

Finance Committee

29 January 2020, 14:00 to 16:00
Coed y Nant, Ground Floor, Woodland House

Agenda

- | | | |
|-------------|--|--------------|
| 1. | Preliminaries | John Union |
| 1.1. | Welcome & Introductions | John Union |
| 1.2. | Apologies for Absence | John Union |
| 1.3. | Declarations of Interest | John Union |
| 1.4. | Minutes of the Committee Meeting held on 18th December 2019 | John Union |
| |  1.4. UNCONFIRMED MINUTES OF THE FINANCIAL COMMITTEE 18th Dec 2019.pdf (11 pages) | |
| 1.5. | Action Log | John Union |
| 1.6. | Chairs Action taken since last meeting | John Union |
| 2. | Items for Review and Assurance | |
| 2.1. | Business Case Approval - Community Mental Health Services Rationalisation | Geoff Walsh |
| |  2.1a Finance Committee CRI Links BJC January 2020 (002).pdf (3 pages) | |
| |  2.1b 200109 Mental Health BJC v5 Final.pdf (65 pages) | |
| |  2.1c Appendices BJC January 2020.pdf (130 pages) | |
| 2.2. | Financial Performance 2019/20 | Chris Lewis |
| |  2.2 Finance Report for Month 9 new format.pdf (21 pages) | |
| 2.3. | Clinical Boards in Escalation | Steve Curry |
| 2.4. | Cost Reduction Programme | Andrew Gough |
| |  2.4 Cost Reduction Programme Progress Finance Committee January 2020.pdf (5 pages) | |
| 2.5. | Finance Risk Register 2019/20 & 2020/21 | Andrew Gough |
| |  2.5b. Finance Risk Register 2019-20 - Appendix (6 pages) | |

1.pdf



2.5b. Finance Risk Register 2020-21 - Appendix
2.pdf

(6 pages)



2.5a Finance Risk Register January 2020.pdf

(2 pages)

2.6. 2020/21 IMTP Financial Plan

Andrew Gough



2.6 CAV Finance Chapter DRAFT 20-23.pdf

(11 pages)

3. Items for Noting and Information

3.1. Month 9 Financial Monitoring Returns



3.1 Month 09 - Cardiff Vale ULHB - Monitoring
Return Tables.pdf

(11 pages)

4. Items to bring to the attention of the Board

John Union

5. Date and time of next Meeting

**5.1. Wednesday 26th February 2019 at 2pm, Cwm George Meeting Room,
Woodland House**

**CONFIRMED MINUTES OF FINANCE COMMITTEE
HELD ON 18th DECEMBER 2019
CEFN MABLY MEETING ROOM, WOODLAND HOUSE**

Present:

John Union	JU	Chair, Independent Member – Finance
Charles Janczewski	CJ	Interim Chair (Board)
Abigail Harris	AH	Executive Director of Strategic Planning
Andrew Gough	AG	Assistant Director of Finance
Chris Lewis	CL	Deputy Director of Finance
Len Richards	LR	Chief Executive
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Robert Chadwick	RC	Executive Director of Finance
Ruth Walker	RW	Executive Nurse Director
Steve Curry	SC	Chief Operating Officer

In Attendance:

David Thomas	DT	Director of Digital & Health Intelligence
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Secretariat:

Paul Emmerson	PE	Finance Manager
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Apologies:

FC 19/135	WELCOME AND INTRODUCTIONS	ACTION
	The Chair welcomed everyone to the meeting.	
FC 19/136	APOLOGIES FOR ABSENCE	
	Apologies for absence were noted.	
FC 19/137	DECLARATIONS OF INTEREST	
	The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	
FC 19/138	MINUTES OF THE FINANCE COMMITTEE MEETING HELD ON 27th NOVEMBER 2019	

	<p>The minutes of the meeting held on 27th November 2019 were reviewed for accuracy and were agreed as a true and accurate record.</p> <p>Resolved – that:</p> <p>The minutes of the meeting held on 27th November 2019 were approved by the Committee as an accurate record.</p>	
FC 19/139	<p>ACTION LOG FOLLOWING THE LAST MEETING</p> <p>The Finance Committee was advised that there were no outstanding Actions.</p> <p>Resolved – that:</p> <p>The Finance Committee noted that there were no outstanding Actions.</p>	
FC 19/140	<p>CHAIRS ACTION SINCE THE LAST MEETING</p> <p>There had been no Chairs action taken since the last meeting.</p>	
FC 19/141	<p>INDEMNITY CLAUSE WITHIN DATA PROCESSING CONTRACTS</p> <p>The Director of Digital & Health Intelligence introduced a paper on the Indemnity Clause Within Data Processing Contracts and indicated that a number of external organisations were refusing to sign the UHB's Data Processing Contract because of:</p> <ul style="list-style-type: none"> i) the current level of indemnity (full indemnity reducing to £5m for lower risk PID) to protect the UHB in the event of a data breach where the processor is responsible. ii) the level of protection the UHB is asking processors and joint data controllers to provide to the UHB in the event of civil legal action against the UHB where the processor is responsible. <p>This paper sought to re-establish a formal position for the UHB regarding data sharing and mitigating the UHB's exposure to associated financial risks.</p> <p>Following some discussion the Committee agreed that the paper should be presented to the UHB's Audit Committee for consideration</p> <p>Resolved – that:</p> <p>The Finance Committee noted that the paper would be presented to the UHB's Audit Committee for consideration.</p>	
FC 19/142	<p>FINANCE REPORT AS AT MONTH 8</p>	

The Deputy Director of Finance presented the UHB's financial performance to month 8 and highlighted that the UHB had reported an in month underspend of £0.434m and a year to date deficit of £1.951m. It was noted that part of the improvement in month 8 was due to the release of £0.8m provisions and accruals in line with planned actions and that whilst the UHB's financial position had improved in month, it was £0.196m short of the expected profiled recovery. The Committee was also informed that the UHB had now been asked to include its share of the projected overspend against the Welsh Risk within the UHB's forecast outturn. This liability had fallen from £2.4m to £1.5m in month.

The UHB Interim Board Chair (CJ) acknowledged the reduction in the deficit in month and also highlighted concern that the UHB's overspend remained c £0.200m outside of the planned profile at month 8.

In addition the UHB Interim Board Chair (CJ) indicated that the emergence of the additional Welsh Risk Pool liability late in the year was a concern.

The Finance Committee Chair (JU) noted that the UHB had first noted the risk of overspend against the Welsh Risk Pool on the Finance Risk Register in August, although it was unclear whether the UHB would be required to meet any additional costs. The Chief Operating Officer indicated that precedent suggested that overspend against the Welsh Risk Pool would be funded centrally. The Deputy Director of Finance informed the Finance Committee that the option to cover the additional liability in respect of the Welsh Risk Pool would be covered on the following presentation on Plans to Break even.

Turning to the Finance Dashboard it was highlighted that the number of measures which were RAG rated Red had not changed in month and that the following 4 measures were rag rated Red namely: remaining within revenue resource limits; the reduction in the underlying deficit to £4m; the delivery of the recurrent £16.345m 2% devolved target; the delivery of the £12.8m recurrent/non recurrent corporate target.

Performance against income was favourable in November largely due to the release of a provision and in response to a query from the UHB Interim Board Chair (CJ) the Deputy Director of Finance signalled that whilst there are further opportunities to release accruals and provisions into the position these had already been factored into the plans to reach break-even. It was noted that there was also a small improvement in LTA performance. In the context of LTA performance, the UHB Interim Board Chair (CJ) asked whether any pressures had been reported in respect of the enhancement of midwifery services required by the South Wales Plan. The Chief Executive indicated that the UHB had recruited additional staff, however, whilst there had been an increase in referrals from outside of Cardiff and Vale the actual numbers were less than expected. This had left the UHB with a pressure of cost pressure c £0.250m which

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was being discussed with neighbouring Health Boards with the intention of recovering part of the costs.

Performance against pay was favourable and better than the trend for the previous 7 months, in part as a result of provision of additional budget to the Medicine Clinical Board to cover the additional nursing costs in the Assessment Unit arising from HIW recommendations and the increase in the acute oncology nursing establishment.

The pressures against non pay budgets continued in month and attention was drawn to the in month pressure against commissioned services around the UHB's contribution to the WHSCC budget.

Moving on to performance against delegated budgets the Deputy Director of Finance reminded the Committee to note that the performance was skewed in month by the provision of c £0.4m funding to the Medicine Clinical Board for ongoing additional nursing costs in the Assessment Unit arising from the HIW recommendations and the increase in the acute oncology nursing establishment. Significant rates of overspend which had continued in a number of Clinical Boards had been offset by the release of corporate opportunities leading to the £0.434m in month surplus.

The Committee was informed that the UHB was unlikely to reduce its underlying deficit to the planned level of £4m by year end as a result of a shortfall of c £7.5m against recurrent savings targets and was therefore likely to be circa £11.5m

It was noted that the UHB's PSPP performance continued to exceed the 95% target; cash plans were currently on target with the UHB not expecting to request additional cash support in 2019/20; and an additional £11m Capital funding had been approved in month and whilst there was some slippage against capital expenditure profiles at month 8 this was expected to be recovered by year-end.

In concluding the Deputy Director of Finance highlighted that the key risk to the Plan was the management of budgets to deliver a balanced financial position by year end and that the assessment of this risk had fallen from £4m to £2.5m in month. In addition it was noted that the UHB was now expected to meet the cost of its share of the overspend at the Welsh Risk Pool which was now expected to be £1.5m.

ASSURANCE was provided by:

- The scrutiny of financial performance undertaken by the Finance Committee and the UHBs intention to recover the year to date deficit and deliver a break even position by the year end as planned.

Resolved – that:

The Finance Committee **noted** that the UHB has an approved IMTP which includes a balanced Financial Plan for 2019/20;

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	<p>The Finance Committee noted the £1.951m deficit at month 8;</p> <p>The Finance Committee noted the key concerns and actions being taken to manage risks</p>	
<p>FC 19/143</p>	<p>PLANS TO DELIVER A BREAK EVEN POSITION (presentation)</p> <p>The Deputy Director of Finance presented an update on the Plans To Deliver A Break Even Position stating that plans had been adjusted for issues which had emerged in November as follows:</p> <ul style="list-style-type: none"> • The UHB position had improved by £0.434m in November, primarily as a result of performance against Central Budgets. A number of significant overspends continued to be reported by Clinical Boards in month. • A full savings programme was in place to meet the £29.145m target and the number of schemes which had reached green status had increased by £0.265m in month. • At month 8 Clinical Boards were reporting a cumulative overspend of £8.696m which was £0.917m higher than the original forecast and £0.075m higher than the planned profile to reach break-even. In addition to this, as a result of commissioning pressures the planned underspend against Central Budgets was £0.121m less than expected leaving the UHB's deficit £0.196m above the forecast profile to reach breakeven at the end of November. • Clinical Board Recovery actions are back loaded and there was a straight line risk of £3.6m if Clinical Board performance continued at the rate established in the first 8 months of the year. • In recognition of the continuing Clinical Board overspends at month 8 the Risk Adjusted Clinical Board Forecast had been increased by £0.8m. In addition the UHBs £1.5m share of the Welsh Risk Pool overspend was also included in the risk adjusted forecast for the first time. These increases were offset by £0.920m further underspend on corporate reserves and budgets. As a consequence the UHBs risk adjusted profile had increased by £1.380m November from £0.841m to a deficit of £2.221m. • Proposals to address the £2.2m risk adjusted forecast deficit were listed as follows: Secure additional funding for Lightfoot; Defer recruitment to non-essential posts until 31st March 2020 (via vacancy scrutiny panel); Freeze avoidable non pay expenditure e.g. office equipment & training (via procurement); Defer expenditure into 2020/21 where possible and explore brokerage opportunities (some of which may need to be re-provided); Maximise slippage on previously agreed investments 	

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(internal and external). The restrictions were to apply to all budgets including those that are underspent.

- There were still a number of risks to the delivery of a break even position as follows: closing down the residual £2.2m risk; the management of the risk adjusted position across a number of areas; turning the final amber savings schemes to green as soon as possible; unexpected events as the UHB is not holding a contingency; Clinical Board improvement plans; the management of the £1.5m Welsh Risk pool cost pressure that is subject to change.

Comments were received as follows:

- The UHB Interim Board Chair (CJ) noted that the assurance provided earlier in the year that the savings programme would turnaround Clinical Board performance had not manifested in performance to month 8. The Chief Executive confirmed that the financial performance of Clinical Boards in year had also been compromised by a number of operational pressures. In this context, the Director of Nursing added that the presentation of financial information within the UHB and the identification of the operational pressures driving overspends within delegated budgets was helpful in focussing attention on pressure points that required management attention.
- The Finance Committee Chair (JU) noted that the in month increase of £1.4m to the residual risk in November was broadly in line with the UHB's liability in respect of the Welsh Risk Pool which had been included within the forecast outturn for the first time in November. This had taken the residual gap which needed to be covered to achieve breakeven out to £2.2m and the Finance Committee Chair (JU) questioned whether reaching breakeven was still achievable.
- The Executive Director of Finance advised that it was unlikely that the UHB would be able to identify and deliver additional savings of £2.2m in the final 4 months of the year, therefore the UHB would need to take action as soon as possible to reduce current expenditure levels to bridge the residual gap.
- The UHB Interim Board Chair (CJ) acknowledged that the UHB had a responsibility to strive to deliver break even, however it was emphasized that the maintenance of patient safety must be at the forefront of considerations to slow down expenditure and the Chief Executive agreed that this principle would underpin planned Executive discussions around the options to slow down expenditure. The Executive Director of Workforce and Organisational Development added that it would be important to understand the impact that holding vacancies would have upon core and non-core functions and that this should be made clear in the information supporting requests to fill vacancies.

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	<p>Resolved – that:</p> <p>The Finance Committee noted the plans and actions required to deliver a break even position in 2019/20.</p>	
<p>FC 19/144</p>	<p>2020/21 IMTP (presentation)</p> <p>The Committee agreed to re-arrange the order of the agenda and bring forward the consideration of the 2020/21 Financial Plan.</p> <p>The Assistant Director of Finance made a presentation to the Committee on the 2020/21 – 2022/23 IMTP Draft Financial Framework.</p> <p>The Committee was reminded that the UHB’s 2019/20 3 Year IMTP had set out to reduce the UHB’s underlying deficit from £36.3m to £4m moving into 2020/21. However, as a result of the forecast £7.5m shortfall against the recurrent 2019/20 savings target, the Committee was informed that the UHB expected the underlying deficit moving into 2019/20 to be c £11.5m.</p> <p>In addition a further 9.5m of pressures had emerged since the approval of the original 2019/20 3 Year IMTP relating to:</p> <ul style="list-style-type: none"> • £2.8m of Clinical Board operational pressures in prescribing growth, CHC growth. Clinical Boards would need to manage further assessed underlying pressures of up to £12m including nursing. • £4.2m of commissioning pressures • £1.5m of additional Welsh Risk Pool costs • a £1m reduction to the UHB’s allocation as a result of the implementation of the revised population funding formula. <p>The shortfall of £7.5m against the 2019/20 recurrent savings target and the additional £9.5m of pressures that had emerged since the approval of the 2019/20 plan meant that the UHB’s financial position moving into 2020/21 was £17m worse than originally planned. As a consequence it was recommended that the 2020/21 Financial Plan should be flexed by increasing the level of savings by £8.5m to £29.0m (3.5%) and reducing the Investment Reserve by £8.5m to nil in order to produce an approvable draft financial plan which would deliver a break even position in each of the 3 years from 2020/21 to 2022/23 as follows:</p>	

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	2020/21 Plan £m	2021/22 Plan £m	2022/23 Plan £m
Prior Year Plan	(4.0)	(4.0)	0
Adjustment for non recurrent items in previous year (note 1)	(7.5)	0.0	0
b/f underlying deficit	(11.5)	(4.0)	0
Net allocation uplift (including LTA inflation) (note 2)	30.1	20.5	20.5
Cost pressures (note 3)	(47.6)	(33.0)	(33.0)
Investments	0.0	(4.0)	(4.0)
Recurrent cost improvement plans 3% (note 4)	25.0	20.5	16.5
Non Recurrent cost improvement plans 0.5% (note 5)	4.0	0.0	0.0
Planned Surplus/(Deficit)	0.0	0.0	0.0

The plan included £47.6m of funding for cost pressures in 2020/21 as follows: Cost Growth £18.7m (including pay inflation, non pay inflation, GMS/GDS pass through costs & CHC/FNC inflation); Demand/Service growth £24.3m (including NICE & New High Cost Drugs, Continuing Health Care, Prescribing, Clusters, Cancer & Specialist Services, LTA inflation; Other Cost Pressures £4.6m (including Welsh Risk Pool, LTA income & local Cost Pressures).

It was also noted that the cost improvement target of £29m (3.5%) in 2020/21 was c. £8.6m higher than initially planned, primarily as a consequence of the shortfall against 2019/20 recurrent targets. At this point the value of identified schemes was relatively low and it was expected that Welsh Government would seek further assurance around the delivery of the target before the plan was approved.

Finally, the Committee was advised of the timetable and process for the submission of the IMTP and it was noted that a Draft Financial Plan would be informally submitted to Welsh Government on the 3rd January 2020. Following feedback from Welsh Government it was expected that the plan would be presented to the Board on the 30th January 2020 before the formal submission to Welsh Government on the 31st January 2020.

Comments were received as follows:

- The UHB Interim Board Chair (CJ) noted that the Clinical Board assessment of underlying cost pressures was £14.8m which was £12m higher than the £2.8m recognised in the plan. In response the Committee was informed that a professional view of the pressures identified by Clinical Boards had been taken and that this assessment concluded that the pressures which were outside of the control of Clinical Boards were significantly less than the £14.8m identified.
- A further query was raised by the UHB Interim Board Chair (CJ) in respect of the reduction to the UHB's allocation for population measures which was not in line with the relative increase in population in Cardiff and the Vale compared to the rest of Wales.

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	<p>In this context the Committee was told that that the actual adjustment would be confirmed upon receipt of the 2020/21 cash allocation, however, at this stage it appeared that the change in Welsh Government allocation policy would attach less weight to the health needs of the average individual in the Cardiff and Vale population relative to the rest of Wales.</p> <ul style="list-style-type: none"> • The Executive Director of Finance indicated that if any further allocations (e.g. for a Healthier Wales) were made to the UHB the options to consider further investments or provide additional cost pressure cover could be considered. However at this stage the options available to the UHB were either to approve a tough plan as outlined in the presentation or to submit an unbalanced plan. • The Finance Committee agreed with the approach outlined in the presentation subject to amendment for any flexibility to cover investment commitments and additional cost pressures if the cash allocation letter confirmed an uplift in excess of 2%. <p>Resolved – that:</p> <p>The Finance Committee:</p> <ul style="list-style-type: none"> • NOTED the draft plan and proposed process to enable submission of the IMTP to Welsh Government 	
<p>FC19/145</p>	<p>CLINICAL BOARDS IN ESCALATION</p> <p>The Chief Operating Officer confirmed that the number of Clinical Boards in escalation remained at 3.</p> <p>Resolved – that:</p> <p>The Finance Committee noted the actions being taken to manage financial performance</p>	
<p>FC19/146</p>	<p>COST REDUCTION PROGRAMME AND CROSS CUTTING THEME</p> <p>The Assistant Director of Finance asked the Finance Committee to note the 2019/20 Cost Reduction Report which included the following key points:</p> <ul style="list-style-type: none"> • At 30th November 2019 £16.707m of schemes had been identified as Green or Amber against the devolved 2% savings target of £16.345m, leaving a surplus of £0.361m. £15.050m of the identified schemes were recurrent. • Schemes totalling £13.505m had been identified as Green or Amber against the corporate savings target of £12.800m target as at 31st October 2019 leaving a surplus of £0.705m which covered the gap in delegated schemes. The recurrent effect of the identified schemes in 2020/21 was £4.332m. The recurrent position of corporate schemes was being reviewed on a scheme by scheme basis. Further work was focusing on a number of 	

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	<p>areas highlighted through both the Efficiency Framework and the UHB's own internal benchmarking and analysis.</p> <p>The Committee was informed that the main concern was the level of recurrent schemes which needed to improve to ensure that the UHB started 2020/21 in the best possible position.</p> <p>Resolved – that:</p> <p>The Finance Committee noted the progress against the £29.145m UHB savings requirement for 2019/20.</p>	
<p>FC19/147</p>	<p>RISK REGISTER</p> <p>The Assistant Director of Finance asked the Finance Committee to note the risks highlighted within the 2019/20 Risk Register.</p> <p>Three risks remained categorized as extreme risks (Red) on the 2019/20 Risk Register as follows:</p> <ul style="list-style-type: none"> • Reduction in the £36.3m underlying deficit b/f to 2019/20 to the IMTP planned £4m c/f underlying deficit in 2020/21; • Management of Budget pressures; • Management of Nursing overspend - £2.391m at month 8 <p>The Finance Committee was asked to note a fall in the assessed risk attached to the forecast 2019/20 Welsh Risk Pool overspend (Fin 13/19) where the UHB's share of the overspend had decreased from £2.4m to £1.5m following a revision to the forecast at month 8.</p> <p>The Finance Committee was also asked to note a new risk attached to the potential requirement for cardiac outsourcing (Fin14/19) and the UHB Interim Board Chair (CJ) asked for further detail. The Chief Operating Officer indicated that the waiting times for cardiac surgery had been in escalation with WHSCC for some time and that a plan was in place and making progress following an increase in urgent cases in the autumn which led to a consequent impact on elective capacity. The financial risk of outsourcing at this point was deemed to be relatively small.</p> <p>Resolved – that:</p> <p>The Finance Committee noted the risks highlighted within the 2019/20 risk register.</p> <p>The Finance Committee noted a fall in the assessed risk attached to the forecast 2019/20 Welsh Risk Pool overspend which was now estimated at £1.5m.</p>	
<p>FC 19/148</p>	<p>MONTH 8 FINANCIAL MONITORING RETURNS</p> <p>These were noted for information.</p>	

FC 19/149	ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES No other items to bring to the main Board.	
FC 19/150	DATE OF THE NEXT MEETING OF THE COMMITTEE Wednesday 29 th January; 2.00pm ; Coed Y Nant Meeting Room, First Floor, HQ, Woodland House	

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Report Title:	CRI Mental Health Accomodation				
Meeting:	Finance Committee			Meeting Date:	29/01/20
Status:	For Discussion	For Assurance	For Approval	x	For Information
Lead Executive:	Director of Planning				
Report Author (Title):	Director of Capital, Estates & Facilities				

Background and current situation:

The Dispensing and Treatment Team currently provide service from the Links Building at CRI. Until recently the Community Mental Health Team (CMHT) who cover this part of Cardiff also operated from the building. However, the UHB has for many years identified the Links Building at CRI as being unsuitable to support the delivery of services due to the deterioration in the fabric of the building.

A condition survey undertaken in August 2017 consider the building to be *'in a very poor state of repair and can be deemed an eyesore'* It continued to identify serious concerns with the condition of the external envelope and in particular the glazing on the upper floors posing a imminent risk of falling out.

The roof has had many repairs over the years and the cost to replace is estimate at over £750k. In late September 2019, following torrential rain, the area occupied by the CMHT was flooded and for Health & Safety reasons evacuated. The service has been relocated into the main CRI building in the area that was previously refurbished and occupied by PCIC management. However, the DATT service continues to provide their services from the building which is being inspected on a fortnightly basis to ensure that it is not deteriorating to a degree that makes the facility a Health & Safety risk.

In addition to the requirement to re-provide accommodation for the DATT service, the UHB have identified a need to relocate staff from Global Link. This facility was leased to accommodate service which previously operated from Whitchurch Hopsital, prior to its closure. It was originally proposed that the services located at Global Link would relocate to Woodland House. However, having reviewed the number of patients that attended the site it was deemed inappropriate for this patient group to be located in what would principally be an Administration center. It was also considered a more difficult location to access by bus as there were plans to stop the already infrequent service that served the Woodland House site.

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

- The DATT service is currently located in the Links building at CRI which is an inappropriate environment from which to provide services, being in an extremely poor state of repair. Unfortunately, to relocate this service would impact on the client group and is seen as a last resort by the Mental Health Clinical Board. The building is being monitored on a fortnightly basis by the Capital, Estates and Facilities team to assess any further deterioration in the building.

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- Services remaining at Global Link are primarily, delivered by the Mental Health team and cover the whole of the UHB. Consideration was given to relocating the services on a temporary basis to avoid extending the lease for Global Link but the options were considered unacceptable and disruptive for the patient group.

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

The DATT service and in particular its location is considered of vital importance to the users of the service and ensures that those clients continue to attend as necessary. It is therefore proposed that as an interim measure the provision of a modular building located on the adjacent car park at CRI with pedestrian access directly off Longcross Street would be an acceptable solution, providing an appropriate, safe environment with little disruption for the service users.

The long term proposal following discussions with the Local Authority Planning Department is to demolish the existing Link building and replace it with a building of similar magnitude. This would enable the DATT service, Community Addictions unit and the locality CMHT to be co located in an appropriate facility. This would be subject to a future Business Case.

Following discussions with WG colleagues, who had visited the Links building, it was agreed that a fast track business Justification case (BJC), attached Appendix 1, be developed to address the Links building and the global link accommodation.

Whilst the DATT would be located in a modular building, the BJC includes for the refurbishment of the 2nd floor blocks 11 & 4 of the main building to facilitate the services operated from Global Link.

The BJC seeks approval of £5.133m to enable the reconfiguration of community mental health health provision in order to provide appropriate facilities to, deliver high quality care for the patient group and provide staff with an improved environment from which to operate.

There is minimal revenue implication in relation to the proposal with only Hard and soft FM costs in addition to a small increase in energy. Overall the increase is circa £28k/annum.

Recommendation:

The Finance Committee is asked to:

Approve the attached BJC for provision of a Modular Building to accommodate the DATT service and the refurbishment of Blocks 4 & 11, 2nd floor of the main CRI Building.

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 <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>			





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

Community Mental Health Services Estate Rationalisation

Business Justification Case

January 2020 – Draft V5

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

Document Information

Status	Final
Date	10 th January 2020
Authors	Adcuris/CVUHB
Circulation	CVUHB Capital and Service Leads and Welsh Government

Version	Date Issued	Summary of Change	Document Owner
Draft v1	12 th September 2019	Initial draft	Geoff Walsh
Draft v2	29 th November 2019	Further detail added	Geoff Walsh
Draft v3	9 th December 2019	Economic analysis included	Geoff Walsh
Draft v3	17 th December 2019	Project dates added	Geoff Walsh
Draft v4	6 th January 2020	HB comments included	Geoff Walsh
Draft v5	10 th January 2020	Final	Geoff Walsh

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Introduction

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1.0 INTRODUCTION

1.1 Overview and Introduction

This business case seeks the approval for a capital investment of £5.133m to enable the reconfiguration of community mental health provision in order to both create appropriate locations for team bases and to rationalise the estate.

1.2 Structure and Content of the Document

This document describes the Business Justification Case (BJC) for this investment. It has been developed to reflect the guidance set out in HM Treasury's Green Book (a Guide to Investment Appraisal in the Public Sector) and the Infrastructure Investment Guidance for the NHS in Wales.

This business justification case comprises the following sections:

- Strategic context (Section 2) which provides an overview of the context (both national and local) in which the investment will be made;
- Case for change (Section 3) which sets out the existing situation, the problems with the status quo, the key investment objectives and the benefits and risks of the planned investment;
- Available options (Section 4) which summarises the options that have been considered and how these have been appraised;
- Preferred option (Section 5) which describes in greater detail the option that is proposed and how this option optimises value for money;
- Procurement route (Section 6) which explains how the investment will be procured;
- Funding and affordability (Section 7) which sets out the effect of the investment on the local health community;
- Management arrangements (Section 8) which explains how the implementation of the investment will be managed.

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Strategic Context

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2.0 STRATEGIC CONTEXT

2.1 Introduction

This section provides an overview of the context within which the investment will be made. It sets out:

- An overview of the organisation – the size and role of Cardiff and Vale University Health Board and the scale and nature of the demand in the area that it serves;
- The national, regional and local strategies that underpin this investment.

2.2 Organisational Overview

2.2.1 Profile of Cardiff and Vale University Health Board

Cardiff and Vale University Health Board (UHB) was established in October 2009 as part of a restructuring of NHS Wales and is one of the largest NHS organisations in the UK. It brings together the former Cardiff and Vale NHS Trust and two former Local Health Boards – Cardiff and the Vale of Glamorgan – with the core purpose of improving health and delivering integrated health services.

Since its establishment, Cardiff and Vale UHB's priority has been to provide safe, high quality and sustainable services that compare well with the best in the world, with a focus on developing centres of excellence that support the actions needed to progress and deliver the strategic mission 'Caring for People, Keeping People Well' with a vision that a person's chance of leading a healthy life is the same wherever they live and whoever they are.

Cardiff and Vale UHB is responsible for planning and delivering health services for its local population of around 485,000, which represents 15.5% of the country's residents. This includes health promotion and public health functions as well as the provision of local primary care services (GP practices, dentists, optometrists and community pharmacists) and the running of hospitals, health centres, community health teams and mental health services. The Health Board employs approximately 14,500 staff and has an annual budget of £1.4 billion.

As a teaching Health Board, there are very close links to Cardiff University, which boasts a high-profile teaching, research and development role within the UK and abroad. This is alongside other academic links with Cardiff Metropolitan University and the University of South Wales. Training the next generation of clinical and non-clinical professionals, in order that we develop our expertise and improve our clinical outcomes is a key priority for the Health Board.

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Figure 1: Map showing area covered by Cardiff and Vale UHB

The Health Board's hospital based services are currently provided from 5 hospital sites:

- University Hospital of Wales, which incorporates:
 - University Dental Hospital;
 - Noah's Ark Children's Hospital for Wales.
- University Hospital Llandough;
- Barry Hospital;
- St. David's hospital;
- Rookwood Hospital.

2.2.1.1 The Area Served and its Needs

The population served by the Health Board is:

- Growing rapidly in size, projected to increase by 10% between 2017-27, higher than the average growth across Wales and the rest of the UK. An extra 36,000 people will live in Cardiff over the next five years who require access to health and wellbeing services;
- Relatively young in Cardiff compared with the rest of Wales, with the proportion of infants (0-4 yrs) and the young working age population (20-39 yrs) higher than the Wales average; this reflects in part, a significant number of students who study in Cardiff;
- Ageing – with increases in all age groups by 2026, particularly in people aged 65-84 and 85+, the rate of growth in the Vale of Glamorgan being higher than Cardiff; and
- Ethnically very diverse, particularly compared with much of the rest of Wales, with a wide range of cultural backgrounds and languages spoken. Arabic, Polish, Chinese and Bengali are the four most common languages spoken after English and Welsh. Cardiff is an initial accommodation and dispersal centre for asylum seekers.

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2.2.1.2 Health Equity and Inequalities

There are stark inequalities in health outcomes across Cardiff and Vale:

- Life expectancy is nearly 12 years lower in the most-deprived areas compared with those in the least-deprived areas;
- The number of years of healthy life varies even more, with a gap of 23 years between the most and least-deprived areas;
- Premature death rates are approximately three times higher among the most-deprived areas compared with the least deprived;
- Proportion of children with preventable tooth decay is twice as common amongst those from deprived communities;
- Number of missed appointments for sight tests are over twice as high in more deprived communities.

There are also significant inequalities in the 'wider determinants' of health, such as housing, household income and education:

- For example, the percentage of people living without central heating varies by area in Cardiff and Vale from one in a hundred (1%) to one in eight (13%).

There are inequalities in how and when people access healthcare:

- Immunisation uptake varies considerably, with uptake of infant vaccines ranging from 89% to 98% across Cardiff and Vale.

With all these factors in mind, Cardiff and Vale UHB has developed a 10-year clinical strategy (*Shaping Our Future Wellbeing: In Our Community, 2015-2025*) and at its heart is the ambition to progress the integrated health and social care programme to achieve joined up care based on home first, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them.

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2.3 Business Strategies

This section summarises the business strategies for Cardiff and Vale UHB and related national, regional or local strategies as well as the specific strategies that relate to the services.

2.3.1 National Strategies

Some of the key Welsh Government policies that have shaped this proposal are:

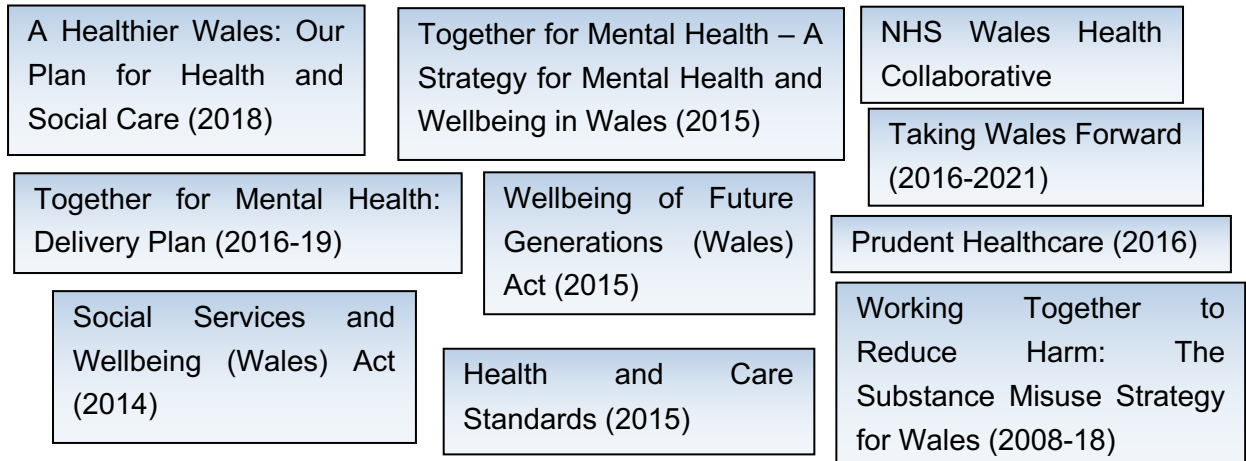


Figure 2: National Strategies

2.3.2 A Healthier Wales: Our Plan for Health and Social Care (2018)

The aims of this plan are to provide health and social care services in the future that:

- Support people to stay well, not just treat them when they become ill;
- When people need help, work with them and their loved ones to find out what is best for them and agree how to make those things happen - 'person- centred approach';
- Will provide most services outside of hospitals, closer to home, or at home, and people will only go to hospital for treatment that cannot be provided safely elsewhere;
- Will be a 'community-based approach' to help take pressure of hospitals, reduce the time people have to wait to be treated, and the time they spend in hospital;
- Will use the latest technology and medicines to help people get better, or to live the best life possible if they aren't able to get better.

It states that the 5 main ways health and social care should change are:

- The health and social care system will work together;
- A shift services out of hospital to communities;
- Get better at measuring what really matters to people;
- Make Wales a great place to work in health and social care;
- Services work as a single system.

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2.3.3 Taking Wales Forward (2016 – 2021)

Taking Wales Forward sets out the government's programme to drive improvement in the Welsh economy and public services, delivering a Wales which is prosperous and secure, healthy and active, ambitious and learning, united and connected. It sets out the four areas where the WG can make the biggest difference to the lives of the people of Wales, now and in the future. The aim is to create a Wales that is:

- Prosperous and secure;
- Health and active;
- Ambitious and learning; and
- United and connected.

It is across these four areas that we can contribute most to the seven wellbeing goals set out in the Wellbeing of Future Generations (Wales Act) to make Wales a prosperous, resilient, healthier, more equal and globally responsible country with cohesive communities, a vibrant culture and a thriving Welsh language. A range of wellbeing objectives have been developed to drive forward the agenda. Specific mention is made to building on the provisions of our Violence against Women, Domestic Abuse and Sexual Violence Act and working with Police and Crime Commissioners to achieve this.

2.3.4 Prudent Healthcare (2016)

The proposed new service models are based on the principles of prudent healthcare:

- Achieve health and well-being with the public, patients and professionals as equal partners through co-production;
- Care for those with the greatest health need first, making the most effective use of all skills and resources;
- Do only what is needed, no more, no less; and do no harm;
- Reduce inappropriate variation using evidence based practices consistently and transparently.

The debate around prudent healthcare has identified three priority areas for action:

- APPROPRIATE tests, treatment and medications;
- Changing the model of OUTPATIENTS;
- Public services WORKING TOGETHER to improve healthcare.

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2.3.5 Together for Mental Health: Delivery Plan (2016-19)

This is the latest plan that sets out how the objectives of Together for Mental Health will be delivered. It identifies the following priority areas:

1. People in Wales are more resilient and better able to tackle poor mental well-being when it occurs;
2. The quality of life for people is improved, particularly through addressing loneliness and unwanted isolation;
3. Services meet the needs of the diverse population of Wales;
4. People with mental health problems, their families and carers are treated with dignity and respect;
5. All children have the best possible start in life which is enabled by giving parents/care givers the support needed;
6. All children and young people are more resilient and better able to tackle poor mental well-being when it occurs;
7. Children and young people experiencing mental health problems get better sooner;
8. People with mental health problems have access to appropriate and timely services;
9. People of all ages experience sustained improvement to their mental health and well-being through access to positive life chances;
10. Wales is a 'Dementia Friendly Nation';
11. The implementation of the strategy continues to be supported.

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2.3.6 Health and Care Standards (April 2015)

The *NHS outcomes and Delivery Framework* identifies key population changes and indicates grouped under seven themes. The *Health and Care Standards* have been designed to fit with these and have been designed so that they can be implemented in all health care settings and locations.

They establish a basis for improving the quality and safety of healthcare services by providing a framework, which can be used in identifying strengths and highlighting areas for improvement.

2.3.7 Well-being of Future Generations (Wales) Act (2015)

This Act is about improving the social, economic, environmental and cultural well-being of Wales.

The Act will make the public bodies listed in the Act think more about the long term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach.

This new law will mean that, for the first time, public bodies listed in the Act must do what they do in a sustainable way.

Public bodies need to make sure that when making their decisions they consider the impact they could have on people living their lives in Wales in the future.

2.3.8 Together for Mental Health – A Strategy for Mental Health and Wellbeing in Wales (2015)

At the heart of the strategy is the Mental Health (Wales) Measure 2010, which places legal duties on health boards and local authorities to improve support for people with mental ill-health.

The main themes of Together for Mental Health are:

- Promoting mental wellbeing and, where possible, preventing mental health problems developing;
- Establishing a new partnership with the public, centred on:
 - Improving information on mental health;
 - Increasing service user and carer involvement in decisions around their care;
 - Changing attitudes to mental health by tackling stigma and discrimination.
- Delivering a well-designed, fully integrated network of care. This will be based on the recovery and enablement of service users in order to live as fulfilled and independent a life as possible.
- Addressing the range of factors in people's lives which can affect mental health and wellbeing through Care and Treatment Planning and joint-working across sectors.
- Identifying the Strategy will be implemented.

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The Strategy is focused around 6 high level outcomes and supported by a Delivery Plan. This sets out the actions the Welsh Government and partner organisations will undertake to make the Strategy's vision a reality.

2.3.9 Social Services and Well-being (Wales) Act (2014)

This Act promotes the wellbeing of people who need care and support and carers who need support and imposes duties on persons exercising functions under the Act. It requires the Welsh Ministers to issue a statement specifying the well-being outcomes that are to be achieved and requires local authorities to assess the needs in their areas for care and support, support for carers and preventative services.

It also requires local authorities to provide or arrange for the provision of preventative services and the promotion of social enterprises, co-operatives, user led services and the third sector in the provision in their areas of care and support, requires the provision of information and advice relating to care and support and describes when and how needs assessments are to be carried out, how needs are to be met and how and when charges relating to care are to be set, paid and enforced.

2.3.10 WAG,(2010) The Role of Community Mental Health Teams in Delivering Community Mental Health Services – interim Policy Implementation Guidance and Standards

The Interim Policy Implementation Guidance and Standards for Delivering Community Mental Health Services sets out a Tiered Model of Mental Health Care and places CMHTs at the heart of secondary mental health care in Wales. It states that CMHTs:

- Receive referrals (at present mainly from primary care);
- Undertake screening assessments;
- Offer a range of more specialist assessments and interventions;
- Deliver a constructive discharge.

and that:

- Care and Treatment will be holistic;
- Care and Treatment will be coordinated and integrated.

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2.3.11 Working Together to Reduce Harm: The Substance Misuse Strategy for Wales (2008-18)

'Working Together to Reduce Harm' is the Welsh Assembly Government's 10 year strategy for tackling the harms associated with the misuse of alcohol, drugs and other substances in Wales.

The strategy describes how the actions we will take are underpinned by four key aims:

- Reducing the harm to individuals (particularly children and young people), their families and wider communities from the misuse of drugs and alcohol, whilst not stigmatising substance misuse;
- Improving the availability and quality of education, prevention and treatment services and related support, with a greater priority given than under the previous strategy to those related to alcohol;
- Making better use of resources - supporting evidenced based decision making, improving treatment outcomes, developing the skills base of partners and service providers by giving a greater focus to workforce development and joining up agencies and services more effectively in line with 'Making the Connections';
- Embedding the core Welsh Assembly Government values of sustainability, equality and diversity, support for the Welsh language and developing user focused services and a rights basis for children and young people in both the development and delivery of the strategy.

2.4 Regional Strategies

2.4.1 NHS Wales Health Collaborative

The Health Board continues to work with the NHS Wales Health Collaborative and other Health Board and Trust partners to collaboratively plan and implement changes to improve the sustainability and delivery of a range of mainly hospital services in the region. The South Central Region covers Cardiff and Cwm Taf Hospitals as well as Princess of Wales. The South East Region covers Cardiff, Cwm Taf and Aneurin Bevan Hospitals. Through these governing arrangements, the Health Board continues to work towards implementing the recommendations of the South Wales Programme.

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2.5 Local Strategies

2.5.1 Shaping Our Future Wellbeing: In Our Community Strategy 2015 - 2025

The Shaping Our Future Wellbeing: In Our Community Strategy (SOFW) is how the Health Board plan to make the CVUHB's vision a reality. "Caring for People; Keeping People Well, a person's chance of leading a healthy life is the same wherever they live and whoever they are".

The strategy is to achieve joined up care based on 'home first', avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them.

To achieve a greater focus on developing integrated services aimed at improving health and wellbeing outcomes for each locality and cluster population as part of the wider SOFW strategy, a transformation to a 'social model of health' is required.

Transforming services through redesigned clinical pathways and service models, to enable traditional hospital based services to be delivered in the community, close to where people live is paramount and there is a focus on those conditions where change will have the biggest impact in shaping the future health and wellbeing of the population. These jointly agreed priorities are:

- Cancer;
- Dementia;
- Dental and eye health;
- Long term conditions;
- Maternal health;
- Mental health;
- Stroke.

To satisfy the requisites of this, many improvements are required to increase the effectiveness and capacity of the community based infrastructure to provide a network of flexible multi-functional accommodation solutions across Cardiff and the Vale of Glamorgan. The network will focus on the delivery of Locality Health and Wellbeing Centres (H&WC) along with smaller Cluster based Wellbeing Hubs.

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2.5.2 Integrated Medium Term Plan 2019 - 2022

The *Integrated Medium Term Plan* (IMTP) is designed to capture the Health Board's core intentions, give clarity on priorities, be clear on the anticipated improvement and, importantly, help staff understand how their work contributes to the delivery of *Shaping Our Future Wellbeing*. The core priorities for 2019-22 are:

- Primary Care: sustainability and the further development of community services;
- Unscheduled care: delivering a resilient and high performing system;
- Planned care: meeting standards;
- Cancer service: delivering the single cancer pathway and improved outcomes;
- Achieving financial balance; and
- Mental health: continue to transform and improve our services focusing on home first models.

The plan is set in the context of *A Healthier Wales* and the design principles encompassed within it. The Health Board have also drawn heavily on the *Wellbeing of Future Generations (Wales) Act* in shaping the plans, which fully embed the five ways of working and 7 wellbeing objectives.

The IMTP is underpinned by the development of the Health Board strategic clinical services plan. This identifies the critical service redesign proposals and infrastructure developments required to enable a sustainable and high value service model that will support the future model of care.

Core Planning Principles

- Whole-system and pathway based approach to planning and delivering health and social care in collaboration with stakeholders and citizens;
- Citizens should receive care at home or as close to home as possible. Hospitals should only provide assessment or care that cannot be provided in the community;
- Patients requiring hospital admission should receive high quality, high value evidence-driven, safe and compassionate care;
- Hospital care should provide the appropriate package of specialist care co-ordinated to meet the needs of the patient and focused on improving outcomes;
- Innovative workforce models, new technologies and a flexible digital platform across clinical and wider care providers will support new models of care; and
- To work with other Health Boards to deliver an effective model for tertiary services.

Core Planning Assumptions

- SOFW: In Our Community will provide the overarching programme for the community infrastructure development to support the shift of care from secondary to community;
- University Hospital of Wales (UHW) will be replaced with a new, fit for purpose facility developed collaboratively with Cardiff University to support their medical and life sciences hub;

- Demand for tertiary and specialist, complex care will continue to increase for the South Central region and South Wales, which will be delivered from the 'new UHW'; and
- University Hospital Llandough (UHL) and St David's Hospital will form key components of the hospital services infrastructure to support the clinical services plan.

A summary of the key delivery priorities for this IMTP is shown below.

PLAN ON A PAGE: This diagram sets out our Delivery Priorities for 2019-22, mapped against our Strategic Priorities

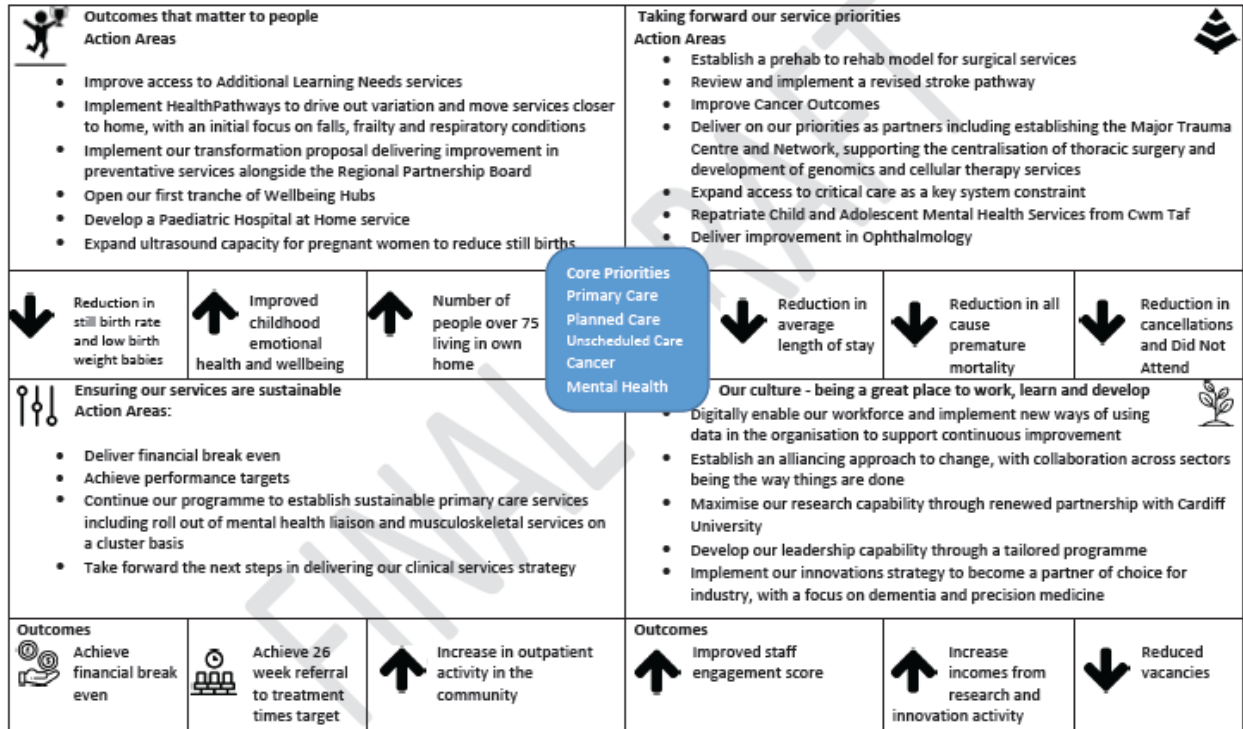


Figure 3: IMTP Plan on a Page

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2.5.3 Mental Health Integrated Medium Term Plan 2019 - 2022

The key drivers for mental health services are:

- All Wales strategy 'Together for Mental Health' has a 3 year cycle of delivery plans with each delivery plan having themed priorities up until 2022. The current delivery plan reinforces the importance of current areas of Welsh Government investment in mental health services, targeting services such as Camhs and First Episode Psychosis, EU Liaison and Out of Hours Services, Substance Misuse, Trauma Informed Care and the delivery of Psychological Therapies supported through the impending MATRICS Cymru all Wales Psychological Therapies delivery framework;
- Social Services Wellbeing Act came into force in April 2016 aiming to promote independence, give greater control, provide more information and focus on prevention and early intervention;
- A Welsh Government Dementia strategy is now published to support the refresh of the Cardiff and Vale 3 year dementia plan and a revision of the commissioning and delivery arrangements for the Cardiff and Vale service collaborative. The focus of the new strategy is the 'Team around the individual';
- Additional funding has been seen this year and ongoing under the 'GP Sustainability' program of work in primary mental health liaison services where the 'home first' and prevention agenda are key strategic aims to promote collaborative working with mild to moderate mental health conditions, preventing dependency on specialist services. The last 5 years of service plans in mental health has supported this agenda, with a record of moving inpatient resources to community service investment. This plan will continue in the forthcoming 2018/19/20 periods;
- Benchmarking results UK wide in Mental Health will influence plans for Mental Health services for Older People's bed numbers as well as supporting whole system community services reviews. Related objectives include reducing waiting times, simplifying access, managing demand, delivering psychological based interventions appropriately and monitoring health improvements in service users more effectively.

The Mental Health Integrated Medium Term Plan sets out the key priorities and key deliverables in order to respond to these drivers. These are categorised into:

- Addressing health inequalities, and;
- Prevention priorities.

The document describes in detailed the actions required to deliver sustained planned care in 2019/20 and 2020/22.

A copy of the plan is attached as Appendix 1.

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2.5.4 Partnership Strategies and Priorities

From 1 April 2016, the Wellbeing of Future Generations (Wales) Act 2015 introduced statutory Public Services Boards (PSB) in each local authority area in Wales to improve economic, social, environmental and cultural well-being through stronger partnership working. In line with the Act, each PSB has assessed the state of wellbeing across the area as a whole and within its communities to inform the development of a Wellbeing Plan and set out a series of wellbeing objectives to contribute to achieving seven national wellbeing goals as set out by the Act. The assessments in Cardiff and the Vale of Glamorgan, published in April 2017, have helped our understanding of the state of wellbeing, including social, economic, environmental and cultural wellbeing and in turn have shaped our future plans for delivering services across the public sector.

2.5.5 Cardiff and Vale UHB Estates Strategy

The Estate Strategy is based on the premise of provision of appropriate premises to facilitate the delivery of modern patient care services, appropriately managed, effectively utilised and adequately resourced. It acknowledges the need for the estate to reflect clinical requirements and ensure that engineering and building solutions are not a constraint on clinical progress but produce appropriate and cost effective solutions. Models and pathways of care, and medical technology advances and changes require that the estate demonstrates sufficient flexibility of design to accommodate a constantly changing clinical environment.

The Health Board is working collaboratively with partner organisations within the Cardiff Partnership Asset Management Group to identify where public service assets can be shared or utilised more productively and flexibly, particularly in support of the SOFW: In Our Community Programme.

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2.5.6 Cardiff and Vale UHB Informatics Strategy

The Health Board has developed a 3 year *Strategic Outline Programme (SOP) 2017/18 to 2019/20* which sets out the required strategic developments in analytics, information management, and information and communication technologies to enable the provision of high quality health improvement and health and social care across the organisation and aligned to the national digital strategy. The SOP was submitted to Welsh Government in 2016, seeking funding to deliver the required infrastructure, systems, capacity and expertise.

The programme is underpinned by the strategic enablers of the *Digital Health and Social Care Strategy for Wales, 'Informed Health and Care'*, which was launched in 2015 and sets out the ambitions and expectations of Welsh Government as to how health and social care will use technology and greater access to information to deliver real benefits and improved outcomes for people in Wales.

The strategic enablers are:

- Information for you – empowering people to look after their own well-being and connect with health and social care more efficiently and effectively;
- Supporting professionals – enabling health and social care professionals to do their jobs more effectively with improvements in quality, safety and efficiency by the provision of improved access to digital tools and information; and
- Improvement and innovation – ensuring the health and social care system in Wales makes best use of data and information to improve decision making, plan service change and drive improvement in quality and performance.

Delivery of the Health Board's Digital Health Strategic Outline Programme will, with NHS Wales Informatics Service's (NWIS) support, enable a step change in the use of information technology to support health and wellbeing care delivery.

Technologies which enable remote communication between citizens, patients and clinicians, or provide rehabilitation packages, can improve a person's quality of life by supporting them to live independently and tackling social isolation. This drives improvement in health and wellbeing, quality and efficiency. Technologies such as computers, interactive video, digital imaging and healthcare monitoring devices make it possible for clinicians to monitor, diagnose and treat patients without having to be with them physically. These technologies offer a great opportunity to increase dramatically the efficiency of the healthcare industry, keeping patients out of hospital and allowing care to be facilitated from the home. Technology also provides opportunities for informing and engaging service users and other individuals, giving them the chance to learn about their healthcare and wellbeing through a number of innovative avenues.

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Case For Change

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3.0 CASE FOR CHANGE

This section sets out the case for change from a service and estates perspective of the wider Health Board strategy whilst setting out the investment objectives. It also highlights the benefits and risks associated with the project.

3.1 Investment Objectives

This investment is both underpinned by and consistent with the objectives described within the SOFW Programme Business Case (PBC) of:

- To improve the way the Health Board delivers universal prevention and population health services to support the empowerment of people to choose healthy behaviours and encourage self-management of conditions;
- To improve the quality of health and wellbeing services by working with Partners to deliver more co-ordinated and collaborative services close to home;
- Work with Partner Organisations to provide the appropriate infrastructure to support the delivery of local services focused on health and wellbeing need;
- To improve health outcomes, focusing on conditions where prevention will have the greatest impact;
- To reduce health inequalities through targeted provision of services/interventions which better meet the health and wellbeing needs of the local population;
- To improve the capacity of services to meet increasing and changing demand.

The specific investment objectives for this investment are as follows:

Investment Objective	Description
1. Optimising the environmental quality of services (Health Gain)	Providing a clinical environment that meets both statutory standards and best practice guidance and is both safe and effective with improved functional suitability including separation of flows where required
2. Improving the clinical quality of services (Health Gain, Clinical and Skills Sustainability)	Improved health outcomes for clients through the centralisation of staff with appropriate skills to allow an increase in expertise to offer increased range of interventions
3. Maximising access to services (Health Gain)	Ensuring all clients receive an appropriate response within a timely manner
	Ensuring services have separate entrances as required to maintain safety and confidentiality and minimise risk
	Providing a safe and discreet environment for clients away from incompatible services, whilst maintaining links with appropriate services
4. Improved strategic fit of services (Health Gain, Clinical and Skills Sustainability, Equity)	Ensuring the solution is strategically aligned with the Health Board, local health economy and Welsh Government plans

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Investment Objective	Description
5. Making more effective use of resources (Value for Money)	Providing a solution that makes optimum use of human, capital and estate resources
6. Providing Flexibility for the Future and Sustainability (Health Gain)	Providing a service model and physical configuration that meets current and predicted future demand and as far as reasonably practicable to ensure that it is sufficiently flexible to respond to future clinical changes (adaption to alternative uses)

Table 1: Investment Objectives

3.2 Current Arrangements

The services that form part of this project are currently located at:

- Global Link;
- Links Building at CRI, including the Angrove Unit.

The table below shows the services that are located at each site:

Site	Services
Global Link	<ul style="list-style-type: none"> ▪ Psychology – including: <ul style="list-style-type: none"> ○ Adult and older people ○ Veterans' NHS Wales ○ Therapies Hub ○ OCD Service ▪ Primary Care Counselling Service ▪ Complex Care and Commissioning ▪ Primary Mental Health Support Services ▪ Eating Disorders (SHED/ESOTT) ▪ Perinatal Care ▪ Child Psychology ▪ Looked After Children (LAC) ▪ School Nurses <p>The following services will be relocating to Woodland House (out with this project):</p> <ul style="list-style-type: none"> ▪ Child Health 2000 Public Health Team ▪ Public Health Wales - Outcomes Based Commissioning Team/Individual Patient Funding Requests (IPFR) ▪ Public Health Wales - Stop Smoking Wales Team ▪ Safeguarding ▪ Child Health Directorate ▪ Health Visiting ▪ Integrated Care Fund (ICF) / Continuing Care ▪ Child Therapies
Links Building at (CRI)	Community Mental Health Team (CMHT) Needle Exchange Service (NEX) (part of CADT)
Angrove Unit (Links Building, CRI)	Dispensing and Treatment Team (DATT) (part of CADT)

Table 2: Service Locations

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3.2.1.1 Staffing

The following table shows the current staffing locations:

Location	Number of Staff	WTE
Global Link	Psychology – 59 SHED/ESOTT – 19 Child Psychology – 12 Looked After Children – 11 Perinatal – 12 School Nurses - 15	48.4
Links Building at CRI	CMHT - 42	32.8

Table 3: Current Staffing Locations

3.2.2 Current Costs

The table below shows the current non-staffing running costs for each site:

Site	Total Running Costs
Global Link	£733,251
Links Building at CRI	£80,211
Hamadryad	£185,835
Pendine	£41,772
Gabalfa	£64,946
TOTAL	£1,106,015

Table 4: Site Running Costs

Full details are included within Appendix 2.

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3.3 Business Need

3.3.1 Current Issues

3.3.1.1 Links Building at CRI

There are multiple issues with the Links Building, including:

- The roof to the entire building has failed completely. The slab and covering have deteriorated and are in need of significant repairs. The entire roof has been covered in polythene, and there are water catchers internally diverting the water into the drainage system, these are emptied weekly. This is the only thing protecting the internal fabric;
- The windows all need upgrading and the majority don't close or lock causing significant heat loss and security issues;
- The flooring needs replacing throughout and redecorating;
- From workplace inspections the feedback is that the toilets need structural work to remove walls to make them compliant;
- There are issues with ducting requiring replacing but there are Asbestos impactions therefore only repairs can be made;
- There are issues with the fire alarm system;
- The electrical distribution boards and lighting also require replacement;
- There are constant issues with the entrance doors being damaged, and regular calls to re-glaze the building due to vandalism as it is only single glazed.

3.4 Service Vision

3.4.1 Community Mental Health Services

The vision is to create a locality model for all community mental health services, the key impact of this vision for patients would be:

- A more seamless service user experience of care across primary and community services and across health and social care;
- Mental health practitioners with more time to spend on care and treatment of patients;
- Rapid access to psychological therapies;
- Greater equity of service provision and service user experience;
- Staff with improved assessment and liaison skills;
- Access to short term interventions to promote wellbeing and prevent the need for secondary mental health care;
- Services, including monitoring clinics and outpatients, provided from neighbourhood venues.

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3.5 Proposed Scope

This section describes the potential scope for the project in relation to the investment objectives and business needs.

In line with Welsh Government guidance, the scope has been assessed against a continuum of need ranging from:

- A minimum – essential or core requirements/outcomes;
- An intermediate – essential and desirable requirements/outcomes;
- A maximum – essential, desirable and optional requirements/outcomes.

Minimum	Intermediate	Maximum
Resolve the issues regarding the lease on Global Link	Resolve the issues regarding the lease on Global Link Resolve the significant estates issues of the Links Building at CRI	Resolve the issues regarding the lease on Global Link Resolve the significant estates issues of the Links Building at CRI Provide further opportunities for estate rationalisation across CMHT accommodation

Table 5: Potential Scope

This business case sets out the need for the intermediate scope and considers the options for addressing the immediate needs regarding the Global Link Building and resolving the significant facilities issues with the Links Building at CRI.

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3.6 Main Benefits

This section describes the main benefits associated with the implementation of the investment.

Benefits are expressed in relation to the developed appraisal criteria that were derived from the investment objectives as follows:

- **CRB** – cash releasing benefits (e.g. avoided costs);
- **Non CRB** – non cash releasing benefits (e.g. staff time saved);
- **QB** – quantifiable benefits (e.g. achievement of targets);
- **Non QB** – non-quantifiable or qualitative benefits (e.g. improvement in staff morale).

The main benefits are:

Investment Objective	Stakeholder Group	Main Benefits
1.Optimising the environmental quality of services (Health Gain)	Patients	Non QB – Provide safe and appropriate environments of care for patients and improving the patient experience Non QB – Maintaining appropriate privacy and dignity
	Staff	Non QB – Provide a safe and appropriate environment for staff and be a better place to work Non QB – Improved clinical morale gained from improved access to modern equipment, technologies and facilities
	Health Community	QB – Compliance with statutory standards Non QB – Compliance with NHS guidance/best practice QB – Improved environments to enable productivity gains CRB – Remove various short life expectancy and inefficient buildings CRB – Realise revenue benefits of new efficient M&E plant and removal of out of date inefficient M&E plant
2.Improving the clinical quality of services (Health Gain, Clinical and Skills Sustainability)	Patients	Non QB - High quality patient care Non QB - Improved interaction with multidisciplinary staff / teams to improve services for patients Non QB - A large number of consultation rooms on one site where patients and professionals can meet to engage/interact with each other
	Staff	Non QB - Increased collaborative working and communal work-space providing peer support with sharing of space i.e. meeting rooms, break-out areas, hot-desking etc. Non QB - Improved interaction with multidisciplinary staff / teams Non QB - Improved communication across mental health services
	Health Community	Non QB – High quality care given to all patients
	Patients	Non QB – provide services that the population is entitled to expect

Investment Objective	Stakeholder Group	Main Benefits
3. Maximising access to services (Health Gain)		Non QB - Maintain continuity of services within the relevant locality to ensure care closer to home in line with the requirements of both the services and SOFW
	Staff	Non QB - Opportunity for staff working on other sites to work and interface with each other for hot-desking purposes
	Health Community	QB – Provides appropriate capacity for the population
4. Improved strategic fit of services (Health Gain, Clinical and Skills Sustainability, Equity)	Patients	Non QB – Providing care close to home as required by SOFW
	Health Community	Non QB - Meet the objectives as set out in SOFW
5. Making more effective use of resources (Value for Money)	Staff	CRB – Staff time maximised due to reducing time travelling between sites to see patients / clients and attending meetings.
	Health Community	Non QB - Maximise use of existing accommodation to enable estate rationalisation and improved utilisation CRB - Sharing of resources i.e. reception staff; waste & confidential waste collections; reprographic equipment i.e. photocopiers, fax machines, shredding machines etc. Non CRB - Services provided within the revenue affordability envelope.
6. Providing Flexibility for the Future and Sustainability (Health Gain)	Patients	Non QB – Services continue to be provided to meet patients' needs
	Staff	Non QB - Improved job satisfaction
	Health Community	Non QB – meet the sustainability objectives as set out in SOFW: <ul style="list-style-type: none"> ▪ Have an unplanned (emergency) care system that provides the right care, in the right place, first time; ▪ Have a planned care system where demand and capacity are in balance; and ▪ Reduce harm, waste and variation sustainably making best use of the resources Non QB - Maximise flexibility of facilities

Table 6: Main Benefits

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3.7 Main Risks

The table below provides a summary of the key business and service risks that might affect any option for the delivery of the project:

Risk Description	Design Phase	Procurement / Construction Phase	Operational Phase
Business Risks			
Changes in strategic context	✓	✓	✓
Process undermines perception of organisation's ability to fulfil commitments		✓	
Capital funding is not available to implement the development		✓	
Delayed approval by WG		✓	
Service Risks			
Underestimated growth in demand for services			✓
Revenue cost assumptions underestimated. Impact on efficiencies and ability to reduce clinical risks			✓
Failure to meet quality/best practice standards			✓

Table 7: Main Risks

The Health Board's approach to the management of risk for the preferred option, are described later within this document along with details regarding the risk register that includes mitigation against the above risks.

3.8 Constraints

The project is subject to the following constraints:

- The proposals must be consistent with the Health Board's *Shaping Our Future Wellbeing strategy*, contributing to our pursuit of a healthier and more sustainable future for our services;
- The scheme must allow full compliance with relevant statutory/mandatory standards and meet the requirements of the clinical service pathway;
- Site availability to accommodate service both in terms of size and location and maximise use of key estate, service drivers and avoiding duplication of services;
- The requirement to maintain operations during development;
- Capital affordability and availability (funding sought via *All Wales Capital Programme*);
- The development must ensure the effective use of public resources and be manageable within the revenue funding available.

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3.9 Dependencies

The project is subject to the following dependencies that will be carefully monitored and managed throughout the lifespan of the scheme:

- Approval from WG and release of capital funding from exchequer sources for the project.

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Available Options

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4.0 AVAILABLE OPTIONS

This section describes the options considered by the Health Board and the assessment of the benefits and costs of those that were shortlisted.

4.1 Critical Success Factors

The Critical Success Factors (CSFs) for this project are:

CSF1: Strategic Fit – National, Local and Cluster

- How well does the option align to, and support, the delivery of national, regional or local organisational strategies, priorities and targets? In particular, does it support the SOFW principles;
- Does it meet the Health Board's obligations under the Wellbeing of Future Generations Act?
- Can it satisfy the existing and future business needs of the services and NHS Wales?

CSF2: Potential Affordability

- Can it be delivered within the likely availability of funding?
- Will it reduce revenue (including building maintenance costs)?
- Will it support productivity gain?

CSF3: Supplier Capacity or Capability

- If procurement is required are there suppliers available to deliver the required services?

CSF4: Potential Achievability (Service Transformation, Continuity and Sustainability)

- Does it contribute to the transformation of services?
- Does it contribute to the sustainability of key Health Board services?
- Can it be achieved within the planning timescales of the project?

CSF5: Potential Value for Money

- Does it provide value for money?
- Does it maximise the use of human, capital and estates resource?

NB: CSF3 has been excluded within the option appraisal undertaken later in this document as it is not relevant to this project due to the nature of the works required.

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4.2 Development of Options

A list of options was generated during the development of this BJC by the project team during a workshop style event on 27th June 2019. This event included representatives from the Clinical Board including clinical and managerial staff, along with staff from capital and estates, and strategic and service planning. The participants in this workshop were:

Name	Role
Jonathan Nettleton	Property, Accommodation and Manager
Beverly Thomas	Assistant Head of Operations and Delivery Community Child Health
Mark Jones	Directorate Manager, Adult Mental Health
Martin Ford	Directorate Manager, Psychology & Psychological Therapies Directorate
Ian Wile	Director of Operations and Delivery, Adult Mental Health
Jane Boyd	Clinical Director, Psychology and Psychological Therapies
Julian Willett	Manager of Primary Mental Health Support Service
Adam Parry	Architect
Jane McMahon	Healthcare Planner

Table 8: Option Workshop Participants

The options were considered in the context of providing the most appropriate locations for the services whilst ensuring that the facilities were of a high standard and suitable for the services to deliver care from.

The workshop was facilitated by the independent healthcare planner for the project who had no interest in the outcome of the appraisal but was able to guide the participants through the process to ensure that it was conducted in accordance with HM Treasury's Green Book (a Guide to Investment Appraisal in the Public Sector) and the Infrastructure Investment Guidance for the NHS in Wales.

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The table below provides details regarding the options generated as an outcome of this workshop event:

Development of Options		
Option 1	Do minimum (backlog maintenance only to the Links building at CRI and continued leasing of Global Link)	This option consists of resolving the backlog maintenance to the occupied areas of the Links Building at CRI (ground floor) and continuing to lease the Global Link building with services remaining in their current locations
Option 2	Create a modular build on CRI to vacate the Links building and continued leasing of Global Link	<p>The services currently housed within the Links Building are relocated into a modular build at CRI, pending a more permanent solution within the main building as part of the development of the H&WC at CRI.</p> <p>This modular build also provides the opportunity for the Community Addictions Unit (CAU) / Entry into Drug and Alcohol Services (EDAS) team to be relocated in order to facilitate the delivery of the SARC project.</p> <p>Global Link continues to be leased.</p>
Option 3	<p>Purchase of Global Link building and vacate the Links Building at CRI</p> <p>Small modular build on the CRI site to accommodate the Needle Exchange and the Dispensing and Treatment Team</p>	<p>The school nurses relocate to the Western Services Building.</p> <p>The following services will move to St David's Hospital:</p> <ul style="list-style-type: none"> ▪ Child Psychology; ▪ Looked After Children (LAC). <p>The following services will remain at Global Link:</p> <ul style="list-style-type: none"> ▪ Psychology (adult and older people); ▪ Veterans' NHS Wales; ▪ Therapies Hub; ▪ OCD Service; ▪ Primary Care Counselling Service; ▪ Eating Disorders (Specialist Outpatient Treatment Team and High Risk); ▪ Primary Mental Health Support Services; ▪ Perinatal Care. <p>The CMHT from the Links Building at CRI will transfer to Global Link.</p> <p>Construction of a small modular build on the CRI site to accommodate Needle Exchange and DaTT services will be required in order to fully vacate the Links Building.</p>

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Development of Options		
Option 4	<p>Global Link is vacated, Links building at CRI is vacated</p> <p>Small modular build on the CRI site to accommodate the Needle Exchange and the Dispensing and Treatment Team</p>	<p>The following phased relocations take place:</p> <p>Phase 1: The following services transfer from Global Link to the second floor of Blocks 4, 10a and 11 at CRI:</p> <ul style="list-style-type: none"> ▪ Psychology ▪ SHED/ESOTT ▪ Perinatal <p>Phase 2: Child Psychology and Looked After Children move from Global Link to St David's Hospital</p> <p>Phase 3: The Ely School Nurses move from Global Link to Western Services Building along with the District Nurses from St David's Hospital</p> <p>Phase 4: The Links CMHT will move into the first floor of Block 11 at CRI and Needle Exchange and the Dispensing and Treatment Team are relocated in a modular build on the CRI site</p> <p>Phase 5: The Links CMHT move from the first floor of Block 11 at CRI to the second floor of Blocks 4, 10a and 11 at CRI</p>

Table 9: Summary of Options

Appendix 3 shows the service moves within options 3 and 4 in diagrammatical format.

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4.3 Option Appraisal

During the option appraisal workshop as described above, once the options had been identified the option appraisal was undertaken into two parts. The first assessment is to review each option against the investment objectives and critical success factors to ensure they meet the minimum requirements necessary to be variable options. Following this initial assessment consideration has been given to the advantages and disadvantages of each option.

	Option 1	Option 2	Option 3	Option 4
Investment Objectives				
1. Optimising the environmental quality of services (Health Gain)	x	✓✓	✓	✓
2. Improving the clinical quality of services (Health Gain, Clinical and Skills Sustainability)	x	✓✓	✓✓	✓✓
3. Maximising access to services (Health Gain)	x	✓✓	✓	✓✓
4. Improved strategic fit of services (Health Gain, Clinical and Skills Sustainability, Equity)	x	✓	✓	✓✓
5. Making more effective use of resources (Value for Money)	✓✓	✓	✓✓	✓✓
6. Providing Flexibility for the Future and Sustainability (Health Gain)	x	✓✓	✓✓	✓✓
Critical Success Factors				
CSF1: Strategic Fit – National, Local and Cluster	x	✓✓	✓✓	✓✓
CSF2: Potential Affordability	✓✓	✓	✓	✓✓
CSF4: Potential Achievability (Service Transformation, Continuity and Sustainability)	✓	✓✓	✓✓	✓✓
CSF5: Potential Value for Money	x	✓	✓	✓✓

Table 10: Initial Assessment of Options

Key:

✓✓ - fully achieves

✓ - partially achieves

X - does not achieve

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4.3.2 Option 1 – Do minimum (backlog maintenance only to the Links building at CRI and continued leasing of Global Link)

Advantages	Disadvantages
Resolves the significant estates and backlog maintenance issues for the occupied areas of the Links Building at CRI (ground floor)	The condition of the Links Building is poor and the ability to continue to deliver clinical services from this location in the longer term would be difficult even with the backlog maintenance addressed
No additional revenue costs incurred for services relating to the Links Building	Doesn't allow the CMHT teams to come together to meet the locality needs
Potential lower capital expenditure required than new build options	Doesn't meet current accommodation standards
No requirement to relocate services from Global Link building	Requirement to re-negotiate the lease on the Global Link building with unknown revenue implications
Global Link location provides good public transport links	Difficult to implement without major disruption to services
Good car-parking facilities at Global Link	No flexibility to meet future increased demand
Summary – This option is not viable as it does not deliver the objectives of the project and fails to provide appropriate accommodation from which to deliver the required clinical services.	

Table 11: Option 1 - Advantages and Disadvantages

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4.3.3 Option 2 – Create a large modular build on CRI to vacate the Links Building and continued leasing of Global Link

Advantages	Disadvantages
Resolves the significant estates and backlog maintenance issues for the occupied areas of the Links Building at CRI (ground floor)	Doesn't allow the CMHT teams to come together to meet the locality needs
Provides the appropriate levels of safety, minimises risk and resolves confidentiality issues yet would still maintain links with appropriate services	Revenue costs will potentially increase for example utilities and housekeeping for the modular building at CRI
Provides flexibility to meet current and future demand, including introducing more treatments	Increased capital outlay required, including for the demolition of the Links Building
Reduces disruption for the services while construction work is in progress, negating the requirement for temporary decant facilities	Requirement to re-negotiate the lease on the Global Link building with unknown revenue implications
No requirement to relocate services from Global Link building	
Global Link location provides good public transport links	
Meets current accommodation standards	
Summary – This option meets the requirement for the proposed scope and either partially or fully meets all of the investment objectives, particularly in relation to the ability to offer an increased range of treatments.	

Table 12: Option 2 - Advantages and Disadvantages

4.3.4 Option 3 – Purchase of Global Link building and vacate the Links Building at CRI. Small modular build on the CRI site to accommodate the Needle Exchange and the Dispensing and Treatment Team

Advantages	Disadvantages
Resolves the significant estates and backlog maintenance issues for the occupied areas of the Links Building at CRI (ground floor)	Does not meet the overall location requirement for the services as this option would result in some CMHTs being located out with the localities they serve
Global Link location provides good public transport links	May not meet all current space standards due to partially fixed internal fabric of the building
Building would require only “minimal” works to house several mental health services	Limited future flexibility as Global Link would be fully occupied
Global Link is a modern building and therefore maintenance costs should be low	Significant capital outlay required to purchase Global Link, construct the small modular build and demolish the existing Links Building at CRI
Good car-parking facilities	
Would support increased collaborative working and communal work-space providing peer support with sharing of space i.e. meeting rooms, break-out areas, hot-desking etc.	

Advantages	Disadvantages
Improved patient interaction with multidisciplinary staff / teams	
Improved communication across mental health services	
Opportunity for staff working on other sites to work and interface with each other for hot-desking purposes	
Staff time maximised due to reducing time travelling between sites to see patients / clients and attending meetings	
A large number of consultation rooms on one site where patients and professionals can meet to engage/interact with each other	
Likely to result in a revenue saving as whilst there will be increased costs associated with the small modular build, the lease costs of Global Link would no longer be incurred	
Could deliver the maximum scope and result in greater estates rationalisation	
<p>Summary – Whilst this option has many advantages through the bringing together of many community mental health services on one site and would create maximum estate rationalisation it does not provide a suitable location for all the CMHTs as it would result in some teams being located out with their localities which is not acceptable to service providers or users and would not meet the strategic requirements of SOFW</p>	

Table 13: Option 3 - Advantages and Disadvantages

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4.3.5 Option 4 – Global Link is vacated, Links building at CRI is vacated. Small modular build on the CRI site to accommodate the Needle Exchange and the Dispensing and Treatment Team with other teams being relocated into available Health Board accommodation, including Blocks 4, 10a and 11 at CRI, St David’s Hospital and Western Services Building

Advantages	Disadvantages
Resolves the significant estates and backlog maintenance issues for the occupied areas of the Links Building at CRI (ground floor)	Some services need to be located within temporary accommodation and will, therefore, need to move twice
Makes maximum use of existing estate, including the main building at CRI	Increased capital outlay to refurbish existing Health Board owned accommodation, construct the small modular build
Potential for the CMHT teams to come together to meet the cluster needs (through further development at CRI)	
Meets current accommodation standards	
Provides flexibility to meet current and future demand	
Revenue costs due to not renewing the lease of Global Link	
Summary – This option maximises the use of existing Health Board accommodation and keeps capital costs to a minimum whilst still locating services in appropriate locations	

Table 14: Option 4 - Advantages and Disadvantages

4.4 Economic Appraisal

4.4.1 Methodology and Assumptions

The economic appraisal was conducted in accordance with the following guidance:

- The Green Book – Appraisal and Evaluation in Central Government plus supplementary guidance published by HM Treasury;
- 5 Case Model guidance for SOCs, OBCs and FBCs (WG) and WG/IPAG FBC Template.

The demolition costs for the Links Building have been excluded from the economic appraisal. The Town Planners have indicated that they require the Health Board to provide plans for the development of a new building of similar size to the existing Links Building before it can be demolished. Therefore, the demolition costs will be included within the business case that sets out the preferred way forward for replacing the existing Links Building.

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The principles and assumptions used in this BJC are:

- The price base is 2019/20;
- Indirect taxes, non-cash transfer (e.g. capital charges) and income from public sector bodies are excluded;
- Cash flows for each of the options have been discounted at 3.5%;
- A 30-year appraisal period has been assumed;
- Existing facilities costs for Pentwyn, Monmouth House and Whitchurch Lodge have not been included as they will be retained and remain the same in all options;
- The discounted cash flows for each option which generate the Net Present Value (NPV) of total expenditure have also been shown as Equivalent Annual Equivalents (EAC).

Cost elements incorporated are:

- Capital costs estimated by the Health Board's QS advisers based on the PUBSEC 270 index for a start on site in Q4 2019. For Option 1, this purely relates to backlog maintenance;
- Lifecycle costs based on standard NHS replacement cycles;
- Residual values have been included for Options 2, 3 and 4 equivalent to approximately 20% of initial capital spend;
- Facilities costs;
- There are no service revenue cost changes expected directly from this development.

4.4.2 Capital Costs

These are summarised below:

Capital Costs at PUBSEC 270	Option 1	Option 2	Option 3	Option 4
	£000	£000	£000	£000
Total	511	5,124	5,460	4,506
VAT @ 20% less reclaimable	102	1,025	1,092	901
Total Capital Cost	613	6,149	6,552	5,407

Table 15: Capital Costing Summary at PUBSEC Index 270

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4.4.3 Economic Appraisal Outputs

Details of the economic appraisal are attached at Appendix 4 and summarised in the table below:

Economic Cost	Option 1	Option 2	Option 3	Option 4
	£000	£000	£000	£000
Net Present Value (NPV)	22,028	30,037	17,564	13,185
Equivalent Annual Cost (EAC)	1,157.2	1,577.9	922.7	692.7
Ranking of Options	3	4	2	1
EAC Margin Development Options	464.5	885.3	230.0	0.0
EAC Switch Value	(464.5)	(885.3)	(230.0)	230.0
EAC Margin %	67.1%	127.8%	33.2%	0.0%

Table 16: Summary of Economic Appraisal Outputs

On the basis of the economic appraisal undertaken:

- Option 4 is preferred over Option 3;
- Options 1 and 2 are clearly the least preferred.

Sensitivity Testing indicates that:

- There are no realistic circumstances under which capital or revenue cost drivers would change sufficiently to trigger switch values and change the economic preference.

Option 4 is therefore confirmed as the preferred option from a quantitative appraisal perspective.

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Preferred Option

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5.0 PREFERRED OPTION

5.1 Identifying the Preferred Option

The preferred way forward has been identified as Option 4: Via several service moves the Global Link building is vacated, the Links Building at CRI is also vacated, and then demolished. A small modular building is constructed on the CRI site to accommodate the Needle Exchange and the Dispensing and Treatment Team with other services relocated into existing Health Board owned accommodation.

5.2 Description of the Preferred Option

The diagram below demonstrates the service moves as part of this project:

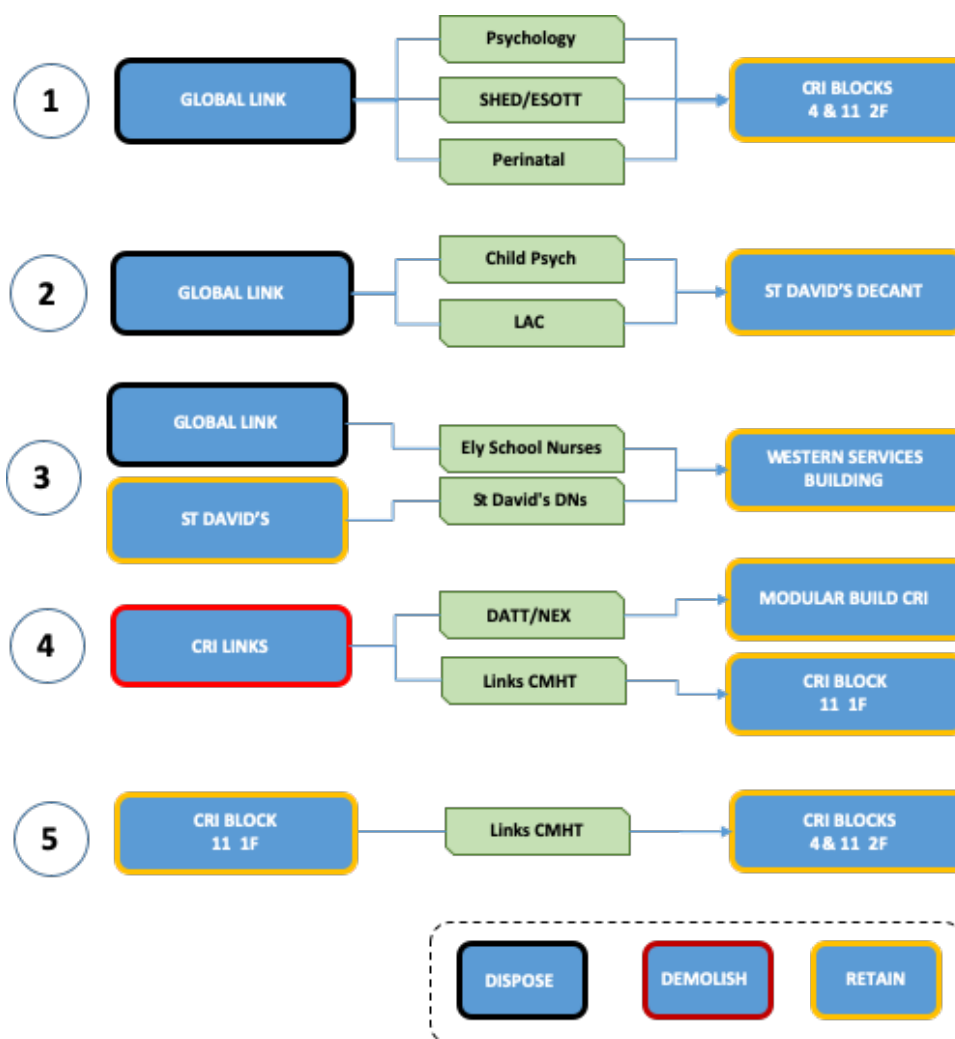


Figure 4: Service Moves as part of the Preferred Option

Drawings for the preferred option are included as part of Appendix 5, further information is contained within the Estates Annex.

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Procurement Route

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6.0 PROCUREMENT ROUTE

This section outlines the proposed procurement method in relation to the preferred option, it considers the procurement options available for the project, the advantages and disadvantages of each and makes a recommendation on the preferred way forward.

6.1 Scope

The scope of works is:

- To remodel and undertake safeguarding works on the second floor of blocks 4, 10a and 11 at CRI;
- Secure the Links Building

6.2 Available Procurement Routes

The procurement options considered by the Health Board include:

- Traditional tender process;
- Single tender action to an individual contractor;
- Utilising the Scape Built Environment Consultancy Services (“BECS”) Framework;
- Using the Design for Life procurement framework.

In deciding on the most appropriate procurement route, consideration has been made of the following factors:

- The size and complexity of the works;
- A cost effective procurement route;
- Procurement which complies with EU Law (OJEU);
- The timescales and target date for delivery as programmed;
- The level of pre-works engagement with the contractor required under each procurement route;
- The current status of the project with regard to design.

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The table below details the preferred procurement option and the rationale for the choice:

Element	Procurement Route	Reason for Selection
Design Team for the works to blocks 4, 10a and 11 on the CRI site	SBS framework	SBS is accessible by every public sector body and allows the Health Board to access professional support relating to construction and the built environment. As a single source framework, there is no competitive process ahead of appointment. The sole provider is Perfect Circle JV Ltd, with all appointments finalised on the basis of pre-agreed commercial terms, thereby providing a short procurement time
The required construction works to blocks 4, 10a and 11 on the CRI site	Use of Contractor already on site and appointed through the SBS Framework	Scheme fully designed, contractor already on site and a compensation event will be used to ensure a rapid programme in order to deliver the works within the required timescales
Construction of the modular building	Single tender appointment from a National Public Sector Framework	National frameworks avoid the need to appoint a design team and undertake a tender exercise thereby affording earlier start on site a pre-determined cost parameters

Table 17: Procurement Options

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Funding and Affordability

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7.0 FUNDING AND AFFORDABILITY

This section describes the capital and revenue costs of the preferred option and assesses the financial implications of the project.

7.1 Capital Costs

This Business Case seeks approval to invest £5.133m from the All Wales Capital Programme, a breakdown of the capital costs is summarised in the table below:

	£'000
Building/Engineering	4.893
Equipment	240
Total	5.133

Table 18: Capital Costs for the Preferred Option

The full BJC forms are included within the Estates Annexe. The phasing of planned capital costs is identified below.

Year	£'000
2018/19 (Fees)	74
2019/20	401
2020/21	4,658

Table 19: Phasing of Planned Capital Costs for the Preferred Option

7.2 Depreciation and Impairment

Year	£'000
Impairment	1.177
Depreciation – Recurrent Building/Engineering	0.087
Depreciation - Accelerated	0.510
Depreciation – Equipment	0
Total Capital Charges/Depreciation	1.774

Table 20: Impairment for the Preferred Option

Impairment is calculated based on advice from the District Valuer. The asset value post impairment has been depreciated over the estimates useful economic life provided by the District Value

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The following is a summary of the total impact of impairment by year until the planned opening of the new facility:

	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m
DEL Impairment	0	0	0	0
AME Impairment	0	1.177	0	0
Depreciation	0.207	0.317	0.087	0.087
Total	0.207	1.494	0.087	0.087

Table 21: Impairment and Depreciation

The BJC assumes all capital charges and depreciation will be funded by WAG in each of the years as per the above.

7.3 Revenue Costs

The additional revenue costs relate to building costs only. There are no additional direct clinical costs as a result of this project. All decant or transition costs are included within the capital costs. The indicative summary costs for the preferred option are shown below:

Revenue Costs	Additional Costs
	£'000
Direct Clinical Services - Pay	0
Direct Clinical Services - Non-Pay	0
Clinical Services Total	0
Diagnostic & Support Services - Pay	0
Diagnostic & Support Services - Non-Pay	0
Diagnostic Services Total	0
Other Services - Pay	0
Other Services - Non-Pay	0
Other Services Total	0
Support Services:	
Hard FM	10
Soft FM	2
Energy & Utilities	7
Rates	5
Other	4
Support Services Total	28
Corporate Overheads/Other Costs not attributed	0
Total Revenue Cost excl. Capital Charges	28

Table 22: Revenue Costs for the Preferred Option against the other options

7.4 Impact On The Income And Expenditure Account

The anticipated capital spend, capital charges and depreciation profile for the extent of the project is as follows:

	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m
Capital (excl VAT)	0.364	4.142		
Accelerated Depreciation	0.207	0.303		
Depreciation	0	0.014	0.087	0.087
AME Impairment	0	1.177		
Total	0.571	5.636	0.087	0.087

Table 23: Impact on Income and Expenditure Account

The costs identified reflect the need to provide appropriate accommodation for the services within Global Link and the Links Building at CRI and to ensure safe and effective services within fully compliant theatre facilities. All assets will be shown on the Health Board's balance sheet. The asset will be valued on completion and recorded on the balance sheet at that value. Subsequently it will be treated as per the Health Board's capital accounting policy.

7.5 Overall Affordability

As highlighted above, it is assumed the impairment and recurrent charges for depreciation will be funded by WG. The net additional revenue costs and funding are summarised in the table below:

	£000
Impairment	
WG impairment funding	1,717
Depreciation	
WG Strategic Capital charge funding (NOTE 1)	597
Other Revenue Costs to be managed by the Health Board	28

Table 24: Overall Affordability

Note 1) Includes £0.510m accelerated depreciation.

7.6 Assumptions That Underpin Affordability

Funding is anticipated from WG for additional recurrent capital charges and non-recurrent impairment based on actuals.

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Management Arrangements

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8.0 MANAGEMENT ARRANGEMENTS

8.1 Introduction

This section of the BJC addresses the “achievability” of the scheme and identifies how the project will be managed from its initiation to completion. Its purpose is to describe the arrangements that will be required to effectively govern and successfully manage the project and deliver it in accordance with best practice.

This section has been drafted based upon the lessons learnt from previous projects, incorporating proven arrangements, structures and processes to ensure the successful delivery of the project.

8.2 Project Management Arrangements

Robust project management arrangements are vital to ensure the implementation of the overall project and that effective control is maintained over the capital scheme.

For the Health Board to successfully deliver this project, it is vital that the following overall approach is taken for the organisation and management of the project:

- The Health Board will adopt the general principles of PRINCE 2 methodology in managing the activities and outputs of the project and will meet the requirements of the WHC (2015): 012; Infrastructure Investment Guidance; and subsequent guidance which may be issued during the projects’ lifespan;
- The project will use NHS Wales standard documentation and products where these are available, and will seek to benefit from experience and best practice from other NHS Wales projects;
- Specialist professional and technical advisers will be employed for those activities where the necessary skills and experience are not otherwise available to the project team. The transfer of skills and knowledge from specialist advisers to the project team will be achieved wherever possible and appropriate.

In managing the project, the Health Board aims to:

- Deliver the project on time and to budget;
- Ensure effective and proactive lines of accountability and responsibility for the project deliverables; and
- Establish user involvement at all stages of the project.

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8.2.1 Project Reporting Structure

The reporting organisation and the reporting structure for the whole of the project is shown as follows:

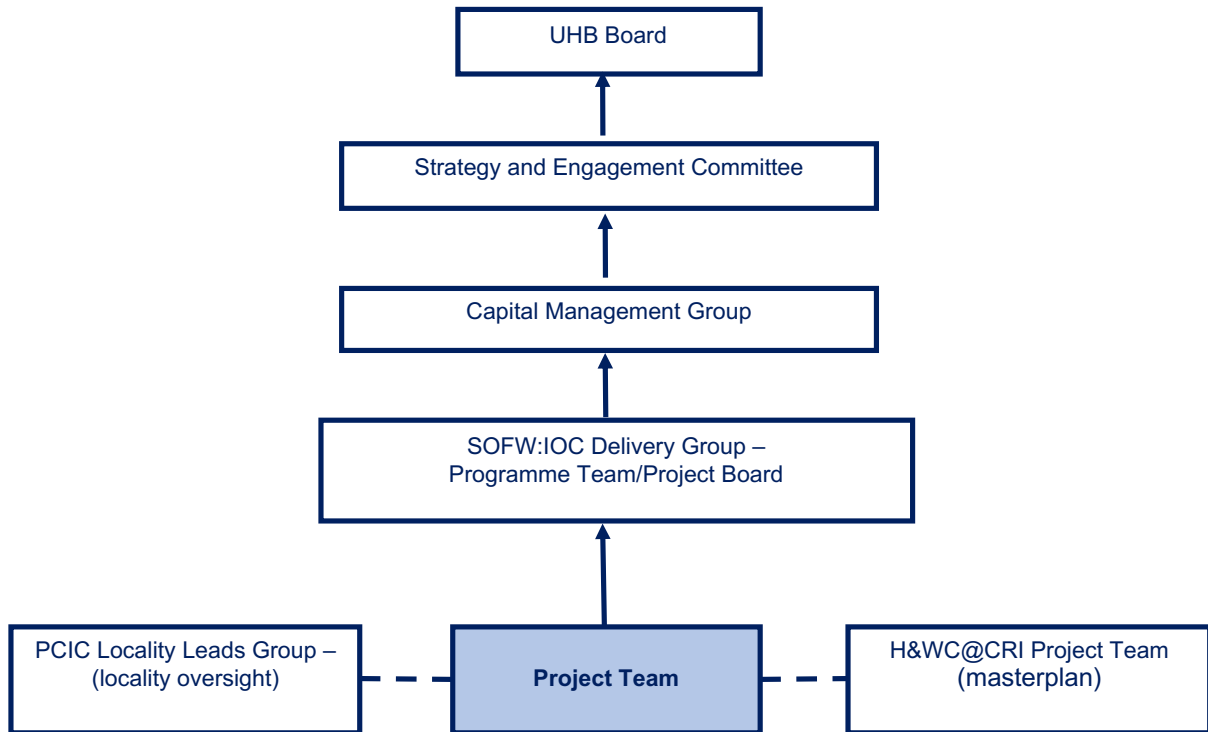


Figure 5: Project Reporting Structure

The purpose of the Project Team is to manage and co-ordinate, within the parameters set by the Project Board. The Project Team is responsible for the preparation of the business case for the project, which sets out the case for the proposed service and the capital implications, providing supporting justification in the form of the relevant strategic, economic, commercial, financial and management information required to produce the BJC.

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8.2.2 Project Roles and Responsibilities

The project roles and responsibilities are as follows:

8.2.2.1 *Investment Decision Maker*

In line with the NHS Wales Infrastructure Investment Guidance, it is recognised that there must be clarity on decision making authority and management arrangements.

The Investment Decision Maker is the Cardiff and Vale UHB Board. Their role is to:

- Ensure a viable and affordable business case exists and remains valid during the planning process;
- Ensures that the appropriate level of business case is developed for submission to Welsh Government;
- Maintain commitment to the project;
- Authorise allocation of funds to the project;
- Oversee project performance;
- Ensure resolution of issues.

8.2.2.2 *Senior Responsible Owner*

The Senior Responsible Owner (SRO) of this project is the Executive Director of Strategy and Planning, Abigail Harris. The SRO will monitor the development and progress of the programme and project at Executive Board level and will exercise executive responsibility for the capital aspects of the scheme including compliance with Financial Instructions and Standing Orders; will be responsible for responding to internal and external audit scrutiny and ensuring the appropriate interim reports are made to the Capital and Estates Division of Welsh Government in line with existing directives.

8.2.2.3 *Project Director*

The Director of Capital, Estates and Facilities, Geoff Walsh, will fulfil the role of Project Director for the project. The Project Director will have ultimate responsibility for the project and will ensure the project is focused, throughout its lifecycle on achieving the objectives and delivering the projected benefits. The Project Director will ensure that the project provides value for money and will act as the point of contact in all dealings with contractors, consultants and outside organisations involved in the construction process.

8.2.2.4 *Business Case Manager – Programme and Projects*

This function will be undertaken by Service Planning Lead, Ann Stewart-Davies, who will establish the management structure for the project, involving appropriate representatives from within the Health Board who can provide the appropriate input to support the development of the project.

The Business Case Manager will develop and manage the project plan, setting out the key actions and milestones to manage the business planning process.

8.2.2.5 Project Board: SOFW: IOC Delivery Group

The SOFW: IOC Delivery Group will act as the Project Board for this project. The Terms of Reference are included within Appendix 6.

The Project Board will support the delivery of the project through:

- Ensuring that the project scope remains consistent with the strategic programme;
- Providing formal approval at key stages to the project both in terms of business case development and formal submission to Welsh Government;
- Providing the formal authority for committing resources to the project;
- Ensuring that the scheme delivers appropriate value for money.

The table below shows the membership of the Project Board:

Name	Position	Organisation	Role
Abigail Harris	Director of Strategy and Planning	CVUHB	Chair
Marie Davies	Deputy Director of Strategy and Planning	CVUHB	Member
Geoff Walsh	Director of Capital, Estates and Facilities	CVUHB	Member
Chris Dawson-Morris	Corporate Planning Lead	CVUHB	Member
Alex Evans	Service Planning Project Lead	CVUHB	Member
Rob Wilkinson	Programme Support Officer	CVUHB	Member
Anna Kuczynska	Clinical Board Director	CVUHB	Member
Lisa Dunsford	Director of Operations	CVUHB	Member
Graham Shortland	Medical Director	CVUHB	Member
Ruth Walker	Director of Nursing	CVUHB	Member
Steve Curry	Chief Operating Officer	CVUHB	Member
Lee Davies	Head of Service Planning	CVUHB	Member
Bob Chadwick	Director of Finance	CVUHB	Member
Martin Driscoll	Director of WOD	CVUHB	Member
Sharon Hopkins	Director of Public Health	CVUHB	Member
Fiona Jenkins	Director of Therapies	CVUHB	Member
Sarah McGill	Director Communities, Housing and Customer Services	Cardiff Council	Member
Lance Carver		Vale of Glamorgan	Member
Sheila Hendrickson-Brown	Chief Executive	Cardiff Third Sector Council	Member
Rachel Connor	Chief Executive	Glamorgan Voluntary Services	Member

Table 25: Project Board Membership

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8.2.2.6 Project Team

The Terms of Reference for the Project Team are included within Appendix 7.

The Project Team will support the delivery of the project through:

- Taking actions to ensure all stages of the project are achieved within the identified timescales, reviewing progress on a regular basis;
- Ensuring plans being developed fit within both the Capital Programme of the Health Board and the wider strategic service planning framework;
- Developing and regularly reviewing the Project Risks Register and ensuring appropriate mitigation plans are developed;
- Developing, agreeing and monitoring budgeting arrangements for project delivery;
- Identifying and developing appropriate capital and revenue financing arrangements for the project ensuring both affordability and sustainability;
- Every team member will have equal responsibility for identifying, at the earliest opportunity any major factors, risks or variances arising during the course of the project that may impact upon project delivery.

The table below shows the membership of the Project Team:

Name	Position	Organisation	Role
Geoff Walsh	Director of Capital, Estates and Facilities	CVUHB	Chair
Jeremy Holifield	Head of Capital Planning	CVUHB	Member
Jon Nettleton	Property and Accommodation Manager	CVUHB	Member
Tony Ward	Head of Discretionary Capital & Compliance	CVUHB	Member
Ian Wile	Director of Operations, Adult Mental Health	CVUHB	Member
Mark Jones	Directorate Manager, Adult Mental Health	CVUHB	Member
Martin Ford	Directorate Manager, Psychology & Psychological Therapies Directorate	CVUHB	Member
Jane Boyd	Clinical Director, Psychology and Psychological Therapies	CVUHB	Member
Beverly Thomas	Assistant Head of Operations and Delivery Community Child Health	CVUHB	Member
Adam Parry	Architect	Stride Treglown	Member
Nicola Jones	Project Manager	Gleeds	Member
Jane McMahon	Healthcare Planner	Adcuris	Member

Table 26: Project Team Membership

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8.2.2.7 Other Roles

The development of this project will be supported by a range of corporate departments from within the Health Board including:

- Capital Planning;
- Finance;
- Strategic Clinical Engagement;
- Workforce;
- IM&T.

8.2.3 Project Plan

The dates detailed below highlight the proposed key milestones of the project:

Milestone Activity	Date
BJC submission to WG	January 2020
Completion of Works to CRI Blocks 4, 10a & 11 (second floor)	December 2020
Completion modular building at CRI	June 2020

Table 27: Project Plan

8.3 Use of Special Advisors

Specialist advisors have been used in a timely and cost-effective manner in accordance with the Treasury Guidance: The following Special Advisors have only been used in regard to the works to Blocks 4, 10a and 11 at the CRI site:

Specialist Area	Adviser
Project Manager	Gleeds
Architects	Stride Treglown
Cost Consultancy	Gleeds

Table 28: Specialist Advisors

These roles will be fulfilled by the Health Board's Discretionary Capital Team for the other phases of the Project.

Adcuris Consulting Ltd have been appointed to lead the development of this BJC.

8.4 Communication and Engagement Plan

Effective communications, consultation and engagement is central and critical to the successful delivery of the project. The Health Board has a duty to involve people in the planning and delivery of health services and significant service developments.

The Health Board's philosophy around communication is simplicity, quality and consistency. All messages should be clear and easy to understand – tailored for their specific audiences; compliant with corporate guidelines; and in keeping with the Health Board's strategic aims.

The objectives of the Health Board's communication strategy are:

- Effectively communicate the rationale for the redevelopment through a range of tested channels to inform internal and external stakeholders, keep them up to date with progress and gain their views;
- Foster ongoing good relationships with the local communities around the hospital and with the media, promoting positive media coverage;
- Manage all publicity regarding the redevelopment project and ensure that accurate information is consistently available;
- Engage staff positively in the changes so that new ways of working are endorsed and staff understand and support the redevelopment;
- Evaluate the effectiveness of internal and external communications and engagement to ensure messages are understood and acted upon and engagement is positive.

The Project Team is to be used as the mechanism to communicate project progress to stakeholders, including patients and other stakeholders and interested parties.

- Project records will be maintained at the Health Board's central project office, in accordance with a defined records management system;
- Project records will be maintained in line with good audit practice and the filing structure determined and communicated via the Project Team;
- Notes will be taken at all meetings, to ensure the task focus of the project, prior to closure of meetings an action list will be agreed and then circulated.

8.4.1 Internal

- All members of the project groups will have individual responsibilities for cascading project information through their respective service functions;
- The Project Director will be responsible for producing ad hoc reports to the UHB Board.

8.4.2 External

- The Project Director will be responsible for providing the key link with major stakeholders not represented on the Project Board to report progress;
- Media Management will be in accordance with the Health Board's related policies and procedures;
- The Project Board may consider the production of regular briefings for internal and external communication purposes;
- All members of the Project Team will have responsibility for cascading information through their respective organisations as well as their specific areas of responsibilities.

A stakeholder engagement and communication plan has been developed and the latest version is attached as Appendix 8.

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8.5 Arrangements for Change Management

This project in itself will not create any significant change management or reconfiguration matters to be implemented. The change to the service provision within the CMHTs sits out with this project and is a process that is already being implemented.

However, the Change Management processes required to plan and manage the implementation of the project will include the following tasks:

- To agree the staffing establishments consistent with the service delivery models and within the available financial envelope;
- To ensure that the timing of the planned changes is consistent with the smooth continuation of other services affected by the change;
- To assess any training needs arising out of the service, and to plan and implement a training programme as appropriate;
- To consider any other HR issues.

8.6 Benefits Realisation Monitoring

Benefits are anticipated when a change is conceived and there are measurable improvements that result from the outcome which is perceived as an advantage by the organisation and/or stakeholders. Benefit management and realisation therefore aims to identify, define, track, realise and optimise benefits within and beyond the programme. A benefits realisation plan has been established that provides a framework for this aim and is overseen by the Project Board. The key benefits resulting from this project relate to the improvement of the physical facilities from which the services are delivered, especially the relocation of the CMHT Team from the Links Building at CRI to within the main building.

The plan outlines the key objectives, benefits and measures, which will be used to evaluate the project, it also shows who has the accountability for its realisation. This is in order that a meaningful assessment can be made of the benefits yielded by the project and to benchmark the assessment criteria themselves so that lessons learned can be fed back into future projects. It ensures that the project is designed and managed in the right way to deliver quality and value benefits to patients, staff and local communities. Timescales for the achievement of these benefits have been identified and included in the plan.

A copy of the Project Benefits Realisation Plan is attached at Appendix 9.

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8.7 Risk Management

8.7.1 Risk Register

A structured risk management process will be adopted. It has four main stages:

- Identification - to determine what could go wrong in order to identify the risks;
- Classification - to determine the likelihood of occurrence of the risk and impact on the project;
- Assessment - to understand and possibly quantify the impact on the project;
- Action - to identify countermeasures for dealing with unacceptable risk levels and institute monitoring and control mechanisms, identifying means of avoiding, containing, reducing and transferring risk.

The risk management strategy has been integrated into the project management procedures, with responsibility for implementation of the strategy resting with the Project Director. The current risk register for the preferred option is attached at Appendix 10.

8.7.2 Gateway Review Arrangements

Gateway Reviews undertaken across the health service have identified a range of common deficiencies within projects. These key areas have been reviewed under this project to ensure they were being managed as follows:

- Risk – A clearly structured risk management process has been put in place with regular review of the project risk register;
- Roles and Responsibilities – A clear project structure exists for the management of this project with the Senior Responsible Officer and Project Director identified;
- Skills and Resource – The Health Board is experienced and well-resourced and is supported by legal, financial and technical specialists;
- Business Case - The need for a robust Business Case was identified at an early stage and has in part driven the project development;
- Planning – A programme was developed early in the scheme development and has been a strong management tool in moving the project forward;
- Stakeholder Issues – Stakeholder management has been a key focus in the projects development as it integrates various organisations;
- Benefits – A clear benefits realisation plan has been developed and is embedded in the project processes;
- Financial Issues – Finances have been robustly managed as the project has developed to ensure the project is affordable and value for money.

The impact of the overall programme has been scored against the risk potential assessment (RPA) model. Gate 0 (strategic fit) and Gate 1 (business justification) appraisals have been completed, in conjunction with the submission of the BJC. A copy of the Programme RPA stage 1 form is attached as Appendix 11.

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8.8 Equality and Health Impact Assessment

In line with the Health Board's ethos and philosophy an Equality and Health Impact Assessment (EHIA) of the business case has been completed which will inform key stages in the programme development to ensure that the proposals promote equality and positive health outcomes for all. A copy of the equality and health impact assessment is attached at Appendix 12.

8.9 Post Project Evaluation

The Health Board is committed to ensuring that a thorough and robust post-project evaluation (PPE) is undertaken at key stages in the process to ensure that positive lessons can be learnt from the project. The lessons learnt will be of benefit to:

- Cardiff and Vale University Health Board – in using this knowledge for future projects including capital schemes;
- Other key local stakeholders – to inform their approaches to future major projects;
- The NHS more widely – to test whether the policies and procedures which have been used in this procurement are effective.

Post Project Evaluation (PPE) is a part of the total quality process and the Health Board acknowledges its contribution towards a successful outcome in terms of:

- Greater assurance of total performance in terms of cost, time and quality;
- Clearer definitions of responsibilities;
- Reduced exposure to risk; and
- Improved value for money.

The Health Board has identified a robust plan for undertaking PPE in line with current guidance, which is fully embedded in the project management arrangements of the project. All processes will be managed by the project team and endorsed by the appropriate boards.

The outline arrangements for post implementation review and project evaluation review have been established in accordance with best practice and are as follows:

8.9.1 Post Implementation Review (PIR)

An evaluation covering a wider range of project evaluation criteria and benefits will be undertaken after a suitable bedding-in period after the construction phase has been completed. It is anticipated that this will take place circa 6 to 12 months following completion of construction works.

8.9.2 Project Evaluation Reviews (PERs)

Further post project evaluations will take place at a later stage, to assess the longer-term outcomes of the project, when the full effects have arisen.



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Community Mental Health Services Estate Rationalisation

Business Justification Case – Appendices

January 2020

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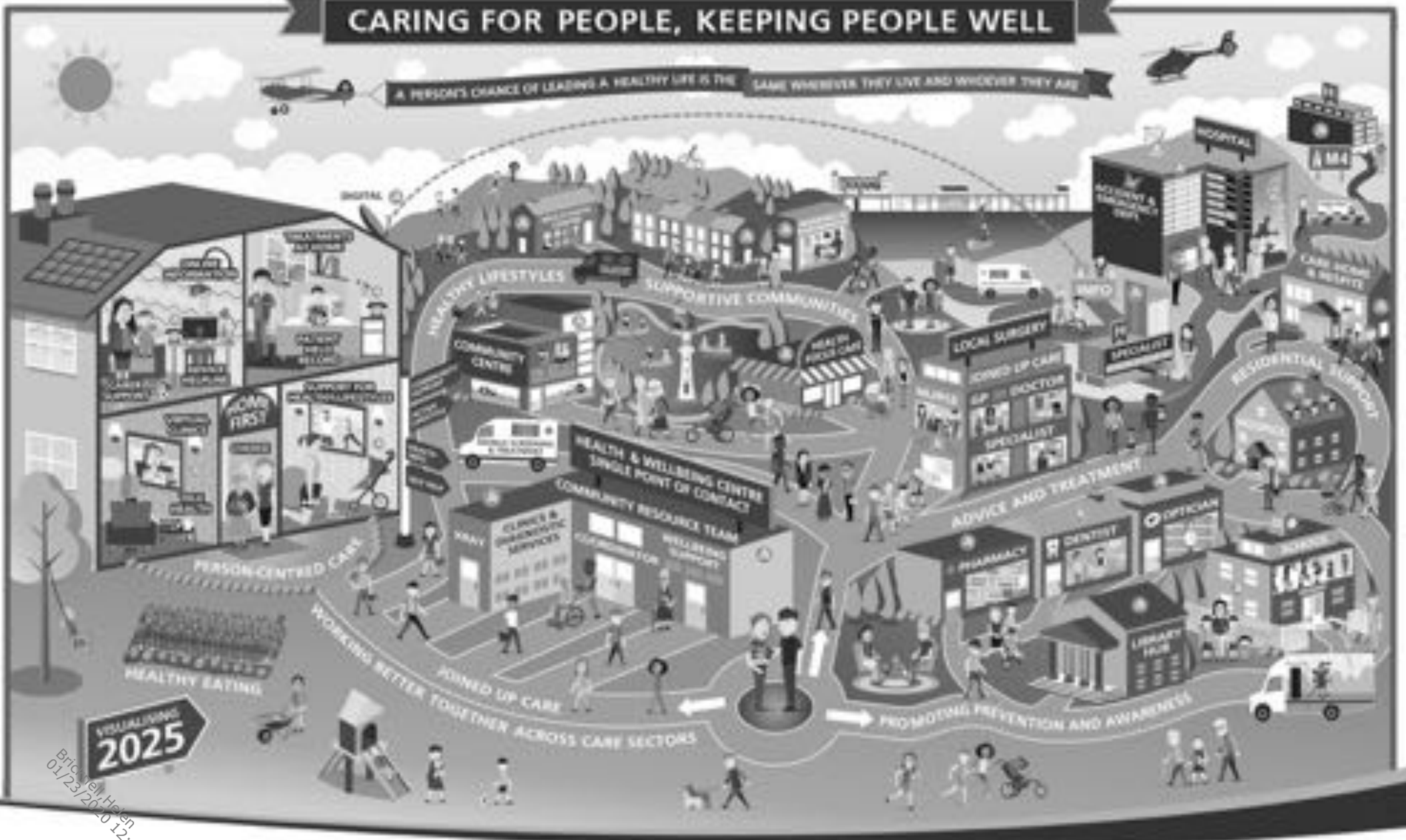
APPENDIX 1 –

Mental Health Integrated Medium Term Plan 2019 - 2022

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CARING FOR PEOPLE, KEEPING PEOPLE WELL

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



INTEGRATED MEDIUM TERM PLAN 2019-22 MENTAL HEALTH CLINICAL BOARD



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INTRODUCTION

A1. BACKGROUND

Key Drivers:

- All Wales strategy 'Together for Mental Health' has a 3 year cycle of delivery plans with each delivery plan having themed priorities up until 2022. The current delivery plan reinforces the importance of current areas of Welsh Government investment in mental health services, targeting services such as **Camhs** and **First Episode Psychosis, EU Liaison and Out of Hours Services, Substance Misuse, Trauma Informed Care** and the delivery of **Psychological Therapies** supported through the impending MATRICS Cymru all Wales Psychological Therapies delivery framework.
- Social Services Wellbeing Act came into force in April 2016 aiming to promote independence, give greater control, provide more information and focus on prevention and early intervention.
- A Welsh Government Dementia strategy is now published to support the refresh of the Cardiff and Vale 3 year dementia plan and a revision of the commissioning and delivery arrangements for the Cardiff and Vale service collaborative. The focus of the new strategy is the '**Team around the individual**'.
- Additional funding has been seen this year and ongoing under the '**GP Sustainability**' program of work in **primary mental health liaison** services where the 'home first' and prevention agenda are key strategic aims to promote collaborative working with mild to moderate mental health conditions, preventing dependency on specialist services. The last 5 years of service plans in mental health has supported this agenda, with a record of moving inpatient resources to community service investment. This plan will continue in the forthcoming 2018/19/20 periods.
- Benchmarking results UK wide in Mental Health will influence plans for Mental Health services for **Older People's bed numbers** as well as supporting whole system community services reviews. Related objectives include reducing waiting times, simplifying access, managing demand, delivering psychological based interventions appropriately and monitoring health improvements in service users more effectively

Headline Achievements for the 17/18 period

All developments for last year as well as the forthcoming period are collaborative ones, involving one or all partners in major change. This includes other clinical boards, the Local Authority, police, ambulance and third sector agencies. This IMTP period speaks on behalf of the enthusiasm of all services to work across boundaries in the interest of service user's outcomes. To date,

through transformation, mental health is now supporting a 4 fold increase in referrals of people seeking support from their GP and a 40% bed reduction in 10 years with the same numbers of staff.

- Successful completion of a collaborative pilot in Cardiff East of Mental Health Practitioners working as extended specialist support to GPs, for people with mild to moderate mental health problems. This is supported by bespoke commissioned third sector psychologically based service. The pilot has evaluated well in reducing demand and improving the quality of primary care mental health services and is now received support for all elements of the model to be scaled up across Cardiff and Vale. This is potentially a revolution in mental health support to meet ever increasing demands on GPs. This work is attracting the attention of the Welsh NHS mental health services with the Primary Care Workers being asked to attend National Conferences to explain this model.
- Following an extensive engagement exercise with the community health council and others, 2019 saw the co-location of the three Vale Community Mental Health Teams, as a step towards the establishment of health and well being centres described in Shaping Our Future and Well Being Strategy. The teams are now functioning as one with efficiencies seen in managing demand, liaising more easily with related health and other agencies and seeing professionals working differently and more focussed on service user outcomes and needs.
- The MHCB submitted successful costed plans against available Welsh Government recurrent funding in the areas of its strategic direction. Particularly in the areas of First Episode Psychosis (pre-empting the Camhs repatriation), substance misuse dual diagnosis, psychological therapies and Matrics Cymry. In addition Peer Support Workers as part of a recovery college, the enhancing of EU cover, investing in specialist support to the CRTs to enhance the 'team around the individual' described in the dementia strategy and avoid unnecessary admissions to UHB beds will all benefit from additional funding. All additional monies are focussed on the principles of 'Home First, reducing hospital delays, improving access to psychological support and adding capacity to pressured specialist teams and supporting the integration agenda..
- Another example of co-location with the Local Authority and third sector has been our tier two MHSOP day care services – October 2019 saw the move of Turnbull day unit base to Grand Avenue to refurbished premises. This is based on the understanding that once a health crisis is resolved, people have health and social care needs as part of their ongoing assessment and treatment and respite for families

With the increased exposure of mental health in the media and society, and the growing value of Psychological Therapies in the context of delivering collaborative bio-psychosocial model care over a traditional disease model, the Welsh Government have introduced a further non-tier 1 target into UHB Mental Health services. This is a 26 week 'Referral To Treatment' target for the commencement of a psychological intervention. This is welcomed and initial submissions reveal that C&V has up to

3000 people at any one time awaiting a formal Psychological Intervention with approximately 70% of those receiving this within the 26 week waiting time. This performance compares very well to the progress in other UHBs where numbers are as low as 10s and 100s.

- C&V Mental Health staff are increasingly finding themselves supporting national work streams such as outcome measures, the WCCIS All Wales electronic patient record, developing a Psychological Therapy framework and leading innovative practice. 2018 has seen a number of C&V MH staff presenting on a national stage.
- As mental health issues enjoy a higher profile, the capacity to outreach with ever diverse liaison services beyond the traditional mental health setting is expanding with recent collaborative plans with the police and ambulance service call centres coming to fruition.

A2. CLINICAL BOARD PERFORMANCE OVERVIEW

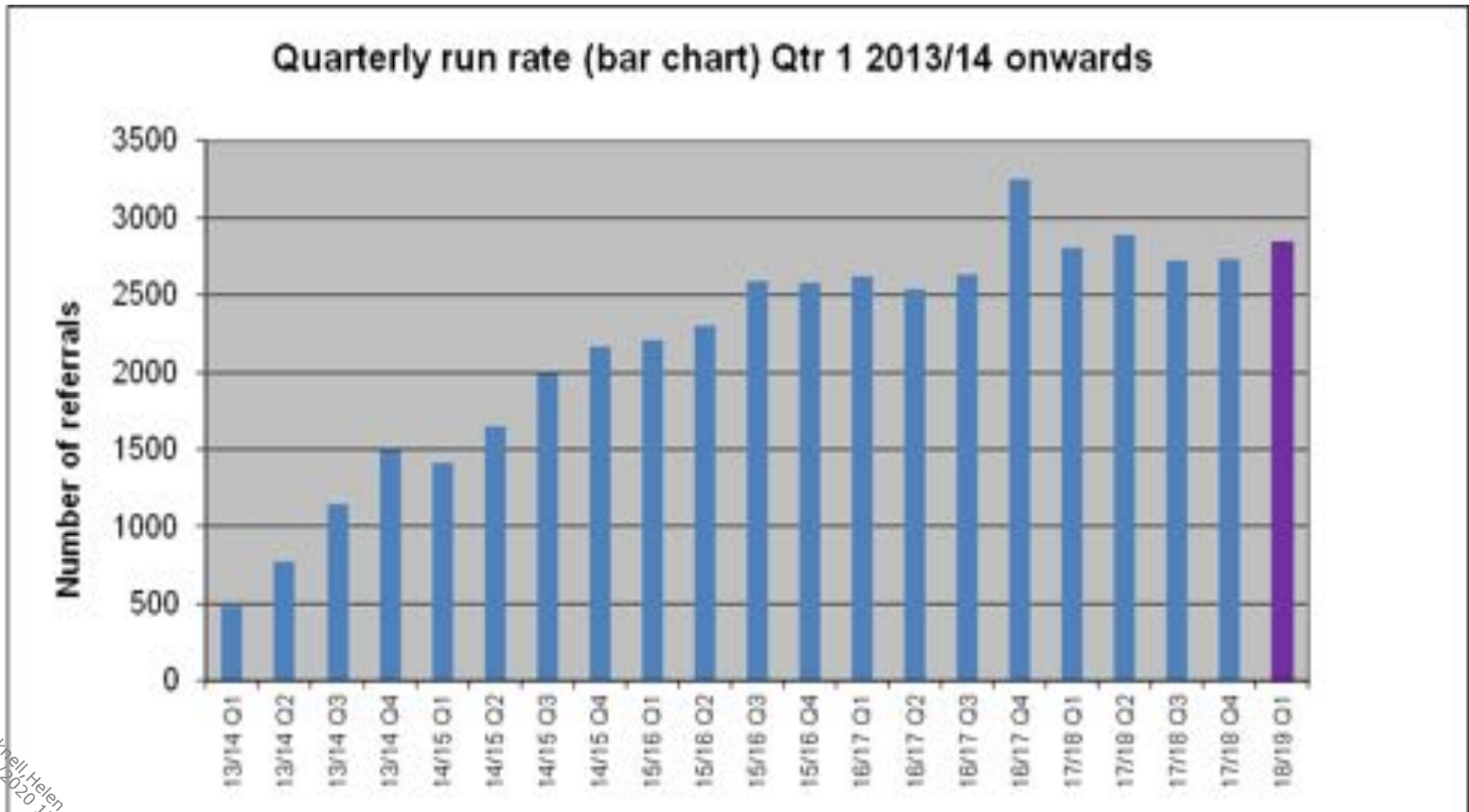
2.1 High level - Mental Health Specific for WG Reporting see *

Key Performance Indicator – WG Reported	Clinical Board Performance	Peer Benchmark	Planned Action – high level description
Mental Health Measures Parts 1 to 4 *	Parts 1, 3 & 4 all compliant this year against a profile of increasing demand Part 2 Care and Treatment plans has seen a small but ongoing breach in compliance	See fig 1 – for Part 1 popularity increased awareness to seek help for MH issues CTP quality a typical picture across Wales.	Draft Action Plan against the Delivery Unit (DU) report prepared and reporting into the MHLC for progress and monitoring. To undertake internal re-audits using the DU assessment tool with their permission. Compliance gradually improving but recognised that care coordination by medical staff requires further thought for service users who do not meet ‘relevant patient’ status. This will improve compliance further and add to both quality and new ways of working.
First Episode Psychosis per 100,000 pop *	Referrals - 27 , Caseloads – 24 Contacts – 15	Mean – 80 Mean – 66 Mean – 34	Investment from WG 370K to increase the capacity and MDT function of the team – anticipated to meet mean average performance across all measures by the end of 2019

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	Staff – 2.4	Mean - 7.2	
MHSOP Bed Numbers per 100,000 of the population	83.3 - 3rd highest reported in UK and 2 nd highest reported in Wales	Mean average 42.4	Whole system re-design, planned and currently awaiting the appointment of a project/clinical lead to look at all aspects of MHSOP patient flow with a view to reducing bed numbers further to within benchmark upper parameters.
MHSOP ALOS both excluding and including leave	130 days excluding and including leave	Mean average 74 days excluding leave and 78.2 days including leave	Of particular concern considering the existence of a crisis and home treatment resource locally. Again awaiting project/clinical lead post to review all aspects of patient flow with a view to reducing ALOS to within upper quartile parameters over 18 months and subsequent bed closures – 78 bed days excluding leave
Incidents of Physical Violence against Staff per 100,000 occupied bed days and community contacts	361 – highest reported in Wales	Mean average 207	C&V currently the only MH service in Wales to undertake face up restraint as per best practice with a positive approach to high reporting culture. De-escalation breakaway training available to all in patient and community staff To review hotspots and themes from staff aggression incidents to assess areas requiring more development if required Compare C&V with other inner city organizations for greater benchmarking relevance
Serious Incidents per 100,000 occupied bed days and community contacts	46	Mean average 24	See suicide and self harm action plan (Number 4 in service change proposals) Complete local thematic review of serious incidents following identification the importance of post discharge contact within an identified period of time Continue to promote high reporting culture Compare C&V with other inner city services for greater benchmarking relevance
Complaints per 100,000 occupied bed days	89	Mean average - 64	Compare C&V with other inner city services for greater benchmarking relevance Continue to promote high reporting culture Continue with thematic reviews periodically with a plan to promote and provide training on the themes of complaints emerging – staff attitude being one theme.

Fig 1 – Increase in PMHSS Referrals since commencement

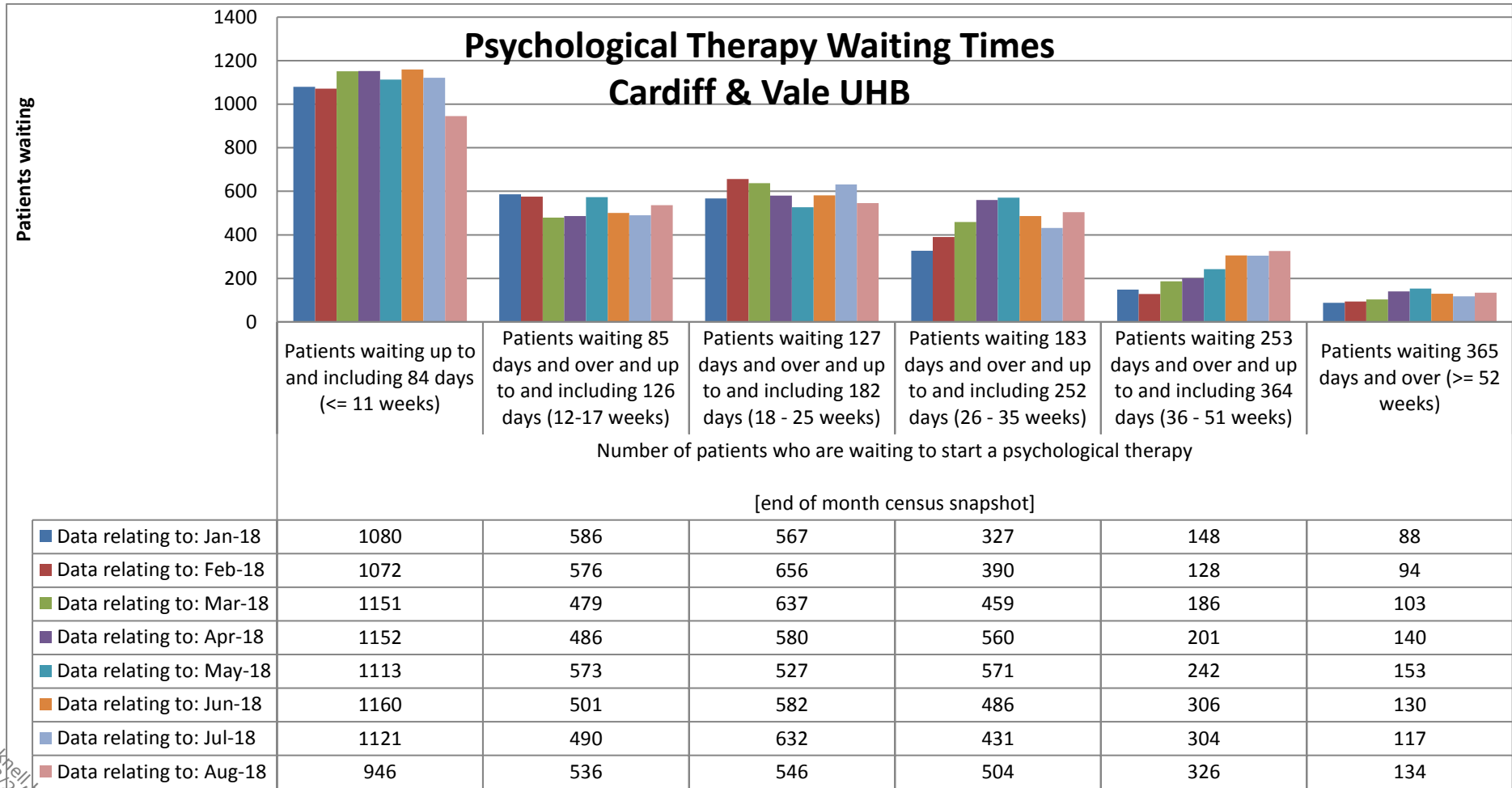


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2.2 High level clinical and service efficiency

Key Performance Indicator – WG Reported*	Clinical Board Performance	Peer Benchmark	Planned Action- high level description
Access to Psychological interventions *	New RTT – See figure 2 for commencement of a recognised psychological therapy of 26 weeks this year for MH services.	Shared information across Wales indicates C&V is very productive with Circa 3000 waiting and approx 70% receiving within the 26 weeks.	C&V is offering double the number of its nearest UHB with more investment due. Investment as part of the 2019/20 WG innovation fund will be targeted at long waiting lists, increasing the capacity of the PTs hub and offering additional psychology support to mother and baby services, eating disorders and MHSOP. The service anticipates compliance by May/June 2019
Crisis Resolution and Home Treatment * Requires 90% of all service users referred as an emergency to be assessed within 4 hours or 24 hours if admitted.	90%+	Various Models across Wales – C&V has a 24 hour model with integrity to the evidence base	Continue with the service delivery – implement actions from a review of MHSOP crisis team
Adult Community Contacts per 100,000 population	21,745 contacts	Mean – 31,139	Community services review attempting to drive down caseloads and increase the delivery of structured psycho-social interventions which may reduce the number but increase the quality of contacts – therefore the appropriateness of a quantitative target is being further considered.
Vacancies	5% Vacancies in Cardiff and Vale	17% Mean average across UK and 3 rd best in Wales	C&V Mental Health services continue to attract staff with its diversity of services and specialities as a city and ADP course.
Sickness	5% sickness compared to % last year	Mean average 6% - but aspiring to best practice services of maintaining sickness 5 %	Various initiatives to improve compliance with sickness reductions including: <ul style="list-style-type: none"> • Easing staffing levels through MHSOP redesign • Improving Ward Manager release time to comply with sickness standards & a bespoke support service for staff

Fig 2 – Psychological Therapy Waiting Times RTT – Demonstrated C&V most productive UHB offering more than double structured PTs than other UHBs



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2.3 High level cost indicators

Key Performance Indicator	Clinical Board Performance	Peer Benchmark	Planned Action - high level description
Adult acute cost per bed	£115,543k	£140,082k mean	Upper quartile performance – maintain
Older adult cost per bed	£129,004k	£140,135k mean	Upper quartile performance – maintain
CMHT cost per patient on caseload	£2,571k	£3,349k mean	Upper quartile performance - continue trajectory
Adult acute bank and agency spend as % of total staff spend	12%	22%	Upper quartile performance - maintain
Continuing Health Care average cost per placement	£94k	£64k (2017/18 national finance agreement assessment)	Further urgent work required to understand differences in service models

A3. Risks and Opportunities

This Plan is dependent on the following:

- Support from the Community Health Council for ongoing Adult Community service change recommendations
- Availability of accommodation for adult community locality model development in the Cardiff localities under shaping our future and well being
- PCIC cluster support for joint investment in primary care based mental health services
- 2017 Local Authority cost saving program and collaboration with community integration plans

In addition to these dependencies, there are a number of risks to the delivery of our plan. These include:

Risk Description	Risk Score	Action to Manage or Mitigate
MHCB Capacity to deliver an MHSOP and Adult services in patient redesign and ongoing	10	Collaborate with Planning and streamline consultation process with agreement of Community Health Council On-going support to the CHC in understanding the Home First community

stakeholder engagement to roll out community locality model for adult services		model Develop project management and clinical leadership support where required for main streams of work
Service User and Carer engagement with the above due to the protracted process	10	Ensure Service Users and Carers, particularly those receiving community based services are kept fully informed of the process for engagement and consultation through local meetings with the clinical board
Local Authority Cost reduction program in 2017 and impact on integrated arrangements and core community functions	10	Accelerate where possible the integrated arrangements within particularly community services to afford the combined resource a degree of protection.
The current investment into Mental health liaison services as well as WG investment is draining the inpatient and core community services of experienced staff, particularly nurses. This is posing both recruitment and experience shortages.	10	Limit internal recruitment to a safe degree and attempt to recruit externally. C&V MHCBC current has low vacancies and sickness which will help as a staff baseline.

A4.SUMMARY OF KEY PRIORITIES FOR 2019-22

Clinical Board ambition for 2019/22 is to continue the improvement trajectory we have achieved in 2018/19. Our key deliverables for the year are set in the main document with an outline of key actions in 2019/20 and 2020/21 as appropriate. The high level headlines are summarised in this section.

B.1 POPULATION HEALTH IMPROVEMENTS

Local Mental Health and Wellbeing Needs Analysis

Population Size

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The population of Cardiff and Vale of Glamorgan is growing rapidly. Currently, around 493,400 people live in this area and between 2007 and 2017, the number of people increased by 8.9%, more than twice the Wales average of 4.0%. The number of people aged over 85 years has increased by 21.2% between 2007 and 2017¹.

Age and Gender

The city of Cardiff has a skewed population compared to the Vale of Glamorgan because of the large numbers of students and disproportionately fewer older people. In 2017, approximately 18.1% of Cardiff's population was aged 15-24. As a higher proportion of mental disorders develop between the ages of 14 to 20, Cardiff has greater incidence of mental illness. In contrast a fifth of the Vale's population was aged 65+ in 2017, with its greater proportion of older people, the population of the Vale is likely to comprise a higher overall percentage of people with dementia than Cardiff.

Ethnicity

The proportion of people from the black and ethnic minority (BME) community² in the Vale of Glamorgan is 4% and is similar to the Wales average at 6%. In Cardiff, however, the proportion stands at 16%³.

Research shows that the incidence of psychosis is higher in the African Caribbean and Black African populations⁴.

Educational Attainment

The percentage of Year 11 school leavers who were known to be not in education, employment or training (NEET) in 2017 in Wales was 7.4%, results are not available at local authority level⁵.

¹ Office of National Statistics (ONS) mid-year population estimates (MYEs), 2007 and 2017

² BME defined as all non-white ethnic groups aggregated from KS201EW table (ONS, Census 2011)

³ Office of National Statistics (ONS) Census 2011, KS201EW.

⁴ Morgan et al, First episode psychosis and ethnicity: initial findings from the AESOP study, World Psychiatry, 2006, 5:1, 40-46.

⁵ PHOF, 2017

Unemployment

Recent data for the year ending 30th June 2018 suggests 2.8% of Vale of Glamorgan residents and 6.7% of Cardiff residents are classed as unemployed, as compared to the Wales level of 4.8%⁶. Unemployment is linked to poorer mental health.

Housing and Homelessness

The number of households in Cardiff who were deemed to be eligible, unintentionally homeless and in priority need was 669 in 2017/18. In the Vale of Glamorgan this was 120⁷. Statistically, you are more likely to have a mental health condition if you are homeless: 43% of those accessing homelessness projects in England were suffering from a mental illness. There were 92 rough sleepers in Cardiff and zero in the Vale of Glamorgan during 2017/18⁷.

Diagnosis of Mental Illness

According to the GP registers in Cardiff and the Vale as at March 2018, there were 4,622 people with a diagnosis of a serious mental illness.

There were also 3,256 people with a diagnosis of dementia. However, according to the Alzheimer's Society 2014 report, GP data represents only a fraction of people with dementia in the community⁸; therefore under-diagnosis is an issue, despite Cardiff and Vale having the best detection rate in Wales.

Deprivation

Deprivation is associated with poorer mental health outcomes and those with a poorer level of income are more likely to have a common mental illness. Deprivation in the Vale of Glamorgan is largely clustered around Barry and 5.2% of the Vale areas fall into the 10% most deprived areas of Wales. In contrast, areas of deprivation in Cardiff are mainly in the southern arc of the city and

⁶ Annual Population Survey / Local Labour Force Survey: Summary of economic activity, ONS 2018

⁷ Info base Cymru, 2017/18. Available from:

<http://www.infobasecymru.net/IAS/themes/people.communitiesandequalities/housing/tabular?viewId=26&geold=1&subsetId=>

⁸ Alzheimer's Society, http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1666

17.7% of Cardiff's areas fall into the 10% most deprived in Wales⁹. Cardiff includes some of the least deprived areas of Wales (e.g. in Cyncoed) and some of the most deprived (e.g. in Splott).

Prevalence

According to the National Survey for Wales 2016/17, 7.7% of people in Cardiff and 8.4% in the Vale of Glamorgan reported having a mental illness¹⁰.

This is likely to be an underestimate of the people who have a mental illness as surveys suggest that in England 16% of people have a common mental illness.

In terms of a diagnosis of a serious mental illness (schizophrenia, bipolar disorder and other psychoses), there are 4,622 people on primary care registers with these conditions, which is 0.9% of the total GP list size¹¹.

A prediction tool, PsyMaptic has calculated that, in Cardiff and the Vale, we would expect to find 61 new cases of psychosis per annum, between the ages of 16-64¹².

In 2018, there are 3,256 people with a diagnosis of dementia on GP registers in Cardiff and Vale.

Service usage

Benchmarking data shows that the Adult Community Mental Health Team caseload per 10,000 weighted populations is 147 within Cardiff and Vale, which is similar to NHS Benchmarking data of 140. Within this service, there are 252 contacts per whole time equivalent, compared to 240 across the UK.

⁹ This is taken from the results of the Welsh Index of Multiple Deprivation 2016.

¹⁰ National Survey for Wales 2016/17

¹¹ Quality and Outcomes Framework, 2018, WG <https://www.gpcontract.co.uk/browse/262/Dementia/16>

¹² Psymaptic, <http://www.psymaptic.org/prediction/psychosis-incidence-map/>

The numbers of admissions per 100,000 populations are 245 in Cardiff and Vale, compared to 234 across UK benchmarking data. Bed occupancy in Cardiff and Vale is 115%, whereas across the UK it is 91% on average.

Suicide

During the period 2012-2016, European age-standardised rates (EASRs) (aged 10+) in Cardiff and Vale ranged from 13.6 per 100,000 in the Vale of Glamorgan to 12.3 per 100,000 in Cardiff, similar to the Wales rate of 12.5 per 100,000 persons¹³.

B. KEY DELIVERY PRIORITIES 2019-22

5.1 Addressing Health Inequalities The key Public Health Actions for the UHB are described here:

1. ACTIONS TO REDUCE HEALTH INEQUALITIES – PUBLIC HEALTH		
Priority area and action	Outcome	Outcome / Measure
<p>5.1.1</p> <p>Tobacco - (contact: Trina Nealon, - trina.nealon@wales.nhs.uk)</p> <p>Record smoking status of out-patients, and in-patients on admission (or booking) and refer all smokers admitted to hospital to the UHB's in-house smoking cessation service, or</p>	<p>Review the pilot in MH inpatients following 9months of a smoking ban based on the provision of NRT alternatives and smoking cessation support – balance long term health risks against risks related to in-patient ignition sources.</p>	<p>Reduce smoking prevalence – in at least 50% of in patient areas</p> <p>Number of people referred to in-house smoking cessation per quarter (by CB)Proportion of out-patients and in-patients who have smoking status recorded electronically</p> <p>Retain the smoking ban in all areas of</p>

record offer declined		mental health that are possible following pilot review – target 50% of in-patients wards
5.1.2 Immunisations (contact: Lorna Bennett, lorna.bennett2@wales.nhs.uk) Promote and support Flu Champions and Flu Leads	Provide active and visible senior leadership to the campaign within your CB Regularly review uptake and actions described on weekly staff flu profile	Achieve >60% uptake of seasonal flu vaccine among staff with patient contact % uptake of flu vaccine among staff in 'frontline' ESR groups
5.1.3 Healthy weight - (contact: Dr Suzanne Wood, suzanne.wood@wales.nhs.uk)	<ul style="list-style-type: none"> • Develop a robust action plan to tackle obesity, to include: <ul style="list-style-type: none"> ○ raising the issue through MECC ○ routine weighing/measuring, with BMI recorded electronically ○ discussion and signposting of all individuals identified as being obese, with these actions recorded electronically • Optimise the adult Level 3 obesity services to reduce waiting time Implement the obesity pathway for pregnant women	Reduce prevalence of obesity among residents % staff trained in level 1 MECC % of outpatient areas recording BMI routinely % of obese patients where there has been a conversation about weight, and this has been recorded electronically
5.1.4 Alcohol (contact: Cheryl Williams, cheryl.williams9@wales.nhs.uk)	Offer clinical staff training in alcohol brief interventions (ABI)	Reduce alcohol-related admissions Alcohol-related admissions Number of staff trained in ABI

<p>5.1.5</p> <p>Making Every Contact Count (contact: Dr Siân Griffiths, sian.griffiths6@wales.nhs.uk)</p>	<p>Develop and implement a plan for embedding health improvement/prevention within the work of at least one clinical team (to include 'Making Every Contact Count'), using the employment cycle as a framework for identifying opportunities to support staff development i.e at recruitment, induction and as part of PADR Staff in relevant clinical areas to undertake MECC level 1 e-learning via ESR</p>	<p>Support clinical teams to routinely offer brief health improvement support and advice</p> <p>Number of staff trained in MECC</p>
<p>5.1.6</p> <p>Dementia (contact: Dr Suzanne Wood, suzanne.wood@wales.nhs.uk)</p>	<p>Ensure frontline staff undertake mandatory dementia awareness training Roll out 'read about me' person-centred tool for dementia in clinical areas</p>	<p>Improve care for people with dementia</p> <p>Dementia care bundle indicators</p>
<p>2. ACTIONS TO REDUCE HEALTH INEQUALITIES</p>		
<p>5.1.7</p> <p>To measure cultural awareness and fitness for purpose through BME accreditation program with Diverse Cymru</p>	<p>Research supports that Black and ethnic minorities have a poorer experience of Mental Health services, with higher rates of emergency admissions, poor engagement with educational approaches, longer lengths of stay in hospital and higher rates of restraint.</p>	<p>Achieve accreditation against policy, information and service standards to commence in November 18 over an 18 month to 2 year period</p>
<p>5.1.8</p> <p>Review the provision of self help literature in languages other than English and commission further translations as appropriate.</p>	<p>Greater availability of self help resources in a wide range of languages.</p>	<p>Number of languages supported by self help literature – at least 5 common languages to C&V</p>
<p>5.1.9</p> <p>Provide professional guidance and advice across the UHB to support the commissioning of psychologists and</p>	<p>Assurance that governance issues relating to the delivery of psychological services is of a high standard.</p>	<p>Ongoing dialogue and support through the UHB Psychological Therapies Management Committee (PTMC)</p>

2. ACTIONS TO REDUCE HEALTH INEQUALITIES

<p>psychological therapists in non mental health clinical settings.</p>		
<p>5.1.10</p> <p>The WG IS to pilot its new national outcomes framework for mental health within volunteer Welsh UHBs</p>	<p>C&V UHB MHCb has been an early volunteer and agreed a pilot in the transforming Vale of Glamorgan community services as part of the Well Being Hub for the Health Board</p> <p>The outcome framework will focus practitioners clinically on the areas that service users aim to improve areas of their lives, including those which the mental health services need to support.</p>	<p>To engage with and undertake the outcomes pilot in the first half of 2019.</p> <p>For all service users to have at least one outcome measure as part of their therapeutic recovery in the pilot areas after 12 months.</p> <p>To see allied improvements in health and well being measurable scores</p>
<p>5.1.11</p> <p>Upscale and roll out across Cardiff and Vale the Primary Care Liaison Mental Health model piloted successfully in Cardiff East. The model includes bespoke third sector support to the model.</p>	<p>This mental health practitioner model providing mild to moderate mental health first aid and signposting as a augmentation of the GPs work - supported by a third sector psychological support service based on the Australian CCI model has been supportive in the GP sustainability program of work, reducing GP demand, improvements in psychological wellbeing (core 10 results) and reducing activity and referrals into other primary care and secondary mental health services.</p> <p>To deliver the model across C&V according to the business plan.</p>	<p>To achieve the same profile of qualitative and quantitative benefits as the pilot project for each cluster following implementation:</p> <ul style="list-style-type: none"> • Adhere to the project timescales • Reduce GP demand by at least 5% • Significant Core 10 results on well being • Reduce CMHT referrals 40-50% • Reduce PMHSS referrals between 80-90% • Reduce PCC referrals by 10-15%
<p>5.1.12</p> <p>Extend cover of Mental Health</p>	<p>- Improved timely access to MH services for EU patients</p>	<p>- Decrease in waiting times for MH assessment and treatment for EU patients</p>

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2. ACTIONS TO REDUCE HEALTH INEQUALITIES

Services in the EU through innovation fund in MH to improve access to MH services there and reduce likelihood of breaches.		<ul style="list-style-type: none"> – 100% under 12 hours - Increase in EU liaison psychiatry service establishment by X1WTE Band 7
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5.2 Prevention Priorities

5. PREVENTION PRIORITIES

ACTION	OUTCOME	MEASURE
<p>5.2.1 Enhance the provision of Tier Zero interventions in collaboration with the 3rd Sector.</p> <p>Redesign and implement a revised stepiau.org website.</p>	<p>Building on the successful implementation of the open access didactic courses “Stress Control” and “Action for Living” by increasing the number of courses provided and by utilising larger venues to increase the number of course places available.</p> <p>Refresh the existing website to provide a more modern and engaging user interface.</p> <p>Increase the use of multimedia content, providing more video based materials to complement the existing text based self help literature.</p>	<p>Increase in the number of Cardiff & Vale Residents attending these interventions sufficiently to ensure at least 70% of UHB MHCB referrals meet caseness and are appropriate..</p> <p>Increased visits to site and greater use of available resource. Tracking and site usage analytics will provide this information. It is possible to compare this with current data held on existing usage. To increase by 25%in 12 months</p>

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5. PREVENTION PRIORITIES		
ACTION	OUTCOME	MEASURE
<p>5.2.2 Expansion of First Episode Psychosis services for adolescents and young adults through WG MH Innovations fund to support from age of transition.</p>	<p>- Improved timely access to MH services for primary care and CAMHS patients</p> <p>Coalesce and strengthen services for this age group with associated collaborative management and leadership – MH based Integrated Autism and Neuro-developmental</p> <p>Participate in CAMHS repatriation project</p> <p>Strengthen Operational links between CAMHS and Adult Mental health service</p>	<p>Reduction in Duration of Untreated Psychosis – to less than 3 months by December 2019</p> <p>Increase in early intervention service establishment as per costed plan from Innovation and Transformation WG MH funding by July 19- Adult MH adherence to tier 1 targets in relation to the development Care and Treatment Plans for patients – 90%</p>
<p>5.2.3 Design psychologically focussed care in adult mental health community services</p>	<p>Clear pathways for treatment and support of people with emotional dysregulation and deliberate self-harm</p> <p>Collaborative development of group based and individual PIs</p> <p>Workforce redesign to increase the availability of Matrics Cymru compliant psychological therapists</p>	<p>Established Psychological Therapy Pathway with referral criteria by June 2019.</p> <p>Emotional Regulation groups in operation in all localities delivered collaboratively</p> <p>The development of new roles for high intensity psychological therapists within adult CMHTs – one per locality</p>

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5. PREVENTION PRIORITIES		
ACTION	OUTCOME	MEASURE
		Compliance with the 26week PT waiting time target by October 2019
<p>5.2.4 Develop an Interdisciplinary Neuropsychiatry In-reach/ Outreach Service Model:</p> <p>To develop and present to WHSSC a model that complements and expands the current multi-disciplinary neuropsychiatry service.</p> <p>The team will have an “All Wales” remit, providing assessment, advice, joint working and training to support specialist and non-specialist rehabilitation providers in appropriately managing those in their care presenting with neuropsychiatric sequelae of brain injury.</p> <p>The case will need to be approved and funded by by WHSSC, and will support recent developments within neuro rehabilitation services</p>	<p>Facilitate discharge from inpatient units and avoid re-admissions. Admissions to neuropsychiatry and inpatient complexity may alter as a consequence of specialist neuropsychiatry intervention being delivered within locality hospitals or community settings.</p> <p>Provide timely specialist email and telephone advice and support to other health boards and care providers.</p> <p>Wider geographical specialist medical cover, closer working with trauma and neuro services and consistent medical cover throughout the service</p> <p>Improved education for care placements will result in improved patient experience and reduced admissions to inpatient services, with increased support to avoid placements breaking down.</p> <p>Improved medical trauma care has meant that the acuity of patients arriving in the</p>	<p>Enhanced discharge support, to reduce the average delays from 4 per month to 1 by July19</p> <p>More patients seen across Wales, and closer to home. To increase spread from current average of 81% of referrals being from Cardiff and Vale, Aneurin Bevan and Abertawe Bro Morgannwg Health Boards.</p> <p>Reduced number of inappropriate referrals (identified at referral meeting stage) to 30% by year end</p> <p>Improved relationships with Placement providers, working together on discharge planning</p> <p>Improved relationships with other Health Boards.</p> <p>Potential income generation, if suitable step down placements are developed</p>

5. PREVENTION PRIORITIES		
ACTION	OUTCOME	MEASURE
	Neuropsychiatry service has increased considerably over the last few years. With Cardiff and Vale UHB becoming the major Trauma Centre, we will need to adapt our Neuropsychiatry service to work closer with neuro rehabilitation and neurosurgical units, to effectively manage a smooth flow of patients through the system.	and beds are reduced. This could be in the region of £11k per month.
<p>5.2.5</p> <p>Band 7 nurse with specialist knowledge of dementia and functional illness to work within the UHB ‘team around the individual’</p> <p>Working to a Community RAID model of consultation and advice to manage an individual’s holistic needs as part of the community, without the need for costly secondary care and CMHT caseloads the post would integrate mental health expertise into existing services, providing advice and support, signposting and rapid assessment and intervention.</p> <p>The post holder will provide support</p>	<p>A Band 7 nurse funded from 2018/19 transformational funding will provide specialist knowledge of dementia and functional illness to work with the cluster-based ‘team around the individual’ to bridge the gap between Primary Care and Secondary MH services.</p> <p>The directorate will look to expand this to include a further Band 7 post from existing establishments and community reinvestment.</p> <p>The posts will integrate mental health expertise into existing services, providing advice and support, signposting and rapid assessment and intervention; offering assessments individually or with the referrer.</p> <p>There will be enhanced integration between</p>	<p>Reduced number of inpatient admissions by 5-10%, from current 216 per annum, bringing the directorate closer to the peer benchmarked mean total of 188.</p> <p>Reduced number of re-admissions into MHSOP inpatient beds from an average of 11%, thereby making best use of specialist beds.</p> <p>Service user and carer feedback (plaudits & complaints include)</p> <p>Improvements in working relationships between Mental Health and Primary Care services.</p> <p>Improved quality of life for service users and carers.</p>

5. PREVENTION PRIORITIES		
ACTION	OUTCOME	MEASURE
and education to carers, directly or through signposting to appropriate services and teams, around behaviour management and positive approaches to care for people with dementia, to provide care closer to home and reduce hospital admissions, attendance at A&E and transfers to long term care.	physical and mental health service and social care provision. The primary work of this post would be with people with a dementia, but also supporting functional health.	<p>Smoother transition between primary and secondary care</p> <p>Improved engagement with localities through CRT GP memory team etc</p>
<p>5.2.6</p> <p>Extend the Care Homes Liaison Inreach service on a multi-disciplinary level:</p> <p>To provide a multidisciplinary specialist service for older people with a mental health need to all (approximately 59) Care Homes in the Cardiff and Vale area</p> <p>With a change from a reactive to a proactive service, this will facilitate a single point of contact to care homes and providing joined-up care, with the</p>	<p>Enabling a collaborative support model across primary care and secondary mental health care which is effective in improving care quality, efficiency and patient outcomes.</p> <p>To provide 4 cluster inreach clinics per week, within care homes; seeing new referrals, follow up existing patients open to the CMHT and identifying residents with mental health problems including dementia.</p> <p>With a proactive approach to improve patient quality of care, the team will facilitate a single point of contact to care homes, providing equality of access and support with crisis</p>	<p>Prevent unnecessary admission to hospital, and decrease the number of urgent / emergency hospital admissions by 5% against an average of 90 over the last 5 years.</p> <p>Reduced spend on antipsychotics, by 10% against a total spend of £37,267 in 2017/18</p> <p>Decrease the number of urgent referrals to CMHT/ REACT/OPC/Care home liaison team by 10% against a current average of 53 per month</p>

5. PREVENTION PRIORITIES		
ACTION	OUTCOME	MEASURE
aim to reduce inpatient admissions and support patient discharges back to care homes.	<p>prevention and palliative end of life care as well as:</p> <p>Advice and support for mental capacity and best interest decision making</p> <p>Promote multidisciplinary approach to assessment in the community</p> <p>Provide timely diagnosis and appropriate interventions</p> <p>Medication monitoring and review, in particular antipsychotics, with associated health benefits and cost reduction</p> <p>Interface working with Primary Care and CRT to promote seamless and collaborative care</p> <p>Offer alternatives to medication through psychological therapies, in line with the Welsh Matrix</p>	<p>Reduced number of referrals from Nursing and Residential Homes, by 5%, against a current average of 34 per month</p> <p>Reduction of sector domiciliary and outpatient waiting times over 10 weeks to an average of 8 per month, from the current 18</p> <p>Reduced number of inpatient admissions by 5% from an average of 221 per annum</p> <p>Increased number of inpatient discharges by 10%, from 236 in 2017/18</p> <p>Reduced number of Mental Health funded CHC placements, from the current average of 11 per annum, costing an average of £50k per annum, per placement</p>
<p>5.2.7</p> <p>Prison Services – develop a flexible needs based model in Cardiff</p>	<p>Increased access to mental health care for a hard to reach group</p> <p>Urgent support and advice available 365 days</p>	<p>Increased access to mental health care for a hard to reach group</p> <p>Urgent support and advice available 365</p>

5. PREVENTION PRIORITIES		
ACTION	OUTCOME	MEASURE
remand prison	<p>a year to the whole prison</p> <p>Urgent response to Mental Health Crisis and Self harm incidents</p> <p>Reduction in self inflicted deaths and deaths in custody.</p> <p>Reduction in Self Harm incidents</p> <p>Development of expertise in managing the mental health effects of NPS and contributing to the wider harm reduction within HMP Cardiff</p> <p>Improved detection and early treatment of ADHD, and Autistic Spectrum Disorders</p> <p>Improved detection, liaison and support for people who have learning difficulties</p> <p>Improved detection and support for people with Acquired Brian Injury</p>	<p>days a year to the whole prison</p> <p>Urgent response to Mental Health Crisis and Self harm incidents</p> <p>Reduction in self inflicted deaths and deaths in custody.</p> <p>Reduction in Self Harm incidents</p> <p>Development of expertise in managing the mental health effects of NPS and contributing to the wider harm reduction within HMP Cardiff</p> <p>Improved detection and early treatment of ADHD, and Autistic Spectrum Disorders</p> <p>Improved detection, liaison and support for people who have learning difficulties</p> <p>Improved detection, liaison and support for people who have learning difficulties</p> <p>Improved detection and support for people with Acquired Brian Injury</p>

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B.2 PLANNED CARE

6.1 Detailed 2019/20 Actions

The details of the clinical board's priority planned care actions for 2019/20

5 ACTIONS TO DELIVER SUSTAINABLE PLANNED CARE – 2019/20		
ACTION	OUTCOME	MEASURE
<p>6.1.1 To open the Young Onset Dementia Health and Wellbeing Centre in St Barruc Unit, Barry Hospital:</p> <p>Following a successful ICF bid for £472,704, the current St Barruc ward and Morfa Day unit are being refurbished to facilitate a move of the Young Onset Dementia (YOD) team from UHL to Barry Hospital.</p> <p>The move will see the community team and inpatient service being co-located in an age-appropriate, safe environment, with space for improved activities, health and holistic care, community groups and family support.</p>	<p>The modern, refurbished space will create a larger, safe space for patients who are younger and fitter and who like to walk continuously; encouraging increased mobility and improved physical health.</p> <p>The creation of an appropriate environment in which further development of the service would be made possible with future funding opportunities, for example, specialist day care and repatriation of out of area CHC placements.</p> <p>To implement service changes and environmental designs in accordance with the principles within shared visions and strategies including the Dementia Action Plan for Wales 2018-2022, and the All-Wales strategy, Together for Mental Health.</p> <p>Appropriate space to work with Third Sector and Local Authorities to improve services to meet the needs of the YOD team caseload (average 135 patients at any one time for the Cardiff and Vale population).</p>	<p>Reduce the number of inpatient admissions into age-inappropriate environments, from the current average of 12 per annum.</p> <p>Development of appropriate respite care, thereby reducing the number of urgent inpatient admissions from the current average of 4 per annum.</p> <p>May attract income into the service from other organisations, if bed numbers can be reduced. This would be an average of £8k per month,</p> <p>All Young Onset Dementia services on one site, allowing a smooth transition between outpatient, day care, respite and inpatient services for patients and their families.</p> <p>Will improve the capacity for some patients to return directly to their own home, rather than needing accommodation solutions.</p>

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5 ACTIONS TO DELIVER SUSTAINABLE PLANNED CARE – 2019/20		
ACTION	OUTCOME	MEASURE
<p>6.1.2 Substance Misuse - Lead on the delivery of the Cardiff and Vale Dual Diagnosis Action Plan & Establish joint working protocols for dual diagnosis. C&V aims to integrate 'dual diagnosis' provision for those with SM, utilising the COMPASS model, well established in Birmingham.</p>	<p>Improved treatment outcomes for service users with a dual diagnosis</p>	<p>Increase in the number of service users with joint case management between adult mental health and addiction services >50</p> <p>Increase in the number of staff receiving dual diagnosis training >100</p>
<p>6.1.3 Younger people's services – to prepare for the contribution of the MHC B to the repatriated CAMHS specialist services to C&V and explore the possibility of a 'Younger People at Risk' services integrating the transitional work, IAS and FEP services</p>	<p>The establishment of a collaborative commissioning and delivery structure for Young People at risk</p>	<p>Existence of commissioning and delivery arrangements for younger people between 15 and 25</p>
<p>6.1.4 Review the scope and practices of outpatients</p>	<p>Scope the out-patient use and function with patient outcomes – recommendations for service change in the context of the community services review</p>	<p>Improved patient outcomes based on a baseline assessment to be completed by July 2019</p> <p>Compliance with the principles within new ways of working for mental health professionals</p> <p>New to follow up outpatient target split of</p>

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5 ACTIONS TO DELIVER SUSTAINABLE PLANNED CARE – 2019/20		
ACTION	OUTCOME	MEASURE
		50/50 by Sept 19
<p>6.1.5</p> <p>Within The Rehabilitation and Recovery Services in partnership with Occupational Therapy we are aiming to achieve this through the review of existing services and the development of a Recovery College at Park Lodge.</p> <p>To implement the Recovery College, it is necessary to recruit to peer support positions whose role is to enable attendance and to support the specific learning needs of students/service users</p>	<p>Improved access to services- an outcome of increased referrals for psychological therapy and Occupational Therapy within secondary care and inpatient provision. This is monitored within reporting arrangements to Welsh Assembly Government.</p> <p>Increase in the number of self-management plans held by service-users.</p> <p>The scope and effectiveness of the Recovery College can be monitored by the number of enrolments, course attendance, courses offered, satisfaction scores and student stories.</p> <p>Integration of services, measured by the engagement of stakeholders within the committee and the number and range of courses offered by non-health providers.</p>	<p>Reduced service use can be measured through reductions in:</p> <ul style="list-style-type: none"> a) the length of stay to upper quartile performance UK benchmarking b) the number of new to follow-up sessions 50/50 by September 2019 <p>Care and Treatment Plans where evidence of self-management actions should be recorded in 100% of CTPs by year end 2019.</p> <p>Higher employment rates for service-users – currently only 3% of people with a serious mental illness are employed..</p>
<p>6.1.6</p> <p>For the early intervention in psychosis service: Headroom to lead the development of a NICE concordant clinical pathway for people aged 14-25 who are referred to secondary services with first episode psychosis.</p>	<p>For more than 60% of patients aged 14-25 with first episode psychosis to commence a NICE recommended package of care within two weeks of referral.</p> <p>All eligible patients with first episode psychosis are offered the following interventions</p>	<p>The proportion of people aged 14-25 referred with a first episode of psychosis who commence a package of care within 2 weeks of referral.</p> <p>The proportion of people with first episode psychosis who are offered FI,</p>

5 ACTIONS TO DELIVER SUSTAINABLE PLANNED CARE – 2019/20		
ACTION	OUTCOME	MEASURE
Increase the number of staff within the Headroom service who are accredited and supervised in NICE recommended psychological therapies and psychosocial interventions for psychosis.	<p>delivered by a competent practitioner:</p> <ul style="list-style-type: none"> • family intervention (FI) • cognitive behaviour therapy for psychosis (CBTpsy) • individual placement and support (IPS) <p>Welsh Government through the mental health delivery plan 2016-2019 have the above targets. Early intervention for first episode psychosis reduces suicide, increases the changes of employment and saves money (£4,000 per patient per year). These actions are further supported by NICE, Clinical Guidelines 155 and 178.</p>	<p>CBT, IPS.</p> <p>The time from referral to treatment commencement for FI, CBTpsy, IPS.</p>

6.2 High level 2019/20 and 2020/21 Actions

The high level clinical board's planned care actions for **2020/22**

ACTIONS TO DELIVER SUSTAINABLE PLANNED CARE – 2020/22		
ACTION	OUTCOME	MEASURE
<p>6.2.1 Primary Care Mental Health Workers The medium term strategy for this</p>	By 2022 the service will be well established with a mature service model. Transferring clinical and corporate responsibility to the	Reduction in multiple assessments of service users for each referral. Matched care rather than a stepped care model

ACTIONS TO DELIVER SUSTAINABLE PLANNED CARE – 2020/22		
ACTION	OUTCOME	MEASURE
service is to consider the transfer of these workers to the developing locality model for community mental health.	localities will allow for increased integration and allow for better seamless local working. Service integrated within locality structure.	when appropriate. Sustained reduction in GP workload of at least 5%, with allied reductions in demand of 40-50% CMHT referrals, 80-90% of PMHSS and 10-15% of PCCS
6.2.2 Locality bases for Primary Care Psychological Therapists	Following the actions noted for 2019-20 and the establishment of a revised service model, to establish new locality bases for the delivery of psychological interventions, In Cardiff North, Cardiff South and the Vale of Glamorgan. Existing provision in Primary Care practices to transfer to new locality bases. This action is subject to capital requirements.	Specialist and high intensity interventions delivered from one locality base of 70%.of referrals
6.2.3 Review treatment and support options for patients diagnosed with alcohol related brain damage (ARBD), or assessed as being at high risk of sustaining ARBD	Improved treatment outcomes for patients diagnosed with an ARBD Prevention of advanced ARBD in patients identified at an early stage and supported to reduce alcohol consumption	Increase in the number of ARBD diagnosed patients in receipt of an evidence-based treatment plan >50 Increase in the number of patients at risk of ARBD provided with a preventative treatment programme >50
6.2.4 For the early intervention in psychosis service: Headroom to lead the development of a NICE concordant clinical pathway for people aged 14-25 who are referred to secondary services with first episode psychosis.	Advancing the outcome from 2019/20 For more than 80% of patients aged 14-25 with first episode psychosis to commence a NICE recommended package of care within two weeks of referral.	The proportion of people aged 14-25 referred with a first episode of psychosis who commence a package of care within 2 weeks of referral.

ACTIONS TO DELIVER SUSTAINABLE PLANNED CARE – 2020/22		
ACTION	OUTCOME	MEASURE
Within the Headroom service increase the number of staff who are accredited and supervised in NICE recommended psychological therapies and psychosocial interventions for psychosis.		

B.3 UNPLANNED CARE

7.1 Detailed 2019/20 Actions

The details of the clinical board's priority unplanned care actions for **2019/20**

ACTIONS TO DELIVER SUSTAINABLE UNPLANNED CARE – 2019/20		
ACTION	OUTCOME	MEASURE
7.1.1 CMHT Review – develop a locality based health and well-being service for people with mental health problems in the Vale locality as a pilot Review of evidence base and development of Case for change and for community mental health services changes – principles based on	Improving Access and Sustainability Community Adult Mental Health Transformation Completion and collaborative sign up to description of preferred model Public engagement with CHC Completion of Capital ICF project in Barry Hospital Pilot locality model in vale	Conversion rate into specialist services caseloads to be 70:30 acceptance Waiting times to treatments with psychological interventions - < 6 months Improved measured health and well-being outcomes of statistical

ACTIONS TO DELIVER SUSTAINABLE UNPLANNED CARE – 2019/20		
ACTION	OUTCOME	MEASURE
<p>improving access, reducing waits, focus on SU outcomes desired</p> <p>Pilot of Clinical Model through co-location of integrated teams and new clinical pathways</p>	<p>Stakeholder and Public Engagement well-being hubs per locality via OCP and engagement – Vale Locality</p> <p>OCP for whole system (staff engagement) - Organisational Development – team development and embedding new ways of working</p> <p>Partnership MOU and Collaborative working with LA and 3rd sector</p>	<p>significance using ‘Core 10’</p> <p>CMHT Waiting Times to be within recommended policy</p> <p>Reduction of the % of staff time on the CMHT duty rota to no more than 1 day per week</p> <p>Real Time Feedback from SUs receiving the new service through a commissioned contract with cavamh</p>
<p>7.1.2</p> <p>PICU & Adult acute inpatient review – further to the community review develop an inpatient locality based health and well-being service for people with mental health problems in the Vale locality as a pilot</p> <p>Right size PICU to need and staff appropriately with medical leadership</p>	<p>Review model and begin to implement recommendations</p> <p>Increased patient flow – direct access to locality ward from assessment ward</p> <p>Increase the number of inpatient staff who have received training in the effects of Adverse Childhood Experiences and Strengthen arrangements for delivering trauma informed services in line with community developments</p>	<p>Waiting times to treatments with psychological interventions – 90% within first 72 hours of admission</p> <p>Improved measured health and well-being outcomes using an appropriate clinical tool</p> <p>For PICU to be operating with an appropriate number of beds to meet demand with medical leadership present.</p>
<p>7.1.3</p> <p>To reduce the Average Length of Stay (ALOS) and number of delayed</p>	<p>To develop the most effective possible methodologies for overseeing delayed discharge.</p>	<p>To reduce ALOS by 15% from current average of 133 on assessment wards, towards the</p>

ACTIONS TO DELIVER SUSTAINABLE UNPLANNED CARE – 2019/20		
ACTION	OUTCOME	MEASURE
<p>discharges on MHSOP wards:</p> <p>A new, fixed term post will review the inpatient pathway and complex cases, eliminating barriers to effective discharge planning and communication.</p> <p>The post will analyse current bed pressures with a view to consider where our hotspots are, how the discharge process can be more effective and efficient, who needs to be involved in discharge planning and how key elements of our community services can best align themselves to promote effective discharge planning .</p>	<p>To consider alternative communication processes and structures that facilitate effective discharge planning</p> <p>To consider the ways in which other key discussions, such as Consultants' Ward rounds and MDTs, can best support early, effective and safe discharge planning.</p> <p>To review areas of high average length of stay and detailed investigation into difficult / challenging delays</p> <p>To inform a job description and role profile for an MHSOP Discharge Liaison Nurse post</p>	<p>benchmarked peer upper quartile target of 90.</p> <p>Reduce bed numbers on MHSOP dementia assessment wards by 10 beds, to be able to provide good quality care within manageable establishments</p> <p>To reduce the delayed transfers of care, measured as the proportion of occupied beds that are attributed to delay, by 2.4%, to bring in line with benchmarked mean of 12.1%</p> <p>Reduce the directorate nursing overspend by 23%, by reducing temporary staffing costs.</p>
<p>7.1.4</p> <p>Delivering on the Psychological Therapies National Plan (Integral to Together for Mental Health).</p> <ul style="list-style-type: none"> • Timely access to evidence to evidence based interventions across a range of mental health conditions matched to need. • Improving information for service 	<p>Service users receive interventions that are closely matched to their needs and in accordance with the guidance contained within Matrics Cymru.</p> <p>It is proposed with the development of a locality model that the front of pathway will be provided by “primary care mental health practitioners”. This should enable capacity release. (Currently, counsellors work in GP practices at the front end of Mental Health care). We propose reviewing</p>	<p>Evidenced-based rating scales to assess caseness and level of need such as Core-10, Core-34, GAD-7, PHQ-9 and other specialist measures as appropriate to clinical presentation.</p> <p>Provide a statistical analysis of outcomes based on pre and post measures at a client level and by</p>

ACTIONS TO DELIVER SUSTAINABLE UNPLANNED CARE – 2019/20		
ACTION	OUTCOME	MEASURE
<p>users and staff (as above),</p> <ul style="list-style-type: none"> Ensuring embedded outcomes measures (as shown) Ensuring workforce competencies through expert psychological leadership, commissioning training, supervision and supervised practice <p>Redesigning the Clinical Pathway for Psychological Interventions in Community Settings</p>	<p>commissioning of the third sector to support counselling for those presenting in the non caseness to mild range (14% approx).</p> <p>As the assessment and triage service at the front of the pathway develops, counsellors will be progressively released from the six session, generic counselling currently being delivered in GP practices, to a locality based pathway model of delivery congruent to Matrics Cymru guidance, supported by the Psychological therapies hub.</p> <p>Counsellors have high intensity psychological therapy competency as designated in Matrics Cymru and have received training and supervised practice in one of IPT (depression), prolonged exposure, PTSD-trauma focussed CBT or EMDR, Eating disorders CBT)</p>	<p>analysing the effectiveness of the referral pathway to ensure need is matched with the appropriate level of intervention intensity.</p>
<p>7.1.5</p> <p>Improving early access in primary care to high intensity trauma focussed CBT for PTSD and improve access to high intensity and highly specialist therapies for complex presentations of PTSD (eg EMDR) to interface with the development of a National model for PTSD service delivery funded separately but potentially based in C and V UHB supporting hub and spoke model of training and governance. To also include a small number of</p>	<p>Increased availability of high intensity Psychological Therapy for PTSD but eh appointment of 2WTE therapists to complement the existing provision, funded by Welsh Government PT expenditure.</p> <p>Increased availability of CBT based interventions (individual and group) for anxiety related conditions.</p>	<p>Reduction in waiting times, increase in clinical activity.</p> <p>Reduced waiting time. Improved outcomes by reducing delay and by the prescription of a condition specific intervention.</p> <p>Evidenced-based rating scales to assess caseness and level of need such as Core-10, Core-34, GAD-7, PHQ-9 and other specialist measures as appropriate to clinical</p>

ACTIONS TO DELIVER SUSTAINABLE UNPLANNED CARE – 2019/20

ACTION	OUTCOME	MEASURE
<p>sessions to build on previous investment in perinatal services to deliver trauma focussed therapy for perinatal trauma.</p> <p>Developing an evidence based provision and treatment pathway for the anxiety related conditions. This will build capacity to deliver Cognitive Behavioural Therapy. Some staff have competencies but do not have designated roles to deliver this. The plan includes optimising delivery through designated roles as well as building the workforce at high intensity Psychological therapist level and low intensity (group delivery) level.</p> <p>This action is supported by the recruitment of 3.6 WTE Psychological Therapists within the Therapies Hub. Appointments directly funded by new WG investment in Psychological Therapies.</p> <p>Provision of Psychological Services for Older Age Adults & OCD & Eating Disorders</p>	<p>Increased availability of interventions appropriately designed for this client group.</p> <p>Increased taker up of psychological therapies by older adults.</p> <p>Increased ability to continue with effective support in the community following treatment plans designed after a spell in a specialist inpatient facility.</p>	<p>presentation.</p> <p>Evidenced-based rating scales to assess caseness and level of need such as Core-10, Core-34, GAD-7, PHQ-9 and other specialist measures as appropriate to clinical presentation.</p> <p>Waiting list monitoring and reporting.</p>

7.2 High level 2020/21 and 2021/22 Actions

The high level clinical board's unplanned care actions for **2020/22**

5. ACTIONS TO DELIVER SUSTAINABLE UNPLANNED CARE – 2020/21 – 2021/22		
ACTION	OUTCOME	MEASURE
7.2.1 CMHT Review – develop a locality based health and well-being service for people with mental health problems in the Vale locality as a pilot	Improved and quicker access to specialist mental health services Improved care and treatment pathways in specialist mental health care Improved patient health and well-being outcomes	For the co-located CMHTs to be the basis for the developing Health and Well Being Hubs for Cardiff and vale.
7.2.2 Adult acute inpatient review – further to the community review develop an inpatient locality based health and well-being service for people with mental health problems in the Vale locality as a pilot	Improved treatment outcomes for inpatients Strengthen arrangements for delivering trauma informed services and ACE's training	Increased patient flow – direct access to locality ward from assessment ward. Decrease in LOS to upper quartile UK benchmarked norms. Increase staff training in ACE's to 50% of staff. Reduce adverse events in inpatient services to upper quartile national norms Waiting times to treatments with psychological interventions - 100% within first 72 hours Improved measured health and well-being outcomes using Core 10

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APPENDIX 2 –

Running Costs of Existing Sites

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Site Running Costs

Site	GIA (SQM)	Based on CEF Template									TOTAL
		Rent incl VAT	Service Charge	Business Rates	Electricity Cost	Gas Cost	Water Cost	Waste Disposal	Cleaning	Estates Maintenance	
Hamadryad	1,773	£ -	£ -	£ 53,456.00	£14,310.00	£7,678.00	£4,259.00	£ 4,787.10	£ 58,597.70	£ 42,747.03	£ 185,834.83
Links	893	£ -	£ -	£ 8,500.00	£12,551.87	£5,322.85	£380.98	£ 2,411.10	£ 29,513.70	£ 21,530.23	£ 80,210.73
Global Link	2,800	£ 472,890.00	£ -	£ 125,000.00	£60,199.00	£8,211.00	£564.00	£ 1,842.00	£ 18,345.00	£ 46,200.00	£ 733,251.00
Pendine FH	302	£ -	£ -	£ 9,637.00	£3,020.00	£2,103.00	£777.00	£ 815.40	£ 9,981.15	£ 7,281.22	£ 33,614.77
Pendine LH	184	£ 5,400.00	£ 400.00		£1,247.00	£480.00	£133.00	£ 496.80	£ -	£ -	£ 8,156.80
Gabalfa	598	£ -	£ -	£ 21,074.00	£850.00	£3,775.00	£3,451.00	£ 1,614.60	£ 19,763.95	£ 14,417.78	£ 64,946.33
											£ 1,106,014.46

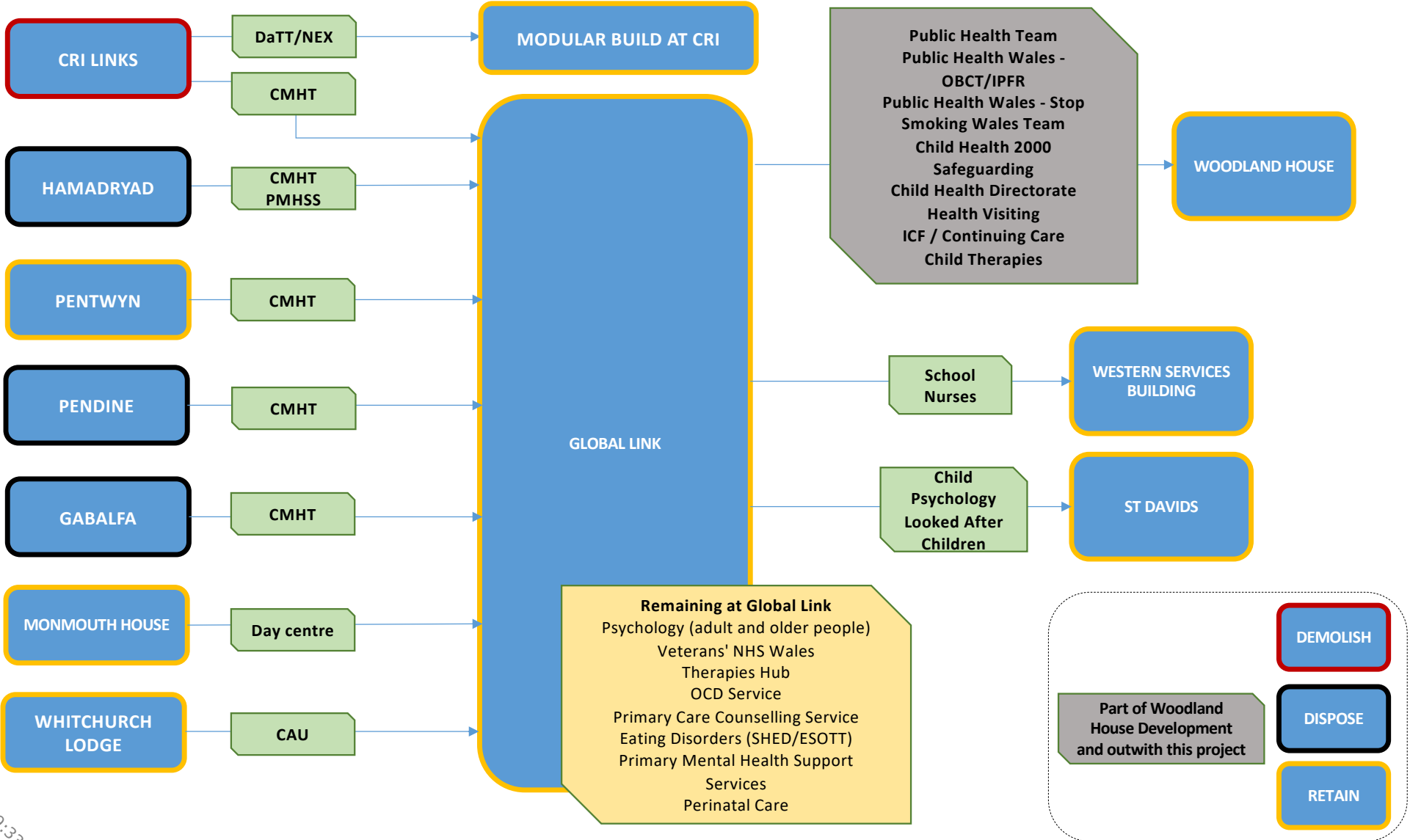
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APPENDIX 3 –

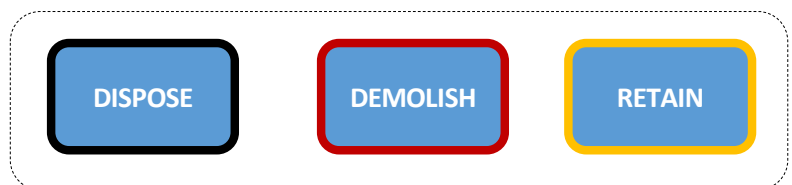
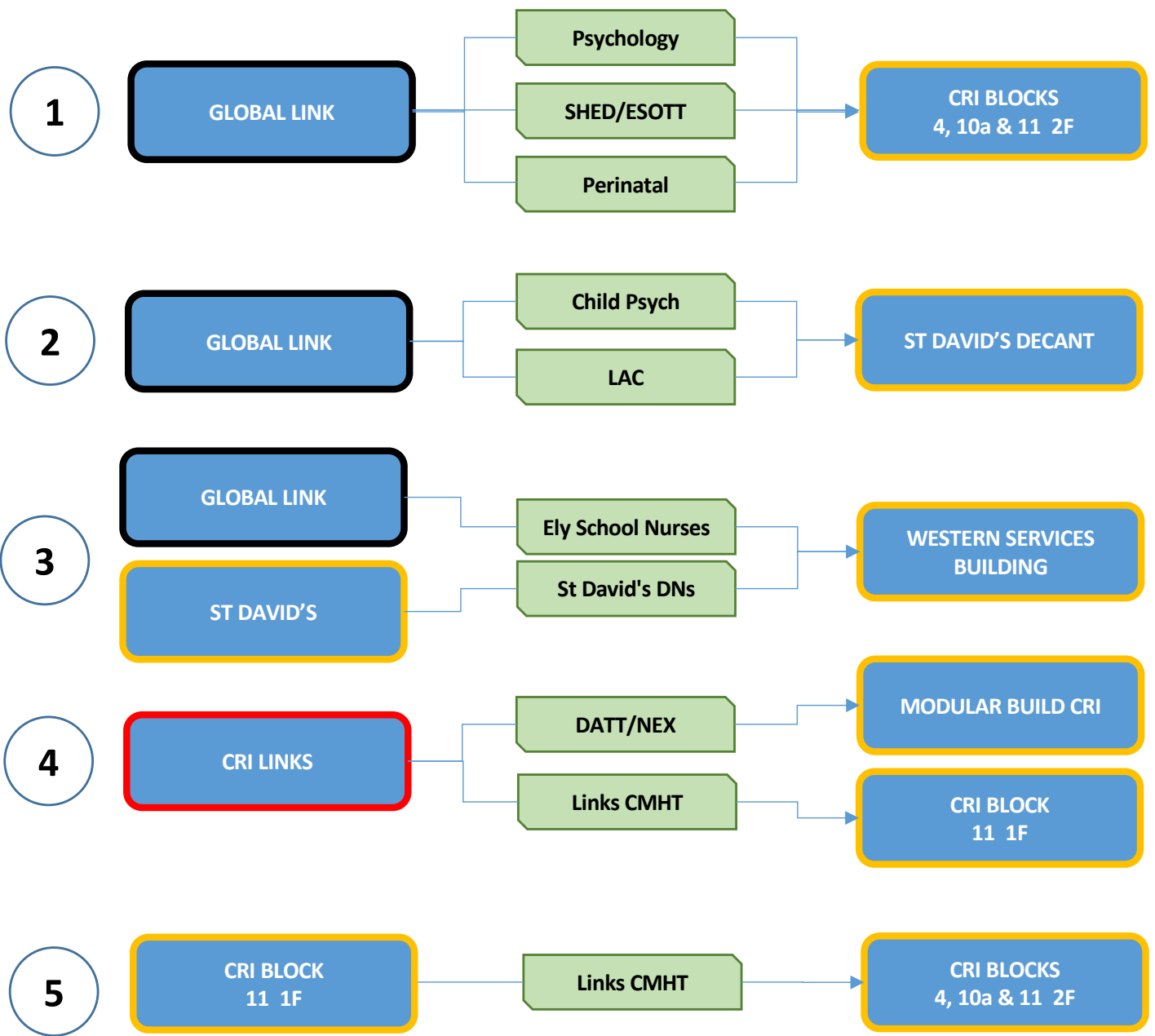
Details of Options

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OPTION 3



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APPENDIX 4 –

Economic Appraisal

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Business Justification Case

Trust/Health Board: Cardiff and Vale University Health Board

Hospital/Site: Cardiff Royal Infirmary

Project Title : Refurbishment of Second Floors of Blocks 4, 10a
and 11 with Single Storey Modular Building

Project No:

Option No:

Option Title:

Prepared by: Gleeds/Willmott Dixon

Date: November 2019

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Project Title: Refurbishment of Second Floors of Blocks 4, 10a and 11 with Single Modular Building

Option No:

Option Title:

BASIS OF ESTIMATING

Healthcare Capital Investment document Version 2

Main Contract Procurement Method:

Main Contract Standard Form and Option: NEC A

Proposed start on site: February 2020

Proposed completion date: December 2021

Date budget discussed with Estates Development*(ED) :

Capital Cost Summary

Ref	Cost Centre	Net £	VAT @ 20% £	Gross £
5	Works Cost (BJC2)	3,234,813	646,963	3,881,775
6	Fees (BJC3) 14.28%	461,800	92,360	554,160
7	Non-works Costs (BJC3)	248,000	49,600	297,600
8	Equipment Costs (BJC2)	200,000	40,000	240,000
9	Contingency 8.72% of (5+6+7+8))	361,500	72,300	433,800
10	Forecast Project Out-turn Cost (Pre VAT Recovery)	4,506,113	901,223	5,407,335
11	Recoverable VAT (BJC5)		274,778	274,778
12	FORECAST PROJECT OUT-TURN COST	4,506,113	626,445	5,132,557

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Project Title :

Project Title : Refurbishment of Second Floors of Blocks 4, 10a and 11 with Single Modular Building
 Option No: 0
 Option Title: 0

CAPITAL COSTS: WORKS AND EQUIPMENT COSTS

Accommodation	Functional Size	Functional Unit m2/Nr etc.	Gross Floor area (GFA)	Cost/m2	N/A/C	Works Cost	Equipment Cost
			m2	£/m2		£	£
1		Refurbishment of Second Floors of Blocks 4, 10a and 11				2,780,933	
2		Provision of Modular Building				441,529	
3		Securing of LINKS building				12,350	
TOTAL						3,234,813	

2. Equipment Costs				200,000
Total (gross) floor area		<input type="text" value="0"/>		<u>200,000</u>
Less: Abatement for transferred equipment 0 %				<u>0</u>
Works Cost - to BJC1 Summary			<input type="text" value="3,234,813"/>	200,000
Equipment Cost - to BJC1 Summary				<input type="text" value="200,000"/>

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Project Title :	Refurbishment of Second Floors of Blocks 4, 10a and 11 with Single Modular Building
Option No:	0
Option Title:	0

CAPITAL COSTS: FEES AND NON-WORKS COSTS

1	Fees	£	% of Works Cost
	<u>Health Board</u>		
	a. Health Board Liaison Project Manager)		
	b. In House Project Sponsorship)	32,348	1.00%
	c. Business Case Writer)		
	d. Ops (Band 6 isolations))		
	<u>External</u>		
	e. External Project Manager)		0.00%
	f. Cost Advisor)		0.00%
	g. Health Planner)		
	h. Architect)	429,452	13.28%
	I. Civil and Structural Engineer)		0.00%
	j. Building Services Engineer)		0.00%
	k. Principle designer)		0.00%
	l. Supervisor(s))		0.00%
	m. VAT Advisor)		
	Total Fees to BJC1 Summary	461,800	14.28%

2	Non-Works Costs	£	% of Works Cost
	a. Land purchase costs and associated legal fees	0	0.00%
	b. Statutory and Local Authority charges		0.00%
	c. Planning and Building Control fees	21,000	0.65%
	d. Other:		
	Removal of Asbestos - Blocks 4,10a and 11	50,000	1.55%
	IT/Telecom's infrastructure & wifi	135,000	4.17%
	Departmental & Equipment Moves	8,000	0.25%
	Commissioning	4,000	0.12%
	Surveys	30,000	0.93%
	Total Non-Works Costs to BJC1 Summary	248,000	7.67%

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Project Title : Refurbishment of Second Floors of Blocks 4, 10a and 11 with Single Modular Building
Option No:
Option Title:

PROJECT CASHFLOW FORECAST

Proposed start on site: February 2020
Proposed completion date: December 2021

	Year	0	1	2	3	Total
	Financial year	2018/19	2019/20	2020/21		
Works Cost			181,000	3,053,813		3,234,813
Fees		74,370	133,444	253,986		461,800
Non-works Costs			50,000	198,000		248,000
Equipment Costs			0	200,000		200,000
Contingencies			0	361,500		361,500
VAT		14,874	72,889	813,460		901,223
Sub-total		89,244	437,333	4,880,759	0	5,407,336
Recoverable VAT		14,874	36,689	223,215		274,778
Total		74,370	400,644	4,657,544	0	5,132,558

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Project Title: Refurbishment of Second Floors of Blocks 4, 10a and 11 with Single Modular Building

Option No:

Option Title:

RECOVERABLE VAT CALCULATION

	a	b	c	d
	Cost Net of VAT	VAT at 20% (i.e. prior to recovery)	Percentage recoverable (% of col b)	Recoverable VAT (col b x col c)
	£	£	%	£
Works Cost	3,234,813	646,963	27%	172,418
	0	0		0
	0	0		0
Fees	461,800	92,360	100%	92,360
	0	0		0
Non-works Costs	248,000	49,600	20%	10,000
Equipment Costs	200,000	40,000		0
Contingencies	361,500	72,300		0
Total			£	274,778

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Project Title : Refurbishment of Second Floors of Blocks 4, 10a and 11 with Single Modular Building

Option No:

0

Option Title:

Breakdown of Works costs	VAT		Percentage	Reclaim
Works Costs:-			reclaim	
Refurbishment of Second Floors of Blocks 4, 10a and 11	2,780,933	556,187	31%	172,418
Modular Building	441,529	88,306	0%	0
Securing of LINKS building	12,350	2,470	0%	0
Surveys	30,000	6,000	0%	0
Removal of asbestos	50,000	10,000	100%	10,000
Fees -	461,800	92,360	100%	92,360
Non Works	168,000	33,600	0%	0
Equipment	200,000	40,000	0%	0
Risk	361,500	72,300	0%	0
Total	4,506,113	901,223	30%	274,778

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ECONOMIC APPRAISAL
OUTPUTS SUMMARY
Cardiff and Vale University Health Board
Community MH Reprovision BJC
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1.0 CAPITAL COSTS AT APPROVALS LEVEL	Option 1	Option 2	Option 3	Option 4
	<i>Do Minimum Links & Maintain Global Link Lease</i>	<i>Larger Modular CRI Build & Maintain Global Link Lease</i>	<i>Purchase Global Link & Small Modular CRI Build</i>	<i>Global Link and Links building at CRI vacated & Small Modular CRI Build & use of other CRI buildings</i>
	£000	£000	£000	£000
Total Capital Cost excluding VAT	511	5,124	5,460	4,506
VAT	102	1,025	1,092	901
TOTAL OB1 CAPITAL COSTS	613	6,149	6,552	5,407

2.0 ECONOMIC IMPACT	Option 1	Option 2	Option 3	Option 4
<i>APPRAISAL PERIOD (YEARS)</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>
	£000	£000	£000	£000
Net Present Cost (NPC)	22,027.6	30,037.4	17,564.3	13,185.2
Equivalent Annual Cost (EAC)	1,157.2	1,577.9	922.7	692.7
<i>Economic Ranking of Development Options</i>	3	4	2	1
MARGINAL EAC IMPACT OVER OPTION RANKED 1	464.5	885.3	230.0	0.0
EAC SWITCH VALUES	(465)	(885.3)	(230.0)	230.0
Margin Preferred	67.1%	127.8%	33.2%	0.0%

3.0 ECONOMIC SENSITIVITY - Change in Costs required to trigger switch values	Option 1	Option 2	Option 3	Option 4
	£000	£000	£000	£000
3.1 Capital Costs				
Base Case Capital Costs	510	5,124	5,460	4,506
Flexed Capital Costs	(8,612)	(12,263)	954	9,013
Change required	(9,122)	(17,387)	(4,505)	4,507
Change %	-1788.7%	-339.3%	-82.5%	100.0%
3.2 Revenue Costs				
Base Case Revenue Costs	1,106	1,276	563	378
Flexed Revenue Costs	642	384	344	587
Change required	(465)	(892)	(219)	209
Change %	-42.0%	-69.9%	-38.9%	55.3%

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ECONOMIC APPRAISAL
ECONOMIC ANALYSIS
Option 1
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6th December 2019

30	YEARS APPRAISAL
3.50%	DISCOUNT RATE

YEAR	PERIOD	CAPITAL COSTS excluding VAT								REVENUE COSTS					TOTAL COSTS	Discount Factor 3.5%	NET PRESENT COST	
		New Capital at Current	Land Sales	Opportunity Costs	Residual Value	Lifecycle New Works	Lifecycle New Equipment	Lifecycle Existing	TOTAL CAPITAL	Pay	Non-Pay	FM Costs	NCR Benefits	TOTAL REVENUE				£000
0	2019 2020	47	0	0	0	0	0	382	429	0	0	1,106	0	1,106	1,535	3.50%	1.0000	1,535
1	2020 2021	463	0	0	0	0	0	0	463	0	0	1,106	0	1,106	1,569	3.50%	0.9662	1,516
2	2021 2022	0	0	0	0	0	0	0	0	0	0	1,106	0	1,106	1,106	3.50%	0.9335	1,032
3	2022 2023	0	0	0	0	0	0	0	0	0	0	1,106	0	1,106	1,106	3.50%	0.9019	998
4	2023 2024	0	0	0	0	0	0	0	0	0	0	1,106	0	1,106	1,106	3.50%	0.8714	964
5	2024 2025	0	0	0	0	0	0	0	0	0	0	1,106	0	1,106	1,106	3.50%	0.8420	931
6	2025 2026	0	0	0	0	0	0	0	0	0	0	1,106	0	1,106	1,106	3.50%	0.8135	900
7	2026 2027	0	0	0	0	4	0	0	4	0	0	1,106	0	1,106	1,110	3.50%	0.7860	872
8	2027 2028	0	0	0	0	0	0	0	0	0	0	1,106	0	1,106	1,106	3.50%	0.7594	840
9	2028 2029	0	0	0	0	0	0	0	0	0	0	1,106	0	1,106	1,106	3.50%	0.7337	812
10	2029 2030	0	0	0	0	0	0	0	0	0	0	1,106	0	1,106	1,106	3.50%	0.7089	784
11	2030 2031	0	0	0	0	0	0	0	0	0	0	1,106	0	1,106	1,106	3.50%	0.6849	758
12	2031 2032	0	0	0	0	32	0	0	32	0	0	1,106	0	1,106	1,138	3.50%	0.6618	753
13	2032 2033	0	0	0	0	0	0	0	0	0	0	1,106	0	1,106	1,106	3.50%	0.6394	707
14	2033 2034	0	0	0	0	0	0	0	0	0	0	1,106	0	1,106	1,106	3.50%	0.6178	683
15	2034 2035	0	0	0	0	0	0	0	0	0	0	1,106	0	1,106	1,106	3.50%	0.5969	660
16	2035 2036	0	0	0	0	0	0	0	0	0	0	1,106	0	1,106	1,106	3.50%	0.5767	638
17	2036 2037	0	0	0	0	21	0	0	21	0	0	1,106	0	1,106	1,127	3.50%	0.5572	628
18	2037 2038	0	0	0	0	0	0	0	0	0	0	1,106	0	1,106	1,106	3.50%	0.5384	595
19	2038 2039	0	0	0	0	0	0	0	0	0	0	1,106	0	1,106	1,106	3.50%	0.5202	575
20	2039 2040	0	0	0	0	0	0	0	0	0	0	1,106	0	1,106	1,106	3.50%	0.5026	556
21	2040 2041	0	0	0	0	0	0	0	0	0	0	1,106	0	1,106	1,106	3.50%	0.4856	537
22	2041 2042	0	0	0	0	106	0	0	106	0	0	1,106	0	1,106	1,212	3.50%	0.4692	568
23	2042 2043	0	0	0	0	0	0	0	0	0	0	1,106	0	1,106	1,106	3.50%	0.4533	501
24	2043 2044	0	0	0	0	0	0	0	0	0	0	1,106	0	1,106	1,106	3.50%	0.4380	484
70		0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.00%	0.0000	0
TOTAL		510	0	0	0	193	0	382	1,085	0	0	33,180	0	33,180	34,265			
NPC	30 YEARS	494	0	0	0	97	0	382	974	0	0	21,054	0	21,054				22,027.6
EAC	30 YEARS	26	0	0	0	5	0	20	51	0	0	1,106	0	1,106			19.0358	1,157.2

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ECONOMIC APPRAISAL
ECONOMIC ANALYSIS
Option 2
Cardiff and Vale University Health Board
Community MH Reprovision BJC
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6th December 2019

30	YEARS APPRAISAL
3.50%	DISCOUNT RATE

YEAR	PERIOD	CAPITAL COSTS excluding VAT								REVENUE COSTS					TOTAL COSTS	Discount Factor 3.5%	NET PRESENT COST	
		New Capital at Current	Land Sales	Opportunity Costs	Residual Value	Lifecycle New Works	Lifecycle New Equipment	Lifecycle Existing	TOTAL CAPITAL	Pay	Non-Pay	FM Costs	NCR Benefits	TOTAL REVENUE				£000
0	2019 2020	512	0	0	0	0	0	382	894	0	0	1,106	0	1,106	2,000	3.50%	1.0000	2,000
1	2020 2021	4,561	0	0	0	0	0	0	4,561	0	0	1,276	0	1,276	5,837	3.50%	0.9662	5,639
2	2021 2022	51	0	0	0	0	0	0	51	0	0	1,276	0	1,276	1,327	3.50%	0.9335	1,238
3	2022 2023	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.9019	1,151
4	2023 2024	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.8714	1,112
5	2024 2025	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.8420	1,074
6	2025 2026	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.8135	1,038
7	2026 2027	0	0	0	0	36	0	0	36	0	0	1,276	0	1,276	1,312	3.50%	0.7860	1,031
8	2027 2028	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.7594	969
9	2028 2029	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.7337	936
10	2029 2030	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.7089	904
11	2030 2031	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.6849	874
12	2031 2032	0	0	0	0	323	0	0	323	0	0	1,276	0	1,276	1,598	3.50%	0.6618	1,058
13	2032 2033	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.6394	816
14	2033 2034	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.6178	788
15	2034 2035	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.5969	761
16	2035 2036	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.5767	736
17	2036 2037	0	0	0	0	215	0	0	215	0	0	1,276	0	1,276	1,491	3.50%	0.5572	831
18	2037 2038	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.5384	687
19	2038 2039	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.5202	664
20	2039 2040	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.5026	641
21	2040 2041	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.4856	619
22	2041 2042	0	0	0	0	1,061	0	0	1,061	0	0	1,276	0	1,276	2,336	3.50%	0.4692	1,096
23	2042 2043	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.4533	578
24	2043 2044	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.4380	559
25	2044 2045	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.4231	540
26	2045 2046	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.4088	522
27	2046 2047	0	0	0	0	302	0	0	302	0	0	1,276	0	1,276	1,578	3.50%	0.3950	623
28	2047 2048	0	0	0	0	0	0	0	0	0	0	1,276	0	1,276	1,276	3.50%	0.3817	487
29	2048 2049	0	0	0	(1,093)	0	0	0	(1,093)	0	0	1,276	0	1,276	183	3.50%	0.3687	67
30		0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.00%	0.0000	0
TOTAL		5,124	0	0	(1,093)	1,937	0	382	6,350	0	0	38,100	0	38,100	44,450			
NPC	30 YEARS	4,966	0	0	(403)	979	0	382	5,924	0	0	24,113	0	24,113				30,037.4
£AC	30 YEARS	261	0	0	(21)	51	0	20	311	0	0	1,267	0	1,267			19.0358	1,577.9

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 Option 2 NPC

ECONOMIC APPRAISAL
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Option 3
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30	YEARS APPRAISAL
3.50%	DISCOUNT RATE

YEAR	PERIOD	CAPITAL COSTS excluding VAT								REVENUE COSTS					TOTAL COSTS	Discount Factor 3.5%	NET PRESENT COST	
		New Capital at Current	Land Sales	Opportunity Costs	Residual Value	Lifecycle New Works	Lifecycle New Equipment	Lifecycle Existing	TOTAL CAPITAL	Pay	Non-Pay	FM Costs	NCR Benefits	TOTAL REVENUE				£000
0	2019 2020	983	0	0	0	0	0	382	1,365	0	0	1,106	0	1,106	2,471	3.50%	1.0000	2,471
1	2020 2021	4,423	0	0	0	0	0	0	4,423	0	0	563	0	563	4,986	3.50%	0.9662	4,817
2	2021 2022	54	0	0	0	0	0	0	54	0	0	563	0	563	618	3.50%	0.9335	576
3	2022 2023	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.9019	508
4	2023 2024	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.8714	491
5	2024 2025	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.8420	474
6	2025 2026	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.8135	458
7	2026 2027	0	0	0	0	38	0	0	38	0	0	563	0	563	601	3.50%	0.7860	473
8	2027 2028	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.7594	428
9	2028 2029	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.7337	413
10	2029 2030	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.7089	399
11	2030 2031	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.6849	386
12	2031 2032	0	0	0	0	344	0	0	344	0	0	563	0	563	907	3.50%	0.6618	600
13	2032 2033	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.6394	360
14	2033 2034	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.6178	348
15	2034 2035	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.5969	336
16	2035 2036	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.5767	325
17	2036 2037	0	0	0	0	229	0	0	229	0	0	563	0	563	792	3.50%	0.5572	442
18	2037 2038	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.5384	303
19	2038 2039	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.5202	293
20	2039 2040	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.5026	283
21	2040 2041	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.4856	273
22	2041 2042	0	0	0	0	1,130	0	0	1,130	0	0	563	0	563	1,693	3.50%	0.4692	794
23	2042 2043	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.4533	255
24	2043 2044	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.4380	247
25	2044 2045	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.4231	238
26	2045 2046	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.4088	230
27	2046 2047	0	0	0	0	322	0	0	322	0	0	563	0	563	885	3.50%	0.3950	350
28	2047 2048	0	0	0	0	0	0	0	0	0	0	563	0	563	563	3.50%	0.3817	215
29	2048 2049	0	0	0	(1,165)	0	0	0	(1,165)	0	0	563	0	563	(602)	3.50%	0.3687	(222)
30	2049 2050	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.00%	0.0000	0
TOTAL		5,460	0	0	(1,165)	2,064	0	382	6,741	0	0	17,437	0	17,437	24,177			
NPC	30 YEARS	5,306	0	0	(429)	1,043	0	382	6,302	0	0	11,262	0	11,262				17,564.3
£AC	30 YEARS	279	0	0	(23)	55	0	20	331	0	0	592	0	592			19.0358	922.7

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ECONOMIC APPRAISAL
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30	YEARS APPRAISAL
3.50%	DISCOUNT RATE

YEAR	PERIOD	CAPITAL COSTS excluding VAT								REVENUE COSTS					TOTAL COSTS	Discount Factor 3.5%	NET PRESENT COST	
		New Capital at Current	Land Sales	Opportunity Costs	Residual Value	Lifecycle New Works	Lifecycle New Equipment	Lifecycle Existing	TOTAL CAPITAL	Pay	Non-Pay	FM Costs	NCR Benefits	TOTAL REVENUE				£000
0	2019 2020	795	0	0	0	0	0	382	1,177	0	0	1,106	0	1,106	2,283	3.50%	1.0000	2,283
1	2020 2021	3,649	0	0	0	0	0	0	3,649	0	0	378	0	378	4,026	3.50%	0.9662	3,890
2	2021 2022	63	0	0	0	0	0	0	63	0	0	378	0	378	440	3.50%	0.9335	411
3	2022 2023	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.9019	341
4	2023 2024	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.8714	329
5	2024 2025	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.8420	318
6	2025 2026	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.8135	307
7	2026 2027	0	0	0	0	32	0	0	32	0	0	378	0	378	409	3.50%	0.7860	322
8	2027 2028	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.7594	287
9	2028 2029	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.7337	277
10	2029 2030	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.7089	268
11	2030 2031	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.6849	259
12	2031 2032	0	0	0	0	284	0	0	284	0	0	378	0	378	662	3.50%	0.6618	438
13	2032 2033	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.6394	242
14	2033 2034	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.6178	233
15	2034 2035	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.5969	225
16	2035 2036	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.5767	218
17	2036 2037	0	0	0	0	189	0	0	189	0	0	378	0	378	567	3.50%	0.5572	316
18	2037 2038	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.5384	203
19	2038 2039	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.5202	196
20	2039 2040	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.5026	190
21	2040 2041	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.4856	183
22	2041 2042	0	0	0	0	933	0	0	933	0	0	378	0	378	1,310	3.50%	0.4692	615
23	2042 2043	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.4533	171
24	2043 2044	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.4380	165
25	2044 2045	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.4231	160
26	2045 2046	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.4088	154
27	2046 2047	0	0	0	0	266	0	0	266	0	0	378	0	378	644	3.50%	0.3950	254
28	2047 2048	0	0	0	0	0	0	0	0	0	0	378	0	378	378	3.50%	0.3817	144
29	2048 2049	0	0	0	(961)	0	0	0	(961)	0	0	378	0	378	(584)	3.50%	0.3687	(215)
30		0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.00%	0.0000	0
TOTAL		4,506	0	0	(961)	1,703	0	382	5,630	0	0	12,060	0	12,060	17,690			
NPC	30 YEARS	4,379	0	0	(354)	861	0	382	5,267	0	0	7,918	0	7,918				13,185.2
£AC	30 YEARS	230	0	0	(19)	45	0	20	277	0	0	416	0	416				692.7

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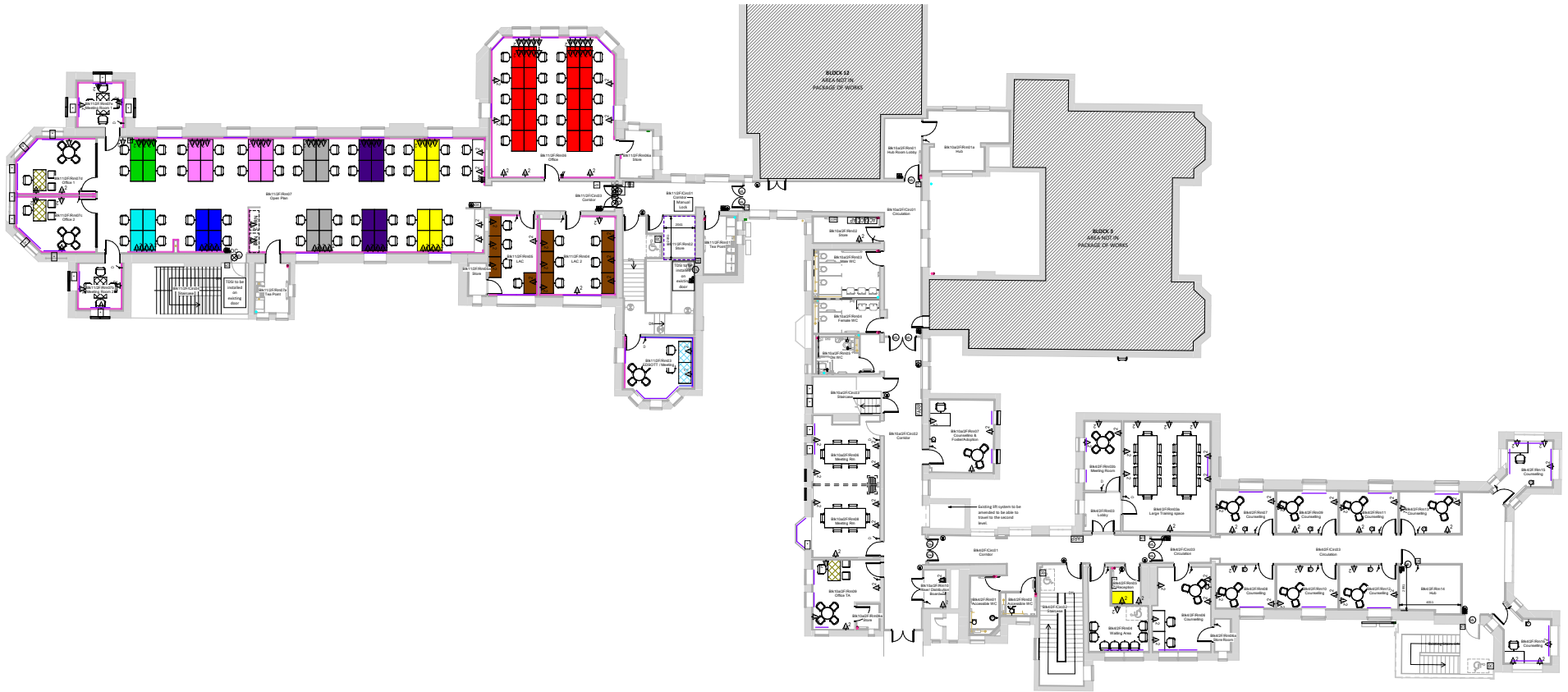
APPENDIX 5 –

Drawings for the Preferred Option

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DESK ALLOCATION / DEPARTMENT

- 1. SHED / EDSOTT
- 2. Psychology Management
- 3. Veterans NHS Wales
- 4. Therapies Hub
- 5. Primary Care Counselling Service
- 6. Adult Psychology
- 7. Psychology Administration / PMHSS / Hotdesk
- 8. OCD / MHSOP
- 9. LAC
- A. Small Meeting Room/ Potential Office Space
- B. SHED / EDSOTT Meeting Rooms
- C. Breakout Rooms



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Responsibility is not accepted for errors made by others in scaling from this drawing.
All construction information should be taken from figured dimensions only.

Scale: 0mm, 50mm, 100mm

Construction Design & Management (CDM) Regulations 2015

As a designer under the CDM regulations we are obliged to highlight specific health and safety information on our design documents. Under the regulations we must register for further information on project safety risks.

▲ Design hazard
 ⓘ Information
 Ⓢ Action required
 ⊘ Prohibited activity

— Blind locations:

- Vertical blinds
- Washable
- First aid kit

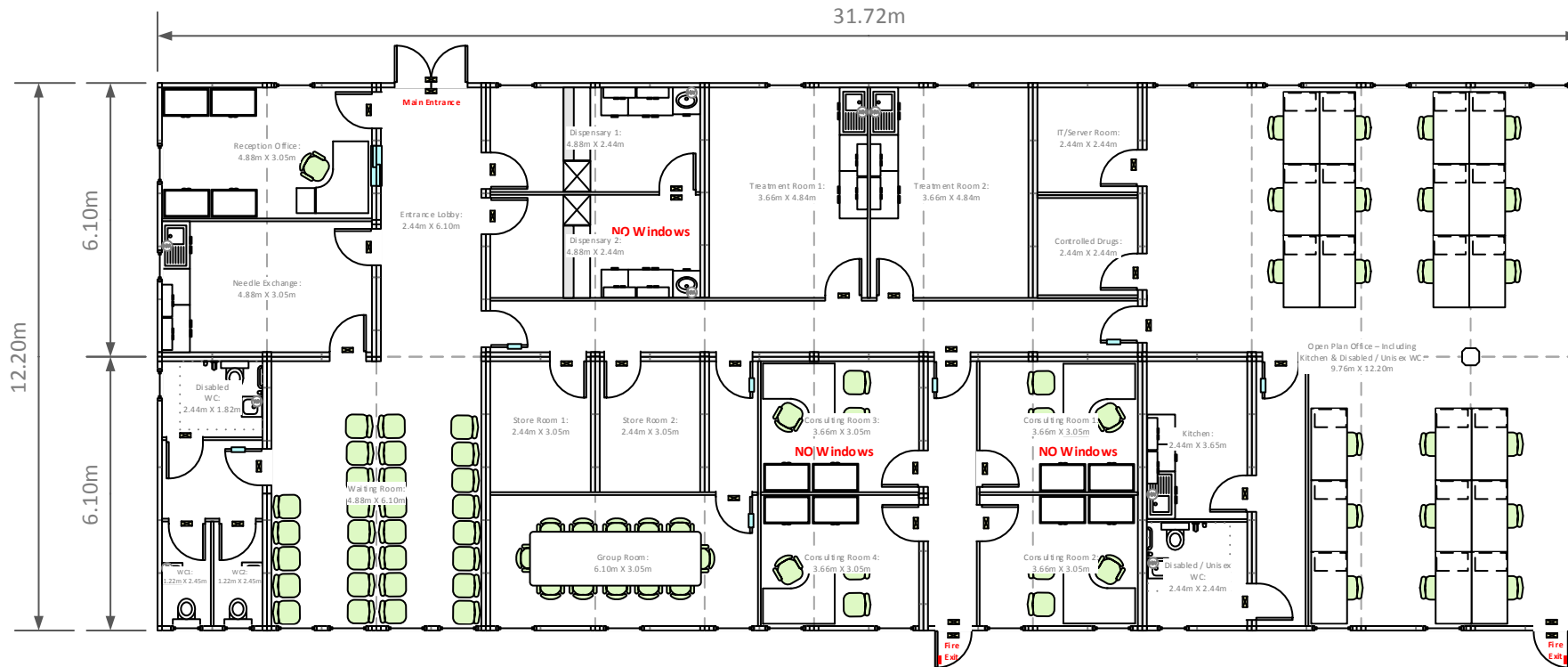
— Dado location for power and data

[Return all existing work please](#)

Refer to R/W Structural Inspection report and drawing CDT15-RW-815-02-DR-A-10002 layout for additional works and recommendations.

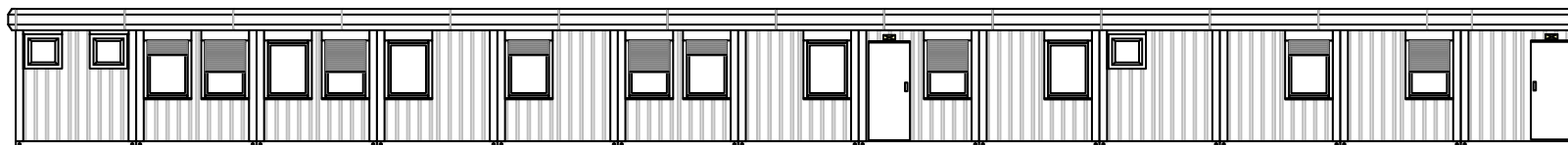
S2	PS0	05/05/18	Stage 4 Issue
S3	PS0	18/06/18	Stage 4 Issue
S4	PS1	13/08/18	100% drawing issue to Without Objection
S5	PS1	05/08/18	Updated following user meeting on 05.08.18
S6	PS1	06/08/18	Plan generally updated
S7	PS1	06/08/18	STAGE 4 ISSUE
S8	PS1	03/07/19	2019 issues added: CO2, O2, O3, O4, O5, O6, O7, O8, O9, O10, O11, O12, O13, O14, O15, O16, O17, O18, O19, O20, O21, O22, O23, O24, O25, O26, O27, O28, O29, O30, O31, O32, O33, O34, O35, O36, O37, O38, O39, O40, O41, O42, O43, O44, O45, O46, O47, O48, O49, O50, O51, O52, O53, O54, O55, O56, O57, O58, O59, O60, O61, O62, O63, O64, O65, O66, O67, O68, O69, O70, O71, O72, O73, O74, O75, O76, O77, O78, O79, O80, O81, O82, O83, O84, O85, O86, O87, O88, O89, O90, O91, O92, O93, O94, O95, O96, O97, O98, O99, O100, O101, O102, O103, O104, O105, O106, O107, O108, O109, O110, O111, O112, O113, O114, O115, O116, O117, O118, O119, O120, O121, O122, O123, O124, O125, O126, O127, O128, O129, O130, O131, O132, O133, O134, O135, O136, O137, O138, O139, O140, O141, O142, O143, O144, O145, O146, O147, O148, O149, O150, O151, O152, O153, O154, O155, O156, O157, O158, O159, O160, O161, O162, O163, O164, O165, O166, O167, O168, O169, O170, O171, O172, O173, O174, O175, O176, O177, O178, 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TWENTY SIX Number 6.10m x 2.44m CTX Modules - LINKED



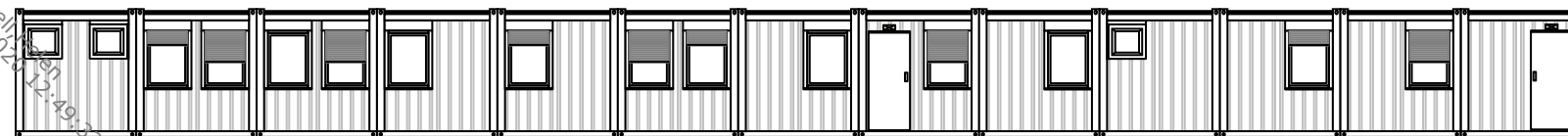
Furniture for illustration purposes only

Optional Extra:
External Fascia
Trim



Standard External Building Colour RAL9010 White

Standard
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Building Finish



SCALE: 1:150

Willmott Dixon / Cardiff Royal Infirmary, Cardiff

APPENDIX 6 –

Terms of Reference for the Project Board

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SHAPING OUR FUTURE WELLBEING: IN OUR COMMUNITY

SOFW:IOC DELIVERY GROUP (PROJECT BOARD AND PROGRAMME TEAM)

DRAFT TERMS OF REFERENCE (June 2018)

1. INTRODUCTION

The SOFW:IOC Project Board and Programme Team has been established to take forward the development of local facilities across Cardiff and the Vale of Glamorgan as described in the Programme Business Case submitted to Welsh Government in July 2018. For ease of reference, this group will be known as the SOFW:IOC Delivery Group.

The PBC set out the rationale for developing and reconfiguring our community infrastructure over the period to 2025 to support the implementation of the SOFW Strategy. It describes the constituent capital projects we plan to implement to facilitate new ways of working and redesigned service delivery models, with a focus on:-

- The health and wellbeing needs of our local population through the delivery of a social model of care;
- The promotion of healthy lifestyles;
- The reduction of health inequality;
- The planning and delivery of healthcare close to people's homes; and
- Delivering services collaboratively with our partners and supporting economic growth.

The PBC sets out how we will develop a network of community based facilities across Cardiff and Vale:-

- A Health and Wellbeing Centre in each Locality (CRI, Cardiff North and West, Barry Hospital);
- A Wellbeing Hub in each Cluster, co-located with Council facilities where possible;
- Fit for purpose primary care premises; and
- Community facilities rationalised where appropriate.

Further iterations of the PBC will be required to be submitted to WG as we progress through the tranches of the programme and develop more detail around the projects.

2. ROLE AND RESPONSIBILITIES

The SOFW:IOC programme and project structure has been revised to strengthen the role of PCIC and the Localities in setting the direction for community delivered services and infrastructure for their resident populations, while maintaining the required governance for WG funded capital projects (see section 5).

Within this context a rational approach has been taken to the establishment of groups to ensure best use of members' time and commitment. For this reason, the SOFW:IOC Delivery Group will fulfil the roles of:-

- The Programme Team; and

- A cross Locality Project Board

Programme Team Role

Recognising that the first iteration of the PBC has been developed and submitted to WG, the role will involve:-

- Responding to scrutiny comments from WG to gain their support for our approach to developing the community infrastructure to support the implementation of the SOFW Strategy;
- In recognition of the role of the SOFW: IOC Programme as a critical enabler for a number of key UHB strategies and objectives, ensure there are appropriate links and cross referencing of work:-
 - Delivery of Shaping Our Future Wellbeing Strategy
 - Transformation Programme;
 - Clinical Services Strategy; and
 - Sustainability of GMS;
- Provide strategic guidance and co-ordination for the service planning work undertaken by the Locality Boards, ensuring consistency with the overarching programme and other cross referencing work identified above;
- Develop further iterations of the PBC, in the required 5 case model, for submission to WG, as we progress through the programme, ensuring that it reflects current national and local strategies and policies and responds to ; and
- As part of fulfilling its accountability role, provide written/verbal reports to the Strategic Leadership Group/Programme Board, Health Systems Management Board and other groups within the programme and project management structure as appropriate.

Project Board Role

The SOFW:IOC Delivery Group will provide strategic direction for each of the constituent capital projects within the SOFW:IOC programme, and provide the governance route for the production of the appropriate project business cases and their subsequent implementation through the Project Teams.

Key responsibilities include:-

Accountability

- To provide verbal/written reports on the projects to the Capital Management Group, the Strategic and Engagement Committee and the UHB Board as appropriate
- Provide an internal scrutiny and assurance role, challenging the information on which the service proposals are based

Business Case Development Process

- To ensure that robust business cases are developed by the Project Teams, which are compliant with the WG Infrastructure Investment Guidance
- To recommend UHB Board approval of project business cases which demonstrate a robust case for change, with appropriate and affordable capital and revenue costs which offer value for money

Project Management

- To ensure appropriate direction is given to the Project Teams in respect of clear terms of reference and timescales for delivery of capital and service proposals

- To provide formal authority for committing resources, and obtaining appropriate approvals within the UHB, to deliver the capital projects in accordance with the Capital Investment Manual and the UHB's standing orders
- To monitor and approve the development of the design brief for the proposals
- To monitor project progress against the project milestones as set out in the Management Control Plan
- To ensure that the capital spend is in line with the identified budget
- To ensure the identification and realisation of benefits
- To review capital and revenue risks and ensure appropriate mitigation plans are developed
- To ensure the scheme delivers value for money
- To develop and implement post project evaluation plans

Engagement and Communication

- To ensure appropriate stakeholder engagement and communication is undertaken

3. REPRESENTATION

Membership of the Project Board will consist of representation from within the UHB and also a range of appropriate external stakeholders, to reflect the UHB's commitment to work with partner organisations to develop integrated services that meet the particular needs of communities across Cardiff and Vale.

While acknowledging the wide range of stakeholder influence required to develop and implement the SOFW:IOC programme, the membership list has been kept to a manageable number. However, it is recognised that the input of Clinical Boards is vital to the successful development of the health and wellbeing centres and the wellbeing hubs and it is anticipated that their involvement in the work of the SOFW:IOC Delivery Group will be represented by the Chief Operating Officer, Head of Service Planning and the PCIC Director of Operations.

There may be occasions where it is necessary to invite other representatives to discuss or agree specific issues with the Project Board.

Chair

The Programme Team will be chaired by Abigail Harris, Executive Director of Strategy and Planning for Cardiff and Vale UHB.

Membership

C&V UHB

Director of Strategy and Planning (**Chair**)

Deputy Director of Strategy and Planning

Director of Capital, Estates and Facilities

Corporate Planning Lead

Service Planning Project Lead

Programme Support Officer

C&V UHB – PCIC Clinical Board

Clinical Board Director

Director of Operations

Locality representatives

C&V UHB - Corporate

Medical Director

Director of Nursing

Chief Operating Officer

Head of Service Planning

Director of Finance

Abigail Harris

(Senior Responsible Owner)

Marie Davies (Programme Director)

Geoff Walsh (Project Director)

Chris Dawson-Morris

(Programme Manager)

Alex Evans (Business Case Manager)

Rob Wilkinson

Anna Kuczynska

Lisa Dunsford

To be confirmed

Graham Shortland

Ruth Walker

Steve Curry

Lee Davies

Bob Chadwick

Director of WOD	Martin Driscoll
Director of Public Health	Sharon Hopkins
Director of Therapies	Fiona Jenkins

Local Authority Partners

Cardiff Council

Dir. Communities, Housing and Customer Services	Sarah McGill
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Vale of Glamorgan

Nomination to be requested	Lance Carver
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Third Sector Partners

Cardiff 3rd Sector Council

Chief Executive	Sheila Hendrickson-Brown
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Glamorgan Voluntary Services

Chief Executive	Rachel Connor
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Cardiff and Vale Community Health Council

Representative	To be confirmed
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Representation

If you are unable to attend, please could you nominate a deputy to represent you.

Administrative Support

Administrative support will be provided by Gareth Lloyd from the Strategic and Service Planning Department and will be responsible for co-ordinating the meetings and developing agendas and papers in the week prior to the meeting.

4. FREQUENCY OF MEETINGS

The SOFW:IOC Delivery Group will meet bi-monthly, although the frequency of meetings may need to be adapted to reflect the critical stages of the projects and the decision making process, particularly in relation to the development of the business cases.

5. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

The SOFW:IOC Delivery Group will be accountable for both the programme and the projects as per the diagram below.

Projects

The project reporting arrangements for the Project Teams to the UHB Board via the SOFW:IOC Delivery Group (as the Project Board) and the Capital Management Group will meet capital governance arrangements.

The SOFW:IOC Delivery Group will be responsible for the work progress of the Project Teams. The Chair will provide verbal/written reports to the Capital Management Group as appropriate, highlighting progress to date, major issues, programme risks and any actions/decisions to be taken.

The SOFW:IOC Delivery Group will receive from the Chairs of the Project Teams written reports at each meeting, which will provide an account of the current status, summarise progress and highlight any issues or risks that may impact on the achievement of the individual project plans.

Programme

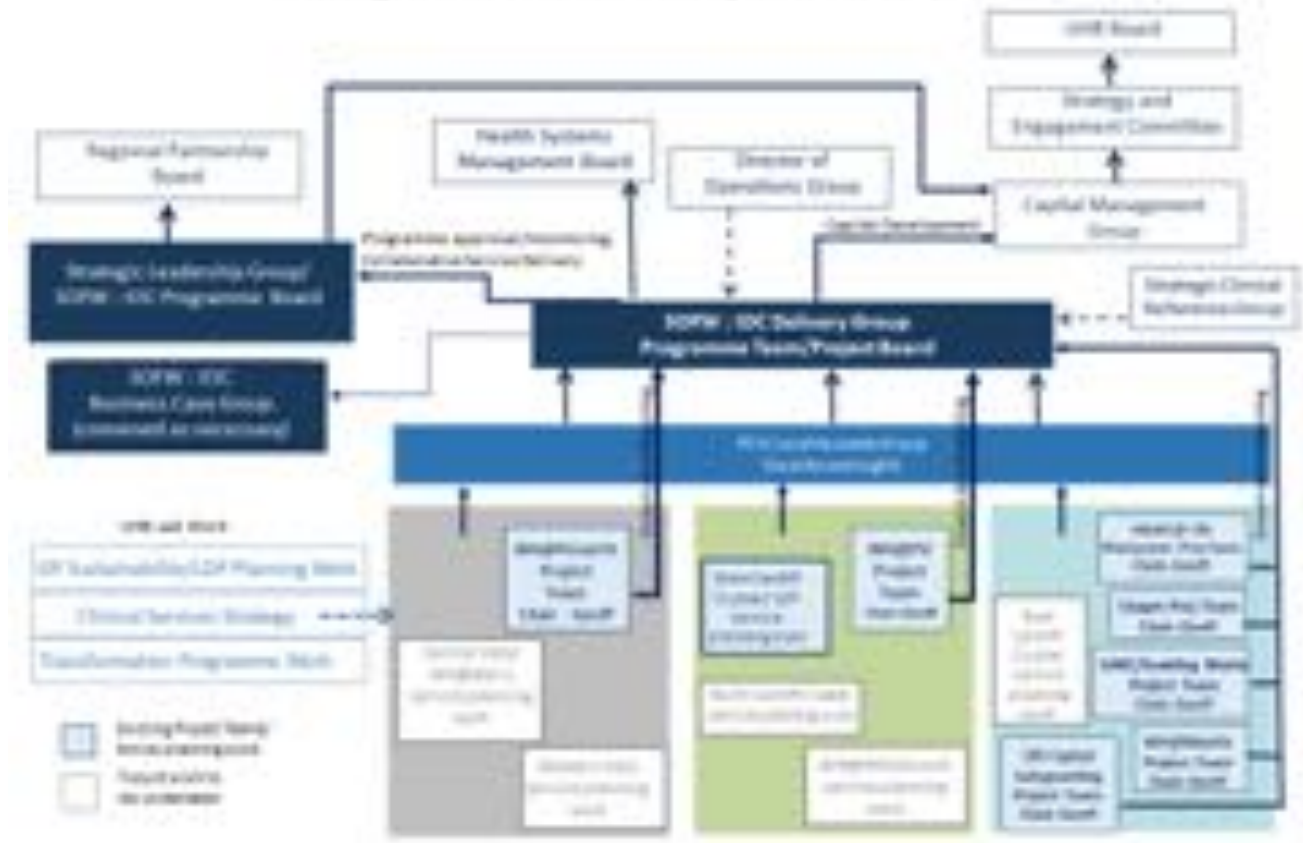
The programme governance reporting arrangements for the Locality Boards and Project Teams to the UHB Board via the SOFW:IOC Delivery Group and the Integrated Health and Social Care governance route will ensure that there is appropriate challenge and assurance in relation to the development of collaborative service delivery and ultimately shared commitment across partner organisations.

Engagement with key groups within the UHB will be undertaken. These will include, but not be limited to:-

- Health Systems Management Board;
- Director of Operations Group; and
- Strategic Clinical Reference Group.

The agreed programme reporting structure is shown below:-

Shaping Our Future Wellbeing : In Our Community Programme and Project Structure



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APPENDIX 7 –

Terms of Reference for the Project Team

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Reconfiguration of Community Mental Health Services - Project Team

Project Team Terms of Reference v1 – 12th September 2019

1. INTRODUCTION

A Health Board reconfiguration of Community Mental Health provision is required in order to both create appropriate locations for team bases and to rationalise the estate. In particular, it is imperative that the Health Board either vacate the Global Link building or make the decision to purchase prior to the lease ending on 10th November 2019 and a Business Case will need to be produced to secure all Wales Capital funding.

This paper sets out the terms of reference for the Project Team who will be responsible for the successful delivery of the projects within its scope and overseeing the planning required to ensure services are maintained operationally as appropriate throughout phases of implementation.

2. ROLE

The Project Team will be responsible for the operational delivery of the business case and the procurement process on behalf of the SOFW:IOC Delivery Group. The purpose of the group is to manage and co-ordinate the work at each key stage of the production of the business case and its subsequent implementation.

3. RESPONSIBILITIES

The Terms of Reference for the Project Team set out their responsibilities to ensure timely delivery of the proposals, and the development of the business case to support them.

These are as follows:

1.1. Accountability

- To support the SOFW:IOC Delivery Group in managing the delivery, to time and cost, the capital and service change element of the reconfiguration;
- Maintaining an efficient and auditable project administration function;
- To provide monthly verbal/written reports to the SOFW:IOC Delivery Group highlighting progress to date, major issues, project risks and any actions to be taken.

1.2. Business case development process

- To develop robust business case documents in line with the 5 case model on behalf of the SOFW:IOC Delivery Group.

1.3. Project Management

- To monitor and approve the development of the design brief for the proposals;
- To monitor project progress against the project milestones;
- To ensure that the capital spend is in line with the identified budget;
- To ensure the identification and realisation of benefits;

- To review capital and revenue risks and ensure appropriate mitigation plans are developed;
- To ensure the scheme delivers value for money;
- To develop and implement post project evaluation plans.

1.4. Communication

- To implement and deliver the internal and external communication activities associated with project communication strategy.

4. REPRESENTATION

Membership of the Project Team will consist of representation from the following:

- Geoff Walsh Director of Capital, Estates and Facilities
- Jeremy Holifield Head of Capital Planning
- Jon Nettleton Property and Accommodation Manager
- Tony Ward Head of Discretionary Capital & Compliance
- Ian Wile Director of Operations, Adult Mental Health
- Mark Jones Directorate Manager, Adult Mental Health
- Martin Ford Directorate Manager, Psychology & Psychological Therapies
- Jane Boyd Clinical Director, Psychology and Psychological Therapies
- Beverly Thomas Assistant Head of Operations and Delivery, Community Child Health
- Adam Parry Architect
- Nicola Jones Project Manager
- Jane McMahon Healthcare Planner

There may be occasions where it will be necessary to invite other representatives to discuss/agree specific issues.

5. QUORUM AND ATTENDANCE

A quorum shall consist of 50% of the membership being present.

Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent.

6. FREQUENCY OF MEETINGS

Meetings will, in general, be scheduled at monthly intervals although additional meetings may be arranged from time to time, if required, to support the effective functioning of the project.

7. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

The Project Team will report to the UHW Infrastructure and Sustainability Programme Board, which will be chaired by Geoff Walsh. The Chair will provide verbal/written reports to the Project Board as appropriate, highlighting progress to date, major issues, project risks and any actions to be taken.

The Project Team will set up Sub Groups as appropriate to undertake specific detailed work on behalf of the Project Team. The Project Team will receive monthly reports from the Chairs of the

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Sub Groups on progress to date, major issues and project risks along with identified actions to be taken.

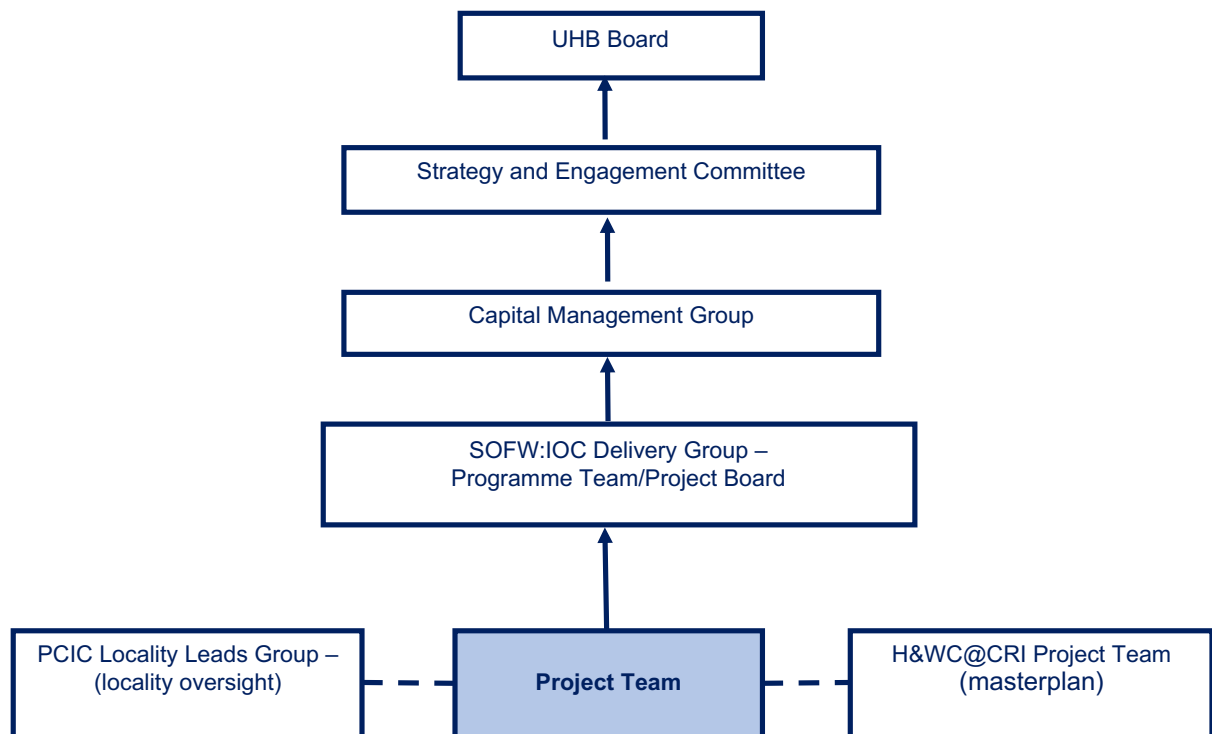
8. OUTPUTS

- BJC – Reconfiguration of Community Mental Health Services

9. REVIEW

The Terms of Reference of this Project Team will be reviewed annually.

10. PROJECT REPORTING STRUCTURE



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APPENDIX 8 –

Communication and Engagement Plan

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WALES

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Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Reconfiguration of Community Mental Health Services

Communication and Engagement Plan

September 2019 – Draft v1

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**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



GIG
CYMRU
NHS
WALES

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

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1.0 THE PROJECT

A Health Board reconfiguration of Community Mental Health provision is required in order to both create appropriate locations for team bases and to rationalise the estate. In particular, it is imperative that the Health Board either vacate the Global Link building or make the decision to purchase prior to the lease ending on 10th November 2019.

1.1 Project Objectives

The key objectives for the project are:

- Optimising the environmental quality of services (Health Gain)
 - Providing a clinical environment that meets both statutory standards and best practice guidance and is both safe and effective with improved functional suitability including separation of flows where required
- Improving the clinical quality of services (Health Gain, Clinical and Skills Sustainability)
 - Improved health outcomes for clients through the centralisation of staff with appropriate skills to allow an increase in expertise to offer increased range of interventions
- Maximising access to services (Health Gain)
 - Ensuring all clients receive an appropriate response within a timely manner
 - Ensuring services have separate entrances as required to maintain safety and confidentiality and minimise risk
 - Providing a safe and discreet environment for clients away from incompatible services, whilst maintaining links with appropriate services
- Improved strategic fit of services (Health Gain, Clinical and Skills Sustainability, Equity)
 - Ensuring the solution is strategically aligned with the Health Board, local health economy and Welsh Government plans
- Making more effective use of resources (Value for Money) Providing a solution that makes optimum use of human, capital and estate resources
- Providing Flexibility for the Future and Sustainability (Health Gain)
 - Providing a service model and physical configuration that meets current and predicted future demand and as far as reasonably practicable to ensure that it is sufficiently flexible to respond to future clinical changes (adaption to alternative uses)

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2.0 COMMUNICATION AND ENGAGEMENT PLAN

2.1 Introduction

Effective communications, consultation and engagement is central and critical to the successful delivery of the project. The Health Board has a duty to involve people in the planning and delivery of health services and significant service developments.

The Health Board's philosophy around communication is simplicity, quality and consistency. All messages should be clear and easy to understand – tailored for their specific audiences; compliant with corporate guidelines; and in keeping with the Health Board's strategic aims.

The plan will focus on the audiences, messages, communication methods and feedback mechanisms for engaging and co-production with key stakeholders throughout the various stages of the Project.

2.2 Purpose and Scope

The purpose of this communication and engagement plan is to establish a framework for communication, engagement, co-production and co-ordinating the wide range of communications that will take place directly and indirectly as part of vacating Global Link and the replacement of the Links Building at CRI.

The scope of this Communication and Engagement Plan includes proactive and reactive internal and external communications to support implementation of the vacating of Global Link and the replacement of the Links Building at CRI.

All identified stakeholders are included within the scope of this Communication Plan

This document defines the key engagement objectives to be achieved, the key principles that will underpin all engagement, and the roles and responsibilities.

2.3 Key Principles

The key principles of communication and engagement are to:

- Improve engagement with citizen by putting the citizen at the centre of all we do and ensuring they remain central;
- Improve engagement with community by valuing the role of people and communities in their health and wellbeing, including through co-production, volunteering and social movements for health;
- Improve partner working by valuing everyone's contribution to a comprehensive engagement approach;
- Design and deliver with, rather than for people, using shared vision and goals: wellbeing, resilience, autonomy, connection to others.

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2.4 Key Engagement Objectives

The key engagement objectives are to:

- Effectively communicate the rationale for the project through a range of tested channels to inform internal and external stakeholders, keep them up to date with progress and gain their views;
- Foster ongoing good relationships with the local communities and with the media, promoting positive media coverage;
- Manage all publicity regarding the project and ensure that accurate information is consistently available;
- Engage staff positively in the changes so that staff understand and support the project;
- Evaluate the effectiveness of internal and external communications and engagement to ensure messages are understood and acted upon and engagement is positive.

The specific objectives of this plan are to:

- Provide direction, clarity and purpose to the communication approach;
- Set out the roles and responsibilities and governance;
- Identify stakeholders;
- Set out communications methods.

2.5 Roles and Responsibilities

The Project Team is to be used as the mechanism to communicate project progress to stakeholders, including patients and other stakeholders and interested parties.

- Project records will be maintained at the Health Board's central project office, in accordance with a defined records management system;
- Project records will be maintained in line with good audit practice and the filing structure determined and communicated via the Project Team;
- Notes will be taken at all meetings, to ensure the task focus of the project, prior to closure of meetings an action list will be agreed and then circulated.

2.5.1 Internal

- All members of the project groups will have individual responsibilities for cascading project information through their respective service functions;
- The Project Director will be responsible for producing ad hoc reports to the UHB Board.

2.5.2 External

- The Project Director will be responsible for providing the key link with major stakeholders not represented on the Project Board to report progress;
- Media Management will be in accordance with the Health Board's related policies and procedures;
- The Project Board may consider the production of regular briefings for internal and external communication purposes;

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- All members of the Project Team will have responsibility for cascading information through their respective organisations as well as their specific areas of responsibilities.

2.6 Governance

Key decisions relating to communication and implementation will be informed by the Project Team. Sign off of specific actions, including allocation of resource, for communication, will fall under the responsibility of the Senior Responsible Officer (SRO).

2.7 Stakeholders

We are committed to engaging with:

- Citizens;
- Carers;
- Community staff;
- Hospital staff;
- Vale of Glamorgan Council;
- Cardiff Council;
- Local Councillors;
- Third Sector;
- Cardiff and Vale Community Health Council;
- Regional Partnership Board;
- Welsh Ambulance Service Trust (WAST);
- Public Services Boards;
- Primary Care.

For this project the following stakeholders have been identified:

- Citizens;
- Carers;
- Community staff;
- Cardiff Council;
- Local Councillors;
- Third Sector;
- Cardiff and Vale Community Health Council;
- Public Services Boards;
- Primary Care.

Priority will be given to those stakeholders who represent organisations who will be directly affected by vacating of Global Link and the replacement of the Links Building at CRI, and to groups who speak on behalf of affected patients, service users, carers and parents.

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2.8 Methods of Communication

The following methods of communication will be used:

- **Face to face:** Face-to-face or personal communication is one of the richest channels of communication that can be used. Physical presence, the tone of voice and facial expressions help recipients of a message interpret that message as the speaker intends. Examples are: focus groups, engagement events, presentations, seminars, media work, etc. This is the best channel to use for complex or emotionally charged messages, because it allows for interaction between speaker and recipients to clarify ambiguity. A speaker can evaluate whether an audience has received the message as intended and ask or answer follow-up questions. In order to ensure wider access to seldom-heard groups, which are traditionally under-represented, focus groups will be arranged during formal consultations. Audiences will then be participants from seldom heard groups (eg. faith groups, young people, protected groups, those with particular health needs and those in more deprived areas);
- **Broadcast media:** TV, radio and loud speakers all fall within the broadcast media communication channel. These types of media should be used when addressing a mass audience;
- **Electronic:** Electronic communication channels encompass email, Internet, intranet and social media platforms. These are digital channels. These channels will be used for one-on-one, group or mass communication and engagement purposes. It is a less personal method of communication but very efficient and effective with an increasingly digital savvy audience. Examples include: staff news, intranet information;
- **Written:** Written communication will be used for messages that do not require interaction with an employee or specific group. Policies, letters, memos, manuals, notices and announcements are all messages that work well for this channel. This will be utilised for internal communications. Examples include: posters advertising annual general meetings, publications etc.

The following table is not expected to be an exhaustive list, but will cover the main methods and meetings used as part of the Communications Plan for this project. Additional methods and meetings can and should be arranged as required:

Format	Key Contents
Awareness Meetings and Presentations	<p>Introduction to project</p> <p>Introduction to key persons</p> <p>Why the need to change/drivers</p> <p>Expectations from the project</p> <p>Perceived project risks</p> <p>Where we go from here</p>

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Format	Key Contents
Health Board Intranet Site	<p>Introduction to project</p> <p>Latest news</p> <p>Implementation timetable</p> <p>Frequently asked questions</p> <p>Dates for the diary</p> <p>Local developments</p> <p>Contact details</p> <p>Feedback mechanisms</p> <p>Formal project documentation</p>
Project Board Meetings	<p>Review minutes</p> <p>Review project status against project plan</p> <p>Discuss project issues / problems</p> <p>Decision Making</p> <p>Review recommendations</p>
Project Team Meetings	<p>Review project status</p> <p>Awareness of wider project developments</p> <p>Inform on key project decisions</p> <p>Discuss issues / problems</p> <p>Actions for the next period</p>

Table 1: Main Communication Methods and Meetings

2.9 Evaluation and Feedback

In addition to face to face feedback received at the various meetings and presentations, the Project Team will be responsible for establishing a reliable framework for gathering feedback on communications:

- Key contact names and details will be included in all internal articles;
- Processes will be used at key stages of the project to obtain specific feedback from staff;
- Project Team to pass back feedback gained from face to face sessions.

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2.10 Engagement Events

There are no specific engagement events organised. However, any future events will be recorded utilising the following template:

Stakeholder	Date	Nature of Engagement	Location	Lead (s)

Table 2: Record of Engagement Events

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APPENDIX 9 –

Benefits Realisation Plan

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Ref	Benefit Description and Category	Indicator	Performance			Monitoring Arrangements - Source and Frequency	Benefit Owner
			Baseline	Target	Timescale		
1.	Provision of clinical environment that meets statutory standards and best practice guidance	Compliance with Statutory Standards including HBNs and HTMs	Not fully compliant	Full compliance with all standards, and approved derogations.	1:200 design development sign off	Design Team Meetings - Monthly	Geoff Walsh
2.	Improved general functional suitability - Internal Space Relationships - Support Facilities - Location and Layout	Estate Survey	Current 6 facet survey results	Condition B across all facets	A year after facilities become operational	Survey to be undertaken annually	Geoff Walsh
3.	Reduction in the cancellation of clinics due to flood damage from roof of Links Building	Number of cancelled clinics due to flood damage	Average 8 per month	0	A year after facilities become operational	Number of cancelled clinics – monthly	Mark Jones
4.	Disabled persons access and disability compliant doorways, and toilets	Compliance with the Equality Act 2010	Not fully compliant	Full compliance with all standards, and approved derogations.	When facilities become operational	Ensure in place via design process	Geoff Walsh

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APPENDIX 10 –

Risk Register

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Risk Number	Risk Description	Classification			Risk Owner	Risk Type	Risk Cost			Funding Implication	Risk Countermeasures	Action by	Risk Status	Contractor	UHB	Comments
		Likelihood of occurrence	Potential Impact	Risk Exposure Score			Best	Likely	Worse							
1	Design Brief not finalised	0	0	0	UHB	Design	0.0	0.0	0.0	CAPITAL		UHB	closed	0.00	0.00	
2	Planning (Discharge of Conditions to listed building consent)	2	2	4	UHB	Planning	10,000.0	20,000.0	40,000.0	CAPITAL	Ongoing liaison with Planning authorities.	Strides	Open	0.00	20,000.00	
3	Ecology issues - additional requirements.	0	0	0	UHB	Design	0.0	0.0	0.0	CAPITAL	Additional allowance to be included for potential additional works	GMS	closed	0.00	0.00	
4	Unforeseen ground conditions not identified in site investigation (including contaminated material etc.) - Modular building foundations	2	4	8	UHB	Construction	10,000.0	20,000.0	30,000.0	CAPITAL	Contractor to undertake Site surveys and investigations prior to work commencement	UHB	Open	0.00	20,000.00	
5	Services from existing hospital and external services to Modular Building	2	2	4	UHB	Design	10,000.0	20,000.0	30,000.0	CAPITAL	DRAC are using the existing hospital heating system required circa 70kW of heat energy and the email from C&VUHB and WSP state there is 150kW heat energy available.	UHB	Open	0.00	20,000.00	
6	Drainage for Modular Building - SUDS	3	3	9	UHB	Construction	10,000.0	20,000.0	30,000.0	CAPITAL	Additional surveys needed to determine how to tie into existing runs	UHB	Open	0.00	20,000.00	
7	Drainage following demolition of LINKS Building	3	3	9	UHB	Construction	0.0	0.0	0.0	CAPITAL	Additional surveys needed to determine how to tie into existing runs	UHB	Open	0.00	0.00	Demolition of LINKS removed from this scheme
8	Changes in statutory requirements	1	2	2	UHB	Design	0.0	0.0	0.0	CAPITAL	Building control working along side design team at design stage	UHB	Open	0.00	0.00	
9	Delay in building control approval	1	2	2	UHB	Design	0.0	0.0	0.0	CAPITAL	Building control consultant Butler & Young to deal with council	B&Y	Open	0.00	0.00	
10	Insolvency of contractor / contractor withdrawing offers	2	3	6	UHB	Construction	10,000.0	20,000.0	30,000.0	CAPITAL	Lessons learnt from previous works	UHB	Open	0.00	20,000.00	
11	Insolvency of sub-contractors / sub-contractors withdrawing offers.	2	4	8	Contractor	Construction	2,500.0	5,000.0	7,500.0	CAPITAL	Due diligence to be undertaken by Contractor	Contractor	Open	0.00	0.00	
12	Damage to existing hospital site during construction works.	1	2	2	Contractor	Construction	2,500.0	5,000.0	7,500.0	CAPITAL	Method statements & risk assessments to be reviewed in line with Listed Building requirements	Contractor	Open	0.00	0.00	
13	Delays to programme due to exceptional adverse weather conditions less than a 10 year event.	1	1	1	Contractor	Programme	0.0	0.0	0.0	CAPITAL	1 in 10 year Contractor's risk; less than 1 in 10 year Employer's risk	Contractor	Open	0.00	0.00	
14	Delays to programme due to exceptional adverse weather conditions greater than a 10 year event.	1	1	1	UHB	Programme	2,000.0	4,000.0	6,000.0	CAPITAL	1 in 10 year UHB risk; greater than 1 in 10 year Employer's risk	UHB	Open	0.00	4,000.00	
15	Internal drainage to align with existing	3	3	9	UHB	Capital	5,000.0	10,000.0	20,000.0	CAPITAL	Surveys of existing drainage in blocks 4,11 and 10a	UHB	Open	0.00	10,000.00	
16	Demolition of LINKS building, contaminated material to controlled tip	3	3	9	UHB	Capital				CAPITAL	Intrusive surveys cannot be undertaken until building is vacated	UHB	Open	0.00	0.00	Demolition of LINKS removed from this scheme
17	Additional Asbestos discovered following intrusive survey	3	4	12	UHB	Design	10,000.0	15,000.0	30,000.0	CAPITAL	No evidence following H&R to carry out a survey, but an allowance included for areas where floor joist removed (Building 4).	GMS	Open	0.00	15,000.00	Delays in start on site will increase this risk
18	Heating strategy to be confirmed	3	4	12	UHB	Capital	5,000.0	10,000.0	15,000.0	CAPITAL	Intrusive surveys cannot be undertaken until building is vacated	UHB	Open	0.00	10,000.00	
19	Conservation/heritage issues coming about during construction (i.e. items have to be kept/restored) which were not known/identified for the BJC submission. (lessons learnt from previous schemes at CRT)	2	2	4	UHB	Construction	10,000.0	20,000.0	30,000.0	CAPITAL	Chartered archaeologist to have a watching brief during construction.	UHB	Open	0.00	20,000.00	
20	Funding stream may delay approval	4	3	12	UHB	Capital	10,000.0	20,000.0	30,000.0	CAPITAL		UHB	Open	0.00	20,000.00	
21	Client changes following sign off of drawings	2	3	6	UHB	Programme	60,000.0	80,000.0	100,000.0	CAPITAL		UHB	Open	0.00	80,000.00	
22	IT - no information on the requirements for the incoming services. Increased specification from IT i.e. firewalls	3	4	12	UHB	Design	10,000.0	15,000.0	20,000.0	CAPITAL	(BT /Openreach etc)	UHB	Open	0.00	15,000.00	
23	Dry rot (General condition)	3	4	12	UHB	Design	10,000.0	15,000.0	30,000.0	CAPITAL	No evidence following H&R to carry out a survey, but an allowance included for areas where floor joist removed (Building 4).	GMS	Open	0.00	15,000.00	Delays in start on site will increase this risk

Risk Number	Risk Description	Classification			Risk Owner	Risk Type	Risk Cost			Funding Implication	Risk Countermeasures	Action by	Risk Status	Contractor	UHB	Comments		
		Likelihood of occurrence	Potential Impact	Risk Exposure Score			Best	Likely	Worse									
24	Asbestos in paint (requiring hazard removal)	4	3	12	UHB	Construction	10,000.0	20,000.0	30,000.0	CAPITAL		UHB	Open	0.00	20,000.00			
25	Unforeseen repairs required to structural timbers	3	3	9	Contractor	Construction	5,000.0	7,500.0	10,000.0	CAPITAL	Full survey prior to construction	UHB	Open	0.00	7,500.00			
26	Insect Infestation in the roof	3	3	9	UHB	Construction	5,000.0	15,000.0	25,000.0	CAPITAL		UHB	Open	0.00	15,000.00	Review during construction when close surveys can be undertaken		
27	Structural cracks in window areas/ arches (internal)	3	3	9	UHB	Design	5,000.0	10,000.0	15,000.0	CAPITAL	further detailed visual examination after construction	UHB	Open	0.00	10,000.00			
28	BREEAM - Achieving Good rating	3	3	9	UHB	Design	10,000.0	20,000.0	30,000.0	CAPITAL	BREEAM assessor appointed	UHB	Open	0.00	20,000.00			
							351,500											
												0		361,500				
												361,500.00		Total Quantified Risk allowance				

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APPENDIX 11 –

Gateway RPA Stage 1 Form

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Llywodraeth Cymru
Welsh Government

Welsh Government

GATEWAY REVIEW PROCESS

**RISK POTENTIAL ASSESSMENT
STAGE 1**

(RPA1 – FORM)

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INTRODUCTION

The WG Risk Potential Assessment form part 1, (RPA1) is designed to provide a standard set of high-level criteria for assessing the initial risk potential of a programme/project in a strategic context.

The RPA1 is based on the 2009 OGC RPA form (part A), but utilises criteria for determining risk potential of WG-specific programmes/projects.

The RPA1 has two purposes: (a) for identifying potential risk of all programmes/projects across WG for use by the Integrated Assurance Hub, and (b) for determining the most applicable assurance method for a programme/project.

The overall RPA assessment process is an indicator of risk potential and is not an exhaustive risk analysis model. However, it can be the starting point for a more exhaustive risk assessment of a programme/project. The RPA enables a conversation to be had about the risks and responsibilities that the SRO has for delivery and that the programme/project has in respect of visibility, reporting and assurance in a wider portfolio management context. The RPA can also help the programme/project to identify areas where specific skills sets, commensurate with the level of complexity, may be required.

Gateway reviews are now mandatory for all mission critical and high value programmes/projects within WG. In order to determine the applicability of a Gateway review, the RPA1 must be completed by all programmes/projects at key decision points in their lifecycles (if you need additional guidance on completion of the RPA1 please contact the Integrated Assurance Hub via the Programmes and Projects mailbox Programmes&Projects@wales.gov.uk

Completed forms must be sent for assessment via the Programmes and Projects mailbox Programmes&Projects@wales.gov.uk

HOW TO COMPLETE THIS FORM

The OGC Gateway process is applicable to a wide range of programmes/projects including policy driven, business or organisation, property/construction, ICT enabled or procurement/acquisition change initiatives. The RPA process should be completed as early in the life of a programme/project as possible - irrespective of its type - and should be reviewed and updated prior to undertaking all subsequent OGC Gateway Reviews.

The RPA1 is the first risk step in the Gateway review risk potential assessment process, and requires the Senior Responsible Owner (SRO) supported by the programme/project manager, to consider the programme/project through a strategic assessment of the potential Consequential Impact, should the programme/project fail to deliver its

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objectives or outcomes.

The RPA1 is made up of a series of short assessments, which will determine the basic risk rating of the programme/project. These assessments are made using the knowledge and judgement of the SRO and programme/project team and should be considered in the light of a programme/project's strategic context. The majority of answers require the appropriate box to be checked, however, where applicable a short explanatory note of the reasoning for each mark is also required to provide further detail for the Gateway team and an audit trail of the considerations.

The completed RPA1 will be assessed by the Integrated Assurance Hub and where programmes/projects have been primarily assessed as medium risk, high risk or mission critical then completion of a further Complexity Assessment (**RPA2**) is required.

Where programmes/projects have been primarily assessed as low risk, the Gateway Portfolio Leader will advise the SRO of the outcome and offer an alternative form of assurance if required.

In all instances the Portfolio Leader must independently validate the RPA1 and be satisfied that it fairly reflects the programme/project's strategic profile within the WG change portfolio. If the RPA1 is deemed to be inaccurate then a discussion with the SRO will be held to reach a consensus.

If you have further questions about the use or completion of the RPA1, please contact the Integrated Assurance Hub via the Programmes and Projects mailbox Programmes&Projects@wales.ssi.gov.uk

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PART 1: For completion by the SRO

SECTION A: PROGRAMME / PROJECT DETAILS	
Programme/Project Name	To provide appropriate accommodation for the Community Mental Health Services to meet the locality model of service delivery
SRO Name	Abigail Harris, Executive Director of Planning, Cardiff & Vale UHB
SRO Contact Details	Abigail.harris@wales.nhs.uk 029 2074 3884 Cardiff and Vale University Health Board, Headquarters Building, University Hospital of Wales, Heath Park, Cardiff CF14 4XW
Department/Division	Strategy and Planning
Programme/Project Type	<input type="checkbox"/> Policy <input type="checkbox"/> Legislation <input type="checkbox"/> ICT <input type="checkbox"/> Business change <input checked="" type="checkbox"/> Infrastructure <input type="checkbox"/> Construction <input type="checkbox"/> Capital <input type="checkbox"/> Other Please specify below: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Remodelling of existing facilities</div>
<p>Please provide a brief overview of the programme/project: Vacation of the Global Link Building prior to the end of its current lease, vacating and demolishing of the Links Building at CRI, vacating houses 54/56 at CRI and providing appropriate accommodation for the Community Mental Health Service to meet the locality model of service delivery, including creating a hub at CRI in line with the requirements of SOFW.</p>	

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SECTION B: ORGANISATIONAL COMMITMENTS

Does the programme/project satisfy a ministerial commitment?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please state who is the responsible minister(s)	Cabinet Secretary for Health, Wellbeing and Sport
Does the programme/project cut across ministerial portfolios?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please state which portfolios	<ul style="list-style-type: none"> • Cabinet Secretary for Local Government and Public Services • Minister for Children, Older People and Social Care
Does the programme/project satisfy a major policy commitment?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If YES, which policy?	<input type="checkbox"/> One Wales <input type="checkbox"/> Delivering Beyond Boundaries <input type="checkbox"/> Making the Connections <input checked="" type="checkbox"/> Other (Please specify below:) <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <ul style="list-style-type: none"> • <i>Taking Wales Forward 2016 – 2021</i> • <i>Prudent Healthcare (2016)</i> • <i>Health and Care Standards (April 2015)</i> • <i>Together for Mental Health – A Strategy for Mental Health and Wellbeing in Wales (2015)</i> • <i>Together for Mental Health: Delivery plan: 2016-19</i> • <i>WAG,(2010) The Role of Community Mental Health Teams in Delivering Community Mental Health Services – interim Policy Implementation Guidance and Standards</i> • <i>Working Together to Reduce Harm: The Substance Misuse Strategy for Wales (2008-18)</i> </div>
Does the programme/project satisfy a legislative requirement?	<input checked="" type="checkbox"/> YES

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	<input type="checkbox"/> NO
If YES, please clarify:	<p>Explanatory Note:</p> <ul style="list-style-type: none"> • Legislation and statutory compliance in relation to H&S, Fire Regulations and environmental standards. Equality and disability Legislation. HBN's and HTN's where applicable and appropriate. Planning and building legislation and licensing. Ecological guidance and legislation. • Wellbeing of Future Generations (Wales) Act 2015 – working collaboratively with partners to deliver services which progress our shared goals, particularly creating communities that are healthier, resilient, cohesive and safe • Social Services and Wellbeing (Wales) Act (2014) – working with partners to ensure the wellbeing and safeguarding of residents

SECTION C: PROGRAMME / PROJECT BUDGET

How much is the projected budget for the programme/project?

N.B. when completing this part of the form, please take into account the whole-life costs of the programme/project (as defined by HM Treasury Green Book)

Up to £50k	£50k - £250K	£250K - £1m	£1m - £5m	£5m and above
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	✓

How long is the programme/project expected to run?

Up to 1 yr	Up to 2 yrs	Up to 3 yrs	Up to 4 yrs	Up to 5 yrs	Unknown
✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is funding secured and in place for the entire lifecycle of the programme/project?

YES
✓ NO

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If NO, what is the deficit?	<p>£5.133m</p> <p>Explanatory Note:</p> <p>Awaiting Business Case approval from Welsh Government for funding from the All Wales Capital Programme</p>
Does the programme/project receive external funding?	<p>✓ Centrally Retained Capital</p> <p><input type="checkbox"/> Grants</p> <p><input type="checkbox"/> Enabling Government Portfolio</p> <p><input type="checkbox"/> Other (Please specify below:)</p>

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SECTION D: STAFF IMPACT

<p>Is the programme/project concerned with business, operational or ICT-enabled change?</p>	<p><input type="checkbox"/> YES</p> <p>✓ NO</p>												
<p>If YES please provide additional information:</p>	<p>Explanatory Note:</p> <div style="border: 1px solid black; height: 80px;"></div>												
<p>How many staff within the organisation will be affected by the programme/project?</p>													
<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 16.6%;">1-100</td> <td style="width: 16.6%;">100-250</td> <td style="width: 16.6%;">250-500</td> <td style="width: 16.6%;">500-1,000</td> <td style="width: 16.6%;">1,000 +</td> <td style="width: 16.6%;">All staff</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>✓</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		1-100	100-250	250-500	500-1,000	1,000 +	All staff	<input type="checkbox"/>	<input type="checkbox"/>	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-100	100-250	250-500	500-1,000	1,000 +	All staff								
<input type="checkbox"/>	<input type="checkbox"/>	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<p>Does the programme/project involve the physical movement of staff?</p>	<p>✓ YES</p> <p><input type="checkbox"/> NO</p>												
<p>If YES how many staff (approx)?</p>	<p>Staff nos. Less than 100 Explanatory Note:</p> <div style="border: 1px solid black; padding: 5px;"> <p>131 staff from Global Link to Woodland House</p> <p>23 LAC and Child Psychology staff from Global Link to St Davids</p> <p>90 Psychology, SHED/ESOTT and Perinatal staff from Global Link to CRI</p> <p>15 School Nurses from Global Link to Western Services Building</p> <p>12 District Nurses from St David's to Western Services Building</p> </div>												
<p>Will there be any training requirements involved in the final delivery of the programme/project output(s)?</p>	<p><input type="checkbox"/> YES</p> <p>✓ NO</p>												
<p>If YES please provide more detail:</p>	<p>Explanatory Note:</p> <div style="border: 1px solid black; height: 50px;"></div>												

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SECTION E: PROGRAMME/PROJECT DEPENDENCIES

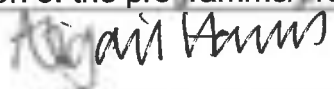
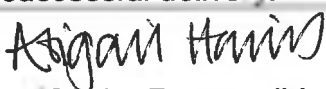
<p>Is the programme/project dependant upon the delivery of another programme/project to meet its objectives?</p>	<p>YES <input checked="" type="checkbox"/> NO</p>
<p>If YES please clarify:</p>	<p>Explanatory Note: <input type="text"/></p>
<p>Is there another programme/project within the organisation that is dependant on this programme/project delivering to time and cost?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>If YES please clarify:</p>	<p>Explanatory Note: The development of Houses 54 and 56 to provide SARC services</p>
<p>Has a scoping exercise been undertaken to ensure that there is no duplication of work in any other part of the organisation?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Does the programme/project have external stakeholders?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Have all key stakeholders been identified and engaged?</p>	<p><input checked="" type="checkbox"/> YES – all key stakeholders identified and engaged <input type="checkbox"/> Most stakeholders identified and engaged <input type="checkbox"/> Some stakeholders identified but no engagement to date <input type="checkbox"/> Stakeholders not yet identified</p>

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SECTION F: SECURITY

Has Privacy Impact Assessment (PIA) screening been undertaken?	<input type="checkbox"/> YES NO N/A
If NO please complete the PIA screening tool: https://documents.hf.wales.nsi.gov.uk/xclient/id:A1015704 .	
Does screening indicate that a formal PIA assessment is required?	<input type="checkbox"/> YES NO
If YES, has the PIA been undertaken?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please supply the following documentary evidence: <ul style="list-style-type: none">• Copy of completed PIA screening tool• Copy of PIA report (where formal PIA undertaken)	

Section G: SRO ENDORSEMENT

I am satisfied that the initial Risk Potential Assessment provides an accurate reflection of the programme/project at this stage of development.	
Signed  (Senior Responsible Owner)	Date 8/1/2020
I will re-assess the programme/project if there is a significant change to the programme/project scope or budget or if significant changes emerge that may threaten successful delivery.	
Signed  (Senior Responsible Owner)	Date 8/1/2020

Once signed, please send a copy of this form to the Programmes&Projects@wales.nsi.gov.uk for assessment.

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This section is for completion by the Gateway Portfolio Leader.

SECTION H: ASSESSMENT BY GATEWAY PORTFOLIO LEADER	
I am satisfied that the SRO's assessment of the programme/project, as recorded above, is an accurate reflection of the programme/project's risk potential at this stage of development.	
Signed (Gateway Portfolio Leader)	Date
Based on the information provided, the risk potential of this programme/project is assessed as:	<input type="checkbox"/> Mission Critical <input type="checkbox"/> High Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> Low Risk
Does the programme/project require a Gateway review?	<input type="checkbox"/> YES <input type="checkbox"/> RPA2 required for validation <input type="checkbox"/> NO
Is further information required?	<input type="checkbox"/> YES <input type="checkbox"/> NO

FILING / RECORDING ARRANGEMENTS
Retain a copy of this completed and signed form with the official record for the programme or project. <input type="checkbox"/>
If this assessment relates to a grant-funded project, a copy of this form must be sent to the Grants team. <input type="checkbox"/> sent date:
If this assessment relates to a CRC-funded project, a copy of this form must be sent to the CRC team. <input type="checkbox"/> sent date:
If this assessment relates to an Enabling Government-funded project, a copy of this form must be sent to the Enabling Government team. <input type="checkbox"/> sent date:
If this assessment relates to an ICT programme/project, a copy of this form must be sent to the ICT team. <input type="checkbox"/> sent date:

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APPENDIX 12 –

Equality and Health Impact Assessment

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Equality & Health Impact Assessment for

Business Justification Case for the Reconfiguration of Community Mental Health Services

Introduction and Aim

The Business Justification Case (BJC) presents a proposal to enable the reconfiguration of community mental health provision in order to both create appropriate locations for team bases and to rationalise the estate. In particular, it is imperative that the Health Board either vacate the Global Link building or make the decision to purchase prior to the lease ending on 10th November 2019.

1	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Business Justification Case for the Reconfiguration of Community Mental Health Services
2	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	The Senior Responsible Owner (SRO) for this development is: Abigail Harris, Executive Director of Planning Cardiff and Vale UHB Headquarters University Hospital of Wales (UHW) Heath Park Cardiff CF14 4XW

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<p>3 Objectives of strategy/ policy/ plan/ procedure/ service</p>	<p>To provide wider fit for purpose primary and social care facilities in support of the Cardiff and Vale University Health Board's (CVUHB) vision for primary care and community services outlined within the 'Shaping Our Future Wellbeing Strategy' (SOFW).</p> <p>Objectives for the project include:</p> <ul style="list-style-type: none"> • Providing a clinical environment that meets both statutory standards and best practice guidance and is both safe and effective with improved functional suitability including separation of flows where required • Sustainability) Improved health outcomes for clients through the centralisation of staff with appropriate skills to allow an increase in expertise to offer increased range of interventions • appropriate response within a timely manner • Ensuring services have separate entrances as required to maintain safety and confidentiality and minimise risk • Providing a safe and discreet environment for clients away from incompatible services, whilst maintaining links with appropriate services • Ensuring the solution is strategically aligned with the Health Board, local health economy and Welsh Government plans • makes optimum use of human, capital and estate resources • service model and physical configuration that meets current and predicted future demand and as far as reasonably practicable to ensure that it is sufficiently flexible to respond to future clinical changes (adaption to alternative uses) <p>The location of the CRI site in Central/South Eastern Cardiff comprise some of Wales' most deprived communities and these developments at CRI represents a shared commitment to strengthen local services to meet health and social care needs.</p>
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<p>4 Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages • Cluster and GP Practice Plans <p>Population pyramids are available from Public Health Wales Observatory and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p> <p>Further information is available at: http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face</p>	<p>Under the Equality Act 2010 the Health Board has a legal duty to pay due regard to duties to eliminate discrimination, advance equality and foster good relations between those who share protected characteristics and those who do not.</p> <p>This means taking into account the needs of people from different groups within the population who might be affected by the proposals. The Health Board must take reasonable and proportionate steps wherever possible to eliminate or mitigate any identified potential or actual negative impact or disadvantage. Developing a major trauma network also gives the opportunity to identify and enhance any potential positive impact on protected groups. The Equality Act 2010 gives people protection from discrimination in relation to "protected characteristics"</p> <p>The Health Board also has a responsibility to carers under the legislation.</p> <p>The Human Rights Act 1998 places a positive duty to promote and protect rights for all. In Wales, there is a responsibility to comply with the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards (No. 7) Regulations 2018 in terms of seek views on, the effects (whether positive or adverse) that the policy decision under consideration would have on (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language.</p> <p>Further the Health Board needs to adhere to the All Wales Sensory Loss Standards for Accessible Communication and Information for</p>
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People with Sensory Loss and will take all their legal duties into consideration when making decisions around this proposal

The Health Board recognise that consideration of the needs of protected groups helps to develop and deliver cost-effective services and person-centred care, ensuring that people are treated fairly and equitably.

EHIA is an ongoing process running throughout the course of the decision making process, from the start through to implementation and review. It requires consideration of how the development of the proposal may affect a range of people in different ways

It is worth specifically mentioning that under the Equality Act 2010 there is a duty to make reasonable adjustments for people with disabilities and deliver appropriate service provision. The Act also helps to ensure that people with disabilities are protected against discrimination.

The Health Board has been gathering evidence to inform the assessment of the potential impact of the proposed establishment on patients, families and carers, staff, and other stakeholders and are looking at a range of national research evidence and engagement with key stakeholders has helped in considering the potential impact. In particular, the Health Board are aware that many people who share certain protected characteristics such as disability, older age, younger people and some minority ethnic groups also face social and or economic disadvantage.

While socio-economic status is not a protected characteristic under the Equality Act 2010, there is a strong correlation between the protected characteristics and low socio-economic status, demonstrated by the findings of numerous research studies.

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	<p>The report Transport and Social Exclusion: Making the Connections (Social Exclusion Unit, 2003) highlighted the current challenges faced by socially excluded groups in accessing health and other services. They found people who are socially excluded are more likely to experience a number of factors that in themselves have a negative impact on gaining access to health services. These may include low income, disability and age, coupled with poor transport provision or services sited in inaccessible locations. It also found that the location of health services and the provision of transport to health services can reinforce social exclusion and disproportionately affect already excluded groups.</p> <p>Looking at socio-economic disadvantage goes some way to showing due regard to equality considerations. There will also be other distinct areas that are not driven by socio-economic factors but which relate directly to people with different protected characteristics.</p>
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<p>5 Who will be affected by the strategy/ policy/ plan/ procedure/ service</p>	<p>The patients, family and carers of the following services: Psychology – including:</p> <ul style="list-style-type: none"> • Adult and older people • Veterans' NHS Wales • Therapies Hub • OCD Service <p>Primary Care Counselling Service Complex Care and Commissioning Primary Mental Health Support Services Eating Disorders (SHED/ESOTT) Perinatal Care Child Psychology Looked After Children (LAC) School Nurses Community Mental Health Teams (CMHT) Needle Exchange Service (NEX) (part of CADT) Dispensing and Treatment Team (DATT) (part of CADT)</p>
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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
<p>6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>Potential Positive impact:</p> <ul style="list-style-type: none"> Patients treated in a high quality environment, which is welcoming and conducive their care and recovery, with an improved environment which meets Standard of Care Guidelines Improved access to Community Mental Health Teams <p>Potential negatives impact:</p> <ul style="list-style-type: none"> Time required to support patients to understand the relocation of services 	<p>Development and implementation of the Building and Engineering Service Standards List at Appendix A</p> <p>Develop local patient engagement programmes</p>	<p>Capital, Estates and Facilities to ensure design, installation and commissioning of all capital schemes comply with all necessary Legislation and Guidelines including the provision of operational services</p> <p>Patient Experience Team</p>

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<p>Potential Positive impact:</p> <ul style="list-style-type: none"> Patients treated in a high quality environment, which is welcoming and conducive their care and recovery, with an improved environment which meets Standard of Care Guidelines Improved access to Community Mental Health Teams <p>Potential negatives impact:</p> <ul style="list-style-type: none"> Time required to support patients to understand the relocation of services 	<p>Development and implementation of the Building and Engineering Service Standards List at Appendix A</p> <p>Develop local patient engagement programmes</p>	<p>Capital, Estates and Facilities to ensure design, installation and commissioning of all capital schemes comply with all necessary Legislation and Guidelines including the provision of operational services</p> <p>Patient Experience Team</p>

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
<p>6.4 People who are married or who have a civil partner.</p>	<p>Potential Positive impact:</p> <ul style="list-style-type: none"> • Patients treated in a high quality environment, which is welcoming and conducive their care and recovery, with an improved environment which meets Standard of Care Guidelines • Improved access to Community Mental Health Teams <p>Potential negatives impact:</p> <ul style="list-style-type: none"> • Time required to support patients to understand the relocation of services 	<p>Development and implementation of the Building and Engineering Service Standards List at Appendix A</p> <p>Develop local patient engagement programmes</p>	<p>Capital, Estates and Facilities to ensure design, installation and commissioning of all capital schemes comply with all necessary Legislation and Guidelines including the provision of operational services</p> <p>Patient Experience Team</p>
<p>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p>Pregnant members of staff will be subject to the UHB risk assessment process and will be moved to non-clinical areas if necessary</p>		<p>Design of facilities will comply with equality implications and other relevant standards and guidelines</p>

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p>	<p>Potential Positive impact:</p> <ul style="list-style-type: none"> • Patients treated in a high quality environment, which is welcoming and conducive their care and recovery, with an improved environment which meets Standard of Care Guidelines • Improved access to Community Mental Health Teams <p>Potential negatives impact:</p> <ul style="list-style-type: none"> • Time required to support patients to understand the relocation of services 	<p>Development and implementation of the Building and Engineering Service Standards List at Appendix A</p> <p>Develop local patient engagement programmes</p>	<p>Capital, Estates and Facilities to ensure design, installation and commissioning of all capital schemes comply with all necessary Legislation and Guidelines including the provision of operational services</p> <p>Patient Experience Team</p>

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How will the strategy, policy, plan, procedure and/or service impact on:	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
<p>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p>Potential Positive impact</p> <ul style="list-style-type: none"> • Improved staff access to appropriate communication methods that facilitate engagement with non-English speaking patients • IT supports patient engagement and communication 	<ul style="list-style-type: none"> • Translation services to be available as required by the Welsh Language Standards • All public documents available in Welsh • Develop IT support /social media programmes in Welsh • Employ Welsh speaking staff • Develop local patient engagement programmes in Welsh • Promote the availability of Welsh speaking staff 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> • Strategy & Service Planning Team • Clinical Boards • UHB IM&T Team • Workforce and Organisational Development • Patient Experience Team

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7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>Potential positive impacts:</p> <ul style="list-style-type: none"> • Facilities being available in an area of community need • Buildings can be accessed by walking, cycling and public transport <p>Potential negative impacts: None</p>	<p>Development and implementation of the Building and Engineering Service Standards List at Appendix A</p>	<p>Action to be taken by: Capital and Estates Team Public Health Team</p>

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>	<p>Potential Positive impact:</p> <ul style="list-style-type: none"> Improved access to services at the point of need whilst promoting estate rationalisation and maximum utilisation Better facilities to promote health and wellbeing focussed on the needs of the client group <p>Potential negatives impact:</p> <ul style="list-style-type: none"> none 	<p>Development and implementation of the Building and Engineering Service Standards List at Appendix A</p>	<p>Action to be taken by: Capital and Estates Team Public Health Team</p>

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>If vacancies arise the recruitment of staff, will be in accordance with Health Board recruitment policies</p>	<p>Employment of local people to reflect demographic population as far as possible given the specialist nature of the service</p>	<p>Action to be taken by: Workforce and Organisational Development</p>

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	<p>Potential Positive impact:</p> <ul style="list-style-type: none"> • New design of services and buildings to promote easier access • DDA compliance of facilities with natural light and consideration for sensory loss • Location of facilities for wider community services <p>Potential negative impacts: None</p>	<p>Development and implementation of the Building and Engineering Service Standards List at Appendix A</p>	<p>Action to be taken by: Capital and Estates Team Public Health Team</p>

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>Potential Positive impact:</p> <ul style="list-style-type: none"> Promote sense of belonging due to location within communities <p>Potential negatives impact:</p> <ul style="list-style-type: none"> none 	<p>Implementation of community engagement approaches</p>	<p>Action to be taken by:</p> <p>Patient Experience Team</p>
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>Potential Positive impact:</p> <ul style="list-style-type: none"> Deliver UHB and WG policies Contribute to meeting the Well-being Objectives <p>Potential negative impacts:</p> <p>None</p>	<p>Continued to use the Wellbeing of Future Generations Act's 5 Ways of Working and the A Healthier Wales: Our Plan for Health and Social Care quadruple aim in planning and delivering service models</p>	<p>Action to be taken by:</p> <p>Mental Health Clinical Board Service Team Leaders</p>

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Please answer question 8.1 following the completion of the EHIA and complete the action plan

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>Summary of Analysis</p> <p>The impact of the project should have a positive impact on all of the protected characteristics.</p> <p>The implementation of the preferred option will deliver the following key benefits:</p> <ul style="list-style-type: none">• Patients treated in a high quality environment• Improved access to Community Mental Health Teams• Improved staff access to appropriate communication methods that facilitate engagement with non-English speaking patients• IT supports patient engagement and communication• Facilities being available in an area of community need• Improved access to services at the point of need whilst promoting estate rationalisation and maximum utilisation• Better facilities to promote health and wellbeing focussed on the needs of the client group• New design of services and buildings to promote easier access• DDA compliance of facilities with natural light and consideration for sensory loss• Location of facilities for wider community services• Promote sense of belonging due to location within communities• Contribute to meeting the Well-being Objectives <p>Potential negative impact:</p> <ul style="list-style-type: none">• Time required to support patients to understand the service relocations
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	Development and implementation of the Building and Engineering Service Standards List at Appendix A			Capital and Estates Team Public Health Team
	Develop local patient engagement programmes			Patient Experience Team
	Translation services to be available as required by the Welsh Language Standards			Strategy & Service Planning Team Clinical Boards UHB IM&T Team Workforce and Organisational Development Patient Experience Team
	All public documents available in Welsh			Strategy & Service Planning Team Clinical Boards UHB IM&T Team Workforce and Organisational Development Patient Experience Team

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
	Develop IT support /social media programmes in Welsh			Strategy & Service Planning Team Clinical Boards UHB IM&T Team Workforce and Organisational Development Patient Experience Team
	Employ Welsh speaking staff			Strategy & Service Planning Team Clinical Boards UHB IM&T Team Workforce and Organisational Development Patient Experience Team
	Develop local patient engagement programmes in Welsh			Strategy & Service Planning Team Clinical Boards UHB IM&T Team Workforce and Organisational Development Patient Experience Team

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
	Promote the availability of Welsh speaking staff			Strategy & Service Planning Team Clinical Boards UHB IM&T Team Workforce and Organisational Development Patient Experience Team
	Employment of local people to reflect demographic population as far as possible given the specialist nature of the service			Workforce and Organisational Development
	Implementation of community engagement approaches			Patient Experience Team
	Continued to use the Wellbeing of Future Generations Act's 5 Ways of Working and the A Healthier Wales: Our Plan for Health and Social Care quadruple aim in planning and delivering service models			Mental Health Clinical Board Service Team Leaders

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	<p>As there has been potentially very limited negative impacts identified and the consultation and engagement activity will be comprehensive it is unnecessary to undertake a more detailed assessment.</p>			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:- Decide whether the strategy, policy, plan, procedure and/or service proposal:</p> <ul style="list-style-type: none"> continues unchanged as there are no significant negative impacts adjusts to account for the negative impacts continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) stops. <p>Have your strategy, policy, plan, procedure and/or service proposal approved Publish your report of this impact assessment</p> <p>Monitor and review</p>	<p>On reviewing this delivery strategy positive changes have been made. The EHIA has been consulted upon.</p> <p>The project will continue, enhanced by the actions identified within the EHIA</p> <p>The EHIA will be published on the intranet and internet once approved.</p> <p>This EHIA will be reviewed three years after approval unless changes to legislation or best practice determine that an earlier review is required</p>			

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EQUALITY & HEALTH IMPACT ASSESSMENT
BUILDING AND ENGINEERING SERVICES STANDARDS INCLUDING EQUALITY & HEALTH IMPLICATIONS 2018

This checklist is based on current guidelines and standards, on the requirement to undertake health impact assessments of all new NHS buildings and major refurbishments and anticipates the expectations of the Public Health (Wales) Act 2017 that includes the requirement to undertake health impact assessments for key decisions

Specific Engineering/ Compliance Topic	Type of Standard	Equality & Health Impact to be considered
Fire Safety	Statutory	The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list <ul style="list-style-type: none"> • Sensory Loss (signs, emergency lighting, access and egress etc.) • Age related equality issues (signs, access and egress etc.) • Gender related equality issues • Dementia Care and Mental Health (access and egress etc.) • Welsh Language/pictorial (signage etc.) • Evacuation strategies (signage, access, egress and communication strategies) • Training
Water Safety	Statutory	The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list

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Specific Engineering/ Compliance Topic	Type of Standard	Equality & Health Impact to be considered
		<ul style="list-style-type: none"> • Sensory loss (temperature related issues, scalding, signage etc.) • Age related equality issues (signage, selection of taps, sanitary ware etc.) • Gender related equality issues • Dementia Care and Mental Health (signage, selection of taps, sanitary ware etc.) • Welsh Language/pictorial (signage etc.) • Faith/Religion related equality issues • Training
Asbestos Management	Statutory	<p>The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list</p> <ul style="list-style-type: none"> • Sensory Loss (signs, precautions, access to asbestos database etc.) • Age related equality issues (signage, access to asbestos database etc.) • Gender related equality issues • Dementia Care and Mental Health (signage etc.) • Welsh Language/pictorial (signage etc.) • Training
Control of Contractors	Statutory	<p>The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list</p> <ul style="list-style-type: none"> • Care of equality management with contractors including the following equality issues, age, sensory loss, age, gender, faith/religion etc.
Medical Gases	Statutory	<p>The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list</p> <ul style="list-style-type: none"> • Sensory Loss (signs, emergency procedures etc.) • Training

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Specific Engineering/ Compliance Topic	Type of Standard	Equality & Health Impact to be considered
Ventilation	Statutory	The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list <ul style="list-style-type: none"> • Sensory Loss (signs, emergency procedures etc.) • Training
High and Low Voltage Electricity	Statutory	The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list <ul style="list-style-type: none"> • Sensory Loss (signs, emergency procedures etc.) • Training
Environmental Management	Statutory	The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list <ul style="list-style-type: none"> • Sensory Loss (signs, emergency procedures etc.) • Training
Energy and Water Management	Statutory	The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list <ul style="list-style-type: none"> • Sensory Loss (signs, emergency procedures etc.) • Training
Building Regulations, Design Standards and HTM's, HBN's	Statutory	The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list <ul style="list-style-type: none"> • All as above dependent on specific standard e.g. Fire Safety, Water Safety • Under the Equality Act, architects and designers will ensure that Capital schemes meet the necessary equality standards e.g. positioning of stairs, hearing loops, use of colour, height of reception desks, entry systems, width of doorways, play areas, pictorial /multi-lingual /universal

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Specific Engineering/ Compliance Topic	Type of Standard	Equality & Health Impact to be considered
		<p>signage, toilet/changing facilities, dementia friendly services and facilities, child friendly services and facilities</p> <ul style="list-style-type: none"> • Any new development or refurbishment shall include consultation with latest relevant standards and guidelines e.g. Public Health Guidance documentation including Planning Healthy- Weight Environments (available at https://www.tcpa.org.uk/healthy-environments) and Cardiff Council Planning for Health and Well-being Supplementary Planning Guidance (available at https://www.cardiff.gov.uk/ENG/resident/Planning/Planning-Policy/Supplementary-Planning-Guidance/Pages/Supplementary-Planning-Guidance.aspx)
Capital Design Team /Project Boards		<p>In addition to the above regulatory statutory standards detailed in Building Regulations, Design Standards and HTM's, HBN's, the following issues should be considered and reviewed:</p> <ul style="list-style-type: none"> • Develop infrastructure that promotes walking and cycling including <ul style="list-style-type: none"> ○ Wide footpaths ○ Clear signage ○ Routes that connect buildings and other local services • Promote walking and cycling through <ul style="list-style-type: none"> ○ Reducing traffic speed on all sites to 20mph ○ Providing good public transport links ○ Developing clear walking routes ○ Implementing travel plans • Provide access to green and blue spaces at all major /large facilities including <ul style="list-style-type: none"> ○ The Orchard at UHL ○ Open spaces at UHW ○ Links to Heath Park from UHW • Increase access to and improve choice within the local food retail and growing environment <ul style="list-style-type: none"> ○ Provide a healthy food offer to patients, staff, visitors and customers ○ Influence food procurement policies to ensure that a healthy food offer is implemented

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Specific Engineering/ Compliance Topic	Type of Standard	Equality & Health Impact to be considered
		<ul style="list-style-type: none"> ○ Influence the provision of the food retail environment to ensure that the majority of the food offered is healthy ○ Avoid the over-concentration of hot-food takeaways ○ Provide community food growing spaces ● Ensure buildings are designed that <ul style="list-style-type: none"> ○ Promote stair use as opposed to lifts ○ Use colour to enhance signage ○ Reduce suicide harm through restricting access to the means of suicide ○ Reduce the potential for slips or falls ● Provide quiet, private spaces for discussion, reflection or contemplation ● Work in partnership with specialist organisations (e.g. RNIB, Action on Hearing Loss, transgender groups) ● Any new build or refurbishment shall include consultation with latest relevant standards and guidelines e.g. Public Health Guidance documentation including Planning Healthy- Weight Environments (available at https://www.tcpa.org.uk/healthy-environments) and Cardiff Council Planning for Health and Well-being Supplementary Planning Guidance (available at https://www.cardiff.gov.uk/ENG/resident/Planning/Planning-Policy/Supplementary-Planning-Guidance/Pages/Supplementary-Planning-Guidance.aspx)

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Report Title:	Finance Report for the Period Ended 31 th December 2019				
Meeting:	Finance Committee			Meeting Date:	January 29 th 2020
Status:	For Discussion	x	For Assurance	x	For Approval
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Deputy Director of Finance				

Background and current situation:

The Health Board agreed and submitted its 2019/20 – 2021/22 IMTP to Welsh Government by the end of January 2019 for its consideration. Approval of this plan was received from Welsh Government in March 2019. The financial plan aims to deliver a break even position for each year during the period of the plan. The financial plan for 2019/20 requires the delivery of a £31.245m savings target.

A summary of this plan is provided in Table 1.

Table 1: 2019/20 IMTP

	Approved IMTP £m
b/f underlying deficit	(36.3)
Net Allocation Uplift (inc LTA inflation)	56.6
Cost Pressures	(47.6)
Investments	(4.0)
Recurrent Cost Improvement Plans	31.3
In Year Financial Plan	36.3
Planned Surplus/(Deficit) 2019/20	0.0

The actual and provisional performance against the 3 year break even duty on revenue is shown in Table 2 below.

Table 2: Performance against 3 year financial break even duty

	Actual / Forecast year end position surplus/(deficit) £m	Rolling 3 year break even duty surplus/(deficit) £m	Pass of fail financial duty
2014/15	(21.364)	n/a	n/a
2015/16	0.068	n/a	n/a
2016/17	(29.243)	(50.539)	Fail
2017/18	(26.853)	(56.028)	Fail
2018/19	(9.872)	(65.968)	Fail
2019/20	0.000	(36.725)	Fail

The three year break even duty came into effect in 2014/15 and the first measurement of it was

in 2016/17. The above table shows that the UHB breached its statutory financial duty in 2016/17, 2017/18 and 2018/19 and that the forecast balanced 2019/20 outturn position also results in a breach of financial duty at the end of 2019/20.

At month 9, the UHB is reporting an overspend of £1.220m against the 2019/20 financial plan which represents an improvement of £0.731m on the position reported at the end of November. The UHB has plans to recover the year to date deficit and deliver a break even position by the year end. This reported position is now back in line with the expected profile and the UHB is continuing to focus management attention to deliver a break even position by the year end.

A key risk identified last month was the £1.5m cost pressure associated with the Welsh Risk Pool. This has now been incorporated into the year end forecast and actions have been taken to manage overall expenditure within the resources available in order to deliver a break even position as planned.

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

Whilst the month 9 in month performance was good, the Health Board will still need to make reductions on its budget holder and corporate risk adjusted forecasts in order to deliver a break even position. Budget holders have been requested to seek further financial improvements and get to as good a position as possible so that the residual financial risk can be managed and the approved IMTP delivered. To support this the UHB has taken action to slow down discretionary pay and non pay expenditure.

Assurance is provided by the scrutiny of financial performance undertaken by the Finance Committee and the UHB's plans to recover the year to date deficit and deliver a break even position by the year end. These are reviewed on a monthly basis.

Assessment and Risk Implications

The Finance Dashboard outlined in Table 3 reports actual and forecast financial performance against key financial performance measures.

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Table 3: Finance Dashboard @ December 2019

		STATUS REPORT				
Measure	n	December 2019	RAG Rating	Latest Trend	Target	Time Period
Financial balance: remain within revenue resource limits	36	£1.220m deficit at month 9.	R		2019/20 Break-Even	M9 2019-20
Remain within capital resource limits.	37	Expenditure at the end of December was £26.994m against a plan of £28.008m.	G		Approved planned expenditure £54.287m	M9 2019-20
Reduction in Underlying deficit	36a	£7.5m shortfall against the recurrent savings plan target at month 9 (see below).	R		If 2019/20 plan achieved reduce underlying deficit to £4.0m	M9 2019-20
Delivery of recurrent £16.345m 2% devolved target	36b	£16.345m in year schemes identified at Month 9. £3m shortfall against recurrent schemes.	R		£16.345m	M9 2019-20
Delivery of £9.750m recurrent/non recurrent corporate target	36c	£9.750m in year schemes identified at month 9. £4.5m shortfall against recurrent schemes	R		£9.750m	M9 2019-20
Creditor payments compliance 30 day Non NHS	37a	Cumulative 96.7% in December	G		95% of invoices paid within 30 days	M9 2019-20
Remain within Cash Limit	37b	Forecast cash surplus of £0.677 m	G		To remain within Cash Limit	M9 2019-20
Maintain Positive Cash Balance	37c	Cash balance = £4.338m	G		To Maintain Positive Cash Balance	End of December 2019

Month 9 Cumulative Financial Position

Financial performance in month 9 has been a good. The UHB reported position at month 9 is a £1.220m cumulative adverse variance. This is an improvement of £0.731m on the £1.951m adverse position reported at month 8. This reflects the application of corporate opportunities within the month as previously profiled.

The UHB has plans to recover this year to date deficit and deliver a break even position by year end. The UHB's financial position improved again this month and is now back on profile. These plans include measures to manage the £1.5m liability that has arisen on the Welsh Risk Pool.

Performance against the forecast trajectory in order to achieve break-even has been updated in month to reflect the month 9 reported position and this is included in Appendix 6. This shows that the recovery in September, October, November and December is expected to continue over the remaining 3 months of the year resulting in a break even position at the end of March.

Table 4 analyses the operating variance between income, pay and non pay.

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Table 4: Summary Financial Position for the period ended 31st December 2019

Income/Pay/Non Pay	In Month			Cumulative Year to Date			Full Year		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Forecast £m	Variance (Fav)/Adv £m
Income	(120.627)	(120.542)	0.085	(1,072.856)	(1,073.381)	(0.525)	(1,472.229)	(1,472.229)	0.000
Pay	53.949	53.145	(0.804)	482.265	479.671	(2.593)	636.688	636.688	0.000
Non Pay	66.678	66.666	(0.012)	590.591	594.929	4.338	835.541	835.541	0.000
Variance to Plan £m	0.000	(0.731)	(0.731)	0.000	1.220	1.220	0.000	0.000	0.000

Income

The year to date and in month financial position for income is shown in Table 5.

Table 5: Income Variance @ December 2019

Income	In Month			Cumulative Year to Date		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Research & Development	(0.837)	(0.889)	(0.052)	(7.369)	(7.708)	(0.339)
Revenue Resource Limit	(80.344)	(80.344)	0.000	(716.871)	(716.871)	0.000
Accommodation & Catering	(0.365)	(0.345)	0.020	(3.360)	(3.219)	0.141
Education & Training	(3.262)	(3.222)	0.040	(29.309)	(29.266)	0.043
Injury Cost Recovery Scheme (CRU) Income	(0.180)	(0.232)	(0.052)	(1.624)	(1.887)	(0.263)
NHS Patient Related Income	(26.834)	(26.911)	(0.077)	(239.370)	(239.618)	(0.248)
Non Revenue Resource Limit	(1.609)	(1.610)	(0.000)	(14.485)	(14.486)	(0.000)
Other Operating Income	(7.078)	(6.879)	0.200	(59.592)	(59.308)	0.284
Overseas Patient Income	(0.007)	0.001	0.008	(0.066)	(0.138)	(0.071)
Private Patient Income	(0.109)	(0.113)	(0.003)	(0.808)	(0.880)	(0.072)
Total £m	(120.627)	(120.542)	0.085	(1,072.856)	(1,073.381)	(0.525)

A surplus of £0.525m is reported against income budgets. The main variances to note are:

- £0.200m adverse in month variance on other operating income where there has been a fall in cross border chargeable Level 3 critical care activity, a reduction in creche income and an under recovery of income against targets for the Radiopharmacy Unit and St Marys in month.
- £0.077m in month surplus on NHS patient related income where there has been an improvement in non-contracted Inpatient activity.
- £0.052m in month favourable variance on R & D income primarily due to the collection of income to support pharmacy and pathology input to studies.
- A £0.052m surplus in income in month from the Compensation Recovery Unit following a relatively high value of new claims.

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LTA Provider Performance

The UHB receives circa £300m income from its contracts with WHSSC, LHBs and other commissioners, in addition to non-contractual flows. In-month reporting reflects an estimate based on the prior month's activity, given the timeline for receipt of coded contract information.

There is a deterioration in the Month 9 LTA position with LHBs to reflect expected poor performance in December due to the Christmas annual leave where a £0.2m income reduction has been assumed. The overall provider position is a favourable cumulative variance of £0.214m. The LTA position with LHBs is underperforming, this is mainly driven by under delivery within Orthopaedics. This is offset by over performance on the WHSSC and non-welsh LTA's. The overall performance against plan at Month 9 is summarized in Table 6 below.

Table 6: Month 9 LTA Provider Position

Income - C&V Provider				(fav) / adv
	Annual Budget	YTD Profile	YTD Actual	YTD Variance
	£m	£m	£m	£m
WHSSC	(233.833)	(175.583)	(175.967)	(0.384)
Aneurin Bevan	(30.484)	(22.963)	(22.936)	0.027
Other LHBs	(40.569)	(30.582)	(30.207)	0.375
Non-Welsh	(3.649)	(3.297)	(3.529)	(0.232)
	(308.536)	(232.425)	(232.639)	(0.214)

Pay

In total pay budgets are showing a cumulative underspend of £2.593m as reported in Table 7.

Table 7: Analysis of pay expenditure by staff group @ December 2019

Pay	In Month			Cumulative Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Additional clinical services	2.062	2.047	(0.014)	18.299	18.102	(0.196)
Management, admin & clerical	6.469	6.374	(0.095)	57.629	57.241	(0.388)
Medical and Dental	13.818	13.515	(0.304)	122.082	121.087	(0.995)
Nursing (registered)	16.189	15.945	(0.244)	145.321	144.814	(0.507)
Nursing (unregistered)	4.120	4.409	0.289	37.676	40.619	2.943
Other staff groups	8.180	7.956	(0.224)	73.238	71.330	(1.909)
Scientific, prof & technical	3.111	2.898	(0.212)	28.019	26.478	(1.541)
Total £m	53.949	53.145	(0.804)	482.265	479.671	(2.593)

Total pay budgets are underspent by £2.593m at the end of December after an in month underspend of £0.804m. Pay expenditure in the month is extremely light and the improvement is thought to be partly due to a slow down over Christmas.

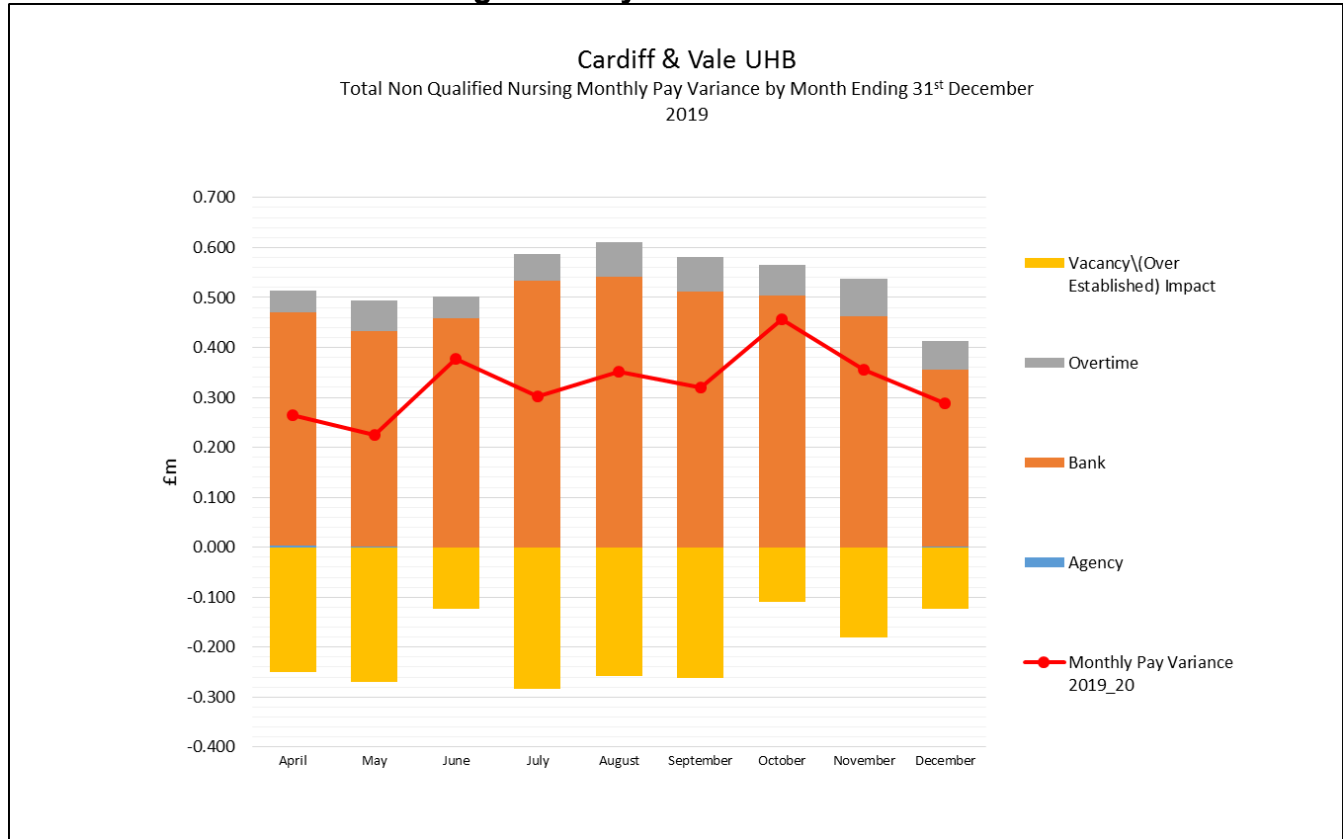
The continuing improvement in the rate of overspend against the nursing budget is due to a reduction in the reported level of both bank and agency expenditure in comparison to the trend established in the first eight months of the year.

The in month underspend on medical and dental primarily relates to a number of vacant posts

and reduction in the cost of additional radiology sessions provided in month.

The underspend against management, admin and clerical and other staff groups is in part due to vacancy management in support of cost pressures.

Table 8 – Non Qualified Nursing Staff Pay Variance

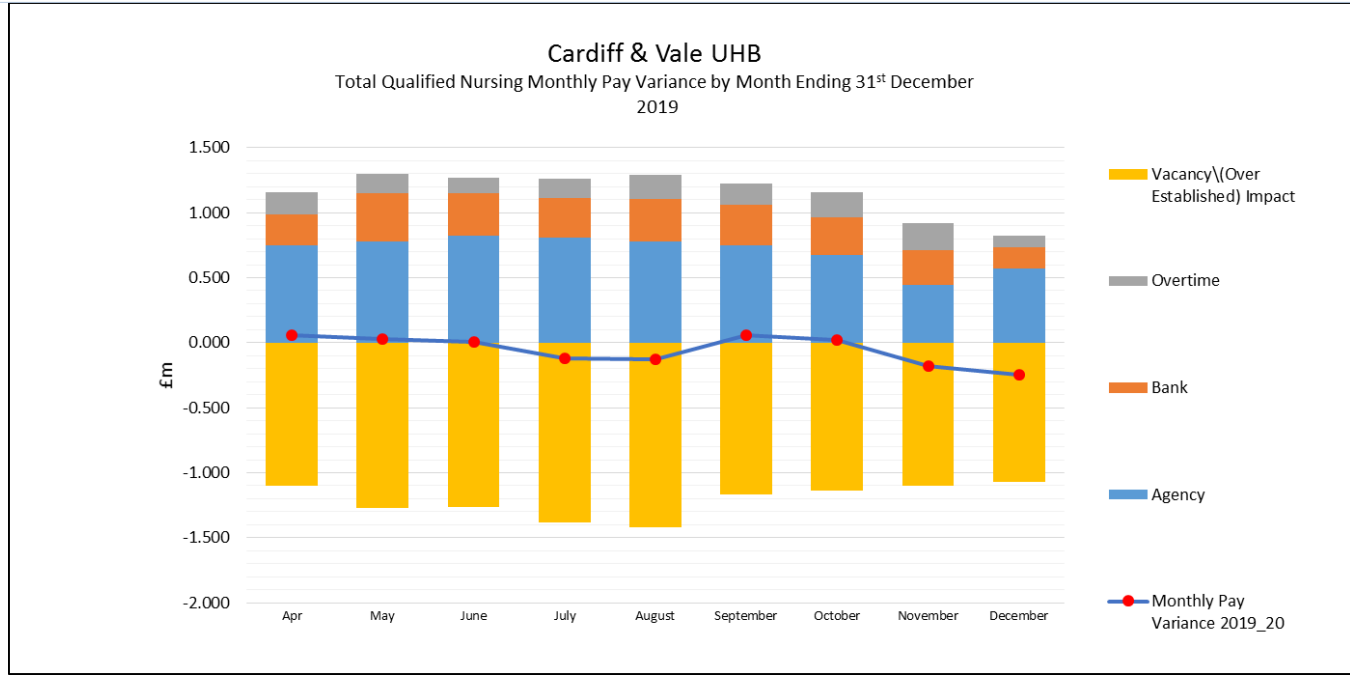


Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.001	0.003
Bank	0.355	4.267
Overtime	0.057	0.533
Adverse Impact	0.413	4.803
Vacancy\ (Over Established) Impact	(0.124)	(1.860)
Total Pay Variance - Unqualified Nursing (Fav)/Adv £m	0.289	2.943

Table 8 indicates that the £2.943m adverse variance against non-qualified nursing assistants is due to overspends of £4.267m on bank staff and £0.533m on overtime which is partly offset by an underspend against established posts.

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Table 9 - Qualified Nursing Staff Pay Variance



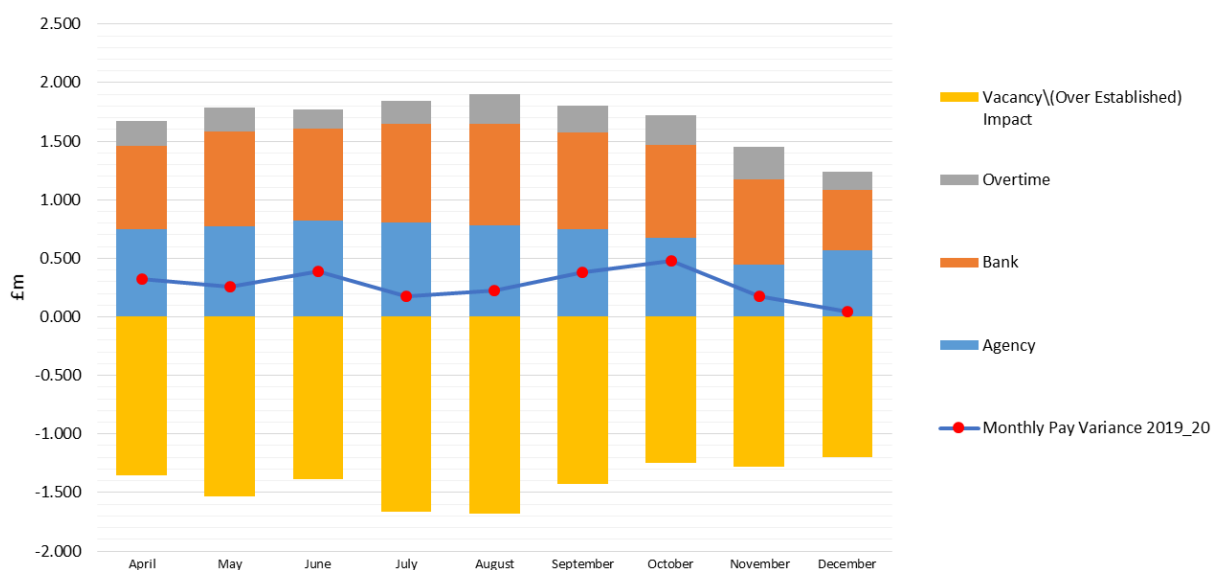
Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.570	6.370
Bank	0.161	2.605
Overtime	0.095	1.424
Adverse Impact	0.826	10.400
Vacancy\ (Over Established) Impact	(1.070)	(10.907)
Total Pay Variance - Qualified Nursing (Fav)/Adv £m	(0.244)	(0.507)

Table 9 confirms that expenditure on established qualified nursing posts is significantly less than budget and that the UHB is covering vacancies through additional spend on temporary staffing.

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Table 10 – Total Nursing Staff Pay Variance

Cardiff & Vale UHB
Total Nursing Monthly Pay Variance by Month Ending 31st December 2019



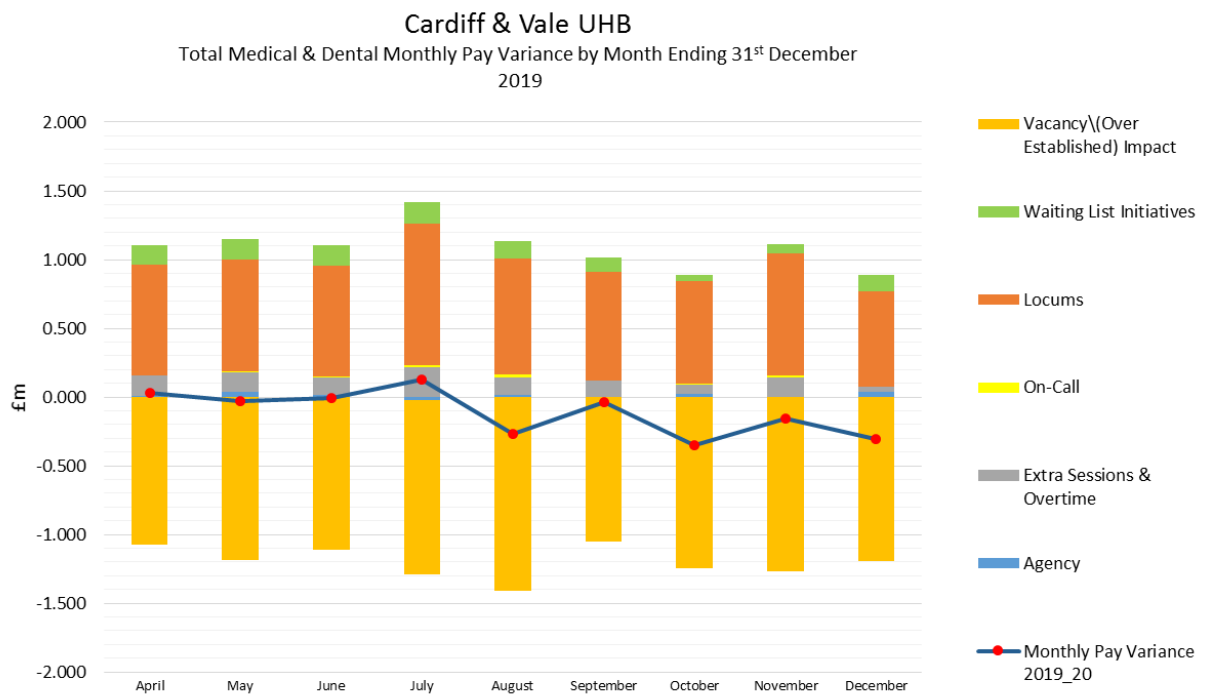
Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.571	6.373
Bank	0.515	6.872
Overtime	0.153	1.958
Adverse Impact	1.239	15.203
Vacancy\ (Over Established) Impact	(1.194)	(12.767)
Total Pay Variance - (Fav)/Adv £m	0.045	2.436

Table 10 identifies expenditure against substantive nursing posts for the year to date which is £2.436m more than budget. The £12.767m surplus against established posts is offset by a £15.203m overspend on agency, bank and overtime leading to an overall overspend against nursing budgets. Performance on nursing budgets remains a concern and features on the risk register for 2019/20.

Table 11 shows financial performance against medical and dental pay budgets. This identifies that the majority of the favourable variance against established posts is offset by expenditure on locums, waiting list initiatives and extra sessions leaving an underspend of £0.995m at month 9.

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Table 11 - Medical & Dental Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.037	0.104
Extra Sessions & Overtime	0.037	1.136
On-Call	0.004	0.077
Locums	0.691	7.430
Waiting List Initiatives	0.118	1.047
Adverse Impact	0.887	9.794
Vacancy\ (Over Established) Impact	(1.191)	(10.789)
Total Pay Variance - Medical & Dental (Fav)/Adv £m	(0.304)	(0.995)

Non Pay

Table 12 highlights an overspend of 4.338m against non pay budgets following a £0.012m underspend in month.

The key operational pressure areas are:

- An overspend against drug budgets primarily in medicine and primary care. The GP prescribing overspend where category M prices and volume growth are pressures continued in December.
- Premises and fixed plant where key cost drivers are: increased spend on estates contractors to cover vacancies in substantive posts during a workforce modernisation programme; energy costs; and the significant cost of security on the vacant sites at Lansdowne and Whitchurch. £0.721m of the overspend on estates contractor costs is offset by staff underspends of £0.662m on vacant posts.

- High levels of CHC growth as a consequence of increasing numbers particularly in the first half of the year in respect of palliative care, learning difficulties and high cost mental health placements. There was however a reduction in the number of clients within the month.
- Pressures against commissioned services relate to the recognition of the UHB's contribution to the WHSCC budget, drug costs at Velindre NHS Trust and additional costs of hospice care. The adverse movement in month 9 primarily relates to WHSSC where pressures are driven by the Cardiff & Vale provider performance in cardiology and transcatheter aortic valve replacement.
- The cumulative overspend against clinical services and supplies is a result of theatre consumables, growth in community beds and dressings, genomics activity and additional spend on wheelchairs at ALAS. It was however flat within the month.
- There was a significant underspend against Primary Care Contractors within the month as there is now greater clarity on the uptake by GPs on enhanced services which are much lower than planned.

Table 12: Non Pay Variance @ December 2019

Non Pay	In Month			Cumulative Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Clinical services & supplies	8.787	8.758	(0.029)	79.319	80.559	1.240
Commissioned Services	14.203	14.451	0.248	129.125	130.187	1.062
Continuing healthcare	5.560	5.850	0.290	49.892	51.429	1.536
Drugs / Prescribing	11.944	12.543	0.600	113.504	116.357	2.853
Establishment expenses	1.219	1.288	0.070	9.154	9.431	0.278
General supplies & services	0.682	0.701	0.020	6.679	6.961	0.282
Other non pay	7.013	5.834	(1.179)	46.117	41.119	(4.998)
Premises & fixed plant	2.792	3.170	0.377	25.502	28.167	2.665
Primary Care Contractors	14.480	14.070	(0.409)	131.298	130.719	(0.579)
Total £m	66.678	66.666	(0.012)	590.591	594.929	4.338

LTA Commissioner Performance

The UHB spends circa £165m on central commissioning of healthcare services for its population mainly through contracts with WHSSC, LHBs and Velindre. There has been an adverse movement in M9 for WHSSC of £0.190m driven by the C&V provider performance. This is due to Cardiology and TAVI in month and cumulatively for paediatric oncology, ALAS, BMT and melanoma drugs. The LHB position is £0.326m adverse to M9. Favourable performance on Velindre drugs has been negated by Radiology over performance. The year to date commissioner position is shown in Table 13.

Table 13: Month 9 LTA Commissioner Position

Expenditure - C&V Commissioner				(fav) / adv
	Annual Budget	YTD Profile	YTD Actual	YTD Variance
	£m	£m	£m	£m
WHSSC	126.580	94.762	95.519	0.758
Velindre	17.495	13.121	12.838	(0.284)
LHBs	20.254	14.982	15.308	0.326
Other / NCAs	1.329	0.994	1.016	0.023
	165.657	123.859	124.681	0.823

Financial Performance of Clinical Boards

Budgets were set to ensure that there is sufficient resource available to deliver the UHB's plan. Financial performance for the nine months to 31st December 2019 by Clinical Board is shown in Table 14.

Table 14: Financial Performance for the period ended 31st December 2019

Clinical Board	M8 Budget Variance £m	M9 Budget Variance £m	In Month Variance £m	Cumulative % Variance
All Wales Genomics Service	(0.029)	(0.032)	(0.003)	(0.36%)
Capital Estates & Facilities	0.989	1.033	0.044	2.07%
Children & Women	1.013	1.212	0.199	1.45%
Clinical Diagnostics & Therapies	1.212	1.100	(0.112)	1.37%
Executives	(0.258)	(0.312)	(0.054)	(1.02%)
Medicine	3.286	3.417	0.131	3.85%
Mental Health	0.097	0.066	(0.031)	0.11%
PCIC	1.796	1.746	(0.049)	0.67%
Specialist	(0.993)	(1.137)	(0.144)	(0.87%)
Surgery	1.582	1.624	0.042	1.42%
SubTotal Delegated Position	8.696	8.718	0.023	0.00%
Central Budgets	(6.745)	(7.498)	(0.754)	(4.48%)
Total	1.951	1.220	(0.731)	0.11%

Whilst delegated budgets are £8.7m overspent year to date, they were flat within the month, which is the first time that this has been achieved this year. It is thought that some of this improvement is seasonal related to a slow down at Christmas. It also includes some other non recurrent opportunities that were being pursued to secure financial improvements. The month 10 financial position will therefore better indicate the level of underlying improvement achieved.

Further detail on the Performance of Executive Directorate Budgets is provided at **Appendix 5**.

The financial performance on delegated budgets remains one of the key financial risk facing the UHB. Clinical Boards have been tasked with improving their financial performance which requires the delivery of recovery measures and this will be managed through the normal performance management and escalation processes.

Savings Programme

The UHBs £31.245m savings target has been reduced by £5.150m to reflect the release of £2.1m relating to the UHBs remaining investment reserve and a further £3.050m to reflect an operational underspend on WEQAS. The target is now £26.095m.

At month 9 the UHB has a fully identified savings programme to deliver against the £26.095m savings target as summarised in Table 15.

Table 15: Progress against the 2019/20 Savings Programme at Month 9

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

The latest position is shown in **Appendix 1**.

Further work will continue on the savings programme to convert the key remaining amber schemes to green as soon as possible.

Underlying Financial Position

A key challenge to the UHB is eliminating its underlying deficit. The recurrent underlying deficit in 2018/19 b/f into 2019/20 was £36.3m. Successful delivery of the 2019/20 plan would have reduced this to £4m by the year end. The achievement of this is very much dependent upon delivering the full year impact of 2019/20 savings schemes. The latest assessment is that this is circa £7.5m less than planned and this would increase the underlying deficit to £11.5m. This is now the opening position included in the 2020/21 IMTP. This is shown in Table 16.

Table 16: Summary of Underlying Financial Position

	2019/20 Plan £m	Forecast Position @ Month 9	
		Non Recurrent £m	Recurrent Position £m
Opening Underlying Deficit £m	36.261	0.000	36.261
Income	(56.610)		(56.610)
Cost pressures less mitigating actions	51.594		51.594
Less CIPs (includes income generation & NR accountancy gains)	(26.345)	11.500	(14.845)
Release of Remaining Investment Reserve & operational underspend at WEQAS	(4.900)		(4.900)
Deficit £m	0.000	11.500	11.500

Balance Sheet

The balance sheet at month 9 is detailed in **Appendix 2**.

The increase in the carrying value of property, plant & equipment since the start of the year is largely due to the impact of annual indexation and capital spend.

Overall trade debtors have increased £23.7m (12.8%) since the start of the year mainly due to an increase in amounts due from the Welsh Risk Pool in respect of clinical negligence cases and an increase in NHS invoice accruals. The in month increase of £4.6m was primarily a consequence of the timing of payments and receipts to and from the pooled CHC Fund alongside an increase in amounts due from the Welsh Risk Pool.

The carrying value of Inventory is principally the same as the previous month and the in year increase in carrying value is £0.536m.

The value of Trade and other payables has fallen by around £16.6m since the start of the year following a reduction in capital creditors, a reduction in clinical negligence accruals and the settlement of year end liabilities. There is a £4m increase in the level of outstanding creditors in December, mainly relating to £2.5m due to Cardiff Council re the CHC Pooling arrangements.

Cash Flow Forecast

The UHB does not expect to request additional cash support in 2019/20 and at the end of December 2019 the UHB had a forecast year end cash surplus of £0.677m. The UHB will continue to monitor this position with a view to revising the requirement if necessary.

The UHB's cash balance at the end of December was £4.338m.

A detailed monthly cash flow is shown in **Appendix 3**.

Public Sector Payment Compliance

The UHB's cumulative performance to the end of December is unchanged at 96.7%.

Capital Resource Limit (CRL)

Progress against the CRL for the period to the end of December 2019 is summarised in Table 17 and detailed in **Appendix 4**.

Table 17: Progress against Capital Resource Limit @ December 2019

	£m
Planned Capital Expenditure at month 9	28.008
Actual net expenditure against CRL at month	26.994
Variance against planned Capital Expenditure at month	(1.014)

Capital progress for the year to date is satisfactory with net expenditure to the end of December being 50% of the UHB's approved Capital Resource Limit. This reflects the approval of an additional £12.580m funding since November where the associated expenditure is profiled into the tail end of the year. The UHB had an approved capital resource limit of £54.287m at the end of December 2019 comprising of £13.889m discretionary funding and £40.398m towards specific projects (including Neo Natal Upgrading Phase 2, Rookwood Replacement, MRI

Scanners, Pharmacy Equipment, Imaging Equipment, Digital Priorities, Cystic Fibrosis, Major Trauma Centre & Wellbeing hubs at Maelfa and Penarth).

Key Risks and Recovery Actions

The key financial risk is now assessed as the management of operational pressures, including the Welsh Risk Pool. In overall terms this has been assessed at circa £2.0m and the UHB has taken action to slow down discretionary pay and non pay expenditure to strengthen mitigating actions to manage this.

The plans to deliver a break even position will be monitored monthly by the Finance Committee.

Recommendation:

The Finance Committee is asked to:

- **NOTE** that the UHB has an approved IMTP which includes a balanced Financial Plan for 2019/20;
- **NOTE** the £1.220m deficit at month 9;
- **NOTE** the key risks in delegated budgets and the Welsh Risk Pool;
- **NOTE** the plan to deliver a break even position by year end.

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Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

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2019-20 In-Year Effect

Clinical Board	19-20 Target	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC	3,300	3,442	691	4,133	517	(833)
Surgery	2,300	2,556	0	2,556	375	(256)
Specialist Services	2,019	2,071	136	2,207	0	(188)
Corporate Execs	681	680	17	696	20	(15)
Mental Health	1,470	1,428	25	1,453	100	17
CD&T	1,633	1,001	674	1,675	574	(42)
Children & Women	1,775	1,515	119	1,634	225	141
Medicine	1,877	1,081	280	1,360	38	517
Capital Estates and Facilities	1,290	863	20	883	267	407
Total	16,345	14,637	1,962	16,597	2,116	(252)
Corporate	11,550	13,005	500	13,505	0	(196)
Total	27,895	27,642	2,462	30,103	2,116	(448)

2019-20 Full Year Effect

Clinical Board	Recurrent	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC	3,300	3,451	767	4,218	0	-918
Surgery	2,300	2,198	0	2,198	560	102
Specialist Services	2,019	1,903	136	2,039	0	-20
Corporate Execs	681	697	0	697	0	
Mental Health	1,470	1,102	50	1,152	100	318
CD&T	1,633	799	211	1,010	574	623
Children & Women	1,775	536	336	872	245	903
Medicine	1,877	1,049	514	1,563	84	314
Capital Estates and Facilities	1,290	521	43	564	0	726
Total	16,345	12,256	2,057	14,313	1,563	2,032
Corporate	12,800	4,332	0	4,332	0	8,468
Total	29,145	16,588	2,057	18,645	1,563	10,500

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Appendix 2

BALANCE SHEET AS AT 30th DECEMBER 2019

	Opening Balance 1 st April 2019	Closing Balance 31 st Dec. 2019
	£'000	£'000
Non-Current Assets		
Property, plant and equipment	675,904	690,867
Intangible assets	2,902	2,235
Trade and other receivables	21,432	47,228
Other financial assets		
Non-Current Assets sub total	700,238	740,330
Current Assets		
Inventories	16,926	17,462
Trade and other receivables	176,987	174,870
Other financial assets		
Cash and cash equivalents	1,219	4,337
Non-current assets classified as held for sale	1,906	644
Current Assets sub total	197,038	197,313
TOTAL ASSETS	897,276	937,643
Current Liabilities		
Trade and other payables	174,685	158,538
Other financial liabilities		
Provisions	129,087	120,708
Current Liabilities sub total	303,772	279,246
NET ASSETS LESS CURRENT LIABILITIES	593,504	658,397
Non-Current Liabilities		
Trade and other payables	9,095	8,637
Other financial liabilities		
Provisions	24,862	43,531
Non-Current Liabilities sub total	33,957	52,168
TOTAL ASSETS EMPLOYED	559,547	606,229
FINANCED BY:		
Taxpayers' Equity		
General Fund	443,904	489,455
Revaluation Reserve	115,643	116,774
Total Taxpayers' Equity	559,547	606,229

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Appendix 3

CASH FLOW FORECAST AS AT 30th DECEMBER 2019

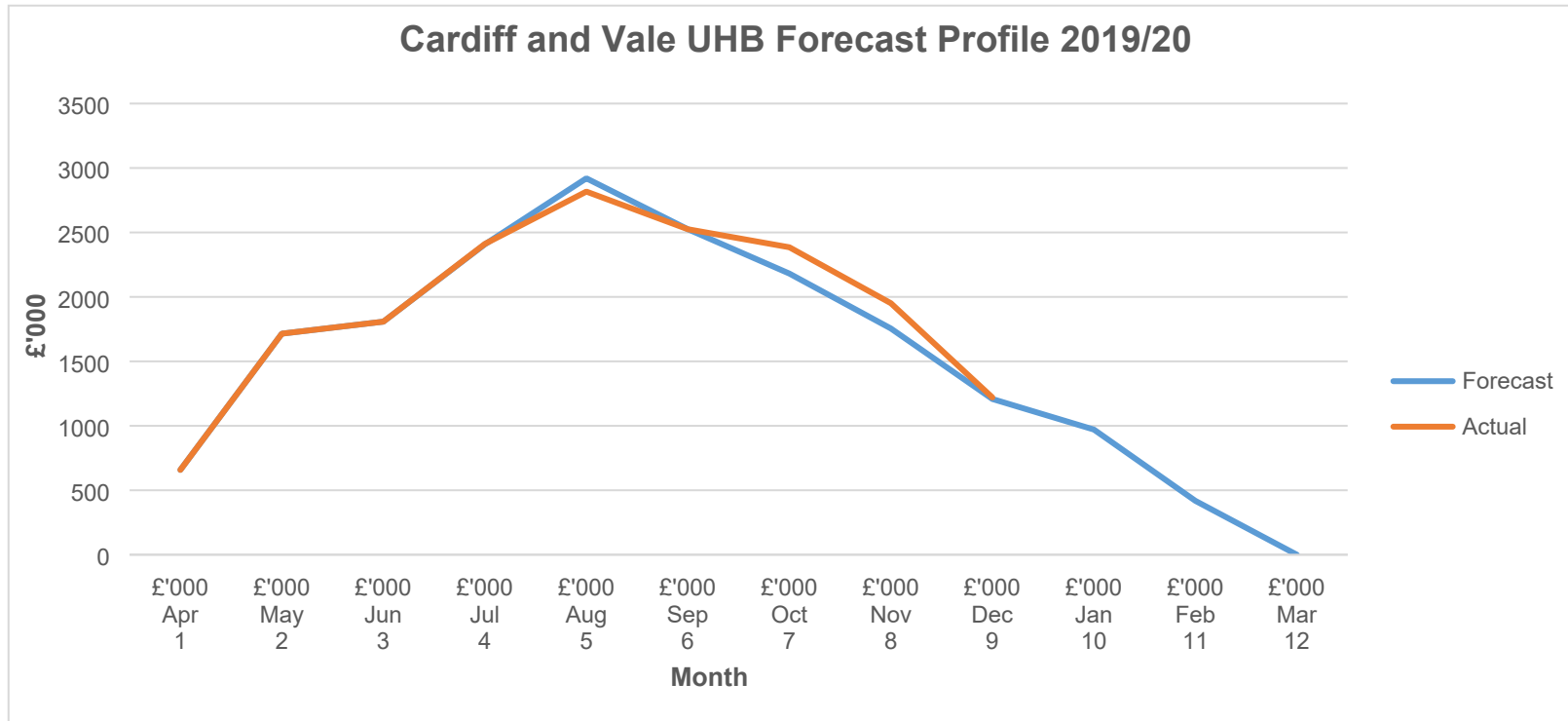
	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
RECEIPTS													
WG Revenue Funding - Cash Limit (excluding NCL)	91,830	92,150	73,290	73,685	82,585	76,520	83,570	84,720	72,730	71,455	75,595	65,899	944,029
WG Revenue Funding - Non Cash Limited (NCL)	1,590	1,590	1,005	1,555	1,685	1,210	1,560	1,390	1,415	1,455	1,680	3,243	19,378
WG Revenue Funding - Other (e.g. invoices)	1,255	1,255	1,255	2,108	2,396	1,307	3,026	2,711	1,411	1,521	1,271	6,069	25,585
WG Capital Funding - Cash Limit	8,500	1,000	0	3,850	3,900	4,900	4,440	3,400	4,150	3,550	2,741	13,856	54,287
Sale of Assets	0	1,200	0	166	0	0	0	0	0	407	2,100	260	4,133
Income from other Welsh NHS Organisations	39,794	47,109	39,129	53,252	50,677	34,006	43,675	52,139	48,290	46,675	41,334	37,974	534,054
Other - (Specify in narrative)	14,126	6,259	5,137	12,752	6,892	4,176	13,884	5,729	5,187	13,379	6,791	8,435	102,747
TOTAL RECEIPTS	157,095	150,563	119,816	147,368	148,135	122,119	150,155	150,089	133,183	138,442	131,512	135,736	1,684,213
PAYMENTS													
Primary Care Services : General Medical Services	5,495	4,343	8,338	4,816	4,261	6,402	4,755	4,395	7,316	4,590	4,590	7,568	66,869
Primary Care Services : Pharmacy Services	165	136	176	124	132	145	150	133	196	540	300	300	2,497
Primary Care Services : Prescribed Drugs & Appliances	6,818	15,385	3	7,987	15,385	3	7,473	16,118	7,630	7,680	7,680	0	92,162
Primary Care Services : General Dental Services	1,835	1,877	1,926	2,054	1,786	1,900	1,941	2,150	1,797	1,843	1,910	1,910	22,929
Non Cash Limited Payments	1,957	1,861	2,088	2,215	2,005	2,182	1,984	2,100	2,195	1,836	2,050	2,050	24,523
Salaries and Wages	51,454	51,583	50,105	51,135	51,185	50,037	51,844	52,355	51,304	51,424	51,623	51,814	615,863
Non Pay Expenditure	68,366	54,158	46,656	61,896	45,187	52,173	63,042	44,351	44,200	52,056	44,962	52,789	629,836
Capital Payment	6,335	2,613	3,087	3,268	4,047	3,649	4,470	3,227	3,743	4,081	3,676	14,221	56,417
Other items (Specify in narrative)	10,691	19,637	7,881	14,604	22,839	6,045	14,147	23,994	15,963	14,640	14,790	8,428	173,659
TOTAL PAYMENTS	153,116	151,593	120,260	148,099	146,827	122,536	149,806	148,823	134,344	138,690	131,581	139,080	1,684,755
Net cash inflow/outflow	3,979	(1,030)	(444)	(731)	1,308	(417)	349	1,266	(1,161)	(248)	(69)	(3,344)	
Balance b/f	1,219	5,198	4,168	3,724	2,993	4,301	3,884	4,233	5,499	4,338	4,090	4,021	
Balance c/f	5,198	4,168	3,724	2,993	4,301	3,884	4,233	5,499	4,338	4,090	4,021	677	

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FINANCIAL PERFORMANCE OF EXECUTIVE DIRECTORATES

Corporate Executive Directorate	M9 Budget Variance £m
Chief Executive Officer	(0.016)
Chief Operating Officer	0.015
Director of Finance	(0.097)
Director of Governance	0.046
Director of Nursing	(0.169)
Director of Planning	0.029
Director of Public Health	0.022
Director of Therapies	(0.048)
Director of Transformation	0.175
Director of Workforce	(0.025)
Medical Director	(0.245)
Total £m	(0.312)

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Report Title:	2019/20 and 2020/21 Cost Reduction Programme						
Meeting:	Finance Committee					Meeting Date:	29 th January 2020
Status:	For Discussion	x	For Assurance	x	For Approval		For Information x
Lead Executive:	Executive Director of Finance						
Report Author (Title):	Assistant Director of Finance						

Background and current situation:

The UHB started the year with a total savings requirement of £31.245m in 2019/20. This report summarises progress against the 2019/20 UHB devolved 2% savings programme of £16.345m. The report also summarises progress against the £14.900m corporate and high value opportunities target.

PROGRESS AGAINST DEVOLVED CRP REQUIREMENT 2019-20

As at 31st December 2019 £16.597m of schemes had been identified as Green or Amber against the devolved 2% savings target of £16.345m. There is therefore a surplus of £0.252m. Of the £16.597m identified schemes, £14.313m is recurrent 2020/21.

There is an expectation that all Clinical Boards get 100% of schemes in green as soon as possible.

PROGRESS AGAINST CORPORATE AND HIGH VALUE OPPORTUNITIES TARGET

The Corporate savings target of £14.900m has been reduced by £2.100m to £12.800m and this reflects the release of the UHBs remaining investment reserve.

As at 31st December 2019 £13.505m had been identified as Green or Amber against the £12.800m corporate and high value opportunities target. Of the £13.505m identified schemes, £4.332m is recurrent in 2020/21. The recurrent position is currently being reviewed on a scheme by scheme basis.

A significant amount of work is underway to address this shortfall focusing on a number of areas highlighted through both the Efficiency Framework and our own internal benchmarking and analysis.

The Finance Committee is asked to note that none of these measures has a detrimental impact upon service delivery.

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

To date the value of Green and Amber schemes identified totals £27.895m against the UHB savings target of £29.145m. However, £11.458m of savings identified are non-recurrent

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To ensure we achieve our financial objectives for 2019/20 and deliver against our IMTP commitments we need to progress the savings programme as a matter of urgency to have 100% CIP schemes in green.

As at 22nd January 2020 £4.860m had been identified as Green or Amber against the devolved 3.5% 2020/21 savings target of £29.000m.

Progress against the 2020/21 target will be closely monitored with an expectation that 80% green and amber schemes are identified by 31st March.

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

Whilst there are plans in place to deliver the 2019/20 CIP target across the UHB, further recurrent schemes need to be identified to ensure we start 2020/21 in the best possible position.

ASSURANCE is provided by:

- The scrutiny of financial performance undertaken by the Finance Committee;
- The weekly reported CIP tracker.

Recommendation:

The Finance Committee is asked to:

NOTE the progress against the revised £29.145m UHB savings requirement for 2019/20.

NOTE the progress against the revised £29.000m UHB savings requirement for 2020/21.

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Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

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Savings Tracker Summary

2019-20 In-Year Effect

Clinical Board	19-20 Target	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC	3,300	3,442	691	4,133	517	(833)
Surgery	2,300	2,556	0	2,556	375	(256)
Specialist Services	2,019	2,071	136	2,207	0	(188)
Corporate Execs	681	680	17	696	20	(15)
Mental Health	1,470	1,428	25	1,453	100	17
CD&T	1,633	1,001	674	1,675	574	(42)
Children & Women	1,775	1,515	119	1,634	225	141
Medicine	1,877	1,081	280	1,360	38	517
Capital Estates and Facilities	1,290	863	20	883	267	407
Total	16,345	14,637	1,962	16,597	2,116	(252)
Corporate	11,550	13,005	500	13,505	0	(196)
Total	27,895	27,642	2,462	30,103	2,116	(448)

Full Year Effect in 2020/21

Clinical Board	Recurrent	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC	3,300	3,451	767	4,218	0	-918
Surgery	2,300	2,198	0	2,198	560	102
Specialist Services	2,019	1,903	136	2,039	0	-20
Corporate Execs	681	697	0	697	0	
Mental Health	1,470	1,102	50	1,152	100	318
CD&T	1,633	799	211	1,010	574	623
Children & Women	1,775	536	336	872	245	903
Medicine	1,877	1,049	514	1,563	84	314
Capital Estates and Facilities	1,290	521	43	564	0	726
Total	16,345	12,256	2,057	14,313	1,563	2,032
Corporate	12,800	4,332	0	4,332	0	8,468
Total	29,145	16,588	2,057	18,645	1,563	10,500

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2020-21 In-Year Effect

Clinical Board	20-21 Target 3.5%	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
PCIC	5,855	1,731	388	2,119	383	3,736
Surgery	4,081	302		302	227	3,779
Specialist Services	3,582	745	412	1,157	1,119	2,425
Mental Health	2,608			0	690	2,608
CD&T	2,897	155	396	551	1,023	2,346
Children & Women	3,149	110	48	158	433	2,991
Medicine	3,330			0	222	3,330
Capital Estates and Facilities	2,289	73		73	200	2,216
Execs	1,209			0		1,209
Total	29,000	3,116	1,244	4,360	4,297	24,640
Health Board Wide *			500	500	8,755	(500)
Total	29,000	3,116	1,744	4,860	13,052	24,140

* To be allocated to relevant Clinical Board once detail agreed

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Categories	CB/Dir Ref No	Date Entered onto new CB/Dir/UHB Risk Register	Risk/Issue (Including Impact)	Existing Controls	Current Risk Rating			Adequacy Existing Controls	Summary of Additional Controls Required	Target Risk Rating if Controls in Place			Date of Last Review	Review Completed By	Date of Next Review	Risk Owner	Exec Lead	Assuring committee
					Impact / Consequence	Likelihood	Score			Impact / Consequence	Likelihood	Score						
Finance	Fin01/19	Mar-19	The opening underlying deficit in 19/20 is £36.3m. The IMTP planned c/f underlying deficit in 2020/21 is £4m.	Governance reporting and monitoring arrangements through the Finance Committee and Board	5	4	20	Adequate but more Action Required	Progress against the underlying deficit is to be managed by Management Executive.	4	3	12	Dec-19	Assistant Director of Finance	Jan-20	The Board	Director of Finance	Finance Committee
Finance	Fin02/19	Mar-19	Manage Budget pressures	The requirement to manage budget pressures clearly communicated to primary budget holders. Standing Financial Instructions set spending limits. Break even plans have been requested from all Clinical Boards. Progress to be reviewed through Executive Performance Reviews with Clinical Boards. Significant overspends at month 9: Medicine PCIC Clinical Board £3.417m £1.746m Surgery £1.624	5	4	20	Adequate but more Action Required		4	2	8	Dec-19	Assistant Director of Finance	Jan-20	The Board	Chief Operating Officer	Finance Committee
Finance	Fin03/19	Mar-19	Deliver 2% Recurrent CIP (£16.4m) - £0.252m surplus at month 9.	2% recurrent CIP target clearly communicated to budget holders. CIP tracker in place to monitor weekly progress across the organisation. Project Management Office in place to support the identification of cross cutting CIPs. Executive lead identified for each cross cutting theme. Monthly Financial Clearance Meeting. Executive / Clinical Board Performance Reviews. Shortfalls at month 9: Medicine Clinical Board £0.517m Children & Women £0.141m	3	2	6	Adequate but more Action Required	Escalation process led by Chief Executive.	3	2	6	Dec-19	Assistant Director of Finance	Jan-20	The Board	Director of Finance	Finance Committee
Finance	Fin04/19	Mar-19	Develop and deliver Corporate led financial opportunities of £12.8m to achieve year end break even position - Full CIP plan in place at month 9.	CIP target clearly communicated. CIP tracker in place to monitor weekly progress. Executive lead identified for each Corporate Scheme	2	3	6	Adequate but more Action Required	Progress against Corporate schemes is to be managed by Management Executive.	3	2	6	Dec-19	Assistant Director of Finance	Jan-20	The Board	Director of Finance	Finance Committee
Finance	Fin05/19	Mar-19	Manage internal investments within £4m envelope	When Internal investment plan agreed business cases to be approved through the Business Case Approval Group (BCAG)	3	2	6	Optimum Controls/NFA Required	Internal investments will not be agreed until the UHB has a full savings programme in place.	3	2	6	Dec-19	Assistant Director of Finance	Jan-20	The Board	Director of Finance	Finance Committee
Finance	Fin06/19	Mar-19	Deliver RTT within resources available (Baseline £10.5m 19/20) Additional £6.1m funding agreed with WG	The UHB will continue to work closely with WG to ensure appropriate resources are made available to maintain progress.	4	3	12	Adequate but more Action Required	Monthly meetings with the COO, progress report to be received through performance review meetings and regular dialogue with WG.	3	2	6	Dec-19	Assistant Director of Finance	Jan-20	The Board	Chief Operating Officer	Finance Committee
Finance	Fin07/19	Mar-19	Winter pressures managed within (£3.3m control total 19/20)	Winter plan for 2019/20 being developed in partnership with Local Authorities for sign off by Management Executive	4	3	12	Adequate but more Action Required	Progress report to be received through performance review meetings.	3	2	6	Dec-19	Assistant Director of Finance	Jan-20	The Board	Chief Operating Officer	Finance Committee
Finance	Fin08/19	Mar-19	Commissioning Risks	Regular performance/LTA meetings with other providers/WHSSC and internal commissioning group.	3	3	9	Optimum Controls/NFA Required	None	3	2	6	Dec-19	Assistant Director of Finance	Jan-20	The Board	Director of Finance	Finance Committee
Finance	Fin09/19	Mar-19	Management of Nursing overspend - £2.436m month 9 (£1.8m month 12 2018/19)	Progress to be monitored through Nursing Productivity Group and Executive / Clinical Board Performance Reviews.	4	5	20	Adequate but more Action Required	Escalation process led by Chief Executive	3	4	12	Dec-19	Assistant Director of Finance	Jan-20	The Board	Chief Operating Officer / Director of Nursing	Finance Committee
Finance	Fin10/19	Mar-19	Containment of IT developments	Internal investment plan agreed with business cases to be approved through the Business Case Approval Group (BCAG) / Capital Management Group	3	2	6	Optimum Controls/NFA Required	Internal investments will not be agreed until the UHB has a full savings programme in place. Possibility of digital funding from WG.	2	3	6	Dec-19	Assistant Director of Finance	Jan-20	The Board	Director of Transformation	Finance Committee
Finance	Fin12/19	Jul-19	Research & Development expenditure plan to align with WG Policy. Up to £0.5m.	The UHB will continue to work closely with WG and the R&D Office to ensure appropriate allocation of resources.	3	2	6	Optimum Controls/NFA Required	None	2	2	4	Dec-19	Assistant Director of Finance	Jan-20	The Board	Director of Finance	Finance Committee
Finance	Fin13/19	Aug-19	Welsh Risk Pool - £1.5m	Welsh Risk Pool estimates has been included within the UHB breakeven forecast. The UHB will continue to work closely with WG	4	3	12	Optimum Controls/NFA Required	None	2	2	4	Dec-19	Assistant Director of Finance	Jan-20	The Board	Director of Finance	Finance Committee
Finance	Fin14/19	Nov-19	Cardiac surgery outsourcing	Potential to need to outsource up to 50 patients at an estimated cost of £0.020m per patient	3	3	9	Optimum Controls/NFA Required	None	2	2	4	Dec-19	Assistant Director of Finance	Jan-20	The Board	Chief Operating Officer	Finance Committee

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Guidance Notes to assist completing the risk register
Remember all risks must have undergone a risk assessment, prior to them being added to the Risk Register
UHB Reference No:- This number will be allocated by the Risk Management Department. Once added this will be communicated back to the Divisions.
Divisional / Directorate Reference No:- Each Division / Directorate should have a unique numbering system for the risks that they enter onto the register. It should contain the initials of the Division, a consecutive number and the year e.g. Mental Health = MH, Children's and Women's = CW, Primary, Community & Intermediate & Older Persons = PCIO, Dental = Den, Diagnostics & Therapeutics = DT, Medicine = M, Surgical Services = SS, Specialist Services = SpS. MH 01/10, SPS 01/10 etc. (Note - as this register is in the developmental stage please advise Melanie Westlake if there are alternative initials to be used).
Previous Reference No:- Whilst the UHB is in the process of consolidating and updating registers it will be necessary to include the previous reference number for audit purposes. This will be populated by the Risk Management Department.
Date entered onto original Register:- as above
Risk / Issue (Including Impact):- The Risk or Issue is the event that could cause an incident or hinder the achievement of objectives. A risk is something that may happen. An issue is already occurring. The impact is the effect that the Risk or Issue will have on the UHB.
Link to UHB Core Objectives:- List here, the main Strategic Goal that links to the risk being assessed.
Existing Controls:- Summarise in bullet form the existing controls to prevent the risk / issue occurring or reduce the impact.
Current Risk Rating:- Assess the current impact on the UHB using Tables 1,2 & 3.
Ranking:- This is the ranking of the risk e.g. The highest risk will score 25 and be ranked at 1, those that score 20 will be ranked at 2 etc.
Adequacy of existing controls:- Indicate how well controlled you feel the risk / issue is i.e. No control, Inadequate controls, Adequate but more action required and Optimum / NFA required.
Summary of Additional Controls Required:- Summarise in bullet form the controls that you know should be introduced to reduce the risk together with resources required.
Target Risk Rating if Controls in Place:- What will be the risk be if the actions proposed to further reduce / eliminate the risk are taken.
Date of Last Review:- When was the Risk Assessment / Control measures last reviewed.
Review completed by:- This should be a senior member of staff for high / medium risk on the register e.g. Divisional Manager / Nurse.
Date of Next Review:- This should be determined by the adequacy of controls and risk score e.g. risks scoring 25 with Inadequate control = monthly, risk scoring 12 with adequate controls but more action required = 6 monthly.
Risk Owner:- Who is the lead for taking the actions proposed relating to this risk . This should be Divisional Director, Board Secretary, Assistant Director etc.
Director Lead:- Who is the lead Director for this risk.
Assuring Committee:- This is the Committee that will monitor / manage the risk on behalf of the UHB Board or the UHB itself e.g. Quality & Safety Committee, Performance Committee.

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	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint/Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint / Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Critical report	Totally unacceptable level or quality of treatment/service Inquest/ombudsman inquiry Gross failure of patient safety if findings not acted on Gross failure to meet national standards
Human resources/organisational development/staffing/competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key professional training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/key professional training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key professional training on an ongoing basis
Statutory duty/inspections	No or minimal impact or breach of guidance/statutory duty	Breach of statutory legislation	Single breach in statutory duty Challenging external recommendations/improvement notice	Enforcement action Multiple breaches in statutory duty Improvement prohibition notices Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Severely critical report

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Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP/AM concerned (questions in the House/Assembly) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract Claim(s) >£1 million
Service/business interruption	Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
Environmental impact	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment

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Likelihood Score (L)

- What is the likelihood of the consequence occurring?
- The frequency based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify the frequency at which a risk is likely to occur.
- The probability score is more appropriate for risks relating to time limited or one-off projects or business objectives

Likelihood Score

Descriptor	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Frequency How often does it might it happen	This will probably never happen/ recur	Do not expect it to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Probability Will it happen or not? % chance of not meeting objective	<0.1 per cent	0.1-1 per cent	1 -10 per cent	10-50 per cent	>50 per cent

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Table 3 - Risk Scoring = Consequence x Likelihood (C x L)

Consequence Score	Likelihood Score				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 - Catastrophic	5	10	15	20	25
4 - Major	4	8	12	16	20
3 - Moderate	3	6	9	12	15
2 - Minor	2	4	6	8	10
1 - Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

1 - 3 = Low Risk	Quick, easy measures implemented immediately and further action planned for when resources permit
4 - 10 = Moderate Risk	Actions implemented as soon as possible but no later than a year
12 - 16 = High Risk	Actions implemented as soon as possible but no later than six months
20 - 25 = Extreme Risk	Requires urgent action. The UHB Board is made aware and it implements immediate corrective action

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CB/Dir Ref No	Domain	Date Entered onto new CB/Dir/UHB Risk Register	Risk/Issue (Including Impact)	Exec Lead	Initial Risk Rating			Existing Controls	Assurance	Current Risk Rating			Gaps in Controls	Gaps in Assurance	Summary of Additional Actions being undertaken	Who	When	Target Risk Rating if Controls in Place			Date of Next Review	Level of assurance required
					Impact / Consequence	Likelihood	Score			Impact / Consequence	Likelihood	Score						Impact / Consequence	Likelihood	Score		
Fin01/20	Finance	Jan-20	The opening underlying deficit in 20/21 is planned to be £11.5m. The IMTP planned c/f underlying deficit in 2021/22 is £4m.	Director of Finance	5	4	20	Governance reporting and monitoring arrangements through the Finance Committee and Board	Limited Assurance	5	4	20	Adequate but more Action Required	Identification of 3.5% savings plan whilst managing and addressing budget pressures.	Progress against the underlying deficit is to be managed by Management Executive.	Assistant Director of Finance	Jan-20	3	2	6	Feb-20	Management
Fin02/20	Finance	Jan-20	Manage Budget pressures	Director of Finance	5	4	20	The requirement to manage budget pressures clearly communicated to primary budget holders. Standing Financial Instructions set spending limits. Break even plans have been requested from all Clinical Boards. Progress to be reviewed through Executive Performance Reviews with Clinical Boards.	Limited Assurance	5	4	20	Adequate but more Action Required	Plans to address overspending budgets in 2019/20 addressing the risk in 2020/21.	Escalation process led by Chief Executive	Assistant Director of Finance	Jan-20	3	2	6	Feb-20	Management
Fin03/20	Finance	Jan-20	Deliver 3.5% CIP (£29m)	Director of Finance	5	4	20	3.5% recurrent CIP target clearly communicated to budget holders. CIP tracker in place to monitor weekly progress across the organisation. Health Board Wide Schemes being led by Executive Directors. Monthly Financial Clearance Meeting. Executive / Clinical Board Performance Reviews.	Limited Assurance	5	4	20	Adequate but more Action Required	£4.360m savings identified as green or amber against target of £29m as at 22nd January 2020.	Escalation process led by Chief Executive	Assistant Director of Finance	Jan-20	2	3	6	Feb-20	Management
Fin04/20	Finance	Jan-20	Manage internal investments within £3m envelope	Director of Finance	4	4	16	When Internal investment plan agreed business cases to be approved through the Business Case Approval Group (BCAG)	Reasonable assurance	4	4	16	Adequate but more Action Required	Final investment schedule to be agreed	Internal investments will not be agreed until the UHB has a full savings programme in place.	Assistant Director of Finance	Jan-20	2	2	4	Feb-20	Management
Fin05/20	Finance	Jan-20	Commissioning Risks	Director of Finance	3	3	9	Regular performance/LTA meetings with other providers/WHSSC and internal commissioning group.	Reasonable assurance	3	3	9	Adequate but more Action Required	IMTP commissioner / provider sign off and agreement	None	Assistant Director of Finance	Jan-20	2	2	4	Feb-20	Management

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Guidance Notes to assist completing the risk register

Remember all risks must have undergone a risk assessment, prior to them being added to the Risk Register

UHB Reference No:- This number will be allocated by the Risk Management Department. Once added this will be communicated back to the Divisions.

Divisional / Directorate Reference No:- Each Division / Directorate should have a unique numbering system for the risks that they enter onto the register. It should contain the initials of the Division, a consecutive number and the year e.g. Mental Health = MH, Children's and Women's = CW, Primary, Community & Intermediate & Older Persons = PCIO, Dental = Den, Diagnostics & Therapeutics = DT, Medicine = M, Surgical Services = SS, Specialist Services = SpS. MH 01/10, SPS 01/10 etc. (Note - as this register is in the developmental stage please advise Melanie Westlake if there are alternative initials to be used).

Previous Reference No:- Whilst the UHB is in the process of consolidating and updating registers it will be necessary to include the previous reference number for audit purposes. This will be populated by the Risk Management Department.

Date entered onto original Register:- as above

Risk / Issue (Including Impact):- The Risk or Issue is the event that could cause an incident or hinder the achievement of objectives. A risk is something that may happen. An issue is already occurring. The impact is the effect that the Risk or Issue will have on the UHB.

Link to UHB Core Objectives:- List here, the main Strategic Goal that links to the risk being assessed.

Existing Controls:- Summarise in bullet form the existing controls to prevent the risk / issue occurring or reduce the impact.

Current Risk Rating:- Assess the current impact on the UHB using Tables 1,2 & 3.

Ranking:- This is the ranking of the risk e.g. The highest risk will score 25 and be ranked at 1, those that score 20 will be ranked at 2 etc.

Adequacy of existing controls:- Indicate how well controlled you feel the risk / issue is i.e. No control, Inadequate controls, Adequate but more action required and Optimum / NFA required.

Summary of Additional Controls Required:- Summarise in bullet form the controls that you know should be introduced to reduce the risk together with resources required.

Target Risk Rating if Controls in Place:- What will be the risk be if the actions proposed to further reduce / eliminate the risk are taken.

Date of Last Review:- When was the Risk Assessment / Control measures last reviewed.

Review completed by:- This should be a senior member of staff for high / medium risk on the register e.g. Divisional Manager / Nurse.

Date of Next Review:- This should be determined by the adequacy of controls and risk score e.g. risks scoring 25 with Inadequate control = monthly, risk scoring 12 with adequate controls but more action required = 6 monthly.

Risk Owner:- Who is the lead for taking the actions proposed relating to this risk . This should be Divisional Director, Board Secretary, Assistant Director etc.

Director Lead:- Who is the lead Director for this risk.

Assuring Committee:- This is the Committee that will monitor / manage the risk on behalf of the UHB Board or the UHB itself e.g. Quality & Safety Committee, Performance Committee.

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	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint/Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint / Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Critical report	Totally unacceptable level or quality of treatment/service Inquest/ombudsman inquiry Gross failure of patient safety if findings not acted on Gross failure to meet national standards
Human resources/organisational development/staffing/competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key professional training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/key professional training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key professional training on an ongoing basis
Statutory duty/inspections	No or minimal impact or breach of guidance/statutory duty	Breach of statutory legislation	Single breach in statutory duty Challenging external recommendations/improvement notice	Enforcement action Multiple breaches in statutory duty Improvement prohibition notices Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Severely critical report

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Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP/AM concerned (questions in the House/Assembly) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract Claim(s) >£1 million
Service/business interruption	Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
Environmental impact	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment

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Likelihood Score (L)

- What is the likelihood of the consequence occurring?
- The frequency based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify the frequency at which a risk is likely to occur.
- The probability score is more appropriate for risks relating to time limited or one-off projects or business objectives

Likelihood Score

Descriptor	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Frequency How often does it might it happen	This will probably never happen/ recur	Do not expect it to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Probability Will it happen or not? % chance of not meeting objective	<0.1 per cent	0.1-1 per cent	1 -10 per cent	10-50 per cent	>50 per cent

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Table 3 - Risk Scoring = Consequence x Likelihood (C x L)

Consequence Score	Likelihood Score				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 - Catastrophic	5	10	15	20	25
4 - Major	4	8	12	16	20
3 - Moderate	3	6	9	12	15
2 - Minor	2	4	6	8	10
1 - Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

1 - 3 = Low Risk	Quick, easy measures implemented immediately and further action planned for when resources permit
4 - 10 = Moderate Risk	Actions implemented as soon as possible but no later than a year
12 - 16 = High Risk	Actions implemented as soon as possible but no later than six months
20 - 25 = Extreme Risk	Requires urgent action. The UHB Board is made aware and it implements immediate corrective action

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Report Title:	Finance Risk Register				
Meeting:	Finance Committee			Meeting Date:	29 th January 2020
Status:	For Discussion		For Assurance	For Approval	For Information
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Assistant Director of Finance				

Background and current situation:

This report highlights the 2019/20 Finance Risk Register risk categorisation by severity of risk as at 31st December 2019. The detailed 2019/20 risk register is shown in Appendix 1.

Following the most recent review the number of risks identified in each category is shown below:

2019/20 UHB Financial Risks at 31st December 2019

Risk Category	Risk Score	Number of Risks as at 31 December 2019
Extreme Risk	20 - 25	3
High Risk	12 - 16	3
Moderate Risk	4 - 10	7
Low Risk	1 - 3	0

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

A summary of the **Extreme Risks** are shown below:

Fin01/19 – Reducing underlying deficit from £36.3m to £4.0m in line with approved IMTP.

Fin02/19 – Management of budget pressures. Month 9 overspends reported in Medicine Clinical Board (£3.417m), PCIC (£1.746m), Surgery (£1.624m)

Fin09/19 – Management of nursing position £2.436m overspend at month 9.

The Finance Committee is asked to note the assessed risk attached to the forecast 2019/20 Welsh Risk Pool overspend (Fin 13/19) where the UHB's share of the overspend is assessed to be £1.5m.

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

The Finance Committee will be kept up to date regarding any additions to the Risk Registers or any change in risk assessment.

Recommendation:

The Finance Committee is asked to:

- **NOTE** the risks highlighted within the 2019/20 risk register
- **NOTE** the value of risk associated with the 2019/20 Welsh Risk Pool overspend where the UHB share is now estimated at £1.5m
- **NOTE** the risks highlighted within the 2020/21 risk register

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

Yes / No / Not Applicable
If "yes" please provide copy of the assessment. This will be linked to the report when published.

Yn eiddo'r Cymru
 Caredig a gofudol

Respectful
 Dangos parch

Trust and integrity
 Ymddiriedaeth ac uniondeb

Personal responsibility
 Cyfrifoldeb personol

FINANCIAL PLAN

Introduction and Background

We have an approved 2019/20-2021/22 Integrated Medium Term Plan (IMTP). The financial plan aims to deliver a break even position for each year during the period of the plan. Delivery of the 2019/20 financial plan is a considerable challenge and has required the delivery of a significant savings and efficiency programme whilst maintaining the quality and safety of services and delivering upon agreed performance measures. We are wholly focused on the delivery of this plan.

Overview of the Financial Plan

We have ambitious goals. The Financial Plan sets out our financial strategy which supports delivery of the service improvements outlined for 2020/21 – 2022/23. We are aiming to maintain our own key financial objectives of delivering in year and recurrent financial balance. This will provide the UHB with a significant financial challenge over the period of the plan that is based on a Health & Social Care budget 2% core allocation uplift in funding in 2020/21.

Our ambition is to submit an IMTP that maintains our approval status, and that demonstrates improvements against high level key performance indicators which builds upon good performance in 2019/20. This plan aims to deliver improved levels of efficiency alongside improved and sustained delivery against performance standards. In terms of efficiency and value, we will be setting a 3.5% target in 2020/21. There will however be a need to limit any internal investments to those unavoidable items to address sustainability and safety issues in the first year of the plan with more resources available in the second and third years.

The following key assumptions are currently being used in the plan:

- The commissioning approach from WHSSC and neighbouring LHBs does not financially destabilise the UHB;
- We can manage to deliver agreed performance levels within allocated resources.

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Resource Planning Assumptions

Underlying Deficit

The Board recognises its responsibility in tackling its underlying deficit and aims to eradicate it during the period of this plan. This will be achieved via delivery of its savings plan in the first two years of this plan.

The underlying deficit position has improved significantly within the current financial year by:

- Focussing on the recurrent achievement of the CIP target;
- Ensuring cost pressures were managed;
- Limiting investments to those areas that were unavoidable and essential;

The 2020/21 brought forward accumulated deficit is detailed in the following table.

2020/21 Accumulated Underlying Deficit

	2019/20 £'000
Operational planned deficit 2019/20	0
Planned non recurrent CIP delivery	4,000
Additional non recurrent CIP delivery	7,500
2020/21 b/f accumulated underlying deficit	11,500

The key points to note are:

- The 2020/21 brought forward accumulated underlying deficit is £7.5m higher than the planned position due to the non delivery of recurrent savings
- The brought forward underlying deficit does not include operational costs pressures experienced in 2019/20. These are expected to be managed by Clinical Boards in 2020/21.

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We started 2019/20 with an accumulated underlying deficit of £36.3m and have been successful in reducing this by £24.8m during the year to £11.5m. Delivery of the savings challenge within the 3 year IMTP will bring us back into recurrent financial balance.

Income Assumptions

Following receipt of Welsh Government Health Board revenue allocations for 2020/21, the table below sets out the level of allocation growth available to meet new inflationary and cost growth pressures in 2020/21 with financial assessments made for 2021/22 and 2022/23:

Net Income Growth 2020/21 – 2022/23

	2020-21 £'000	2021-22 £'000	2022-23 £'000
Allocation Uplift 2% £100m	13.500	13.500	13.500
Mental Health uplift	2.092	2.092	2.092
Top slice	-0.487	0	0
I2S annual impact	0.13	0.13	0.13
GMS/GDS	1.949	1.949	1.949
LTA income uplift	4.520	4.520	4.520
Wage award	8.272	8.272	8.272
Wage award LTA Funding	2.950	2.950	2.950
Additional Cluster Funding	1.350		
Total	34.276	33.413	33.413

The key points to note are:

- The core allocation uplift represents 2% in each of the 3 years making up the IMTP cycle in line with the new Needs Based Resource Allocation formula, plus an uplift for ring-fenced Mental Health services. This amount has been top sliced in 2020/21 to meet agreed national developments;

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Clusters	1,350	0	0
Velindre Cancer Centre	2,250	1,200	1,200
Specialist Services - WHSSC	6,250	5,000	5,000
NCA/IPFR	400	0	0
Uplift on Ring fenced services	800	800	800
EASC	500	500	500
LTA Inflation	3,899	3,899	3,899
Total Demand / Service Growth	23,849	18,999	18,999
Other Cost Pressures			
Welsh Risk Pool	1,500	1,500	1,500
Income reductions - AB LTA	500	500	500
Local cost pressures	2,600	3,000	3,000
Total Other Cost Pressures	4,600	5,000	5,000
Total Inflationary and Cost Pressures	48,772	44,422	44,422

Over the three year period 2020/21 – 2022/23 new national and local inflationary and growth pressures are assessed as £48.8m, £44.4m and £44.4m respectively. These assessed costs place a significant pressure on the organisation and local cost assessments for 2020/21 have been reviewed and curtailed to minimize requirements on funding and impact upon the financial plan.

The following assumptions should be noted:

- Pay award impacts are fully funded by WG over the 3 year IMTP cycle (above assumed 1% in plan);
- The increased employers pensions contributions in 2019/20 continue to be funded by Welsh Government;
- GMS / GDS growth costs are expected to be matched by additional resource allocation;
- NICE and high cost drugs growth has been capped at £3.5m for each year;

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- Velindre, EASC and specialist services commissioning costs are best assessments at this stage, discussions are close to being finalised;
- A reserve has been set for costs arising from the Welsh Risk Pool capped at £1.5m
- Local cost pressure funding will be used to manage and contain any brought forward unavoidable operational pressures from 2019/20 plus any new cost pressures arising over and above the £48.8m assessment.

There is a clear aim to avoid cost increases wherever possible. It should be recognized however that curtailing the amounts being provided for growth does represent a financial risk that we will need to manage.

The commissioning costs for EASC, specialist and cancer services are still being finalised as we strive for ensure alignment of respective financial plans.

Investments

We have agreed to limit revenue investments to a total of £3.0m in 2020/21 and the first call against this will be full year effects of 2019/20 investments. Investments include supporting reductions in length of stay, improved outcomes and digital (Microsoft 365). Other investments may also be required to support other national priorities and IT developments. In addition, any commissioning investment costs in WHSSC, EASC and Velindre above those set out in plan will need to be managed through reallocation of core resources driving best value.

Investments will not be made until assurances on the delivery of the financial plans have been secured. Any investment proposals will need to be fully considered by the Board.

It is important to note that Welsh Government have already set aside a considerable budget to support delivery of A Healthier Wales. It is envisaged that this will be the main source of investment to support service transformation and service sustainability.

RTT

We have already made significant recurrent investments into delivering RTT and this investment will be maintained to support performance in this area. Further work is being done on detailed delivery plans which articulate the resource

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requirements necessary to deliver the improvements we aspire to achieve in order to secure compliance with national standards. This will be finalised in our final IMTP submission.

Winter

Good progress has been made in emergency care services. In order to maintain and improve this position detailed delivery plans are currently being finalised which articulate resource requirements. This will be finalised in our final IMTP submission.

Value and Efficiency Plan

We have an ambitious IMTP that addresses our underlying deficit and restores financial balance. The organisation will need to deliver improved levels of efficiency alongside improved and sustained delivery against standards increasing the value that is derived from the resources available for our population.

The Financial plan supports and enables the UHB to deliver its core priorities for 2020-23 being:

- Primary Care: sustainability and the further development of community services.
- Unscheduled Care: delivering a resilient and high performing system.
- Planned Care: meeting standards.
- Cancer Service: delivering the single cancer pathway and improved outcomes.
- Mental Health: continue to transform and improve our services focusing on home first models
- Achieving Financial Balance

We are aiming to deliver value and efficiency savings through the 2020/23 IMTP with a cash out CIP totalling 3.5% in year 1 followed by 2.5% in year 2 and 2.0% in year 3.

Our main focus is in the delivery of the 2020/21 financial savings plan. Delivering this plan will ease the financial challenge in years 2 and 3 of the IMTP.

External benchmarking and the Efficiency Framework coupled with internal assessment and validation has highlighted opportunities and priorities with a focus on

- Inpatient length of stay;

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- Outpatient productivity;
- Theatre efficiency;
- Variation;
- Workforce efficiencies;
- Estate opportunities;
- Medicines.

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

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

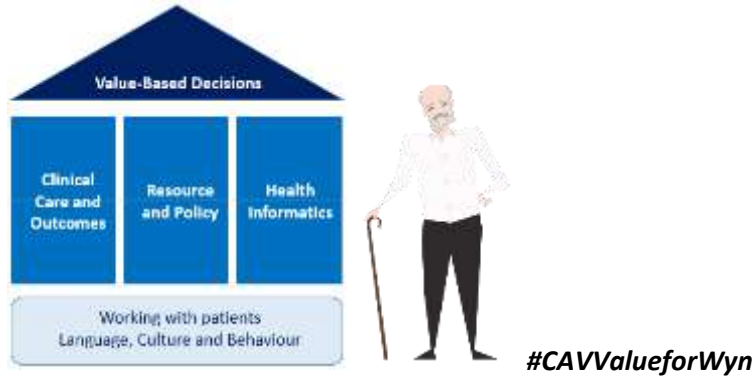
The Transformation fund supports us in testing new models of care, built on the design principles outlined in A Healthier Wales. Delivery of a number of these high value opportunities will involve implementing new models of care

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and the redesign of existing care pathways to reduce the cost base whilst improving quality of service and patient value. Financial sustainability through resource reallocation will be paramount to our success.

Value Based Healthcare

Our plan is based on delivering the best possible outcomes for our population within the resources available to us.



We aim to develop an allocative efficiency framework to support in moving resources in our system to focus on what matters to Wyn. Focusing on improving outcomes is the best way to reduce our cost base. Conceptualizing value in this way will provide a single uniting goal and a common language for finance staff and clinicians.

Costing is a key component of the value equation and measured over the cycle of care. As part of our data to knowledge programme we are enhancing our use of patient level costing and activity based costing and making outcome data more visible in our system.

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Financial Summary

A summary of the Financial Plan for 2020/21 – 2022/23 is shown in the following table.

	2020/21 Plan £m	2021/22 Plan £m	2022/23 Plan £m
Prior Year Plan	(4.0)	(4.0)	0.0
Adjustment for non recurrent items in previous year	(7.5)	0.0	0.0
b/f underlying deficit	(11.5)	(4.0)	0.0
Net allocation uplift (including LTA inflation)	34.3	33.4	33.4
Cost pressures	(48.8)	(44.4)	(44.4)
Investments	(3.0)	(5.5)	(5.5)
Recurrent cost improvement plans 3% in 2020/21	25.0	20.5	16.5
Non Recurrent cost improvement plans 0.5% in 2020/21	4.0	0.0	0.0
Planned Surplus/(Deficit)	0.0	0.0	0.0

This shows that our draft plan aims to deliver financial balance in each year over the three year period and to offset the brought forward underlying deficit.

Our ambition is to maintain our approved IMTP status. This financial plan sets out how we intend to support this aim. To do this we will need to generate and deliver sufficient efficiencies and curtail investments and cost pressure funding, especially in 2020/21. We will need to work closely with Welsh Government in securing support for this plan and in ongoing assurances on delivery.

Financial Risks

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

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

As highlighted in this section of the plan, there are a number of financial risks that could impact upon the successful delivery of this plan. The Health Board recognises this and is taking appropriate actions in order to ensure that risks are appropriately managed and that financial opportunities to support mitigation are fully explored.

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Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 11 should reflect the corresponding amounts included within the latest IMTP submission to WG
Lines 1 - 11 should not be adjusted after Month 1

	In Year Effect	Non Recurring	Recurring	FYE of Recurring	
	£'000	£'000	£'000	£'000	
1	Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	-36,261	0	-36,261	-36,261
2	New Cost Pressures - as per 3 year plan (Negative Value)	-51,594		-51,594	-51,594
3	Opening Cost Pressures	-87,855	0	-87,855	-87,855
4	Identified Savings Plan (Positive Value)	23,270	6,809	16,461	21,645
5	Savings / Mitigating Actions Yet To Be Identified (Positive Value)	3,553	2,553	1,000	4,362
6	Welsh Government Funding (Positive Value)	56,610		56,610	56,610
7	Net Income Generated (Positive Value)	1,289	65	1,224	1,272
8	Planned Accountancy Gains (Positive Value)	1,000	1,000	0	0
9	Release of Uncommitted Contingencies & Reserves (Positive Value)				
10	Profit on Disposal of Asset / Weqas operational underspend	2,134	2,134	0	0
11	Opening Financial Plan	1	12,561	-12,560	-3,966
12	Cost Pressures b/fwd from Previous Year - unidentified within 3 year plan (Negative Value)				
13	Opening Plan Savings - Forecast (Underachievement) / Overachievement	-3,069	-178	-2,891	-4,712
14	Additional In Year Identified Savings - Forecast (Positive Value)	3,391	2,024	1,367	2,837
15	Additional In Year Identified Accountancy Gains (Positive Value)	163	163	0	0
16	Additional Net Income Generated (Positive Value)	-363	16	-378	-411
17	Non Identification of Savings / Mitigating Actions Yet To Be Identified in Opening Plan	-3,553	-2,553	-1,000	-4,362
18	Release of Previously Committed Contingencies & Reserves (Positive Value)	2,100		2,100	2,100
19	Additional In Year Welsh Government Funding (Positive Value)	0			
20	Weqas operational underspend	1,250	1,250		
21	Operational Overspend	-4,051	-1,065	-2,986	-2,986
22	Accountancy Gains - (release of provisions)	2,500	2,500		
23	Mitigating Actions	1,631	1,631		
24		0			
25		0			
26		0			
27		0			
28		0			
29		0			
30		0			
31		0			
32		0			
33		0			
34		0			
35		0			
36		0			
37		0			
38	Forecast Outturn (- Deficit / + Surplus)	0	16,348	-16,349	-11,500

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	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
18			2,100										2,100
19													0
20				1,000			250						1,250
21	-658	-1,057	-93	-602	-407	-508	-360	-366					-4,051
22						800	500	800	400				2,500
23									874	87	403	267	1,631
24													0
25													0
26													0
27													0
28													0
29													0
30													0
31													0
32													0
33													0
34													0
35													0
36													0
37													0

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Table C - Identified Expenditure Savings Schemes (Excludes Income Generation and Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	CHC and Funded Nursing Care	Budget/Plan	46	46	46	46	46	46	70	94	117	141	165	189	556	1,050		1,050	0				
2		Actual/Fcast	46	46	46	46	46	46	70	94	117	141	165	189	556	1,050	52.90%	1,050	0	0	1,050	1,050	
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0				
5		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	121	121	127	149	149	149	316	316	316	316	316	415	1,765	2,811		1,960	1,317				
8		Actual/Fcast	121	121	127	149	149	149	436	277	277	277	277	326	1,807	2,686	67.27%	2,220	466	199	2,487	4,049	
9		Variance	0	0	0	0	0	0	120	(39)	(39)	(39)	(39)	(89)	42	(125)	2.40%	260	(851)				
10	Non Pay	Budget/Plan	381	976	900	1,332	794	878	862	905	905	906	906	1,857	7,933	11,602		11,636	1,005				
11		Actual/Fcast	305	963	829	1,156	705	1,240	885	1,134	871	957	957	2,036	8,088	12,037	67.19%	11,030	1,007	6,119	5,918	6,609	
12		Variance	(76)	(13)	(71)	(176)	(89)	363	23	229	(34)	52	51	178	155	436	1.96%	(605)	2				
13	Pay	Budget/Plan	403	331	370	875	667	671	693	703	705	705	705	772	5,417	7,599		7,667	753				
14		Actual/Fcast	380	316	433	647	616	633	669	701	681	750	747	1,037	5,076	7,610	66.70%	7,311	299	2,337	5,274	7,805	
15		Variance	(23)	(15)	63	(228)	(51)	(38)	(23)	(2)	(24)	45	42	265	(342)	11	(6.30%)	(355)	(454)				
16	Primary Care	Budget/Plan	17	17	17	17	17	17	17	17	17	17	17	17	156	208		208	0				
17		Actual/Fcast	17	17	17	17	17	17	17	17	17	17	17	17	156	208	75.00%	208	0	0	208	208	
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0	0	0	0	0	0
19	Total	Budget/Plan	968	1,492	1,460	2,419	1,673	1,761	1,958	2,035	2,060	2,084	2,109	3,250	15,826	23,270		22,520	3,075				
20		Actual/Fcast	869	1,463	1,452	2,016	1,534	2,085	2,078	2,222	1,963	2,142	2,162	3,605	15,682	23,592	66.47%	21,819	1,772	8,655	14,937	19,722	
21		Variance	(99)	(28)	(8)	(404)	(139)	324	120	187	(97)	58	54	354	(144)	322	(0.91%)	(701)	(1,303)				
22	Variance in month	(10.24%)	(1.91%)	(0.56%)	(16.68%)	(8.33%)	18.43%	6.12%	9.21%	(4.71%)	2.78%	2.54%	10.90%	(0.91%)									
23	In month achievement against FY forecast	3.68%	6.20%	6.15%	8.54%	6.50%	8.84%	8.81%	9.42%	8.32%	9.08%	9.17%	15.28%										

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Table C1- Savings Schemes Pay Analysis

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Changes in Staffing Establishment	Budget/Plan	203	138	142	395	395	395	485	495	497	497	497	497	3,144	4,633			4,415	508		
2		Actual/Fcast	183	121	144	168	362	355	359	379	398	477	475	502	2,469	3,922	62.95%		3,668	254	423	3,499
3		Variance	(20)	(17)	3	(227)	(33)	(40)	(126)	(116)	(99)	(20)	(22)	5	(675)	(711)	(21.46%)		(747)	(254)		
4	Variable Pay	Budget/Plan	61	64	66	317	117	121	130	130	130	130	130	130	1,134	1,524			1,324	200		
5		Actual/Fcast	61	63	69	296	93	109	99	115	111	112	112	165	1,015	1,404	72.33%		1,404	0	548	856
6		Variance	(0)	(1)	3	(21)	(24)	(12)	(31)	(14)	(19)	(18)	(18)	34	(119)	(120)	(10.49%)		80	(200)		
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
8		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
10	Agency / Locum paid at a premium	Budget/Plan	10	10	10	10	10	10	10	10	10	10	10	10	89	118			118	0		
11		Actual/Fcast	10	10	10	10	10	10	10	10	10	10	10	10	89	118	75.00%		118	0	18	100
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%		0	0		
13	Changes in Bank Staff	Budget/Plan	4	4	4	4	4	4	4	4	4	4	4	4	32	42			42	0		
14		Actual/Fcast	4	4	3	3	6	4	4	4	5	1	1	1	35	38	92.11%		38	0	26	12
15		Variance	0	0	(1)	(1)	2	0	0	0	2	(3)	(3)	(3)	(3)	(4)	11.11%		(4)	0		
16	Other (Please Specify)	Budget/Plan	126	115	150	150	141	141	65	65	66	65	65	132	1,019	1,282			1,768	45		
17		Actual/Fcast	123	118	207	170	146	156	198	193	158	151	149	360	1,468	2,128	68.98%		2,083	45	1,322	807
18		Variance	(3)	3	57	20	5	14	133	127	92	86	84	228	449	847	44.01%		316	0		
19	Total	Budget/Plan	403	331	370	875	667	671	693	703	705	705	705	772	5,417	7,599			7,667	753		
20		Actual/Fcast	380	316	433	647	616	633	669	701	681	750	747	1,037	5,076	7,610	66.70%		7,311	299	2,337	5,274
21		Variance	(23)	(15)	63	(228)	(51)	(38)	(23)	(2)	(24)	45	42	265	(342)	11	(6.30%)		(355)	(454)		

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
2		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
4	Non Medical 'off contract' to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
5		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
7	Medical - impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
8		Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
10	Other (Please Specify)	Budget/Plan	10	10	10	10	10	10	10	10	10	10	10	10	89	118			118	0		
11		Actual/Fcast	10	10	10	10	10	10	10	10	10	10	10	10	89	118	75.00%		118	0	18	100
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%		0	0		
13	Total	Budget/Plan	10	10	10	10	10	10	10	10	10	10	10	10	89	118			118	0		
14		Actual/Fcast	10	10	10	10	10	10	10	10	10	10	10	10	89	118	75.00%		118	0	18	100
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%		0	0		

Case No.	Case Name	Case Type	Case Status	Case Date	Case Description	Case Category	Case Sub-Category	Case Priority	Case Assigned To	Case Assigned Date	Case Assigned Time	Case Assigned User	Case Assigned Email	Case Assigned Phone	Case Assigned Address	Case Assigned City	Case Assigned State	Case Assigned Zip	Case Assigned Country	Case Assigned Language	Case Assigned Currency	Case Assigned Timezone	Case Assigned IP	Case Assigned User Agent	Case Assigned Device	Case Assigned Browser	Case Assigned OS	Case Assigned Screen Size	Case Assigned Resolution	Case Assigned Color Depth	Case Assigned Font Size	Case Assigned Font Weight	Case Assigned Font Style	Case Assigned Font Color	Case Assigned Font Background Color	Case Assigned Font Background Image	Case Assigned Font Background Repeat	Case Assigned Font Background Position	Case Assigned Font Background Size	Case Assigned Font Background Attachment	Case Assigned Font Background Origin	Case Assigned Font Background Clip	Case Assigned Font Background Repeat-X	Case Assigned Font Background Repeat-Y	Case Assigned Font Background Size-X	Case Assigned Font Background Size-Y	Case Assigned Font Background Attachment-X	Case Assigned Font Background Attachment-Y	Case Assigned Font Background Origin-X	Case Assigned Font Background Origin-Y	Case Assigned Font Background Clip-X	Case Assigned Font Background Clip-Y	Case Assigned Font Background Repeat-X-End	Case Assigned Font Background Repeat-Y-End	Case Assigned Font Background Size-X-End	Case Assigned Font Background Size-Y-End	Case Assigned Font Background Attachment-X-End	Case Assigned Font Background Attachment-Y-End	Case Assigned Font Background Origin-X-End	Case Assigned Font Background Origin-Y-End	Case Assigned Font Background Clip-X-End	Case Assigned Font Background Clip-Y-End	Case Assigned Font Background Repeat-X-Start	Case Assigned Font Background Repeat-Y-Start	Case Assigned Font Background Size-X-Start	Case Assigned Font Background Size-Y-Start	Case Assigned Font Background Attachment-X-Start	Case Assigned Font Background Attachment-Y-Start	Case Assigned Font Background Origin-X-Start	Case Assigned Font Background Origin-Y-Start	Case Assigned Font Background Clip-X-Start	Case Assigned Font Background Clip-Y-Start
1	Case 1	Case Type 1	Case Status 1	Case Date 1	Case Description 1	Case Category 1	Case Sub-Category 1	Case Priority 1	Case Assigned To 1	Case Assigned Date 1	Case Assigned Time 1	Case Assigned User 1	Case Assigned Email 1	Case Assigned Phone 1	Case Assigned Address 1	Case Assigned City 1	Case Assigned State 1	Case Assigned Zip 1	Case Assigned Country 1	Case Assigned Language 1	Case Assigned Currency 1	Case Assigned Timezone 1	Case Assigned IP 1	Case Assigned User Agent 1	Case Assigned Device 1	Case Assigned Browser 1	Case Assigned OS 1	Case Assigned Screen Size 1	Case Assigned Resolution 1	Case Assigned Color Depth 1	Case Assigned Font Size 1	Case Assigned Font Weight 1	Case Assigned Font Style 1	Case Assigned Font Color 1	Case Assigned Font Background Color 1	Case Assigned Font Background Image 1	Case Assigned Font Background Repeat 1	Case Assigned Font Background Position 1	Case Assigned Font Background Size 1	Case Assigned Font Background Attachment 1	Case Assigned Font Background Origin 1	Case Assigned Font Background Clip 1	Case Assigned Font Background Repeat-X 1	Case Assigned Font Background Repeat-Y 1	Case Assigned Font Background Size-X 1	Case Assigned Font Background Size-Y 1	Case Assigned Font Background Attachment-X 1	Case Assigned Font Background Attachment-Y 1	Case Assigned Font Background Origin-X 1	Case Assigned Font Background Origin-Y 1	Case Assigned Font Background Clip-X 1	Case Assigned Font Background Clip-Y 1	Case Assigned Font Background Repeat-X-End 1	Case Assigned Font Background Repeat-Y-End 1	Case Assigned Font Background Size-X-End 1	Case Assigned Font Background Size-Y-End 1	Case Assigned Font Background Attachment-X-End 1	Case Assigned Font Background Attachment-Y-End 1	Case Assigned Font Background Origin-X-End 1	Case Assigned Font Background Origin-Y-End 1	Case Assigned Font Background Clip-X-End 1	Case Assigned Font Background Clip-Y-End 1	Case Assigned Font Background Repeat-X-Start 1	Case Assigned Font Background Repeat-Y-Start 1	Case Assigned Font Background Size-X-Start 1	Case Assigned Font Background Size-Y-Start 1	Case Assigned Font Background Attachment-X-Start 1	Case Assigned Font Background Attachment-Y-Start 1	Case Assigned Font Background Origin-X-Start 1	Case Assigned Font Background Origin-Y-Start 1	Case Assigned Font Background Clip-X-Start 1	Case Assigned Font Background Clip-Y-Start 1

This Table is currently showing 0 errors

Table F - Overview Of Key Risks / Opportunities Affecting Forecast Outturn

		FORECAST YEAR END			
		Worst Case	Likelihood	Best Case	Likelihood
		£'000		£'000	
Current Reported Forecast Outturn		0		0	
Risks (negative values)					
1	Non delivery of Saving Plans/CIPs	(500)	Low		
2	Continuing Healthcare				
3	Prescribing				
4	Pharmacy Contract				
5	WHSSC Performance				
6	Other Contract Performance				
7	GMS Ring Fenced Allocation Underspend Potential Claw back				
8	Dental Ring Fenced Allocation Underspend Potential Claw back				
9	Operational pressures	(2,000)	Medium		
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
Opportunities (positive values)					
23					
24					
25					
26					
27					
28					
29					
30	Total Risks /Opportunities	(2,500)		0	
31	Total Amended Forecast	(2,500)		0	

By: Helen
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