportunity that having a fully integrated digitally enabled health and care system presents to enable highly personalised precision medicine – with tailored health plans based on individual risk to reduce preventable disease and disability. Clinicians working in multidisciplinary teams will be able to deliver healthcare more easily and in more accessible ways using technology and a single integrated record of patient information, protected and shared securely. Integrated intelligence from our joined-up data will support ongoing service developments, research and clinical innovation enabling us to remain at the forefront of ever evolving health care approaches, treatments and technology.

Addressing the impact of COVID19 over the next few years will be a significant challenge – from ensuring that we are able to support the recovery from the psychological trauma that our staff, and people in our communities will have experienced, through to providing timely treatment for cancer and other disease, treating those most in need first. The implementation of the clinical services transformation outlined in this

programme will be key to our recovery and reconstruction beyond COVID19. Despite the challenges this brings, we also see the opportunity to revolutionise how we delivery care to improve the lives of the populations we serve.

We commend this vision to you and seek your support in making this a reality for the people of Cardiff and Vale, South Wales and the whole of the country.

CHARLES JANCZEWSKI

CHAIRMAN

LEN RICAHRDS

CHIEF EXECUTIVE

1. INTRODUCTION

1.1 Introduction and background

This PBC sets out the principles and component parts of the transformational change in the way Cardiff and Vale University Health Board delivers its clinical services to the local and national population, and the associated infrastructure and service changes that need to take place to support the implementation of the clinical strategy and vision.

The proposed programme is comprised of the following constituent projects:

1. **Clinical service transformation** in line with the new clinical model and vision, which underpin the physical elements of the programme. It will deliver world-class services, while investing in creating much more coordinated and effective population health management
2. **Redevelopment of hospital infrastructure** at University Hospital Wales and University Hospital Llandough sites, including associated improvements to IT and digital infrastructure and medical equipment.
3. **Development of a Life Sciences Quarter** to act as a space for CVUHB, Cardiff University, other Health Boards and industry players to collaborate and support innovation, research and development. .

The purpose of the PBC is to:

- Articulate an **ambitious vision** for the Board as a whole and as the future of Cardiff & Vale as an anchor institution for the wider region.
- Articulate the **case for change** for the overall programme, going beyond just noting the poor quality of the existing estate
- Articulate the **clinical services strategy and the IT and digital strategies** which underpin this, developed in line with emerging science and best practice from elsewhere, both for the local population and within the wider NHS
- Set out a **longlist and a shortlist of options** that would enable delivery the critical success factors including the clinical services strategy, focusing on service change that needs to take place
- Present the outcomes of the indicative **economic appraisal** of the shortlist based on its strategic alignment and the socio-economic benefits it is expected to deliver
- Set out possible **commercialisation opportunities** within the programme to assist with revenue affordability, such as the Health Sciences Quarter and potential private hospital
- Set out high-level implications of the programme options shortlist setting out a **range of costs** which will indicate the scale of the programme being considered
- Set out the **programme governance arrangements** and outline the critical path and next steps in moving from the PBC to individual project business cases

Acknowledging the early stage of programme development, the PBC will remain a 'live' document and will be updated at appropriate milestones to reflect the progress in development of individual project business cases.

Welsh Government is asked to endorse the UHW2 programme, as set out in the business case, and provide the Board with the funding required to develop the SOC for the first project coming forward as part of the programme.

1.2 Structure and content

The PBC has been prepared in line with the HMT Five Case Green Book model. As agreed with Welsh Government, it is based on the information available at the time of writing. Where the relevant information is not available, we have set out a method for how it will be obtained and the PBC refined as the programme progresses.

The document is structured in the following format:

- The **Executive Summary** sets out the summary of key messages from the five cases;

- The **Strategic Case** sets out the strategic context, case for change and the scope of the programme, alongside the programme spending objectives. It also provides an overview of the clinical and IT/digital strategies that underpin option identification.
- The **Economic Case** sets out the options framework, Critical Success Factors, the longlist and the shortlist of options. It provides qualitative and, where possible, quantitative assessment of programme benefits.
- The **Commercial Case** sets out high level consideration of possible procurement strategies for the constituent projects and high level consideration of commercialisation opportunities within the programme.
- The **Financial Case** provides ranges of capital costs for the shortlisted option, to set out the potential capital affordability position and the possible scale of the programme. It also provides a description of the approach to be taken to fully and robustly quantify capital and revenue implications of the programme overall and each individual project at SOC and OBC stages.
- The **Management Case** sets out the programme governance arrangements at this stage, acknowledging these may need to be refined as the programme progresses. It also provides an overview of wider programme delivery arrangements, such as risk management, stakeholder management and change management.

2 EXECUTIVE SUMMARY

2.1 Introduction

With the Wellbeing of Future Generations Act at its heart, our vision, when implemented, will elevate Wales on the international stage with a highly advanced health care system that focusses on preventing illness and maintaining wellness, addressing inequalities and generating economic growth across the region. This Programme Business Case sets out the need to build a healthcare delivery system that is sustainable and has flexibility and adaptability built in to meet the future population needs, achieved through services changes, and investment in infrastructure, and collaboration with academia and industry.

The proposed programme is comprised of the following constituent 'core' projects:

1. **Project 1: Clinical service transformation** in line with a new clinical model and vision, which underpin the physical elements of the programme. It will deliver world-leading services, while investing in creating much more coordinated and effective population health management
2. **Project 2: Redevelopment of hospital infrastructure** at University Hospital Wales and University Hospital Llandough sites, including associated improvements to IT and digital infrastructure and medical equipment.
3. **Project 3: Development of a Health and Life Sciences Eco-system,** to allow CVUHB, Cardiff University and industry players to collaborate and support innovation, research and development.

This programme is a once-in-a-generation opportunity to act as an exemplar of cross-system working, innovation, and technological advances bringing together clinical services, academia and industry.

It adds further momentum to the COVID-19 recovery efforts and will act as a catalyst for the region's economic recovery playing an important role in improving outcomes for local population.

2.2 Strategic case

2.2.1 STRATEGIC CONTEXT

Cardiff and Vale University Health Board (CVUHB) is one of the largest NHS organisations in the UK, delivering health and care services across 8 hospital sites, 28 community sites and over 340 primary care sites.

CVUHB fulfills the following roles:

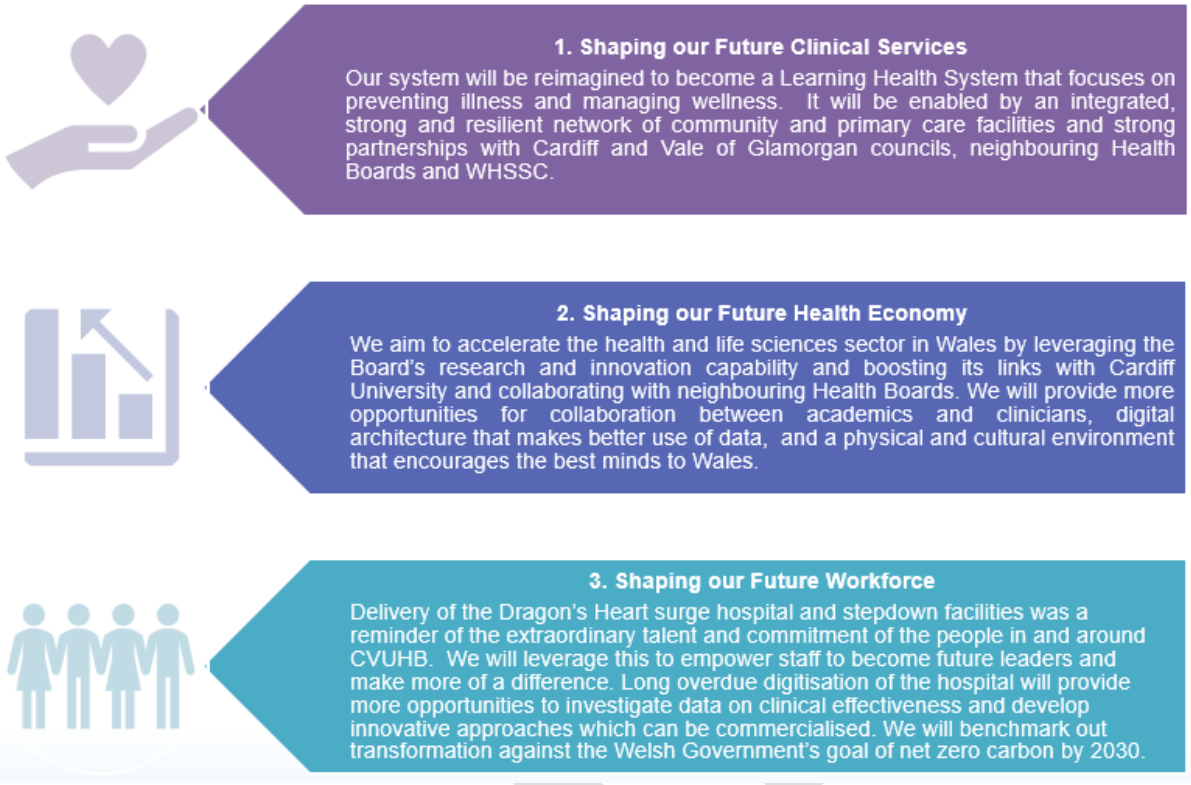
- **Provider of tertiary and quaternary services** regionally and nationally;
- **Provider of secondary acute services** through UHW, UHL and the Children's Hospital;
- **Delivery of primary and community-based services** to the population of Cardiff and Vale of Glamorgan;
- **Provider of support to local communities of Cardiff and Vale** with a range of public health and preventative health advice and guidance;
- Acting as a **teaching, research and innovation hub**.

The dual role of CVUHB as a healthcare provider and as an anchor institution means that the programme vision needed to consider how it can act as an enabler for the development of the healthcare and Health and Life Sciences sectors across Wales as much as for delivery delivering better clinical services.

2.2.2 PROGRAMME VISION

The figure below sets out the programme vision across three key themes – delivering better clinical services, delivering a stronger health economy, and delivering empowerment and co-ordination.

Figure [X]: Programme vision



CLINICAL STRATEGY

The corner stone of the programme's vision is the clinical strategy.

The proposed clinical strategy sets out how CVUHB will evolve its function as a research institution, a tertiary centre, and a key component of the wider healthcare ecosystem, operating at the cutting-edge of healthcare delivery as the *Research Hospital of the Future,* and be recognised as a top 10 health system globally.

CVUHB's hospitals will no longer function as a centralised command and control centre in which all services are delivered under one roof. Instead, CVUHB will become an international exemplar for how the *Research Hospital of the Future* will function, operating with a central analytics hub that synthesises and triangulates patient and system level data. As such, every willing patient will fulfil the role of a *Research Patient,* with the data they generate on their clinical journey, captured and assimilated to advance the wider research agenda and improve care outcomes.

To rise to this agenda, the nature and role of the hospital within the wider integrated care system will need to evolve in the following ways:

- Working with community providers and commissioners of care the **future hospital should become an anchor institution** supporting the aims of the wider integrated health and care system, leveraging its specialist expertise and technologies to that end.

- A crucial role will be to **facilitate better risk stratification of patients** to aid the right channelling and most appropriate use of hospital and community resources consistent with health policies. Technologies to support stratification and decision making will become increasingly important (e.g. 'omics, remote surveillance wearables, remote support and consultation, decision aids and self-care apps).

- Implicit in the Anchor role is the concept of an 'Analytic Hub' that can link various data sources, analyse them and derive insights to drive process efficiency, better integration, continuous quality improvement, and adaptability. The Hub is the heart of an adaptive 'Learning Health and Care System, future proofing the hospital's contribution to the health and wellbeing of the population it serves.

9. THE UNIVERSITY HOSPITAL OF THE FUTURE

As a research-intensive University Health Board, CVUHB has the potential to address the challenges and opportunities and amplify its contribution to the health and wealth of the population of Wales in novel and exciting ways. There is an opportunity for CVUHB and its hospitals to act as a 'University Hospital of the Future' and contribute to the wider research agenda.

The University Hospital of the Future

The overriding purpose of the Future University Hospital will be, as is now, the delivery of outstanding specialist care coupled with the generation of new knowledge and insights into disease mechanisms, their diagnosis and treatment, and the education and training of healthcare staff. In the case of UHW2 in particular, it will also embrace the hospital's role as a tertiary provider and 'University Hospital for Wales'

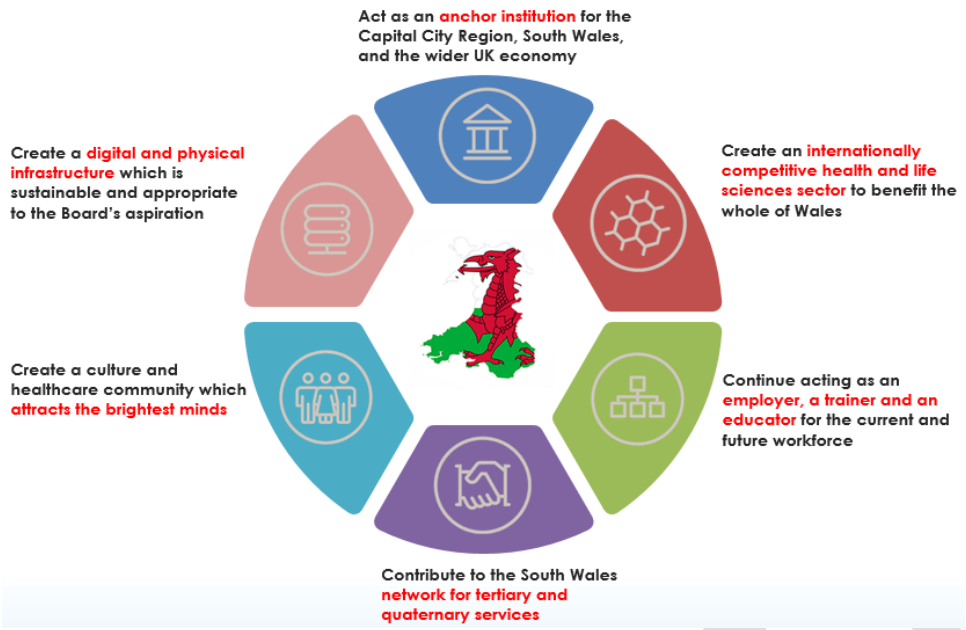
Newer functional roles to sub-serve the research mission of the University Hospital will include:

- The **generator, collator, curator and analyser of data** on the population it serves; use of such data to fuel a 'learning health system' approach to continuous quality improvement referred to above but also generate data for primary research purposes
- **Accelerated, monitored or trialled access to medical innovation**, addressing unmet clinical need faster and safely. It is anticipated that this will happen in specialist centres with the requisite research and regulatory science skills and data system architecture
- Leading on and applying '**precision prevention**' approaches to complement public health measures to move from a disease-based focus to a key role in the sustenance of health that takes full advantage of modern medical science and specialist expertise
- Training a **workforce equipped to support these functions** as well as the evolving needs of the NHS in Wales
- Leveraging its specialist expertise to lead on the **development of risk stratified pathways** and their technological enablement
- **Generation of economic value** through fair commercial relationships that share risk and reward and are designed to sustain public trust. As well as driving up GVA in the local economy growth in the life science and digital sectors will stimulate demand for STEM qualifications and act as a magnet for graduates with these skills.

2.2.3 FAR-REACHING IMPACTS

The programme will have a reach far wider than just Cardiff and the Vale across South and West Wales. The Board is determined that this programme delivers better services for the people of Wales – and that the opportunity is taken to build on that – so that benefit is derived by the whole Welsh health system and the broader economy. The process of achieving this has started; the Board recognises the importance of being part of, and aligned with, the wider NHS ecosystem in Wales and has engaged with WHSSC and Swansea Bay Health Board, already entering into a MoU with Swansea. Furthermore, the Board has obtained written support for this programme from a number of its principal stakeholders – Cardiff University, WHSSC, Swansea Bay Health Board, Cardiff Council and the Bevan Commission. These can be found in appendix [xx].

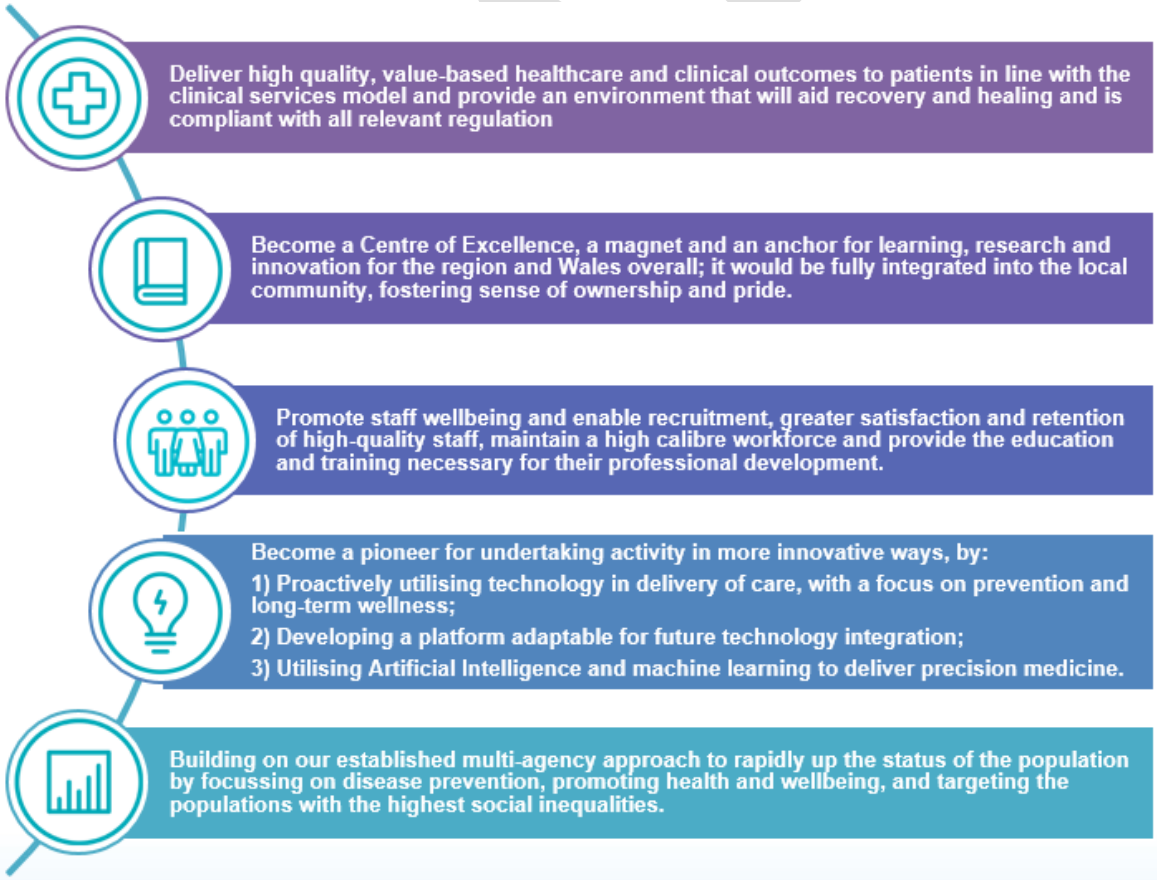
Figure [x]: Contribution to wider region



2.2.4 SPENDING OBJECTIVES

In order to establish how this change will be delivered, and provide a framework for measuring the outcomes, a set of spending objectives for the programme have been agreed by the Board:

Figure [x]: Programme Spending Objectives



The Board has evaluated the impact of this programme to ensure it aligns with, and will meet the goals, set out in legislation, strategy and policy. This includes ensuring that the programme will support the fundamental principles and well-being goals enshrined in the Well-Being of Future Generation (Wales) Act.

2.3 Case for change

There are multiple reasons driving the case for change. The board has been able to deliver high quality healthcare with the available resources, but this is getting more difficult and the pandemic has brought some of these issues to the fore front. The overriding reason for wanting change is driven by a desire to adopt innovative and modern clinical models, ones that move away from a being a reactive service to focusing on prevention and understanding the underlying disease. These are proven to improve health outcomes.

This PBC has been produced with reference to the following key drivers for change:

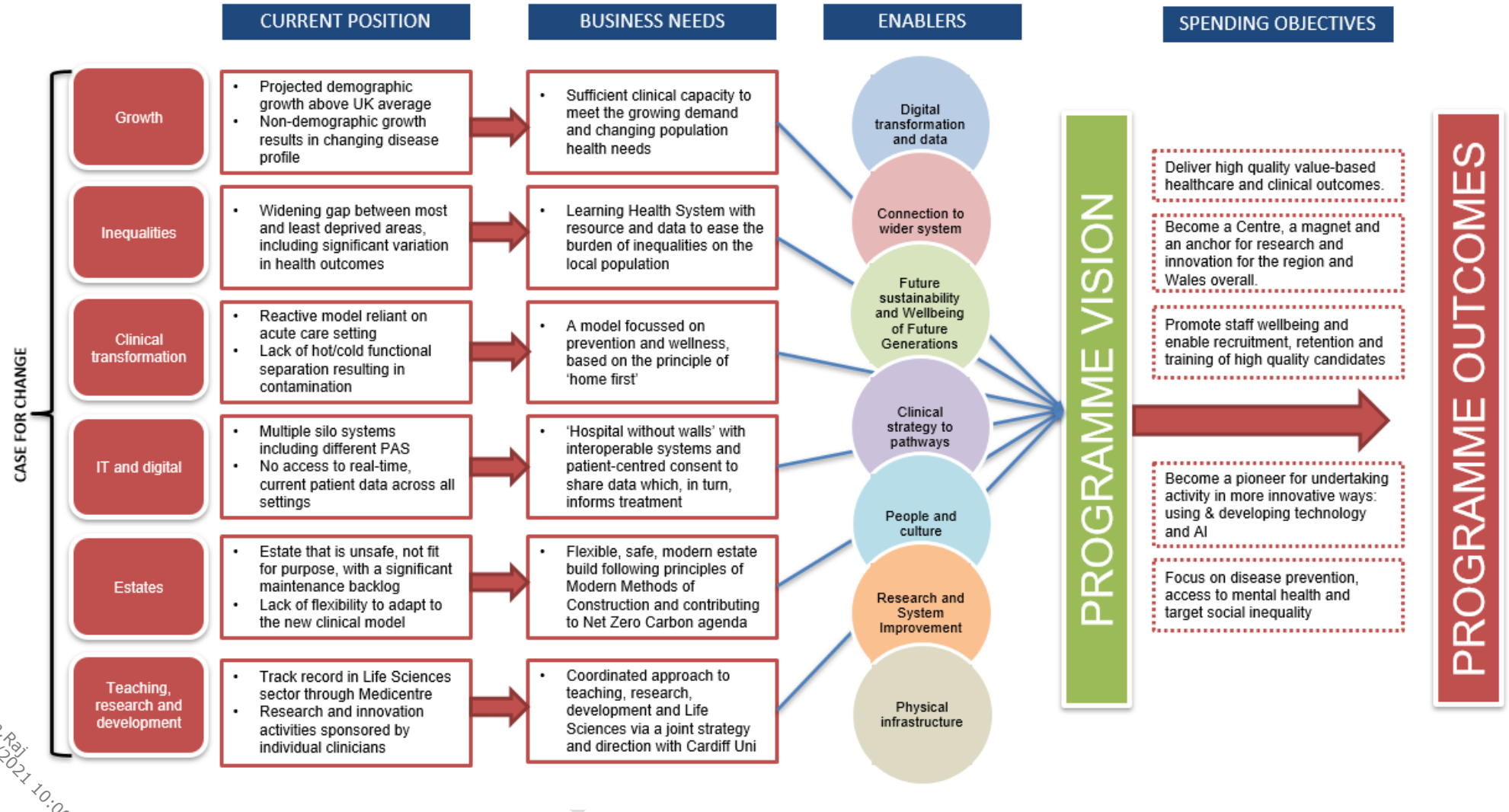
- **Growth in patient number (Demographic pressures):** Demographic growth between 2017 – 2027 is expected to increase by 10%. The aging population also results in pressure to design services that can address the consequent multimorbidity and frailty of an older population, and to retain independent living at home (or in a homely setting) wherever possible.
- **Chronic health conditions:** The prevalence of a range of chronic health conditions has increased markedly, placing unanticipated pressures on healthcare systems worldwide. Added to this is the impact of greatly improved detection and outcome measures for many cancers, with the result that for many patients, cancers are now chronic health conditions. Services designed needs to recognise the impact of these trends.
- **Novel health challenges:** future pandemics can be anticipated, and the demographic and chronic disease pressures outlined above illustrate the need for future provision to have capacity and adaptability to respond at speed to new unanticipated challenges.
- **New opportunities in health and social care:** Rapid changes in science and technology have revolutionised the ways in which services can deliver high quality care. The ability to exploit latest developments is critically dependent on i) a medical innovation system that is geared to address unmet health need at pace, requiring close alignment between UHW, its principal University partner, and the life sciences sector; and ii) closer integration of hospital with community delivery of care, and multi-disciplinary teams at the heart of care planning and delivery.
- **The prevention opportunity:** There are emerging opportunities to introduce pre-emptive treatments to sustain health that are best evaluated in a clinical academic environment in the first instance, further leveraging the relationship with the University.
- **Public expectations:** the policy statements of the Welsh government, including the plans for prudent healthcare reflect this change public expectations, and require a response from those responsible for planning of future health and social care services.
- **Sustainability:** The hospital should take a lead in environmental sustainability given its health implications. The current structures and services have limited potential to address this important agenda.
- **Understanding the benefits of a Learning Health System[1]:** Although we can confidently predict that there will be change its precise nature is harder to judge. To avoid obsolescence from the 'wrong' choices being made and to foster the ability to respond to emerging health challenges and trends and new technology it will be critically dependent on a health care system that can collect data; integrate and analyse this rapidly; implement necessary change in response; and evaluate outcomes in a continuous cycle. This demands that the plans for a transformed health delivery system embed a learning health system as a core priority, with the C&V UHB acting as the anchor analytic hub to drive adaptation and continuous quality improvement.

These drivers for change have been assimilated into six key case for change areas explored in the strategic case of this PBC: **growth, inequalities, clinical transformation, IT and digital, estates** and **teaching, research and development.**

[1] For the purposes of this PBC, a Learning Health System is defined as a socio-technical infrastructure that aligns science, informatics, and culture for continuous improvement and innovation, with best-practice embedded in the delivery process and new knowledge (and data) captured as a bi-product of the delivery experience.

The figure overleaf sets out, a high level, the existing arrangements and the business needs that underpin the case for change in each of the six areas. Further detail and supporting evidence is provided in the Strategic Case.

Figure [x]: Case for change overview



2.4 Economic case

The purpose of the economic case is to identify and evaluate the options available and then recommend the option that is likely to deliver the best value for money.

2.4.1 PROGRAMME OPTIONS CONSIDERED AND THE PREFERRED WAY FORWARD

An options framework approach has been used to identify a longlist of potential programme options for the future clinical services in Cardiff and Vale. This considered the option choices in relation to the key areas of scope, services solution, service delivery and funding. The key dimension, scope was broken down into secondary care, tertiary and quaternary care, community care and health and life sciences – and service solution was considered in relation to hospital infrastructure and IT and digital.

This longlist was appraised against the Critical Success Factors agreed by CVUHB's stakeholders:

- Strategic fit
- Potential Value for Money
- Potential affordability
- Potential achievability
- Potential constraints

In determining the indicative preferred way forward, CVUHB evaluated each option against, the case for change, the spending objectives and considered the advantages and weaknesses of each option.

The table below sets out the shortlist identified in the economic case and the preferred way forward:

Table [X]: Options shortlist

Key area	Business as usual	Do minimum	Preferred way forward	Less ambitious	More ambitious
Scope of service - secondary	1.1a Secondary service configuration at UHW and UHL remains as is	1.2a Minor secondary service reconfiguration at UHW and UHL to allow for surge capacity	1.3a Implement proposed clinical strategy with focus on prevention, risk stratification and technology support across two sites. One 'Hotter' site with full emergency and unplanned care provision and one 'Colder' site for mainly planned healthcare only	1.3a Implement proposed clinical strategy with focus on prevention, risk stratification and technology support across two sites. One 'Hotter' site with full emergency and unplanned care provision and one 'Colder' site for mainly planned healthcare only	1.4a Implement proposed clinical strategy with focus on prevention, risk stratification and technology support. Consolidation of all clinical services on one single campus
Scope of service - tertiary	1.1b. Tertiary service provision remains as is currently	1.1b. Tertiary service provision remains as is currently	1.3b New strategy implemented with fully aligned tertiary strategy between Cardiff and Swansea	1.3b New strategy implemented with fully aligned tertiary strategy between Cardiff and Swansea	1.3b New strategy implemented with fully aligned tertiary strategy between Cardiff and Swansea
Scope of service - community	1.1c. Community service provision is in line with Community PBC	1.1c. Community service provision is in line with Community PBC	1.1c. Community service provision is in line with Community PBC	1.1c. Community service provision is in line with Community PBC	1.1c. Community service provision is in line with Community PBC

Key area	Business as usual	Do minimum	Preferred way forward	Less ambitious	More ambitious
Scope of service – life sciences	1.1d Existing Life Sciences proposition	1.2d Existing arrangement and establish a wider network provision of Life Sciences	1.5d Regional (South and West Wales) Life Sciences Hub	1.4d Sub-regional (Cardiff Capital Region) Life Sciences provision	1.6d Regional plus SW England (Bristol, Bath & Exeter) Life Sciences Hub
Service solution – hospital infrastructure	2.1a Current arrangements	2.2a Repairs and maintenance of both existing hospital facilities	2.4a Full rebuild of UHW and refurbishment and extension of UHL	2.3a Full rebuild of UHW and repairs and maintenance at UHL	2.5a New build for one large hospital plus Life Sciences facilities
Service solution – IT and digital	2.1b Current arrangements, sweat existing assets	2.2b Modernise IT equipment and infrastructure (upgrade as needed), further staff training on digital technology, leverage national IT capabilities more effectively.	2.4b Highly integrated learning health & care system that uses data to drive intelligence driven clinical practice. State of the art digitally enabled UHW2 hospital and care facilities.	2.3b Adopt market leading technologies such as cloud, mobile etc, deploy modern, open EPR, extensive use of digital channels, data and devices	2.5b UHW2 is at the centre of a world class health & life sciences digital technology ecosystem across Wales. Continuous adaptation of technology and data exploitation techniques to meet changing needs
Service delivery	3.1 Current arrangements	3.2 In-house	3.5 Mixed – public, private and third sector	3.5 Mixed – public, private and third sector	3.5 Mixed – public, private and third sector
Funding	N/A	5.3. Fully publicly funded	5.2 Mix of private and public funding	5.2 Mix of private and public funding	5.3. Fully publicly funded

The preferred option addresses the key challenges faced by CVUHB in a number of ways:

- It **enables delivery of the proposed clinical model** by providing CVUHB staff with the infrastructure and tools they need to adapt to the needs of local, regional and national population;
- It is **predicated on significant investment in IT and digital**, that would act as an enabler to UHW2 transitioning to the role of the University Hospital of the Future, using genomics and precision medicine to improve health and wellbeing of the population;
- It **addresses key estates challenges** and eradicates the need to incur approximately [XX] of backlog maintenance costs in the next [10] years;
- It **builds on the existing health and life sciences capability** of the Board and the University to scale up and deliver benefits for the wider South Wales region and nationally.

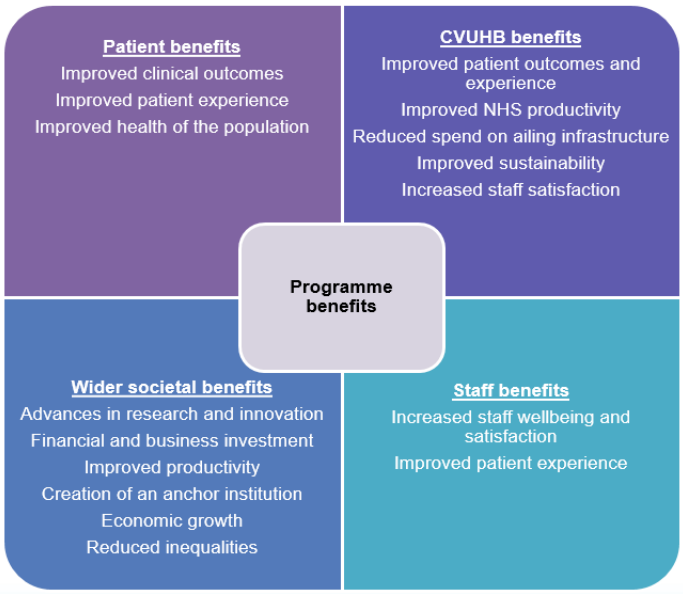
2.4.2 PROGRAMME BENEFITS

A logic model has been used to identify and determine the quantification of benefits. The model has three components:

- **Projects** which form part of the programme;
- Expected **outcomes;** and
- The desired **impacts** in particular against the Wellbeing of Future Generations Act goals.

and has identified the following benefits:

Figure [X]: Overview of programme benefits



Patient benefits which will result in **improved clinical outcomes** include - the combination of technology enabled solutions, better integrated information including leveraging specialist expertise and care of long-term conditions through facilitating the accelerated monitoring and medical innovation.

This will be further strengthened through **wider research and development activities** that are fully integrated into the hospital, resulting in improved treatments and facilities for patients. Alongside this, the **significantly upgraded healing environmen**t in new and refurbished facilities as well as more care being provided closer to home through a new clinical services model will lead to **improved patient and family/carer experience**. Improved patient outcomes will in turn contribute to **improving the health of the population** as will providing easier access to care when needed.

For **CVUHB benefits**, it is anticipated that the delivery of the CVUHN strategy will contribute significantly to both **improved patient outcomes and experience**. The combination of quality improvements in care, new technology and treatments and redeploying resources to meet the most pressing needs will contribute to **improved NHS productivity**. New and significantly refurbished premises will reduce backlog maintenance bills, contribute significant reductions in CO2 emissions and provide a more pleasant environment that is designed for the delivery of modern medicine.

Alongside this new premises and models of care will also significantly improve CVUHB's resilience with capacity available to meet demand and a reduction in the reliance on support from elsewhere.

For **staff benefits,** the improved working environment, new opportunities created through research and innovation and greater diversity of role and related education and training will all lead to **increased wellbeing and satisfaction**. Improvements in staff wellbeing and satisfaction will in turn lead to an improved patient experience.

For **wider societal benefits**, the improved health and wellbeing of the population will reduce the demand on other public services and reduce the number of days lost to illness which will deliver a direct economic benefit to local employers.

Advances in research and innovation and placing life sciences at the core of the operation, will provide wider economic benefits in the form of employment opportunities, supply chain expenditure and wider agglomeration effects, raising the profile of the Cardiff Capital region, and South Wales as a whole, and attracting financial and business investment. This investment will generate a number of associated benefits in terms of business growth, knock on investment in real estate and infrastructure and then across wider sectors throughout the supply chain. A thriving life sciences sector also has the potential to significantly increase productivity locally through the creation of employment opportunities. It will also attract inward investment and suppliers involved in R&D and innovation in new medical technology and practices.

All of the above outcomes would positively contribute to local economic growth through the **creation and safeguarding of jobs and GVA, the investment in skills, research and infrastructure, improving land values and helping move towards a more productive economic base**. It is anticipated that many of the benefits of the redevelopment programme will also contribute to reducing inequalities in the local area and help raise aspirations locally through engagement with schools and partnership activities.

The Board acknowledges that at this stage in programme development, the economic appraisal does not yet have full quantification of benefits and risks.

The Board will continue working on developing the options, and the preferred way forward will be re-assessed at SOC stage for the first project.

2.5 Commercial case

2.5.1 PROCUREMENT AND DELIVERY MODEL

The programme involves a number of procurements.

At this stage in the programme, the scope and number of procurement exercises is not known as the specific detail of each project is not known but the Board has considered the procurement approach for the main components in each project.

Redevelopment of the hospitals:

- **Construction contractor(s)** – for the UHW2 new build and associated works at UHL
- **Medical equipment** – for the UHW2 new -build, with a probable additional requirement for UHL;
- **IT and technology infrastructure** – as set out in the strategic case, CVUHB's current IT and digital infrastructure is significantly out of date and not fit for purpose and requires significant investment across both acute sites; Note that our whole system approach might require consequential and related IT investments in the community (GPs, Health & Wellbeing Centres, etc).

Development of a Health and Life Sciences Eco-system

- **Construction contractor(s)** – for Life Sciences facilities
- **Life Sciences partner(s)** – depending on the Life Sciences delivery model (discussed in further detail below), CVUHB may need to procure a partner, or multiple industry partners competitively.

The procurement approach considers a range of options including using framework contracts, such as the NHS Building for Wales framework, Find a Tender procurement process (which replaces the OJEU open procurement), using a mini competition and the Mutual Investment Model (MIM).

3 It is too early to decide which is optimal for each component and the Board will be appraise the options and agree them for each project at SOC/OBC stages.

In relation to the Life sciences development, the model selection will be largely driven by the degree of control and influence CVUHB desires to have over the health and life sciences eco-system, and this will be considered during the next phase of work.

3.1 Financial case

The aim of the financial case is to consider the affordability and funding requirements the preferred way forward and to demonstrate the affordability of the programme. By necessity the financial case for the PBC is high level because each project will need to develop financial assumptions at the next stage of the programme. At this stage of the programme, there are also a number of 'unknowns' which means it is not possible to estimate the cost implications of the programme to evaluate the revenue affordability of the programme and impact on CVUHB.

Capital costs

The capital cost of the two main redevelopment scenarios (split site and new build, single site) has been quantified and compared A high-level summary of the capital cost for the delivery of Project 2 Redevelopment of hospital infrastructure is shown in Table [x]. The costs have been built up based on the latest schedules of accommodation which include a total area of 182,356m^2 for new build single site (Do Maximum option), and 208,755m^2 for split site (Preferred Way Forward and Less Ambitious option) and, given the level of uncertainty at this stage, CVUHB has considered a range of costs for the two scenarios..

The capital costs have been build up based on the estimated m2 for the two scenarios, risk, inflation and VAT, as well as net zero carbon, cost for modern methods of construction and an estimate for technology and digital. The total of all these costs for the Redevelopment has been estimated to range from £ [XXXX] M to £ [XXXX] M, this is summarized in the table below:

Table [x] Estimate of range of total capital costs

Cost breakdown	New build single site £m		Split Site £m	
	From	To	From	To
Forecast construction cost range (incl. Risk, VAT and inflation)				
Net Zero Carbon cost range				
Modern Methods of Construction cost range (0% - 10%)				
Digital range (5% - 10%)				
Total estimated capital cost range				

These were produced based on the following key assumptions:

Construction costs have been inflated to the mid-point of construction period – qtr. 4 2026

- Project fees of xx%
- Non works costs of xx%
- Planning contingency of xx%
- Risk allowance of xx% (due to the stage of the development and high level of uncertainty)
- Net zero carbon – between x%-x%
- Modern methods of construction – x%-x%
- Digital costs – x%-x%

The baseline assumption for the PBC is that capital requirements will be funded by Welsh Government.

This will be reviewed at the project business case stage, once CVUHB have further clarity about likely capital and revenue affordability gaps.

3.2 Management case

3.2.1 STAKEHOLDER ENGAGEMENT

CVUHB has in place a stakeholder management plan which will be delivered as part of the programme development. In its preparation of the PBC, CVUHB has engaged with primary and secondary care clinicians, commissioners, neighboring Health Boards, Local Authorities, NHS Wales and Welsh Government.

The key themes that have emerged from this engagement have been as follows:

- IT immaturity and workforce challenges have been highlighted by multiple stakeholders as key barriers to transformational changes that will need to be addressed;
- A collaborative approach to programme development, as well as to designing future patient pathways have on the whole been welcomed by neighboring Health Boards;
- There is significant appetite from both Local Authorities to be involved in developing the scheme further, and it has been acknowledged that it can play a major role in contributing to overall economic prosperity of the region;

- Cardiff University is the Board's key strategic partner and more can be done to provide structure to the engagement between the two organisations that currently takes place and capitalise on both the Board's and the University's research strength.
- **[to be updated for any additional messages from other stakeholders]**

Most importantly, all stakeholders agreed that population health and wellbeing should be at the heart of all changes that take place and acknowledged the role the proposed programme can play in achieving this.

CVUHB will continue to fully engage and involve local people, public, private and third sector organisations and other key stakeholders in the next steps to deliver the proposed clinical services model and the health and life sciences vision across Cardiff, Vale of Glamorgan and beyond. When CVUHB has more information about the clinical services model, it expects to run a public consultation process on the plans.

3.2.2 PROGRAMME GOVERNANCE

The PBC seeks to demonstrates that each element of the programme is achievable and can be delivered successfully to cost, time and quality. It sets out the governance arrangements for the programme and indicative delivery timeline for the constituent projects.

The diagram below illustrates the governance arrangements currently in place for the programme:

Figure [x]: Programme governance structure

[Org diagram to be inserted].

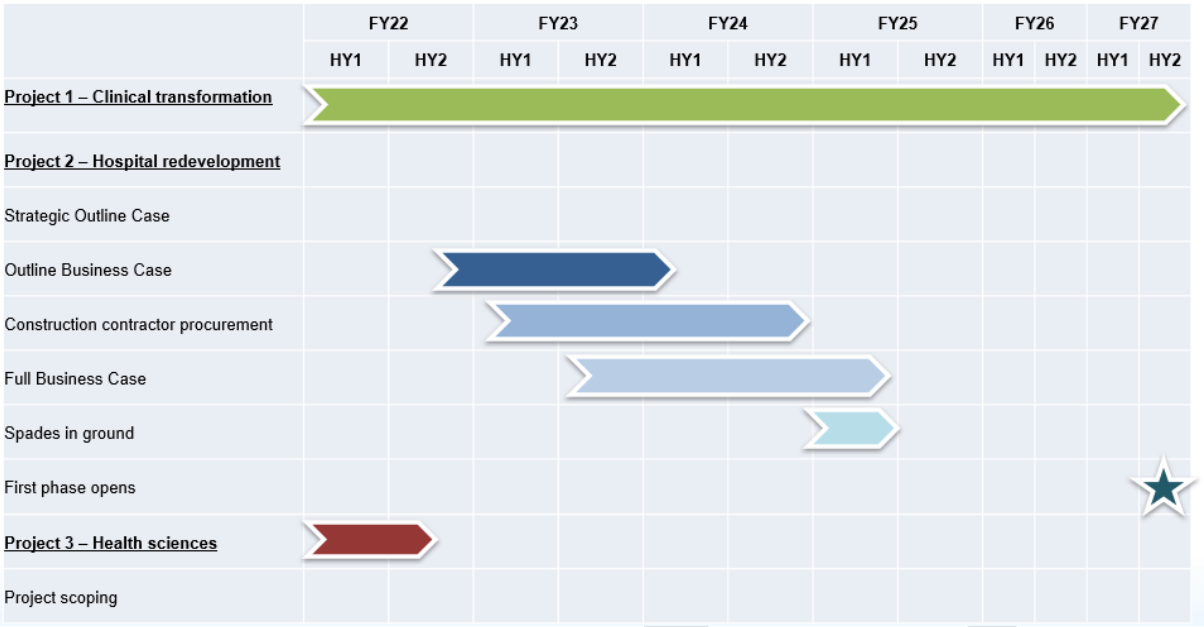
The programme will continue to operate within the agreed governance arrangements. A Programme Board is in place, chaired the Independent Member for Capital and Estates. UHW2 Working Group will also meet monthly as the programme continues to evolve. The day-to-day management of the programme will be run through seven work streams, with links to other key operational groups to support with delivery.

The Board will continue reviewing the governance arrangements in place and these will evolve as the programme progresses. It has been agreed that from 1 March 2021 the Programme Board will be constituted as a Special Committee of the UHB Board, providing greater transparency over the programme to the public as it evolves.

3.2.3 PROGRAMME DELIVERY TIMELINE

Indicative project delivery phasing is set out in the diagram below, and is discussed in more detail in the Management Case. The plan is based on a number of assumptions, but the ones that could have the most significant effect on the timeline are delays in securing planning permission for the selected site, the procurement route selected to appoint the construction company and delays in the approval process.

Figure [x]: Programme delivery timeline



3.3 Conclusion

This PBC describes the transformational change to the way CVUHB plans and delivers health services to its local and national population and its ambition to contribute to the health and economic prosperity of the region and the nation by building on its links with Cardiff University, attracting inward investment and reducing inequalities.

The programme will deliver real, lasting benefits; benefits to patients through improved outcomes and experience, to CVUHB by allowing it to increase its productivity and bringing it into the 21st century so it can meet the Welsh Government's sustainability targets, and to staff through increased staff wellbeing and satisfaction, which is going to be so important following Covid. Importantly, it will also deliver wider societal benefits by establishing CVUHB as an anchor institution, contributing to economic growth through the creation and safeguarding of jobs and GVA. The consequence of these improvements in health and economic outcomes should be to reduce inequalities, thereby positioning the programme to meet the goals set out in the Well-Being of Future Generations Act

The PBC demonstrates the reasoning behind the proposed preferred option, the support that has been expressed by key local and national stakeholders, including stakeholders who have offered their written support – Cardiff University, WHSSC, Swansea Bay Health Board, Cardiff Council and the Bevan Commission/ It also sets out CVUHB's understanding of the proposed programme development activities over the next 12 months.

It is acknowledged that this is the first step in delivering a series of complex projects which, if carried out as envisaged by the Board, will act as an exemplar in Wales and beyond.

This PBC has the following key asks from Welsh Government:

- Provide written endorsement of the vision, programme scope and case for change set out in the Strategic Case;
- Provide permission for CVUHB to proceed with the transformation project (Project 1)
- Provide permission for CVUHB to proceed with development of the Strategic Outline Case for the first project – UHW2 development (Project 2)
- Provide permission for CVUHB to undertake the first phase of the life sciences work (Project 3);
- Approve costs of [XXX] to enable development of the SOC for the project.

Archwilio Cymru
Audit Wales

Annual Audit Report 2020 – Cardiff and Vale University Health Board

Audit year: 2019-20

Date issued: January 2021

Document reference: 2170A2020-21

This document has been prepared for the internal use of Cardiff and Vale University Health Board as part of work performed/to be performed in accordance with statutory functions.

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Contents

Summary report

About this report

1 This report summarises the findings from my 2020 audit work at Cardiff and Vale University Health Board (the Health Board) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:

- examine and certify the accounts submitted to me by the Health Board, and to lay them before the Senedd;
- satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
- satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

2 I report my overall findings under the following headings:

- Audit of accounts.
- Arrangements for securing economy, efficiency and effectiveness in the use of resources.

3 This year's audit work took place at a time when public bodies were responding to the unprecedented and ongoing challenges presented by the Covid-19 pandemic. Given its impact, I re-shaped my planned work programmes by considering how to best assure the people of Wales that public funds are well managed. I considered the impact of the current crisis on both resilience and the future shape of public services and aimed to ensure my work did not hamper public bodies in tackling the crisis, whilst ensuring it continued to support both scrutiny and learning. All on-site audit work was suspended whilst we continued to work and engage remotely where possible through the use of technology. This inevitably had an impact on the delivery of some of my planned audit work but has also driven positive changes in our ways of working.

4 The delivery of my audit of accounts work was not without its challenges, not only in how and where we undertook the work, but also in taking account of new considerations for financial statements arising directly from the pandemic. The success in delivering to the amended timetable reflects a great collective effort by both my staff and the Health Board's officers to embrace and enable new ways of working and remain flexible to and considerate of the many issues arising.

5 At the onset of the pandemic I suspended the publication of some performance audit reports nearing completion, reflecting the capacity of audited bodies to support remaining fieldwork and contribute to the clearance of draft audit outputs. I have also adjusted the focus and approach of some other planned reviews to ensure their relevance in the context of the crisis. New streams of work have been introduced, such as my review of the Test, Trace and Protect programme, and my local audit teams have contributed to my wider Covid-19 learning work.

6 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1)**. I also include a summary of the status of planned work currently being re-scoped.

7 **Appendix 2** provides an update on the audit-fee estimate that I set in my 2020 Audit Plan, and when I expect to be able to confirm the actual fee for the year.

8 **Appendix 3** sets out the financial audit risks set out in my 2020 Audit Plan and how they were addressed through the audit.

9 The Chief Executive and the Director of Finance have agreed the factual accuracy of this report. My audit team will present it to the Audit Committee on 9 February 2021. The Board will also receive the report and every independent member will receive a copy. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the Audit Wales website after the Board have considered it.

10 I would like to thank the Health Board's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

11 I concluded that the Health Board's accounts were properly prepared and materially accurate, except for the inventory balance as at 31 March 2020. I therefore issued a qualified limitation-of-scope opinion on the accounts.

12 This qualification was necessary because I had been unable to obtain sufficient appropriate audit evidence to support the Health Board's material inventory-balance of £16.784 million as at 31 March 2020. I would like to highlight that the qualification did not arise due to shortcomings in the Health Board's systems or actions, but because the UK's Covid-19 lockdown had prevented my audit team from undertaking their year-end inventory count, being a mandated audit procedure for a material inventory-balance. I would also like to highlight that I did not consider the inventory balance to be materially misstated, but rather that I could not establish whether it was materially true and fair.

13 My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my audit). However, I placed Emphasis of Matter paragraphs in my audit report to draw attention to two disclosures in the accounts, relating to:

- the impact of the Covid-19 on the valuation of the Health Board's land and buildings as at 31 March 2020; and
- the impact of a Ministerial Direction to the Permanent Secretary of the Welsh Government, instructing her to fund NHS clinicians' pension tax liabilities incurred by NHS Wales bodies in respect of the 2019-20 financial year.

14 I also brought three important issues to the attention of officers and the Audit Committee. The issues, and my audit recommendations, related to some of the Health Board's accounting processes and underlying records.

15 The Health Board did not achieve financial balance for the three-year period ending 31 March 2020, and although it had no other material financial transactions that were not in accordance with authorities nor used for the purposes intended, I issued a qualified opinion on the regularity of the financial transactions within the Health Board's 2019-20 accounts. Alongside my audit opinion, I placed a substantive report on the Health Board's financial statements to highlight the failure to achieve financial balance.

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

16 My programme of Performance Audit work has led me to draw the following conclusions:

- there has been good operational management and agile decision-making during the pandemic despite some limitations in the transparency of scrutiny, assurance, and oversight of overall governance;
- effective financial controls, monitoring and reporting have been maintained throughout the pandemic, but the impact of Covid-19 is creating a significant risk to the Health Board's ability to break even;
- operational plans have been informed by robust data modelling and developed in a timely way, and the Health Board is seeking to more fully engage stakeholders in future planning. However, risks remain in the event of a second Covid-19 peak, and arrangements to monitor delivery of the plan need strengthening;
- the Health Board demonstrates a commitment to counter-fraud, has suitable arrangements to support the prevention and detection of fraud and is able to respond appropriately where fraud occurs.

17 These findings are considered further in the following sections.

Detailed report

Audit of accounts

18 This section of the report summarises the findings from my audit of the Health Board's financial statements for 2019-20. These statements are how the organisation shows its financial performance and sets out its net assets, net operating costs, recognised gains and losses, and cash flows. Preparing the statements is an essential element in demonstrating the appropriate stewardship of public money.

19 My 2020 Audit Plan set out the financial audit risks for the audit of Health Board's 2019-20 financial statements. **Exhibit 6** in **Appendix 3** lists these risks and sets out how they were addressed as part of the audit.

20 My responsibilities in auditing the Health Board's financial statements are described in my Statement of Responsibilities publications, which are available on the Audit Wales website.

Accuracy and preparation of the 2019-20 financial statements

21 I concluded that the Health Board's accounts were properly prepared and materially accurate, except for the inventory balance as at 31 March 2020. I therefore issued a qualified limitation-of-scope opinion on the accounts. In doing so I emphasised that the qualification was not due to shortcomings in the Health Board's systems or actions, but because of the impact of Covid-19 on one of my mandated audit procedures. I therefore reported that I did not consider the inventory balance to be materially misstated, but rather that I did not know whether it was materially true and fair.

22 My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my audit). However, I placed Emphasis of Matter paragraphs in my report to draw attention to two disclosures in the accounts relating to:

- The first disclosure related to the impact of the Covid-19 pandemic on the valuation of land and buildings as at 31 March 2020. As a result of Covid-19, and in accordance with specific guidance issued by their professional institute, the Health Board's valuer declared a 'material valuation uncertainty' in four of their professional valuation reports, with a total valuation of £65 million. All four valuation reports were dated 31 March 2020. The Health Board used these valuation reports to inform the measurement of certain of its property asset values in the financial statements at that date.
- The second disclosure related to the impact of a Ministerial Direction in 2019 to the Permanent Secretary of the Welsh Government, instructing her to fund NHS clinicians' pension tax liabilities incurred by NHS Wales bodies in respect of the 2019-20 financial year. This arrangement means that

clinicians who are members of the NHS Pension Scheme and who, as a result of work undertaken in the 2019-20 tax year, face a tax charge on the growth of their NHS pension benefits, may opt to have this charge paid by the NHS Pension Scheme, with their pension reduced on retirement. The Health Board will then pay the clinician a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the deduction. This scheme will be fully funded by the Welsh Government with no net cost to Health Board.

23 I brought three important issues to the attention of officers and the Audit Committee, summarised below:

- weaknesses in some of the Health board's accounting processes, with some underlying accounting records being unnecessarily complex and held outside of the financial ledger;
- weaknesses in some of the Health Board's audit evidence, which were also unnecessarily complex and very difficult to audit; and
- the premature request and receipt of the signed 2019-20 related-party declarations from the Health Board's independent members and senior officers.

24 The Health Board submitted its draft Accountability Report and Financial Statements by the Welsh Government's 22 May deadline, and my audit and certification also accorded with the Welsh Government timetable

25 I must report issues arising from my work to those charged with governance before I issue my audit opinion on the accounts. My audit team reported these issues to Health Board Audit Committee and its Board on 29 June 2020. **Exhibit 1** summarises the key issues set out in that report.

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

Issue	Auditors' comments
Uncorrected misstatements	There was one uncorrected misstatement in respect of the Health Board's accounting treatment for its pooled-budget balances as at 31 March 2019 and 2020. The balances affected by the misstatement were significant but not material, and their non-correction therefore did not affect my audit opinion on the accounts.
Corrected misstatements	I reported the five most significant corrected misstatements. They mainly related to accounting classifications and disclosures. Two of the corrections

	related to the Health Board's receipt of more up-to-date information, which it did not have at the time of preparing the draft accounts for audit.
Other significant issues	No other significant matters arose, further to the matters already highlighted in this report in respect of my qualified opinions and my emphasis-of matter reporting.

26 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Health Board's financial position at 31 March 2020 and the return was prepared in accordance with the Treasury's instructions.

27 My separate audit of the Health Board's Charitable Funds Account is currently ongoing. I am scheduled to report my findings to trustee members on 28 January 2021 and, if the account is approved and signed, to certify it on 29 January.

Regularity of financial transactions

28 The Health Board failed to achieve financial balance for the three-year period ending 31 March 2020 and I therefore issued an unqualified opinion on the regularity of the financial transactions within the Health Board's 2019-20 accounts.

29 The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive the income and incur the expenditure. 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.

30 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** show that while the Health Board had met its capital resource allocation, it had failed to meet its revenue resource allocation.

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

	2017-18 £'000	2018-19 £'000	2019-20 £'000	Total £'000
Operating expenses	899,060	945,419	1,025,612	2,870,091
Revenue resource allocation	872,207	935,547	1,025,670	2,833,424

Under (over) spend against allocation	(26,853)	(9,872)	58	(36,667)

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

	2017-18 £'000	2018-19 £'000	2019-20 £'000	Total £'000
Capital charges	47,033	48,413	58,070	153,516
Capital resource allocation	47,121	48,487	58,159	153,767
Under (over) spend against allocation	88	74	89	251

Source: 2019-20 financial statements

31 I have the power to place a substantive report on the Health Board's accounts alongside my opinions where I want to highlight issues. Due to the Health Board's failure to meet its financial duties, alongside my audit opinion I placed a substantive report setting out the factual details, in that the Health Board had failed its duty to achieve financial balance (as set out above).

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

32 I have a statutory requirement to satisfy myself that the Health Board has proper arrangements in place to secure efficiency, effectiveness and economy in the use of 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 corporate arrangements for ensuring that resources are used efficiently, effectively and economically;
- reviewing the effectiveness of the Health Board's counter-fraud arrangements;

33 My conclusions based on this work are set out below.

Structured assessment

34 My structured assessment work was designed in the context of the ongoing response to the pandemic. I ensured a suitably pragmatic and relevant approach to

help me discharge my statutory responsibilities, whilst minimising the impact on NHS bodies as they responded to the next phase of the Covid-19 pandemic. The key focus of the work was on the corporate arrangements for ensuring that resources are used efficiently, effectively and economically. Auditors also paid attention to progress made to address previous recommendations where these related to important aspects of organisational governance and financial management especially in the current circumstances.

35 The structured assessment grouped our findings under three themes:

- governance arrangements;
- managing financial resources; and
- operational planning: to support the continued response to the pandemic balanced against the provision of other essential services.

Governance arrangements

36 My work considered the Health Board's ability to maintain sound governance arrangements while having to respond rapidly to the unprecedented challenges presented by the pandemic. My work found that there has been good operational management and agile decision-making during the pandemic despite some limitations in the transparency of scrutiny, assurance, and oversight of overall governance.

37 The Health Board quickly adapted its governance arrangements to support agile and rapid decision-making and ensure effective operational management during the pandemic. Reasonable steps were taken to conduct Board business in an open way. However, there was scope for more detailed reporting in public during the pandemic, and to have spent more time on scrutiny and assurance of relevant matters particularly in the areas of quality, safety and workforce.

38 Opportunities to build knowledge, understanding and resilience across its cadre of Independent Members were not pursued by the Health Board in full by, for example, actively encouraging the members of committees which were stood down to participate in other committees during the period. Furthermore, there was scope for the Health Board to make greater use of Board Champions to support its response to the pandemic.

39 Communication with staff, the public, and partners during the pandemic was effective.

40 A programme of learning has been instigated, although the Board is yet to reflect on its experiences of governing during the pandemic.

Managing financial resources

41 I considered the Health Board's financial performance, changes to financial controls during the pandemic and arrangements for monitoring and reporting financial performance. I found that effective financial controls, monitoring and reporting have been maintained throughout the pandemic, but the impact of Covid-19 is creating a significant risk to the Health Board's ability to break even.

42 The Health Board achieved financial balance for 2019-20. But, with a cumulative deficit of some £37 million for the period 2017-2020, the Health Board failed to meet its statutory duty to have a three-year breakeven position or better. The Health Board has clear intentions to break even over the next three-years. At the time of undertaking our structured assessment work, the year-end position for 2020-21 was likely to be in significant deficit as a result of Covid-19 unless the Health Board secured additional funding. However, the Health Board has since received additional funding from Welsh Government and is now forecasting an in-year breakeven position.

43 Effective financial controls, monitoring and reporting were maintained during the pandemic. Arrangements were also put in place to clearly track Covid-19 expenditure, yet there is scope for monitoring and reporting to be increasingly more transparent.

Operational Planning

44 My work considered the Health Board's progress in developing and delivering quarterly operational plans to support the ongoing response to Covid-19 and to provide other essential services and functions in line with Welsh Government planning guidance. At the time of our work, the focus was on essential services with the aim of restoring normal and routine activities when it is safe and practicable to do so. My work found that operational plans have been informed by robust data modelling and developed in a timely way, and the Health Board is seeking to more fully engage stakeholders in future planning. However, risks remain in the event of a second Covid-19 peak, and arrangements to monitor delivery of the plan need strengthening.

45 The Health Board's quarterly plans have been informed by robust data modelling and developed in a timely way, albeit with limited stakeholder engagement. The Board Governance Group considered the quarter one and two plans prior to submission, and retrospectively approved by the Board.

46 The Health Board responded quickly to ensure sufficient resources were in place to deliver quarter one planning objectives. However, continued exclusive use of an independent hospital is a key dependency in the delivery of planned activity during quarter two, and risks remain in the event of a second Covid-19 peak.

47 Streamlined performance reporting to the Board has operated during the pandemic. However, as performance management measures begin to be

reinstated, there is a need to develop the Board reporting and scrutiny arrangements around the delivery of the operational plans.

Effectiveness of counter-fraud arrangements

48 In June 2019, I published an overview for the Public Accounts Committee describing counter-fraud arrangements in the Welsh public sector. My team then undertook a more detailed examination across a range of Welsh public sector bodies to examine how effective counter-fraud arrangements are in practice and to make recommendations for improvement. In July 2020 I published Raising Our Game – Tackling Fraud in Wales setting out a summary of my findings and seven 'key themes' that all public bodies need to focus on in raising their game to tackle fraud more effectively.

49 Whilst this work was not included in the Health Board's audit plan, I also published an additional report setting out the Health Board's specific arrangements for preventing and detecting fraud. I found that the Health Board demonstrates a commitment to counter-fraud, has suitable arrangements to support the prevention and detection of fraud and is able to respond appropriately where fraud occurs.

Appendix 1

Reports issued since my last annual audit report

Exhibit 4: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2020.

Report	Month
Financial audit reports	
Audit of Financial Statements Report	June 2020
Opinion on the Financial Statements	July 2020
Audit of Accounts Report Addendum	August 2020
Performance audit reports	
Structured Assessment 2020	October 2020
Effectiveness of counter-fraud arrangements	August 2020
Other	
2020 Audit Plan	February 2020

Exhibit 5: performance audit work still underway

There are a number of performance audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Orthopaedics	January 2021
Review of Welsh Health Specialised Services Committee	February 2021
Test, Trace and Protect	February 2021
Unscheduled care	Phase 1 – February 2021 Further work to be included as part of 2021 plan
Follow-up of previous IM &T recommendations	February 2021
Follow-up of operating theatres	February 2021
Quality Governance arrangements	April 2021
Follow-up of radiology services	April 2021

Appendix 2

Audit fee

The 2020 Audit Plan set out the proposed audit fee of £390,652 (excluding VAT). I should be able to confirm my actual chargeable fee in February 2021, once I have audited and certified the Health Board's 2019-20 Charitable Funds Account. Trustee Members are due to consider the audited accounts and my audit report on 28 January 2021, and my certification is scheduled for 29 January. I will report my actual fee to the Audit Committee in my 2021 Audit Plan.

Appendix 3

Financial audit risks

Exhibit 6: financial audit risks

My 2020 Audit Plan set out the financial audit risks for the audit of the Health Board's 52019-20 financial statements. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
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].	My audit team will: • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for biases; • evaluate the rationale for any significant transactions outside the normal course of business; and • add additional procedures to address any specific risks of management override which are not addressed by the mandatory work above.	I reviewed a number of the accounting estimates and a sample of transactions that included journal entries. My audit findings were satisfactory.
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	My audit team will continue to monitor the Health Board's financial position for 2019-20 and the cumulative three-year position to 31 March 2020. This review will also consider the impact of	As set out in this report, my audit confirmed that the Health Board met its three-year capital allocation but failed its revenue allocation. I therefore qualified my regularity opinion, which I explained in my

limit, for revenue and capital net expenditure, with the first three-year period running to 31 March 2017. The Health Board has exceeded its rolling three-year revenue limit in 2016-17, 2017-18 and 2018-19 and I therefore qualified my regularity opinion on the Health Board's financial statements for those years. For 2019-20 the Health Board expects to break even, but this would nonetheless result in a cumulative deficit of £36.7 million for the three years to 31 March 2020.	any relevant uncorrected misstatements over those three years. 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 2019-20 financial 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.	accompanying substantive report.
I audit some of the disclosures in the Remuneration Report, such as the remuneration of senior officers and independent members, to a far lower level of materiality due to their sensitivity. These disclosures are therefore inherently more prone to material misstatement. In recent past audits I have identified material misstatements in the remuneration report submitted for my audit, which the Health Board then corrected. These past misstatements mean that I judge the	My audit team will review all entries in the Remuneration Report to verify that the Health Board has reflected all known changes to senior positions, and that the disclosures are complete and accurate.	I substantively tested the Remuneration Report as intended. My audit results were satisfactory.

2019-20 disclosures to be at risk of further misstatement.		
I also audit the Health Board's related party disclosures to a far lower materiality. In recent years I have reported weaknesses in the Health Board's related party arrangements, which led to material misstatement in the draft accounts. As a result of my audit findings, the Health Board undertook remedial work and corrected its related-party disclosures, prior to my certification. These past misstatements mean that I judge the disclosures to be at risk of further misstatement for 2019-20.	My audit team will review and test the completeness and accuracy of the related-party disclosures.	I substantively tested related parties and the audit results were satisfactory. I did however report weaknesses in the Health Board's processes and I raised a recommendation for improvement, which management accepted.
On 18 December 2019 the First Minister issued a formal Ministerial Direction to the Permanent Secretary requiring her to implement a 'scheme pays' initiative in respect of the NHS pension tax arrangements for clinical staff.	We are considering the accounting treatment and audit implications of the direction (the first in Wales since 1999) in conjunction with the NAO who are currently addressing the same issue in NHS England.	I tested the accounting for and regularity of this Direction. My audit results were satisfactory, although as set out in this report I included an 'emphasis of matter' narrative in my audit certificate.

For 2019-20 there is an increase of 6.3% (to 20.3%) in an employer's pension contributions, which represent a significant additional cost to the Health Board. We understand that the Welsh Government will bear the 2019-20 cost of this increase.	My audit team will test these additional costs to confirm whether the Health Board has disclosed and accounted for them correctly.	I substantively tested this matter, with a satisfactory audit conclusion.
The Introduction in 2020-21 of 'International Financial Reporting 'Standard 16 Leases' may pose implementation risks if the Health Board has not made good progress to date with its preparatory work.	My team will undertake some early work to review preparedness for the introduction of IFRS 16 Leases	The introduction of this accounting standard was subsequently postponed for public bodies to 2021-22, and I therefore postponed my review.

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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Report Title:	**Shaping our Future Clinical Services Engagment**								
Meeting:	Board						**Meeting Date:**	25.02.2021	
Status:	**For Discussion**		**For Assurance**		**For Approval**	**x**	**For Information**		
Lead Executive:	Abigail Harris, Executive Director of Planning								
Report Author (Title):	Victoria Le Grys, Programme Director, Strategic Clinical redesign								

Background and current situation:

Redesigning the way we deliver our clinical services is fundamental in the delivery of the UHB's vision for future care as set out in our Shaping our Future Wellbeing strategy. The clinical redesign programme – *Shaping our Future Clinical Services* - to deliver this transformation has been identified as an urgent priority for the organisation.

Work on the programme started in November 20, Since then a number of scoping sessions and discussions have been undertaken with key stakeholders, a series of clinical strategy sessions held with senior clinicians from across the Health Board and a plan and suite of engagement materials developed.

The approach to internal and public engagement was brought to the UHB Board in November 2020 with a view to delivering an 8 week engagement in December 2020. However, with the development of the PBC for UHW2 and introduction of a strategic partner to support the review of clinical strategy we felt it important to undertake these sessions with senior clinicians first to test thinking against principles developed before the pandemic.

The programme team have now developed the engagement materials and plan with the input and support of South Glamorgan Community Health Council (CHC) colleagues. These were reviewed and signed off at the South Glamorgan Services planning committee on the 26th January and are due for review by the Management Executive on the 22nd February.

It is proposed that the period of engagement commences 1st March 21 and runs for 7 weeks with a mid-point review.

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

The Board are asked to:

1. Note the contents of the 'Shaping our Future Clinical Services' public engagement document (note this version is currently being formatted)
2. Note the contents of the updated engagement plan including engagement questions.
3. Approve the commencement of public engagement for the 1st March 21 for 7 weeks (subject to translation timescales)

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

'Shaping our Future Clinical Services' public document

Throughout 2018/19 the management executive alongside corporate and clinical leads worked together to develop a high level clinical services redesign proposal to identify and describe a vision for the future of clinical services; something which begins to describe the changes required to clinical services to enable the delivery of Shaping our Future Wellbeing. The output of this is a high level UHB clinical services document, which was refreshed following the first wave of the pandemic in 2020 and brought to UHB Board in November 2020.

The key elements of this document, including case for change, approach and principles for the transformation of clinical services have now been developed into a public engagement document. This requires testing and developing through a period of engagement in order to inform the next phase of both Shaping our Future Clinical Services and UHW2 programmes.

Engagement

The detailed plan for engagement have been reviewed by the Management Executive, UHB Board and CHC leads in November. All agreed that engagement with our workforce, the public and key stakeholders was required as soon as the materials could be developed.

Following, this there has been work to develop a suite of engagement materials, including the public document itself, questions, branding, website, some short films and animations.

We have continued to work with CHC colleagues to develop the engagement plan and identify a number of sessions for the Health Boards localities.

With engagement materials now complete and being translated, it is proposed that the external public engagement begins on 1st March 2021 for a period of 7 weeks, with a mid-point review.

Programme

The first phase of the programme has now completed following a number of scoping workshops and planning sessions to support the development of a redesign methodology. A number of clinical strategy workshops have also been delivered, led by strategic partner, Grant Thornton. These 5 workshops were very well attended with around 100 attendees and representation from all disciplines and primary, secondary and tertiary services. The output of these sessions will be both reflected within the UHW2 Programme Business case and the next phase of the Shaping our Future Clinical Services Programme.

Recommendation:

The Board are asked to:

1. Note the contents of the 'Shaping our Future Clinical Services' public engagement document (note this version is currently being formatted)
2. Note the contents of the updated engagement plan including engagement questions.

3. Approve the commencement of public engagement on the 1st March 21 for 7 weeks (subject to translation timescales)

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	✓

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.*

Shaping Our Future Clinical Services
Communication and Engagement Plan 2020/21

1. Purpose

To present a plan to undertake an eight week engagement from 1st March 2021 to 19th April 2021 to support a conversation about our direction of travel, principles for future service design and our proposed service change programme as part of the delivery of our Shaping Our Future Wellbeing strategy.

2. Context

Shaping Our Future Wellbeing 2015-2025 sets out the UHB's vision and strategic objectives. It was developed through a co-productive approach with staff, people who use our services and partner organisations. Work on the draft Strategic Clinical Services Plan commenced in 2018 building on the work already underway in the Shaping Our Future Wellbeing in the Community Programme. It describes the clinical approach to delivery of the strategy, drawing on a series of internal workshops including clinical consideration of a number of options for Urgent Unscheduled Care and Elective Surgery service models. This was subsequently tested and refined through targeted stakeholder discussions and a further phase of internal engagement across the UHB at the end of 2019 led by the Clinical Boards.

As we move further into the implementation of Shaping Our Future Wellbeing and we continue to refine our planning and operational response to living with COVID-19, there is a need to take a refreshed version of the draft Strategic Clinical Services Plan into a wider conversation with the public. We need to test our thinking about the principles which should underpin our plans going forward, and listen to people's views and experience to further shape the programme of service transformation including future infrastructure and site options. Whilst it may take years to fully realise our clinical models, we are already starting to make changes to support the delivery of Shaping Our Future Wellbeing, delivering more services closer to home and virtually where appropriate. Shaping Our Future Clinical Services provides the framework for changes which have already begun and decisions which will need to be taken in the short, medium and long term. We fully recognise that specific service changes may require further engagement and/or consultation and that this engagement is just the start of an ongoing dialogue with the public and our stakeholders.

3. Objectives of the engagement

- **Remind** people of the ambitions and direction expressed in the UHB's Shaping Our Future Wellbeing strategy
- **Describe** the challenges faced as an introduction as to why things need to change
- **Set out** the proposed design principles that would underpin delivery of services in the future
- **Share** the work undertaken to date to define and scope sustainable core clinical service models
- **Explain** our ambitions for a programme of service transformation
- **Invite** feedback on the drivers for change we have set out, asking if there are any others that we need to consider
- **Seek** views on the reasons we have put forward for changing the way we deliver acute medicine and planned surgery
- **Request** feedback on the emerging models for providing more care closer to home
- **Describe** next steps including how feedback received will be shared and how the outcome of the engagement will be used

4. Scope of the Engagement

This engagement will focus on exploring views on key components of Shaping Our Future Clinical Services as a part of the wider implementation of the UHB's SOFW strategy, with the aim of generating an underpinning mandate for our transformation ambitions, recognising that specific service changes may require further engagement and/or consultation.

5. Key Audiences

The engagement process will seek the views of the following:

- General public
- Patients
- Seldom heard voices
- Staff
- Primary Care Practitioners
- Members of the Senedd and MPs
- Local elected members
- Town and Community Councils
- Community Health Council

- Public Services Boards
- Regional Partnership Board
- Third Sector
- Carers
- Over 50s (via 50+ Forums)
- Children and Young People
- Local Partnership Forum
- Stakeholder Reference Group
- Healthcare Professionals' Forum
- UHB Volunteers
- Local Medical Committee
- NHS Wales organisations including Health Boards, Trusts, WHSSC

6. Communication and Engagement materials

A range of communication and engagement materials will be developed to enable effective engagement with key stakeholders. These will include:

- Bilingual discussion document with the engagement questions and response form
- Discussion document in community languages
- Presentation pack
- Bilingual, subtitled and BSL video with key messages on our ideas
- Equality and Health Impact Assessment
- Communications plan including social media guide, advertising and marketing
- Dedicated webpage to host engagement materials and support online responses

7. Engagement Questions

We will seek people's views on a small number of questions designed to seek feedback on key components of Shaping Our Future Clinical Services:

1. Would you agree with both the challenges and opportunities we have set out in section 3 - the "why do we need to transform our clinical services?"

2. Have we missed anything?

3. Would you support the principle that there is a need to transform some of our clinical services? – In order to meet some of the challenges and take advantage of opportunities we have set out.

4. Would you be willing to support the principles we have set out in Section 4 – "our approach to transforming clinical services?"

5. Are there any others we should consider?

6. Section 5 sets out some of the specific principles and ways we could develop clinical services in the future. Are you supportive of the principles set out for Emergency and Urgent Care, Elective Care, Specialised services

7. Have we missed anything?

8. We have talked about reasons why we may need to look at how you receive your care in the future. Thinking about the areas described in your view, what are most important aspects of your healthcare?

9. During the COVID-19 pandemic, we have accelerated the use of modern technology to help patient's access services more easily, for example virtual appointments. How would you feel receiving more of your care this way? Are there any important considerations you would like us to be aware of?

10. When we consider the design of new hospital and community facilities for the future, what features would make your visit or stay better?

11. Is there anything else we should consider when transforming clinical services that we haven't thought of?

8. Communication and Engagement Methods

- Launch of the seven week engagement on 1st March 2021 with accompanying press release, marketing, advertising and social media campaign
- Electronic distribution of the engagement documentation to the identified stakeholders with a request for onward circulation and promotion

- Electronic communication using the Health Board and CHC websites, UHB intranet and social media
- Dedicated section of the Shaping Our Future Wellbeing webpages to include all the engagement materials and details of how people can get involved in virtual meetings. It will include the ability to submit a response to the engagement questions via an online bilingual form
- Work with the CHC and partners to run a range of digital engagement sessions using different techniques e.g. Zoom/Teams sessions to target key audiences and sections of the community as well as open invitation opportunities for the wider public
- Social media conversations – e.g. Facebook Live with Chief Executive and Clinical Lead
- Bilingual posters in public areas with details of how to find out more, get involved and share views
- Regular updates to stakeholders, public and UHB staff via CEO Connects

9. Responding to the Engagement

Respondents will be able to reply to the engagement via online form on the website, or they can download a copy of the form and submit by email (dedicated engagement email address). Respondents will also be able to send hard copies of the downloaded form to a postal address.

10. South Glamorgan Community Health Council

Details of how to contact the South Glamorgan Community Health Council (CHC) will be included in the Engagement documentation. The CHC will host a number of Zoom sessions in March open to the public, with a presentation and discussion involving a UHB Executive and the Programme Clinical Lead. The CHC will be invited to attend all external stakeholder meetings run by the UHB, to listen to the feedback and discussion.

A mid-point review meeting will be held to consider the themes emerging from the engagement to date and to consider if any changes to the engagement approach are required.

11. Media Relations

All UHB media relations during the engagement will be planned and co-ordinated by the UHB Communications Team.

12. Post Engagement

All engagement responses will be shared with the CHC.

A report on the response to the engagement will be prepared immediately following the end of engagement to be shared for discussion with the UHB Management Executive and the Community Health Council, to inform decision-making on the next steps.

13. Timescales and Next Steps

Engagement will run for seven weeks from 1st March 2021 to 19th April 2021

Stakeholder	Date	Nature of Engagement	Technique	Exec & Programme Leads
Staff – general communications	Start of engagement and ongoing	Briefings and updates via CEO Connects and Staff Connect including information about opportunities to learn more and share views	Digital	n/a
Staff –engagement events	tba	Presentation and Q&A	Zoom Facebook Live	Executive Team & programme leads
Staff – internal organisation cascade	Start of engagement	Presentation and engagement pack used by Managers to generate discussions in teams and encourage feedback	Digital	Managers
UHB Volunteers	Start of engagement	Briefing email with notification of opportunities to learn more and share views. Offer of a special session or to join an existing meeting. Volunteers to signpost people to how they can find out more and share views	Zoom session	Programme Leads + Manager
UHB Youth Board	tba	Offer of presentation and discussion	Zoom	Programme Leads

Stakeholder	Date	Nature of Engagement	Technique	Exec & Programme Leads
UHB Healthcare Professionals' Forum	tba	Presentation and discussion	tbc	Fiona Jenkins + Programme Leads
UHB Therapy and Health Sciences Professional Group	10 Feb	Members notified of imminent engagement and encouraged to get involved Briefing and notification of opportunities to learn more and share views	Teams	Fiona Jenkins + Programme leads
UHB Local Partnership Forum	tba	Presentation and discussion	tbc	Abigail Harris + Programme Leads
UHB Veterans' Forum	20 Jan Start of engagement	Members notified of imminent engagement and encouraged to get involved Briefing and notification of opportunities to learn more and share views	Teams meeting	Fiona Jenkins
OTHER MEETINGS TBA				

EXTERNAL ENGAGEMENT AND COMMUNICATIONS

Stakeholder	Date	Nature of Engagement	Technique	Exec & Programme Leads
General Public	Start of engagement	Media promotion of engagement	Press release, social media, Weekly CEO Connects	Comms leads
General Public	March dates tba	Zoom sessions, hosted by CHC	Zoom	UHB Chair, Chief Executive,

Stakeholder	Date	Nature of Engagement	Technique	Exec & Programme Leads
				SRO, Programme Leads
General Public	tba	Social media conversation –Facebook Live with Chief Executive and Clinical Lead	Facebook	Chief Executive and Clinical Lead
Community Health Council members	tba	Presentation and discussion	To be agreed	Chief Executive and Programme Leads
UHB Stakeholder Reference Group	26 Jan tba	Discussion to inform engagement approach Presentation and discussion	Teams Teams	Abigail Harris, Programme Leads
Primary care clinicians (Cluster Lead meetings)	tba	Briefing and notification of opportunities to learn more. Offer of presentation and discussion at Locality/Cluster meetings	Zoom or Teams	Programme Leads, PCIC leads
Third Sector organisations	Start of engagement	Briefing and notification of opportunities to learn more. Virtual engagement session to include invitation to third sector organisations working with seldom heard individuals and communities, people with sensory or physical disabilities (via HSCFs) Offer of coming to existing meetings	Email + Teams or Zoom session	Programme Leads
Over 50s (via 50+ Forums)	Start of engagement	Briefing and notification of opportunities to learn more and share views including offer of virtual engagement session	Email + Teams or Zoom session	Programme Leads

Stakeholder	Date	Nature of Engagement	Technique	Exec & Programme Leads
		Item in Vale 50+ monthly bulletin to include details of 50+ Forum session and public sessions		
Youth Council (Cardiff) and Youth Forum (Vale)	Start of engagement	Briefing and notification of opportunities to learn more and share views including offer of virtual engagement session, potentially in collaboration with UHB Youth Board	Email + Teams or Zoom session	Programme Leads
Town and Community Councils	Start of engagement	Briefing and notification of opportunities to learn more and share views including offer of virtual engagement session with Cardiff and Vale regional meeting of T&CCs	Email + Teams or Zoom session	Programme Leads
Carers	Start of engagement	Briefing and notification of opportunities to learn more and share views including offer of virtual engagement session or to come to existing scheduled meeting	Email + Teams or Zoom session	Programme Leads
Seldom Heard voices	Second half of engagement period	Targeted virtual engagement sessions working with Third Sector intermediary partners e.g. Diverse Cymru, Race Equality First, EYST	Zoom sessions	Programme Leads
Elected members - Cardiff Council and Vale of Glamorgan Council	Start of engagement	Briefing and notification of opportunities to learn more and share views including offer of virtual engagement session or coming to existing meetings e.g. Scrutiny Committees	Email + Teams or Zoom session	Chair, Chief Executive, Programme Leads
MSs and MPs Khan Raj 02/24/2021 10:10:38	Start of engagement	Briefing and notification of opportunities to learn more and share views Presentation and discussion at regular briefing session with Chair and Chief Exec	Email Teams	Chair, Chief Executive, Programme Leads
Local Professional Committees LMC, LDC, LOC, LPC	Start of engagement	Briefing and notification of opportunities to learn more and share views including offer of virtual engagement session or presentation at routine meeting	Email + Teams	Executive, Programme

Stakeholder	Date	Nature of Engagement	Technique	Exec & Programme Leads
				Leads, PCIC Leads
Partner organisations via Regional Partnership Board (RPB) and Public Services Boards (PSB) RPB Vale PSB Cardiff PSB	 tba 5 Feb 23 Feb	Presentation and discussion, with request for promoting the engagement within their organisations	Email + Regular meeting arrangements (Teams)	Abi Harris and Programme Leads
Other NHS organisations	SBUHB week 8/02/21 tbc	Briefing and notification of opportunities to learn more and share views including offer of virtual engagement session or presentation at routine meetings. Other HBs to involve local CHCs as appropriate	Email + Regular meeting arrangements (Teams)	Executive and Programme Leads

Cardiff and Vale UHB Shaping Our Future Clinical Services 2020 – 2030

Foreword

Cardiff and Vale University Health Board provides local healthcare services for people in Cardiff and the Vale of Glamorgan and is the main provider of specialist services for the people of south Wales and for some services, the whole of Wales and the wider UK. We are also a major teaching and research organisation and play a significant role in the Welsh economy. We are very proud of the role that we play within the NHS. As one of the largest and most complex NHS organisations in the UK, we face unique challenges in the way we develop our services, our staff and our buildings to deliver on our ambitions for the future.

There are a number of challenges facing our modern NHS. With a growing and ageing population, staff shortages and outdated hospital buildings, we must change the way we deliver care if we want to provide high quality, safe and sustainable care for the future. More recently, the impact of the COVID-19 pandemic has placed substantial pressure on our services and significantly increased demand across the NHS. Throughout the pandemic we have seen the best of our NHS, our staff have risen to the challenge to provide the best care to our patients despite demands. It has also meant some practical changes to the way we treat our patients and has provided us with opportunities to rethink how we could deliver care using modern technology and accelerate service improvements. To deliver the improvements we need to make it is imperative that we canvas a wide range of views, particularly from our community,

Our ***Shaping Our Future Wellbeing*** **Strategy** provides the context for everything we do: for healthcare to be increasingly provided away from traditional hospitals and nearer to people's homes; delivering outcomes that are important to the person; providing standardised treatment, delivered efficiently; and finally, supporting our population to lead healthy lifestyles and empower them to self-manage conditions where appropriate. Improving the health and wellbeing is something we can't do alone and we are committed to working closely with a wide range of partners across our Regional Partnership Board and Public Services Board.

In order to support the delivery of our strategy and ensure we are fit for the future, the next step for our Health Board is to deliver a plan for the redesign of our clinical services. The ***Shaping Our Future Clinical Services*** **Programme** will help to transform the way people access our clinical services in their homes, communities and in hospital. It will facilitate, develop and deliver a plan for redesign over the next ten years and will be focussed on supporting the delivery of our Health Board strategy by transforming services to ensure that where possible, they are delivered closer to home. We will work closely with our Local Authority and third sector partners to achieve joined-up care wrapped around the person and their family.

This work will provide a foundation for a **renewed University Hospital of Wales** - a hospital that will be state of the art, more sustainable and energy efficient and offer outstanding care in an environment suitable for the mid-21st Century.

We believe that we need to respond positively to the challenges we face to deliver better patient outcomes, better patient experience, better value, better satisfaction for the teams of people working for the Health Board and a better deal for Wales.

This document describes the current challenges and principles which will underpin the redesign of our clinical services and asks for feedback on what is important to you, in both the redesign of our clinical services, and the redevelopment of University Hospital of Wales.

Len Richards
Chief Executive

Charles Janczewski
Interim Chair

Stuart Walker
Medical Director

Abigail Harris
Director of Strategic Planning

Note – contents page to be added by medical illustration.

1. Who are we?

We plan, organise and provide health services for our local population of approximately 500,000 people in Cardiff and the Vale of Glamorgan. We also provide over 100 specialist services for our region, some of these are provided for the whole of Wales.

We employ around 14,000 staff who work across a range of hospital sites and deliver care in people's homes and other community settings. We are a large teaching organisation with close links to the Universities, and together we are training the next generation of our workforce.

We also deliver a large proportion of the research activity in Wales and are proud to be at the forefront of cutting-edge new and innovative treatments and therapies.

The cost of delivering our extensive range of services is around £1.4 billion annually.

Our services

We manage and deliver the care and treatment that people receive in hospitals, health centres and surgeries, GPs, dentists, pharmacists, opticians and other places, including care within the community. We are also responsible for health promotion and public health.

- **Public Health**: Improving the health of our population and reducing inequalities. Providing preventative health care information and advice including access to health and wellbeing services.
- **In Primary Care:** This is the 'front door' of our organisation and often the first point of contact for our patients with the NHS. These include GP surgeries, pharmacies, dentists, opticians and sexual health clinics. Locally, our Primary Care services are provided across the whole of Cardiff and the Vale of Glamorgan within three localities: Cardiff North and West, Cardiff South and East, and the Vale of Glamorgan.
- **In the community:** We deliver of wide range of clinical services directly into people's homes (district nursing, podiatry, health visiting, and children's community nursing services). We offer clinic assessments and treatments in our local health centres and in community hospitals such as St David's and Barry. We provide both Mental Health and Learning Disability services alongside our Local Authority partners and we work closely with voluntary and community, or third sector, services.

- **In our specialist hospitals**: University Hospital Llandough (UHL), University Hospital of Wales (UHW) and Noah's Ark Children's Hospital provide a broad range of inpatient (on our wards) and outpatient (in clinic) medical and surgical treatments and interventions. We serve a wider population across Wales and often the UK, with specialist treatment and complex services such as neurosurgery and cardiac services**.**

2. What is our vision?

Our vision as a Health Board is simple; a person's chance of leading a healthy life should be the same no matter who they are. To make this happen and achieve better outcomes for people, we need to improve our current health system and work with our partners to ensure that it is sustainable for the future.

We want to:

- ***Achieve joined-up care based upon a 'home first' approach.***
- ***Avoid harm, waste and variation in our services to make them more efficient and sustainable for the future.***
- ***Deliver outcomes that really matter to patients and the public, ensuring that we all work together to create a health system that we're proud of.***

Our strategy for achieving these aims is *Shaping Our Future Wellbeing*, a 10-year, system-wide plan that is set to transform our services for the better. In the last 5 years there have been a number of key steps we have taken to deliver this strategy:

- **Community services** - Phase 1 of enhancing our community services is underway with plans to develop a number of Health and Wellbeing Centres and Wellbeing Hubs, which will enable more people to receive care closer to home.
- **Right place, first time** - We have recently launched Primary Choice, a service that helps people find the right health advice, care and treatment for their needs, so that they see the right person, first time in their local communities, or in the Emergency Unit if it is the right place for their care. This means patients get the best care while also reducing waiting times.
- **Regional specialist services** – In 2020, working in partnership with a number of organisations in South Wales, we launched the Major Trauma Centre as a part of a regional network in South Wales. The new network will improve outcomes for seriously injured patients and the Major Trauma Centre based at UHW provides a centre for specialist treatment.

The transformation of our clinical services will be key in delivering our vision. Working with our patients and stakeholders we will identify 'what good looks like' and transform and develop our services and ensure exceptional care within our hospitals, in our communities and at home.

3. Why do we need to transform our clinical services?

Our population

- **Population growth** - Cardiff is one of the fastest growing cities in the UK. While overall numbers in the Vale of Glamorgan are relatively static, the total population of Cardiff and Vale has now exceeded 500,000 for the first time and by 2029, this is predicted to increase population will increase by 20%.
- **An ageing population** – Across Wales the population is aging, with many areas seeing an accelerated increase in the number of older people. The average age of people in both Cardiff and the Vale of Glamorgan is increasing steadily, with those aged 85 and over in the Vale of Glamorgan predicted to increase by 40% in the next 10 years. Older people tend to be the greatest users of healthcare associated with age related issues, such as dementia, and the impact of multiple long-term conditions.
- **An increase in long term illness & mental ill health –** The number of people within Wales with more than one long-term illness is increasing. Mental ill health accounts for a substantial burden of ill health and disability in Wales with high costs not only to the NHS, the society and the economy. It is associated with worse physical health, poor education and unemployment.
- **A lonelier population -** 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 wellbeing and life expectancy.

Our partners

We want to get better at supporting the people of Cardiff and the Vale of Glamorgan to keep well and stay healthy, as well as treating people if and when they become ill. We know that we can't do this alone and that health services only have a relatively small part to play in that. Good housing, transport, employment and economic wellbeing, education and a thriving art and cultural scene are equally important, if not more so. To help keep our population healthy, well and independent, we work closely with our partners in Cardiff Council, the Vale of Glamorgan Council and third sector (voluntary sector organisations) to plan and deliver joined up services. As we plan the delivery of more care and treatment closer to home, these partnerships will become even more important and we will continue to strengthen the partnership.

Our population's health

- **Premature death and unhealthy lifestyles** - In adults, the main causes of premature death and disability remain cancer and circulatory diseases, conditions where an unhealthy lifestyle has a significant impact. These include smoking, poor diet and lack of physical activity. Survival rates for cancer in Wales remain amongst the worst in Europe.

- **Health Inequalities** - There is a clear link between social inequalities and health inequalities. Health inequalities may also be associated with other characteristics, for example ethnicity. Cardiff and Vale includes some of the most and least deprived areas in Wales. Reducing health inequalities benefits people as it results in longer, healthier lives and reduces costs associated with poor health.
- **Novel diseases** - With the emergence of virus' such as COVID-19, we need to be able to respond quickly in the future and continue to work through what the long-term legacy of the current pandemic means for the way we work going forward.

Our people

Securing the workforce of the future will be one of the biggest challenges facing the Health Board. We recognise that in order to provide sustainable services, staff must be able to work and train within a professional environment which is compliant with national standards – this is absolutely critical to providing the best outcomes for patients and key to recruiting and retaining our staff. We must also give our staff educational and learning opportunities to further improve their ability to provide good care.

Our treatments and technology

Healthcare is a rapidly developing and evolving industry with huge investments worldwide in healthcare research and innovation as well as digital technology. Our research and innovation activities and the services we provide keep us at the forefront of these developments and include advances such as:

- **Precision medicine and precision prevention** - As our understanding of genetic information improves, our ability to tailor treatments gets better but also allows us to help to prevent diseases such as cancer.
- **Point-of-care testing** - Bringing testing and diagnostics closer to patients and care providers reduces the need for patients to travel to hospital.
- **Digital technology** - Digital systems that allow patients to choose care closer to home such as video consultations, empowering patients with their own information and resources to help them manage their conditions and communicate securely with their clinical teams. Improved communication between NHS care providers such as shared care records and digital tools and solutions that free up staff time to deliver care.

Our clinical services will be designed to ensure that they can make full use of these developments in order to improve outcomes that matter to people.

Our buildings

- There is considerable evidence that the physical environment within healthcare buildings has a significant impact on patient outcomes and wellbeing. Modern hospital building standards dictate access to natural light, privacy, quietness, access to fresh air, minimal environmental impact and the right facilities to ensure modern infection control requirements with sufficient space to allow people to be active and speed up recovery or prepare better for surgery.

- Hospitals can also have a significant environmental impact including land use, energy consumption, production of carbon emissions, waste management, noise, and the use of hazardous substances.
- In redesigning our facilities we need to aim to be world leaders in sustainability, minimising our ecological footprint and developing facilities that are sympathetic to the residential settings in which our main sites currently sit.

The University Hospital of Wales is the largest hospital in Wales. Planned in the 1950s, it is no longer fit for purpose and does not have the right infrastructure or capacity within its buildings to deliver modern clinical services.

Our economy

- It has been clearly evidenced that a healthy population leads to a healthy and productive economy.
- The life science sector is a key contributor to the economy in Wales and has the potential to grow significantly over the next decade. Welsh Government has prioritised the development of this sector. As a Health Board, we will have a key role to play in realising this potential.
- As one of the largest NHS organisations in Europe the Health Board plays a big role in the local economy and labour market.

4. What is our approach to transforming clinical services?

The transformation and development of clinical services will be supported and overseen by a transformational programme of change, our ***Shaping our Future Clinical Services*** programme.

The programme will:

- Consider how our clinical services should be designed to respond to current and future challenges and maximise opportunities to improve care, this will include where they should be located as well as the infrastructure and resources that should support them.
- Develop models of care that will include the redesign of how services are delivered in our hospitals, in our communities, closer to and at home.
- Oversee the development of plans for how patients can access communications, information, diagnosis and treatment, ensuring that, where possible, care is provided at or as close to home as possible.
- Engage and work with our partners in the region to jointly agree our clinical strategy that fits with the direction of travel for Wales as a whole
- Prioritise the transformation of these services using specific criteria including patient safety, patient outcomes, sustainability and cost.

This will enable us to:

- Meet the needs of our population now and in the future
- Deliver the best outcomes for our patients
- Create and maximise an agile workforce
- Enhance our specialist equipment and technology provision
- Reduce duplication and variation, giving patients a better experience
- Modernise and improve how patients move through services to use our hospitals to best effect
- Support the future healthcare service needs within modern and fit-for-purpose buildings
- Provide timely access to both emergency and planned hospital treatment
- Be better a better partner
- Be part of a system focused on keeping well

We will deliver this programme with the following principles:

- Have our patients at its heart
- Be clinically-led
- Be developed collaboratively with staff, patients and partners
- Work across whole care pathways for conditions, illnesses and injuries
- Involve primary, secondary, tertiary services, and social care services
- Cover all ages – start well, live well, age well
- Drive the requirements for transformation programmes, e.g. Digital, Workforce, infrastructure
- Learn from, incorporate, and build-on prior innovation
- Be closely linked with service plans for the development of services such as public health, mental health, regional services for Wales
- Support the delivery of future clinical services that are environmentally and economically sustainable

5. Which clinical services should we consider?

We deliver a wide range of clinical services for patients of all ages and with different needs. Our clinical services deliver care for patients who have emergency, urgent or less time critical care needs. Some of these care needs are routine and common, and others are complex or specialised and rare.

This section sets out some areas for consideration based on these needs and some principles and examples of the way in which we might transform care based on opportunities and challenges we describe.

Emergency and urgent clinical services

Emergency care is provided for patients with serious life-threatening or life-changing conditions that require immediate and intensive treatment. Urgent care is provided for patients who have a problem that needs attention the same day but is not life threatening. Emergency care is not only provided in an emergency unit or department, but in many other areas too, such as critical care, acute medicine and surgery.

This area of our health service is under intense, growing and unsustainable pressure driven by many of the challenges we have described. We know that our patients often have long waits for these services or find they are unable to access them when they are needed. However, it is also an area which could benefit from some of the opportunities we have described, including improved digital technology and access to new treatments and point of care testing. Our aim would be to ensure that people have timely access to care and have an optimal clinical journey that diagnoses, treats and gets people home as quickly and safely as possible.

Therefore we could:

- Continue to develop systems which can effectively direct patients to the right service, at the right time and in the right place.
- Continue to develop our services alongside our partners across whole care pathways to collectively reduce pressure across our services.
- Offer some urgent services closer to home in a community setting.
- Consider different ways of organising our workforce to ensure that this care can be delivered safely 24 hours a day, 7 days a week.
- Consider where our services are delivered to maximise opportunities for making the best use of our resources.

What could it mean for me?

- This may mean time and expenses saved in travel where treatments and testing, investigations such as x-rays, CT scans and even some treatments in your local community (at a Health and Wellbeing Centre).
- This may mean attending a different location to your local hospital in order to receive emergency or urgent treatment.
- The may mean calling ahead of a visit to the hospital to ensure any waiting time is reduced or completing assessments online in advance so your clinical team have all the information they need to focus on you during your appointment

Elective Clinical services

Elective care is provided for patients whose care can be arranged and planned well in advance of treatment – for example, a series of planned treatments for a long-term or acute condition or illness or surgery planned ahead such as a hip or knee replacement. These services often compete with emergency and urgent services, which in some instances can lead to cancellations and delays. The COVID -19 pandemic has significantly impacted the NHS's ability to deliver elective services with many treatments and operations paused.

There are opportunities to look at the way in which these services are delivered including ways in which we can prevent some patients need for these services and reducing time spent in hospital.

Therefore we could:

- Better manage the rising demand for these services by ensuring our clinical services focus on improving the health of our population.
- Engage and communicate with our community as and GPs to ensure we treat patients with most need
- Design simple but effective health and condition pathways that inform all parties of how the clinical journey will be shaped through the health system.
- Create a safe environment for our planned care that can deliver the best experience possible.
- Organise our services more effectively, ensuring patients have access to the right people to treat their needs earlier in their care pathway.
- Consider separating these services from emergency care services, which may mean locating more of the services away from where they are currently delivered in order to minimise the risk of cancellations or delays.
- Offer some elective services at home or within a person's local community.

What could it mean for me?

- It could mean we could provide more certainty of planned treatments and operations
- This may mean you will be offered appointments with a doctor or healthcare practitioner virtually, at home or in your local community rather than coming into hospital saving both time and money.
- It could mean you will be able to have testing, investigations such as x-rays and even some treatments in your local community (at a Health and Wellbeing Centre).
- This may mean that when you do need to come to hospital, you will have the specialists and services that you need to ensure your hospital stay is no longer than it needs to be.
- This may mean these services are not all located within your local hospital.

Specialised clinical services

Some clinical services provide care for complex, uncommon or rare conditions, illness or injury. They often involve treatments for patients with rare cancers, genetic disorders or who have complex medical or surgical needs. These services are growing as we develop new technologies and treatments.

These services are typically provided at a single hospital location within a region, following referral from a local GP or local hospital consultant. For most patients accessing a specialised service, the majority of their care will be delivered within their local hospital, and their contact with the specialised service may only form a very small, albeit critical part, of their care pathway. A smaller but significant number of patients with long term conditions will have an ongoing relationship with the specialised service.

Where services are specialised, there is a need to ensure that they are sustainable and have appropriately trained staff that can treat injuries, illnesses and conditions regularly – maintaining expert knowledge and skills.

Therefore we could:

- Work with our partners across Wales to develop a clear, compelling, and coherent vision for these types of services.
- Create specifications for the delivery of these services across different services and organisations.
- Develop and deliver plans for providing these services for our population across Wales to ensure; improved quality and safety, service sustainability and improved delivery and performance.

What could it mean for me?

- This may mean that when you do need to come to hospital, you will have the specialists and services that you need to ensure your hospital stay is no longer than it needs to be.
- It may mean that outpatient clinic appointments are offered at a local hospital, virtually at home, or in local communities - preventing unnecessary travel, time and expense.
- It may mean that you will need to travel further to see a specialist - for some specific elements of your treatment.

6. Where might clinical services be delivered in the future?

At home

As a part of our strategy to deliver care in or as close to home as possible we want to be able to design our clinical services to ensure that care can be delivered in the place where most of us want to be, by increasing home-based treatments.

During the COVID -19 pandemic, our healthcare system has had to adapt to deliver access to services safely and closer to home and we would like to develop these services further.

As technology continues to develop, access to services may be available from alternative sites to main hospital bases. This includes outpatient appointments and reviews that could be undertaken virtually, with test results and monitoring via apps or smartphone technology if this suits our patients' needs.

We recognise that not everyone will have the equipment, knowledge or ability to use the latest technology. We will ensure that we continue to provide access to face-to-face services where that is better for the individual patient.

In the community

We are already several years into our *Shaping our Future Wellbeing: In Our Community* programme which is developing detailed plans for a number of new community buildings to give easier access to health and wellbeing services closer to home. Engagement with local communities and clinicians who will be delivering services in our Health and Wellbeing Centres and Wellbeing Hubs has informed our service model, which will be tailored to the needs of each locality and primary care cluster. In addition to clinical services, services provided by Local Authorities and the Third Sector (voluntary and not for profit) might be delivered by them, these include; peer support groups, support to access services and skills development.

Health and Wellbeing Centres

Our plan is to develop a Health and Wellbeing Centre in each of the three localities (Cardiff Royal Infirmary, Barry and North Cardiff). These will provide the infrastructure to support the services for the locality that cannot be provided in our Wellbeing Hubs due to the dependence on equipment, facilities or critical mass. People will be able to access a range of services including:

- Ambulatory care for rapid assessment of patients with specific conditions without the need for emergency admission
- Range of point of care testing services, such plain film x-ray, CT and ultrasound

- Enhanced enablement and reablement services
- Range of outpatient services including joint primary and secondary care clinics where a virtual clinic may not be appropriate for the patient
- Primary Care (GP) out of hours services
- Community Mental Health Teams
- Community Children's Services
- Access to non-medical support and advice, e.g for carers
- Opportunities for community groups

Wellbeing Hubs

Our plan is to develop a Wellbeing Hub in each of our nine Primary Care Clusters. These will be focused on delivering a social model of health and wellbeing, either through the development of existing places such as health centres, leisure centres, and local authority community hubs, or through new builds in areas of extensive new residential development or in newly developed facilities such as those under development at Maelfa. These will deliver services such as:

- GP services
- Community midwifery
- Children's services
- Primary mental health
- Community and independent living services

We envisage that there will be a number of beds within our community for those patients who do not need hospital care but have needs that cannot be met within their home or our Centres and Hubs. This could be in a community hospital bed, a residential or nursing home bed commissioned with the LAs specifically for this purpose. These beds may be used to support those patients continuing their recovery after a stay in hospital, or by our Primary and Community teams to support patients for whom care would be best closer to home rather than a hospital setting.

In hospital

The ambition for two of our major hospital sites is that they continue to develop as two centres of excellence with clearly defined future roles. This will ensure that patients are admitted for the shortest time for the provision of care that can only be delivered in a hospital environment.

University Hospital of Wales (UHW)

As a large acute teaching hospital providing services for our local population but also a specialist facility serving the whole of Wales, UHW provides a range of clinical services including: Critical Care, Emergency Surgery, Neurosurgery, Neurology, Urology, Acute Stroke, Major Trauma, Transplant, Radiology, Cardiology, Obstetric, Gyanecology, Cancer surgery, General Medicine and Care of the Elderly.

Our vision is to continue to develop clinical services for this hospital site that are:

- Highly specialised (tertiary)
- For the sickest patients who have complex, specialist needs
- For patients who need emergency 24/7 care
- A focus for research and innovation

The opportunity for a new state of the art facility

UHW's current buildings are nearing the end of their design life and the hospital is no longer able to provide the space and facilities required by modern medicine.

We are developing a case for a new hospital facility that we envisage will provide:

- an improved environment for our patients and our staff.
- an environment for research and teaching to continue to flourish.
- a more sustainable and energy efficient facility

A new facility would enable us to:

- continue to develop our services to deliver exceptional 24/7 care for the sickest patients,
- continue to deliver exceptional specialised clinical services for Wales.

University Hospital Llandough (UHL)

As a large hospital site delivering care for the population of Cardiff and the Vale of Glamorgan, UHL provides services including; Inpatient Mental Health, Adult Orthopaedic and Spinal Surgery, Care of the elderly, General Medicine, Radiology, Breast Surgery, Stroke Rehabilitation, Cystic Fibrosis services

We envisage that UHL will continue to be a thriving hospital site specialising in care for ill but stable individuals who are not dependent on critical care for their admission or inpatient stay. Our vision is to develop exceptional clinical services for this hospital site that are:

- For patients who need hospital care but are stable
- For patients who may need elective surgery that is and planned ahead
- For patients who need specialist rehabilitation
- For patients requiring inpatient mental health services

7. Important considerations

As we develop and transform how and where we deliver clinical services, there are important considerations to take into account that will enable us to deliver exceptional care for our population.

Our workforce

A people's plan is imperative to ensure the future health and care workforce is sustainable, agile and innovative. Our staff are our most important resource, we will need to ensure that our clinical services are supported by the right staff, in the right place. This will mean growing and developing our workforce to meet the needs of our future services.

There are key principles we will work to when developing the workforce of the future:

- Looking after our people – with quality health and wellbeing support for everyone
- Belonging in the NHS – with a particular focus on tackling the discrimination that some staff face
- Develop and educate our workforce through partnership working with professional bodies and our University

- New ways of working and delivering care – making effective use of the full range of our people's skills and experience
- Growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return
- Being part of the wider team of partners, together focused on health, wellbeing and independence

Digital technology

Digital technology can support both our staff and our patients in providing the best possible care wherever that may be. We know that 85% of people in Wales use the internet –that means 15% do not. Internet use breaks down as:

People with a long-standing illness or disability - 74%
Without disability - 90%
Age 65-74 - 72%
Age 16 –49 -97%

This means that digital solutions will suit many but not all of our population and so face to face services will always be available for people who need them. Indeed, many health and care services can only be delivered face to face, hence we see digital as enabling not replacing services you experience.

Here are some examples of the way in which digital technology may help us to deliver clinical services in the future.

As a patient you may be able to:

- Access your own health and care record, reports and results as well as view your appointments and re-schedule them online.
- Communicate securely with teams who provide your care
- Share your health and care information with anyone you wish to
- Upload information from wearable devices, or care

In addition to this we would like to ensure that we can improve access to health and care information across the teams who provide clinical care meaning in any health and care setting, the people treating you have improved access to you your information and know about your health and care needs.

We would also like to use health and care data to improve services we deliver by telling us what works well, and what needs to be improved.

8. What are the next steps?

1. **Testing the case for change, our challenges and benefits–** we want to test our thinking on the need to transform our services based on gaining a full understanding of the challenges facing our services and the benefits that could be gained by delivering them differently.
2. **Identifying clinical services that we think need to change based on challenges and benefits –** talking to our patients and staff, led by clinicians from across the pathway.
3. **Describing our future models of care in our hospitals, our communities and at home, joined up with partners' services where this will bring a better quality and experience of care and support**
4. **Undertaking engagement and consultation on specific service changes –** seeking your views on more detailed proposals on *how* provision may change e.g. centralisation of some specialised services, and on *where* services might be provided e.g. moving some services between our hospital sites, community and home.
5. **Implementing changes to our clinical services, our buildings, our workforce and our digital infrastructure.**

9. How can you get involved?

We want to hear from you about the ideas set out in this document. We are working closely with the South Glamorgan Community Health Council (CHC) and other partner organisations to make sure as many people as possible have the opportunity to learn about this programme and share their views.

At this stage, it is important that we hear your thoughts and opinions as we begin the development of our plans - this will help us to shape our thinking.

As well as providing feedback using the response form, you can find out details of how to get involved in discussions on our dedicated website.

Have your say…

www.shapingourfuturewellbeing.com

10. What will we do with your feedback?

We are undertaking a 7-week engagement exercise from 1st March 2021 to 19th April 2021.

Following the closing date on 19th April we will:

- Share the responses received with the South Glamorgan Community Health Council (CHC).
- Consider the responses received and write a report summarising the feedback and recommending a way forward.
- Liaise with the CHC to consider the outcome of the engagement exercise and next steps.
- Publicise the outcome of the engagement exercise and confirm next steps in our programme of transforming clinical services.