



Agenda

1. Preliminary Matters

📄 Agenda 29.03.23.pdf (3 pages)

1.1. Welcome and Introductions

Verbal Chair

1.2. Apologies for Absence for Noting

Verbal Chair

1.3. Declarations of Interest for Noting

Verbal Chair

1.4. Draft Minutes of the Health Board Meeting, held on 25th January 2023, for Approval

Attachment Chair

📄 1.4 Draft Board Minutes 25.01.23. docx.pdf (10 pages)

1.5. Summary of Board Business, held In-Committee, on 25th January and 15th February 2023

Attachment Chair

📄 1.5 Summary of Board Business held In Committee .pdf (4 pages)

1.6. Board Action Log for Review

Attachment Chair

📄 1.6 Action Log January 2023.pdf (2 pages)

1.7. Report on Sealed Documents and Chair's Actions

Attachment Chair

📄 1.7 Report on Sealed Documents and Chairs Actions .pdf (13 pages)

1.8. Report from the Chair

Verbal Chair

1.9. Report from the Chief Executive

Verbal Chair

2. Patient Experience and Public Engagement

2.1. Report from the Aneurin Bevan Community Health Council

Attachment Chief Officer, CHC

2.1 Community Health Council Report for Aneurin Bevan University Health Board meeting Mar 2023.pdf (14 pages)

3. Items for Approval/Ratification/Decision

3.1. Integrated Medium Term Plan 2023-2026

To Follow Interim Director of Planning and Performance

a) Development of an Accountability Framework

3.2. Revenue Budget Setting 2023/24

Attachment Director of Finance and Procurement

3.2 a Budget Setting Paper 2324 (March23)_Board23.03.29 (002).pdf (15 pages)

3.2 b Budget Setting Paper 2324 (March23) _appendices_Board23.03.29.pdf (11 pages)

3.3. Quality Strategy 2023/24

Attachment Clinical Executives

3.3 a Quality Strategy.pdf (6 pages)

3.3 b Quality Strategy .pdf (26 pages)

3.4. Patient Experience and Involvement Strategy

Attachment Director of Nursing

3.4 a Board Cover Paper - Patient Experience Involvement Strategy.pdf (5 pages)

3.4 b Patient Experience and Involvement Strategy.pdf (15 pages)

3.5. Adult Mental Health and Learning Disabilities Specialist Inpatient Services Unit Outline Business Case

Attachment Interim Director of Planning and Performance

3.5 a SISU OBC Board Report.pdf (7 pages)

3.5 b MHLDSISU draft OBC.pdf (99 pages)

3.6. South East Wales Ophthalmology Strategy

Attachment Interim Director of Planning and Performance

3.6 a Regional Ophthalmology Strategy Cover report .pdf (7 pages)

3.6 b Regional Ophthalmology Strategy.pdf (14 pages)

3.7. Annual Equality Report, to include:

Attachment Director of Workforce and OD

a) Gender Pay Gap

b) Race Pay Gap

3.7 Annual Equality Report 2021-22.pdf (4 pages)

3.7 Appendix 1_ABUHB Annual Equality Report 2021 - 2022.pdf (36 pages)

3.7 a 1 Gender Pay Gap Report.pdf (4 pages)

3.7 a Appendix 1_Gender Pay Audit March 2022.pdf (14 pages)

3.7 b 1 Race Pay Audit Report (003).pdf (4 pages)

3.7 b 2 Appendix 1 Race Pay Audit Report (003).pdf (10 pages)

3.8. Gwent Public Service Board Well Being Plan

Attachment Deputy Director of Public Health

 3.8 a Gwent PSB Well-being Plan.pdf (4 pages)

 3.8 b WBP 2023 17_02_23.pdf (26 pages)

3.9. Velindre Cancer Centre Business Case

Attachment Director of Finance and Procurement

 3.10 a Board PUBLIC nVCC Covering Report_Mar23_23.03.29.pdf (7 pages)


 3.10 c nVCC FBC 2023 Strategic Case - Final.pdf (69 pages)

4. Items for Discussion


4.1. Integrated Medium Term Plan (IMTP) 2022/25 Quarter 3 Progress Report

Attachment Interim Director of Planning and Performance

 4.1 a Quarter 3 Cover Paper.pdf (5 pages)

 4.1 b IMTP 2022 to 23 Quarter 3 Progress Report.pdf (27 pages)

 4.1 c Appendix 1 Outcomes Framework Quarter 3.pdf (6 pages)

 4.1 d Appendix 2 Performance Dashboard Jan.pdf (2 pages)

4.2. Financial Performance: Month 10, 2022/23

Attachment Director of Finance and Procurement

 4.2 a Board Finance Report March23 M10 final.pdf (33 pages)

 4.2 b Finance appendices.pdf (20 pages)

4.3. Strategic Risk Report, March 2023

Attachment Chief Executive

 4.3 a Strategic risk and assurance report_Mar2023.pdf (7 pages)

 4.3 b Appendix 1_Corporate Risk Register OverviewMar2023.pdf (10 pages)

4.4. Executive Committee Chair's Report

Attachment Chief Executive

Including Hosting Agreement with National Imaging Academy Wales

 4.4 a Executive Committee Board Report 12_01_23 to March 2023.pdf (7 pages)


 4.4 b NIAW hosting agreement March 2023 - Final Draft.pdf (14 pages)

4.5. An Overview of Joint Committee Activity

a) WHSSC Update Report (including spinal ODN MoU)

b) EASC Update Report


 4.5 a 1 WHSSC Assurance Report_March23.pdf (5 pages)

 4.5 a 2 Appendix A WHSCC Joint Committee Briefing (Public) 13 February 2023.pdf (3 pages)

 4.5 a 3 Appendix B WHSCC Joint Committee Briefing (Public) 17 January 2023.pdf (5 pages)

 4.5 a 4 Appendix C WHSCC Joint Committee Briefing (Public) 10 January 2023.pdf (3 pages)

 4.5 a 5 Appendix D Briefing to accompany MoU v7 Final.pdf (3 pages)

 4.5 a 6 Appendix E SWSN MOU v7 Final.pdf (18 pages)

 4.5 b 1 EASC Assurance Report_March23.pdf (4 pages)





 4.5 b 2 Appendix A Chair's EASC Summary from 17 January 2023.pdf (9 pages)

 4.5 b 3 Appendix C Confirmed minutes 6 December 2022_EASC_17_Jan_2023.pdf (10 pages)

 4.5 b 4 Appendix C 23.03.07 - EMRTS Review Briefing Note 6 7 March 2023.pdf (2 pages)

4.6. Key Matters from Committees of the Board

Attachment Committee Chairs

-  4.7 a Key Matters from Committees.pdf (14 pages)
-  4.7 b SSPC Assurance Report 19 January 2023.pdf (4 pages)
-  4.7 c 3343A2022_ABUHB_Annual_Audit_Report_2022_Eng.pdf (24 pages)
-  4.7 d 3260A2022_ABUHB_Structured_Assessment_2022_Eng.pdf (42 pages)

4.7. Other Matters

Date of Next Meeting: 24th May 2023

AGENDA

Date and Time	Wednesday 29th March 2023 at 10.30am
Venue	Conference Centre, Headquarters, St Cadoc's Hospital

Item	Title	Format	Presenter
1	PRELIMINARY MATTERS		
1.1	Welcome and Introductions	Oral	Chair
1.2	Apologies for Absence for Noting	Oral	Chair
1.3	Declarations of Interest for Noting	Oral	Chair
1.4	Draft Minutes of the Health Board Meeting, held on 25 th January 2023, for Approval	Attachment	Chair
1.5	Summary of Board Business, held In-Committee, on 25 th January and 15 th February 2023	Attachment	Chair
1.6	Board Action Log for Review	Attachment	Chair
1.7	Report on Sealed Documents and Chair's Actions	Attachment	Chair
1.8	Report from the Chair	Oral	Chair
1.9	Report from the Chief Executive	Oral	Chair
2	PATIENT EXPERIENCE AND PUBLIC ENGAGEMENT		
2.1	Report from Aneurin Bevan Community Health Council	Attachment	Chief Officer, CHC
3	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
3.1	Integrated Medium Term Plan 2023-26 a) Development of an Accountability Framework	To Follow	Interim Director of Planning and Performance
3.2	Revenue Budget Setting 2023/24	Attachment	Director of Finance and Procurement
3.3	Quality Strategy 2023/24	Attachment	Clinical Executives
3.4	Patient Experience and Involvement Strategy 2023/24	Attachment	Director of Nursing
3.5	Adult Mental Health and Learning Disabilities Specialist Inpatient Services Unit Outline Business Case	Attachment	Interim Director of Planning and Performance
3.6	SEW Regional Ophthalmology Strategy	Attachment	Interim Director of Planning and Performance

3.7	Annual Equality Report, to include: <ul style="list-style-type: none"> Gender Pay Gap Race Pay Gap 	Attachment	Director of Workforce and OD
3.8	Gwent PSB Well Being Plan	Attachment	Deputy Director Public Health
3.9	Velindre Cancer Centre Business Case	Attachment	Director of Finance and Procurement
4	ITEMS FOR DISCUSSION		
4.1	Integrated Medium Term Plan (IMTP) 2022/25 Quarter 3 Progress Report	Attachment	Interim Director of Planning and Performance
4.2	Financial Performance: Month 10, 2022/23	Attachment	Director of Finance, Procurement and VBHC
4.3	Strategic Risk Report, March 2023	Attachment	Chief Executive
4.4	Executive Committee Chair's report <ul style="list-style-type: none"> Including Hosting Agreement with National Imaging Academy Wales 	Attachment	Chief Executive
4.5	An overview of Joint Committee Activity: <ul style="list-style-type: none"> a) WHSSC Update Report (including Spinal ODN MoU) b) EASC Update Report 	Attachment	Chief Executive
4.6	Key Matters from Committees of the Board	Attachment	Committee Chairs
5	OTHER MATTERS		
5.1	Date of the Next Meeting: <ul style="list-style-type: none"> Wednesday 24th May 2023 		

KEY:	
Priority 1	• Every Child has the Best Start in Life
Priority 2	• Getting it Right for Children and Young Adults
Priority 3	• Adults in Gwent Live Healthily and Age Well
Priority 4	• Older Adults are Supported to Live Well and Independently
Priority 5	• Dying Well as part of Life
Enablers	<ul style="list-style-type: none"> Experience, Quality & Safety Partnership First Research, Innovation, Improvement, Value Workforce & Organisational Development Finance Digital, Data, Intelligence Estate Regional Solutions Governance
Motion to Exclude Members of the Public and the Press	

There may be circumstances where it would not be in the public interest to discuss a matter in public. In such cases the Chair shall move the following motion to exclude members of the public and the press from the meeting:

“Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”.

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960



CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN

MINUTES OF ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DATE OF MEETING	Wednesday 25 th January 2023
VENUE	Conference Centre, St Cadoc's Hospital and via Microsoft Teams

PRESENT	<p>Ann Lloyd Nicola Prygodzicz Pippa Britton Peter Carr Sarah Simmonds Dr James Calvert Jennifer Winslade Dr Chris O'Connor</p> <p>Katija Dew Chris Dawson-Morris Robert Holcombe Paul Deneen Prof Helen Sweetland Cllr Richard Clark Louise Wright Dafydd Vaughan Philip Robson Iwan Jones Shelley Bosson</p>	<p>Chair Chief Executive Interim Vice Chair Director of Therapies and Health Science Director of Workforce and OD Medical Director Director of Nursing Interim Director of Primary, Community and Mental Health Services Independent Member (Third Sector) Interim Director of Planning and Performance Director of Finance & Procurement Independent Member (Community) Independent Member (University) Independent Member (Local Authority) Independent Member (Trades Union) Independent Member (Digital) Special Advisor to the Board Independent Member (Finance) Independent Member (Community)</p>
IN ATTENDANCE	<p>Rani Dash Dr Eryl Powell Jayne Beasley Linda Alexander Dr Clare Lipetz</p>	<p>Director of Corporate Governance Consultant in Public Health Head of Midwifery Deputy Director of Nursing Divisional Director Family and Therapies</p>
APOLOGIES	Jemma Morgan	Chief Officer, CHC

ABUHB 2501/01	<p>Welcome and Introductions</p> <p>The Chair welcomed members to the meeting, in particular members of the public who were able to join the meeting to observe in person and on line. It was noted that the meeting would be recorded and published on the Health Board's website following the meeting.</p> <p>The Chair welcomed Eryl Powell, Consultant in Public Health, to the meeting, in the absence of our new Director of Public Health who will be joining the Health Board in the coming months.</p>
ABUHB 2501/02	<p>Declarations of Interest</p> <p>There were no Declarations of Interest raised relating to items on the agenda.</p>

ABUHB 2501/03	<p>Minutes of the previous meeting</p> <p>The minutes of the meeting held on 30th November 2022 were agreed as a true and accurate record, subject to the following amendment:</p> <p>ABUHB 3011/19 Strategic Risk Report</p> <p>Iwan Jones (IJ), Independent Member, noted that there were 4 risks within tolerance levels and asked if actions in place would bring those risks not yet within tolerance levels back in line or whether the tolerance level required review.</p>
ABUHB 2501/04	<p>Summary of Board Business, held In-Committee, on 30th November 2022</p> <p>Rani Dash (RD), Director of Corporate Governance, provided an overview of the formal discussion held by the Board at its private meeting held on 30th November 2022.</p> <p>The Board NOTED the report.</p>
ABUHB 2501/05	<p>Action Log and Matters Arising</p> <p>It was noted that all actions within the Board's action log had been completed or were in progress, as outlined within the paper.</p>
ABUHB 2501/06	<p>Report on Sealed Documents and Chair's Actions</p> <p>Rani Dash (RD), Director of Corporate Governance, provided an overview of the use of the Health Board's Seal and Chair's Actions that had been undertaken during the period 15th November 2022 to 10th January 2023.</p> <p>The Board NOTED and RATIFIED the use of the common seal and Chair's Actions in line with Standing Orders, as set out within the paper.</p>
ABUHB 2501/07	<p>Chair's Report</p> <p>The Chair thanked staff for their time, energy and ideas when she had met with them on visits and provided her verbal report and an overview of the activities she had undertaken, outside of her routine meetings and visits, as follows:</p> <ul style="list-style-type: none"> • Chair's Peer Group meeting, including discussions on community capacity building, public appointments training and mentoring and urgent and emergency care. A letter had also been sent to the Minister for Health and Social Services regarding what more could be done in respect of social care provision. • Chaired the Regional Partnership Board, at which the winter plan was discussed at length. The need to evaluate the plan was noted as a key matter. • Meeting of Health Board Chairs and Local Authority Leaders with the Minister for Health and Social Services to discuss delays in transferring care to social care. <p>The Chair also confirmed that the Health Board had been successful in appointing, Hannah Evans, as Director of Strategy, Planning and Partnerships and looked forward to welcoming her to a Board meeting in the near future.</p> <p>The Board NOTED the Chair's Report.</p>
ABUHB 2501/08	<p>Chief Executive's Report</p> <p>Nicola Prygodzicz (NP), Chief Executive, provided an overview of activities undertaken and issues being addressed, as follows:</p>

	<ul style="list-style-type: none"> • The last few weeks had been significantly challenging. Activity had peaked in the pre and post-Christmas period. Strep A, COVID and flu had placed significant challenges on services and staff across the whole system, with teams working exceptionally hard. Reflections from staff had been that this was the most challenging Christmas period they had ever worked. • The organisation remained under significant pressure, with work progressing to meet demands as well as taking a renewed focus on discharge and ambulance waits. • Additional response to manage the impact of industrial action, primarily ambulance services, with additional resource for handovers had been required. • The financial context had become even more challenging for this year, with difficult choices to be made for future years as the Integrated Medium-Term Plan was refreshed. • There had been over 300 applications for the staff recognition awards with many examples of high quality care, innovation and improvement and excellent leadership. <p>The Board NOTED the CEO's Report.</p>
ABUHB 2501/09	<p>Report from Aneurin Bevan Community Health Council</p> <p>The Board noted apologies from Jemma Morgan, Chief Officer of the Community Health Council. The Board received the report from the CHC which provided an overview of recent issues of concern and the positive observations or public feedback being addressed by the Community Health Council in relation to the planning and delivery of health services in Gwent.</p> <p>Pippa Britton (PB), Interim Vice Chair, asked if there was an opportunity to review signage across the Health Board to ensure it was as accessible as possible. Chris Dawson-Morris (CDM), Interim Director of Planning and Performance, confirmed that work was underway to improve signage across a number of sites, using dementia guidance as a core principle for way finding.</p> <p>Katija Dew (KD), Independent Member, noted a comment in the report regarding ordering meals two days in advance and asked if this was normal practice, and also queried how dietary restrictions for religious reasons were accommodated. Peter Carr (PC), Director of Therapies and Health Science, explained that a patient dining review had been undertaken, with patients, staff and dieticians. The outcome would be reported to the Patient Quality, Safety and Outcomes Committee.</p> <p>Paul Deneen (PD), Independent Member, asked if there was any guidance regarding calls back from a GP for working people – if a specific time is not provided. Chris O'Connor, (CO), Interim Director of Primary, Community and Mental Health Services, agreed to feed this in to work being undertaken in relation to access to primary care.</p> <p>The Board NOTED the report.</p>
ABUHB 2501/10	<p>Patient Story</p> <p>Jennifer Winslade (JW), Director of Nursing, introduced 'Bob's Story' which highlighted the importance of dignity and respect for patients. The story had been shown at a national Healthcare Support Workers Conference and provided a good reflection back to staff.</p>

	<p>Unfortunately, it was not possible to play the video during the meeting. A link to 'Bob's Story' is available on the following link: https://m.youtube.com/watch?v=MJNM266fPNE&feature=youtu.be</p> <p>The Board thanks Mr Purvis for sharing his story.</p>
ABUHB 2501/10	<p>Charitable Funds Annual Accounts and Annual Report 2021/22</p> <p>Rob Holcombe, (RH), Director of Finance & Procurement, presented for approval the charitable Funds Annual Accounts and Annual Report for the year ending 31 March 2022 for Aneurin Bevan University Health Board Charitable Fund.</p> <p>The Board was advised that the final Accounts and Annual Report for 2021/22 and Audit Wales report were presented to the Charitable Funds Committee on 19th January 2023.</p> <p>The Board was pleased to note that Audit Wales intended to provide an unqualified audit opinion on the annual accounts.</p> <p>Katija Dew (KD), Chair of the Charitable Funds Committee, thanked all those involved in preparation of the Accounts and Annual Report 2021/22, and for the work undertaken throughout the year. KD highlighted that 41% of the funds were donations and fundraising activity and thanked all those who had donated.</p> <p>The Board, acting as Corporate Trustee, APPROVED the Annual Accounts and Annual Report 2021-22 and noted that they would be filed with the Charities Commission by 31 January 2023.</p>
ABUHB 2501/10	<p>Opening Capital Programme 2023-24</p> <p>Chris Dawson-Morris (CDM), Interim Director of Planning and Performance, presented for approval the draft opening Capital Programme for 2023/24 for both the All-Wales Capital Funding and the Discretionary Capital Allocation to ensure early 2023/24 progression.</p> <p>CDM highlighted the reduction in capital funding over recent years and outlined the robust process in place to develop the programme, driven by divisions and clinical teams, with the agreed programme set by the Capital Group.</p> <p>It was noted that there was insufficient resource to pay for all of the schemes required and therefore the Programme aimed to focus on areas of greatest risk. There remained some areas that were deemed high risk but unfunded. CDM confirmed that work was undertaken with divisions to ensure that business continuity plans and assurance mechanisms were in place for these areas.</p> <p>CDM highlighted the large (£1.5m) allocation to the 'WinPath' - Blood Transfusion Replacement System. It was noted that the Health Board's current system was due to reach end of life on 31st March 2023 and from that point forward there would be no technical support available from the supplier. The national programme would not deliver a new system in time and the Health Board was therefore in discussion with Welsh Government to request funding support which if successful will be reinstated to the Discretionary Capital Programme.</p> <p>Pippa Britton (PB), Interim Vice Chair, requested that it would be helpful if future reports were layered with the Estates Strategy to aid understanding on the areas of choice.</p>

Shelley Bosson (SB), Independent Member, highlighted the backlog maintenance related risk on the Corporate Risk Register, noting that the risk for this area had achieved its target score and it was unclear when it was known that the backlog was growing. It was noted that a review of the Corporate Risk Register was due to take place.

Nicola Prygodzicz (NP), Chief Executive, stated that the capital agenda was concerning with a significant amount of risk included, recognising that these were national challenges not unique to the Health Board. NP noted that the Health Board would continue to maximise opportunities when funding became available.

The Board APPROVED the Draft Opening Capital Programme 2023/24, and the acceleration of any of the approved bids to balance off end of year slippage. The Board APPROVED the reserve schemes included in Appendix 1 subject to funding becoming available.

**ABUHB
2501/10**

Review of the current arrangements for Midwifery Led Services within Aneurin Bevan University Health Board

Jennifer Winslade (JW), Director of Nursing, presented an update regarding the temporary service change implemented in May 2022 in order to provide an appropriate and safe model for midwife led services for Aneurin Bevan University Health Board.

JW reminded members that the temporary changes had been instigated as a direct result of significant staffing challenges to ensure safe staffing levels across the Health Board.

It was noted that an independent review of community led midwife services had been completed and a proposal to engage with the public on making the temporary change permanent, with further staff consultation, was outlined.

Linda Alexander (LA), Deputy Director of Nursing, confirmed that a significant amount of work had been undertaken on recruitment but challenges remained. There had been no reported incidents or complaints during the duration of the changed arrangements and positive staff feedback had been received.

It was noted that further work would be required to confirm the costs of relocating the birthing pool.

Iwan Jones (IJ), Independent Member, asked if there was a cost difference between the two services. It was noted that there was no overall impact on costs, but there had been a reduction in variable pay. It was agreed that the costs would be circulated. **Action: Director of Nursing**

Shelley Bosson (SB), Independent Member, asked if the space vacated in other hospitals could be utilised by other services. It was noted that the space would be utilised for antenatal and post-natal care, baby checks etc.

Louise Wright (LW), Independent Member, asked if staff morale had improved during the temporary change. It was confirmed that there had been some improvement, particularly amongst community staff.

	<p>The Board SUPPORTED the proposal to engage with the public on making the temporary change permanent, with further staff consultation.</p>
<p>ABUHB 2501/11</p>	<p>Cancer Services Annual Report 2022</p> <p>James Calvert (JC), Medical Director, provided an update on progress in relation to the implementation of the Health Board's approved Cancer Strategy – Delivering a Vision 2020-25.</p> <p>The focus of the teams on prevention, early detection and timely pathways was highlighted.</p> <p>JC noted that cancer services had continued throughout the COVID pandemic and had recovered rapidly. However the demand had significantly increased which was impacting detrimentally on performance. This was now improving.</p> <p>JC outlined some of the key achievements over the past 12 months, including continued implementation of the Suspected Cancer Pathway and the National Optimal Tumour Site Cancer Pathways, reconfiguration of the Vague Symptom Rapid Diagnostic Clinic, and Full Business Case (FBC) approvals for a Satellite Radiotherapy Unit at Nevill Hall Hospital and a Unified Breast Service at Ysbyty Ystrad Fawr.</p> <p>JC confirmed that the focus over the next 12 months would be on patient centred cancer care, including pre-habilitation, support and cancer survivorship.</p> <p>Paul Deneen (PD), Independent Member, asked if there was research on the impact of vaping and cancer. JC explained that there was well documented evidence that vaping, although it can help people to stop smoking, can result in permanent lung damage and death.</p> <p>Eryl Powell (EP), Consultant in Public Health, commented that this was a risk for future generations and that schools in Gwent had highlighted this as an issue. Guidance had been developed for dissemination to young people's organisations.</p> <p>The Board NOTED the progress that cancer services have made over the past 12 months and the future priorities.</p>
<p>ABUHB 2501/12</p>	<p>Update on Job Planning Arrangements</p> <p>James Calvert (JC), Medical Director, provided an update on consultant job planning arrangements.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • job planning was an annual process; • all consultants have plans but they are not all reviewed in year; • there had been a limited assurance Internal Audit report; • work was underway to improve job planning, but it had been suspended during COVID; • the current system was paper based and would not provide the consistency required. <p>JC outlined the revised approach to job planning, which included the development of a detailed job planning procedures and the procurement and implementation of an electronic job planning system. It was noted that the approach had been</p>

	<p>discussed by the Executive Team, People and Culture Committee, Remuneration and Terms of Service Committee and the Audit, Risk and Assurance Committee.</p> <p>The Board supported the proposal, noting its importance in being able to plan services appropriately; and requested updates on the roll out of the new system to the People and Culture Committee.</p> <p>Action: Director of Corporate Governance</p>
<p>ABUHB 2501/12</p>	<p>Performance Overview Report, January 2023</p> <p>Chris Dawson-Morris (CDM), Interim Director of Planning and Performance, presented an interim update on key performance areas where information was available since the Quarter 2 Outcomes and Performance Report, noting that a full Quarter 3 report would be produced for the March Board meeting.</p> <p>CDM highlighted:</p> <ul style="list-style-type: none"> • focus on paediatric long waiters, particularly ENT outpatients, noting that the 52 week wait had been eliminated; • Good progress being made against the 36 weeks target; • Good progress with vaccination rates; • Planned care – acknowledged that patients were still waiting too long however, assurances that the Health Board was maintaining performance against agreed trajectories. • ENT, orthopaedics (spines) and ophthalmology were key areas of focus; • Urgent Care – long lengths of stay in ED and long waits on ambulances during the peak of the pressures however, early decisions were being taken to enable the best performance possible; • Renewed focus on older adults length of stay and discharge. <p>Nicola Prygodzicz (NP), Chief Executive, acknowledged the continued efforts to improve planned care services across the Health Board by addressing the 52 weeks wait and highlighted significant progress in the medicine division, who had 11,000 out patients waiting over 52 weeks in April 2021 and had reduced to zero waiting over 52 weeks in December 2022.</p> <p>Jennifer Winslade (JW), Director of Nursing, explained that work was being undertaken to review in detail those patients waiting for discharge to those which the Health Board was able to act on and those which required Local Authority partners to take action. For those that the Health Board was able to act on, processes were needed to check and challenge practice to determine what could be done at home and to build services in the community to support this. A pilot was due to commence at RGH to adopt a proactive approach to discharge, noting that assessing patients in their own home was likely to be most effective.</p> <p>It was agreed that a report would be provided to the next meeting to provide an update on discharge planning, including discharge processes for the frail and elderly. Action: Director of Nursing / Director of Primary, Community and Mental Health.</p> <p>Pippa Britton (PB), Interim Vice Chair, requested further information on stroke care and how to improve outcomes in this area. Peter Carr (PC), Director of Therapies and Health Science, confirmed that this was a key area of focus for the Health Board. It was agreed that this would be included in a Board Briefing Session. Action: Director of Therapies and Health Science</p>

	<p>Nicola Prygodzicz (NP), Chief Executive, noted that in relation to paediatrics, WHSSC was undertaking a review to understand what Cardiff and Vale UHB could deliver and what the other options may be. It was noted that, at month 7, there were no outpatients waiting over 36 weeks, with the majority waiting less than 26 weeks. In relation to inpatients, there were 8 patients waiting over 2 years and a high number waiting over 52 weeks.</p> <p>The Chair stated that it was not acceptable for specialty paediatric patients to be waiting such a length of time and requested a further update to the Board at its next meeting. Action: Interim Director of Planning & Performance</p> <p>The Board NOTED the report.</p>
<p>ABUHB 2501/13</p>	<p>Financial Performance: Month 09, 2022/23</p> <p>Rob Holcombe (RH), Director of Finance and Procurement, presented the paper outlining financial performance to the end of December 2022, highlighting a year-to-date revenue deficit of £31.8m and a year end forecast deficit of £37m, in line with the revised plan. The capital resource limit was forecasting to breakeven and the public sector payment policy was exceeding the 95% target.</p> <p>RH outlined the following key points:</p> <ul style="list-style-type: none"> • Month 9 year to date position in line with revised profile; • Continue to assume COVID and exceptional cost (energy) funding of approximately £32m; • Variable pay reduced, although continued high levels; • Spikes in non-pay spend, but these were funded; • Savings were ahead of profile; • Risks to mitigate adverse activity in order to achieve the forecast; • Adverse movement in the underlying deficit to £52m. <p>RH highlighted that overall pay expenditure had reduced in month, with the lowest level of variable pay for 13 months. However it had been a 4-week month, over Christmas, and the challenge would be to maintain this. The Health Board continued to operate with over 150 surge beds and the level of enhanced care remained high.</p> <p>Shelley Bosson (SB), Independent Member, asked if enhanced care improved outcomes. RH explained that an exercise had previously been undertaken to look at this and it was difficult to show cause and effect but broadly, there was a positive impact. Jennifer Winslade (JW), Director of Nursing, confirmed that the acuity of patients had definitely increased and it would be timely to review and ensure that interventions were the right ones.</p> <p>RH confirmed that the risks were a reflection of how the Health Board was currently operating and forecasts represented the best intelligence available.</p> <p>The Chair noted that the savings report referred to eliminating unwanted clinical variation to deliver improved efficiency and reduce waste and requested a note on how this would be achieved. Action: Director of Finance and Procurement</p> <p>The Board NOTED the report.</p>

ABUHB 2501/14	<p>Strategic Risk Report</p> <p>Nicola Prygodzicz (NP), Chief Executive, presented for assurance the 32 strategic risks within the Corporate Risk Register.</p> <p>NP highlighted the change in risk rating for CRR016 Achievement of Financial Balance from 16 to 20.</p> <p>Rani Dash (RD), Director of Corporate Governance, confirmed that deep dives on each risk would be undertaken in advance of the next meeting, utilising respective committees where possible.</p> <p>The Board NOTED the report.</p>
ABUHB 2501/14	<p>Executive Committee Activity</p> <p>Nicola Prygodzicz (NP), Chief Executive, presented an overview of a range of issues discussed by the Executive Committee at meetings held during November and December 2022.</p> <p>NP highlighted examples in the report which demonstrated the passion of our staff, including a Quality Improvement Project to improve toileting and continence care for people living with dementia in acute hospital settings; and the Health Board's decarbonisation programme, becoming the first organisation in Wales to stop using desflurane in theatres.</p> <p>The Board NOTED the report.</p>
ABUHB 2501/15	<p>An overview of Joint Committee Activity</p> <p>Nicola Prygodzicz (NP), Chief Executive, provided an update on the issues discussed and agreed at recent meetings of Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC), as joint committees of the Board.</p> <p>NP highlighted the main focus at the WHSSC meeting had been the integrated commissioning plan, with WHSSC working with providers about priorities, taking a realistic approach to what can be delivered.</p> <p>Rob Holcombe (RH), Director of Finance and Procurement, raised the need to review under-delivery in a number of Welsh provider contracts.</p> <p>The focus at EASC had been the continued requirement to reduce ambulance handover delays and patients waiting over 4 hours. Also, an engagement exercise was to be undertaken regarding changes to the EMRTS system.</p> <p>The Board NOTED the report.</p>
ABUHB 2501/16	<p>Key Matters from Committees of the Board</p> <p>The Board RECEIVED Assurance Reports from the following Committees:</p> <ul style="list-style-type: none"> • Audit, Risk and Assurance Committee • Patient Quality, Safety and Outcomes Committee • Mental Health Act Monitoring Committee

	The Board also noted an update from the NHS Wales Shared Services Partnership Committee, noting further consultation likely to be required in relation to TRAMS.
ABUHB 2501/17	Date of the Next Meeting: Wednesday 22 nd March 2023

DRAFT

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Governance Matters: Summary of Board Business held In-Committee
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad Purpose of the Report

Er Gwybodaeth/For Information

The purpose of this report is to share a summary of the formal discussion held by the Board at its private meetings held on 25th January and 15th February 2023 and to report any key decisions taken, in-line with good governance principles and requirements set out in the Health Board's Standing Orders.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

In accordance with its Standing Orders, Aneurin Bevan University Health Board conducts as much of its formal business in public as is possible (Section 7.5). There may, however, be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary [Director of Corporate Governance]) will schedule these issues accordingly and require that any observers withdraw from the meeting. This is sometimes known as a 'Private/Confidential Board meeting' or an 'In-Committee Board meeting'. The legal basis by which observers would be asked to withdraw from such meetings, is as set out within the *Public Bodies (Admission to Meetings) Act 1960, section 1 (2)*.

In circumstances where the Board meets in a private formal session, it shall formally report any decisions taken to the next meeting of the Board in public session.

Aneurin Bevan University Health Board is committed to carrying out its business openly and transparently, in a manner that encourages the active engagement of its citizens, community partners and other stakeholders.

The purpose of this report is therefore to share a summary of formal discussion held by the Board at its private meetings held on 25th January and 15th February 2023 and to report any key decisions taken.

Cefndir / Background

Summary of Discussions

Maternity Services Review

The Board discussed the options for the most appropriate and safe model for the delivery of midwife led services for Aneurin Bevan University Health Board following the temporary changes instigated in May 2022, as discussed during the public section of the meeting.

The Board AGREED to the short-term model (option 1) whilst further work was undertaken on the final, long-term option.

Financial Performance and Recovery 2022/23

The Board received an overview of the national finance position and noted the key risks for Health Board finances, including prescribing, RPB slippage and increased costs over the winter.

The Board received an overview of the month 10 position and recovery plan updates. The Board received an analysis of savings plans, noting that prescribing costs continued to be a significant risk and that variable pay was being driven by continued operational pressures.

Asesiad / Assessment

In endorsing this report the Health Board will comply with its own Standing Orders.

Argymhelliad / Recommendation

The Board is requested to note this report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
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Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Enabler
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. Not applicable to this report

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	None
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper No does not meet requirements
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	Choose an item. Choose an item. Not applicable to this report

<https://futuregenerations.wales/about-us/future-generations-act/>



CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD ACTION LOG

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
30 th November 2022	ABUHB 3011/17	Performance and Outcomes Report, Quarter 2: System errors associated with the implementation of WCCIS in Mental Health had been addressed and a plan was being developed with the Delivery Unit to address the backlog of activity. Note to be circulated to members following meeting with the DU.	Interim Director Primary, Community and Mental Health Services.		Complete. Briefing circulated
25 th January 2023	ABUHB 2501/10	Review of the current arrangements for Midwifery Led Services within Aneurin Bevan University Health Board: Summary of the costs associated with the service to be circulated.	Director of Nursing		Complete. Briefing circulated
25 th January 2023	ABUHB 2501/12	Performance Overview Report, January 2023: Report to be provided to the next meeting to provide an update on discharge planning, including discharge processes for the frail and elderly.	Director of Nursing / Interim Director of Primary, Community and Mental Health.	March 2023	Discharge Planning to be included as a focus in the Six Goals Programme Report to be submitted to the Board in May 2023.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					Frailty update included on the forward work programme for May 2023.
25 th January 2023	ABUHB 2501/12	Performance Overview Report, January 2023: Update on Stroke Services to be provided to a Board Briefing Session	Director of Therapies and Health Science	March 2023	Complete. Update provided to the Board Strategic Planning Session on 15 th February 2023
25 th January 2023	ABUHB 2501/12	Performance Overview Report, January 2023: An update on waiting times for specialty paediatric patients to be provided at the next meeting.	Interim Director of Planning & Performance	March 2023	Complete. Included within Performance Overview Report, Quarter 3 (Agenda Item 4.1)
25 th January 2023	ABUHB 2501/13	Financial Performance: Month 09, 2022/23: Savings report reference to: eliminating unwanted clinical variation to deliver improved efficiency and reduce waste – circulate a note on how this would be achieved.	Director of Finance and Procurement	March 2023	Complete. Briefing circulated

All actions in this log are currently active and are either part of the Board's forward work programme, requiring immediate attention, such as an update on the action or confirmation that the item scheduled for the next Board meeting will be ready.

Once the Board is assured that an action is complete, it will be removed. This will be agreed at each Board meeting.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Governance Matters: Report on Sealed Documents and Chair's Actions
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

This report is presented for compliance and assurance purposes to ensure the Health Board fulfils the requirements of its Standing Orders in respect of documents agreed under seal and situations where Chair's Action has been used for decisions.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This paper presents for the Board a report on the use of Chair's Action and the Common Seal of the Health Board between the 11th January and 13th March 2023.

The Board is asked to note that there have been five (5) documents that required the use of the Health Board's seal during the above period.

Chair's Action in Standing Orders requires approval by the Chair, Chief Executive and two Independent Members, with advice from the Board Secretary (the Director of Corporate Governance). All Chair's Actions require ratification by the Board at its next meeting.

During the period between the 11th January and 13th March 2023, four (4) Chair's Actions have been agreed. This paper provides a summary of the Chair's Actions taken during this period, which are appended to this report at **Appendix One**.

Cefndir / Background

1. Sealed Documents

The common seal of the Health Board is primarily used to seal legal documents such as transfers of land, lease agreements and other contracts. The seal may

only be affixed to a document if the Board or Committee of the Board has determined it should be sealed, or if the transaction has been approved by the Board, a Committee of the Board or under delegated authority.

2. Chair's Action

Chair's Action is defined by the Health Board's Standing Orders as:

Chair's action on urgent matters: There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

3. Key Issues

3.1 Sealed Documents

Under the provisions of Standing Orders the Chair or Vice Chair and the Chief Executive or Deputy Chief Executive must seal documents on behalf of the Health Board. Five documents were sealed between the between the 11th January and 13th March 2023, as outlined below.

Date	Title
13/01/2023	Confirmation notice NR2 for Regional Project Manager Radiotherapy Unit NHH. ABUHB (Employer) executed as a deed by GLEEDS Management Services Ltd
27/01/2023	ABUHB and Kintra Limited – Chepstow Community Hospital – Consent to Novation of Facilities Management Agreement
31/01/2023	Confirmation Notice No.2 for Commencement of Stage 4,5 and 6 services for ABUHB for the Radiotherapy Unit at NHH. Call Off Contract Agreement and Lee Wakemans Ltd
07/02/2023	Kier Ltd and Kier Construction Ltd and ABUHB Guarantee and Confirmation No.2 Relating to Radiotherapy Unit at NHH
09/02/2023	Youth Offending Services Agreement between ABUHB, National Probation Service, Gwent Police, Monmouthshire County Council, HMPPS, Torfaen CBC 1 st April 2022 until 31 st March 2025

3.2 Chair's Action

All Chair's Actions undertaken between 11th January and 13th March 2023 are listed below, all of which were approved by the Chair.

Date	Title
25/01/2023	Video Consultation Service – Attend Anywhere
08/02/2023	HSG Facilities Management – Provision of a manned security service (GUH, NHH, St Cadoc's, Hospital, RGH)
23/02/2023	2023/24 Delivery Plan for Mass Vaccination Programme
06/03/2023	Energy and Ancillary Services

Asesiad / Assessment

In endorsing this report the Health Board will comply with its own Standing Orders.

Argymhelliad / Recommendation

The Board is asked to note the documents that have been sealed and to ratify the action taken by the Chair on behalf of the Board.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Enabler
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. Not applicable to this report

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	None
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. Not applicable to this report

Appendix One

Description of Request:	
To consider as Chairs Action the approval of a Request for Approval (RFA) of an Extension of the current Video Consultation Service.	
Financial Value	<p>1 year with an option to extend for 1 year (1 + 1)</p> <p>Initial term 01/01/23 – 31/12/23</p> <p>Annual value of current contract: £1,630,000 excl VAT</p> <p>Annual value of new contract: Year One £1,630,000 (excl VAT) Year Two £1,630,000 + capped inflationary allowance 2% - 5% +/- (excl VAT)</p> <p>Total value of new contract: £3,260,000 excl VAT</p>
Situation	
Request to approve the Request for Approval (RFA) with an option to extend.	
Background	
<p>In line with A Healthier Wales, and as a part of the Welsh Government's emergency response to the COVID-19 pandemic, the Video Consultation Service (VC) has been implemented across all Welsh Health organisations covering a range of health services and specialties within these organisations since April 2020.</p> <p>VC now forms part of a safe and assured toolkit for patients and clinicians that allows them to work flexibly which meets need and choice to deliver safe and timely care to the people of Wales.</p> <p>From April 2020 to date, Technology Enabled Care (TEC) Cymru (hosted by Aneurin Bevan UHB) has collaborated and supported Health Boards to deliver the VC Service, resulting in over 300k consultations across more than 50 specialties in Primary, Secondary and Community care settings.</p> <p>In December 2020, a Business Case to support the continuation of the Service was approved by the Welsh Government's Digital Scrutiny Panel for provision of funding for ongoing national platform costs and Health Board resourcing.</p> <p>The overall objective of the platform, and aligned service, is to bring the benefits of VC to service users, citizens, and staff, through a virtual video clinic environment via an easy to use, internet technology-based solution accessible from the citizen's location, using their own device.</p> <p>The VC system is currently standalone and therefore does not have to consider any data migration or integration issues.</p>	

Request

It is recommended the extension is approved to ensure the continuity of clinical services throughout Wales. The cost for the service will remain the same as per previous years of service for year 1, avoiding the impact of CPI. There will be a CPI uplift on the contract charges for the second-year extension. This extension will only be executed if Health Board's wish to continue using the service and funding is provided directly by the participating Health Boards, or if the strategic direction changes; Welsh Government will continue to fund the arrangement.

Accompanying documents:

[illegible]

Approval:

In accordance with the Delegated Limits set out within the Health Boards SFI's, the Chair is requested to approve the request.

Signatures: Chair / Vice Chair	Date:
	25.1.23
Signature: Chief Executive	Date:
	25.1.23
Signature: Director of Corporate Governance	Date:
	25 th January 2023
Signature: Independent member	Date:
Pippa Britton - Approved by separate email	27/1/23

Signature: Independent member	Date:
Paul Deneen - Approved by separate email	26/1/23

----- End -----

Description of Request:

To consider as Chairs Action the approval of a Single Tender Action (STA) for the provision of a manned security service at The Grange University Hospital, Nevill Hall Hospital, St Cadocs Hospital and Royal Gwent Hospital.

Financial Value

Proposed agreement period 5th February 2023 – 4th August 2023 (with the option to extend for a further 6 months until 3rd February 2024)

Annual Cost:
6 months – circa £750,000
12 months – circa £1,500,000

Total Cost:
6 months – circa £900,000 (including VAT)
12 months – circa £1,800,000 (including VAT)

The service is VAT recoverable under COS Heading 60.

Situation

Request to approve the Single Tender Action (STA) with an option to extend.

Background

A security review was carried out by Avon and Wiltshire Mental Health Partnership NHS Trust between March and April 2022 and a copy of the report and action plan was shared with the Health Board.

The independent review has prompted discussions within the Health Board to consider if its security services should be brought in- house or continue to be provided by an external source.

To enable longer term decisions to be made based on the findings of the independent security review a short extension to the current contract is required.

Request

It is recommended the extension is approved to eliminate the immediate risk to the organisation. The service is essential for maintaining the safety and security of the Health Board sites, their patients, staff and visitors.

Accompanying documents:



ABU-STA-52321 - Security (003).pdf

Approval:

In accordance with the Delegated Limits set out within the Health Boards SFI's, the Chair is requested to approve the request.

Signatures: Chair / Vice Chair	Date:
	8/2/23
Signature: Chief Executive	Date:
	7/2/23
Signature: Director of Corporate Governance	Date:
	3/2/23
Signature: Independent member	Date:
Approved by separate email Paul Deneen	8/2/23
Signature: Independent member	Date:
Approved by separate email Pippa Britton	8/2/23

---- End ----

Description of Request:

In-line with the Health Board's Standing Orders, approval is sought via Urgent Chair's Action, to commit funding to support the sustainable and resilient workforce model to deliver the Mass Vaccination Service, including the impending Spring Booster.

Financial Value

It is requested that the Board, via Urgent Chair's Action, agree the commitment of £3,731,729 to enable permanent recruitment of the Mass Vaccination Programme team, as set out in the table below.

These costs differ from those set out within the attached Executive Committee paper, to ensure costings are funded at top of scale as worst-case scenario, as advised by the Assistant Director of Finance. This was also undertaken at the request of the Executive Committee when the paper was considered on 16 February 2023.

MASS VACCINATION PROGRAMME	WTE	Cost (Top)	Options	Recommendation
Extend Secondment (No Impact on Permanent Rights)	8.20	£473,956	Extend secondment or make permanent	Extend secondment
Fixed Term Contracts (With Permanent Rights - 2 Yrs +)	42.33	£1,496,855	Make permanent	Make Permanent
Fixed Term Contracts (Will invoke 2 Yrs if extended)	16.75	£592,306	Make permanent or shorter extensions so don't hit two years	Make Permanent
Fixed Term Contracts (With No Permanent Rights - 2 Yrs +)	25.19	£890,757	Extend contracts or make permanent	Make Permanent
Already Have Permanent Rights	3.20	£277,855	Already permanent - no action required	No action required
Total	95.67	£3,731,729		

Situation and Background

At its meeting on 16th February 2023, the Executive Committee considered and endorsed proposals in respect of the 2023/24 Delivery Plan for Mass Vaccination Programme (MVP). The paper presented is attached.

In respect of the workforce model, key headlines presented were:

- The service needs a minimum resilient workforce to deliver the service including the impending spring booster.
- Almost all MVP workforce are temporary staff who have had contracts extended several times.
- The service has already reduced the number in the workforce model from 132.92 WTE down to 95.67, the minimum required for the spring booster.

- Fixed term staff are due to finish at the end of March and already seeking alternative more stable employment.
- The service has risk assessed all people and posts with workforce colleagues to establish how easily they could be redeployed if necessary, should funding not be available past 2023/24. The workforce is deemed largely low risk as per the breakdown in the paper.
- WG has indicated that they intend to provide recurrent funding as part of the Health Board's core allocation from 2024 onwards - see letters in the paper.
- A National Immunisation Framework has been published that the Health Board will need a core workforce to continue to deliver from 2023 onwards.
- The preference would be to make the whole workforce permanent, however the Executive Committee has asked that where the service can, it should extend secondments without creating permanent rights. The service is enacting this.
- This leaves 84.27 WTE remaining on fixed term. Roughly half of these staff are already entitled to permanent contracts give the length of service. If the service was to extend by just another year to deliver this year's booster programmes, another half of those left would have equivalent permanent rights.

On balance, given WG funding is indicated, the posts have been risk assessed with workforce as low and the staff can be redeployed as necessary. Extending fixed term contracts further will generate even more staff with permanent rights, the recommendation, therefore, is that the service makes permanent all the staff who are fixed term. This will ensure that the service can retain staff for the programme, including the spring booster next month, and we will avoid the scenario where the majority of staff are offered permanent contracts leaving a handful who are not offered the same, when these staff will be working alongside each other daily in the vaccination centres.

Request:

It is requested that the Board, via Urgent Chair's Action, agree the commitment of £3,731,729 to enable permanent recruitment of the Mass Vaccination Programme team, as set out above.

Accompanying documents:

 3.2a Mass Vaccination Program	 3.2c WG Letter 22_12_22.docx	 3.2d WG Letter 03_02_23.pdf	 3.2e WG Letter 07_02_23.pdf	 3.2f Winter Service Risks.docx
 3.2g MVP Permanent Structure				

Approval:

In-line with the Health Board's Standing Orders, approval is sought via Urgent Chair's Action, to commit funding to support the sustainable and resilient workforce model to deliver the Mass Vaccination Service, including the impending Spring Booster. The Chair is requested to approve the request outlined.

Signatures: Chair / Vice Chair	Date:
	23/2/23
Signature: Chief Executive	Date:
	16 th February 2023
Signature: Director of Corporate Governance	Date:
	16 th February 2023
Signature: Independent member	Date:
Pippa Britton - Approved by separate email	23/2/23
Signature: Independent member	Date:
Paul Deneen - Approved by separate email	23/2/23

---- End ----

Description of Request:

To consider as Chairs Action the approval of a Request for Approval (RFA) to the Supply of Energy and Ancillary Services.

Financial Value

Contract period including extension options:
1st October 2023 until notice of termination is served

Annual value of current contract: £22,955,496.00

Annual value of new contract: Energy is purchased on the open market and prices vary

Total value of new contract: TBC – variable year to year

Situation

Request to approve the Request for Approval (RFA) and recommended approach to revising the All-Wales NHS Energy Governance and Procurement management arrangements for 2023/24.

Background

The NHS Wales procurement arrangements for purchasing Energy (Gas & Electric) have been in place since 2005 and pre-dates the current NHS organisational structure.

Given the energy price increases and volatility experienced during 2022/23, review was undertaken by the All-Wales Directors of Finance group (AWDoFs) to consider current arrangements and how they may be strengthened and made more sustainable for the future.

The current situation has been assessed, options have been considered and benefits identified to support the recommended approach.

In addition, the current Energy provider 'British Gas Business' (BGB) have confirmed they will be exiting the industrial & commercial market in the future and will not be offering a renewed contract option. As such a new provider has been sought and Crown Commercial Services were judged to offer the best option for NHS Wales.

Request

It is recommended the proposed approach to Energy procurement governance arrangements are approved including:

- The revised governance group arrangements, and
- The proposed new Energy procurement contractual arrangements with Crown Commercial Services

Accompanying documents:



Approval:

In accordance with the Delegated Limits set out within the Health Boards SFI's, the Chair is requested to approve the request.

Signatures: Chair / Vice Chair	Date:
	6/3/23
Signature: Chief Executive	Date:
	6.3.23
Signature: Director of Corporate Governance	Date:
	6 th March 2023
Signature: Director of Finance, Procurement & VBHC	Date:
	6/3/23
Signature: Independent member	Date:
Pippa Britten - Approved by separate email	6/3/23
Signature: Independent member	Date:
Paul Denzen - Approved by separate email	6/3/23
---- End ----	

Aneurin Bevan Community Health Council (CHC)

CHC Report

For Aneurin Bevan University Health
Board Meeting

March 2023



www.aneurinbevanchc.nhs.wales

Accessible formats

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.

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About the Community Health Councils (CHCs)

CHCs are the independent watchdog of the National Health Service (NHS) within Wales. CHCs encourage and support people to have a voice in the design and delivery of NHS services.

CHCs work with the NHS, inspection, and regulatory bodies. CHCs provide an important link between those who plan and deliver NHS services, those who inspect and regulate it and those who use it.

CHCs hear from the public in many ways. Before the coronavirus pandemic, CHCs regularly visited NHS services to hear from people while they were receiving care and treatment. CHCs also heard from people at local community events, and through community representatives and groups.

Since the coronavirus pandemic, CHCs have focused on engaging with people in different ways.

This includes surveys, apps, videoconferencing, and social media to hear from people directly about their views and experiences of NHS services as well as through community groups.

There are 7 CHCs in Wales. Each one represents the “patient and public” voice in a different part of Wales.

Introduction

The purpose of this report is to inform Aneurin Bevan University Health Board of recent issues of concern and positive observations, or public feedback being addressed by the Community Health Council in relation to the planning and delivery of health services in Gwent.

The CHC continues its work in respect of engaging with the population, scrutinising, and offering independent challenge to the NHS, monitoring, and considering routine and urgent service changes and continue to provide an independent Complaints Advocacy Service.

CHC update

1. HMP Survey

The surveys for this project have been delivered to both HMP Prescoed and Usk, and have been distributed for completion.

The CHC is grateful for the continued communication from colleagues in the Public Health team within the Health Board, who have worked with us collaboratively on this project.

A report will be produced and sent to the UHB shortly.

2. Urgent visit to NHH 3.3

On Wednesday 1st February 2023 CHC volunteer members attended ward 3.3 for an unannounced visit. The reason for our visit was due to an enquiry we received through our advocacy service. This enquiry raised concerns about the standards of care

that someone was receiving on this ward, dignity issues and risk of falls. An urgent visit was arranged to gain other people's views.

Members completed a ward and mealtime observation form, as well as patient surveys.

After members completed this visit, the issues below were identified and were sent to the Health Board:

- Positive feedback was received about staff members. We were told staff introduced themselves before providing care, people felt listened to when making decisions about care and that staff are willing to repeat themselves when needed. The people we spoke to found staff helpful and friendly.
- Some observations were made regarding a difficult exchange on this ward. The Divisional nursing team were involved in addressing this observation at the time of the visit.
- It was reported that there was a lack of dietary options for vegan people on this ward.
- We observed a staff member attempt to clear a patient's tray before they had finished their meal.
- We noted an absence of leadership on the ward.
- One of the visiting team was asked by a patient to help them to open a fruit pot which was sealed with foil. The team member obliged but also struggled to open the pot.
- It was also observed that there was a lack of support and help for patients during mealtime.

The report has recently been submitted.

3. Winter Patient Experience Project

On Monday 9th January 2023, the CHC launched the annual Winter Patient Experience project. This project was live for 6-weeks.

With the support of the Health Board and CHC volunteer members, we received 398 responses from people attending Minor Injury Units (MIUs) and the Emergence Department (ED).

The CHC would like to express thanks to the Health Board for their continued support for this project and for receiving CHC survey packs that were kept in the MIUs and ED for people to fill in.

A summary of responses below:

- Most weeks, people rated their time in the MIUs and ED department during this 6-week period as “very good” or “good”.
- There was a high level of positive feedback every week regarding the helpfulness and friendliness of staff across all departments.
- A common theme was identified whereby most people did not contact another health professional or service before attending a hospital.
- 7% of people told us they waited over 12 hours to be discharged or admitted to another ward.
- It was positive to find that 81% of people during this 6-week period, were kept comfortable during their time in the departments.
- 61% of people told us they were not made aware of any delays in them leaving the department/unit on the day they attended.

Report is currently being drafted.

4. Whole system pressures

CHCs across Wales continue to hear people's feedback about:

- Long handover times to the Emergency Departments from ambulance crews.
- Long waits for people who self-present to Emergency Departments.
- Difficulties in releasing ambulances back into the community to respond to calls, especially to rural footprints.
- Delayed discharges from a hospital setting when deemed medically fit, due to community service / social care constraints.
- Long planned care waits.

We continue to hear positive feedback from people who access care at the Minor Injuries Units and for the clinical care delivered at the Grange University Hospital, as referenced in our winter patient experience project update.

5. Post-covid (Long covid) Syndrome

In July 2022, the CHC launched a **Post-Covid Syndrome (Long-Covid) Survey**.

Overall, we received 41 responses to this survey.

A summary of the responses is below:

- Overall, most people told us they self-diagnosed with post-covid syndrome or the diagnosis was made by their GP.
- Half of respondents told us they felt their pre-existing medical conditions had now worsened due to experiencing post-covid syndrome.

- Most people were aware of the NHS Wales Covid-19 Recovery app, but those people told us they did not use it.
- It was encouraging to read that those who needed access to specialist medical equipment after being diagnosed with post-covid syndrome, were able to access this equipment easily.
- However, most people were not aware of who they could contact should they have any questions in relation to their post-covid syndrome condition.

This survey will conclude in March 2023.

6. BSL support in hospital and at planned appointments

In August 2021 and December 2022, the CHC published two reports about people's experiences of accessing health care services and needing sensory loss support at appointments.

In both reports the CHC identified problems for people needing to book BSL (British Sign Language) interpreters through the NHS team organising their health care appointment.

The Health Board shared two action plans with the CHC following each report.

We continue to hear from people who need access to BSL interpreters for planned appointments and urgent attendances. We have heard from service users and BSL interpreters who report booking problems.

The CHC is aware that the Signlive Video Relay Service and Video Remote Interpreting rolled out across the UHB in February. We are keen to see feedback about the service's use, staff awareness and any performance measures used to evaluate the success of the service, including patient satisfaction feedback.

7. Pharmacies in Gwent

CHCs in Wales have identified a trend in recent community pharmacy applications to alter or withdraw a number of supplementary hours, or requests to withdraw Saturday opening hours.

Aneurin Bevan CHC has received notifications of change from the UHB following a number of applications submitted this year and is concerned about the increased frequency in which these applications are being received.

As people are asked to “choose well” in the NHS system and to consider local pharmacy advice through the common ailments scheme, the recent number of applications to alter opening times or withdraw weekend or supplementary hours is of concern.

The CHC has made Aneurin Bevan UHB colleagues aware of this concern and will continue to monitor NHS pharmacy service provisions in Gwent.

8. Monthly public feedback survey

In May 2020, the Community Health Council has been hearing from people via the “Care during the Coronavirus” survey, to hear about people’s positive and negative experiences in all NHS care areas.

To date we have heard from 1397 people. We have received feedback in January 2023. The following feedback was received:

- Someone gave feedback about the lack of information regarding what hospital to attend should you need medical attention. This person felt Gwent would benefit from a “24 hour Primary Care Centre” whereby you could access an appointment from a GP.
- This person also felt fearful should they need to seek medical attention/advice out of hours.

9. Upcoming and ongoing CHC activities

9.1 Llais – Your voice in health and social care in Wales

As of the 3rd of April 2023, the CHC will transition to the new Citizens Voice Body, Llais. Llais will represent the population in Wales in Health and Social care. Llais will be an independent, national body, which has been set up by the Welsh Government

We are currently asking people in the Gwent area what key priorities and issues for health and social care services Llais needs to consider during its first year. This includes asking people what activities in respect of health or social services that they may think Llais should be involved in. Along with any equality, diversity, inclusion matters within communities that the new body need to consider.

People's feedback will help us to compose our local annual plan for 2023-24.

Llais' initial landing page website has been launched to help us promote the plans to launch the new organisation. More content will be added to website prior to and post launch.

<https://www.llaiswales.org/>

<https://www.llaiscymru.org/>

Thanks

We thank everyone who took the time to share their views and experiences with us about their health and care services and to share their ideas.

We hope the feedback people have taken the time to share influences healthcare services to recognise and value what they do well – and act where they need to as quickly as they can to make things better.

Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.

Contact details



Aneurin Bevan Community Health Council
Raglan House
William Brown Close
Llantarnam Business Park
Cwmbran
NP44 3AB



01633 838516



Enquiries.AneurinBevanCHC@waleschc.org.uk



www.aneurinbevanchc.nhs.wales



@Bevanchc



CIC Aneurin Bevan CHC

Community Health Council

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Report – Budget Delegation Proposal 2023/24
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe - Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Suzanne Jones – Interim Assistant Director of Finance

Pwrpas yr Adroddiad Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

The Health Board is required to set budgets prior to the beginning of the financial year, which are in accordance with the aims and objectives of the Integrated Medium Term Plan for 2023/24 through to 2025/26. Specifically, this means preparing and setting budgets within available funds.

For this IMTP period the Board has agreed to support a 3 year recovery plan, as such a deficit position is reflected which reconciles to the IMTP financial plan of £112.8m. Budgets have been set on the basis of recognising this deficit and the expenditure levels required to achieve the aims of the IMTP.

This approach facilitates the continued use of budget variance monitoring for performance reporting and governance purposes.

This paper sets out the proposal to the Board for setting:

- Initial revenue budgets to be delegated for the 2023/24 financial year,
- Using the revised methodology as set out in item number 4.3 of the 15th January 2023 Finance & Performance Committee paper '2023/24 Budget Planning (Delegation) Principles', and
- Those budgets to be held in reserve – both in terms of planned commitments and any contingency (uncommitted reserve) including the IMTP Deficit negative budget.

Sefyllfa / Situation

This paper sets out the principles and proposed approach to delegating funding at the start of the 2023/24 financial year with total available resources of £1.5bn and an expected overspend of £112.8m.

Financial Plan 23/24	Likely case
Anticipated Allocations	1,500,652
Immunisation Framework	8,100
Testing & Tracing	4,800
Adferiad Long Covid	1,216
Total Funding	1,514,768
6 Goals urgent & Emergency Care prog	4,529
Medical Trainees	1,100
Covid Public Enquiry	776
Nosocomial investigation	753
E Triage	760
Total Funding	1,522,686
Central Income	12,317
Total Funding	1,535,003
Forecast Recurrent Spend / Income	1,635,035
Less reduction in current cost assessment	0
Savings non recurrent	0
Non recurrent covid remain as cost pressures	0
Baseline Total (before further cost pressures and savings)	100,032
Less Generic Saving Target	(6,298)
Less Savings 'plans'	(17,924)
Less focussed opportunities	(7,864)
Less stretch targets	(19,414)
Sub total savings	(51,500)
Baseline less Savings	48,532
National Cost Pressures	2,744
Inflationary Cost pressures	17,242
Demand / Service growth	16,830
Executive Approved decisions 23/24	11,000
Innovation / development Fund	10,000
Possible further inflationary pressure	5,500
Possible further national pressures ie DHCW	1,000
Sub total In cost pressures	64,316
Forecast deficit	112,848

In line with the agreed Board approach to financial sustainability and expected improvement in the underlying financial position, the budget setting plan needs to be focussed on making historic investment decisions sustainable and making maximum and effective use of current resources.

The expected purpose of budget planning principles is that the total Health Board budget value equals its available resources. Due to the underlying deficit within Aneurin Bevan Health Board this will mean that some (or all areas) will not have budget equal to, or greater than the forecast expenditure thus creating a deficit that will need to be managed. This will be managed with a multi-year approach as part

of a 3 year recovery plan. In this instance the budget planning principles have been applied where it is considered that savings required can be managed most effectively.

The IMTP financial plan is based on applying the above principles; thus the focus has been on developing a budget strategy that:

- Ensures budget delegation plan values reconcile with Allocation funding
- Budget allocations are prioritised to making historical/underlying commitments sustainable as part of the 'Core' IMTP plan
- Budget delegation includes Covid cost estimates and exceptional National Cost pressures as 'Core' IMTP plan
- Contingency reserves are established
- Requires budget holders to operate & deliver within delegated budgets
- Reflects that the IMTP target deficit is only achievable if £51m savings are delivered to support some of the service costs identified
- Budgets will be delegated net of expected savings targets, and
- All other risks & pressures will need to be pro-actively managed & mitigated.
- Facilitates a strengthened accountability approach with budget holders.

The approach has had to balance the challenges of funding historical commitments with statutory requirements and national agreements.

The approach is moving away from historical budgets with incremental changes, to one that focuses on current and forecast expenditure, taking account of savings opportunities.

The Board is asked to approve the proposed initial budget delegation 2023/24.

Cefndir / Background

The financial provisions and obligations of the Health Board are set out under Sections 174 to 177 of, and Schedule 8 to, the National Health Service (Wales) Act 2006 (c. 42). The Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer for the organisation, must ensure that the Health Board meets its statutory obligation to perform its functions within its available financial resources.

The Health Board has two statutory financial duties, the basis for which is section 175 of the National Health Service (Wales) Act 2006, as amended by the National Health Service Finance (Wales) Act 2014. They are as follows:

- First Duty - A duty to secure that its expenditure, which is attributable to the performance by it or its functions, does not exceed the aggregate of the funding allotted to it over a period of 3 financial years.
- Second Duty - A duty to prepare a plan to secure compliance with the first duty whilst improving the health of the people for whom it is responsible,

and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The details and requirements for the two duties are set out in the Welsh Health Circular “WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts.” [12b\) Statutory Duties of Welsh Health Boards.pdf \(wales.nhs.uk\)](#)

To be successful in meeting these targets the Health Board is required to set budgets, prior to the start of the financial year, and these should be in accordance with the aims and objectives of the Integrated Medium Term Plan for 2023/24 through to 2025/26. Specifically, this means preparing and setting budgets within available funds and delegating them in line with the Health Board’s Standing Financial Instructions (SFIs) and financial policy on budgetary control.

The Health Board has a well-established budgetary control procedure that describes delegation and accountability. The budget planning principles is concerned with how the amount delegated to individual areas is determined.

In view of the forecast deficit in 2022/23 and the associated levels of risk there was increased oversight by the Board, the Executive Committee and the Finance and Performance Committee. It is recommended these arrangements should be extended into 2023/24.

Asesiad / Assessment

Background

The Ministerial letter to Chairs formally issued the 2023/24 revenue allocations to Health Boards this was received by the Health Board on the 22nd December 2022. The allocation reflects the Minister for Health and Social Services decisions about the distribution of resources to Health Boards for the forthcoming year.

Baseline funding for 2023/24 has increased by **£60.7m** compared to 2022/23 (baseline). A detailed breakdown of the increase is shown in the Appendix. The ‘new discretionary funding’ net uplift to the Health Board i.e. excluding committed and directed funding, is **£9.4m** as follows:

Net funding uplift	2023/24 funding (£'000)
Core uplift 23/24	17,262
Planned and Unscheduled Care sustainability	(9,419)
Value Based recovery	(192)
Mental Health core uplift 23/24	1,961
Other funding movements	(231)
Total	9,382

It should be noted that the allocation letter does not include funding for any 2023/24 pay awards or contractor services uplifts, funding for these remains with WG and will be delegated to the Health Board once settlements are agreed.

In addition the Health Board has received a letter describing funding for Public health response including Covid-19 and Adferiad (long covid).

- *Response to Health Protection measures - £4.8m (non-recurrent)*
- *Mass vaccination - £8.1m (non-recurrent)*
- *Adferiad (Long Covid) - £0.9m (assumed recurrent)*

At this stage, the Health Board is anticipating funding allocations of c£1,522.686m for the financial year 2023/24. This is made up of confirmed allocations of £1,480.447m and anticipated allocations of £42.239m; a list of these is included in the appendices. As always, anticipated allocations carry the risk of not being received or received at a different value.

The Health Board has a recurrent allocation baseline to enable the planning of core services, and budget has been delegated over the years and generally remained on a historic basis, as agreed by the Board as part of previous IMTP's. The Health Board receives in year allocations from WG usually for a specific reason. These are delegated to the most suitable service area following agreement from the CEO and are listed in the Board finance reports. The delegation is reflective of whether or not the allocation is recurrent or not. In 2022/23 the discretionary uplift agreed by the Executive team and presented to the Board was applied to underlying issues and specific decisions made by the Executive team and the Board. A high level exercise was then conducted to indicate where savings and efficiency opportunities existed to reach a balanced core plan. However, this was not enacted via budget adjustments. The re-allocation of an underspend was also not agreed. More detail of this methodology is included in the appendices.

Methodology for 2023/24

The Finance & Performance Committee, 15th January 2023, agreed to use an alternative methodology as endorsed by the Chief Executive Officer. The following approach has been used to draft the budget setting for 2023/24 and reflects the best case within the IMTP.

Step 1

- Each of the Divisions / Directorates forecast spend in 2022/23 has been reviewed and balanced to the £37m reported deficit.

Step 2

- The forecast spend has then been reduced for areas that are expected to be non-recurrent. These are National Covid costs (£19.6m), NR local Covid Costs (£16m) listed in the appendices, Capital expenditure (c£15m) and IFRS 16 adjustments (£3.5m). There have also been adjustments for the non-

recurring annual leave provision (£2.9m & £16.6m impact), RPB adjustments to CEO and increased spend for the full year impact of executive decisions in 2022/23 (£6.4m) (listed in the appendices).

Step 3

- Each of the Divisions / Directorates have then been assessed and allocated Savings. These include:
 - A generic savings target (£6.3m) of 0.75% for executive areas of delegation and 0.5% for other areas, excluding some ringfenced budgets
 - Specific savings plans (£17.9m) – where there is reasonable assurance that savings can be made in these areas with a reasonable plan to achieve it,
 - 'Focussed opportunities' (£7.9m) where there is an indication that savings could be made but further work is required, and
 - Stretch targets (£19.4m) which is the balance required to meet the agreed savings target. This includes areas of slippage on allocations and some suggested areas for focus.

Detail by Division and savings themes is listed in the appendices.

Step 4

- Expenditure is increased to reflect the costs identified within the IMTP process relating to new in year (23/24) pressures. These are:
 - National Cost pressures (£2.7m),
 - Inflationary Cost pressures (£17.2m),
 - Demand & Service Growth (£16.8m),
 - Executive Approved decisions 23/24 (£11m),
 - Innovation & Development Fund (£10m), and
 - National & Inflationary risk contingency (£6.5m)

Detail by Division is listed in the appendices.

Step 5

- Expenditure is increased for additional allocations expected in year (£24.3m) along with a budget delegation contingency reserve (£6.4m).

Detail by Division is listed in the appendices.

Step 6

- The IMTP for 2023/24 forecasts a deficit of £112.8m, subject to Board approval. The budget setting has been prepared on this basis. For the budgets to be set in line with the IMTP there is a requirement to hold a deficit budget equal to this amount. This will be held within reserves.

Step 7

- The total proposed as budget delegation and reserves for 23/24 will be implemented through the ledger and reflected in the budget delegation letters. The final amounts proposed are shown in the table below.

Following this methodology and assessment the level of expenditure estimated for 2023/24 that requires budget coverage is £1,647,851,000, this reconciles to the expected financial forecast deficit of £112,848,000.

Delegated Budgets is based on the following Funding Assumptions

Financial Plan 23/24	Best Case
Confirmed Allocations	1,480,447
Anticipated Allocations	42,239
Central Income	12,317
Total Funding	1,535,003

Suggested Budget Delegation by Division / Executive Area

Delegated Areas	Sum of Total Forecast Spend 23/24
Primary Care & Community Services	271,345
Scheduled Care	187,750
Specialist Services	177,695
Medicine	125,903
Family & Therapies	122,444
Mental Health	114,294
Prescribing	111,124
Estates and Facilities	96,687
External Contracts	87,420
Community CHC & FNC	66,443
Clinical Support Services	57,537
Chief Executive and non officer members	54,828
Urgent Care	42,364
Planning & Digital/ICT	32,835
Capital charges	23,725
Public Health Director	11,013
N963-Reserves & Contingencies - Innovation & Development Fund	10,000
Finance & Procurement	8,655
Director of Operations	8,344
Workforce & OD	7,532
N963-Reserves & Contingencies - ULD Risks	5,643
N963-Reserves & Contingencies - Further Inflationary Pressures	5,500
Litigation	5,154
Nurse Director	4,893
Medical Director	3,571
Director of Corporate Governance	1,868
N963-Reserves & Contingencies - Further National Pressures	1,000
Therapies Director	804
N963-Reserves & Contingencies -Allocations Risks	700
ABCI	576
Director of Primary Community and Mental Health	204
N963-Reserves & Contingencies - Contingency	0
Shared Services	(0)
N963-IMTP Deficit	(112,848)
Grand Total	1,535,003

Comparison Draft Budget v Current (Recurrent) Budget by Delegated Area

	Recurrent budget at 14th Mar	Budget adjustment required	23/24 draft budget
<u>Operational Divisions:-</u>			
Primary Care and Community	262,770	8,575	271,345
Prescribing	99,194	11,930	111,124
Community CHC & FNC	63,914	2,529	66,443
Mental Health	102,876	11,417	114,294
Director of Primary Community and Mental Health	271	(67)	204
Total Primary Care, Community and Mental Health	529,025	34,384	563,408
Scheduled Care	176,876	10,875	187,750
Clinical Support Services	49,167	8,371	57,537
Medicine	103,118	22,785	125,903
Urgent Care	34,435	7,928	42,364
Family & Therapies	120,557	1,887	122,444
Estates and Facilities	81,151	15,536	96,687
Director of Operations	5,401	2,943	8,344
Total Director of Operations	570,704	70,326	641,030
<u>Corporate / Exec budgets:-</u>			
Finance & Procurement	7,587	1,068	8,655
Workforce & OD	6,701	831	7,532
Nurse Director	5,000	(107)	4,893
Chief Executive and non officer members	44,045	10,783	54,828
ABCI	796	(220)	576
Planning & Digital/ICT	28,209	4,626	32,835
Therapies Director	2,404	(1,600)	804
Board Secretary	938	930	1,868
Public Health Director	2,860	8,153	11,013
Unallocated Corporate	0	(0)	(0)
Medical Director	3,738	(167)	3,571
Litigation	4,970	183	5,154
Total Corporate Divisions	107,248	24,480	131,729
<u>Specialist Services</u>			
WHSSC	134,381	5,328	139,709
EASC	36,178	1,808	37,987
Total Specialist Services	170,559	7,136	177,695
<u>External Contracts</u>			
External Commissioning - LTAs'	81,443	4,250	85,693
External Commissioning - Access Plans'	500	1,227	1,727
Total External Contracts	81,943	5,477	87,420
Capital Charges	23,725	0	23,725
Total Capital Charges	23,725	0	23,725
Total Delegated Position	1,483,205	141,803	1,625,008
<u>Centrally Held Reserves:-</u>			
N963-Reserves & Contingencies	44,956	(44,956)	0
N963-Reserves & Contingencies - Contingency	0	0	0
N963-Reserves & Contingencies -Allocations Risks	0	700	700
N963-Reserves & Contingencies - Further Inflationary Pressures	0	5,500	5,500
N963-Reserves & Contingencies - ULD Risks	0	5,643	5,643
N963-Reserves & Contingencies - Further National Pressures	0	1,000	1,000
N963-Reserves & Contingencies - Innovation & Development Fund	0	10,000	10,000
N963-IMTP Deficit	0	(112,848)	(112,848)
Total Reserves	44,956	(134,961)	(90,005)
Confirmed Allocations	(1,528,161)	(6,842)	(1,535,003)
Anticipated Allocations	0	0	0
Other Income	0	0	0
Total Income	(1,528,161)	(6,842)	(1,535,003)

Points to Note

The Health Board has previously delegated its funding based on largely historical levels and adjusted for in year pressures. This is a substantial change in process and methodology for ABUHB, which will have a different set of challenges, including the practical implementation of budget setting at directorate level.

Primarily, focus needs to be on spending within delegated budget levels to achieve at a minimum the deficit budget target of £112.8m for 2023/24. As part of the 3 year plan, the £112.8m needs to be reduced in a sustainable manner. There is a risk that focus remains on short term delegated budgets only.

It is recommended that all new funding is initially allocated to offset the underlying deficit and historical unfunded decisions. Clear principles and approval mechanisms will be set out for budget holders in relation to the agreed approach to setting budgets within the delegated funding.

In line with previous approaches delegation letters will be issued to ensure clarity of responsibility and accountability, based on the increased level of budget delegation alongside wider accountabilities for quality and safety, workforce and performance areas. The new approach is expected to facilitate the deliverability and accountability of delivering breakeven as a minimum and provide the right incentives for efficient resource management. The letters will also include a summary of how the budget total is worked up and will include a list of specific areas that have been funded along with wider performance expectations.

It should be noted that funding for cost pressures including decisions have been allocated based on knowledge available at the time. There may be a requirement to vire specific funding where the costs emerge in a different delegated area. However, it is not expected that this will be material.

The delegated structure is as of February 2023. If there are subsequent structure changes these will need to be completed in the usual way i.e. approved virements and updated delegated letters.

Reserves have been established to support elements of risk coverage and contingency for the health board. Some reserves are for specific purposes and will be managed as appropriate in agreement with the CEO. Only the CEO innovation and development is expected to be available for service change and improvement.

Reserves £'000s	Total 23/24
N963-IMTP Deficit	(112,848)
N963-Reserves & Contingencies - Contingency	0
N963-Reserves & Contingencies - Further Inflationary Pressures	5,500
N963-Reserves & Contingencies - Further National Pressures	1,000
N963-Reserves & Contingencies - Innovation & Development Fund	10,000
N963-Reserves & Contingencies - ULD Risks	5,643
N963-Reserves & Contingencies -Allocations Risks	700
Grand Total	(90,005)

As the budget is based on spend in the previous years it is for the delegated budget holder to manage the whole of their budget and to delegate within the detailed areas.

As the whole of the funding is being delegated based on spend, where specific funding allocations have been received, they will need to be considered in directorate level budget setting and reporting. The budget holder will be expected to ensure that any conditions for funding received are met, including reporting appropriate expenditure.

As the new approach to setting budgets is based on spend levels to deliver services, trading income that previously covered costs is included within these delegated budgets and will not be adjusted for in year.

Summary

This paper proposes the budget delegation of the Health Boards funding for 2023/24, it describes the methodology used and how it has changed from previous years. The budget delegation is in line with the IMTP and is aimed at providing realistic budget levels that the budget holders can be held to account to achieve breaking even. It also leaves the deficit position in the reserves to ‘manage’ as part of a 3 year plan.

Argymhelliad / Recommendation

The Board is asked to approve:

- Initial revenue budgets to be delegated for the 2023/24 financial year,
- Using the revised methodology as set out in item number 4.3 of the 15th January 2023 Finance & Performance Committee paper ‘2023/24 Budget Planning (Delegation) Principles’, and
- Those budgets to be held in reserve – both in terms of planned commitments and any contingency (uncommitted reserve) including the IMTP Deficit negative budget.

Attachments:

Appendices

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources Governance, Leadership & Accountability All Health & Care Standards Apply Choose an item.

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	ABUHB efficiency compendium Financial and Other systems data Service plans
Rhestr Termau: Glossary of Terms:	A&C – Administration & Clerical A&E – Accident & Emergency A4C - Agenda for Change AME – (WG) Annually Managed Expenditure AQF – Annual Quality Framework AWCP – All Wales Capital Programme AP – Accounts Payable AOF – Annual Operating Framework ATMP – Advanced Therapeutic Medicinal Products B/F – Brought Forward BH – Bank Holiday C&V – Cardiff and Vale CAMHS – Child & Adolescent Mental Health Services C/F – Carried Forward CHC – Continuing Health Care Commissioned Services – Services purchased external to ABUHB both within and outside Wales COTE – Care of the Elderly CRL – Capital Resource Limit Category M – category of drugs CEO – Chief Executive Officer CEAU – Children’s Emergency Assessment Unit CTM – Cwm Taf Morgannwg D&C – Demand & Capacity DCP – Discretionary Capital Programme DHR – Digital Health Record DNA – Did Not Attend DOSA – Day of Surgery Admission

D2A – Discharge to Assess
 DoLS - Deprivation of Liberty Safeguards
 DoF – Director(s) of Finance
 DTOC – Delayed Transfer of Care
 EASC – Emergency Ambulance Services Committee
 ED – Emergency Department
 EDCIMS – Emergency Department Clinical Information Management System
 eLGH – Enhanced Local general Hospital
 EFAB – Estates Funding Advisory Board
 ENT – Ear, Nose and Throat specialty
 EoY – End of Year
 ETTF – Enabling Through Technology Fund
 F&T – Family & Therapies (Division)
 FBC – Full Business Case
 FNC – Funded Nursing Care
 GDS – General Dental Services
 GMS – General Medical Services
 GP – General Practitioner
 GWICES – Gwent Wide Integrated Community Equipment Service
 GUH – Grange University Hospital
 GIRFT – Getting it Right First Time
 HCHS – Health Care & Hospital Services
 HCSW – Health Care Support Worker
 HIV – Human Immunodeficiency Virus
 HSDU – Hospital Sterilisation and Disinfection Unit
 H&WBC – Health and Well-Being Centre
 IMTP – Integrated Medium Term Plan
 INNU – Interventions not normally undertaken
 IPTR – Individual Patient Treatment Referral
 I&E – Income & Expenditure
 ICF – Integrated Care Fund
 LoS – Length of Stay
 LTA – Long Term Agreement
 LD – Learning Disabilities
 MH – Mental Health
 MSK - Musculoskeletal
 Med – Medicine (Division)
 MCA – Mental Capacity Act
 MDT – Multi-disciplinary Team
 MMR – Welsh Government Monthly Monitoring Return
 NCA – Non-contractual agreements
 NCN – Neighbourhood Care Network
 NCSO – No Cheaper Stock Obtainable
 NI – National Insurance
 NICE – National Institute for Clinical Excellence
 NHH – Neville Hall Hospital
 NWSSP – NHS Wales Shared Services Partnership

ODTC – Optometric Diagnostic and Treatment Centre
 OD – Organisation Development
 PAR – Prescribing Audit Report
 PCN – Primary Care Networks (Primary Care Division)
 PER – Prescribing Incentive Scheme
 PICU – Psychiatric Intensive Care Unit
 PrEP – Pre-exposure prophylaxis
 PSNC –Pharmaceutical Services Negotiating Committee
 PSPP – Public Sector Payment Policy
 PCR – Patient Charges Revenue
 PPE – Personal Protective Equipment
 PFI – Private Finance Initiative
 RGH – Royal Gwent Hospital
 RN – Registered Nursing
 RRL – Revenue Resource Limit
 RTT – Referral to Treatment
 RPB – Regional Partnership Board
 RIF – Regional Integration Fund
 SCCC – Specialist Critical Care Centre
 SCH – Scheduled Care Division
 SCP – Service Change Plan (reference IMTP)
 SLF – Straight Line Forecast
 SpR – Specialist Registrar
 STW – St.Woolos Hospital
 TCS – Transforming Cancer Services (Velindre programme)
 T&O – Trauma & Orthopaedics
 TAG – Technical Accounting Group
 UHB / HB – University Health Board / Health Board
 USC – Unscheduled Care (Division)
 UC – Urgent Care (Division)
 ULP – Underlying Financial Position
 VCCC – Velindre Cancer Care Centre
 VERS – Voluntary Early Release Scheme
 WET AMD – Wet age-related macular degeneration
 WG – Welsh Government
 WHC – Welsh Health Circular
 WHSSC – Welsh Health Specialised Services Committee
 WLI – Waiting List Initiative
 WLIMS – Welsh Laboratory Information Management System
 WRP – Welsh Risk Pool
 YAB – Ysbyty Aneurin Bevan
 YTD – Year to date
 YYF – Ysbyty Ystrad Fawr

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance & Performance Committee
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Report – Budget Delegation Proposal 2023/24 - Appendices
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe - Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Suzanne Jones – Interim Assistant Director of Finance

Description
Anticipated Allocation List
Previous Budget Setting methodology
Non recurrent Local Covid Costs
FYE Executive Decisions
Savings by Theme
Savings by Division
National Cost pressures
Demand and Service Growth
Inflationary Pressures
Executive Decisions 23/24
Other Adjustments & Allocations
Reserves

All monetary values are presented in £'000s

Anticipated Allocations

Anticipated Allocation - Description	£'000
GMS Pay and Expenses	1,603
Substance Misuse	3,184
Clinical Excellence awards	298
Calman SpR	112
Real Living Wage (2022/23 and 2023/24)	5,404
CAMHS In Reach Funding	778
Technology Enabled Care National Programme (ETTF)	1,800
Informatics - Virtual Consultations	1,065
Invest to Save Omnicell	(410)
National Clinical Lead for Falls & Frailty	26
National Clinical Lead for Primary and Community Care	113
AHW:Prevention & Early Years allocation	1,171
WHSSC - National Specialist CAMHS improvements	271
Same Day Emergency Care (SDEC)	1,560
Strategic programme Primary Care within A Healthier Wales (additional posts)	130
Learning Disabilities-Improving Lives	64
Nurse Operation lead pump-prime funding 22-23 (18mths)	34
Memory Assessment Services - Gwent RPB (ANEHFS 37 21/22)	565
Urgent Primary Care	1,400
PSA self-management Programme Platform development	465
Invest to Save - Overseas Nurse Recruitment	(313)
VBH: Heart Failure and Rehab in the Community	506
Digital Medicines transformation team	236
Primary Care Improvement Grant	142
Adferiad (Long Covid)	1,216
Immunisation Framework	8,100
Surveillance - (Testing and Tracing)	4,800
Six Goals Urgent and Emergency Care Prog	4,529
Nosocomial Covid 19 cases - Investigation and learning	753
E-triage system	760
Covid public inquiry	776
Medical trainees	1,100
Total Anticipated Allocations	42,239

All monetary values are presented in £'000s

2022/23 Previous Budget Delegation Methodology

1. The Health Board has a recurrent allocation baseline to enable the planning of core services, this budget has been delegated over the years and generally remains on a historic basis, as agreed in previous IMTP's.
2. The Health Board receives in year allocations from WG usually for a specific reason. These are delegated to the most suitable service area following agreement from the CEO and are listed in the monthly finance report. The delegation is reflective of whether the allocation is recurrent or not.
3. The Health Board is notified of new annual allocations around Christmas time for the following year, any increases in this are delegated according to the IMTP approved and authorised by the Executive team and the Board. In 2022/23 the discretionary uplift agreed by the Executive team and presented to the Board was applied as follows:
 - Underlying deficit including Medical & Nurse Staffing and Facilities pay and non pay,
 - Clinical futures medical, nursing & clinical posts,
 - Clinical futures facilities services,
 - Mental Health (CHC), Nursing staffing, external commissioning including specialist services and corporate directorates
 - Inflationary uplifts of 2.8% for LTA's including WHSSC & EASC, and
 - Signed off Specialised Services plans developments (WHSSC & EASC)
 - Community Hospitals additional capacity
 - Nurse safer staffing levels
 - Medical safer staffing levels
 - Inter-site transport service
 - Birth rate plus staffing levels
 - Digital ICU, RISP & LINC
4. A high level exercise was then carried out to indicate where savings and efficiency opportunities existed to reach a balanced core plan, however, this was not enacted via budget adjustments.
5. The re-allocation of an underspend was also not agreed
6. Any movements of responsibilities were actioned.

All monetary values are presented in £'000s

Non Recurrent Local Covid Costs (£16m)

Category	Total 2022/23 £'000	Covid recurrent £'000	Covid non- recurrent £'000	Core recurrent £'000	Core non- recurrent £'000
A1. Cleaning Standards Relating to COVID-19 (Table A5 on the MMR tab B3)	2,201		2,201		
A2. Increased bed capacity specifically related to COVID-19	10,748		379	6,981	3,388
A3. Other Capacity & facilities costs	7,287		3,419	421	3,447
B1. Prescribing charges directly related to COVID symptoms	12	12			
C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	14,610		1,977	11,428	1,205
D1. Discharge Support	7,472	5,625		1,848	
D5. Other Services that support the ongoing COVID response	1,899		134	1,766	
E1. Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS Income	2,490	2,490			
Total	46,720	8,127	8,110	22,444	8,040
Estates & Facilities related reduction in costs	(9,067)				
Surge capacity reductions	(3,767)				
Other workforce related cost reductions	(3,182)				
All other cost reductions	(134)				
Total	37,653				

All monetary values are presented in £'000s

2022/23 Full Year Impact Executive decisions

R v NR	Description 'Executive' Decisions - Underlying Deficit	£'000s
R	Clinical Support Services - microbiology	300
R	Medicine - Endoscopy	3,957
R	Medicine - Echo Insourcing	1,100
R	Medicine - Nurse Staffing Act	720
R	Scheduled - Nurse Staffing Act	209
R	F&T- Nurse Staffing Act	138
R	Total Executive Decision 22/23 Impact 23/24	6,424

All monetary values are presented in £'000s

Savings – By Theme

Theme £000s	Savings Plan	Focussed Opportunities	Stretch	Grand Total
CHC		(1372)	(1628)	(3000)
Generic CIP			(6298)	(6298)
Managed Practices		(100)		(100)
Medicines Management		(1000)	(1000)	(2000)
Non Pay	(1243)	(170)	(7399)	(8813)
Slippage on use of Funding		(3300)	(8200)	(11500)
Variable pay	(16681)	(1922)	(1187)	(19789)
Grand Total	(17924)	(7864)	(25712)	(51500)
Cumulative Total	(17924)	(25788)	(51500)	

Theme	Sum of per 'Plan' £'000
CHC	(3000)
Generic CIP	(6298)
Managed Practices	(100)
Medicines Management	(2000)
Non Pay	(8813)
Slippage on use of Funding	(11500)
Variable pay	(19789)
Grand Total	(51500)

All monetary values are presented in £'000s

Savings – By Division

Delegated Area £000's	Sum of Total CIP	Sum of Total Savings Plans	Sum of Total Focussed Opportunities	Sum of Total Stretch Savings	Sum of Total Savings
ABCI	(4)	0	0	(0)	(5)
Capital charges	0	0	0	0	0
Chief Executive and non officer members	(408)	0	(300)	(1,201)	(1,908)
Clinical Support Services	(290)	(277)	0	(26)	(593)
Community CHC & FNC	(320)	(305)	(200)	(1,057)	(1,883)
Director of Corporate Governance	(8)	0	0	(0)	(9)
Director of Operations	(76)	0	0	(3)	(79)
Director of Primary Community and Mental Health	(2)	0	0	(0)	(2)
Estates and Facilities	(496)	(892)	(170)	(4,281)	(5,838)
External Contracts	0	0	0	(2,000)	(2,001)
Family & Therapies	(641)	(1,298)	0	(137)	(2,076)
Finance & Procurement	(58)	0	0	(1)	(58)
Litigation	(11)	0	0	(2)	(12)
Medical Director	(28)	0	0	(0)	(28)
Medicine	(686)	(3,736)	(1,066)	(4,199)	(9,688)
Mental Health	(587)	(562)	(3,528)	(692)	(5,369)
Nurse Director	(39)	0	0	(2)	(41)
Planning & Digital/ICT	(181)	0	0	(116)	(296)
Prescribing	(560)	(60)	(1,000)	(768)	(2,389)
Primary Care & Community Services	(557)	(3,255)	(100)	(78)	(3,990)
Public Health Director	(36)	0	(1,000)	(3,001)	(4,037)
Scheduled Care	(1,001)	(7,297)	0	(335)	(8,633)
Shared Services	(0)	0	0	(0)	(0)
Specialist Services	0	0	0	(1,500)	(1,500)
Therapies Director	(8)	(47)	0	(0)	(55)
Urgent Care	(215)	(195)	(500)	(9)	(919)
Workforce & OD	(85)	0	0	(7)	(91)
Grand Total	(6,297)	(17,924)	(7,864)	(19,414)	(51,500)

All monetary values are presented in £'000s

National Cost Pressures

	£000's											
	Sum of NWSSP Estimate	Posts (RPA / telephony/ A&E)	Sum of MS Centre of excellence	Inflation/National Infrastructure &	Sum of DHCW welsh patient administration	Health pharmacy stock management	Sum of DHCW - WHNR	Sum of WRP increased provision	Sum of O365 licenses contractual increase	Sum of LINC (DHCW programme costs)	Sum of Eyecare	Sum of Total National Cost Pressures 23/24
Delegated Area												
Planning & Digital/ICT	-	360	217	156	14	42	-	-	200	-	-	989
Clinical Support Services	-	-	-	-	-	-	-	-	-	822	-	822
Workforce & OD	460	-	-	-	-	-	-	-	-	-	-	460
Litigation	-	-	-	-	-	-	-	196	-	-	-	196
Nurse Director	-	-	-	-	-	-	184	-	-	-	-	184
Scheduled Care	-	-	-	-	-	-	-	-	-	-	93	93
Grand Total	460	360	217	156	14	42	184	196	200	822	93	2,744

All monetary values are presented in £'000s

Demand & Service Growth

	£'000s							
Delegated Area	Adult Complex Care (CHC)	Mental Health CHC gross of savings shown separately	Prescribing (assumed savings would cover growth)	External Commissioning / Velindre NICE drugs	WHSSC2	EASC	NICE Acute Divisions	Total Demand & Service Growth 23/24
Specialist Services	-	-	-	-	3,330	1,400	-	4,730
External Contracts	-	-	-	5,626	-	-	-	5,626
Mental Health	-	2,375	-	-	-	-	-	2,375
Community CHC & FNC	1,824	-	-	-	-	-	-	1,824
Prescribing	-	-	945	-	-	-	-	945
Medicine	-	-	-	-	-	-	665	665
Scheduled Care	-	-	-	-	-	-	665	665
Grand Total	1,824	2,375	945	5,626	3,330	1,400	1,330	16,830

Inflationary Pressures

	£'000s											
Delegated Area	Sum of External Commissioning (2%)	Sum of EASC (2%)	Sum of WHSSC (2%)	Sum of Mental Health CHC (6%)	Sum of E&F Non Pay Inflation (5%)	Sum of Adult Complex Care (CHC)2	Sum of Prescribing	Sum of Energy (utilities)	Sum of Radiology / Pathology SLA's	Sum of Pathology Blood products	Sum of E&F SLA's (2%)	Sum of Total Inflationary Pressures Growth 23/24
Estates and Facilities	-	-	-	-	1,100	-	-	7,110	-	-	195	8,405
Specialist Services	-	934	1,816	-	-	-	-	-	-	-	-	2,750
Community CHC & FNC	-	-	-	-	-	2,302	-	-	-	-	-	2,302
Prescribing	-	-	-	-	-	-	1,778	-	-	-	-	1,778
Mental Health	-	-	-	920	-	-	-	-	-	-	-	920
External Contracts	828	-	-	-	-	-	-	-	-	-	-	828
Clinical Support Services	-	-	-	-	-	-	-	-	56	203	-	259
Grand Total	828	934	1,816	920	1,100	2,302	1,778	7,110	56	203	195	17,242

All monetary values are presented in £'000s

Executive Decisions 23/24

R v NR	Description 'Executive' Decisions 23/34 Pressures	£'000s
R	CHC all other issues (Central costs / IRP)	282
R	PCCS surge beds (NR Covid funding and core)	1,823
R	All other Primary Care issues	1,645
R	Mental Health all other issues	95
R	Medical e-system (pay only)	279
R	Covid public inquiry - legal costs (assume funded)	776
R	All other Corporate	21
R	Transition Care cots	119
R	Children's Community CHC nursing	239
R	Therapy front door YYF/RGH / Ward nutrition	249
R	F&T Covid PPE / Long covid	307
R	Histopathology outsourcing (6 month value)	876
R	Blood transfusion BT LIMS replacement system	15
R	Pathology elements - MSC's / Digitilisation / Non-Welsh providers / non-pay 12% blood products	394
R	Backlog maintenance	330
R	Tredegar HWBC (E&F)	255
R	Newport East HWBC (E&F)	278
R	Machen POD	438
R	Planned Emergency Theatre	1,000
R	Anaesthetics variable pay to cover clinics	270
R	Haematology staffing	185
R	All other Scheduled Care (SLA 2.8%, Practice facilitators, Haem Day Case Unit)	68
R	Respiratory RACU beyond March 23	240
R	Bone Health - Fracture Liaison Service	148
R	TARN Business Care / Frequent Flyers (High risk adults)	102
R	Audit wales fees	166
R	SARC	400
	Executive Approved Decisions	11,000

All monetary values are presented in £'000s

Other Allocations

	£000's							
Delegated Area	Sum of TTP	Sum of Mass vaccination	Sum of Adferiad	Sum of 6 Goals	Sum of E Triage	Sum of Maintain RPB Budget	Sum of Maintain WRP	Sum of Maintain Value MSK
Chief Executive and non officer members	-	-	-	4,529	-	129	-	-
Family & Therapies	-	-	1,216	-	-	-	-	-
Public Health Director	4,800	8,100	-	-	-	-	-	-
Urgent Care	-	-	-	-	760	-	-	-
Litigation	-	-	-	-	-	-	3,530	-
Family & Therapies	-	-	-	-	-	-	-	1,210
Grand Total	4,800	8,100	1,216	4,529	760	129	3,530	1,210

Reserves

Reserves £'000s	Total 23/24
N963-IMTP Deficit	(112,848)
N963-Reserves & Contingencies - Contingency	0
N963-Reserves & Contingencies - Further Inflationary Pressures	5,500
N963-Reserves & Contingencies - Further National Pressures	1,000
N963-Reserves & Contingencies - Innovation & Development Fund	10,000
N963-Reserves & Contingencies - ULD Risks	5,643
N963-Reserves & Contingencies -Allocations Risks	700
Grand Total	(90,005)

All monetary values are presented in £'000s

**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Quality Strategy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jennifer Winslade, Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Leeanne Lewis, Assistant Director for Quality & Patient Safety Tracey Partridge-Wilson, Assistant Director of Nursing for Quality & Patient Safety

**Pwrpas yr Adroddiad
Purpose of the Report**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This new Quality Strategy will be implemented throughout Aneurin Bevan University Health Board in April 2023. A key focus in the development of this Strategy is progressing the action we have already accomplished and building on existing structures throughout the organisation. Quality is embedded in our culture, and we are committed to continuously improving. Delivering the highest quality healthcare to our local communities and putting Quality, Safety and Learning at the heart of everything we do.

The Health Board will adopt the 'Care Aims' model across multi-disciplinary teams by truly embedding 'what matters' principles, improving patient experience, voice, value and choice. This will provide us with improved metrics for patient experience and evidence of feedback influencing service plans, delivery and improvement. The Duty of Quality requires the Health Board to develop leadership and management systems with a view to securing improvement in the quality of services. Through the continuous improvement of our services over time, ensuring that quality challenges are improved upon, we will report our learning through our annual quality report.

Cefndir / Background

As an NHS Wales organisation, there are clear expectations defined for the quality standards we must maintain. These are set out through the:

- Health and Social Care (Quality and Engagement) (Wales) Act 2020;
- A Healthier Wales;

With our aim to continuously improve and learn, new legislative requirements support the development of our strategy. The Health and Social Care (Quality and Engagement) (Wales) Act 2020, places more responsibility on health and care organisations in Wales. Based on enhancing quality, honesty and transparency, the legislation provides the Health Board with a Duty of Quality, Duty of Candour, and establishes a Citizen Voice, enriching engagement with our patients and community members.

We pledge to deliver the Duty of Quality by ensuring our services provide the highest quality of care for our patients, service users, and their carers. We are committed to improving the experience of care and will seek opportunities to provide positive patient experiences through the patient journey across our services. Our vision is quality-driven, and we will ensure that data will drive improvement and learning through experience. We will develop and deliver our services around the six domains of quality:

- Person-centred care
- Safe care
- Timely care
- Efficient care
- Effective care
- Equitable care

The Quality vision of Aneurin Bevan University Hospital Board is to be "widely recognised for delivering the six domains of quality effectively. Our first and most important commitment to our patients is to keep them safe. Over the next three years, this Quality Strategy will improve the delivery within the six domains of quality, whilst continuing to improve patient and staff experience and outcomes.

The experiences of our staff and patients will continue to be the most important measure of our progress. It is the delivery of this Strategy, together with the supporting strategies of patient experience, risk management, clinical effectiveness and employee wellbeing that will deliver high quality, person centred and effective health and care services for our local population.

Asesiad / Assessment

To achieve Our Quality Strategy a strong commitment to undertake a Health Board wide culture change will be required, where patients are informed and educated about our services to meet their needs, guaranteeing equitable access to care. Our organisation has a solid foundation on which to build, and we will improve by listening, learning and working together on a continuous improvement journey.

We aim to create a strategy that can be used as a charter to empower people to live good lives and prevent harm. We will create a culture where staff feel listened to, based on transparency, accountability, ethical behaviour, trust and a

'Just Culture'. We will continue to listen actively to our service users and respond to make it a good experience for all.

By developing this Quality Strategy, we are making clear our commitment and approach to empowering the people at the heart of our services. Staff will have the freedom, skills, tools and resources to work in partnership with the people we serve to improve and innovate safely towards defined quality goals.

We remain committed as an organisation to becoming a true learning organisation. We will focus on delivering the highest possible quality care, meeting the health and care needs of people using our services, and improving the health outcomes of the population we serve. This strategy highlights our creativity, passion, expertise and our commitment to learn from experiences. Our quality pledge and ambitions aim to put quality, equality and learning at the heart of our service.

We will become a learning organisation by:

- Ensuring we are doing everything we can to make *everyone's* health and care experience the best it can be, delivering safe and effective services.
- Ensuring our colleagues are valued, work in safe and secure environments,
- and are supported and empowered to act when things can be improved.
- Ensuring the people we serve are heard, included, involved and empowered;
- We will embrace transparency, accountability and knowledge, celebrate success, share learning and actively seek to improve.

We aim to become a true learning organisation to improve patient safety, experience and clinical effectiveness. We will respond to learning and guidance from our Quality Management System, local and national groups, adapting our plans and priorities to ensure we are doing the right things.

The key to delivering our plans is to develop a 'Quality Management System' approach to embed a culture of learning: a culture where people listen, think, feel and act 'quality' - promoting openness and learning, continuous improvement and service transformation. This includes work to embed positive cultures of continuous improvement and working together. We will further develop our Quality Management System to routinely set meaningful targets and, monitor, measure and report performance to ensure we provide excellent standards of care and set quality goals to continuously improve the services we provide.

These 'pillars of quality' run through our organisation, ensuring that we deliver the highest standards of care under these domains. We will use the data assigned to the Pillars of Quality to review our performance. The pillars will also be our Quality Markers in our Quality management system. Strengthening our quality management system helps us make sure our decision-making focuses on improving the quality of health services.

Pillars of quality:

- Patient and staff experience and stories
- Incident reporting – falls, pressure ulcers, medicines management and mortality
- Complaints, concerns and compliments
- Health, safety and security
- Infection Control and Prevention
- Safeguarding

Our strategic goals are to develop and empower our workforce to deliver outstanding care. Our staff and services are eager to learn, working together with families and experts by experience to improve services. We aim to enable our workforce to be happy, confident and competent. We will empower our workforce to deliver outstanding care by supporting the professional development of colleagues, giving them the mandate, tools and resources to innovate and improve. We will develop a 'Just Culture' which promotes safety through supporting people to speak up. We will encourage staff to be more open and transparent about incidents, errors or complaints and the actions we take to make changes.

We will measure our progress and guide our actions towards becoming a learning organisation. We will grow and mature our Quality Improvement approach as our methodology for solving complex problems, and to provide a consistent approach to testing change ideas and informing our decisions.

Our drive to improve the quality of care delivered across our communities will see the Health Board work increasingly through partnerships across our localities. We will further develop our role as part of an integrated Health Board, working more closely with our commissioners and with other local providers, including Primary Care, the Independent Sector, Charities and colleagues in Social Care. Positioning quality throughout our organisational structure is important in integrating communication from Ward/ Teams to Board.

As this is a new strategy, an EQIA assessment will be required.

Argymhelliad / Recommendation

The Board is asked to approve the ABUHB Quality Strategy.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 3.1 Safe and Clinically Effective Care 3.3 Quality Improvement, Research and Innovation 6.3 Listening and Learning from Feedback
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Yes not yet available

	<p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives</p> <p>Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves</p>



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Quality Strategy



PERSON
CENTRED



SAFE



TIMELY



EFFECTIVE



EFFICIENT



EQUITABLE

Executive Summary

This is a new Strategy for Quality that will be implemented throughout Aneurin Bevan University Health Board in April 2023. A key focus in the development of this Strategy is progressing on what we have already accomplished and building on existing structures throughout the organisation. Quality is embedded in our culture, and we are committed to continually improving. Delivering the highest quality healthcare to our local communities and putting Quality, Safety and Learning at the heart of everything we do. We have fantastic teams delivering safe, timely, effective, efficient and person-centred care. Every day we hear positive stories about how they go above and beyond.

Our commitment to Care Aims Principles (integrated decision making) underpins our ambition to embed a person-centred approach to service provision. The Health Board will adopt, at scale, the 'Care Aims' model across multi-disciplinary teams by truly embedding 'what matters' principles, improving patient experience, voice, value and choice. This will provide us with improved metrics for patient experience and evidence of feedback influencing service plans, delivery and improvement.

Our Strategy was developed in collaboration with a diverse group of people, ranging from healthcare partners to patients and colleagues, and we are grateful for the feedback and insights provided by everyone involved. This collaborative approach is critical to our journey of improvement. We are committed to delivering an open, learning organisation with a 'Just Culture'. We all have the same common goal of improving quality, and by working together, we can enable the organisation to accomplish much more.

Our new Quality Strategy is exciting, and we are in an excellent position to implement it. The realism in this strategy stems from its development by our teams. Ultimately, it is about people, and the measure of its success will be determined by the experiences of our patients and staff.



Jennifer Winslade
Executive Director of Nursing



Dr James Calvert
Executive Medical Director



Peter Carr
Executive Director of Therapies
and Health Science

Ambition

Putting quality and safety above all else is the first NHS Wales core value. This focus has been strengthened through the Health and Social Care (Quality and Engagement) (Wales) Act (2020). Our Quality Strategy will be developed from the experiences of our patients, relatives, carers, staff and communities to focus on improvement, planning and assurance in the right areas, aligned with the objectives and aims of the Duty of Quality and in the context of meeting our obligations under the Duty of Candour.

This Strategy serves as a blueprint for patient safety and quality for the next three years placing quality and safety at the forefront of all we do, while at the same time recognising that challenges to patient safety and quality change and emerge over time. We will remain agile in responding flexibly to emerging safety and quality issues as they arise.

It outlines our improvement objectives for the next three years as well as the frameworks that will support that activity. Our culture values quality, and we are committed to continuous improvement.

Our Commitment

- Aneurin Bevan University Health Board will be a learning organisation where staff members work towards delivering high quality clinical care every day.
- We will strive to better understand our systems of care, build capability through an all teach/all learn philosophy, encourage innovation and engage patients, relatives, carers, staff and communities in improvement endeavours, whilst learning from mistakes.
- We will ensure that quality is embedded throughout the organisation creating a culture of openness and transparency where people are supported to raise concerns
- Our patients, relatives, carers, staff and communities will partner with us to achieve this vision.

Quality Standards

As an NHS Wales organisation, there are clear expectations set out for the quality standards we must maintain. These are set out through the:

- Health and Social Care (Quality and Engagement) (Wales) Act 2020;
- A Healthier Wales;
- Core Commissioning Requirements.

With our aims to continuously improve and learn, new legislative requirements support the development of our strategy. The Health and Social Care (Quality and Engagement) (Wales) Act 2020, places more responsibility on health and care organisations in Wales. Enhancing quality, honesty and transparency, the legislation provides the Health Board with a Duty of Quality, Duty of Candour, and establishes a Citizen Voice, enriching engagement with our patients, relatives, carers, staff and communities.

Developing our organisational culture and embedding the **Duty of Candour** are critical in being open and honest with our patients and service users where our services have not met expectations or caused harm. We will utilise our candour to drive improvement. Where failures or mistakes have occurred, we will embrace improvement and innovation opportunities.

We pledge to deliver the Duty of Quality by ensuring our services provide the highest quality of care for our patients, relatives, carers, staff and communities. We are committed to improve the experience of care and seek opportunities to provide positive patient experiences through the patient journey across our services. Our vision is quality-driven, and we will ensure data will drive improvement and learning through experience. We will develop and deliver our services around the six domains of quality:

- 1) **Person-centred care**
- 2) **Safe care**
- 3) **Timely care**
- 4) **Efficient care**
- 5) **Effective care**
- 6) **Equitable care**

Duty of Quality

The duty requires the Health Board to develop leadership and management systems with a view to securing improvement in the quality of services. Through continuous improvement of our services over time, ensuring that quality challenges are improved upon, we will report our learning through our annual quality report.

Duty of Candour

This duty will support the Health Board when things go wrong in providing care or our services fail to meet expectations or the standards that they should. Through this Duty, the Health Board must be honest in informing patients and their families when things do not go right. We will be obligated to find out what went wrong; and, to make sure the same mistake does not happen again. A culture of openness, transparency and candour is widely associated with good quality care. This must encourage learning and be achieved without apportion of blame.

Citizen Voice

The Health Board will continue to work with patients, relatives, carers, and members of the community in developing our services. Through the Act, we will be obligated to engage with Wales Citizen Voice Body, to understand service user experience and expectations of our services

Strategic Framework - Values and Behaviours

People First

- ❖ Deliver person-centred care and help our patients, relatives, carers, staff and communities to stay healthy and well
- ❖ Listen and take action on patient's and staff's concerns
- ❖ Prioritise actions that promote improvement in patient safety
- ❖ Develop a 'Just Culture' when reporting incidents or near misses
- ❖ Helping our patients to more easily use our services at the right time
- ❖ Provide the right care in the right place, wherever and whenever it is needed

Personal Responsibility

- ❖ Speak up for Patient Safety
- ❖ Use initiative to solve problems and inform others when aware of potential issues
- ❖ Appropriately challenge unhelpful behaviour
- ❖ Be willing to go the extra mile for patients, relatives, carers, staff and communities and act on their feedback
- ❖ Lead by example; influencing and inspiring confidence in others
- ❖ Take personal accountability for safety and experience

Pride in What We Do

- ❖ Take pride in our own work and that of the team
- ❖ Celebrate success and share good practice
- ❖ Recognise and reward achievement
- ❖ Be a positive role model, leading by example
- ❖ Learn from experience & triangulate learning
- ❖ Promote confidence in colleagues, our teams and the organisation
- ❖ Share learning and improvement to help others
- ❖ Value our workplace

Passion for Improvement

- ❖ Deliver excellence through a persistent focus on putting experience, effectiveness and quality of care for our patients at the forefront
- ❖ Actively look for ways of improving the patient and user experience
- ❖ Strive to innovate and improve, being brave and bold to develop and drive continuous improvement by asking 'how could we do this better?'
- ❖ Review what the 'Best in Class' would be for our area of responsibility and seek to achieve this



Vision

- To deliver excellence across our services for our patients, relatives, carers, staff and communities
- To provide high quality care that meets the needs and expectations of the people of Gwent




Leadership

- Develop compassionate leadership model
- Develop and embed a culture of Candour across our workforce
- Create an environment that is transparent, honest and open to learning



Supporting Strategies

- Embed Health Board's Clinical Audit Strategy
- People Plan
- Patient Experience and Engagement Strategy
- IMTP
- Six goals for Urgent Care & Planned Care
- Enabling strategies (Estates / Digital/ Finance/ Education, Workforce, Research and Innovation)



Learning

- Support a learning environment
- Encourage psychological safety – build on a 'no blame' nonpunitive culture that promotes 'speaking up'
- Embrace honest mistakes as learning opportunities;
- Support reflection and learning

Delivery

The following sets out the structure for the development of the strategy:



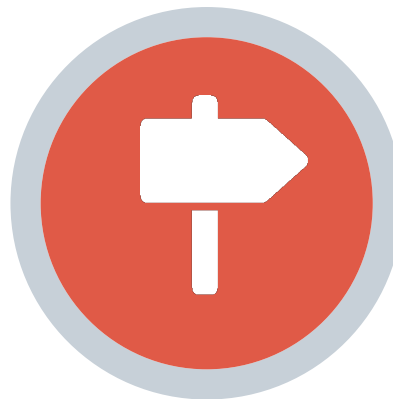
PURPOSE

- Agree and set direction –effectiveness, improvement and safety
- Understanding where we are
- Aspire to what good looks like
- Reflection POST Covid
- Development – shared purpose, approach and strategy



AMBITION

- Person centred values
- Patients, relatives, carers, staff and communities' involvement
- Engagement from Ward to Board
- ⊘ Utilisation of a 'Quality Management System' to strive for 'Totally Quality Management'
- Robust data and experience measurement
- Triangulate data
- Sharing of experiences and learning outcomes



DELIVERY

- Safe Care Partnership and Collaborative
 - Leadership
 - Patient deterioration
- Quality Improvement capability building
- System safety assurance review
- Platforms (e.g. Audit tracking)
- Quality governance

Data and Analytics

Leadership and Culture

Transparency and Engagement

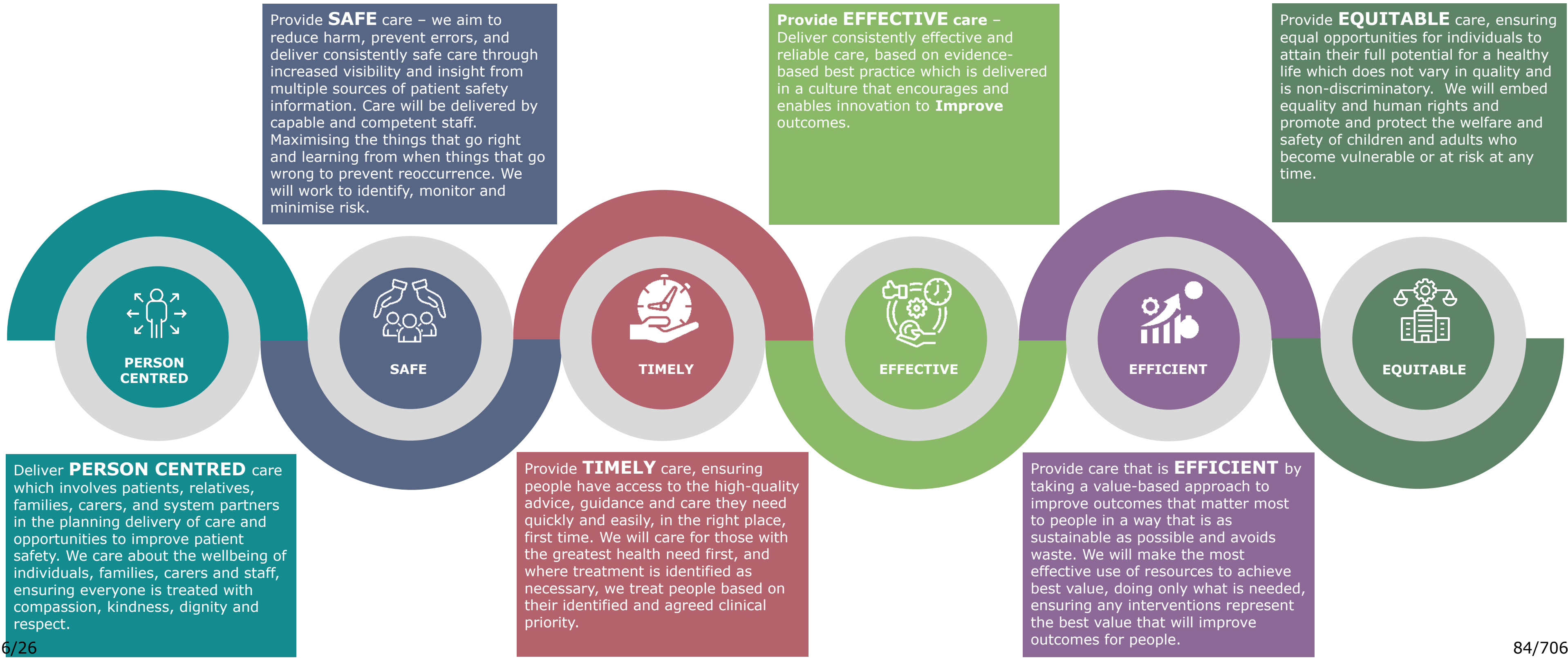
Learning and Improvement

The delivery of this Strategy will be organisational wide led by the Clinical Executive Directors and the core delivery teams: Quality and Patient Safety, Aneurin Bevan Continuous Improvement (ABCi) and Patient Experience, with delivery focused through our Divisional Clinical teams, Clinical Futures Transformation and Decision Support and Information.

Six Domains of Quality

The Quality vision of Aneurin Bevan University Hospital Board (ABUHB) is to be "widely recognised for delivering safe, timely, effective, efficient, equitable and person-centred care." Our first and most important commitment to our patients is to keep them safe. Over the next three years, this Quality Strategy will improve the delivery within these six domains of quality, while continuing to improve patient and staff experience and outcomes.

The experiences of our patients, relatives, carers, staff and communities will continue to be the most important measure of our progress. It is the delivery of this Strategy, together with the supporting strategies of patient experience, risk management, clinical effectiveness and employee wellbeing to deliver high quality care, person centred and effective health and care services for our local population.



Framework for Safe and Reliable Care

The ABUHB Quality vision aligns directly with the principles of the Institute for Healthcare Improvement (IHI) and the Framework for Safe, Reliable, and Effective Care. Made up of two foundational domains — culture and the learning system — along with nine interrelated components, with patients and families at the core, the framework brings together succinctly and in one place all the strategic, clinical, and operational concepts that are critical to achieving safe, reliable, and effective care.

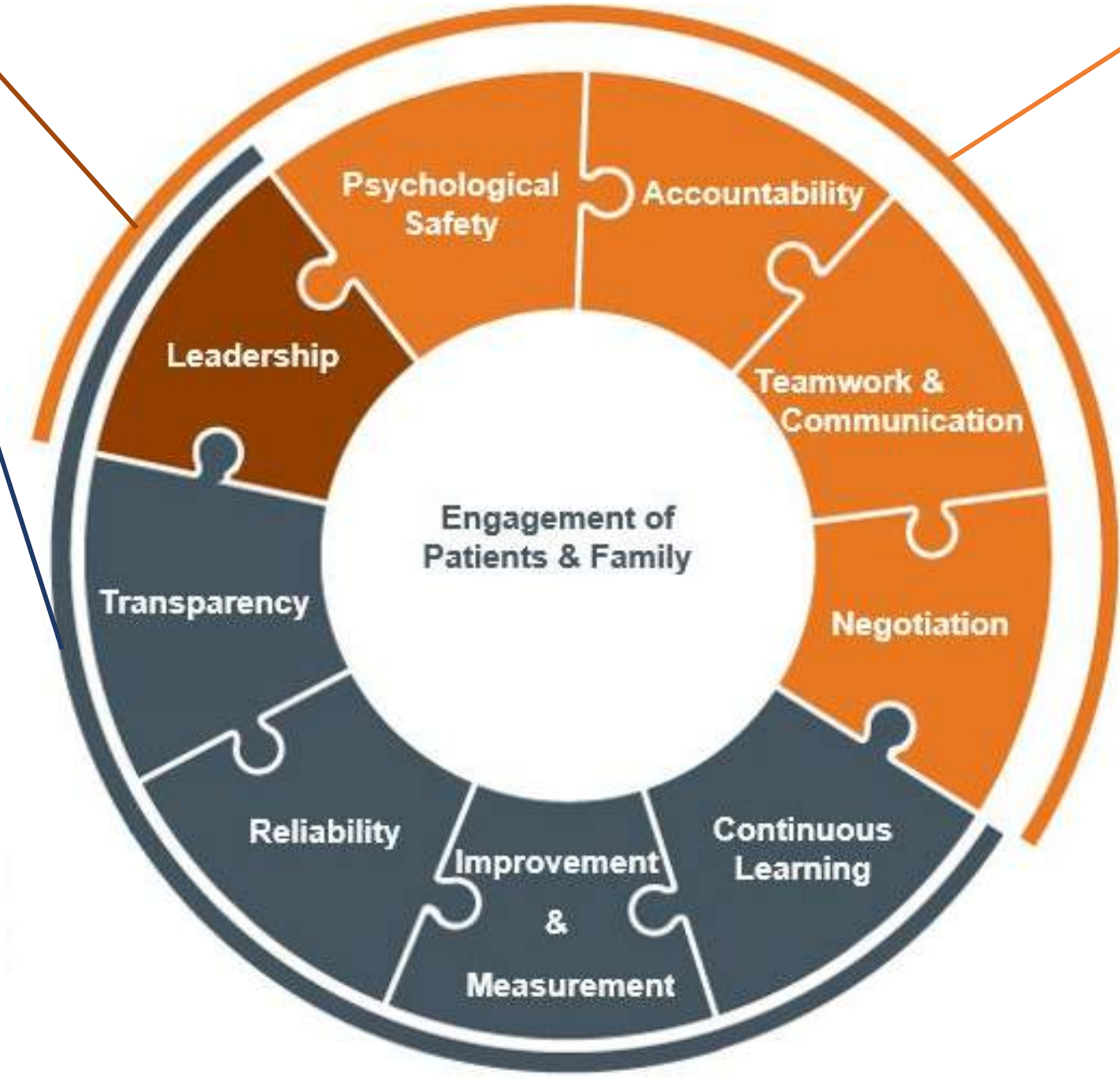
Leadership
Facilitating and mentoring teamwork, improvement, respect and psychological safety.

Learning System
Continuous Learning
Regularly collecting and learning from defects and successes.

Improvement & Measurement
Improving work processes and patient outcomes using standard improvement tools, including measurements over time.

Reliability
Applying best evidence and minimising non-patient specific variation, with a goal of failure-free operation over time.

Transparency
Openly sharing data and other information concerning safe, respectful and reliable care with staff and partners and families.



Culture
Psychological Safety
Creating an environment where people feel comfortable and have opportunities to raise concerns or ask questions.

Accountability
Being held to act in a safe and respectful manner, given the training and support to do so.

Teamwork & Communication
Developing a shared understanding, anticipation of needs and problems and agreed upon methods to manage these as well as conflict situations.

Negotiation
Gaining genuine agreement on matters of importance to learn members, patients and families.

Culture

To achieve Our Quality Strategy will require a strong commitment to undertake a Health Board wide culture change, where patients are informed and educated about our services to meet their needs, guaranteeing equitable access to services.

Our organisation has a solid foundation on which to build, and we will improve by **listening, learning and working together** on a continuous improvement journey.

We aim to create a strategy that can be used as a charter to **empower people** to live good lives and prevent harm. We will create a culture **where staff feel listened to**, based on **transparency, accountability, ethical behaviour, trust** and a 'Just Culture'. We will continue to **actively listen** to our service users and respond to make it a good experience for all.

By developing this Quality Strategy, we are making clear our commitment and approach to **empower the people** at the heart of our services. Staff will have the **freedom, skills, tools and resources** to work in partnership with the people we serve to **improve and innovate safely** towards defined quality goals.

We will drive a 'Just Culture' which promotes safety through people being supported to speak up and promote psychological safety. We will create the right climate to nurture and encourage quality and system safety, valuing people in a supportive, collaborative and inclusive workplace so that our people feel psychologically safe to raise concerns and try out new ideas and approaches. We will foster an ethos where staff and patients can 'Speak up for Patient Safety' and raise awareness of escalation processes, receive feedback and develop a mechanism for early learning.

Learning

We remain committed as an organisation to become a true learning organisation. We will focus on delivering the highest possible quality care, meeting the health and care needs of people using our services, and improving the health outcomes of the population we serve.

This strategy highlights our creativity, passion, expertise and our commitment to learn from experiences. Our quality pledge and ambitions aim to put **quality, equality and learning** at the heart of our service.

We will become **a learning organisation by:**

- **Ensuring** we are doing everything we can to make **everyone's** health and care experience the best it can be, delivering safe and effective services.
- Ensuring **our colleagues**, are valued, work in safe and secure environments, are supported and empowered to act when things can be improved.
- The **people we serve** are heard, included, involved and empowered;
- We embrace **transparency, accountability and knowledge**, celebrate success, share learning and actively seek to improve.

We aim to become a **true learning organisation** to improve patient safety, experience and clinical effectiveness. We will respond to learning and guidance from our Quality Management System, local and national groups, adapting our plans and priorities to ensure we are doing the right things.

Leadership that reinforces learning

Learning is strongly influenced by the behaviour of leaders. In developing a culture of candour, we will equip managers and leaders with time and resources to understand organisational challenges and investigate when things go wrong. This will be done through working together, attentive listening, in a non-judgemental and non-punitive manner to promote effective learning amongst our staff. In turn, this will increase transparency and honesty across our people.

Quality Management System

The key to delivery of our plans is to develop a '**Quality Management System**' approach to embed a culture of learning: a culture where people **listen, think, feel and act 'quality'** - promoting openness and learning, continuous improvement and service transformation. This includes work to embed positive cultures of continuous improvement and working together.

We will further develop our Quality Management System to routinely set meaningful targets, monitor, measure and report performance to ensure we provide excellent standards of care and set quality goals to continuously improve the services we provide.

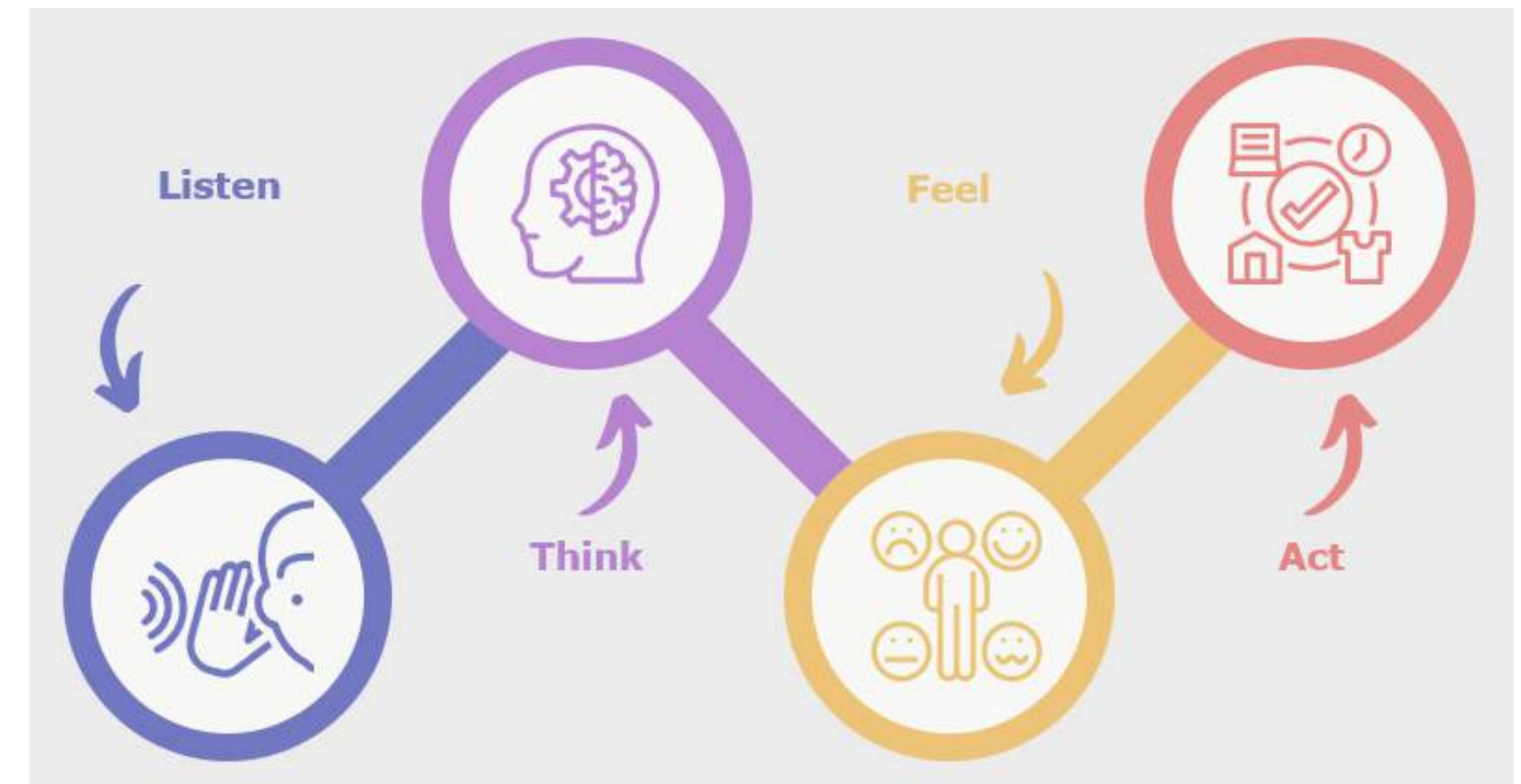
Effective investment in quality management systems will prevent poor experience of care, promote accelerated learning and improvement. We aim to further develop quality and performance management systems, that are responsive, reliable, and adopt a proactive approach to addressing issues and concerns. We will empower operational teams by embedding quality and standardising quality reporting through our quality pillars.

We will ensure quality is measured through the experiences of our patients and service users. We will continue to develop systems that integrate assurance data, improvement efforts, and patient stories to provide a full picture of the quality of our services.

We will use a person-centred approach to work collaboratively with patients to design and develop the services the people and local communities expect and require.

This strategy has set quality ambitions and strategic goals based on the six domains of quality and establishing 'pillars of quality' to ensure that there is a clear quality focus.

Each year we publish quality reports, providing an overview of our quality achievements, reporting on issues identified through our quality management system, and setting specific annual quality improvement goals. Our quality reporting structure will provide a way for us to set progressive implementation plans, adapt plans based on experiences and learning, and monitor progress against our strategic goals.

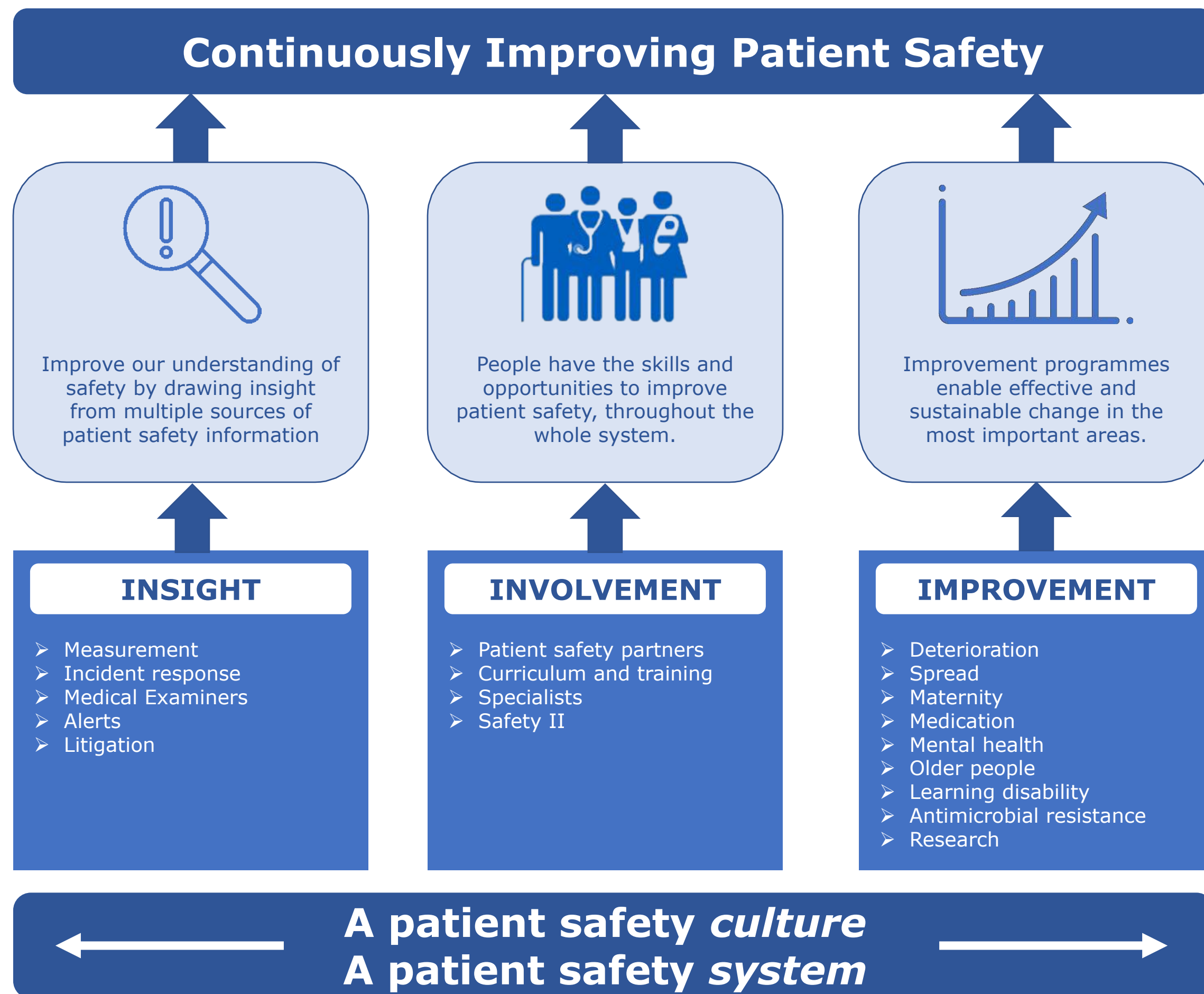


Patient Safety

Our Quality Strategy will draw on the principles of ['The National Patient Safety Strategy'](#) (NHS England 2019):

- **Insight** – improve our understanding of safety by drawing insight from multiple sources of patient information.
- **Involvement** – person centred, ensuring people have the skills and opportunities to improve patient safety, throughout out entire system.
- **Improvement** - programmes enable effective and sustainable change in the most important areas.

Putting quality and safety above all else is a core value described in “A Healthier Wales” and part of our long-term Quality Strategy. This strategy is grounded in a commitment to develop the underpinning foundations of quality through our ‘pillars of quality program.



Workforce

Our strategic goals are to develop and empower our workforce to deliver outstanding care. As a **listening and learning** organisation, we will actively listen to our workforce. Our staff and services are eager to learn, working together with families and experts by experience to improve services. We aim to enable our workforce to be happy, confident and competent - introducing civility saves lives.

We will **empower our workforce** to deliver outstanding care by supporting the professional development of colleagues, giving them the mandate, tools and resources to innovate and improve.

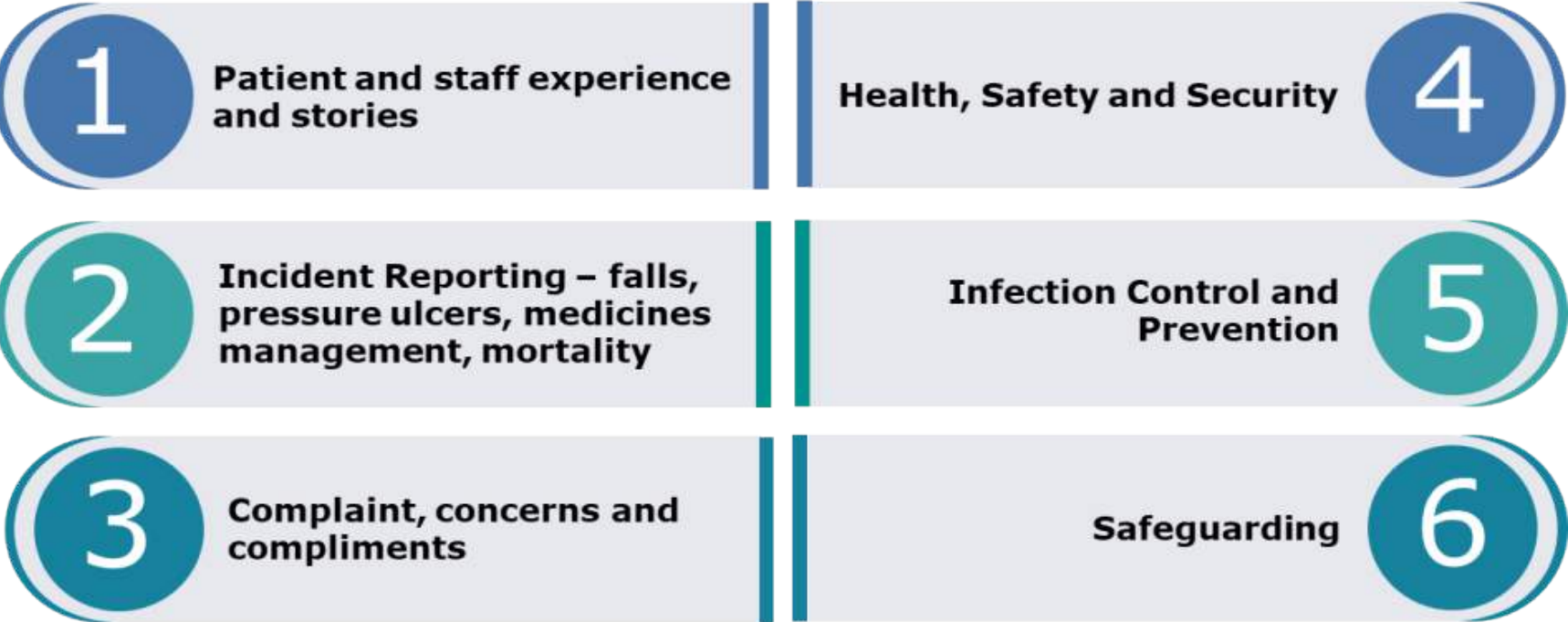
We will develop a '**Just culture**' which promotes safety through supporting people to speak up. We will encourage staff to be more open and transparent about incidents, errors or complaints and the actions we take to make changes.

Our workforce is **inclusive, engaged, sustainable, flexible and responsive**. This strategy will reflect the link between quality, staff experience and organisational culture; learning, and the link between learning and improvement being driven through patient involvement and feedback from the wider population and our system partners.

It is well documented that a safe organisation must first focus on the individuals within the system and their skills, knowledge and behaviours. Our workforce needs to understand the psychology of safety (including speaking up), the implementation of reliable systems design, their role in the team, the importance of teamwork in safety, the use of structured language and checklists. It is well known that working patterns and practice impact significantly on individuals and their ability to deliver safe care. It is particularly important that our people have the right equipment; we minimise the risk of fatigue and have robust systems for recognising and supporting individuals with high levels of stress.

Safety walkarounds provide an opportunity for senior leaders to demonstrate a top-down commitment to building a culture of safety. We will ensure safety walkarounds occur regularly across inpatient, outpatient and community patient care areas and support services such as facilities, pathology, pharmacy etc. They are a method for leaders to talk with front-line staff informally about culture, patient safety issues, and demonstrate their support for incident reporting, innovation and quality improvement. Walkarounds serve a dual purpose – they educate senior leaders about safety issues, whilst demonstrating to frontline workers their commitment to creating a culture of safety.

Pillars of Quality



These ‘pillars of quality’ run through our organisation, ensuring that we deliver the highest standards of care under these domains. Providing data in these Pillars of Quality will review our performance.

We must put the quality and safety of our health services above everything else. This strategy signals our intention to progress these six pillars of quality to establish our level of performance. The pillars will be our Quality Markers in our Quality management system. Strengthening our quality management system helps us make sure our decision-making focuses on improving the quality of health services.

These measures of quality will allow standardised agendas for Divisions to report on quality measures.

PATIENT AND STAFF EXPERIENCE AND STORIES

Through the introduction of CIVICA – an electronic Citizen Feedback platform that will help people who are using our services to tell us what they think about their care. Providing feedback on our services will help us learn, make changes where we need to and celebrate what we do well. Staff will also be able to feedback on a regular basis, helping them to make improvements in their areas.

Analysis of patient experience data including complaints and compliments will provide a comprehensive picture of areas of positive performance and areas for improvement.

COMPLAINTS, CONCERNS AND COMPLIMENTS

Our commitment to patients is, wherever possible, to respond to their complaints timely and provide the information requested in an open and transparent way. Where it is not possible to provide immediate resolution, we commit to agree an appropriate investigation and to carry out that investigation to a high standard and on time. To ensure that all complainants have access to an investigating officer and are contact regularly.

INFECTION PREVENTION AND CONTROL

The Health Board is committed to zero tolerance of preventable Healthcare Associated Infections (HCAIs). Welsh Government sets reduction expectations for healthcare acquired infections which are achieved via collaboration from experts across healthcare. The Health Board are committed to providing clear programmes of work and evidence-based Policies which sets the expectation on the organisation. Our workforce will be skilled and trained to deliver against national, local and organisational objectives. We will monitor outcomes and reporting compliance/ learning through the Reducing Nosocomial Transmission Group (RNTG), Patient Safety Operational Group and Committee.

INCIDENT REPORTING

Through our 'Pillars of Quality' Programme, we will continue to focus on incident reporting as a key enabler of organisational learning and improvement. We will co-ordinate a comprehensive rolling Programme of quality improvement initiatives which strive to reduce avoidable harm with a focus on falls, pressure ulcers, deteriorating patients, mortality, end of life care, medicines management, discharge and safe transfers of care.

Our commitment to staff is to have a **just** culture, where staff feel safe to report concerns, incidents and near misses, knowing this will result in a timely, fair, comprehensive investigation. Our incident reporting system 'Datix' is a key component in providing insights to data gathering and learning actions.

HEALTH, SAFETY AND SECURITY

We are committed to ensuring that the fundamental standards of health, safety and security are continuously improved. We have a committed workforce of operational leaders who we will educate to ensure they have the advanced skills to deliver safe services. We will support the development of local policies and practices through our Health, Safety and Security Practitioners. We will conduct reviews of all sites and an annual snapshot of health and safety. Our focus for the duration of this strategy will be to reduce staff harm from lifting and handling, violence and aggression and slips, trips and falls.

SAFEGUARDING

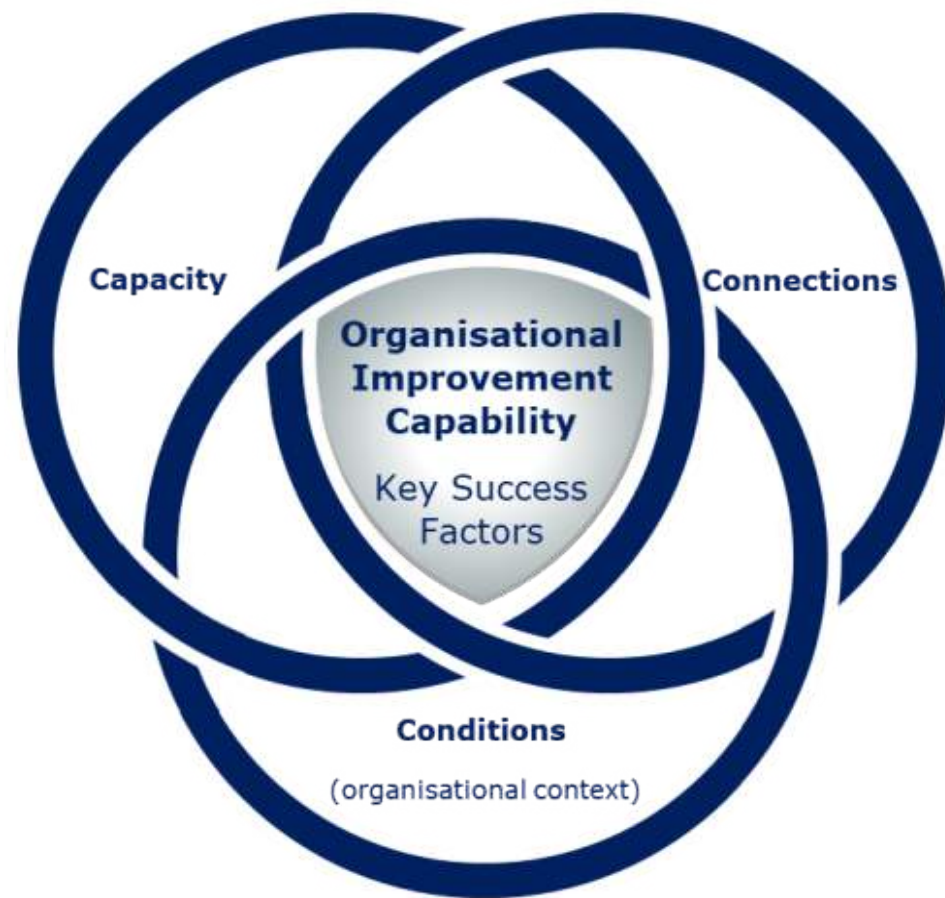
Safeguarding is everybody’s responsibility. We will demonstrate reasonable steps to ensure the safety of children and adults at risk. The Health Board’s Strategy and Policy sets the expectation of accessing services. The workforce will be skilled and trained to deliver national, local and organisational objectives. The Health Board will support and enable operationalisation through provision of tools and direct support from the corporate safeguarding team, as the workforce undertakes its duties in relation to safeguarding. We will monitor outcomes and report effectiveness through effective audit and clear governance processes.

Quality Improvement

We will measure our progress and guide our actions towards becoming a learning organisation. We will grow and mature our Quality Improvement (QI) approach as our methodology for solving complex problems, and to provide a consistent approach to testing change ideas and informing our decisions.

ABUHB will establish an improvement programme which aims to develop a culture of continuous improvement and achieve the following:

- Accelerate the development of learning and improvement skills for staff, service users and carers.
- Embed Improvement into daily work throughout the organisation.
- Align improvement work across the organisation.
- Create a “golden-thread” from the ward to Board aligning organisational priorities with local and system-wide improvement work.



Enabling the conditions for QI to deliver the strategy and our Quality Management System will be a key focus for 2023-2026. This will be achieved through developing our clinical leadership and teams for QI at senior level and integrated within clinical directorates and effective use of data and measurement. This will be in partnership with the information analytical and mathematical resources organisational wide continuing to build understanding of time series and variation at all levels to inform decision making and learning as part of QI.



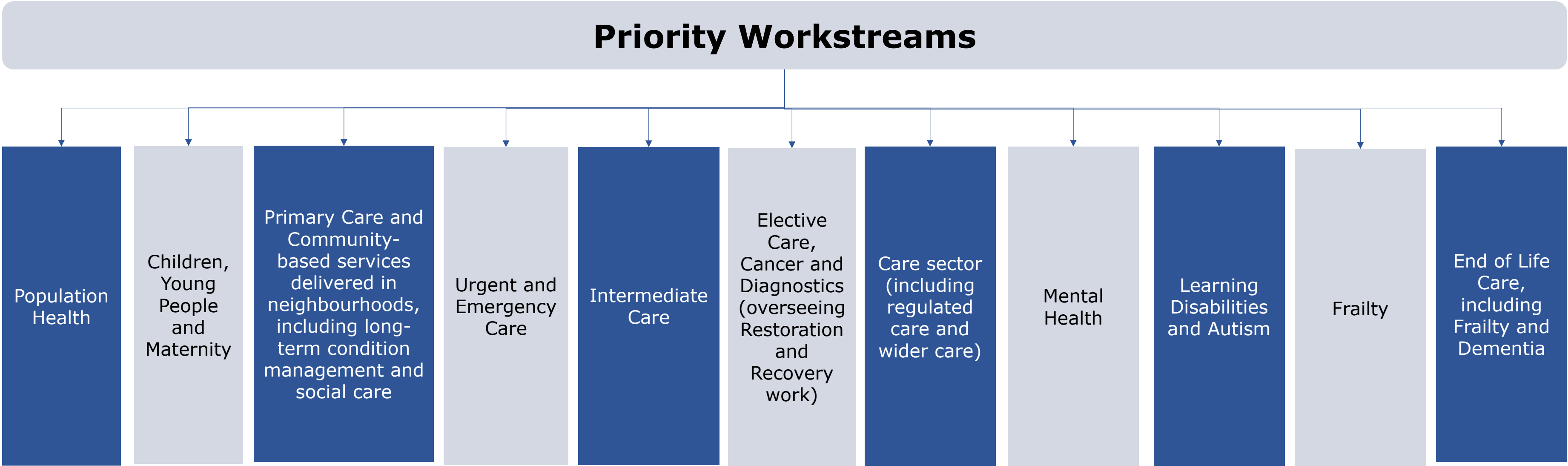
Core workstreams will be delivered through existing Clinical, Education, and Quality and Patient Safety Teams with expert coaching, learning and strategic development supported by ABCi through:

- Leadership of the Safe Care Collaborative.
- Development of core information and resources.
- Facilitating and developing skills-based training to improve organisational wide learning and understanding.
- Direct coaching and support for our prioritised improvement programmes.
- Facilitating and developing structure, design and processes to improve organisational wide learning and understanding e.g. SCIL, Human Factors, Psychological Safety, networks.

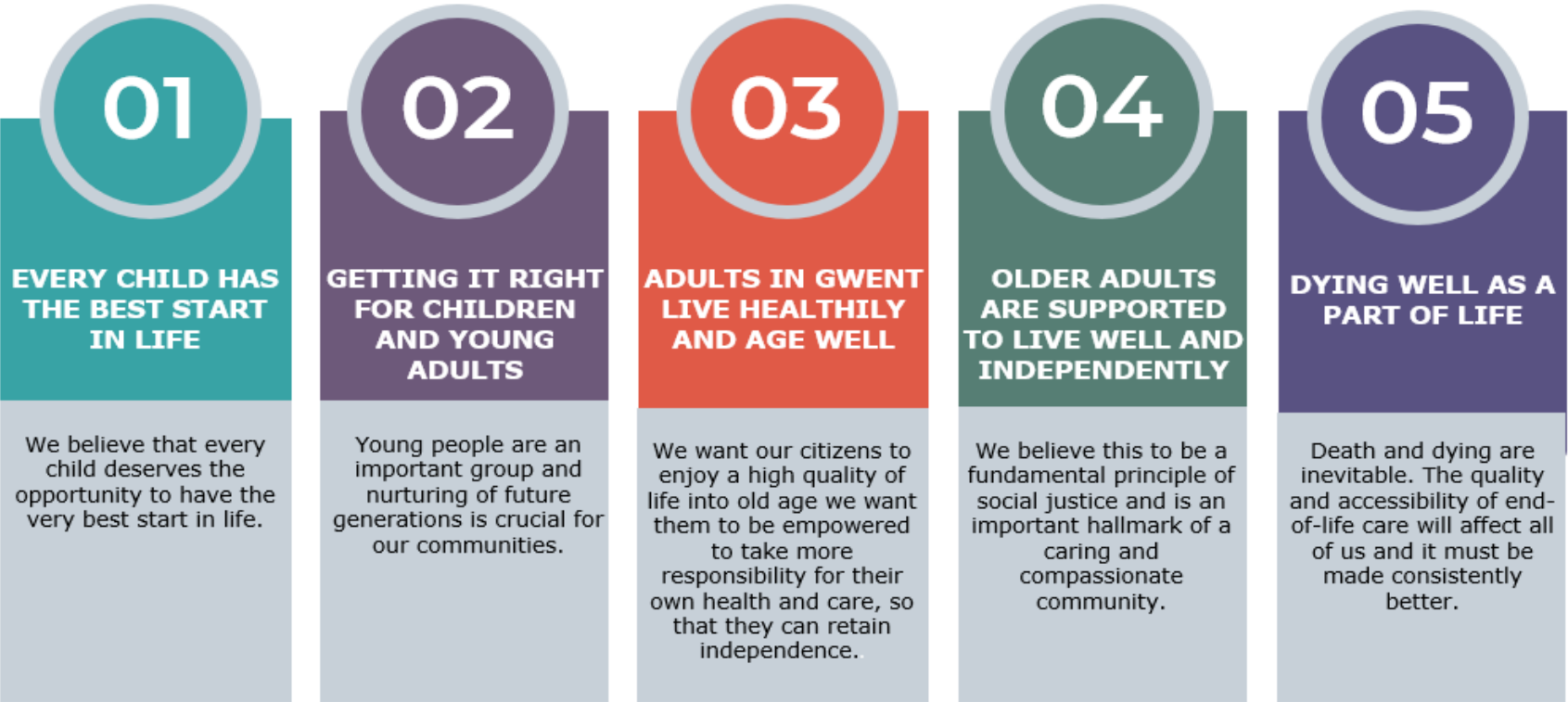
Strengthening Our Partnership Working

Our drive to improve the quality of care delivered across our communities will see the Health Board work increasingly through partnerships across our localities. We will further develop our role as part of an integrated Health Board, working more closely with our commissioners and with other local providers, including GPs, Community and Mental Health Trusts, and colleagues in Social Care.

We aim to look at improving system working. We will work as part of a joined-up system across Primary and Secondary Care services contributing to and learning from best practice across all Boroughs and working to ensure equity of care for our communities.



Organisational Priorities



- Care Aims Principles (integrated decision making) underpins our ambition to improve population health and reduce inequalities.
- Building resilience in and working with our communities, embedding a person-centred approach to service provision and supporting citizens and their families to take responsibility in order to deliver the change communities need.

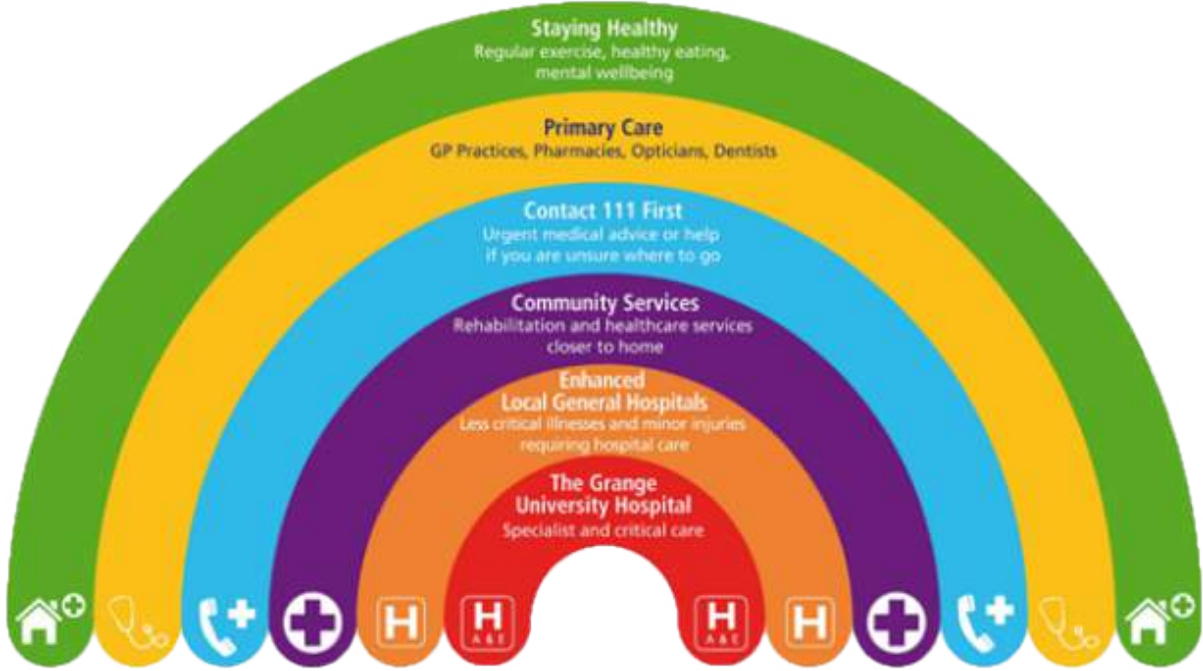
Clinical Audit

Aneurin Bevan University Health Board is committed to delivering safe and effective care to the population of Gwent. Clinical audit is an essential tool in ensuring that services continually evolve and develop and are responsive to quality and safety risks. The results of clinical audit are one input into a wider Quality Management System designed to achieve continuous organisational learning and improvement in delivery of safe and effective care.

When conducted in accordance with best practice standards, clinical audit: provides assurance of compliance with clinical standards, identifies and minimises risk, waste, and variation in clinical practice from guideline defined standards of care. It also improves the quality of care and patient outcomes.

Delivery of Whole System Transformation

The Health Board has refocused our Clinical Futures Team, to support the delivery of a finite number of organisational priorities in response to the challenges identified through the dynamic planning model.



Key Quality Enablers

Quality enablers are need to deliver the six domains. Enablers are the factors which increase the probability of successful implementation of key priorities.

Our goal is to deliver sustainable changes to our system, this means that 'not only have the process and outcome changed, but the thinking and attitudes behind them are fundamentally altered and the systems surrounding them are transformed as well'.



Risk and Governance

Developing strong governance and quality management structures

We will develop our organisational structure to ensure everything we do is quality-driven. We will empower local leaders and managers to ensure patient experiences of our service is delivered locally with excellence. This will position them to continuously monitor, act and deliver quality improvements. Positioning quality throughout our organisational structure is important in integrating communication and consecutiveness of our functional teams delivering our services to our committees and Executive Board.

We will strengthen our governance structures through Board-to-Floor connections that promote cross directorate and multi-professional working.

Quality Governance is the combination of structures and processes both at and below Health Board level to ensure and assure the quality of our services, together with systems to monitor and assure the Health Board’s Directors.

We will ensure that the implementation, measurement and monitoring of our strategy is hardwired through our governance and integrated performance reporting. Our assurance and management committees have been aligned to our strategy to offer seamless implementation and oversight.

Progress will be reported via the Executive Committee’s reporting structure which will include a summary of progress in our Quality Account. Working together is key – engaging, consulting, co-designing and co-producing with our colleagues, our partners, and population we serve. We will work with our Partnership and Inclusion teams to develop experts by experience roles within our QMS processes, governance structures and improvement projects.

Risk Management

Divisions will review the attributable elements of the Health Board Risk Register and will ensure that risks are appropriately scored and, where necessary closed off or escalated as appropriate.

We will work with specialties to oversee resolution or mitigation of risks and to escalate to Divisional Board Risks that score highly after mitigation. It is anticipated that the clinical governance work programme is being reviewed and will align with this strategy, reviewing operating Groups and Committees.

Monitoring and Evaluation

Learning and Improvement will be driven via the Patient Quality and Safety Operational Group.

Monitoring of performance and compliance will be undertaken via quarterly reporting to the Patient Quality, Safety & Outcomes Committee.

Reporting to Board will be through the Integrated Performance Report on a bi-monthly basis. Reporting via our Quality Management System will deliver quality data and include patient stories and experience reporting. Annual reporting will be within the Quality Annual Report.

Embedding the Strategy



The strategy will evolve as engagement is carried out with Executive Board, Trade Unions, Divisions, Directorates, Clinicians, staff and patients. Preliminary work will socialise the strategy ensuring we are building psychological safety within the organisation and knowing everyone can contribute to improve patient safety and quality within our organisation.

We accept that the improvement of quality is a complex phenomenon which requires focus throughout the organisation. It is particularly reliant upon surfacing ideas from the frontline, a so called 'bottom up' approach, however, similarly resources are required from senior leaders to ensure that key strategic programmes of work are mobilised 'top down'.

Engagement will be from ward to board and look at flattening hierarchies. This strategy can be likened as a staff and patient charter as it applies to all teams, all levels, all disciplines. This includes engaging with departments and services who influence and support the quality of clinical decision making.

The intention is to ensure all staff feel seen and heard, a sense of belonging and worth. Whilst staff contribute and engage, we will ensure this strategy can be operationalised.

In our strategy we are seeking to work on our culture to become a learning organisation.

Conclusion

Experience, quality, and safety is at the centre of our work to secure improvements in the quality of care and services we deliver and to improve outcomes for the population we serve. We aim to organise care around the individual, so that every person using our services, whether at home, in their community, or in a hospital has a positive experience.

Experience, quality, and safety is a core component of all our plans, both for the service we provide now, and for the changes we are proposing to our future models of care from small changes in one service to substantial redesign necessary to deliver a sustainable and resilient health and care system in the wake of the Covid-19 pandemic.



The links between patient experience, clinical safety, and clinical effectiveness are supported by a substantial body of evidence. Our Quality Strategy sets out Aneurin Bevan's ambitions and goals for the next three years.



We have pledged to place quality at the heart of everything we do for the population that we serve and for our workforce that strives to always deliver the best possible care.



We want to be a learning organisation that delivers outstanding care by working better together. This strategy describes how we will meet that challenge.



Our approach is about empowering people and includes working together and continuous improvement to embed quality initiatives, consistently deliver high quality care and make the changes that matter to people. This will be underpinned by developing our Quality Management System that aims to build a culture where everyone listens, thinks, feels and acts 'quality'.

Key objectives for the next year

- Delivery of an approved strategy for Quality, Framework and Delivery Plan with a clear understanding of priorities.
- Through the launch of the new system for patient experience and the Health and Well-being survey, put in place mechanisms to learn from the insight gained.
- Establish a framework for learning and skills at all levels and the capacity and capability to grow and develop our skills and learning networks.
- Deliver the Safe Care Partnership, Faculty workstreams and the outcomes as set by each team.
- Agree and implement the measures and reporting structures.
- Review the capability of our data capture systems for resilience and suitability.
- Implement new systems to provide insight and support for delivery.
- Review our quality and safety structures and teams along with the reporting structures to ensure learning at every level and appropriate assurance and governance.

Our PERSON-CENTRED Commitments 2023-2026

To ensure that our patients, their families, and carers receive an experience that not only meets but exceeds their expectations. To improve patient experience in our hospitals and wherever they access healthcare. To increase patient, public and staff involvement.

Aim	Objective
See people using health services as equal partners in planning, developing and monitoring care to make sure it meets their needs.	<ul style="list-style-type: none"> Putting people and their families at the centre of decisions and seeing them as experts, working alongside professionals to get the best outcome, ensuring there is continuity between and within services. Considering people's desires, values, family situations, social circumstances, and lifestyles, seeing the person as an individual, and working together to develop appropriate solutions, respecting what matters to them.
Embed the core dimensions of person-centred care and strive to improve people's healthcare experiences.	<ul style="list-style-type: none"> Respecting people's values, preferences and expressed need. Improving information and education. Improving access to care. Improved provision of emotional support to relieve fear and anxiety. Involving family, friends and people who matter to the individual. Providing continuity and secure transition between healthcare settings. Providing physical comfort. Delivering co-ordinated care. Empowering people to have their voice heard and listening and learning from feedback.
Improving patient experience through Person-Centred Care	<ul style="list-style-type: none"> Implementation of the CIVICA Citizen Feedback System to capture patient and staff feedback. Listening and learning from people's lived experience of their healthcare journey through the use of 'patient narratives/stories' to enrich data and provide qualitative data as part of our Quality Management System.

Our SAFE Commitments 2023-2026

Provide Safe care - Reduce harm, prevent errors, and deliver consistently safe care through increased visibility and insight from multiple sources of patient safety information.

Aim	Objective
Reduce harm, prevent errors, and deliver consistently safe care.	<ul style="list-style-type: none">▪ Focus investigation resource on National and Local priorities for organisational learning.▪ Strengthen the link between learning from investigations and improvement work.▪ We will improve our understanding of safety by drawing insight from multiple sources of patient safety information.
Develop an excellent safety culture.	<ul style="list-style-type: none">▪ Strengthen the Patient Safety culture through linking incident reporting and investigation to the Just Culture approach.▪ Ensuring the right skills are available to keep patients safe.▪ Keep staff safe, ensuring employee wellbeing is of paramount importance and review and response to results from staff experience questionnaires.▪ Strengthen and Embed 'Human Factors' to examine why incidents occur.
Strengthen our incident reporting and investigation process to reduce risks through early identification	<ul style="list-style-type: none">▪ Improve the quality of incident reporting.▪ Improve data analysis, triangulation, visibility, and reporting through the standardisation of Quality dashboards.▪ Review the outcomes from all incidents resulting in significant or moderate harm and trend analysis for minor/ no harm incidents.▪ Encourage staff to report incidents, take responsibility for actions to minimise risks and fully apply their Duty of Candour.▪ We will implement organisational learning and undertake thematic review of leaning from incidents.
We will ensure there is a focus on learning from incident reporting (including end of life, mortality, coroner's reports and national reported incidents)	<ul style="list-style-type: none">▪ Developing our methodology to learn from incidents.▪ Thematic reviews and triangulate the learning from ALL incidents.▪ We will commit to review mortality data, through morbidity and mortality reviews and findings from the Medical Examiner Mortality Reviews and improve clinical outcomes.▪ Review mortality data, Medical Examiners referrals and actions from Coroner's reports.

Our **TIMELY** Commitments 2023-2026

People have timely access to care when they need it. Reducing waits and sometimes harmful delays for both those who receive and those who give care.

Aim	Objective
Allow access to care in a timely manner when it is needed. Reduce waits and harmful delays for those who receive and give care.	<ul style="list-style-type: none">▪ Successfully deliver the six goals for Urgent and Emergency Care.▪ Successful delivery of planned care recovery and transformation programmes.<ul style="list-style-type: none">- Improve time from admission to surgery- Improve time from surgery to discharge- Time spent on a waiting list- Improve Cancer pathway performance
Our acute hospitals experience no ambulance handover delays, no delays for assessment and admission and no delayed discharges.	<ul style="list-style-type: none">▪ Decreased ED<ul style="list-style-type: none">- ↓ handover delays; ↓ ED waits >12hrs- ↑ discharges before midday; ↓ LoS- ↑ numbers on D2RA pathways within 48hrs- Partnership working with Social Care and Welsh Ambulance Service Trust- Time from Flow Centre call to discharge/ admission from assessment?- Number of emergency admissions in hospital over 7 days
Prevent time in hospital for patients.	<ul style="list-style-type: none">▪ Discharge time of day▪ Overnight bed moves and patient transfers

Our EFFECTIVE Commitments 2023-2026

To deliver care that is effective, reliable, and based upon the best evidence available. To increase the proportion of patients who receive evidence-based care. To reduce variations in the quality of care. To identify and implement evidence-based best practice guidance. Deliver consistently effective and reliable care.

Aim	Objective
Provide effective care.	<ul style="list-style-type: none"> ▪ Deliver consistently effective and reliable care, based on best practice which is delivered in a culture that encourages and enables innovation to Improve outcomes. ▪ To ensure that the care delivered to patients is both effective and based upon the best evidence available. ▪ Support Divisions to drive improvement priorities from learning.
Implement the mandatory National Audit Programme.	<ul style="list-style-type: none"> ▪ Participate in the relevant national audits to provide assurance of effective care delivery. Use the findings from the relevant national audits to support the continued improvement of quality outcomes by sharing learning and good practice across the organisation. ▪ Produce action plans to monitor the actions needed from audits, ensuring the are measurable and achievable.
Building audit capability across the organisation through skills development.	<ul style="list-style-type: none"> ▪ Developing an organisational training offer covering all staff groups. ▪ Build audit capability across the organisation through the implementation of the web-based Audit Management and Tracking System (AMaT). ▪ Utilise Clinical Audit expertise to provide the evidence-base and measurement function which drives quality improvement initiatives.
To increase engagement with audit and effectiveness work.	<ul style="list-style-type: none"> ▪ To improve the visibility of Clinical Audit Results by implementing the Clinical Audit Strategy. developing an internal registry ▪ Develop and embed GIRFT processes within the central team, supporting the Divisions to drive improvement priorities from learning.
Implement NICE Guidance and adoption of Health Technology Wales guidance.	<ul style="list-style-type: none"> ▪ Ensure the relevant NICE (National Institute for Health and Care Excellence), and specialist national guidance are regularly assessed and implemented to deliver interventions based upon the best possible evidence. ▪ Utilise best practice evidence and benchmark data to improve outcomes.

Our EFFICIENT Commitments 2023-2026

Obtaining the greatest health benefit for our population from the right interventions using the available resources.

Aim	Objective
Whole system efficiency, having the right processes and pathways in place to enable patients have the right treatment, in the right place, first time.	<ul style="list-style-type: none">▪ Allow the efficient use of resources at all levels in the organisation provides a means to improve the quantity or quality of health outcomes whilst providing fair and equitable access to all, according to need, and promoting an open and fair culture with a shared purpose.▪ Mapping services back to care aims.
An efficient system through all our hospital sites.	<ul style="list-style-type: none">▪ Ensuring improving value and efficiency is achievable through system wide multi-disciplinary collaboration in which the person is at the centre of care and the healthcare environment is one in which our staff resources thrive.▪ Provide a systems approach of innovation, integration and collaboration which would allow for quality improvements and the delivery of optimised, sustainable services.
Avoid harm, waste and variation.	<ul style="list-style-type: none">▪ In alignment with the characteristics of quality efficiency represents the need to avoid waste, harm and variation.

Our EQUITABLE Commitments 2023-2026

Providing care that does not vary in quality because of personal characteristics, such as gender, ethnicity, geographic location and socio-economic status.

Aim	Objective
Become a listening organisation.	<ul style="list-style-type: none">▪ Good engagement of what the public and staff tell us.▪ Increase feedback from seldom heard voices.
Learn from user experience (staff, patients, families and carers).	<ul style="list-style-type: none">▪ Understand how peers feel.▪ Good evaluation and benchmarking service.▪ Gain patients’ views.▪ Measuring individual needs and allowing patients to decide those for themselves.

Quality Improvement Work Plan

The Quality Improvement programme of work seeks to build on the well established and excellent foundations developed by ABCi, and Clinical Teams over the past 8 years. ABUHB will establish a programme of work which aims to develop a culture of continuous improvement and achieve the following:

Workstream	What we will do
Leadership of the Safe Care Collaborative	<ul style="list-style-type: none"> Administration, facilitation and leadership of the Collaborative Co-ordination of the Faculty Coaching and support for the Teams Providing coaching and support for measurement and establishment of outcomes Co-ordination of the Leadership workstream Reporting and communication of progress and outcomes
Development of core information and resources	<ul style="list-style-type: none"> Development of the Sharepoint QI Portal with resources and learning materials to support QI delivery and learning Development of a blended learning programme (POCED QI) A regular communication programme through Education, QPS, and networks to support learning Launch and use of live QI
Facilitating and developing skills based training to increase the number of staff with QI learning and understanding	<ul style="list-style-type: none"> Revisit and update the skills matrix and training needs analysis Develop the annual learning calendar and QI Curriculum with events, information and a programme of learning from Board to Ward this includes: <ul style="list-style-type: none"> Poced QI CDX Process mapping SCIL – moving to internal Improvement Advisor Training Medical Education Network Human Factors
Direct coaching and support for our prioritised improvement programmes	<ul style="list-style-type: none"> Direct coaching support for the Safe Care Collaborative Teams Following the identification of key safety priorities for each Divisions, support for the improvement programmes of work Map the scope for coaching supervision support required and establish a programme. Develop a learning support network linked to Leading People, CDX Junior DR's QI Forum and Human Factors programmes
Facilitating and developing structure, design and processes to improve organisational wide learning and understanding	<ul style="list-style-type: none"> Scoping the ABUHB Human Factors programme and working with OD and Education to establish. Working with OD, use the Leading people programme to embed psychology for improvement Identification of learning needs for psychology for Improvement incorporating into the QI learning programme In partnership with Planning (Decision Support), Information, Value and Modelling establish a programme for learning and increase the use of the principles of using data for improvement and knowledge
Workforce	<ul style="list-style-type: none"> Commencement of the Assistant Medical Director post and Programme of work Review of core team delivery structure to support the programme of work.

Capacity and Capability Building				
	Everyone	Improvement Teams and Individuals	Clinical Leadership	Board and Execs
Learning programmes and support	<ul style="list-style-type: none"> Sharepoint QI Portal Core resources 	<ul style="list-style-type: none"> Improvement Advisor training Improvement Coaches Networks QI Leads Coaching support Leading People 	<ul style="list-style-type: none"> Medical Education Programs QI leads Divisional and Professional Safe Care leadership workstream CDX Leading People Safe Care Faculty AMD for QI 	<ul style="list-style-type: none"> Board Development Sessions Executive Masterclasses Safe Care leadership workstream Safe Care Faculty

Outcome Measures	Process Measures
<ul style="list-style-type: none"> Safe Care Partnership Outcomes <ul style="list-style-type: none"> Tests of Change Number of staff trained at levels identified Number of projects using QI methodology supported by the team demonstrating improvement or learning. This will be captured through the IHI Project Scoring system. Active use of data for improvement principles: for planning and improvement with demonstrable insights produced. 	<ul style="list-style-type: none"> Frequency and attendance at Safe Care Collaborative events Resource usage rates Attendance at events Attendance at Network forums Quality Improvement efforts recognised regularly in reports and communications throughout the year Implementation and use of live QI

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Patient Experience & Involvement Strategy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jennifer Winslade – Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Tanya Strange – Head of Nursing Person-Centred Care Tracey Partridge-Wilson, Assistant Director of Nursing for Quality & Patient Safety

**Pwrpas yr Adroddiad
Purpose of the Report**

Ar Gyfer Penderfyniad/For Decision

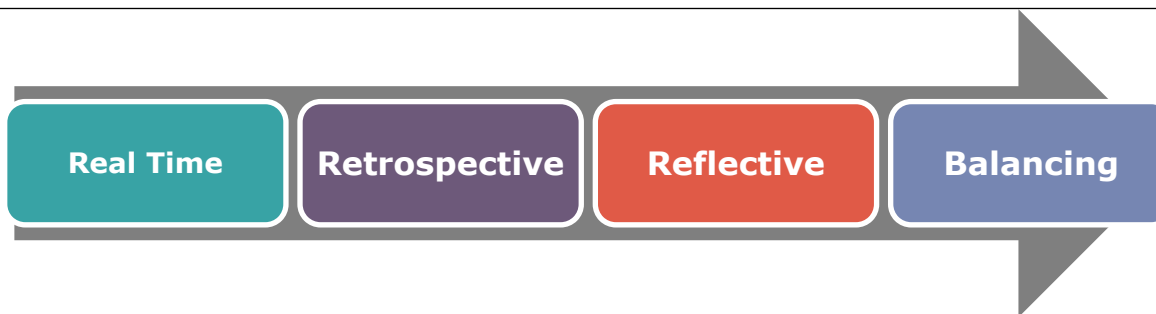
**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This Patient Experience & Involvement Strategy will be implemented throughout Aneurin Bevan University Health Board from April 2023. A key focus in the development of this Strategy is progressing on what has already been accomplished and building on existing patient experience feedback throughout the Health Board. This was developed as a direct result of staff, patient, family and carers feedback, telling us what matters to them. Our teams and our staff members have a passion to improve people's experiences within our services and it is important to us that learning from experience is at the heart of the Health Board's actions.

Cefndir / Background

The NHS Framework for Assuring Service User Experience explains the importance of gaining service user experience feedback in a variety of ways using the four-quadrant model. It is intended to guide and complement service user (patient) feedback strategies in all NHS Wales organisations.



Aneurin Bevan University Health Board is committed to improving the experience of patients, families, carers, staff and communities. We will use that feedback to identify what we do well, understand what needs to change, gain a better understanding of **what matters** to people and to put things right. This will help us to improve both individual experiences, the quality of the services we provide and support staff learning with the intention of ensuring the best possible experience for everyone.

The components of 'quality' include the combination of safe, timely effective, equitable, efficient care and a positive experience for patients, which is shaped by **what matters** to people. Aligned to the New Quality Strategy, the Patient Experience and Engagement strategy will link patient experience with clinical effectiveness and safety. Through this, the Health Board will develop a clear picture of quality across services.

The experiences of our staff and patients will continue to be the most important measure of our progress. It is the delivery of this Strategy, together with the supporting strategies of patient experience, risk management, clinical effectiveness and employee wellbeing to deliver high quality care, person centred and effective health and care services for our local population.

Asesiad / Assessment

To achieve the Patient Experience & Involvement Strategy we will require a strong commitment to a culture of person-centred care throughout all our services, where patients are informed and educated about our services to meet their needs and to guarantee equitable access to services. Our Health Board has a solid foundation on which to build, and we will continue to improve by listening, learning and working together on a continuous improvement journey.

The Strategy was developed as a direct result of staff, patient, family and carers telling us what matters to them. Our teams and our staff members have a passion to improve people's experiences within our services and it is important to us that learning from experience is at the heart of the Health Board.

The Strategy goals and objectives are to improve services and their effectiveness, and safety and to improve people's experiences. It encompasses our intent to engage patients, families, carers, staff and the wider community, with a commitment to listen to feedback, learn and therefore improve healthcare across all of our services.

Our key principles will be to ensure we:

- Work in partnership with patients, families, carers, staff and communities, and listen to their perspective.
- Enhance our efforts to obtain real-time feedback.
- Use people's feedback proactively to identify quality improvement opportunities.
- To put things right that may have gone wrong, helping people to share their experience and to restore their confidence.
- Through listening and learning, develop best practice and support staff to deliver excellent person-centred care.

A better experience for people is one of our Health Board's highest priorities. To underpin the fantastic work our staff do every day we have developed this Strategy to ensure that we are able to embed a culture of person-centred care throughout all our services. The Strategy will enable us to better engage with people and improve opportunities to increase real-time feedback, helping us to focus on issues that truly matter to our patients, their families and communities.

The links between patient experience, patient safety, and clinical effectiveness are supported by a substantial body of evidence. This evidence clearly demonstrates that encouraging improvements in patient experience results in greater employee satisfaction and improved patient safety. Feedback indicates that many of our patients had positive experience of care, but we are aware that we do not always get it right. Our intention in developing this Strategy will be to focus on learning from people's lived experience, acting quickly to resolve any concerns and improving the quality of the care we provide.

We are confident that this Strategy will enable us to strengthen the involvement of patients, staff and the public, improve our listening and learning from feedback approaches and fundamentally embed the values of person-centred care throughout our services.

Monitoring of performance and compliance will be via quarterly reporting to the Patient Quality, Safety and Outcomes Committee. Annual reporting will be within the Annual Quality Report.

As this is a new strategy, an EQIA assessment will be required. It is anticipated that the service will have a positive impact for all patients and people with protected characteristics ensuring that they will have better access to support with their concerns through the provision of proactive reasonable adjustments.

Argymhelliad / Recommendation

- Approve the Patient Experience & Involvement Strategy.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a
Sgôr Cyfredol:
Datix Risk Register Reference
and Score:

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.2 Communicating Effectively 4.1 Dignified Care 4.2 Patient Information 6.3 Listening and Learning from Feedback
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	National Institute for Health and Care Research Patient Advice and Liaison Service (PALS) - NIHR Evidence
Rhestr Termiau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper Yes not yet available
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

**Deddf Llesiant
Cenedlaethau'r Dyfodol – 5
ffordd o weithio
Well Being of Future
Generations Act – 5 ways
of working**

<https://futuregenerations.wales/about-us/future-generations-act/>

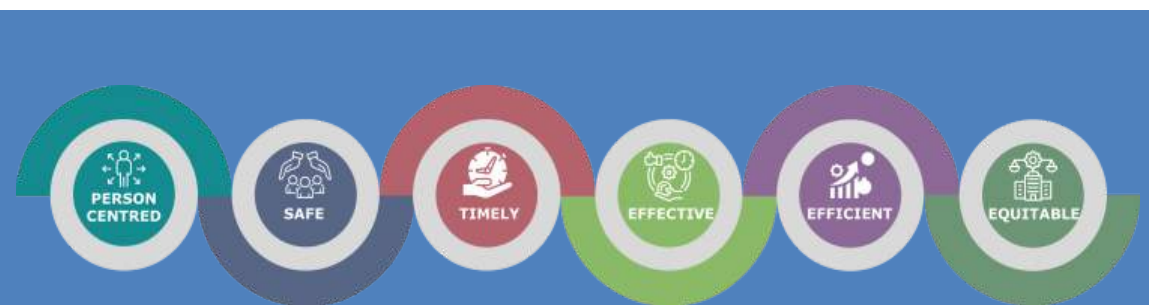
Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves
Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Patient Experience and Involvement Strategy



What matters to people
matters to us



Executive Summary

I am delighted to be able to share with you the Aneurin Bevan University Health Boards *Patient Experience and Involvement Strategy*. This was developed as a direct result of staff, patient, family and carers feedback, telling us what matters to them. Our teams and our staff members have a passion to improve people's experiences within our services and it is important to us that learning from experience is at the heart of the organisation.

The Strategy outlines our goals and objectives to improve services, clinical effectiveness, safety and people's experiences. It encompasses our intent to engage patients, families, carers, staff and the wider community, with a commitment to listen to feedback, learn from it, and therefore improve healthcare across all of our services.

Our key principles will be to ensure we:

- Work in partnership with patients, families, carers, staff and communities, and listen to their perspective.
- Enhance our efforts to obtain real-time feedback
- Use people's feedback proactively to identify quality improvement opportunities.
- To put things right that may have gone wrong, helping people to share their experience and to restore their confidence
- Through listening and learning, develop best practice and support staff to deliver excellent person-centred care.

A better experience for people is one of our Health Board's highest priorities. To underpin the fantastic work our staff do every day, we have developed this Strategy to ensure that we are able to embed a culture of person-centred care throughout all our services. The Strategy will enable us to better engage with people and improve opportunities to increase real-time feedback, helping us to focus on issues that truly matter to our patients, their families and communities.

The links between patient experience, clinical safety, and clinical effectiveness are supported by a substantial body of evidence. This evidence clearly demonstrates that encouraging improvements in patient experience results in greater employee satisfaction and improved patient safety. Feedback indicates that many of our patients had positive experience of care, but we are aware that we do not always get it right. Our intention in developing this Strategy will be to focus on learning from people's lived experience, acting quickly to resolve any concerns and improving the quality of the care we provide.

We are confident that this Strategy will enable us to strengthen the involvement of patients, staff and the public, improve our listening and learning from feedback approaches and fundamentally embed the values of person-centred care throughout our services.

I look forward to seeing the positive difference our Strategy brings for patients, families, carers, staff and communities.

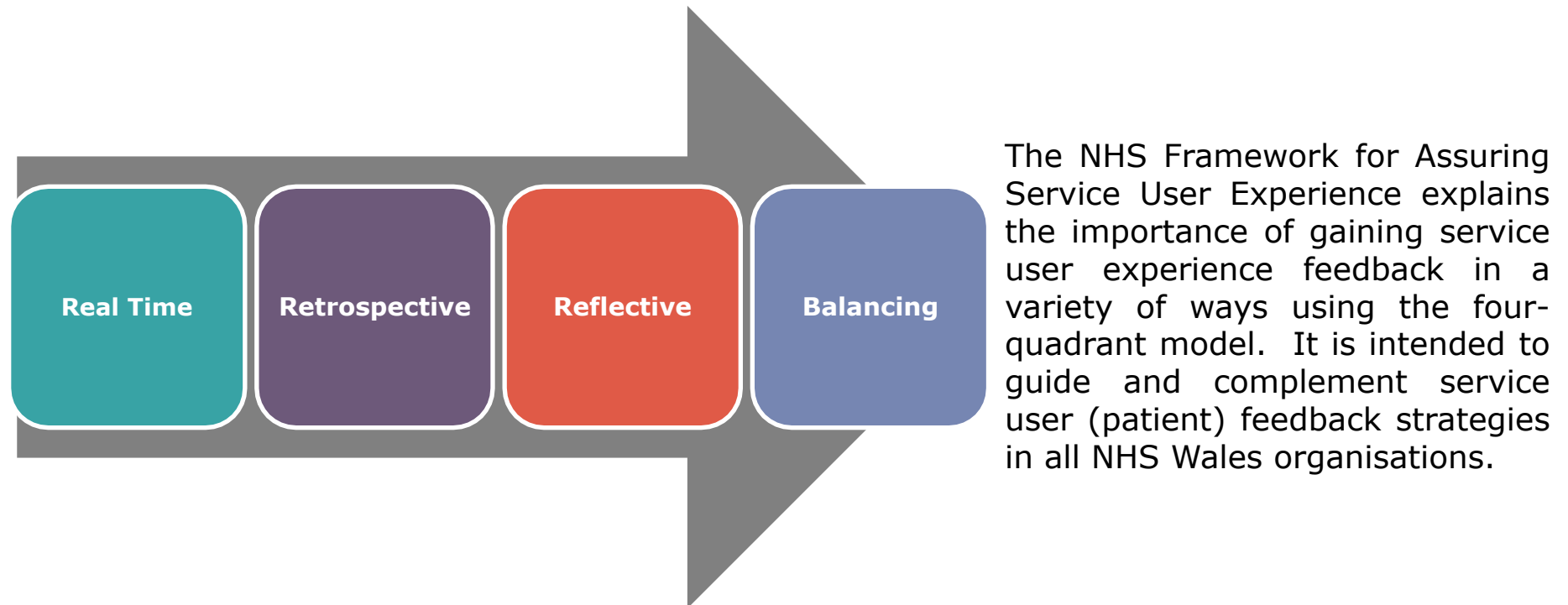


Jenny Winslade
Executive Director of Nursing



Introduction

Aneurin Bevan University Health Board are committed to improving the experience of patients, families, carers, staff and communities. This means we will work together with people and proactively seek opportunities to gather feedback. We will use that feedback to identify what we do well, understand what needs to change, gain a better understanding of what matters to people and to put right things that are not quite right. This will help us to improve both individual experiences, the quality of the services we provide and support staff learning with the intention of ensuring the best possible experience for everyone.



The components of 'quality' include the combination of safe, timely effective, equitable, efficient care and a positive experience for patients, which is shaped by **what matters** to people. Aligned to the new Quality Strategy, the Patient Experience and Involvement Strategy will link patient experience with clinical effectiveness and safety. Through this, the Health Board will develop a clear picture of quality across services.

Patient Experience: What it means

'Patient experience' is what the process of receiving care feels like for the patient, their family, and carers. It is a key element of quality, alongside providing clinical excellence and care that is safe. Patient experience matters and making sure we provide good experiences for people is simply the right thing to do. Taking time to listen to the patient, their families, carers and staff and designing experience to meet what matters to people will result in an environment of care in which people feel safe, listened to, cared for, and supported.

"Just because I had a good healthcare outcome, doesn't mean my experience was good. The NHS saved my life, but I felt embarrassed when my dignity wasn't preserved"

Patient



Understanding patient experience will be achieved through a range of activities that capture feedback from patients, families, carers, and staff. We will use a diverse range of approaches to better understand the experiences of people who access healthcare, and from staff who work in our Health Board. Using experience to design better healthcare, we will have a strong focus on capturing and understanding patients, families, carers and staff experience of services and what truly matters to them.

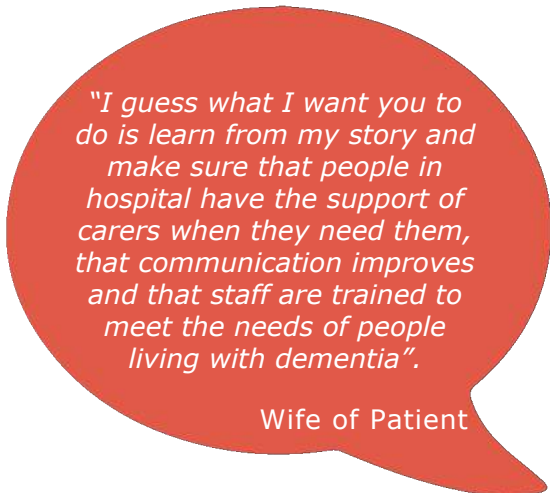
Involvement

"My care should be about what matters to me and my wife. I don't want to keep coming back into hospital but that's what keeps happening"

Patient

Experience and involvement are intrinsically linked. Involvement sees the active involvement and participation of patients, families, carers, staff and communities in how services are planned and delivered. On an **individual** level, means involving patients, and those closest to them in their care discussions, decisions, and treatment, taking a person-centred care approach throughout the patients' journey and allowing them to make their own care choices. On a **collective** level, people, groups and communities are engaged and actively involved in discussions and decisions about how services are designed, reconfigured, commissioned and delivered. This Strategy will support the excellent work already being undertaken by our Engagement Team.

Person-Centred Care



"I guess what I want you to do is learn from my story and make sure that people in hospital have the support of carers when they need them, that communication improves and that staff are trained to meet the needs of people living with dementia".

Wife of Patient


Making a commitment to delivering person-centred care that puts the needs of patients at its heart is the key to delivering a positive patient experience.

Person-centred care is a way of thinking and doing things that see people using health services as equal partners in planning, developing, and monitoring care to make sure it meets their needs. This means putting people and their families at the centre of decisions and seeing them as experts, working alongside professionals to get the best outcomes, ensuring there is continuity between and within services. It is about considering people's desires, values, family situations, social circumstances and lifestyles, seeing the person as an individual, and working together to develop appropriate solutions, respecting what matters to them.

Dimensions of Person-Centred Care

Through this Strategy, the Health Board are committed to:

- Respecting people's **values**, preferences and expressed need
- Improving **information** and education
- Improving **access** to care
- Improved provision of **emotional** support to relieve fear and anxiety
- **Involving** family, friends and people who matter to the individual
- Providing **continuity** and secure transition between healthcare settings
- Providing **physical comfort**
- Delivering **co-ordinated** care



"I have learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel"

Maya Angelou

(Adopted from Picker Institute Research)

Person-Centred Care Outcomes

The dedicated Person-Centred Care Survey will provide a benchmark to how services are performing against the quality pillar of Person-Centred Care.

"I was reluctant to share my story but seeing how you have used my feedback and made the changes you have is really encouraging. Thank you for listening".

Relative



Feedback from patients has indicated a number of priority areas that the Health Board will focus on to improve person centred care. Using an *Always, Sometimes, Never* rating, our Person Centred Care experience survey will ask patients to indicate the following:

- I felt **listened** to
- I was able to make my **own decisions** about my care
- I had care and support from staff who understood my needs and **respected my choices**
- I had the support of my **family (or friends)** when I needed them
- I felt **safe**
- I felt **physically comfortable**
- I was given **information and advice** that I could understand to help me keep well
- I was told **who to contact** if I need care and support in the future



Divisions will be expected to promote the survey, analyse the feedback, identify themes, produce improvement plans and publish 'You Said... We Did' via agreed posters. It is expected that all Divisions will report feedback through their divisional Quality and Patient Safety meetings and quarterly through the Quality and Patient Safety Operational Group.

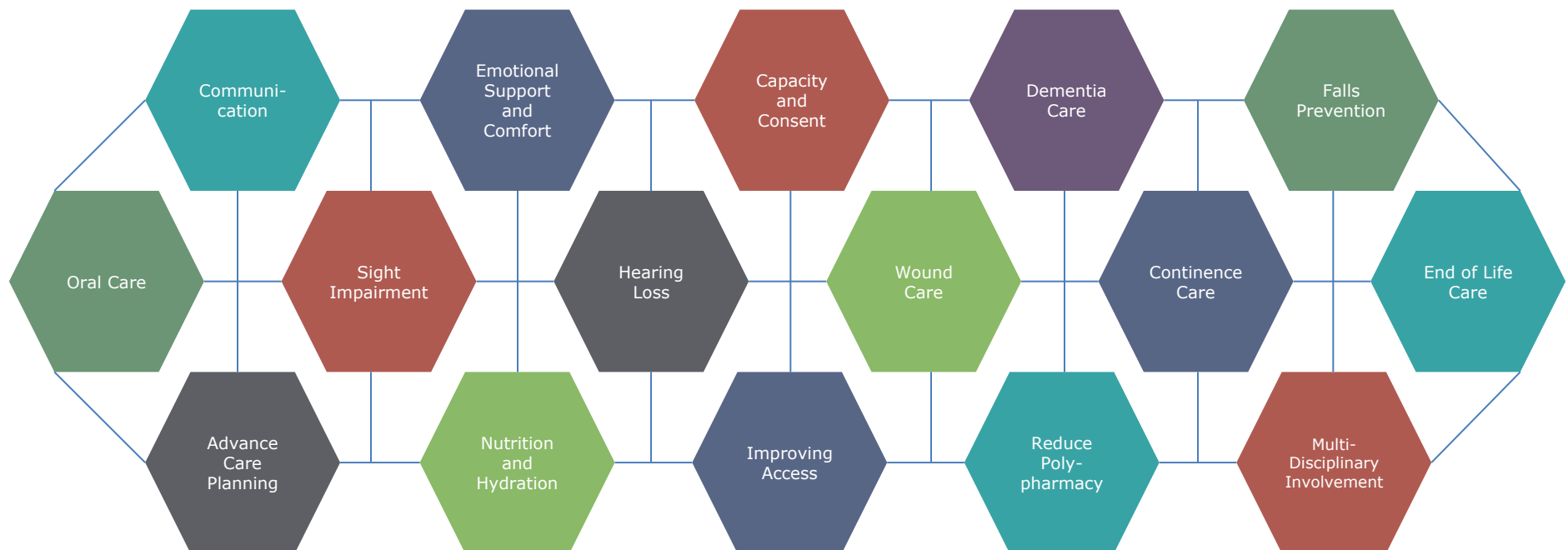
Person Centred Interventions: Reducing harm and improving experience

There are a number of person-centred interventions that can reduce harm. This Strategy will enable the Health Board to use real time feedback to focus interventions on themes that have identified harm or near misses to ensure that learning and improvement can occur. This will always be our priority. The below summaries some of the initiatives the Health Board employs to reduce harm and improve patient experience.

"You can protect yourself against anything if you anticipate a problem, understand the potential for harm, and know how to prevent harm from happening."

J Rogers

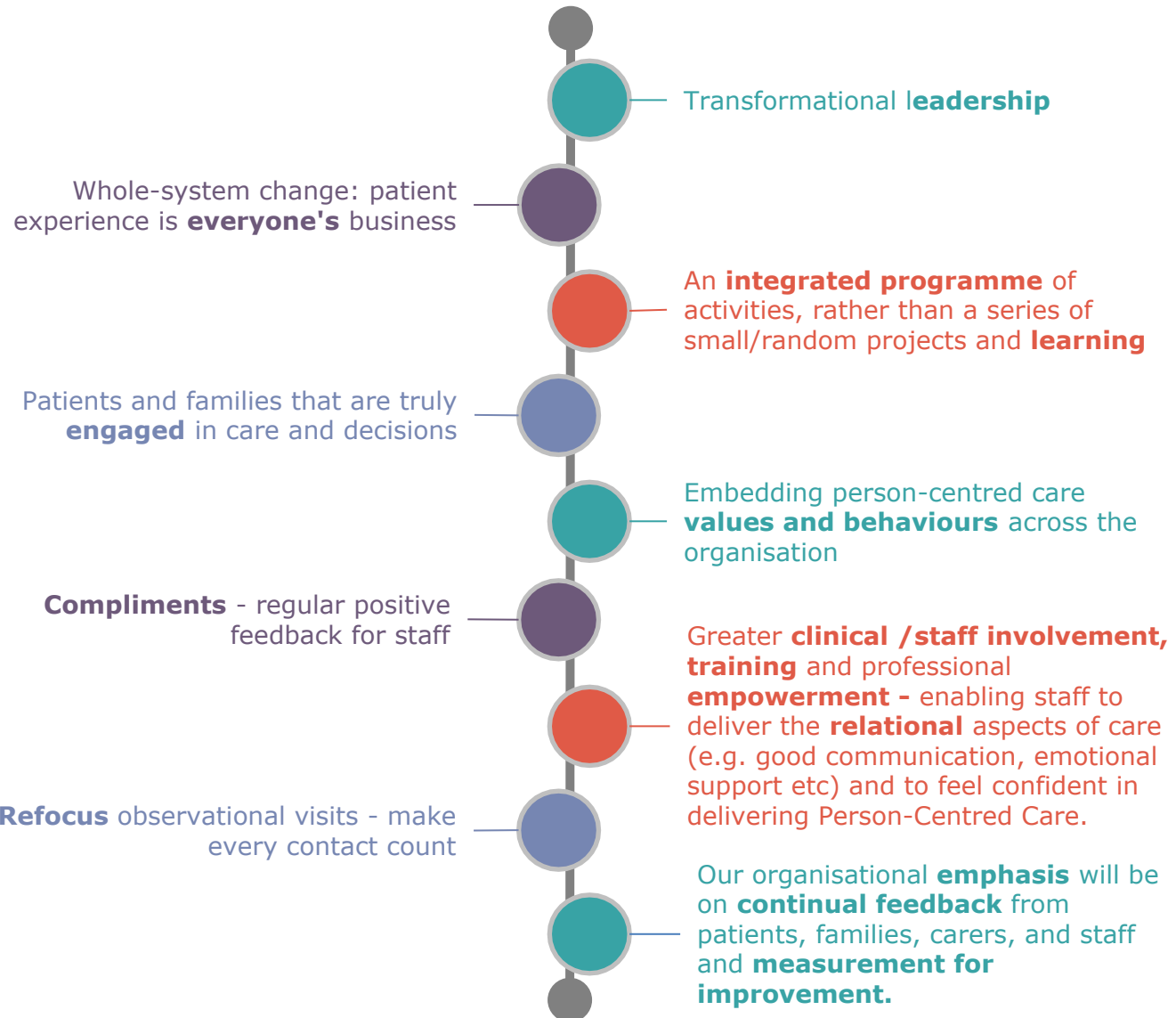
Patient, Families, Carers, Staff and Communities at the Centre



Our Commitment to Improving Patient Experience

We aim to ensure that better outcomes are achieved across our health services by making patient experience a priority. We will use **real time** (feedback in the moment), **third party** (for example from the Community Health Council), **reactive** (dealing with issues as they arise) and **balancing** (maintaining what works well) feedback to drive forward improvements in quality and patient experience.

To support organisational excellence in patient experience and involvement, the Strategy will enable us to achieve:



Values and Behaviours to ensure success

Through our Values and Behaviours Framework, we will ensure that we take all opportunities to embed the principles of quality and person-centred care by considering and valuing what matters to people in everything that we do.

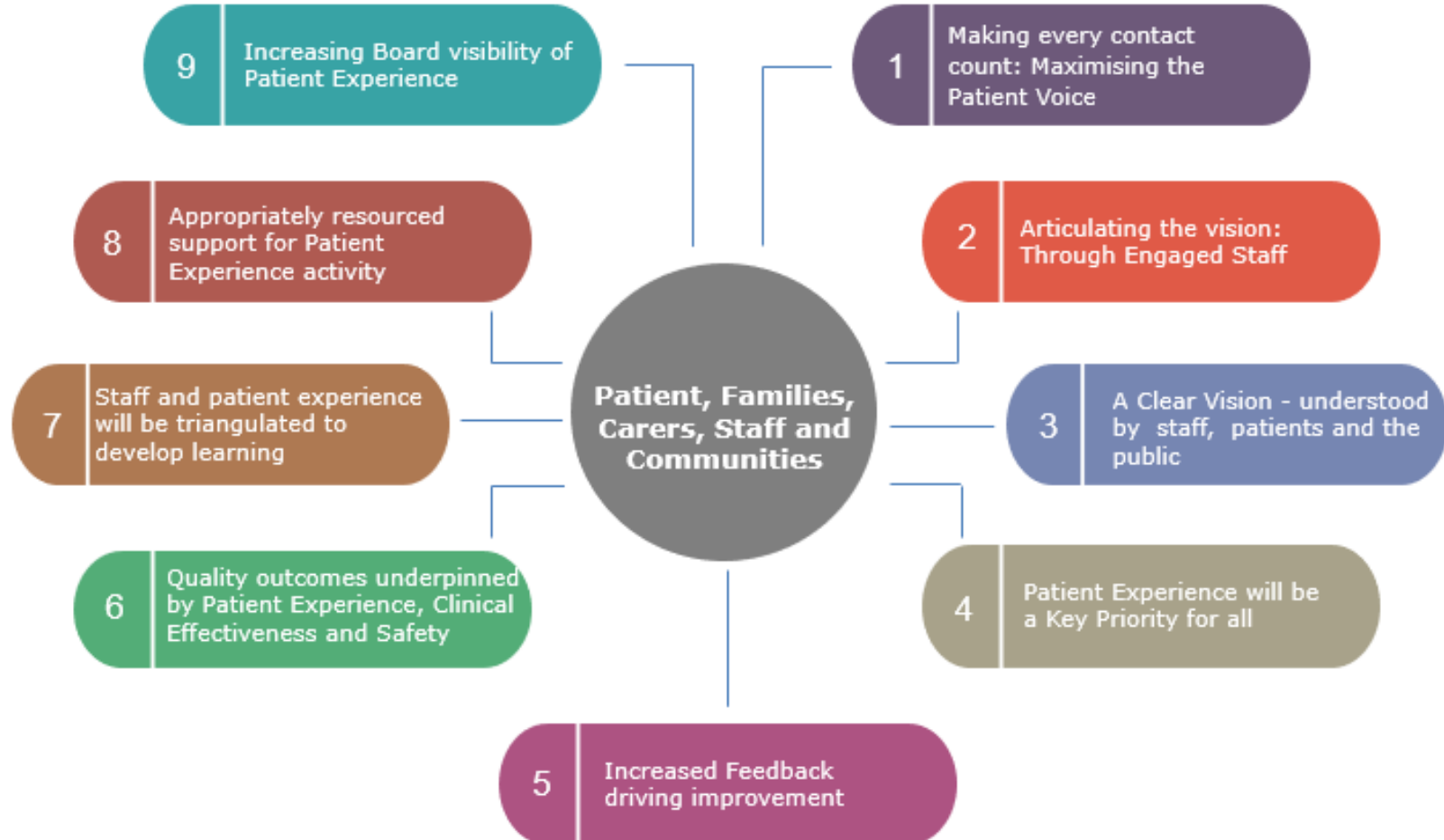
**People
First**

**Personal
Responsibility**

**Passion for
Improvement**

**Pride in What
We Do**

We will refocus our commitment to improving people's experiences by:



Goals and Objectives

Quality Strategy

- This strategy will be aligned to and embedded within the organisational Quality Strategy.
- Feedback from people will be used to support quality improvement activity and ensure learning.

Improved Involvement and Experience

- We will work with patients, families, carers, staff, communities and partners to determine what matters to people.
- We will actively encourage and learn from feedback and make positive changes to improve experience.
- We will expand upon and develop innovative ways to engage better with vulnerable groups, people with protected characteristics and people/communities with seldom heard voices.

Improved Accessibility

- We will engage with people to co-design and develop accessible, high quality and responsive services that provide a positive patient experience.
- We will consider the Accessibility Standards to improve access to services and people's experiences.

Improved Person Centred Care

- Our organisational values and behaviours will be embedded in the principles of person-centred care.
- We will use feedback to develop a programme of learning to help us embed person centred care across our services.
- We will use digital narratives and other means to support learning events.

Prevention and Learning

- We will work with patients, families, carers, and staff to seek early resolution to concerns and complaints.
- We will listen and learn from what may have gone wrong and ensure lessons are learned and used to improve experience and quality.

Accountability

- Patient Experience will be a priority in the organisations IMTP.
- Thematic analysis of patient, family, carer, staff and community feedback to inform priorities for improvement.
- Staff will be engaged in the Strategy implementation.
- Progress reports will be scrutinised through Committees and Board.

Where we are now

There are numerous ways in which we currently engage with patients, relatives, carers, staff and communities in order to gather experiences and suggestions. This Strategy will enhance the Health Boards ability to gather increased feedback from people by expanding on good practice and developing other initiatives. Below are a range of activities that promote active involvement and engagement.



Geographical Involvement Events

Our dedicated Engagement Team will continue to engage with our local population and partners and support the Person-Centred Care and clinical teams to enhance innovative patient experience and engagement events based on feedback themes for example, bespoke engagement with vulnerable groups.

Person Centred Care Team

Our dedicated Person-Centred Care Team will focus priorities to support the improvement of the lived experience of people and will work with clinical and non-clinical teams to embed a culture of person-centred care.

Volunteers and Companions

We have grown and continue to extend our volunteer workforce and have developed 16 role profiles to date based on people's feedback. These range from hospital volunteers, end of life companions, dementia companions, digital champions and Pets as Therapy. [More information on the volunteer roles](#)



Staff Feedback

We will work closely with our staff to gather their experience and make sure that feedback from staff is aligned to patient feedback. By sharing their experiences, staff have the power to influence the organisations values, behaviour and person-centred care culture.

Surveys

We will capture electronic feedback from the Civica Citizen Feedback System and in-person, developing generic and bespoke surveys that will enable clinical teams to recognise what they do well and what may need to change. Paper surveys will be made available to those who may be unable to complete electronically.

Dementia Friendly Hospital Charter and John's Campaign

We have embraced the All-Wales Dementia Friendly Hospital charter and introduced Johns Campaign across all our hospital sites, which gives carers the right to ask to stay. We will ensure that flexible visiting supports the needs of patients and families when necessary. [More information on John's Campaign](#). We have also produced an animated video to inform the public of the Dementia Friendly Hospital Charter.



Dedicated Dementia Email Address

Based on citizen feedback, we have developed a [dedicated email address](#) for people to contact directly if they have a dementia related query and to disseminate information.

SignLive



We have introduced SignLive, a video relay British Sign Language Interpreter Service to support improved access for people from the Deaf community.

Staff Training

We have produced a number of bite size training videos for staff to better understand the Mental Capacity Act, Best Interest Decisions and Consent.

Digital Patient Narratives/'Stories'

We will encourage people to talk to us about their experiences, on film, through case studies, non-visual narration, narrative posted on Civica or in person and use people's experience to celebrate what we do well, identify what needs to change and cascade learning from feedback.

Digital Engagement

We are using numerous digital platforms to engage with people and communities including email, messaging, webinars, live streaming, and social media.

Volunteer Feedback

Volunteer feedback forms will be analysed to gather themes from people and these will be fed back to clinical teams

Citizen Panel

We will continue to work closely with the Gwent Regional Partnership Team to gather views on experience, service planning, service redesign, and the provision of public and patient information.

Third Party Feedback

We work closely with the Community Health Council (and new Citizen Voice Body), Health Inspectorate Wales, Auditors and others to identify themes from feedback and ensure themes for improvement and compliments are shared with clinical and non-clinical teams.

Complaint and Concern Themes

Through Putting Things Right complaints and concerns, we will identify themes from feedback and ensure themes for improvement and compliments are shared with clinical and non-clinical teams, supported by improvement plans.

Patient Liaison Officers

We have introduced Patient Liaison Officers at the Grange University Hospital to support the communication between the public and ward staff.

Listening and Learning

Based on feedback we have undertaken a number of learning events and 'listening and learning' is now an essential component of our Quality Strategy.

Where we want to be

Through the Strategy, our ambition is to continually improve, working together with patients, families, carers, staff and communities, and, through accessible engagement activities, shape future service delivery and direct care experiences. In addition to our existing experience and engagement activities, we will widen our approach to make it easier for our patient's voice to be heard and will prioritise ways to better engage with those whose voices are seldom heard.



Staff Training

We will develop a dedicated programme of learning for staff to enable them to both deliver person-centred care and gather patient experience feedback. This will be inclusive of the need to actively engage those with seldom heard voices.

Programme of Patient Experience Activities

We will develop an annual programme of patient experience and engagement activity ensuring equitable access for people to participate. Through emerging feedback and themes, we will undertake specific engagement to support improvements.

Patient Specific Focus Groups

We will develop patient specific engagement groups to ensure we capture a deeper understanding about issues and proposals relevant to specific groups. For example, engaging patients with a common medical condition such as diabetes, engaging people with protected characteristics/additional needs and engaging with people from diverse communities to better understand access needs. These will be in person or through digital engagement such as Webinars.

Patient Advice and Liaison Service (PALS)

We will develop PALS to ensure timely access to advice and support for patients, families, carers, staff and communities with the aim of reaching early resolution to concerns. Supporting clinical teams, PALS will undertake face to face discussions with people, identify themes from feedback, and support clinical areas in patient experience improvements. PALS will also disseminate all written and verbal compliments to clinical teams.

You Said.....We Did

From Civica, an electronic Citizen Feedback platform that will help people who are using our services to tell us what they think about their care. and other feedback methods, we will publish summary actions taken as a result of feedback in clinical areas and on social media.

Experts by Experience

We will enhance opportunities for people to engage with us sharing their experience of using healthcare services. Through expanding dedicated 'Expert by Experience' groups, we will be able to focus on the specific experience of people with similar conditions and needs, allowing patient and staff feedback to shape service improvement.

Hospital 'Listening Hubs' and Roadshows

Through PALS and Volunteer Services, we will develop a range of listening hubs across our hospitals where patients, relatives, carers and staff can speak to someone directly about their experiences. In partnership with local stakeholders, we will undertake a series of 'patient experience roadshows' based on thematic outcomes from patient feedback.

Technology

We will use technology and social media to reach a wider population as part of our engagement activities. Civica will allow patients, families, carers and staff to provide real time feedback in a timely manner. Additionally, we will evaluate new technology such as *SignLive* to measure the positive impacts on people's experience.

Care Aims

We will adopt the Care Aims Intended Outcomes Framework which is a decision-making framework that supports practitioners to better engage in meaningful dialogue with people and thus establish clearer outcomes based on the persons priorities. Initial adoption will include Care of the Elderly, Cancer Services and End of Life Care services.

Digital Engagement

We will explore all opportunities to engage with people and communities through various digital channels including email, messaging, webinars, live streaming, and social media.

Community of Practice

We will develop an organisation wide Community of Practice for people to come together and discuss ideas and suggestions to improve people's experiences. Members will be Champions for patient experience and engagement.

Expand and Develop New Volunteer Roles

Based on feedback themes, we will develop new and innovative volunteer roles to improve people's experiences. We will also look to expand our 'Volunteer to Career' roles affording our valuable volunteer workforce an opportunity to gain meaningful employment.

Programme of Learning Events

We will use patient, family, carers, staff and community feedback to inform our programme of learning events.

Monitoring and Evaluation

Monitoring of performance and compliance will be undertaken by the Quality and Patient Safety Operational Group with quarterly reporting to the Patient Quality, Safety and Outcomes Committee. Annual reporting will be within the Quality Annual Report.

Our qualitative measures for patient experience will evidence progress against the NHS Framework for Assuring Service User Experience.



PROCESS MEASURES

- The number of person-centred care and other surveys completed per quarter (patients, carers and staff)
- Identification of patient demographics e.g. age, gender, disability, race etc
- Results of surveys to include themes and heat maps for improvement
- The number of compliments
- The number of complaints where communication is a factor
- The number of complaints where staff attitude/behaviour are a factor
- Positivity of feedback

LEARNING MEASURES

- The number of listening engagement events (face to face, digital etc) and main themes
- Analysis of feedback on what is going well and lessons learned
- The number of staff who have undertaken person-centred care, equality and MCA training
- Number of Learning Events per Division
- Going forward, the number of PALS contacts, interventions and early resolution outcomes

OUTCOME MEASURES

- Development of an annual programme of patient experience and engagement activity and associated plans
- Analysis of patient survey results and actions undertaken to address/improve patient experience
- Staff surveys and actions undertaken to address/improve staff experience

REPORTING

- Monthly reporting on Patient Experience through the Quality, Patient Safety Operational Group.
- Quarterly reporting through the Patient, Quality, Safety and Outcomes Committee
- This Patient Experience and Engagement Strategy will be subject to 12-month evaluation and annual reporting to Board

CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Draft outline business case for a new adult mental health and learning disabilities specialist inpatient services unit
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Chris O'Connor, Interim Executive Director for Primary Care and Community, Mental Health and Learning Disabilities Services
SWYDDOG ADRODD: REPORTING OFFICER:	

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

- A decision is sought to approve the Outline Business Case to be submitted to Welsh Government.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this Outline Business Case (OBC) is to set out a case for change and a preferred option to develop a Mental Health and Learning Disability Specialist Inpatient Services Unit at Llanfrechfa Grange at an estimated capital cost of £89.661 million.

The OBC has been developed following Health Board and Welsh Government approval of a Strategic Outline Case in August 2019 and the allocation of circa £1million to support the appointment of a Supply Chain Partner, Cost Advisor and Project Manager.

The preferred option is the construction of a proposed new 71 bed unit that will provide high quality in-patient accommodation for patients requiring access to Low Secure, Locked Rehabilitation, Psychiatric Intensive Care, Learning Disabilities and Crisis Assessment services and 136 suite. The unit will serve the whole of Gwent and will also enable South Powys to commission Low Secure provision.

The Health Board is asked to support the Outline Business Case for submission to Welsh Government as the next stage in the approvals process.

Cefndir / Background

A Strategic Outline Case (SOC) for the development of a new adult mental health and learning disabilities unit was approved by Welsh Government in July 2019. The approved preferred option was based on a solution for ABUHB and the residents of South Powys only. A larger regional option was not supported by other neighbouring Health Boards (except Powys) and was not pursued. The preferred option in the SOC proposed a new 52 bed unit on the St Cadocs' site at a capital cost of £44.696m.

The main changes made in the OBC from the functional content in the SOC are:

- The change in the preferred site from St Cadocs to the Llanfrechfa Grange site due to likely planning constraints on the St Cadocs site, more central location and better transport links of the LGH site and the adjacency to the Grange University Hospital.
- The inclusion of a female locked rehabilitation ward as a re-provision of Belle Vue Ward, St Cadocs
- The inclusion of an acute adult crisis assessment ward, 136 suite and crisis assessment service in line with the clinical model and the aims of the Whole Person, Whole System Crisis Support Programme.

In addition to the above the capital costs have increased as a consequence of hyper-inflation in the construction industry and the inclusion of a number of measures to address decarbonisation. These revised capital costs have been shared with Welsh Government and they have confirmed that they will be considered once the OBC has been approved by the Health Board and formally submitted.

The case for change outlined in the Outline Business Case demonstrates that:

- There is a major service deficit and need for secure beds within Aneurin Bevan University Health Board to prevent the need for external placements.
- There are significant issues with the outdated estate and environment where some of our inpatient services are provided.
- The configuration of some of our services needs to change to provide safer and more patient focused recovery-based pathways that will better facilitate appropriate flow and provide better patient outcomes and experiences.
- There is a need to configure our services in a way that provides a critical mass of staff and services to improve patient and staff safety and wellbeing as well as improving staff recruitment and retention.

The Investment Objectives of the project are set out in Table 1:

Table 1: Investment Objectives

Investment Objectives	
Objective 1	To significantly reduce reliance on the private sector for the provision of low secure / locked rehabilitation services
Objective 2	To provide a sustainable and integrated service model for specialist inpatient services
Objective 3	To improve access to specialist inpatient MH/LD services
Objective 4	To substantially improve the quality of the estate that accommodates specialist inpatient services

Five options were shortlisted and appraised as part of the OBC process. The preferred option is the construction of a new Mental Health and Learning Disabilities Specialist Inpatient Services Unit on the Grange University Hospital site on Llanfrechfa Grange. The proposed functional content of the project is outlined in Table 2 below.

Table 2: Preferred Option

Type	Number of Beds
Low Secure (Male)	14
Locked Rehabilitation (14 Male)	14
Locked Rehabilitation (8 Female)	8
Learning Disabilities (Mixed)	7
P.I.C.U (Mixed)	10
Crisis Assessment and Treatment Unit and 136 suite (Mixed)	18
TOTAL SISU	71

The project will enable two existing wards (Belle Vue and Beechwood PICU) to be vacated from the old Victorian asylum building on the St Cadocs site in line with the Health Board's Estates Strategy. It will also enable the decommissioning of Ty Lafant Learning Disabilities Unit on the Llanfrechfa Grange site. The proposed inclusion of the crisis assessment and treatment unit will also enable the replacement of Talygarn ward from County Hospital and the crisis assessment area and 136 suite from St Cadocs.

Two new wards will also be provided as part of the new development, namely a new Male Low Secure Unit and a new Male Locked Rehabilitation Unit. These wards will enable the repatriation of patients currently receiving treatment in external placements, mainly in the private sector in England.

The revised revenue forecast indicates a cumulative reducing deficit of £4.8m over the first three years before moving to a break-even position from year 4 onwards.

Table 3: Revenue Profile

	Current Position	Yr. 1	Yr. 2	Yr. 3	Yr. 4
Internal costs	£6,607,000	£13,911,498	£13,911,498	£13,911,498	£13,911,498
External CHC costs	£8,064,000	£3,478,574	£2,371,755	£1,264,936	£790,585
Total Cost	£14,671,000	£17,390,072	£16,283,253	£15,176,434	£14,702,083
Increase/ Reduction		-£2,719,072	-£1,612,253	-£505,434	-£31,083

The revenue calculations are based on bed modelling assumptions and the gradual repatriation of patients placed externally in secure placements. The external costs shown in Table 3 highlight that we currently spend around £8m on external placements. The assumption in the model is that after Year 4 no further external placements would be required for ABUHB residents requiring admission to a Male Low Secure or any Locked Rehabilitation Unit. The internal costs reflect the revenue costs of the new unit opening in Year 1. Year 1 will be financial year 2028/29.

Key Project Milestones for the project are shown in Table 4:

Table 4: Key Project Milestones

Milestone	Timescale
OBC to Health Board / WG	March 2023
Start FBC	August 2023
FBC to Health Board/WG	November 2024
Start on site	April 2025
Completion	April 2028

Asesiad / Assessment

The proposed investment will provide a significant capital investment in Mental Health and Learning Disabilities estate and will address some major estates issues regarding the poor condition of a number of its existing inpatient facilities.

Other high-level benefits delivered through the Outline Business Case are summarised in the info-gram below.



The Outline Business Case highlights a number of risks. The main risks identified are:

- Financial:** As noted above, there is currently a revenue gap in years 1-3 that will need to be addressed. Further work will be undertaken through the Full Business Case (FBC) in refining costs and modelling to reduce, eliminate or manage the financial deficit. The affordability statement in the OBC recognises the financial risk and some of the potential mitigation of that risk, including early discussion with Welsh Government regarding future use of any new ringfenced mental health or learning disabilities funding to offset the financial gap.
- Workforce:** The proposed development will require an additional 133 staff across all professions. A workforce plan has been developed through the OBC and will continue to evolve through the FBC process to develop a multi-disciplinary approach to address workforce challenges in preparation for the proposed development.

These project risks will continue to be managed through the project risk management process.

The investment will make life-changing differences to a number of individuals who are currently placed in units that are at a great distance from their homes as well as offering the best possible environments to support recovery.

The delivery of the project objectives will provide a modern, purpose-built environment which will enable the Health Board to develop as a centre of excellence for specialist mental health and learning disability inpatient care.

The recent publication of the National Review of Secure Services in Wales "Making Days Count" (April 2022) supports the need for increased local provision of secure mental health beds across Wales. The report also highlights the importance of enhancing multi-disciplinary skill mix on secure units in order to promote recovery and improve patient outcomes. This is consistent with the stated aims of the new service and workforce model promoted in the OBC.

Argymhelliad / Recommendation

The Health Board is asked to:

- Approve the draft OBC for submission to the Welsh Government

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 3.1 Safe and Clinically Effective Care 4.1 Dignified Care 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and SafetyEnabling EstateWorkforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the access, experience and outcomes of those who require mental health and learning disability services Improve the wellbeing and engagement of our staff

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Relevant national and professional standards are referenced in the attached documents.
Rhestr Termiau: Glossary of Terms:	SOC- Strategic Outline Case OBC – Outline Business Case PICU – Psychiatric Intensive Care Unit
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee

Effaith: (rhaid cwblhau)

Impact: (must be completed)	
	Is EIA Required and included with this paper Yes Attached
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.</p> <p>If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	<p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p> <p>Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies</p> <p>Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives</p>



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

OUTLINE BUSINESS CASE FOR THE DEVELOPMENT OF A MENTAL HEALTH AND LEARNING DISABILITY SPECIALIST IN-PATIENT SERVICES UNIT



Burolia New Year - 2023

Draft 8 March 13th 2023

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Appendix 2 - Bed Capacity Model
Appendix 3 - Communication and Engagement Strategy
Appendix 4 - Economic Appraisal (4a Capital costs, 4b Lifecycle costs, 4c Benefit calculations, 4d Risk Analysis, 4e CIA)
Appendix 5 - Depreciation calculations
Appendix 6 - Management & Reporting Arrangements
Appendix 7 - Service Risk Register
Appendix 8 - Gateway Review report
Appendix 9 - Gateway Review action plan
Appendix 10 - Recruitment Strategy
Appendix 11 - Patient Stories
Appendix 12 - Workforce plan
Appendix 13 - Equality Impact Assessment
Estates Annex - Available on request due to document size

Executive Summary

1.0 Introduction

1.1 The purpose of this Outline Business Case (OBC) is to set out a case for change and a preferred option to develop a Mental Health and Learning Disability Specialist Inpatient Services Unit at Llanfrechfa Grange at an estimated capital cost of £89.661 million.

1.2 The preferred option is the construction of a proposed new 71 bed unit that will provide high quality in-patient accommodation for patients requiring Low Secure, Locked Rehabilitation, Psychiatric Intensive Care, Learning Disability and Crisis Assessment and Treatment services. The unit will serve the whole of Gwent and South Powys* (*low secure services only).

1.3 The OBC has been developed following Health Board and Welsh Government approval of a Strategic Outline Case in August 2019 and the allocation of circa £1million to support the appointment of a Supply Chain Partner, Cost Advisor and Project Manager.

2.0 The Strategic Case

2.1 The Strategic Case has been developed in the context of the following National and Local Policy contexts:

- Together for Mental Health
- Crisis Concordat (2015)
- Improving Care, Improving Lives: National Care Review of Learning Disabilities Hospital Inpatient Provision Managed or Commissioned by NHS Wales (2020)
- Making Days Count: National Review of Patients Cared for in Secure Mental Health Hospitals (2022)
- ABUHB Clinical Futures Strategy

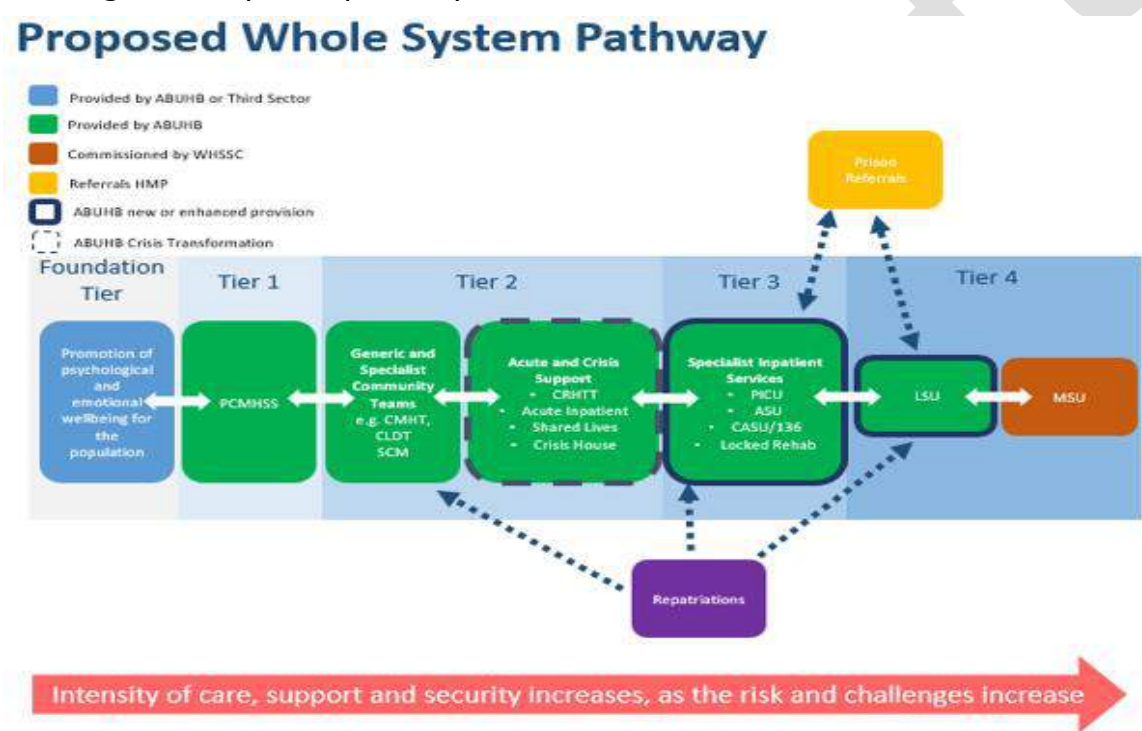
2.2 The Clinical Futures Model is highlighted in the diagram below together with a brief summary of components of the model at each tier:



- **Staying Healthy** (Foundation Tier) – Modern, accessible community-based facilities and resources to support unguided and guided self-help for the general population. These include Social Prescribing, Five Ways to Wellbeing, Road to Wellbeing, Digital Technology, Integrated Wellbeing Networks, Third Sector Provision, Sanctuary and National Helplines.

- **Care Closer to Home** – Modern, high quality and accessible place-based care, delivered through Multi-Disciplinary Teams and integrated ways of working. GPs, Primary Care Mental Health Services, Community Mental Health & Learning Disability Teams, Specialist Community Teams, Support House, Crisis Assessment, Home Treatment, Shared Lives, Third Sector provision and digital technology.
- **Mental Health & Learning Disabilities Individuals Requiring Admission** – High quality, modern, accessible and sustainable environments that support safe, dignified care and recovery. This includes functional adult acute mental health beds and older adult functional and dementia assessment beds.
- **Specialist Inpatient Services** – Range of safe and modern specialist inpatient services. These include Low Secure, Psychiatric Intensive Care Unit, Learning Disabilities Acute Care Unit, Crisis Assessment Unit/136 Suite, Locked Rehabilitation.

2.3 Whilst this OBC is focused primarily on addressing deficiencies with the provision of Specialist Inpatient Services it has been developed in the context of the following whole system pathway:



2.4 A third important context has been the Health Board’s ten-year estates strategy which was published 2019. This highlighted huge variation in the quality of estate, the significant backlog maintenance challenge and the poor quality of environment provided in some of the older hospitals which happen to accommodate most of the Division’s in-patient services. Key data relating to these facilities, i.e., St. Cadocs, Llanfrechfa Grange and Maindiff Court is summarised below:

Total floor area of	-	53,477 m2
Total Operating cost	-	£4.5 million per annum
Cost per metre	-	£84 (Carter Median £331)
High/Significant Backlog costs	-	£2.4 million
Underused Estate	-	30.29% (m2)
Empty Estate	-	10.72% (m2)
Maintenance Costs	-	£80,000 (£1.5 per m2)

2.5 The main findings of the estates survey of Mental Health and Learning Disabilities estate in comparison to the total health board estate was:

- Significant empty, underused and poor-quality estate on the former institutional sites at St Cadocs, Maindiff Court and Llanfrechfa Grange.
- Expenditure on maintenance of the mental health hospital sites was unacceptably low at around one tenth of the Health Board average.
- A lack of investment in community facilities resulting in the majority of community estate being at best satisfactory but environmentally very poor.

Case For Change

2.6 This section focuses on the specific issues that need to be addressed within the Health Board to offer quality, sustainable and accessible services for people with mental health problems and people with a learning disability who have the most severe and complex needs.

2.7 The investment objectives below have been slightly amended and added to since the SOC, in order to strengthen the focus on sustainability, staff recruitment, retention and wellbeing, patient experience, the estate and future-proofing:

Investment Objectives	
Objective 1	To significantly reduce reliance on the private sector for the provision of low secure / locked rehabilitation services
Objective 2	To provide a sustainable and integrated service model for specialist inpatient services
Objective 3	To improve access to specialist inpatient MH/LD services
Objective 4	To substantially improve the quality of the estate that accommodates specialist inpatient services

2.8 For the purposes of this OBC the current wards and units that are included within the scope of this project and the services they provide are detailed in the table below:

Ward/Unit	Type of Service
Beechwood Ward PICU, St Cadocs Hospital	9 Bed PICU (mixed sex)
Ty Lafant LD Unit, Llanfrechfa Grange Hospital	7 Bed Acute Assessment & Treatment Ward (mixed sex)
Belle Vue Ward, St Cadocs Hospital	6 Bedded Female Locked Rehabilitation
Talgarn Ward, County Hospital	20 bed Acute Adult Ward (mixed sex)
136 Suite & Crisis Assessment Unit, St Cadocs Hospital	Place of Safety – 1 assessment area, assessment room and waiting area

2.9 In addition to the above, the scope also seeks to address the significant deficit in low secure provision within the Health Board which currently requires that all patients are accommodated in private sector provision. The cost of these placements in 2020/21 was circa £8 million.

2.10 The Business Needs section describes the key challenges associated with the existing service configuration and current service gaps in relation to current and future needs. There are a number of separate but interrelated elements that are considered and addressed, namely:

- The lack of low secure and locked rehabilitation bed capacity in Gwent, the rising cost of external placements and the unacceptable distance patients need to be transported to source an appropriate secure bed
- The fragility in the private sector 'secure bed' market and the impact on local services
- The poor quality of some of the existing estate in supporting the delivery of modern, multi-disciplinary care
- The need to reconfigure wards and services differently to provide a critical mass of staff to improve safety, staff wellbeing, recruitment and retention.

Lack of low secure and locked rehabilitation bed capacity

2.11 There is currently no provision of NHS Low Secure Beds in Aneurin Bevan Health Board. Currently around 50 male patients are placed in external placements for secure beds. Many of these continue to be placed in England with some as far as Cumbria.

2.12 Since the original SOC was developed, a number of factors have changed which have influenced the proposed bed configuration and bed numbers in this OBC. However, this has strengthened the need to provide beds locally and a clear objective of this OBC is to improve local access to secure beds within the Health Board.

2.13 The business need for increased provision of secure beds made in the SOC is still valid and is further supported by the findings from the 'Making Days Count: Secure Beds Review', namely:

- That there is a shortage of low secure beds nationally in NHS Wales and a need to grow these locally
- The quality of placements is variable with access to meaningful activities and psychological therapies mixed
- There is a significant challenge in staying connected with individuals in external placements for families and local community and specialist teams
- Lengths of stay are likely to be longer due to the above making discharge planning and step down more challenging
- The provider market is fragile and contracting across England and Wales.

Fragility in the private sector

2.14 Over the last year the Health Board has had to manage the closure of several Low Secure/Locked Rehabilitation Bed private providers and has worked with the National Collaborative Commissioning Unit in managing unplanned discharges from

providers for commissioned placements, where providers have decided to close at short notice. Patients have had to be brought back to local PICU/Learning Disability and adult Mental Health acute units as a contingency measure.

2.15 This has led to patients being managed in inappropriate environments, often with high levels of observation over a protracted period of months. Patient experience have been adversely impacted by these episodes and the impact on staff wellbeing has been significant, resulting in high sickness levels and increased staff turnover. There has also been a big impact on flow into those units, with admission of other patients being reduced or stopped for protracted periods of time while alternative placements are sought.

2.16 There is therefore a clear need to grow secure bed capacity locally to mitigate the fragility of the private sector market and the adverse impact these events have on individual patients, staff and services. This proposed development in secure services is therefore consistent with recommendations made within the Making Days Count review.

The poor quality of some of the existing estate in supporting the delivery of modern, multi-disciplinary care

2.17 As noted earlier, there are significant estates issues with parts of the Mental Health and Learning Disabilities Inpatient Services provided by the Health Board. These include:

- The current **PICU** which is based on a converted 120-year-old Victorian ward in St Cadocs Hospital. The floor above the ward is derelict and the infrastructure of the building supporting the current unit is poor, causing frequent maintenance issues. It is remote out of hours and the main entrance to the ward is via the old main building with long, isolated corridors. The design, layout and size of the unit does not meet the modern standards of a modern PICU. (NAPICU Design Guidance 2017).
- **Belle Vue ward** is a 6 bedded female locked rehabilitation ward that is also located in the old building in St Cadocs Hospital. The fabric of the unit is poor with only minor upgrading to the building. The unit does not have en-suite facilities, bedrooms have no natural lighting, there is limited communal lounge space and no quiet space or access to exercise equipment. There is no extra care area. Circulation space is very limited and the unit lacks any dedicated visiting area and storage space is minimal. As with the PICU, the unit is very isolated at night.
- The current **136 suite** and the **Crisis Assessment unit** are based in Kemys Unit, St Cadocs Hospital which is a seventies built flat roof construction building. There is one assessment room with an adjacent shower area. The assessment room is limited in size and poorly designed from a staff safety perspective with a single point of egress. The current crisis assessment service, 136 suite and acute admissions ward are joined to the main building by a long, isolated corridor which can be used for patients requiring transfer to PICU from the inpatient ward or 136 suite.

This poses significant safety risks out of hours and also is a major patient safety and dignity issue.

- **Ty Lafant** is a 70-year-old former residential villa on the Llanfrechfa Grange site which provides acute assessment and treatment for individuals with a Learning Disability. The unit is a stand-alone unit which is very isolated out of hours. This has posed significant safety concerns with recent cases of arson and vandalism on site. The unit was refurbished 5 years ago but facilities are very limited with few en-suite facilities, small bedrooms, no dedicated therapeutic or activities space and no quiet space.
- **Talygarn ward** is a 20 bedded acute adult ward in County Hospital, Pontypool. The unit was constructed in the 1980's but frequent inspections have highlighted the inadequacy in design (HIW 2017, 2019). The ward corridors are narrow and dark, with poor lines of sight. The ward is a mix of four bedded dormitory bedrooms and a small number of single rooms. There are no en-suite facilities. Therapeutic, activity space and communal areas are limited and cramped, with no separate male/female areas. It is recognised that these conditions are not in line with the Standards for Inpatient Mental Health Services, RCPsych, 3rd Ed.

The need to reconfigure wards and services differently to provide a critical mass of staff to improve safety, staff wellbeing, recruitment and retention.

2.18 Recruitment and retention are key challenges within the NHS generally and it is widely acknowledged that one of the main challenges for mental health and learning disabilities services within ABUHB is providing the right environments and support to ensure staff safety and well-being.

2.19 A number of the existing facilities described earlier are poorly designed, old, isolated and cramped, and lacking basic facilities such as adequate staff rest, changing facilities and meeting areas. Because of the isolated nature of many of the current facilities, a major risk to the current way in which existing services are configured is the ability to respond to an incident both within, and out of, hours.

2.20 Key to this is to provide modern, purpose-built environments, which are designed using psychologically informed principles and configured in a way that enables a critical mass of staff on one site to adequately respond to critical incidents. In addition, the development of a critical mass of services on one site provides an opportunity to retain and attract high quality staff. It will facilitate work across specialities, ensure a high-quality skill mix of staff members who are able to contribute to clinical care in a truly multi-disciplinary way. It is planned that this will form the basis to work towards creating a centre of excellence and is in line with the WHSSC Mental Health Specialised Services Strategy (Draft, 2022)

Bed Modelling and Proposed Bed Numbers

2.21 The revised configuration and changes in the overall bed numbers included in the OBC in comparison to the SOC is summarised in the table below:

Type of Bed	No. of Beds in SOC	No. of Beds in OBC	Current Beds in ABUHB	Net OBC Change in proposed bed base in ABUHB
Male Low Secure	32	14	0	14
Male Locked Rehab	0	14	0	14
Female Locked Rehab	0	8	6	2
LD Acute	10	7	7	0
PICU	10	10	9	1
Acute Adult	0	18	20	-2
Total Beds	52	71	42	29

Summary of Case for Change

2.22 It is considered that the above Case for Change demonstrates that:

- There is a major service deficit and need for secure beds within Aneurin Bevan University Health Board to prevent the need for external placements.
- There are significant issues with the outdated estate and environments where some of our inpatient services are provided.
- The configuration of some of our services needs to change to provide safer and more patient focused recovery-based pathways that will better facilitate appropriate flow and provide better patient outcomes and experiences.
- There is a need to configure our services in a way that provides a critical mass of staff and services to improve patient and staff safety and wellbeing as well as improving staff recruitment and retention.

3.0 Economic Case

3.1 The long list has been revisited in the OBC as a consequence of certain strategic changes that have occurred since submission of the SOC. A summary of inclusions, exclusions and possible options is given in the following table:

Options	Finding
1.0 Scoping Options	
SO1 - Do Nothing - Continue with existing service. No internal Low Secure service.	Discounted - Does not satisfy any of the investment objectives or critical success factors, but is <u>retained as a benchmark for cost comparison against other shortlisted options.</u>
SO2 - Do Minimum – Continue with existing services. No internal Low Secure service. Backlog Maintenance addressed in existing facilities	Discounted - Does not satisfy any of the investment objectives or critical success factors, but is <u>retained as a benchmark for cost comparison against other shortlisted options.</u>
SO3 - Develop a Low Secure	Possible - This option meets some of the investment

Options	Finding
service and additional Locked Rehabilitation services within ABUHB on the Llanfrechfa Grange site	objectives and critical success factors. It offers some opportunity to improve efficiency and economies of scale. <u>This option is possible and is carried forward to the shortlist.</u>
SO4 - Develop an integrated Low Secure, Locked Rehabilitation, PICU and Learning Disability Unit on the Llanfrechfa Grange site	Possible - This option meets the majority of the investment objectives and critical success factors. It offers opportunities for centralisation of staff and would provide further opportunities to improve efficiency and economies of scale. <u>This option is possible and is carried forward to the shortlist.</u>
SO5 - Develop an integrated Low Secure, Locked Rehabilitation, PICU, Learning Disability and Crisis Assessment Unit on the Llanfrechfa Grange	Possible - This option meets all of the investment objectives and critical success factors. It offers significant opportunities for centralisation of staff and would provide significant opportunities to improve efficiency and economies of scale. <u>This option is possible and is carried forward to the shortlist.</u>
2.0 Service Options	
S1 - Do Nothing - Utilise existing estate	Discounted - This option does not meet any of the investment objectives or critical success factors. <u>This option is discounted, but is retained as a benchmark for cost comparison as part of the Do-Nothing option</u>
S2 - Redevelop existing estate	Discounted - This option does not meet many of the investment objectives or critical success factors.
S3 - Build a new stand-alone building and upgrade existing facilities	Discounted - This option meets some of the investment objectives and critical success factors but the upgrading of existing facilities would not provide opportunities to improve efficiency and economies of scale. <u>This option is discounted</u>
S4 - Build a new integrated Unit	Possible - This option meets all of the investment objectives and critical success factors. It offers significant opportunities for centralisation of staff and would provide significant opportunities to improve efficiency and economies of scale. <u>This option is carried forward to the shortlist</u>
3.0 Service Delivery Options	
SD1 - Total provision by ABUHB	Preferred - This option meets all of the investment objectives and critical success factors. <u>This option is recommended as the preferred service delivery option</u>
SD2 - Low Secure services outsourced to external provider	Discounted - This option does not meet any of the investment objectives or critical success factors. <u>This option is discounted, but is retained as a benchmark for cost comparison against other shortlisted options.</u>
SD3 - FM services out-sourced to external provider	Discounted - This option does not offer any significant advantages and does not comply with current NHS Wales's policy. <u>This option is discounted.</u>
4.0 Implementation Options	

Options	Finding
IO1 - Single Phase	Preferred - This option meets the majority of the investment objectives and critical success factors. <u>This option is retained as the preferred Implementation option.</u>
IO 2 - Phased development/ occupation	Possible - This option could meet the majority of the investment objectives and critical success factors although it might not create the most efficient solution, could take longer to deliver all the benefits, and may not align with programme milestones. <u>This option is retained as a potential Implementation option.</u>
5.0 Funding Options	
F1 - Public Sector Capital	Preferred - This is likely to present the most cost-effective solution. <u>This option is retained as the preferred funding solution.</u>
F2 - Private Sector Capital - Lease by ABUHB	Possible - Whilst this may not present the most cost-effective and quickest option it does present a possible solution should public sector capital not be available. <u>This option is retained as a potential funding solution</u>

Short-listed Options

3.2 The 'preferred' and 'possible' options identified above have been carried forward into the short list for further appraisal and evaluation. All the options that were discounted as impracticable have been excluded at this stage.

3.3 On the basis of this analysis, the recommended short list for further appraisal within the OBC is as follows:

Service Options	Estate Solution	Service Delivery	Implementation	Funding
Option 1 Do Nothing – Continue with existing service configuration.	Status Quo	ABUHB and Private Sector	n/a	n/a
Option 2 Do minimum – Continue with existing services configuration and address backlog maintenance in existing ABUHB facilities	Upgrade existing (Backlog only)	ABUHB and Private Sector	Single Phase or Phased	Public sector capital
Option 3 – Develop a Low Secure service and additional Locked Rehabilitation services within ABUHB	New Build	ABUHB	Single Phase or Phased	Public or Private sector capital
Option 4 – Develop an integrated Low Secure, Locked Rehabilitation, PICU, and LD service within ABUHB.	New Build	ABUHB	Single Phase or Phased	Public or Private sector capital
Option 5 – Develop an integrated Low Secure, Locked Rehabilitation, PICU, LD and Crisis Assessment service	New Build	ABUHB	Single Phase or Phased	Public or Private sector capital

Economic Appraisal

3.4 The economic appraisal has evaluated the costs, benefits and risks of the shortlisted options in order to identify the option that is most likely to offer best public value for money. This has involved:

- Estimating whole life capital and revenue costs for each option.
- Undertaking an assessment of benefits and risks for each option, wherever possible quantifying these in monetary-equivalent values.
- Using the Comprehensive Investment Appraisal (CIA) Model to prepare discounted cash flows and estimate the Net Present Social Value (NPSV) and Benefit Cost Ratio (BCR) for each option.

3.5 The resulting economic appraisal results are provided in the table below:

	Option 1 Do Nothing	Option 2 Do Minimum	Option 3 LSU	Option 4 LSU + PICU + LD	Option 5 LSU + PICU + LD + CAS
	£'000	£'000	£'000	£'000	£'000
Initial capital	0	-5,924	-52,914	-67,335	-75,011
Lifecycle	-20,439	-20,439	-63,960	-67,355	-64,371
Revenue costs (excl. CRBs)	-894,931	-894,931	-1,269,303	-1,314,027	-1,333,201
Revenue risk	-107,120	-107,120	-38,085	-5,252	-4,784
Total risk-adjusted cost	-1,022,490	-1,028,414	-1,424,262	-1,453,968	-1,477,367
Cash releasing benefits	0	0	431,661	431,661	431,661
Non-cash releasing benefits	0	0	49,968	103,812	127,491
Societal benefits	0	0	452	452	452
Total benefits	0	0	482,081	535,925	559,605
Total inputs	-1,022,490	-1,028,414	-942,181	-918,043	-917,762
Discounted costs	-440,264	-445,738	-632,144	-648,868	-659,108
Discounted benefits	0	0	201,357	224,129	234,143
Net Present Social Value (NPSV)	-440,264	-445,738	-430,787	-424,739	-424,965
Benefit Cost Ratio (BCR)	0.00	0.00	0.32	0.35	0.36
Incremental costs	0	-5,473	-221,729	-252,650	-263,092
Incremental benefits / risk reduction	0	0	231,206	268,175	278,391
Incremental NPSV	0	-5,473	9,477	15,525	15,299
Incremental BCR	0.00		1.04	1.06	1.06

3.5 The cost benefit analysis demonstrates that Options 3, 4 and 5 options offer relatively similar levels of value for money given the similarities in Net Present Social Value and Benefit Cost Ratio, with Options 4 and 5 offering marginally better value for money with a Net Present Social Cost of £425m (£15m lower than the baseline Do Nothing option), which equates to an incremental Benefit Cost Ratio of 1.06.

3.6 However, given the additional non-financial benefits offered by Option 5, this is identified as the preferred option.

4.0 The Commercial Case

4.1 The Commercial Case sets out the planned approach the Health Board will be taking to ensure there is a competitive market for the supply of services.

4.2 The procurement route proposes the construction of a purpose-built centre for specialist in-patient Mental Health and Learning Disability services, funded through centrally funded public sector capital, utilising The Designed for Life: Building for Wales 4 Regional Framework (D4L:BfW4). This method of capital procurement implements the Welsh Government's construction policy to ensure the scheme complies with best practice models of procurement based on long-term strategic partnerships.

4.3 Kier were appointed via the above Framework as the Supply Chain Partner to develop the OBC. It is anticipated that as and when the OBC is approved Kier will be retained to develop the Full Business Case and will eventually take the project through to construction.

5.0 The Financial Case

Capital Costs

5.1 The preferred option is Option 5 the construction of a new MH&LD SISU on the site of the Grange University Hospital at Llanfrechfa Grange. The estimated capital costs for the preferred option are £89.662 million (indexed at PUBSEC 150), the detail of which is set out below:

	Option 5 - New Build (£)
Works Cost	53,972,705
Fees	7,602,000
Non-Works	4,154,900
Equipment	2,624,400
Contingency	6,667,000
VAT (net of reclaim)	14,650,561
Total Option Costs (including VAT)	89,661,566

5.2 The OBC assumes all capital costs and inflation will be funded by Welsh Government in accordance with current Welsh Government policy.

5.3 The cash flow for the preferred option is summarised below:

Prior years	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29
1,308,410	3,096,677	2,059,400	17,280,416	39,704,042	23,823,228	2,389,393

Revenue Costs

5.4 The table below provides a summary of the revenue costs associated with the preferred option compared to the existing costs incurred in the provision of relevant Mental Health services, excluding depreciation and impairment:

	Current Position	Preferred Option Yr. 1	Preferred Option Yr. 2	Preferred Option Yr. 3	Preferred Option Yr. 4
Internal costs*	£6,607,000	£13,911,498	£13,911,498	£13,911,498	£13,911,498
External CHC costs	£8,064,000	£3,478,574	£2,371,755	£1,264,936	£790,585
Total Cost	£14,671,000	£17,390,072	£16,283,253	£15,176,434	£14,702,083
Increase/ Reduction		-£2,719,072	-£1,612,253	-£505,434	-£31,083

5.5 The revenue costs are based on a detailed assessment of the additional clinical workforce requirements and the pay and non-pay costs associated with the project as a whole.

5.6 It should be noted that £1.6m additional recurring revenue consequence of the project relates to facilities, estates and informatics costs that are a direct consequence of the provision of modern, purpose-built environments that meet current national mental health and learning disabilities standards. The lack of current investment in the estate infrastructure and backlog maintenance of the existing mental health and learning disabilities estate, means that the current baseline maintenance expenditure is much lower than any other service area in the Health Board.

5.7 A summary of additional clinical workforce requirements is outlined in the table below:

	RN	HCSW	Admin	Medical	Psychology & Psychologist	OT	Other*	Total
LSU Male	17.76	20.62	1.00	2.50	3.50	10.25	1.75	57.38
Locked Rehab Male	17.74	14.91	1.00	2.50	3.00	10.25	1.75	51.15
PICU	0.81	4.43	1.00	0.00	1.00	1.50	0.00	8.74
Ty Lafant	0.00	0.00	0.00	0.00	0.00	0.00	3.30	3.30
Talygarn	1.00	0.00	0.00	0.00	0.00	2.00	0.00	3.00
Bellevue	0.52	3.49	0.00	0.00	2.00	0.50	0.00	6.51
Pharmacy	0.00	0.00	0.00	0.00	0.00	0.00	3.00	3.00
Total	37.83	43.45	3.00	5.00	9.50	24.50	9.80	133.08

*Other includes: Art Therapy, social worker, Dietetics, Pharmacy

5.8 A key component of the analysis has been the output from the CHC modelling work which indicates that once the new unit is open, by year 6 there will be no further need to access male external locked rehabilitation or low secure beds. It is recognised that there is a comparably smaller demand for female LSU beds, whose needs would not be met through this programme. The financial impact on the cost of commissioning external beds is shown in the table below:

External beds costed based on modelling 25/07/22							
Movement From starting position of 51 Patients							
	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Day Mid Year	0	183	548	913	1,278	1,643	2,008
Number of external beds mid year	51	22	15	8	5	1	0
Cost external patients based on average £158,117	£8,063,967	£3,478,574	£2,371,755	£1,264,936	£790,585	£158,117	£0

5.9 The revenue costs also assume that:

- The existing Learning Disabilities facility, Ty-Lafant, will close.
- The existing Acute Adult Mental Health ward, Talygarn, on the County Hospital site, will close
- The existing Female Locked Rehabilitation unit on the St Cadocs Hospital site will close
- The existing Psychiatric Intensive Care unit on the St Cadocs Hospital site will close
- The existing 136 suite and crisis assessment area at St Cadocs hospital will close

Financial Affordability

5.10 While the revenue consequences are neutral from year 4, there is a cumulative revenue gap in years 1-3 of £4.8m for the project that needs to be managed.

5.11 The revenue funding will be considered as a major priority within the IMTP for ABUHB, as the service will support a major improvement in environment to deliver safe, high quality, sustainable healthcare to a very vulnerable patient group and will enable a centre of excellence closer to home for ABUHB residents.

5.12 The Welsh Government is also asked to consider flexibility in the use of any future ringfenced Mental Health funding to support this development which is in line with the recommendation in the 'Making Days Count' national review of secure beds. This would enable advanced investment to support the early phasing of specialist posts and training to be in place prior to the commissioning of the unit and help to mitigate revenue consequences. It is acknowledged that the financial modelling, affordability and financial gap will need further work and updating at the Full Business Case stage.

6.0 The Management Case

Programme and Project Management Arrangements

6.1 The project is part of a wider programme of transformation being managed and progressed by the Mental Health and Learning Disability Division. The programme as a whole is overseen by the Mental Health Transformation Programme Board.

6.2 The project itself has its own Project Board and Project Team with the former reporting to the ABUHB Executive Team.

6.3 Key project roles include:

Senior Responsible Owner – Chris O'Connor, Interim Executive Director of Primary, Community, Mental Health and Learning Disabilities Services

MHSISU Project Director – Andrew Walker, Strategic Capital and Estates Programme Director

Mental Health & LD Divisional Project Lead – Ian Thomas, Complex Needs Programme Director

Contract Management

6.4 This will be administered under the NEC3 Engineering & Construction (ECC) Form of Contract, Option C Target Contract with Activity Schedule, with standard Designed for Life: Building for Wales Framework amendments.

Project Plan

6.5 The high-level project milestones are set out below:

- OBC to Health Board / WG – 31st March 2023
- Commence FBC – August 2023
- FBC to Health Board / WG – November 2024
- Start main construction – April 2025
- Completion – April 2028

1.0 Introduction

Purpose of Business Case

1.1 The purpose of this Outline Business Case (OBC) is to set out a case for change and a preferred option to develop a Mental Health & Learning Disability Specialist Inpatient Services Unit at Llanfrechfa Grange at an estimated capital cost of £89.661 million.

1.2 The proposed new unit will provide high quality in-patient accommodation for patients requiring Low Secure, Locked Rehabilitation, Psychiatric Intensive Care, Learning Disability and Crisis Assessment services. The unit will serve the whole of Gwent and South Powys (Low secure services only).

1.3 The preferred way forward will allow the local population to access a broader range of integrated services, tailored to meet their specific needs, which should in turn improve overall patient access, patient treatment and clinical outcomes.

1.4 The OBC has been developed following Health Board and Welsh Government approval of a Strategic Outline Case in August 2019 and the allocation of circa £1million to support the appointment of a Supply Chain Partner, Cost Advisor and Project Manager.

Structure of Document

2.3 This OBC has been prepared using the agreed standards and format for Business Cases, as set out in:

- HM Treasury Guide to Developing the Project Business Case 2018
- NHS Wales Infrastructure Planning Guidance (2015)
- HM Treasury, the Green Book: Appraisal and Evaluation in Central Government: Treasury Guidance (2003).
- Public Sector Business Cases using the Five Case Model: A Toolkit Guidance and Templates (2007)

1.6 The approved format is the 5 Case Model, which comprises of the following key components:

- The **Strategic Case** which sets out the Strategic Context and the Case for Change, together with the supporting investment objectives for the Scheme.
- The **Economic Case** which demonstrates that ABUHB has selected a *preferred way forward*, following evaluation of a number of alternative solutions, which best meets the existing and future needs of the Service and is likely to optimise Value for Money (VFM).
- The **Commercial Case** which outlines the potential procurement strategy.
- The **Financial Case** which addresses the capital and revenue implications and the issue of affordability.
- The **Management Case** which demonstrates that the scheme is achievable and can be successfully delivered in accordance with accepted best practice.

2.0 Strategic Case

2.1 Introduction

2.1.1 This section seeks to explain how the scope of this project fits within the national and local strategies and provides a compelling case for the changes needed to provide future Mental Health and Learning Disability in-patient services within the Health Board in line with the strategic direction.

2.2 Strategic Changes since the Submission of the SOC

2.2.1 Work on the SOC commenced in 2016 with final approval being given to move to OBC in August 2019. The approved preferred option in the SOC was the construction of an integrated in-patient unit containing 52 beds comprising Low Secure, Psychiatric Intensive Care and Learning Disability High Dependency services. Whilst the majority of these services continue to be the focus of this OBC, a number of strategic factors have emerged or changed which has resulted in some changes being made to the original scope of the project and to the preferred option. These influences are outlined briefly below:

- The development of local strategies and delivery plans in response to national strategies to inform the 'Transformation of Adult Mental Health' Clinical Futures service model, the 'Whole Person, Whole System' crisis transformation and 'Complex Needs' work programmes. These strategic programmes of work led to the proposed bed configuration and the inclusion of crisis assessment facilities to be incorporated within the preferred option.
- The publication of the revised Learning Disabilities Strategic Action and Delivery Plan and the increased focus on ensuring the quality of specialist inpatient services and external placements
- The pandemic and Brexit have exposed the relative fragility of parts of the externally commissioned secure beds market.
- The publication of 'Making Days Count' highlighting the long-term under-investment in NHS mental health estate, the need to expand secure provision to provide more care locally and the impact on patients and families on the over-reliance on external private provision of secure beds outside of Wales.
- Planning constraints on the St Cadocs Hospital site, together with the publication of the Health Board's Estates Strategy, which has an explicit objective to decommission the old hospital estate due to its rapidly deteriorating condition, has led to changes to the proposed configuration of wards included in the preferred option and a change in the preferred location of the preferred option for the new unit.

2.2.2 A fuller analysis of these factors is considered in the following sections.

2.3 Section A: The Strategic Context

Organisational Overview

2.3.1 Aneurin Bevan University Health Board was established on the 1st October 2009 and is the second largest Health Board in Wales. It provides primary, secondary care, community, mental health and learning disabilities services for a population of 670,000. It covers the geographical areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and also provides a range of services for South Powys. The Health Board employs over 14,000 staff with an annual operating budget of £1.4billion.

2.3.2 The Mental Health and Learning Disabilities Division within the Health Board provides services pan Gwent, with over 1,500 staff and an annual budget in excess of £110m. More detailed information on the existing services provided by the Division is included in section 2.4.

National Strategic Drivers for Adult Mental Health Services

2.3.3 The Strategic Outline Case (SOC) provided an in-depth review of relevant national strategies and reports relevant to the case for change. This section provides a summary of the most recent and relevant publications and strategies that have influenced the development of service within Gwent since the submission of the SOC.

Together for Mental Health – National Strategy for Mental Health

2.3.4 The Together for Mental Health Strategy for Wales was first published in 2012. The strategy has six high level outcomes, namely:

- Improved mental health and wellbeing of the whole population
- Better recognition and reduced impact of mental health issues
- Reduction in inequalities, stigma and discrimination
- Individuals have more input into their treatment and a better experience of the support and treatment they receive
- Greater focus on prevention and early intervention to promote recovery
- Improved values, attitudes and skills of those treating or supporting individuals

2.3.5 The key priorities in the latest delivery plan pertinent to this business case are:

- Improving mental health & wellbeing and reducing health inequalities through a focus on strengthening protective factors
- Improving crisis and out of hours provision across all ages
- Improving access to psychological therapies
- Improving quality and service transformation in areas such as eating disorders, individuals in contact with the criminal justice system and with co-occurring substance misuse.

2.3.6 Throughout the strategy there is an emphasis on creating a culture and environment that is safe, therapeutic, respectful and empowering. It describes a vision of services that are integrated, evidence-based and high quality, offering hope and optimism to individuals about their future and their recovery. There is increasing emphasis on working towards recovery and promoting independence, offering treatment in supportive environments. Co-production

should run through the design and evaluation of services.

2.3.7 In terms of the physical environment the strategy suggests that modern units should offer single sex facilities, usually in single rooms, gender safe, communal areas, offering privacy, safety and dignity

2.3.8 The strategy outlines the direction for “A Well Designed, Fully Integrated (and inclusive) Network of Care” with the following suggested outcomes:

- Service users experience a more integrated approach, benefitting from evidence-based interventions delivered as early as possible along the pathway.
- Service user experience is improved with safety, protection and dignity ensured and embedded in sustainable services. Risk is positively managed, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential through recovery and enablement.
- Evidence based early intervention is available, using a “psychologically minded” approach to improve outcomes and to help reduce unnecessary hospital admissions
- Service providers will review their approach to risk management and safeguarding issues
- Services work together to meet the complex needs of people with co-occurring conditions like learning disabilities or substance use
- Ensuring police, health services and social services work together to use good practice around service arrangements and place of safety requirements
- Timely transfer of prisoners to general acute mental health hospitals and specialist secure hospitals under the Mental Health Act 1983
- Multi-disciplinary risk assessment and case management undertaken prior to and at the point of release from prison for those with mental illness and co-occurring conditions such as substance misuse
- Effective support with rehabilitation and resettlement

2.3.9 The Together for Mental Health Strategy is currently being evaluated by Welsh Government. The themes running through the strategy have informed the development of local strategies, work programmes and service design within Aneurin Bevan Health Board. This has been translated through to a whole system service model for adult mental health services which is described later.

Crisis Concordat (2015)

2.3.10 The Crisis Concordat was published in 2015 and sets out how partner agencies should work together to deliver a quality response when people with acute mental health crisis need help, have contact with the Police and who are likely to be detained under section 135 or section 136 of the Mental Health Act 1983. This includes how support can be configured around individual need to enable:

- Access to support before crisis point.
- Urgent and emergency access to crisis care
- Quality treatment and care when in crisis.
- Recovery from crisis and staying well in the future.

2.3.11 The Concordat signalled a multi-agency, shared commitment which described what people, who experience an acute mental health crisis and who may have contact with the police, should expect from public services who respond to their needs, with an expectation of developing local action plans to implement improvements.

2.3.12 The guiding principles, aims and objectives of the concordat have been taken forward through a local delivery plan and led through a whole system crisis support programme across the Health Board. The strategy is relevant to this business case in guiding the redesign of crisis assessment, inpatient remodelling and the adjacency to other specialist inpatient services.

Improving Care, Improving Lives: National Care Review of Learning Disabilities Hospital Inpatient Provision Managed or Commissioned by NHS Wales (2020)

2.3.13 This national review highlighted the need for high-quality purpose-built facilities, well trained and skilled staff, the need to maintain individuals in least restrictive environments and the reduction in the over-use of medication and restrictive practices. Of particular relevance to this business case was the need to provide safe, effective and therapeutic environments of care, in order to reduce frustration and boredom which could lead to challenging behaviours.

Making Days Count: National Review of Patients Cared for in Secure Mental Health Hospitals (2022)

2.3.14 The national review highlighted the variation in care and support provided to patients in secure facilities with complex presentations. Some of the issues raised pertinent to this business case included:

- The long length of stay for some individuals in secure accommodation may be prolonged due to discharge arrangements with a disconnect between providers and local community teams on readiness for discharge
- Over a third of patients in low secure services did not have regular discussion at weekly MDT meetings or CTP reviews
- Differences in the presentation of male and female patients, with the latter having greater prevalence of trauma, being victims of violence and self-harm
- Variability of access to therapies and activities
- Shortage of low secure accommodation across the region with a requirement to expand provision and consider accelerating business cases for local low secure provision
- The need to strengthen primary and community services and trauma informed approaches to reduce admissions to secure hospitals
- The need to build resilience in acute mental health hospitals to improve the ability to care for patients who pose a risk to themselves or others.

2.3.15 The recommendations arising from the review support the need for increased local secure bed capacity and improvements to be made in the quality of inpatient services, as well as the importance of developing better community services to facilitate earlier intervention and support timely discharge.

Welsh Health Specialised Services Committee Draft Specialised Mental Health Services Strategy for Wales 2023/24-2027- November 2022

2.3.16 The recent publication of this strategy outlines consultation proposals on the development of one single commissioner for secure mental health beds in Wales. It highlights the need to consider more blended approaches to care and strengthening the links between forensic and Learning Disabilities services. It also highlights the need to focus secure services on the same site in order to better use resources such as psychology.

Local Strategic Context – Aneurin Bevan University Health Board

Together for Mental Health: Local Action Plan and Clinical Futures Model

2.3.17 The Welsh Government published the final three-year Delivery Plan in 2019 and this remains a key driver for improving the delivery of mental health services in Aneurin Bevan Health Board, with progress against the key objectives outlined in the delivery plan being reported through the Strategic Partnership Board.

2.3.18 Within Aneurin Bevan Health Board the overall clinical strategy has been developed through the Clinical Futures Programme which was first launched in 2004 and continues to guide service transformation in ABUHB.

2.3.19 The Mental Health Clinical Futures model was developed in 2020 as part of the strategy refresh following the opening of Grange University Hospital. This strategy is consistent with the ambitions of “*Together for Mental Health*”, with a focus on promoting better mental health and wellbeing across the community. The aims of the Clinical Futures Programme continue to be to:

- Improve health and wellbeing resources available on a community wide basis designed to promote and maintain physical and mental health and wellbeing.
- Deliver more care closer to home
- Create a network of local services and hospitals providing routine care and treatment
- Provide more specialist inpatient services on a sustainable basis

2.3.20 The Clinical Future Model is highlighted in the diagram below together with a brief summary of components of the model at each tier:



- **Staying Healthy** (Foundation Tier) – Modern, accessible community-based facilities and resources to support unguided and guided self-help for the general population. These include Social Prescribing, Five Ways to Wellbeing, Road to Wellbeing, Digital Technology, Integrated Wellbeing Networks, Third Sector Provision, Sanctuary and National Helplines.
- **Care Closer to Home** – Modern, high quality and accessible place-based care, delivered through Multi-Disciplinary Teams and integrated ways of working. GPs, Primary Care Mental Health Services, Community Mental Health & LD Teams, Specialist Community Teams, Support House, Crisis Assessment, Home Treatment, Shared Lives, Third Sector provision and digital technology.
- **Mental Health & Learning Disabilities Individuals Requiring Admission** – High quality, modern, accessible and sustainable environments that support safe, dignified care and recovery. This includes functional adult acute mental health beds and older adult functional and dementia assessment beds.
- **Specialist Inpatient Services** – Range of safe and modern specialist inpatient services. These include Low Secure, Psychiatric Intensive Care Unit, LD Acute Care Unit, Crisis Assessment Unit/136 Suite, Locked Rehabilitation

2.3.21 Within ABUHB the vision is that mental health and learning disabilities services are designed and delivered to ensure:

'High quality, compassionate, person-centred mental health and learning disability services, striving for excellent outcomes for the people of Gwent'

2.3.22 A number of work-streams were established to lead the transformation of mental health and learning disabilities services in line with the strategic ambitions of the Together for Mental Health Strategy and Clinical Futures service model in Gwent. These are briefly described below:

Foundation Tier

2.3.23 The Together for Mental Health delivery plan prioritizes the development of new approaches to promote mental and physical health and well-being. Within the Health Board a multi-agency/stakeholder approach has been taken to developing and expanding the range of community resources available to better support the mental health of the population.

2.3.24 This has resulted in the development of the 'Melo' website which provides open access to a broad range of local community and national resources, support and materials as well direct access to a range of self-help, evidence-based advice and interventions. The programme has also developed the Gwent Connect Five cascade training to enable staff to be trained in having meaningful conversation with individuals about mental health and to signpost them to support. Over 400 training models have been delivered across 34 organisations in Gwent.

2.3.25 Work has also been progressed through the Suicide and Self Harm Prevention Steering Group which has resulted in free access to a range of training resources (Zero Suicide Alliance, Suicide First Aid and Connect 5) as well as postvention support.

Primary Care Mental Health Services

2.3.26 Prior to the covid pandemic the Health Board worked with GPs, NCNs and stakeholders to develop a new workforce to improve mental health support and advice available at a primary care level. New Psychological Wellbeing Practitioner roles were introduced pan Gwent to provide assessment, advice, signposting, onward referral and

short-term interventions within GP practices to meet the assessed demand of large numbers of individuals presenting in primary care with mild-moderate mental health issues.

2.3.27 Primary Care Mental Health Support Services have continued to evolve to expand the range of evidence-based interventions offered including trauma- based therapies. The service has adapted to deliver a hybrid way of working following the pandemic offering individuals a choice of face to face, virtual and telephone-based interventions. The service is also evolving to an NCN based hub model of working as a more sustainable service model.

Crisis Support

2.3.28 The Crisis Concordat delivery plan within ABUHB has been developed through the multi-agency 'Whole Person, Whole System' Crisis Support Programme and is a key strategic driver for the crisis proposals outlined in this business case. The programme is a multi-agency/ stakeholder programme of work, established to lead the development of improvements across the mental health crisis response and support system.

2.3.29 Through this programme a number of key components of a high-quality crisis model have been identified, together with an ambitious plan to develop and implement the changes needed to deliver the model. The model has been co-produced, supported by a community of practice. While the emphasis has been on prevention and early intervention, supported by community-based provision as alternatives to admission, a key component relevant to the business case is the work surrounding the crisis assessment/ home treatment provision and the remodelling of acute adult inpatient service model.



2.3.30 Within Gwent, supported by Welsh Government Service Transformation and Service Improvement funding, the Health Board has:

- Placed mental health support workers into police control room
-

- Introduced Shared Lives across Gwent for all adults
- Commissioned a Crisis Support House and a Community Sanctuary
- Introduced peer mentor support in the Emergency Department for individuals awaiting a Mental Health ED assessment.
- Completed a housing needs assessment and implementing action plan
- Undertaken reviews of crisis assessment and home treatment services and inpatient services.
- Expanded its crisis liaison service to 24/7 in 2022/23
- Implemented plans to move to an age inclusive 24/7 Single Point of Contact for mental health services in 2022/23, with 111(2) commencing in November 2022.

2.3.31 The programme is relevant to the OBC as it has overseen the crisis assessment and acute adult inpatient re-modelling work. It has helped to inform the inclusion of an acute adult ward into the proposed new specialist inpatient unit as well as designing the 136 and crisis assessment pathways resulting in their inclusion within the outline business case.

Complex Needs Programme

2.3.32 The Complex Needs Programme was established in part in response to the increasing costs of commissioning external placements and the belief that developing and delivering improvements in early intervention, prevention and strengthening community services in line with the ambition outlined in Together for Mental Health will result in better outcomes for individuals. This in turn will reduce demand for more costly external placements in secure settings over time.

2.3.33 A number of separate work streams are developing including transition, housing, rehabilitation pathway, growing community services and commissioning within the Programme. This has led to recent investments in specialist community provision in areas such as forensic services, intensive psychologically trauma informed services and bespoke repatriation services.

2.3.34 The analysis of demand for external placements through the workstream was a key factor in informing the development of the original SOC. A key ambition of the Complex Needs Programme is that no one should need to access low secure or locked rehabilitation beds outside of Gwent. The lack of local provision of Low Secure NHS beds and insufficient capacity in Locked Rehabilitation beds has resulted in over reliance on the private sector. This is particularly true for the male population service users. The local provision of Low Secure and Locked Rehabilitation Beds remains a key investment objective in the OBC arising from this work. It is recognised that the prevalence of female service users within low secure placements is significantly lower. As such, a separate workstream has been allocated to addressing the unique needs of this population. The proposed low secure provision therefore accommodates male service users, along with development of locked rehabilitation provision for both male and female service users.

Transformation of Adult Mental Health Services

2.3.35 As part of the wider engagement on the vision and development of the clinical futures model for mental health services, the Health Board formally engaged on the future vision of services through the '*Transformation of Adult Mental Health Services*' public engagement across the whole Health Board in 2021. The engagement set out the ambition:

- To improve access to mental health support and resources by making them available when people need them. This ranged from providing the right resources within the community to support people's ongoing mental health and wellbeing to providing 24-hour, seven day a week responsive crisis care.
- To make sure that individuals are admitted to hospital only when it is the best option for them. This includes offering a range of support and services alternatives to admission within the community and when admission is needed, to ensure smooth transition to the most appropriate inpatient environment.
- Services are focused on delivering the best outcomes for each individual.
- Where possible, to develop more locally provided services and reduce the need for individuals with more complex mental health needs to have to travel outside of the Health Board for treatment.

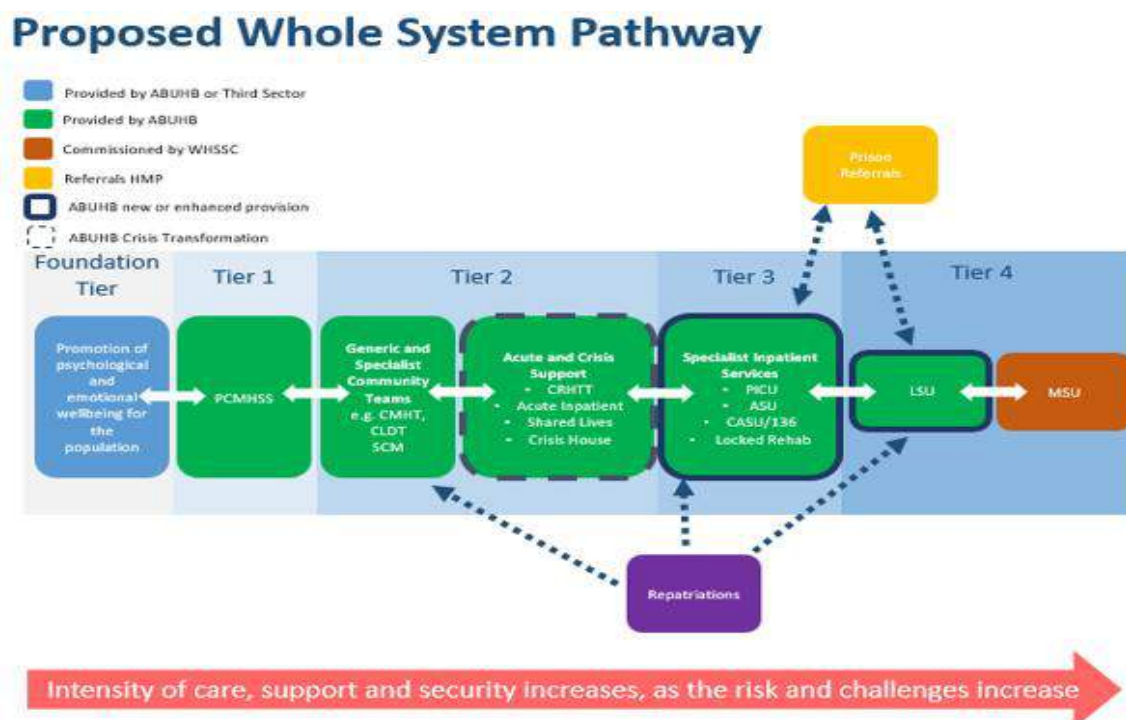
2.3.36 The proposed 'whole system' service model has been developed with stakeholders through a number of separate workstreams and supported through the Mental Health and Learning Disabilities Strategic Partnership Board.

2.3.37 As part of this approach, a formal engagement exercise sought the views of stakeholders and the public on a range of service proposals and ideas designed to support and improve the mental health and wellbeing across the whole system. As part of the transformation programme, the following priority areas were highlighted in the engagement strategy.

- ***Enhancing the range of services offered through the Foundation Tier in conjunction with stakeholders.*** This included the development of the 'Melo Cymru' website as a focal point for promoting access to evidence-based resources to support self-help within the wider community without need for referral, the development of Connect 5 training to provide a network of community connectors and the provision of suicide prevention training.
- ***Developing a new workforce in Primary Care- Psychological Health Practitioners-*** to better support individuals attending Primary Care through assessment, signposting and some short-term interventions.
- ***Strengthening services offered in Primary Care through the PCMHSS service,*** developing a broader range of interventions based around integrated wellbeing hubs
- ***Transforming the crisis pathway,*** through the development of a range of alternatives to admission and modernising the acute inpatient pathway.

- **Improving the range of service and support provided locally to better support individuals with complex needs**, including the proposed development of a new specialist inpatient unit

2.3.38 The proposed Clinical Futures Service Pathway is shown in the flow diagram below.



2.3.39 The engagement was undertaken between October 2020 and February 2021 including a formal six-week engagement which finished on 21 February 2021. There were 59 stakeholder events held, 8 public meetings and 7 staff workshops/meetings, with 191 formal responses and over 300 additional comments.

2.3.40 Of direct relevance to the development of the OBC was the feedback received on the proposals to modernise acute inpatient services and crisis model and the proposal to develop a specialised inpatient unit.

2.3.41 A thematic review was undertaken on all comments and these were formally reported to the Health Board in May 2021. The feedback was extremely positive on the overall service model, with 91% of all respondents supporting the development of a new specialist inpatient unit.

2.3.42 Feedback from the engagement and resultant review of the equality impact assessment also influenced further work that was being undertaken being undertaken on the proposed bed configuration to incorporate female locked rehabilitation bed provision as part of the new development.

2.3.43 The feedback also strongly supported the inclusion of an acute adult ward as part of the suggested bed configuration of the new unit to support the proposed crisis pathway.

The Estates Strategy

2.3.44 The Health Board published its initial ten-year estates strategy in 2019. The strategy outlined the huge variation in the quality of estate, the significant backlog maintenance challenge and the poor quality of environment provided in some of our older hospitals which accommodate most of the Division's in-patient services. Key data relating to these facilities, i.e., St. Cadocs, Llanfrechfa Grange and Maindiff Court is summarised below:

- Property Asset Value - **£66 million** (*Existing use NBV*)
- Total floor area of - **53,477 m²**
- Total Operating cost - **£4.5 million per annum**
- Cost per metre - **£84 (Carter Median £331)**
- High/Significant Backlog - **£2.4 million**
- Underused Estate - **30.29% (m²)**
- Empty Estate - **10.72% (m²)**
- Maintenance Costs - **£80,000 (£1.5 per m²)**
- Energy Consumption - **10.2 million kWh (191 kWh per m²)**

2.3.45 The main findings of the estates survey of Mental Health and Learning Disabilities estate in comparison to the total health board estate was:

- Significant empty, underused and poor-quality estate on the former institutional sites at St Cadocs, Maindiff Court and Llanfrechfa Grange.
- Expenditure on maintenance of the mental health hospital sites was unacceptably low at around one tenth of the HB average.
- A lack of investment in community facilities resulting in the majority of community estate being at best satisfactory but environmentally very poor.

2.3.46 In response to the publication of the strategy, the Mental Health and Learning Disabilities Division developed a Divisional estates strategy implementation plan to take forward the strategic objectives.

2.3.47 This has led to a review of the service configuration of wards proposed in the original SOC to ensure there was consistency with the Health Board's Estates Strategic Objectives.

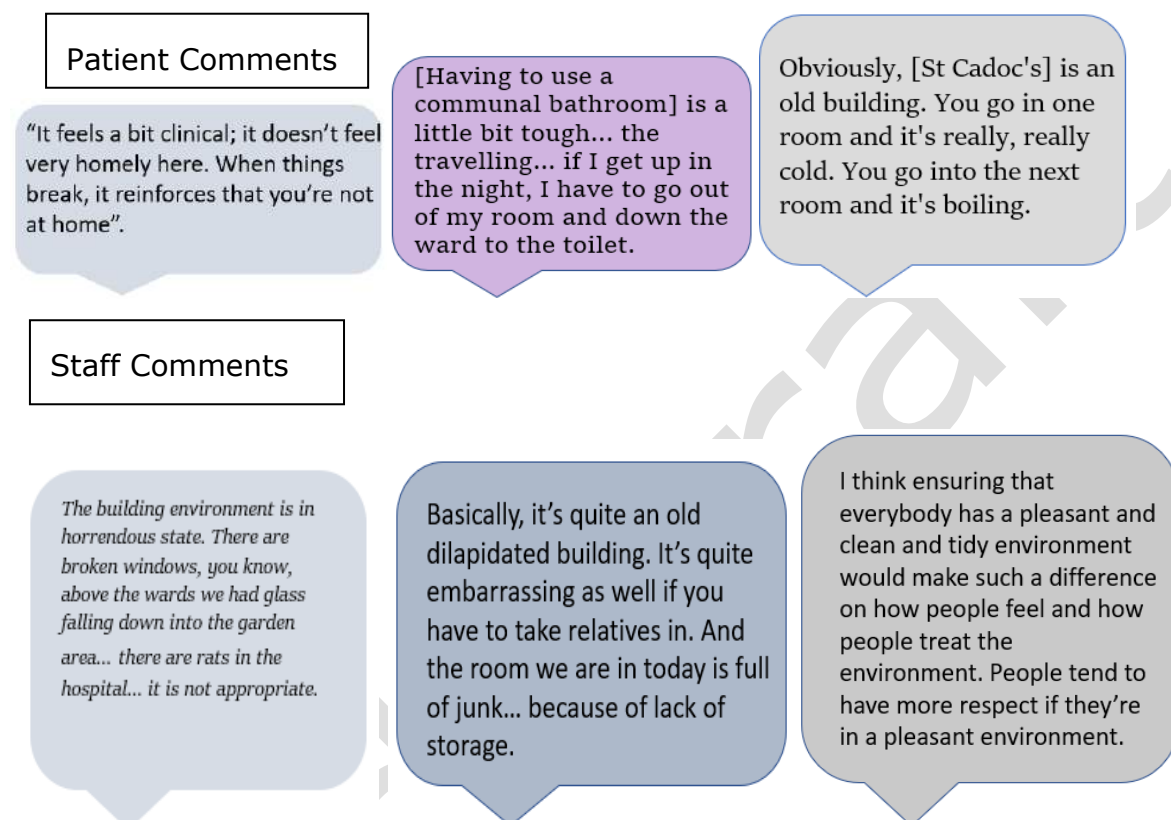
2.3.48 In terms of the specific objectives in the Health Board's Estates Strategy the following inpatient facilities are relevant to this OBC:

- Two inpatient wards providing secure inpatient accommodation are provided in the old Victorian asylum building in St Cadocs Hospital, namely PICU on Beechwood Ward and the Locked Female Rehabilitation Unit on Belle Vue Ward.
- Ty Lafant is an acute Learning Disabilities Unit on the Llanfrechfa Grange Hospital site, housed in a 70-year-old former residential 'villa'.

2.3.49 The Health Board Estates Strategy has a vision of a "future focused, fit for purpose estate which supports service delivery to enhance patient outcomes and experience, motivates and enables staff to deliver safe efficient quality services with partners and that is financially viable and sustainable". The strategy

commits the Health Board to “Explore the potential for the disposal/demolition of the older St Cadocs Hospital site”.

2.3.50 From a staff, patient and family/carer perspective the feedback on the current estate and environment is frequently negative. Some of the feedback gained through staff and patient stories illustrates how the poor environments negatively influence their experiences. These are a few of the quotes gathered about their experiences.



2.3.51 Further Patient and Staff stories are attached at **Appendix 11**.

2.4 Section B: The Case for Change

2.4.1 This section highlights the investment objectives, the current business challenges with the status quo, the rationale and definition of the proposed scheme and outlines the benefits, risks, constraints and scheme inter-dependencies.

Investment Objectives

2.4.2 The investment objectives below have been slightly amended and added to since the SOC, in order to strengthen the focus on sustainability, staff recruitment, retention and wellbeing, patient experience, the estate and future-proofing. These amendments do not fundamentally change the objectives outlined in the SOC but do provide a sharper focus on the potential benefits to be delivered through the business investment:

Investment Objectives	
Objective 1	To significantly reduce reliance on the private sector for the provision of low secure / locked rehabilitation services
Objective 2	To provide a sustainable and integrated service model for specialist inpatient services
Objective 3	To improve access to specialist inpatient MH/LD services
Objective 4	To substantially improve the quality of the estate that accommodates specialist inpatient services

Current Service Arrangements

2.4.3 The Together for Mental Health Strategy highlights the need for 'whole system' design to support the mental health and well-being of the wider community and the approach in Gwent has been briefly described in Section B. While this OBC focuses on more specialist inpatient provision, the remains a significant interdependency of a range of mental health and learning disability services provided across all tiers.

2.4.4 The Health Board provides a broad range of services to the population of Gwent across the whole geographical patch and these are highlighted below:

Primary Care Services

- Primary Care Mental Health Support Service Teams
- Psychological Wellbeing Practitioners
- Integrated Autism Service

Adult Mental Health Services

- Community Mental Health Teams
- Assertive Outreach Teams
- Home Treatment Teams
- Crisis and Assessment and Response Teams
- Adult MH Liaison Team
- Psychology

Specialist Adult MH Teams

- Forensic Services
- Criminal Justice Liaison Service
- Eating Disorders
- Gwent Specialist Substance Misuse Service
- Veterans
- Early Intervention
- Peri-natal Mental Health Team
- Hiraeth Team
- Bespoke Repatriation Service
- Systemic Family Therapy Service
- Peer Mentoring Service

- Complex Care Commissioning Team

Older Adult Mental Health Services

- Community Mental Health Teams
- Memory Assessment Services
- Older Adult Psychiatric Liaison Service
- Psychology
- ECT service

Learning Disabilities Services

- Community Learning Disabilities Teams
- LD Health Liaison Team
- LD Intensive Community Support Team

Inpatient Services

Adult MH Inpatients	Site	Beds	Type
Adferiad acute adult	St Cadocs Hospital	22	Mixed
Talgarn acute adult	County Hospital	20	Mixed
Ty Cyfannol acute adult	Ysbyty Ystrad Fawr	24	Mixed
Carn-y-Cefn acute adult	Ysbyty Aneurin Bevan	11	Mixed
Psychiatric Intensive Care Unit	St Cadocs Hospital	9	Mixed
Ty Skirrid Forensic Open Rehabilitation	Maindiff Court	12	Male
Lindisfarne Forensic Open Rehabilitation	Maindiff Court	3	Male
Pillmawr Forensic Locked Rehabilitation	St Cadocs	13	Male
Belle Vue Locked Rehabilitation	St Cadocs	6	Female
North & South Lodges Open Rehabilitation	St Cadocs	6	Male
Older Adult MH Inpatients			
Sycamore ward Dementia	St Woolos	12	Mixed
Cedar Park ward Dementia	Ysbyty'r Tri Chwm	15	Mixed
Annwylfan ward Dementia	Ysbyty Ystrad Fawr	16	Mixed
Hafan Deg Functional	County Hospital	20	Mixed
LD Inpatients			
Ty Lafant Acute ward	Llanfrechfa Grange	7	Mixed

Twyn Glas PMHLD unit	Caerphilly	5	Male
Mitchell Close unit	Llanfrechfa Grange	1	Male

2.4.5 Over the last five years, ring-fenced funding has been provided by Welsh Government to support the development of national and local priorities in line with Together for Mental Health. This has resulted in significant investment in a range of specialist community teams in line with national priorities as well as a significant expansion in psychological therapies.

2.4.6 The Health Board has also prioritised the improvement in multi-disciplinary skill mix on inpatient wards, expansion in crisis support services and developing a range of alternatives to admission.

2.4.7 For the purposes of this outline business case, the current wards and units that are included within the scope of this project and the services they provide are detailed in the table below:

Ward/Unit	Type of Service
Beechwood Ward PICU, St Cadocs Hospital	9 Bed PICU (mixed sex)
Ty Lafant LD Unit, Llanfrechfa Grange Hospital	7 Bed Acute Assessment & Treatment Ward (mixed sex)
Belle Vue Ward, St Cadocs Hospital	6 Bedded Female Locked Rehabilitation
Talgarn Ward, County Hospital	20 bed Acute Adult Ward (mixed sex)
136 Suite, St Cadocs Hospital	Place of Safety – 1 assessment area
Crisis Assessment Unit, St Cadocs Hospital	Assessment room and waiting area

2.4.8 The table below provides a high-level summary of expenditure currently committed on the services that are a focus of this OBC including the cost of external placements, costs include pay and non-pay:

	Existing Baseline Cost
	£000
Existing In-patient Units	
PICU 9 beds	1,450

Ty Lafant/LACU 7 beds	1,490
Talygarn - to CASU 21 beds	1,773
Bellevue/Female locked rehab 6 beds	1,219
Existing Continuing Healthcare costs	
CHC externally commissioned patients	8,064
Existing Estates, Facilities, IT & Pharmacy costs	
-Domestics	213
-Catering	156
-Utilities	145
-Rates	22
-Supervisor FM	0
-Maintenance	62
-Portering	27
-Waste	9
IT	5
Pharmacy	37
Total	£14,671

2.4.9 The above includes circa £8 million to support externally commissioned placements.

2.4.10 The table below provides a summary of the existing clinical workforce that supports the current services relevant to this business case:

Existing Clinical Staff WTE	RN	HCSW	Admin	Medical	Psychology & Psychologist	OT	Pharmacy	Total
PICU	16.43	18.41		1.60	0.20	0.50		37.14
Ty Lafant	14.38	15.15	1.00	1.70	1.00			33.23
Talygarn	16.43	18.41	0.80	4.28	0.70	2.00		42.62
Bellevue	13.67	11.42		1.60	0.50	1.50		28.69
Pharmacy							0.79	0.79
Total	60.91	63.39	1.80	9.18	2.40	4.00	0.79	142.47

2.5 Business Needs

2.5.1 This section describes the challenges associated with the existing service configuration and current service gaps in relation to current and future needs.

2.5.2 There are a number of separate but interrelated elements that are considered and addressed, namely:

- The lack of low secure and locked rehabilitation bed capacity in Gwent, the rising cost of external placements and the unacceptable distance patients need to be transported to source an appropriate secure bed.
- The fragility in the private sector 'secure bed' market and the impact on local services
- The poor quality of some of the existing estate in supporting the delivery of modern, multi-disciplinary care
- The need to reconfigure wards and services differently to provide a critical mass of staff to improve safety, staff wellbeing, recruitment and retention
- To configure wards to improve transfer and flow and to promote multi-professional cooperation and sharing of skill.

Lack of Secure Bed Provision in ABUHB / Private Sector Fragility

2.5.3 There is currently no provision of NHS Low Secure Beds in Aneurin Bevan Health Board and this was the major factor in the development of the SOC. Currently around 50 male patients are placed in external placements for secure beds. Many of these continue to be placed in England with some as far as Cumbria.

2.5.4 Since the original SOC was developed, a number of factors have changed which have influenced the proposed bed configuration and bed numbers in this OBC. However, this has strengthened the need to provide beds locally and a clear objective of this OBC is to improve local access to Secure Beds within the Health Board.

2.5.5 As a refresh on the need for more secure beds the SOC demonstrated that there was:

- Poor patient and family experience, with large numbers of patients placed in restrictive environments for longer than necessary a long distance from home and family support network

"I think it would be good to have it all in one place because it would mean not having to leave the country to go to a different unit. You can still have contact with your family and friends and have those proper relationships".

His family would have been able to see him, they can't see him as often. I don't even know how often they have even seen him because his mother's elderly and she can't get up there.

"I think in Care, you've got to think of the whole family. I think to have a place closer by that would support people's needs would just... not just help the individual but the family and the carer's as well."

- Poor continuity of care due to the disconnect with local teams

It [visits] would not be once a year; it could probably be once a month or whenever is needed. You've got it to hand, and you could just go down there and see what's going on. You could be involved in meetings, face to face.

"It was hard because I couldn't settle in one place. It was like 'oh you're moving, you're moving'".

- Significant financial challenge associated with increasing demand and expenditure
- Poor patient outcomes and value for money

2.5.6 The original bed numbers put forward in the SOC to develop local provision were developed four years ago using a manual data base. Since that time the Division has developed more sophisticated mathematical bed modelling and cleansed the data to be more patient specific. This has enabled a better picture of the segmented demand for each service area of commissioned external placements. This in turn has provided more accurate information on which to understand current and future demand.

2.5.7 The impact of the pandemic on demand is another factor that has complicated the demand modelling. There is clear evidence of increased demand over the pandemic period, potentially due to:

- patients being unable to be stepped down due to lack of capacity in local providers due to covid related workforce issues
- the need to maintain flow and empty local acute beds due to workforce constraints and outbreak related closures to admission
- a rise in acuity and complexity of admission as a direct result of the pandemic.

These impacts have been taken into account in the bed modelling assumptions.

2.5.8 The bed modelling and assumptions used in redefining the proposed bed numbers is outlined in the next section. The business need for increased provision of secure beds made in the SOC is still valid and is further supported by the findings from the 'Making Days Count: Secure Beds Review', namely:

- That there is a shortage of low secure beds nationally in NHS Wales and a need to grow these locally
- The quality of placements is variable with access to meaningful activities and psychological therapies mixed
- There is a significant challenge in staying connected with individuals in external placements for families and local community and specialist teams
- Lengths of stay are likely to be longer due to the above making discharge planning and step down more challenging
- The provider market is fragile and contracting across England and Wales

2.5.9 Over the last year the Health Board has had to manage the closure of several Low Secure/Locked Rehabilitation Bed private providers and has worked with the National Collaborative Commissioning Unit (NCCU) in managing unplanned discharges from providers for commissioned placements, where providers have decided to close at short notice. Patients have had to be brought back to local PICU/LD and adult Mental Health acute units as a contingency measure. Since 2021 the Health Board has had to manage the challenging closure of three low secure/ locked rehabilitation hospitals and two ward closures resulting in a loss of seventy beds from the Mental Health and Learning Disability secure service sector. This impacted on fourteen individuals placed in these settings by the Health Board and resulted in patients being transferred to local PICU/LD and adult mental health acute units as a contingency measure. This not only has an impact on the individual whose treatment pathway, therapeutic

relationships and home environments are disrupted, but also the receiving services who have had to adapt to unplanned admissions, often at short notice.

2.5.10 This has led to patients being managed in inappropriate environments, often with high levels of observation over a protracted period of months. Patient experience have been adversely impacted by these episodes and the impact on staff wellbeing has been significant, resulting in high sickness levels and increased staff turnover. There has also been a big impact on flow into those units, with admission of other patients being reduced or stopped for protracted periods of time while alternative placements are sought. With reduced private sector options, costs also invariably increase as local demand escalate meaning that while options for appropriate places become more limited, the costs rise exponentially.

2.5.11 There is therefore a clear need to grow secure bed capacity locally to mitigate the fragility of the private sector market and the adverse impact these events have on individual patients, staff and services. This proposed development in secure services is therefore consistent with recommendations made within the Making Days Count review.

Estates Limitations in Supporting the Delivery of Modern Mental Health and Learning Disabilities Care

2.5.12 As noted earlier, there are significant estates issues with parts of the Mental Health and Learning Disabilities Inpatient Services provided by the Health Board. These are outlined below.

- The current **PICU** is based on a converted 120-year-old Victorian ward in St Cadocs Hospital and was initially developed as a 5-bed unit in 2007 with further expansion to 9 beds in 2017. The floor above the ward is derelict and the infrastructure of the building supporting the current unit is poor, causing frequent maintenance issues. The PICU is remote out of hours and the main entrance to the ward is via the old main building with long, isolated corridors. The unit has poor lines of sight, dark internal corridors, limited circulation room and little space for communal or quiet activities. Furthermore, due to the limited space, and the risks of lone working off-ward, the capacity to offer rehabilitation activities and therapies is drastically compromised. This clearly impacts on a patient's experience of their inpatient stay and their progress through their treatment pathway. Staff facilities are cramped. The configuration of rooms means that when the two extra care areas are in use the unit has to reduce to 6 beds. The design, layout and size of the unit does not meet the modern standards of a modern PICU. (NAPICU Design Guidance 2017).



- **Belle Vue ward** is a 6 bedded female locked rehabilitation ward that is housed on the ground floor in the old Victorian Building, St Cadocs Hospital. The unit does not have en-suite facilities, bedrooms have no natural lighting, there is limited communal lounge space and no quiet space or access to exercise equipment. There is no Extra Care Area within the ward. Circulation space is very limited and the unit lacks facilities for visitors and has limited storage facilities. The unit is very isolated at night.
- The current **136 suite** is based in Kemys Unit, St Cadocs Hospital which is a seventies built flat roof construction building. This building also houses the crisis assessment service. The unit is housed in the former medical secretaries and reception area. There is one assessment room with an adjacent shower area. The room has no natural lighting or access to an outdoor area. Observation is poor and the staff office has poor acoustic protection which makes confidential discussions difficult. While the unit is opposite an acute adult ward, it is isolated from the crisis team. There is no 136-waiting area during normal hours. This can result in patients waiting in a police van for several hours if the room is being used for another assessment.
- The **Crisis Assessment Unit** is also housed in the Kemys unit at St Cadocs. The unit is housed in a main corridor leading to the acute adult ward. This means that, during the daytime, the corridor is busy and does not afford dignity or privacy for individuals requiring assessment. The assessment room is limited in size and poorly designed from a staff safety perspective with a single point of egress. The unit lacks an appropriate waiting area and does not provide a family friendly environment. The current crisis assessment service, 136 suite and acute admissions ward are joined to the main building by a long, isolated corridor which can be used for patients requiring transfer to PICU from the inpatient ward or 136 suite. This poses significant safety risks out of hours and also is a major patient safety and dignity issue. The proposed configuration and adjacency of crisis assessment, admissions ward, 136 suite and PICU in the OBC will provide a dignified transfer and significantly improved pathway for individuals admitted in crisis.

- **Ty Lafant** is a 70-year-old former residential villa on the Llanfrechfa Grange site which provides acute assessment and treatment for individuals with a Learning Disability. The unit is a stand-alone unit which is very isolated out of hours. This has posed significant safety concerns with recent cases of arson and vandalism on site. The unit was refurbished 5 years ago but facilities are very limited with no en-suite facilities, small bedrooms, no dedicated therapeutic or activities space and no quiet space. The poor fabric of the building means that regular maintenance is required on the building due to damage by patients and this has resulted in the extra care area being out of operation for several months on a number of occasions when repairs are required.



Talygarn ward is a 20 bedded acute adult ward in County Hospital, Pontypool. The unit was constructed in the 1980's but frequent inspections have highlighted the inadequacy in design (HIW 2017, 2019). The ward corridors are narrow and dark, with poor lines of sight. The ward is a mix of four bedded dormitory bedrooms and a small number of single rooms. There are no en-suite facilities. Therapeutic, activity space and communal areas are limited and cramped, with no separate male/female areas. The outdoor activity area is small and stark, with a large retaining wall and the building itself blocking much of the natural lighting. As previously stated, these conditions are not in line with the Standards for Inpatient Mental Health Services, RCPsych, 3rd Ed., 2019. An assessment of the work needed to create en-suite rooms has shown that bed numbers would need to reduce significantly to accommodate this and this would not address many of the other shortcomings highlighted due to the limitations of the existing footprint.



2.5.13 As noted earlier, the Health Board Estates strategy commits the Board to rationalising the St Cadocs Hospital site and a key component of that strategy is to vacate the old Victorian main building. A key stage in that review is to clear existing inpatient services from the old building and the two units highlighted

above are the only inpatient services remaining on that part of the site. Outside normal working hours the rest of the old building is empty and the units are remote from other services. Security is a major problem on site with frequent issues from intruders, posing a significant risk to staff out of hours.

2.5.14 It can be seen from the above that there are significant estates challenges with the existing services. The fact that most of the units above are based in old institutional buildings means that patients and families attending these areas are presented with very negative first impressions and the stigma associated with their former use. Unfortunately, these conditions also serve to perpetuate the modern existing stigma around mental health conditions on a personal and broad level (for example, shame and embarrassment for service users and carers) and also on an institutional level (which is derived from lower funding allocation and reduced investment in services and their associated environments).



St Cadocs Main Entrance, Dec 22

Modern mental health services should be de-stigmatised and destigmatising, and provided in modern, spacious, and welcoming environments. This is a fundamental objective of this OBC.

Proposed Configuration of Services

2.5.15 The proposed revised configuration of wards and services within the new unit have been developed with clinicians and stakeholders based on the whole system pathway model highlighted in Section A.

2.5.16 The main change in the proposal from the original SOC was the inclusion of an acute adult ward, 136 suite and crisis assessment unit. The inclusion of these facilities in the proposed development came from work undertaken as part of the Whole Person, Whole System Crisis Support Programme.

2.5.17 There are currently 4 acute adult wards in the Health Board as shown below, all wards are mixed sex:

Ward	Site	Beds
Adferiad	St Cadocs	22
Talgarn	County Hospital	20
Ty Cyfannol	Ysbyty Ystrad Fawr	24
Carn Y Cefn	Ysbyty Aneurin Bevan	11
Total		77

2.5.18 Carn Y Cefn and Ty Cyfannol Wards are sited on modern local general hospital sites with modern facilities, single rooms and en-suite facilities. Talgarn

and Adferiad Wards are primarily dormitory based wards with a small number of single rooms and no en-suite facilities.

2.5.19 A Task and Finish Group undertook a review of acute adult inpatient services between June 2019 and August 2020. The recommendations arising from the review included:

- A preference to move to a centralised assessment ward and recovery model of inpatient care.
- The need for a full dedicated multidisciplinary team to ensure that assessments are carried out in a timely manner to inform the patient's future pathway.
- A dedicated single point assessment unit based centrally to enable all patients from the ABUHB catchment to access.
- Dedicated wards to provide intervention /recovery-based care, treatment and interventions delivered in environments which meets the patients, safety, privacy and dignity.
- Staff expressed a preference for a centralised mental health assessment service in a central position within the ABUHB catchment area. A new co-location should:
 - Provide a critical mass of staff to provide safe care and support
 - Enable safe patient transfers particularly to Psychiatric Intensive Care Unit.
 - Provide multi-use/ access areas – reception, cafes, multi faith space, safe and private visiting areas, exercise space.
 - Provide shared staff training areas.
- All inpatient wards should provide single en-suite rooms, a variety of rooms and space to support patient assessment and engagement, areas for de-escalation and soundproofing to reduce disruption to wider patient group. This will go some way to addressing the concerns raised through the CQC's report (Sexual Safety on Mental Health Wards, CQC, 2018) on sexual assault on mixed-sex wards.
- Access to garden and external space plus options for patients to exercise.

2.5.20 Following on from this, in 2020 work was undertaken to remodel the crisis assessment service and a centralised assessment service was developed based at St Cadocs Hospital. This was a hybrid model enabling local assessments to be undertaken through locality-based crisis teams during normal working hours, with a centralised assessment service providing additional flexible capacity centrally and covering crisis assessments out of hours. The service was sited at St Cadocs to be close to an acute adult ward to facilitate admission and to provide support to the 136-suite based on the recommendations arising from the inpatient review.

2.5.21 The recommendations arising from the inpatient review was incorporated into a public engagement on the 'Transformation of Adult Mental Health Services' described in Section B to seek public and stakeholder views on the proposed model and on the potential inclusion of an acute adult ward within the OBC. Feedback from the engagement highlighted that while further work was required to agree a future acute adult service model in moving to a centralised assessment and recovery ward model (46% in favour 18% against), there was overwhelming support of the need

to include an acute ward (91% in favour) and crisis assessment service (91% in favour) within the new specialist inpatient unit.

2.5.22 On the basis of work undertaken by the Task and Finish Inpatient Services Group and the feedback from the public engagement it was recommended that an acute adult ward should be incorporated into the OBC to support the Whole System Pathway and further work would be needed in developing an assessment and recovery based inpatient service model.

2.5.23 Following this exercise, further work was undertaken by a Task and Finish Group to undertake an option appraisal on which ward should transfer into the proposed new unit. The two wards considered were Talygarn and Adferiad Wards due to the need to invest in both wards to bring up to modern standards and due to the geographical location of both wards in relation to the Llanfrechfa Grange site.

2.5.24 The option appraisal concluded that Talygarn ward would be the preferred ward to relocate into the new facility. The main factors relate to the confined nature of the site, which precluded expansion, and the building work needed to provide appropriate en-suite facilities and improve the therapeutic environment. Undertaking both within the existing footprint would reduce the bed numbers significantly and require that the facility be vacated temporarily while the works are undertaken.

2.5.25 In summary, the crisis assessment and inpatient work stream confirmed the need for the co-location of crisis assessment unit, 136 suite, acute admissions/crisis assessment ward and PICU on a single site as the optimum crisis pathway. It is acknowledged that further work is needed in fully developing and implementing the crisis assessment and recovery ward model.

2.5.26 The provision of crisis assessment on the Llanfrechfa Grange site will also enable the direct diversion or rapid transfer of appropriate individuals attending Accident & Emergency in Grange University Hospital for a mental health assessment.

2.5.27 The development of low secure and locked rehabilitation wards and acute LD ward within the unit also fits with the co-location of PICU and crisis services to facilitate step up/down as required. Such co-location will facilitate swift transfer of patients, reduce bureaucracy due to close relational working and reduce the possibility of inappropriate admissions.

Staff Safety, Wellbeing and Sustainable Service Model

2.5.28 Recruitment and retention are key challenges within the NHS generally and it is widely acknowledged that one of the main challenges for mental health and learning disabilities services within ABUHB is providing the right environments and support to ensure staff safety and well-being.

2.5.29 A number of the existing facilities described earlier are poorly designed, old, isolated and cramped, and lacking basic facilities such as adequate staff rest, changing facilities and meeting areas. Because of the isolated nature of many of the current facilities, a major risk to the current way in which existing services are configured is the ability to respond to an incident, both during working hours, but particularly, out of hours.

2.5.30 Key to this is to provide modern, purpose-built environments, which are designed using psychologically informed principles and configured in a way that enables a critical mass of staff on one site to capitalise on the benefits such a model

would offer. It is anticipated that this configuration of services would support the clinical model of recovery and rehabilitation, central to the MH & LD Division's transformation agenda. In brief, this model aims to:

- * Provide specialist care by those trained in the needs of their respective clinical populations to support services users in accessing the right care, at the right time, by the right professional.
- * The model and co-location of staff members trained in their specialist areas will support the in-reach and out-reach of staff from their substantive units to the other units to share expertise, offer consultation and develop relationships with services users for whom they may care in the future.
- * The sharing of skills and knowledge will be more readily achieved with greater mass of staff to facilitate training sessions, accommodate roles that rotate across the units and, reduce agency reliance with staff who can provide familiar cover to on-site units.

Importantly, the presence of a critical mass of staff will also present some operational relief in that it will support the adequate response to critical incidents, particularly out of hours. Together, this development of a critical mass of services on one site will provide an opportunity to retain and attract high quality staff to work and create a centre of excellence across many areas such as Neuro-developmental Disorders, Learning Disabilities, Forensic Services, Crisis Services and Substance Misuse. The workforce plan is designed to ensure staff development, with opportunities to rotate across units and share skills and knowledge?

2.5.31 in terms of succession planning, it is thought that this model will also provide an opportunity to further develop teaching and research to attract appropriate trainees for all professional groups.

Approach to Engagement

2.5.32 The issues and proposed solutions outlined in this section of the OBC have been discussed and developed through broad engagement across a number of separate projects and programmes over the last four years. A number of strategic programmes have developed 'Communities of Practice' to develop and share ideas and design solutions and to receive feedback on changes that have been made.

2.5.33 Workshops to develop the 'Whole System Pathway' configuration of services within the proposed Specialist Inpatient Unit were attended by over 40 people over two workshops in 2020. Feedback from inpatients involved in the inpatient remodelling work informed the project what was important to them. This included the importance of privacy, having the right environment with single rooms and en-suite facilities, having the right staff on the wards to provide activities and therapies and the ability to access outside areas and exercise.

2.5.34 A pre-engagement and formal public engagement on the 'Transformation of Adult Mental Health Services' was held between October 2020 and February 2021 which involved contacting 165 stakeholders, holding 39 virtual meetings/presentations, 7 virtual workforce events and 8 virtual public meetings, receiving over 300 formal responses. The feedback received helped to inform the configuration of services within the proposed new Specialist Inpatient Services Unit described later.

2.5.35 The Health Board has recently further strengthened its patient engagement processes and the recent appointment of a dedicated senior post has recently been

made to ensure patient voices and experiences are at the centre of service design, delivery and evaluation. As an example, the recent Welsh Government Service Improvement Bids put forward were prioritised by a small panel of service users, clinicians and managers.

2.5.36 The Health Board has also adopted a 'People First' approach to engaging with the workforce and an active programme of executive and senior managers visits across the Mental Health and Learning Disabilities Division is now in-place, with weekly visits being undertaken to services to talk to staff within their working environments to share information and views about services and their experiences.

2.5.37 The Health Board has invested in paid and trained peer mentors to support patients/family and carers, including their direct engagement in the various programmes and projects to ensure patients views are heard. Patient stories have also been gathered as part of the OBC development and provide powerful messages about the challenges faced by patients, families and carers with existing pathways and facilities and provide important insights on what needs to change to improve patient experience. The compelling patient stories have highlighted the need for the development of recovery focused model of care that underpins this development.

2.5.38 Service users were actively engaged in project groups in developing the philosophy of care and clinical service models through a variety of means including direct attendance at workshops, questionnaires and surveys that helped inform design principles and service configuration.

2.5.39 The patient stories gathered through the project have shown how the current clinical pathways and configuration of services often result in poor outcomes for patients. We know from our own patient stories and from recent evidence from the 'Making Days Count' report that often patients who are sent to placements, often at great distances from their homes, lose contact with their families and social networks and often face a number of different placements in different parts of the country. Outcomes are often poorly defined for each placement and therapeutic input can be very variable. Stories gathered show that some younger adults who are sent away end up in revolving placements in secure accommodation for as much as twenty years. One such story is provided below:

J was first admitted to hospital due to significant self-harm and has since been in hospital for a significant portion of her life. She was moved around several times following admission, at one point, she recalls being transferred across 5 different hospitals in a 12-month period. Jane spoke of how staff were not well suited to her needs and were not equipped to deal with incidents or acuity. This often left her feeling like she was "pass the parcel" and this impacted her recovery significantly, leaving her feeling unable to settle. Jane reflected on how the current staff who oversee her care have adapted more to her needs, particularly during acuity and this has helped her to feel valued and supported. Jane spoke of how her family are an important protective factor and at times she has become more distanced from them in hospital moves, up to four and a half hours from home. Jane said that although they would make the visits more special with her parents, she drifted from her siblings and felt she missed out on the important points of development and found that very difficult.

2.5.40 Staff stories and experiences have also been used in the development of the business case. These have highlighted the challenges in supporting individuals in inappropriate environments, in poor locations and the difficulties in maintaining links when patients are sent out of area. One example is highlighted below.

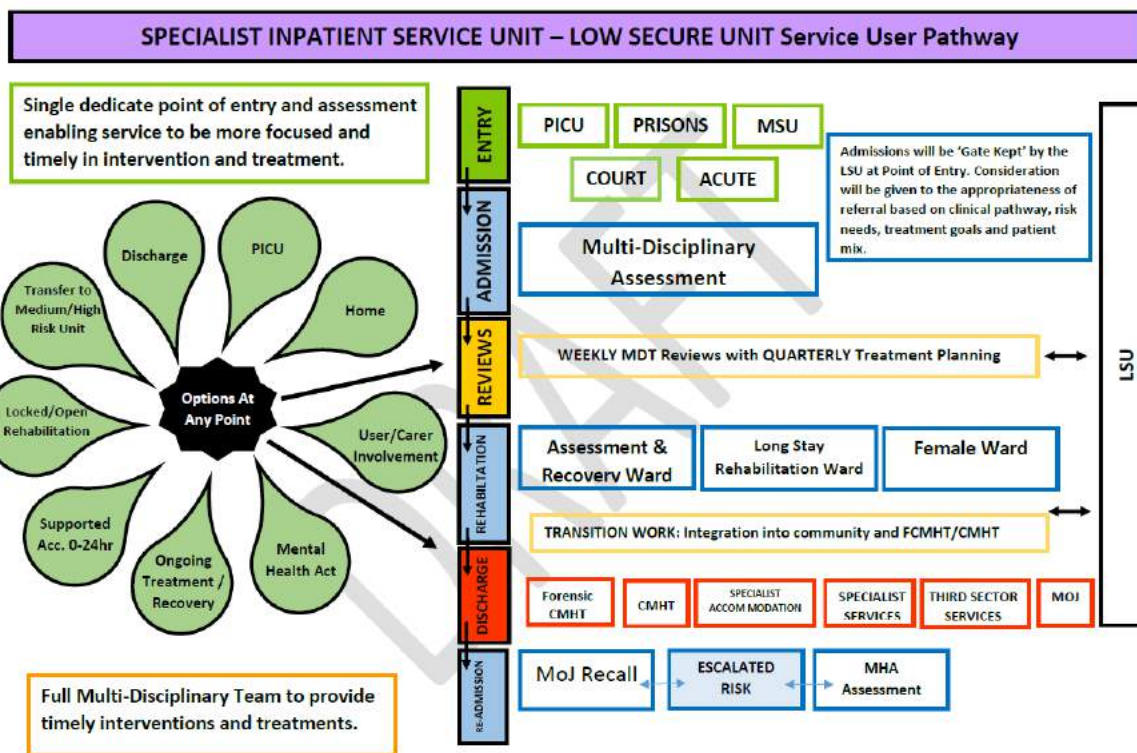
S reflected on a patient within the service who had been throughout both low secure and medium secure services for most of their life. S spoke of how there was a high risk of self-harm and suicide and some physical aggression and the patient having a different life outside of hospital had been unimaginable. When the patient transitioned onto the ward, there was a substantial amount of work done with the service she was currently in and within in-reach services to get to know her and the team she was with and very gradually reduce the high-risk behaviours.

She identified how being in closer proximity to specialist service and the general hospital will enhance relational safety and ensure more successful transitions where patients progress through the service. When there has been behaviour escalation, it was reflected how this can lead to increased anxiety in the team and a lot of having to go back and forth with wider teams in an effort to provide the least restrictive care. It was commented how frustrating it can be for staff who do not have skillsets, for example, within the area of Learning Disabilities, who acknowledge the service needs to work differently with some patients but who also feel a bit “stuck” without the proper consultation and advice. Currently placements are often out of area and take patients further from the family and this means the transition cannot be tailored to patients needs and therefore can be unsettling.

2.5.41 Such powerful stories and others included in **Appendix 11** have underpinned the clinical model that has been developed to support the business case, which has been co-produced with active engagement between service users, carers and staff.

2.5.42 The underlying philosophy of care is a Recovery Model of Care, based on a multi-disciplinary approach. This empowers patients to take as much responsibility for their own wellbeing and progress as possible, working collaboratively with staff. Service users should be managed in the least restrictive environment possible in order to facilitate their safe recovery, namely the minimum levels of physical, procedural and relational measures necessary to provide a safe and recovery focused environment.

2.5.43 This philosophy helped to shape the design of the building through co-production with service users and carers based on psychologically informed environmental principles. The development and description of the model is described in **Appendix 1**. Based on the recovery model, pathways of care have been developed for each unit in the proposed SISU as illustrated below. The example shown is for the new Low Secure Unit.



Bed Modelling and Proposed Bed Numbers

2.5.44 The revised configuration of beds included in the OBC has arisen following a series of workshops with clinicians across a number of interdependent workstreams. The revised configuration and changes in the overall bed numbers included in the OBC in comparison to the SOC is summarised in the table below:

Type of Bed	No. of Beds in SOC	No. of Beds in OBC	Current Beds in ABUHB	Net OBC Change in proposed bed base in ABUHB
Male Low Secure	32	14	0	14
Male Locked Rehab	0	14	0	14
Female Locked Rehab	0	8	6	2
LD Acute	10	7	7	0
PICU	10	10	9	1
Acute Adult	0	18	20	-2
Total Beds	52	71	42	29

2.5.45 The main factor influencing the overall increase in bed numbers from the SOC is as a result of the inclusion of an existing acute adult ward in the OBC.

2.5.46 A report on the bed modelling is included in **Appendix 2**. It should be noted that initial mathematical modelling was undertaken in house using Simul8 and this was later 'sense checked' through an external consultancy (Lightfoot). The overall conclusions were consistent with the in-house modelling and is reflected in the proposed bed configuration put forward in this OBC.

Male Secure Beds

2.5.47 Following the modelling of male secure beds (Low Secure and Locked Rehab) the overall bed numbers for male beds has reduced by 4 beds from the original OBC. The bed modelling assumes a reduced length of stay from an average of 19-20 months pre-covid to an expected 18 months within the proposed unit. This is felt achievable through:

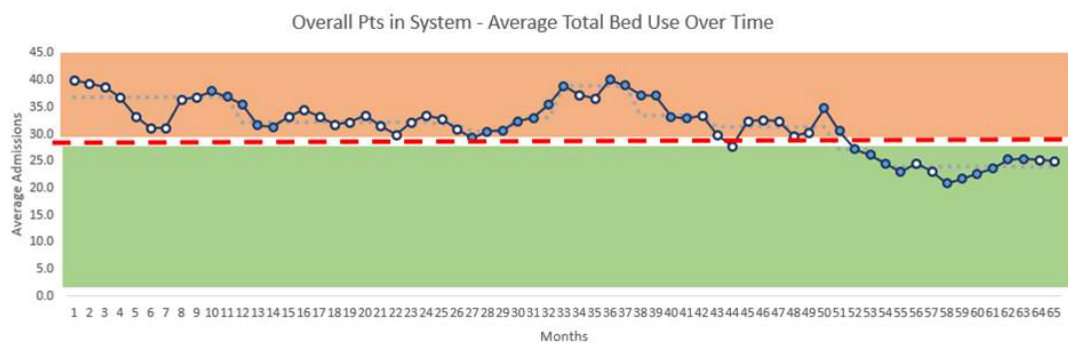
- Improved liaison with local community teams leading to increased contact, therapeutic relationship building and earlier discharge planning. Currently many patients are placed in units in England, often requiring clinical teams to travel hundreds of miles to visit a patient which limits the time that a team member can spend with each patient. Having a local provision will provide the opportunity for community in-reach work and relationship building facilitate better and earlier discharge. National benchmarking (2021-22) in acute adult mental health services highlights that the Health Board is in the upper quartile of providers with the highest provision of community-based staff and % expenditure on community-based staffing.
- A recovery focused model of care, with emphasis on multi-disciplinary working and support to enable individuals achieve their outcomes.
- Maintenance of family and social networks will be improved by services being provided locally.
- Continued investment in specialist and community mental health teams to provide the right expertise and capacity to facilitate discharge. Recent investment in Service Improvement funding has been made in community forensic services and the complex emotional needs services to this end.
- The development of new community support structures such as the bespoke repatriation service to enable wrap around intensive and tapered community support to enable earlier discharge. This service has recently won recognition in national quality awards.

2.5.48 There is little published evidence regarding the bed numbers required for low secure or locked rehabilitation services based on population size or size of unit. Benchmarking has been undertaken against neighbouring Health Boards. Cardiff & Vale Health Board recently developed 25 Low Secure/Locked Rehab beds for males based on a population of 445,000, using Royal College of Psychiatry planning norms of 0.8 wte consultant per 100,000 population and recommendation of 1 wte consultant for 12-14 beds. The Cardiff & Vale Planning assumptions were then adjusted down as no female provision was being planned in the development. The units were designed as a 10 and 15 bed configuration.

2.5.49 Using the same methodology for LSU/Locked rehabilitation beds in Gwent, based on a 600,000 population the working planning assumption would be a consultant staffing of 4.8wte with a bed configuration of 58-67 beds in Gwent. Adjusting the figure down to reflect no low secure female beds suggests a bed provision of around 49-57 beds required in Gwent. As the Health Board's vision is to maintain individuals in the least restrictive environment and to develop community-based services to prevent reliance on admission and to facilitate earlier discharge, the planning assumption used is to use the lower bed number within that range. As there are 19 male and female rehabilitation beds already in Gwent, it suggests around 30 additional beds would be required from any proposed local service.

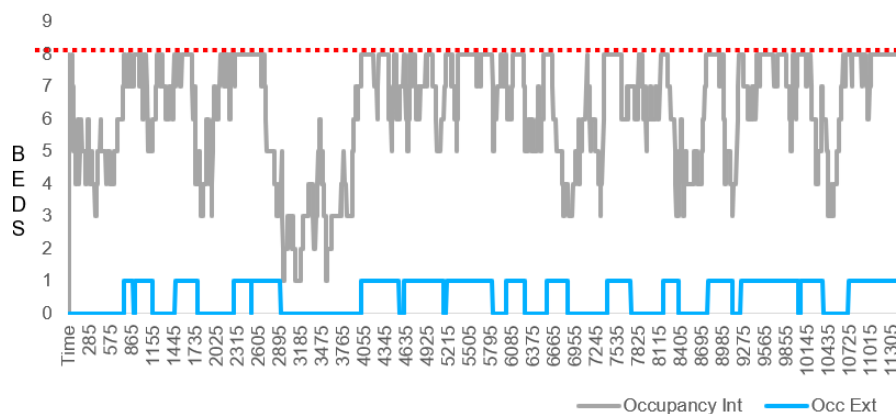
2.5.50 As noted earlier the RCP suggests a bed configuration of 12-14 beds per consultant. An Independent National Review of forensic secure services undertaken in NHS Scotland in 2021 showed a broad range in the size of low secure male and female units, with male units generally ranging from 10-15 beds with an average of 13 beds and female from 5-12 beds with an average of 8 beds. The proposed configuration of 14 bed male and 8 bed female units fits within the average range. Taking into account the range of bed configurations noted above, it was felt that a 14 bedded male configuration would offer the optimum balance of efficiency, safety and quality, based on clinical views within the project team. Assumptions were also made on the rate of initial repatriation upon the opening of the unit and subsequent repatriation, based on forecast future demand.

2.5.51 The graph below highlights the bed projection forecast on the number of external placements required over time based on the above assumptions. Overall, this modelling suggests that by year four the requirement for external placement of low secure and locked rehabilitation beds will no longer be required.



Female Locked Rehabilitation Beds

2.5.52 The modelling for female locked rehabilitation indicated that an additional two beds were required to meet demand for external placements.



2.5.53 The modelling suggested that there may be a need for a maximum of one external placement at points in the future. However, it was felt that the continued investment in crisis support, intensive community psychological support through the Hiraeth team and the bespoke repatriation service, together with investment in the trauma pathway would mitigate this need.

2.5.54 The design of an 8 bedded unit also gives future proofing for alternative use if demand changes. It is also felt to be the maximum number of beds to safely manage this client group.

PICU Beds

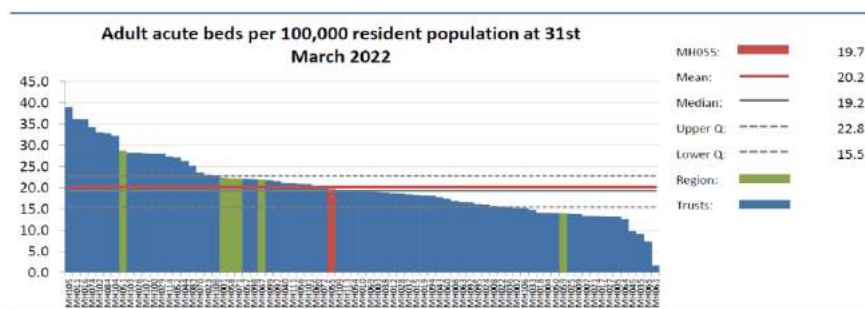
2.5.55 The increase from 9 current beds to 10 beds is reflective of compliance against the NAPICU standards and the need to exclude Extra Care Areas as additional beds. The proposed unit therefore has effectively 8 beds plus two extra care areas. The extract below from NAPICU highlights the optimum size of a PICU.

"From a clinical and operational perspective, recent evidence suggests that smaller PICUs tend to function more effectively, and it is recommended that there should be a maximum of 14 beds. Units of 10 beds are common and are considered to be a manageable size, with good potential to achieve a safe staff to patient ratio" (NAPICU Design Guidance, 2017).

This is also consistent with the size of the PICU in Cardiff and Vale University Health Board.

Acute Adult Beds

2.5.56 National benchmarking shows that ABUHB has a unique profile in the way it currently uses its acute adult beds. Data from the 2021/2 National Benchmarking exercise shows that ABUHB has a slightly lower than average number of beds per head of population.



The report also highlights:

- A high occupancy rate of 95.1%
- Very high admission and readmission rates
- Very short average length of stay
- Very high numbers of people admitted with <3-day length of stay

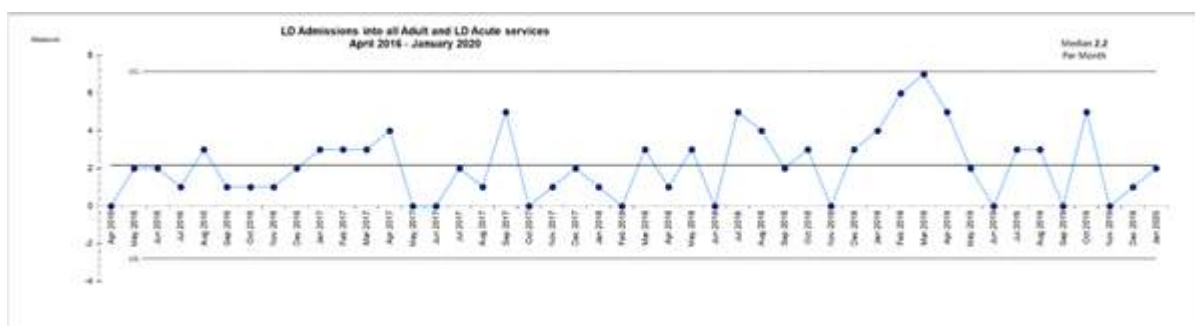
2.5.57 Based on the inpatient remodelling work undertaken within the Division, the bed modelling assumed a 20% reduction in admissions/readmissions across all units based on a current rate of 32.4% of all 0-3 days admission. This was based on assumptions of the impact of putting a range of crisis support alternatives to admission in place as well as implementing a 24/7 Single Point of Contact.

2.5.58 The latest bed-modelling undertaken takes account of the introduction of a range of alternatives to admission in the new crisis model over the last four years which has reduced admissions by 20%.

2.5.59 This would suggest that the proposed reduction in bed numbers of 2 acute beds following the proposed transfer of Talygarn Ward to the new unit is achievable based on existing occupancy and activity levels.

LD Acute Unit

2.5.60 A review of demand for LD acute admissions over time has shown that the proposed 10 beds included in the SOC has been revised down to 7 beds, which matches existing bed provision. The total number of admissions of those individuals within the Learning Disabilities speciality has been analysed, for the purpose of identifying the number of beds required within the LD Acute Care Unit. The SPC chart demonstrates all admissions of individuals under the Learning Disabilities specialist services since 2016. The median number of admissions is 2.2 per month with an average length of stay of 63 days.



2.5.61 Based on the above analysis and using bed modelling, the provision of a 7 bedded unit would mean an average of 70% occupancy which will provide some resilience against peaks in admissions and some future proofing against increasing demand.

2.5.62 The provision of LD beds on the same site as secure forensic beds is consistent with the proposals outlined in the recent WHSCC consultation on its specialist services strategy which highlights the need for a more blended approach to care and closer working relationships between Learning Disabilities and forensic services. It also reinforces the need to future proof the design of the building to ensure flexibility in how secure beds can be used to meet future demand.

Summary of Case for Change

2.5.63 It is considered that the above Case for Change demonstrates that:

- There is a major service deficit and need for secure beds within Aneurin Bevan Health Board to prevent the need for external placements.
- There are significant issues with the outdated estate and environments where some of our inpatient services are provided.
- The configuration of some of our services needs to change to provide safer and more patient focused recovery-based pathways that will better facilitate appropriate flow and provide better patient outcomes and experiences.
- There is a need to configure our services in a way that provides a critical mass of staff and services to improve patient and staff safety and wellbeing as well as improving staff recruitment and retention.

2.5.64 The proposals as outlined in this OBC have been planned in the context of the Well-Being and Future Generations Act and it's aim of improving the social, economic, environmental and cultural well-being of Wales. The specific adherences to the seven well-being goals are set out below:

Properous – The development proposes the integration and co-location of services which delivers the most efficient and effective use of available health service resources, i.e. the workforce and the estate. It also creates significant opportunities for additional employment in Gwent and South East Wales via the provision of additional locally based services that are currently delivered via the private sector in other areas of the United Kingdom.

Resilient – The proposed development will be resilient, sustainable and will be able to adapt to change. Current services are delivered in largely inappropriate environments affecting the well-being of staff and vulnerable patients, care is compromised and recruitment is difficult. Certain specialist services are provided by the private sector thus making the Health Board reliant on a resource that it cannot control, that is fragile, potentially unsustainable and uneconomic. The proposed development addresses these issues allowing the vast majority of its specialist services to be provided in-house, in state of the art facilities, alongside other services, and in a carbon neutral environment that has been specifically designed to encourage well-being and rehabilitation.

Healthier – The key aim of the development is to improve the experience and quality of care for vulnerable patients, and their families, who have mental health and learning disability disorders. It will support:

- A reduction in the unnecessary length of stay for individuals in restrictive environments
- Timely access to evidence based interventions that promote recovery and rehabilitation
- The maintenance of significant local relationships with families, social networks and the multi-disciplinary care team
- The Involvement of family and carers where possible within therapeutic spaces
- The integration of physical health and mental wellbeing
- Education, skills, training, volunteering and employment
- Partnerships with third sector/visiting organisations and facilitators such as PAT dogs, Music in hospitals, Recovery Through Sport, Recovery Through Activity.
- Promotion of social reintegration

Globally Responsible – Wales is actively promoting the need to address climate change. One of the overriding objectives of this development from the construction perspective is, as far as is reasonably practicable, to design a facility that meets the requirements of the NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030.

Measures have been introduced into the design to address and reduce both operational carbon and embodied carbon. The Estates Annex contains a comprehensive section detailing the proposed measures to reduce carbon. The proposals currently comply with the RIBA 2025 target for less than 970 kgCO₂e/m².

Vibrant Culture – The proposed development seeks to provide specialist services that are closer to patients homes thus allowing their families and friends much easier access. It will support rehabilitation within Wales and within the local community.

The service model has been developed around “recovery” with staff and facilities that will support the transition from secure accommodation to the community. The development will contain a Therapy Village which will provide access to comprehensive therapeutic, sports and recreational facilities the utilisation of which will be actively promoted and encouraged.

More Equal – Investment in Mental Health and Learning Disability services, both capital and revenue investment, has unfortunately not kept pace with investment in acute and secondary services.

This development seeks to redress some of that imbalance by significantly improving the standard of care and the quality of the environment that is provided to some of our most vulnerable patients. This should in turn improve the life chances of these patients and their ability to improve their own socio-economic circumstances.

An Equality Impact Assessment has been undertaken in support of this development and is attached at **Appendix 13**.

Cohesive Communities – The Well-Being Goals listed above all contribute to the aspiration of achieving Cohesive Communities, i.e. communities that are more prosperous, more resilient, healthier and more equal. As noted above this development will make a positive contribution to the achievement of those goals by:

- Significantly increasing local employment opportunities.
- Addressing the lack of provision and fragility of specialist mental health services.
- Improving local access to specialist mental health services.
- Focusing care on recovery and rehabilitation with the active participation of family and carers.
- Seeking to improve the life chances of people with mental health and learning disability disorders and their ability to improve their own socio-economic circumstances.

2.6 Potential Scope

2.6.1 This section describes the potential scope of the project to meet the investment objectives and associated business needs:

- *Minimum scope* – essential or core requirements/outcomes
- *Intermediate scope* – essential and desirable requirements/outcomes
- *Maximum scope* – essential, desirable and optional requirements/outcomes

2.6.2 The table that follows describes the potential scope against each continuum:

Minimum	Intermediate	Maximum
Develop a 36-bed low secure and locked rehabilitation unit	Develop an integrated Low Secure / locked rehabilitation, PICU and Learning Disability Unit (53 beds)	Develop an integrated Low Secure / locked rehabilitation, PICU, Learning Disability and Crisis Assessment Unit (71 beds)

2.7 Benefits

2.7.1 The Economic Case in section 3 contains a specific section on the assessment of the project Benefits. Benefits calculations are contained within **Appendix 4c**.

2.8 Main Risks and Countermeasures

2.8.1 The main business and service risks associated with the potential scope across all the options for this project are shown below, together with their counter measures:

Risk Category	Risk Description	Consequence 1-5	Likelihood 1-5	Risk Score	Mitigating Action Undertaken
Funding risk - Reduced availability of	May lead to a delay or reduction in scope of project	5	3	15	No contractual commitments will be made until affordability and availability of capital is

Risk Category	Risk Description	Consequence 1-5	Likelihood 1-5	Risk Score	Mitigating Action Undertaken
capital or revenue funding					assured. The design of the proposed unit allows for a phased construction should funding not be available.
Planning risk - planning constraints or issues relating to planning permission	May impede progression of preferred option	5	2	10	An Outline Planning Application has been submitted and is expected to be approved in February 2023.
Demand and usage risk	The size and capacity are not appropriate for eventual need of the user group.	4	3	12	The preferred option will take into consideration future demand and is designed with environmental flexibility at the forefront. As such the opportunity to 'right-size' later to adapt to emerging and changing needs is in-built. The design of the proposed unit allows for future expansion of beds and adaption of use (e.g., from low to medium to low secure).
Service Delivery risk	Lack of buy-in to new service model will result in not achieving predicted benefits and workforce efficiency savings	4	3	12	Full engagement of divisional leads and key stakeholders is ongoing throughout programme management
	Additional staff are unable to be recruited.	5	4	20	A recruitment strategy has been prepared in support of the OBC which will be updated and refined as the project progresses.
	Staff are not appropriately trained and skilled in preparation for workforce modernisation	3	4	12	Ensure development of detailed workforce development plans, and engagement with education and training providers is in place.

Risk Category	Risk Description	Consequence 1-5	Likelihood 1-5	Risk Score	Mitigating Action Undertaken
Affordability risk	The anticipated reduction in CHC costs is not achieved	5	3	15	Establish clear accountability within programme for the system wide changes in resource allocation and service transformation.
	Cost increases during design development	5	3	15	Monitor and review design at all stages. Design to a cost. Strong project governance arrangements.
Implementation Risk	Public and other external stakeholder support not secured	4	3	12	Extensive work undertaken with external stakeholders throughout the development of the project from SOC through to construction.

2.8.2 As noted above, the workforce risk is scored as the highest risk and is reflective of a national shortage of a range of mental health professionals. An initial workforce Recruitment Strategy has been prepared, this is attached at **Appendix 10**, which will be further refined during the preparation of the Full Business Case.

2.9 Constraints

2.9.1 The project is subject to following constraints:

- **Availability of capital** - In the current climate of NHS reform health services find themselves facing unprecedented efficiency savings, resulting in capital funding cuts that puts pressure on capital programmes for health, with many schemes competing for scarce funding. The availability of capital funding is therefore identified as a constraint. All options will be rigorously tested for Value for Money in the OBC and alternative procurement strategies may have to be explored.
- **Revenue affordability** - The project must demonstrate revenue affordability and that sufficient savings will be achieved to justify any investment.
- **Ability to future proof against changing needs** - the design of any new facilities must be flexible and adaptable to take into account the changing needs of the organisation and future service delivery.
- **Timescale** - Delivery of the proposed new clinical model as soon as possible due to the significant financial and non-financial pressures on specialist mental health services

- **Workforce** - Ability to recruit a significant number of staff and the ability of the current workforce to change current working patterns will be a challenge that will be need to be addressed both within the OBC and, more importantly, as the project progresses through the FBC process.
- **Implementation** - A need to minimise disruption to services during the building phases where existing sites are used.

2.10 Dependencies

2.10.1 The success of the project will be dependent on:-

- **Stakeholder Consultation** - The introduction of the proposed new service model will possibly be the biggest single change in the provision of mental health and learning disability services within ABUHB. Whilst there has already been extensive consultation and engagement it is essential to ensure that a clear communication and engagement plan is in place to support the project as it progresses. **Appendix 3** contains the proposed Communication and Engagement Strategy.
- **Stakeholder Support** - Continuing to secure political, stakeholder and public support for a change programme which requires radical change.
- **Leadership** - A commitment from the Board and within the Division is required to implement a shift to the agreed model of service delivery. Commitment to drive through the required changes is paramount, as a lack of this support to the project may lead to the inability to affect the change and lead to a failure of the project
- **Transition** - A requirement for transitional costs in moving from one model of care to another

3.0 ECONOMIC CASE

3.1 Introduction

3.1.1 The case for a MH&LD SISU has been clearly articulated within the Strategic Case.

3.1.2 The purpose of the Economic Case is to review the option appraisal undertaken as part of the Strategic Outline Case (SOC) and identify and appraise the revised potential options for the delivery of the Project Spending Objectives (PSOs).

3.1.3 The outcome of the option appraisal supports and justifies the decision to proceed with the Project. It does this by identifying a Preferred Option which is expected to demonstrate that the Project will deliver the benefits required and provide the best value for money.

3.2 Context

3.2.1 The Welsh Government approved the Health Board's SOC in August 2019. The preferred option at that time was the construction of an Integrated Specialist Inpatient Services Unit on the St Cadocs Hospital site.

3.2.2 Work on the SOC commenced in 2016 with final approval being given to move to OBC in 2019. Since that time, a number of strategic factors have emerged or changed and this in turn has resulted in significant changes being made to the original scope of the project and to the preferred option. These influences are outlined briefly below and were explained in more detail in the Strategic Case:

- The development of local strategies and delivery plans in response to national strategies to inform the 'Transformation of Adult Mental Health' Clinical Futures service model, the 'Whole Person, Whole System' crisis transformation and 'Complex Needs' work programmes. These strategic programmes of work led to the proposed bed configuration and the inclusion of crisis assessment facilities to be incorporated within the preferred option.
- The publication of the revised Learning Disabilities Strategic Action and Delivery Plan and the increased focus on ensuring the quality of specialist inpatient services and external placements
- The impact of Covid-19 in influencing the building design and service models.
- The pandemic and Brexit have exposed the relative fragility of parts of the externally commissioned secure beds market.
- The publication of 'Making Days Count' highlighting the long-term under-investment in NHS mental health estate, the need to expand secure provision to provide more care locally and the impact on patients and families on the over-reliance on external private provision of secure beds outside of Wales.
- The advice on planning constraints on the St Cadoc's Hospital site, together with the publication of the Health Board's Estates Strategy, with an explicit objective to decommission the old main buildings, resulting in changes to the proposed configuration of wards included in the preferred option and change in the preferred location of the new unit.

3.2.3 The changing context as set above are important as they change the range of options considered in the SOC and therefore restrict the range and scope of options which could be considered as part of this Economic Case. The following sections therefore revisit the long list of options and the consequential short list.

3.3 Critical Success Factors

3.3.1 As outlined in the Welsh Government's Better Business Case Guidance, the Critical Success Factors (CSFs) are the attributes essential for successful delivery of the Project.

3.3.2 The Project Group developed the CSFs for the Project and in doing so considered the Welsh Government priorities as outlined in the NHS Infrastructure Investment Criteria. The criteria are outlined below:

- **Health gain:** improving patient outcomes and meeting forecast changes in demand.
- **Affordability:** given the long-term revenue assumptions, there should be an explicit reference to reducing revenue cost.
- **Clinical and skills sustainability:** reducing service and workforce vulnerabilities and demonstrating solutions that are flexible and robust to a range of future scenarios.
- **Equity:** where peoples highest health needs are targeted first.
- **Value for money:** optimising public value by making the most economic, efficient and effective use of resources.

3.3.3 The CSFs that have subsequently been identified are as follows:

Table 1 Critical Success Factors

Critical success factor	The option will be assessed in relation to how well it:	Alignment to infrastructure investment criteria
Strategic fit	<ul style="list-style-type: none"> • Meets agreed Project Spending Objectives, related business needs and service requirements; and • Provides holistic fit and synergy with other strategies, programmes and projects. 	<ul style="list-style-type: none"> • Health gain
Potential value for money	<ul style="list-style-type: none"> • Optimises public value (social, economic, environmental) in terms of potential costs, benefits, and risks. 	<ul style="list-style-type: none"> • Value for money • Equity
Supplier capacity and capability	<ul style="list-style-type: none"> • Matches the ability and capacity of potential suppliers to deliver the required services; and • Is likely to be attractive to potential suppliers. 	
Potential affordability	<ul style="list-style-type: none"> • Can be funded from available sources of finance; and • Aligns with sourcing constraints. 	<ul style="list-style-type: none"> • Affordability
Potential achievability	<ul style="list-style-type: none"> • Is likely to be delivered given the Health Board and Trust's and partner organisations' ability to respond to the changes required. • Matches level of available skills required for successful delivery. • Facilitates the continued delivery of services throughout the duration of the project. • Delivers an operational RSC in line with the Programme agreed with the Welsh Government. 	<ul style="list-style-type: none"> • Clinical and skills sustainability

3.4 Options Framework

3.4.1 The Options Framework, as outlined in the Welsh Government's Better Business Case Guidance, provides a systematic approach to identifying and filtering a broad range of options for operational scope, service solution, service, implementation and the funding mechanism for a Project. An overview of these key dimensions is provided in the following table.

Table 2 Options Framework

Dimension	Description
Scope	What is the potential coverage of the project?
Service solution	How the preferred scope of the project can be delivered?
Service delivery	Who can deliver the preferred scope and service solution for the project?
Implementation	The timing and phasing of project delivery in relation to the preferred scope, service solution and delivery arrangements for the project.
Funding	Potential funding requirements for delivering the preferred scope, solution, service delivery and implementation arrangements for the project.

3.4.2 In line with the above requirements of the Better Business Case guidance, the following framework of strategic options (or potential solutions) has been developed for initial assessment.

Table 3 Long List of Options

Category of Choice	Do Nothing	Do Minimum	Intermediate	Intermediate	Do Maximum
Service Scoping Options	<u>SO1</u> Do Nothing - Continue with existing service configuration.	<u>SO2</u> Do Minimum – Continue with existing service configuration and address Backlog maintenance within existing facilities.	<u>SO3</u> Develop a Low Secure service and additional Locked Rehabilitation services within ABUHB.	<u>SO4</u> Develop an integrated Low Secure, Locked Rehabilitation, PICU, and LD service within ABUHB.	<u>SO5</u> Develop an integrated Low Secure, Locked Rehabilitation, PICU, LD and Crisis Assessment service within ABUHB.
Service Solutions	<u>SS1</u> Do Nothing - Utilise existing estate	<u>SS2</u> Do Minimum – Develop existing facilities	<u>SS3</u> Build a new stand-alone building and upgrade existing facilities	<u>SS4</u> Build a new integrated unit	
Service Delivery	<u>SD1</u> Total service provision by ABUHB	<u>SD2</u> Low Secure services outsourced to external provider	<u>SD3</u> FM services outsourced to external provider		

Implementation Options	IO1 Single Phase	IO2 Phased development			
Funding	F1 Public Sector Capital	F2 Private Sector Capital			

3.4.3 The evaluation has been undertaken, as per the SOC, using a simple scoring mechanism to identify record how well each option met the investment objectives and satisfied the critical success factors (CSFs):

x - the option did not meet the investment objectives or the CSF's.

✓ - the option did meet the investment objectives and satisfy the CSF's.

? - the option partially met the investment objectives and CSF's but had an element of uncertainty.

3.4.4 This has been done to reduce the long list to a shortlist of two or three other feasible and realistic alternative options which can then be assessed for value for money against the 'Do Nothing' benchmark.

Service Scoping Options

The table below summarises the assessment of each option against the investment objectives and critical success factors:

Table 4 Longlist Assessment – Service Scoping Options

	SO1	SO2	SO3	SO4	SO5
CSF1: Strategic Fit	x	x	✓	✓	✓
CSF2: Acceptability	x	x	✓	✓	✓
CSF3: Sustainability	x	x	✓	✓	✓
CSF4: Efficiency	x	x	✓	✓	✓
CSF5: Achievability	✓	✓	✓	✓	✓
Summary	Discounted but retained for appraisal purposes	Discounted but retained for appraisal purposes	Shortlist	Shortlist	Shortlist

Service Solution Options

The following table summarises the assessment of each option against the investment objectives and critical success factors:

Table 5 Longlist Assessment – Service Solution Options

	SS1	SS2	SS3	SS4
CSF1: Strategic Fit	x	x	✓	✓
CSF2: Acceptability	x	x	✓	✓
CSF3: Sustainability	x	x	?	✓
CSF4: Efficiency	x	x	?	✓
CSF5: Achievability	✓	x	x	✓
Summary	Discounted but retained for appraisal purposes	Discounted	Discounted	Shortlist

Service Delivery Options

The Table below summarises the assessment of each option against the investment objectives and critical success factors:

Table 6 Longlist Assessment – Service Delivery Options

	SD1	SD2	SD3
CSF1: Strategic Fit	✓	X	x
CSF2: Acceptability	✓	X	x
CSF3: Sustainability	✓	X	x
CSF4: Efficiency	✓	X	x
CSF5: Achievability	✓	✓	x
Summary	Shortlist	Discount but retain in context of "Do Nothing" option	Discount

Implementation Options

The following table summarises the assessment of each option against the investment objectives and critical success factors:

Table 7 Longlist Assessment – Implementation Options

	IO1	IO2
CSF1: Strategic Fit	✓	✓
CSF2: Acceptability	✓	?
CSF3: Sustainability	✓	?
CSF4: Efficiency	✓	?
CSF5: Achievability	?	✓
Summary	Shortlist	Shortlist

Funding Options

The Table below summarises the assessment of each option against the investment objectives and critical success factors:

Table 8 Longlist Assessment – Funding Options

	FO1	FO2
CSF1: Strategic Fit	✓	?
CSF2: Acceptability	✓	x
CSF3: Sustainability	✓	?
CSF4: Efficiency	✓	?
CSF5: Achievability	?	?
Summary	Shortlist	Shortlist

3.5 The Long List: Inclusions and Exclusions

3.5.1 The long list has appraised a wide range of possible options. A summary of inclusions, exclusions and possible options is given in the following table:

Table 9 Long List Inclusions and Exclusions

Options	Finding
1.0 Scoping Options	
SO1 - Do Nothing - Continue with existing service. No internal Low Secure service.	Discounted - Does not satisfy any of the investment objectives or critical success factors, but is <u>retained as a benchmark for cost comparison against other shortlisted options.</u>
SO2 - Do Minimum – Continue with existing services. No internal Low Secure service. Backlog Maintenance addressed in existing facilities	Discounted - Does not satisfy any of the investment objectives or critical success factors, but is <u>retained as a benchmark for cost comparison against other shortlisted options.</u>
SO3 - Develop a Low Secure service and additional Locked Rehabilitation services within ABUHB on the Llanfrechfa Grange site	Possible - This option meets some of the investment objectives and critical success factors. It offers some opportunity to improve efficiency and economies of scale. <u>This option is possible and is carried forward to the shortlist.</u>
SO4 - Develop an integrated Low Secure, Locked Rehabilitation, PICU and Learning Disability Unit on the Llanfrechfa Grange site	Possible - This option meets the majority of the investment objectives and critical success factors. It offers opportunities for centralisation of staff and would provide further opportunities to improve efficiency and economies of scale. <u>This option is possible and is carried forward to the shortlist.</u>
SO5 - Develop an integrated Low Secure, Locked Rehabilitation, PICU, Learning Disability and Crisis Assessment Unit on the Llanfrechfa Grange	Possible - This option meets all of the investment objectives and critical success factors. It offers significant opportunities for centralisation of staff and would provide significant opportunities to improve efficiency and economies of scale. <u>This option is possible and is carried forward to the shortlist.</u>
2.0 Service Options	
S1 - Do Nothing - Utilise existing estate	Discounted - This option does not meet any of the investment objectives or critical success factors. <u>This option is discounted, but is retained as a benchmark for cost comparison as part of the Do-Nothing option</u>
S2 - Redevelop existing estate	Discounted - This option does not meet many of the investment objectives or critical success factors.
S3 - Build a new stand-alone building and upgrade existing facilities	Discounted - This option meets some of the investment objectives and critical success factors but the upgrading of existing facilities would not provide opportunities to improve efficiency and economies of scale. <u>This option is discounted</u>
S4 - Build a new integrated Unit	Possible - This option meets all of the investment objectives and critical success factors. It offers significant opportunities for centralisation of staff and would provide significant opportunities to improve efficiency and economies of scale. <u>This option is carried forward to the shortlist</u>

Options	Finding
3.0 Service Delivery Options	
SD1 - Total provision by ABUHB	Preferred - This option meets all of the investment objectives and critical success factors. <u>This option is recommended as the preferred service delivery option</u>
SD2 - Low Secure services outsourced to external provider	Discounted - This option does not meet any of the investment objectives or critical success factors. <u>This option is discounted, but is retained as a benchmark for cost comparison against other shortlisted options.</u>
SD3 - FM services out-sourced to external provider	Discounted - This option does not offer any significant advantages and does not comply with current NHS Wales's policy. <u>This option is discounted.</u>
4.0 Implementation Options	
IO1 - Single Phase	Preferred - This option meets the majority of the investment objectives and critical success factors. <u>This option is retained as the preferred Implementation option.</u>
IO 2 - Phased development/ occupation	Possible - This option could meet the majority of the investment objectives and critical success factors although it might not create the most efficient solution, could take longer to deliver all the benefits, and may not align with programme milestones. <u>This option is retained as a potential Implementation option.</u>
5.0 Funding Options	
F1 - Public Sector Capital	Preferred - This is likely to present the most cost-effective solution. <u>This option is retained as the preferred funding solution.</u>
F2 - Private Sector Capital - Lease by ABUHB	Possible - Whilst this may not present the most cost-effective and quickest option it does present a possible solution should public sector capital not be available. <u>This option is retained as a potential funding solution</u>

3.6 Short-listed Options

3.6.1 The 'preferred' and 'possible' options identified above have been carried forward into the short list for further appraisal and evaluation. All the options that were discounted as impracticable have been excluded at this stage.

3.6.2 On the basis of this analysis, the recommended short list for further appraisal within the OBC is as follows:

Table 10 Shortlist of options

Service Options	Estate Solution	Service Delivery	Implementation	Funding
Option 1 Do Nothing - Continue with existing service configuration.	Status Quo	ABUHB and Private Sector	n/a	n/a
Option 2 Do minimum - Continue with existing	Upgrade existing (Backlog only)	ABUHB and Private Sector	Single Phase or Phased	Public sector capital

services configuration and address backlog maintenance in existing ABUHB facilities				
Option 3 - Develop a Low Secure service and additional Locked Rehabilitation services within ABUHB	New Build	ABUHB	Single Phase or Phased	Public or Private sector capital
Option 4 - Develop an integrated Low Secure, Locked Rehabilitation, PICU, and LD service within ABUHB.	New Build	ABUHB	Single Phase or Phased	Public or Private sector capital
Option 5 - Develop an integrated Low Secure, Locked Rehabilitation, PICU, LD and Crisis Assessment service within ABUHB	New Build	ABUHB	Single Phase or Phased	Public or Private sector capital

3.6.3 The appraisal, in financial and non-financial terms, of the above shortlisted options is presented in section 3.7 below.

3.7 Economic Appraisal

Introduction

3.7.1 The purpose of the economic appraisal is to evaluate the costs, benefits and risks of the shortlisted options in order to identify the option that is most likely to offer best public value for money. In line with current Welsh Government and HM Treasury Green Book project business case guidance, this involves:

- Estimating whole life capital and revenue costs for each option.
- Undertaking an assessment of benefits and risks for each option, wherever possible quantifying these in monetary-equivalent values.
- Using the Comprehensive Investment Appraisal (CIA) Model to prepare discounted cash flows and estimate the Net Present Social Value (NPSV) and Benefit Cost Ratio (BCR) for each option.
- Presenting the results, including sensitivity analysis, to determine the preferred option.

The Short List of Options

3.7.2 As outlined in the previous section, a short list of options has been identified to deliver the proposed changes. A comparison of the key features of each of the shortlisted options is provided in the table below:

Table 11: Shortlist of options - Overview

	Option 1 Do Nothing	Option 2 Do Minimum	Option 3 LSU	Option 4 LSU + PICU + LD	Option 5 LSU + PICU + LD + CAS
Description	Do Nothing - Continue with existing service configuration	Continue with existing services configuration and address backlog maintenance in existing ABUHB facilities	Develop a new build facility which provides Low Secure and additional Locked Rehabilitation Services within ABUHB	Develop a new build facility which enables an integrated Low Secure, Locked Rehabilitation, PICU, and LD service within ABUHB	Develop a new build facility which enables an integrated Low Secure, Locked Rehabilitation, PICU, LD and Crisis Assessment Service within ABUHB
New Build Facilities	-	-	LSU (14-bed male low secure + 14-bed male locked rehab ward + 8-bed female locked rehab ward) Shared areas	LSU PICU (10-bed) LD (7-bed LD acute care unit) Shared areas	LSU PICU LD CAS (Crisis assessment unit + 136 suite 18-bed assessment ward) Shared areas
New Build GIFA			7,026m²	9,687m²	11,064m²
Retained	Belle Vue, St Cadoc's (Female Locked Rehab) Beechwood, St Cadoc's (PICU) Ty Lafant, Llanfrechfa (LD) Kemy's Unit, St Cadoc's (136 suite and Crisis Assessment Unit) Talgarn Ward, County Hospital (Acute ward)	Belle Vue, St Cadoc's (Female Locked Rehab) Beechwood, St Cadoc's (PICU) Ty Lafant, Llanfrechfa (LD) Kemy's Unit, St Cadoc's (136 suite and Crisis Assessment Unit) Talgarn Ward, County Hospital (Acute ward)	Beechwood, St Cadoc's (PICU) Ty Lafant, Llanfrechfa (LD) Kemy's Unit, St Cadoc's (136 suite and Crisis Assessment Unit) Talgarn Ward, County Hospital (Acute ward)	Kemy's Unit, St Cadoc's (136 suite and Crisis Assessment Unit) Talgarn Ward, County Hospital (Acute ward)	-
Retained areas GIFA	3,238m²	3,238m²	2,404m²	1,085m²	-

3.7.3 A summary of the costs associated with these differentials is outlined in the table below:

Table 12: Shortlist of options - Costs

	Option 1 Do Nothing	Option 2 Do Minimum	Option 3 LSU	Option 4 LSU + PICU + LD	Option 5 LSU + PICU + LD + CAS
Total GIFA	3,238m²	3,238m²	9,430m²	10,772m²	11,064m²
Capital Investment (excl. VAT)	-	£5.9m	£52.9m	£67.3m	£75.0m

Total Lifecycle Costs (60 years)	£9.7m	£9.7m	£56.0m	£63.8m	£64.4m
Annual Revenue Costs including Cash Releasing Benefits	£14.7m	£14.7m	£13.6m	£14.4m	£14.7m
Undiscounted Whole Life Costs	£921.8m	£923.2m	£975.7m	£1,032.0m	£1,045.2m

3.7.4 An overview of the key outputs and outcomes associated with the investment involved in each option is provided in the table below:

Table 13: Shortlist of options – Outcomes

Outputs	Outcomes				
	Option 1 Do Nothing	Option 2 Do Minimum	Option 3 LSU	Option 4 LSU + PICU + LD	Option 5 LSU + PICU + LD + CAS
Additional LSU capacity (28-beds for Male LSU and Locked Rehab + 2-beds for Female Locked Rehab)	X	X	Reduces need for external placements	Reduces need for external placements	Reduces need for external placements
Additional PICU capacity (1-bed)	X	X	X	Increased flexibility to meet demand surges	Increased flexibility to meet demand surges
Co-location of LD team with other services	X	X	X	People with LD have better access to LSU + PICU services	People with LD have better access to all SISU services
Dedicated single point of assessment	X	X	X	X	Patients admitted with treatment plan
Therapies facilities (gym, activity room, educational room, library, outdoor space) and staffing model (OTs, psychologists)	X	X	Supports Recovery Model of Rehabilitation for LSU pa	Supports Recovery Model of Rehabilitation for LSU + PICU + LD service users	Supports Recovery Model of Rehabilitation for all SISU service users
Single ensuite rooms	X	X	Improved privacy and dignity for LSU service users	Improved privacy and dignity for LSU + PICU + LD service users	Improved privacy and dignity for all SISU service users
Critical mass of staff enabling more integrated working (admissions, nightshifts)	X	X	X	Time savings reduce need for agency backfill in LSU, PICU and LD teams	Time savings reduce need for agency backfill in all SISU teams
Critical mass of staff enabling Response Team Model	X	X	X	Improved safety for LSU, PICU and LD teams and patients	Improved safety for all SISU teams and patients
Critical mass of staff enabling better team formulation and more training opportunities	X	X	X	Improved workforce development for LSU, PICU and LD teams	Creation of a cohesive SISU service with its own identity, community and belonging
Reduced duplication	X	X	X	Sharing of Therapies spaces and staffing model for LSU, PICU and LD	All SISU services share Therapies spaces and staffing model

Fit for purpose Estates	High risk of building deterioration leading to growing costs and risk of severe failure Not possible to deliver new clinical model due to space / functionality constraints	Addressing backlog will partly address deterioration risks although age of buildings means some risk remains It will not address space / functionality constraints	Retained areas (Beechwood, Kemy's Unit and Ty Lafant) continue to have the same risks as Do Minimum	Retained areas (Kemy's Unit) continue to have the same risks as Do Minimum	All risks addressed
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Initial Capital Costs

3.7.5 Capital costs have been estimated for the shortlisted options by the Health Board's Cost Advisors, Lee Wakeman's Ltd, based on agreed Schedules of Accommodation, 1:200 layouts, associated decarbonisation measures, and planning requirements, all commensurate with the level of design required at OBC stage.

3.7.6 A copy of the capital cost report is provided in **Appendix 4a**. The resulting capital costs estimates excluding VAT are summarised in the table below.

Table 14: Capital costs

	Option 1 Do Nothing	Option 2 Do Minimum	Option 3 LSU	Option 4 LSU + PICU + LD	Option 5 LSU + PICU + LD + CAS
	£'000	£'000	£'000	£'000	£'000
Construction Costs	0	3,265	36,879	48,230	53,973
Project Fees	0	1,571	6,922	7,353	7,602
Non-Works Costs	0	550	3,062	3,778	4,155
Equipment Costs	0	0	1,378	2,028	2,624
Planning Contingency	0	539	4,673	5,946	6,657
Subtotal	0	5,924	52,914	67,335	75,011

Lifecycle Capital Costs

3.7.7 Ongoing investment requirements are estimated to reflect the whole life costs of replacing, refurbishing or upgrading of assets over the lifetime of the appraisal period. Indicative lifecycle costs have been calculated in relation to the ongoing requirements of each of the shortlisted options based on the following assumptions:

- Whole life costs analysis prepared by the Health Board's cost advisors, a copy of which is provided in **Appendix 4b**.
- Lifecycle costs for the Do Nothing and Do Minimum options have been estimated using the same cost per m2 as Options 3, 4 and 5 to allow a like-for-like comparison.
- The cost of addressing current backlog maintenance and ongoing lifecycle costs for retained facilities have been included in Options 3 and 4.

3.7.8 The resulting lifecycle capital costs estimates are summarised in the table below:

Table 15: Lifecycle costs (60-year appraisal period)

	Option 1 Do Nothing	Option 2 Do Minimum	Option 3 LSU	Option 4 LSU + PICU + LD	Option 5 LSU + PICU + LD + CAS
	£'000	£'000	£'000	£'000	£'000
New build areas - lifecycle	0	0	44,349	58,522	64,371
Retained areas - address backlog	0	0	4,437	1,985	0
Retained areas - lifecycle	20,439	20,439	15,174	6,849	0
Total lifecycle costs 60 years	20,439	20,439	63,960	67,355	64,371

Recurring Revenue Costs

3.7.9 Clinical workforce costs have been calculated based on the agreed workforce model for each option. This includes the following changes compared to Business as Usual:

- Additional Nursing, Healthcare Support Worker and Therapies staffing to operate the additional capacity:
 - 28 Male LSU and Male Locked Rehab beds, equating to £4,404k in Options 3, 4 and 5.
 - 2 additional Female Locked Rehab beds, equating to £339k in Options 3, 4 and 5.
 - Additional PICU bed, equating to £390k in Options 4 and 5.
- Additional therapies staffing as follows:
 - LD £147k in Options 4 and 5.
 - Crisis Assessment £134k in Option 5 only.

3.7.10 Estates costs are based on the anticipated requirements of operating the retained and new facilities in each option. The additional costs in each option reflect the increased floor area of the new facilities and the inclusion of the Therapies Village.

3.7.11 CHC costs are based on the anticipated requirement for external placements for each option. It is expected that the additional capacity provided by the 28-bed male low secure and locked rehabilitation facilities will reduce external placements from the current average of 51 placements p.a. to 5 placements p.a. by Year 4 of the scheme. This equates to a saving of £7,273k p.a.

3.7.12 The resulting recurring revenue costs that are estimated will be required by Year 4 (2026/27) are summarised in the table below.

Table 16: Recurring revenue costs

	Option 1 Do Nothing	Option 2 Do Minimum	Option 3 LSU	Option 4 LSU + PICU + LD	Option 5 LSU + PICU + LD + CAS
	£'000	£'000	£'000	£'000	£'000
PICU staffing	1,450	1,450	1,450	1,840	1,840
LD staffing	1,490	1,490	1,490	1,637	1,637
Crisis Assessment staffing	1,773	1,773	1,773	1,773	1,907
Female Locked Rehab staffing	1,219	1,219	1,558	1,558	1,558
Male LSU staffing	0	0	2,318	2,318	2,318
Male Locked Rehab staffing	0	0	2,086	2,086	2,086
Pharmacy staffing	37	37	172	172	172
Clinical Staff	5,968	5,968	10,846	11,383	11,517
Estates and facilities	634	634	1,836	2,043	2,229
IT	5	5	166	166	166
Estates Costs	639	639	2,001	2,209	2,395
External CHC costs	8,064	8,064	791	791	791
External Costs	8,064	8,064	791	791	791
Total revenue costs (Year 4)	14,671	14,671	13,638	14,382	14,702
Impact on annual revenue costs	0	0	-1,034	-289	31

Benefits

3.7.13 A wide range of benefits have been identified as a result of the scheme. Every effort has been made to quantify these benefits and where possible they have been stated in monetary equivalent values in relation to the following categories of benefits:

Cash releasing benefits (CRBs): Benefits which can be quantified in financial terms, where budgets would be reduced by the value of the benefit. In this OBC, any cash releasing benefits have already been reflected in the revenue costs provided in section 3.1.5 above.

Non-cash releasing benefits (NCRBs): Benefits quantifiable in monetary terms but which result in no money being released from a budget, such as productivity savings which mean that resource can be reallocated to other activities within the team.

Societal benefits (SBs): Benefits which are quantifiable in monetary terms but are realised by society outside the NHS such as the economic value of improved health outcomes and environmental benefits.

3.7.14 In addition to this, there are important benefits that cannot be quantified using monetary values. These are classified as unmonetisable benefits.

3.7.15 Where possible appropriate metrics have been applied, and the benefits quantified in non-financial terms. For benefits that cannot be quantified, a qualitative assessment has been undertaken using the 7-point scale outlined below:

Table 17: Qualitative scale

Key	Impact on the current situation
- - -	Strong adverse
- -	Moderate adverse
-	Slight adverse
0	Overall neutral
+	Slight beneficial
++	Moderate beneficial
+++	Strong beneficial

3.7.16 A summary of these benefits and associated assumptions is provided below. Detailed calculations are available in **Appendix 4c**.

Table 18: Quantifiable Benefits

ID	Benefit	Description	Measure	Target Improvement	Value			Assumptions / Comments
					Option 3	Option 4	Option 5	
Cash Releasing Benefits								
CRB01	Reduced external CHC costs	Investment in 28 Male LSU and Locked Rehab + 2 Female Locked Rehab beds reduces the need for external CHC placements resulting in reduced outsourcing costs	Number of external placements	90% reduction by Year 4	£7,273k p.a.	£7,273k p.a.	£7,273k p.a.	The value is based on current number of placements (51 as at Sep 22 reducing to 5 by Year 4) at an average cost of £158k per placement
Non-Cash Releasing Benefits								
NCRB01	Fewer staff visits to external placements	Investment in 28 Male LSU and Male Locked Rehab beds reduces the need for external CHC placements resulting in time savings for staff due to reduced number of visits	Staff time spent on visits	138 hours saved p.a. by Year 4	£3k p.a.	£3k p.a.	£3k p.a.	The value is based on 46 fewer placements (as outlined in CRB01) with an average of 2 return journeys p.a. saved, based on average distance of current placements

ID	Benefit	Description	Measure	Target Improvement	Value			Assumptions / Comments
					Option 3	Option 4	Option 5	
NCR B02	Avoid the need for agency backfill	<p>Improved facilities and co-location of services will enable more integrated ways of working and ensure additional support is available on site for staff time intensive activities such as admissions.</p> <p>It will also reduce the need to replicate nightshifts across multiple units.</p> <p>The time saved will provide opportunities to reduce the service's dependency on agency backfill and avoid increased costs.</p>	Agency expenditure	20% avoided	£35k	£233k p.a.	£268k p.a.	Based on 2022/23 M1-6 exp, it is estimated that £1.3m p.a. is currently being spent on agency usage across the services. The estimated saving is based on 20% of agency usage being avoided for the facilities within scope of each option.
NCR B03	Additional PICU capacity	Investment in an additional PICU bed provides additional resilience with the flexibility to respond to unexpected demand	Number of increased bed days available	365 additional PICU bed days p.a.	-	£323k p.a.	£323k p.a.	<p>To provide an indicative value of this additional capacity, the number of additional prison referrals that could be dealt with inhouse and associated avoided private LSU costs have been used as a proxy.</p> <p>Based on an average cost of an external surge bed of £885 per bed day, this equates to £323k p.a.</p> <p>It is assumed the cost of delivering this care inhouse is covered by the additional PICU staffing costs in section 3.1.5 above.</p>

ID	Benefit	Description	Measure	Target Improvement	Value			Assumptions / Comments
					Option 3	Option 4	Option 5	
NCR B04	Reduced readmission rates	Ensuring service users are admitted to the right bed with an appropriate treatment plan in place and continued access to appropriate care and therapeutic interventions will improve recovery and reduce the likelihood of readmissions	Adult acute readmission rates	Readmission rates reduce from 21% to 9% in line with national average	£796k p.a.	£1,171k p.a.	£1,532k p.a.	<p>The National Benchmarking's Adult and Older People's Mental Health Benchmarking 2021/22 report, ABUHB adult acute readmission rate is 21% compared to the UK mean and median of 9%.</p> <p>As outlined in section 2.5.21 of the Strategic Case, the bed modelling assumes a 20% reduction in admissions / readmissions across all units based on the impact of putting a range of crisis support alternatives to admission in place as well as implementing a 24/7 Single Point of Contact.</p> <p>The value of reduced readmission rates (which is a direct result of the investment in the proposed SISU facilities) has been estimated based on the avoided cost of additional bed days required if the readmission rate remains at 21% rather than reducing to the national average of 9% @ an average cost per bed day of £469</p>
Societal Benefits								
SB01	Reduced patient and visitor travel time	Investment in 28 Male LSU and Male Locked Rehab beds reduces the need for external CHC placements resulting in travel time reductions for patients and visitors	Patient and visitor time spent of visits	208 hours saved p.a. by Year 4	£2k p.a.	£2k p.a.	£2k p.a.	<p>The value is based on 46 fewer placements (as outlined in CRB01) with an average of 1 return patient journey and 2 return visitor journeys p.a. saved, based on average distance of current placements @ average distance, and DfT TAG Book value of traveller time applied</p>

ID	Benefit	Description	Measure	Target Improvement	Value			Assumptions / Comments
					Option 3	Option 4	Option 5	
SB02	Reduced patient and visitor mileage	Investment in 28 Male LSU and Male Locked Rehab beds reduces the need for external CHC placements resulting in reduced mileage for patients and visitors which results in reduced CO2e	Patient and visitor travel distance	30MT CO2e saved due to 27,169 km of reduced mileage	£6k p.a.	£6k p.a.	£6k p.a.	The value is based on 46 fewer placements (as outlined in CRB01) with an average of 1 return patient journey and 2 return visitor journeys p.a. saved, based on average distance of current placements @ average distance, and DfT TAG Book value of CO2e per km
Unmonetisable Benefits								
UB01	Increased therapeutic interventions supporting Recovery Model of Rehabilitation	Investment in Therapies will enable service users to be more engaged in activities, provide additional educational opportunities and ensure they benefit from developing life skills and participating in employment opportunities which contribute to recovery.	Model of human occupation (MOHO) assessment tools used alongside PREMS and PROMS	Qualitative	+	++	+++	<p>This cannot easily be quantified, but the evidence base outlined in Appendix E4 suggests that this will lead to:</p> <ul style="list-style-type: none"> Reduced incidents of violence and aggression Increased recovery and skills to remain well Improved employment prospects <p>Work is underway to ascertain the baseline position and set a target improvement. In the meantime, a qualitative assessment has been undertaken at this stage in the process. It should be noted that this benefit has a significant contribution to NCRB04 Reduced Readmission Rates.</p>
UB02	Improved access to MH services for people with LDs	Co-locating the LD team with the other services provides greater opportunities for individuals with Learning Disabilities accessing Mental Health Wards to have reasonable adjustments in place	Number of service users with dual MH/LD diagnosis having joint assessments undertaken	All service users who need them have joint assessments undertaken	0	++	+++	Currently only 3 joint assessments p.a. are carried out based on 2022/23 data. The numbers following implementation will be dependent on numbers of patients who require joint assessments.

ID	Benefit	Description	Measure	Target Improvement	Value			Assumptions / Comments
					Option 3	Option 4	Option 5	
UB03	Improve crisis assessment	Dedicated single point of assessment enables a smoother admission process and patients admitted with a treatment plan in place	Number of service users admitted with a treatment plan in place	All service users who need them admitted with treatment plan	0 <i>Continues at current rate as Crisis Assessment out of scope</i>	0 <i>Continues at current rate as Crisis Assessment out of scope</i>	+++ <i>Improves for all service users</i>	Since it has not been possible to ascertain the current baseline position, a qualitative assessment has been undertaken at this stage. Further work is required at FBC to ascertain the baseline position and set a target improvement.
UB04	Fewer and smoother transitions between ABUHB SISU Wards	Providing appropriate capacity and co-locating the services ensures patients can be admitted to the most appropriate Ward, reducing the need for transfers. Where transfers	Number of transfers	Qualitative	0 <i>No improvement as no co-location</i>	++ <i>Improves for Low Secure, PICU and LD service users</i>	+++ <i>Improves for all service users</i>	Since it has not been possible to ascertain the current baseline position, a qualitative assessment has been undertaken at this stage. Further work is required at FBC to ascertain the baseline position and set a target improvement.
UB05	Improve privacy and dignity	Providing single ensuite rooms will improve	Proportion of single-ensuite rooms	All patients have a single room with ensuite facilities	+ <i>Improves for Low Secure service users only</i>	++ <i>Improves for Low Secure, PICU and LD service users</i>	+++ <i>Improves for all service users</i>	Based on current and planned number of rooms
UB06	Improve patient experience	Delivering care from fit for purpose facilities which allow more service users to access the right services closer to home and are better able to engage with treatment improving service user's experience	Discharge / 3-month stay questionnaire and PREMS results	Qualitative	+ <i>Improves for Low Secure service users only</i>	++ <i>Improves for Low Secure, PICU and LD service users</i>	+++ <i>Improves for all service users</i>	Work is underway to ascertain the baseline position and set a target improvement. In the meantime, a qualitative assessment has been undertaken at this stage in the process.
UB07	Improve staff and service user safety at night	Co-locating services allows for a 'Response Team' model to be developed to ensure that support is available in the event of a crisis. This will enable staff to be better able to respond to incidents of violence and aggression at night.	Number of incidents	Qualitative	0 <i>No improvement as no co-location</i>	++ <i>Improves for Low Secure, PICU and LD service users</i>	+++ <i>Improves for all service users</i>	There is a significant risk currently that should such an event occur in the acute unit at Talygarn members of staff could be in a restrained situation overnight leaving other patients unattended. Suboptimal 136 facilities create similar overnight challenges. Therefore, the majority of the benefit is realised for Option 4.

ID	Benefit	Description	Measure	Target Improvement	Value			Assumptions / Comments
					Option 3	Option 4	Option 5	
UB08	Improve workforce development	Co-locating teams provides increased opportunities for training as it will be easier to release staff for training. This will allow for more reflective practice and team formulation, leading to upskilling of staff.	ESR Workforce Reporting Systems	Qualitative	0 <i>No improvement as no co-location</i>	++ <i>Improves for Low Secure, PICU and LD workforce</i>	+++ <i>Improves for all workforce</i>	Work is underway to ascertain the baseline position and set a target improvement. In the meantime, a qualitative assessment has been undertaken at this stage in the process.
UB09	Improve staff satisfaction	Creating a SISU unit as a cohesive service with its own identity, community and belonging, will lead to staff feeling more supported. This, combined with working in modern fit for purposes facilities, greater safety and improved development opportunities will lead to greater staff satisfaction, making it easier to recruit and retain staff.	HSE Audit Well-being at Work results Staff turnover rates	Qualitative	+ <i>Improves for Low Secure workforce only</i>	++ <i>Improves for Low Secure, PICU and LD workforce</i>	+++ <i>Improves for all workforce</i>	Work is underway to ascertain the baseline position and set a target improvement. In the meantime, a qualitative assessment has been undertaken at this stage in the process.
UB10	Reduced duplication	Co-location of services reduces duplication by providing increased opportunities for shared spaces and integrated staffing models.	Work is currently underway to determine a suitable measure	Qualitative	+ <i></i>	++ <i></i>	+++ <i></i>	The following elements would result in additional space and staffing requirements if provided as standalone units for each service: <ul style="list-style-type: none"> • Spaces – gym area, hall area, activity rooms • Staffing model – OTs and psychologists • Third sector • Outdoor space would need to be replicated • Educational rooms and library would need to be replicated

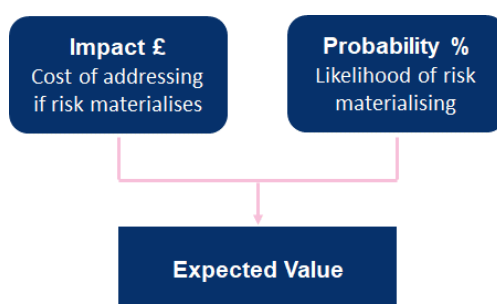
Risks

3.7.17 The risks for each option have been assessed and, as far as possible, quantified and expressed in monetary equivalent terms, including:

- Quantified risk in relation to planning contingency included in capital cost forms.
- Optimism bias factor included in capital cost forms.
- Key project risks which have not been accounted for within capital costs.

3.7.18 These risks have been quantified by calculating an 'expected value'. This provides a single value for the expected impact of all risks. It is calculated by multiplying the likelihood of the risk occurring (probability) by the cost of addressing the risk (impact) and summing the results for all risks and outcomes.

Figure 1 - Risk quantification approach using single-point probability analysis



3.7.19 The assumptions included to assess the impact and probability of these risks are outlined in the tables below:

Table 19: Risk assumptions

	Option 1 Do Nothing	Option 2 Do Minimum	Option 3 LSU	Option 4 LSU + PICU + LD	Option 5 LSU + PICU + LD + CAS
Risk of severe building deterioration / failure impacts service continuity					
Probability	20.0% Retained areas in St Cadoc's and Ty Lafant due to condition and age of estate	20.0% Retained areas in St Cadoc's and Ty Lafant due to condition and age of estate which backlog maintenance would not adequately address	20.0% Retained areas in St Cadoc's and Ty Lafant due to condition and age of estate which backlog maintenance would not adequately address	- No beds retained in St Cadoc's and Ty Lafant	- No beds retained in St Cadoc's and Ty Lafant
Impact	22 beds x external placement cost of £158,117	22 beds x external placement cost of £158,117	16 beds x external placement cost of £158,117	-	-
Risk Value	£696k p.a.	£696k p.a.	£506k p.a.	-	-
Risk of increasing building deterioration leading to increased running costs					
Probability	50.0% Retained areas in St Cadoc's and Ty Lafant due to	50.0% Retained areas in St Cadoc's and Ty Lafant due to	50.0% Retained areas in St Cadoc's and Ty Lafant due to	50.0% Retained areas in St Cadoc's and Ty Lafant due to	- No retained areas in St

	Option 1 Do Nothing	Option 2 Do Minimum	Option 3 LSU	Option 4 LSU + PICU + LD	Option 5 LSU + PICU + LD + CAS
	condition and age of estate	condition and age of estate which backlog maintenance would not adequately address	condition and age of estate which backlog maintenance would not adequately address	condition and age of estate which backlog maintenance would not adequately address	Cadoc's and Ty Lafant
Impact	25% increase in Estates costs (2,466m2)	25% increase in Estates costs (2,466m2)	25% increase in Estates costs (1,632m2)	25% increase in Estates costs (313m2)	-
Risk Value	£60k p.a.	£60k p.a.	£40k p.a.	£8k p.a.	-
Risk of private sector prices increasing leading to additional external placement costs					
Probability	50.0%	50.0%	50.0%	50.0%	50.0%
Impact	£2m increase across all placements	£2m increase across all placements	£2m increase pro-rated to retained placements	£2m increase pro-rated to retained placements	£2m increase pro-rated to retained placements
Risk Value	£1,000k p.a.	£1,000k p.a.	£78k p.a.	£78k p.a.	£78k p.a.
Total risk value p.a. (£'000)	1,756	1,756	624	86	78

3.7.20 A copy of the risks analysis is provided in **Appendix 4d**.

Economic Appraisal Results

3.7.21 The DHSC Comprehensive Investment Appraisal (CIA) model has been populated with the assumptions outlined above to produces a cost-benefit analysis for the shortlisted options, this is provided in **Appendix 4e**. Key assumptions include:

- An appraisal period of 61 years is assumed (Year 0 + 60 years).
Year 0 is 2022/23
- A discount rate of 3.5% is applied to years 1-30, 3.0% from year 31 onwards.
- Costs and benefits use real base year prices – all costs are expressed at 2022/23 prices in line with the baseline costs.
- The following costs are excluded from the economic appraisal:
Exchequer 'transfer' payments, such as VAT.
General inflation.
Sunk costs.
Non-cash items such as depreciation and impairments.

3.7.21 The resulting economic appraisal results are provided in the table below:

Table 20: Economic appraisal inputs (61-years) – Undiscounted

	Option 1 Do Nothing	Option 2 Do Minimum	Option 3 LSU	Option 4 LSU + PICU + LD	Option 5 LSU + PICU + LD + CAS
	£'000	£'000	£'000	£'000	£'000
Initial capital	0	-5,924	-52,914	-67,335	-75,011
Lifecycle	-20,439	-20,439	-63,960	-67,355	-64,371
Revenue costs (excl. CRBs)	-894,931	-894,931	-1,269,303	-1,314,027	-1,333,201
Revenue risk	-107,120	-107,120	-38,085	-5,252	-4,784
Total risk- adjusted cost	-1,022,490	-1,028,414	-1,424,262	-1,453,968	-1,477,367
Cash releasing benefits	0	0	431,661	431,661	431,661
Non-cash releasing benefits	0	0	49,968	103,812	127,491
Societal benefits	0	0	452	452	452
Total benefits	0	0	482,081	535,925	559,605
Total inputs	-1,022,490	-1,028,414	-942,181	-918,043	-917,762
Discounted costs	-440,264	-445,738	-632,144	-648,868	-659,108
Discounted benefits	0	0	201,357	224,129	234,143
Net Present Social Value (NPSV)	-440,264	-445,738	-430,787	-424,739	-424,965
Benefit Cost Ratio (BCR)	0.00	0.00	0.32	0.35	0.36
Incremental costs	0	-5,473	-221,729	-252,650	-263,092
Incremental benefits / risk reduction	0	0	231,206	268,175	278,391
Incremental NPSV	0	-5,473	9,477	15,525	15,299
Incremental BCR	0.00		1.04	1.06	1.06

3.7.22 The cost benefit analysis demonstrates that Options 3, 4 and 5 options offer relatively similar levels of value for money given the similarities in Net Present Social Value and Benefit Cost Ratio, with Options 4 and 5 offering marginally better value for money with a Net Present Social Cost of £425m (£15m lower than the baseline Do Nothing option), which equates to an incremental Benefit Cost Ratio of 1.06.

3.7.23 Given the additional non-financial benefits offered by Option 5, this is identified as the preferred option.

Sensitivity Analysis

3.7.24 Sensitivity analysis has been undertaken on these results in the form of switching analysis which tests the degree to which costs and benefits would need to change for the alternative options to offer better value for money than the preferred option.

Table 21 Switching Analysis

	Option 1 Do Nothing	Option 2 Do Minimum	Option 3 LSU	Option 4 LSU + PICU + LD
Change in NPSV to equal preferred option	3.5%	4.7%	1.4%	-0.1%
Change in benefits to equal preferred option	n/a	n/a	2.9%	0.1%
Change in capital costs to equal preferred option	-218.7%	-166.6%	-8.3%	0.3%
Change in revenue costs to equal preferred option	-4.0%	-5.4%	-1.1%	0.0%
Change in total costs to equal preferred option	-3.9%	-5.2%	-0.9%	0.0%
Change in quantitative risks to equal preferred option	-33.0%	-44.8%	-35.4%	9.9%

3.7.25 This demonstrates that:

- There are relatively immaterial differences between the preferred option and Option 5.
- There are only minor differences between the preferred option and Option 3 since the NPSV of Option 3 would only need to increase by 1.4% to rank highest. This equates to around 2.9% increase in benefits or 8.3% reduction in capital costs.
- The NPSV of the baseline options (Do Nothing and Do Minimum) would need to increase by between 3.5% - 4.7% to rank higher than the preferred option. This equates to a reduction in total costs of between 3.9% - 5.2% or a significant increase in benefits.

3.7.26 Further sensitivity analysis was undertaken to assess the impact on the incremental NPSV of a range of scenarios as outlined in the table below.

Table 22 Impact on Incremental NPSV under range of scenarios

	Option 2 Do Minimum	Option 3 LSU	Option 4 LSU + PICU + LD	Option 5 LSU + PICU + LD + CAS
	£'000	£'000	£'000	£'000
Incremental NPSV	-5,473	9,477	15,525	15,299
Scenario 1: Capital costs increase by 10%	-6,021	3,137	7,984	7,526
Scenario 2: Reduce risk values by 50%	-5,473	-5,447	-6,498	-6,825

Scenario 3: External CHC placements only reduced by 80% rather than 90%	-5,473	-10,530	-4,482	-4,708
Scenario 4: Only 10% of agency costs avoided rather than 20%	-5,473	9,040	12,567	11,904
Scenario 5: Additional PICU capacity only 50% utilised	-5,473	9,477	11,427	11,201
Scenario 6: Readmission rates only reduce from 21% to 15% rather 9%	-5,473	-618	662	-4,132

3.7.27 This analysis confirms that:

- In the main, the difference between Options 4 and 5 remains relatively immaterial for the majority of scenarios.
- Overall, the incremental NPSV of Options 3, 4 and 5 are relatively sensitive to changes in some assumptions, suggesting that the value for money of the proposals is dependent on the following assumptions:
 - The ability to reduce external CHC placements by 90%. It is reasonable to assume that investment in additional capacity in Male Low Secure and Locked Rehab and Female Locked Rehab beds will enable this to be successfully delivered.
 - The ability to reduce the risk of estates deteriorating to the extent that operating costs increase and the potential for severe failure grow. It is reasonable to assume that investment in fit for purpose facilities will achieve this.
 - Readmission rates can be reduced from 21% to 9% in line with national benchmarks. There is sufficient evidence to suggest that investment in elements such as the Therapies Village and co-location of teams to ensure that patients can be admitted with appropriate assessments and adjustments in place will improve patient recovery and reduce the risk of readmissions.

3.7.28 It should also be noted that while the incremental NPSV is a useful value for money indicator, it does not take any non-financial impacts into account which are important factors in the decision about this preferred way forward and this is explored in the conclusion below.

Conclusion

3.7.29 The economic appraisal demonstrates that Options 4 and 5 are equally likely to offer best value for money with both options resulting in incremental Net Present Social Value of circa £15m compared to the Do Nothing counterfactual, resulting in a Benefit Cost Ratio of 1.06.

3.7.30 It is recognised that the alternative options also offer similar results, and the sensitivity analysis confirms that overall, the ranking of options is relatively sensitive to changes in some of the key assumptions. However, there is sufficient evidence available to suggest that the proposed investment in Option 5 will optimise the financial and non-financial benefits which are set out in this case, with relatively minor increase in investment required.

3.7.31 Option 5 to develop a new build facility which enables an integrated Low Secure, Locked Rehabilitation, PICU, LD and Crisis Assessment Service within ABUHB, is therefore recommended as the preferred option.

3.7.32 The economic appraisal demonstrates that it will deliver the following financial benefits:

- Investment in additional 28-bed capacity in Male LSU and Locked Rehab and additional 2-bed capacity in Female Locked Rehab reduces reliance on external placements, reducing outsourcing costs and saving time for staff, patients and visitors.
- Investment in additional capacity in PICU of 1 bed which provides greater resilience and flexibility to better manage fluctuating demand. This provides opportunities to accommodate more prison referrals without needing to send to private providers. (Applies to Options 4 and 5 only).
- Co-location of services enables a critical mass of staff to operate on a single site which provides opportunities to improve efficiencies and reduce reliance on agency. There will also be close proximity to community teams to ensure transitions are managed and planned as a means of ensuring success in discharges.
- Investment in a model of care that reduces readmission rates.
- Investment in fit for purpose facilities reduces the risk of deteriorating estates which may result in growing costs and risk of severe failure which would impact on service continuity.

3.7.33 In addition, there are a wide range of non-financial benefits which have been considered in this appraisal including:

- Investment in Therapies facilities and staffing model will ensure all service users access to therapeutic interventions that support the Recovery Model of Rehabilitation that leads to significantly improved patient outcomes and experience. (The benefit of this increases with the range of services included in the scope of each option).
- Co-locating the Learning Disabilities team with the other services ensures patients with Learning Disabilities are better able to access those services and have the most appropriate care in place. (Applies to Options 4 and 5 only). This is in line with the recent recommendations from the WG secure services review.
- Having a dedicated single point of assessment leads to a smoother admission process and ensures patients can be admitted with a treatment plan in place. (Applies to Option 5 only).

Co-location of services enables a critical mass of staff to operate on a single site which allows the implementation of a Response Team model that will improve the safety of staff and patients, particularly overnight. Co-location of services provides opportunities to reduce duplication, enabling services to share facilities and work in a more integrated way. This is particularly important for Therapies which, if provided as standalone units for each service, would result in replication of spaces such as gyms, educational rooms and outdoor space and Occupational Therapy and Psychologist roles.

4.0 COMMERCIAL CASE

4.1 Introduction

4.1.1 This section of the Outline Business Case (OBC) outlines the proposed deal in respect of the preferred option outlined in the Economic case.

4.2 Potential for Risk Transfer

4.2.1 The general principle is that risks should be passed to “the party best able to manage them”, subject to value for money (VFM). The Health Board has carefully considered those risks best placed with the SCP and those it will bear itself. This has been achieved at OBC stage through a series of structured risk workshops involving the Health Board, SCP, Project Manager and Cost Advisor. Further information on the proposed Risk Management Strategy for the project, together with the quantified risk register has been included in the Estates Annex.

4.2.2 Under the Designed for life: Building for Wales Framework, which is described at length in the following section of the Procurement Strategy, the NEC 3 Engineering & Construction (ECC) with Option C form of contract is used. The Engineering & Construction contract is a “collaborative” contract that requires each project to include a Risk Register with risk allocated to the party best able to deal with it. The early involvement of a Supply Chain Partner means that they are fully briefed about risks in the project and are better placed to accept ownership and suitably mitigate and manage risks than what would normally be the case under a more traditional form of contract.

4.2.3 The table below shows how the project risks might be apportioned under a predominantly Public Capital Funded Procurement. Risk is currently costed at £6,657,000 exc. VAT for the preferred option.

Risk	Potential Allocation		
	ABUHB	SCP	Shared
Design		Y	
Site Availability	Y		
Planning			Y
Approval and Funding	Y		
Construction		Y	
Technical Commissioning		Y	
Operational Commissioning	Y		
Availability of Building		Y	
Operating Risk	Y		
Revenue Risk	Y		
Technological and Obsolescence	Y		
Legislative Change	Y		

The final risk allocation to be agreed for Stage 4 will be developed between all parties during the Stage 3 FBC period.

4.3 Required Services

4.3.1 This OBC states a requirement for the delivery of a Mental Health Specialist Services In-patient Unit (MHSISU) on the site of the Grange University Hospital under the NEC3 Engineering & Construction (ECC) Form of Contract (Option C) and Designed for Life: Building for Wales Framework.

4.3.2 A Schedule of Accommodation and Operational policies are available to support the functional content, based on Health building notes and latest available guidance. A full copy of the latest version of the Schedule of Accommodation is included as an appendix to the Estates Annex.

Design Considerations

4.3.3 As part of the Health Boards brief, a comprehensive Schedule of Accommodation has been prepared to inform the concept design for the HWBC.

4.3.4 To this end 1:200 layout plans have been prepared in full consultation with the Health Board end users and relevant stakeholder groups. The 1:200 plans illustrate the critical operational adjacencies in order to set the building footprint requirements and size and massing of the building for planning purposes.

4.3.5 In addition a site plan and elevations have been developed to inform the planning process. Further details relating to the specific design proposals are included in more detail within the Estates Annex. The Outline Planning Application for the project has been submitted.

ICT Infrastructure

4.3.6 ICT infrastructure requirements have been considered within the building. Initial discussions have been held with the Health Board IT team. ICT design proposals will be further developed into a detailed design solution at Full Business Case Stage.

Equipment

4.3.7 A very high-level assessment has been made of the potential equipment costs utilising information from other recent projects. Detailed equipment requirements and associated costs will be identified during the preparation of the FBC.

4.4 Proposed Charging Mechanisms

4.4.1 For the MHSISU development there will be no ongoing service provision and therefore no recurring charges by the SCP following completion of the hospital building.

4.5 Proposed Contract Length

4.5.1 The overall programme is designed to allow the building to be completed as soon as possible as per Welsh Government funding requirements.

4.5.2 In terms of programme management for Stage 3, the SCP will submit a draft programme to the Employer and Project Manager for consideration in relation to the programming of the works for stage 3 / FBC. The SCP will also submit an overall programme for the provision of the works at Stage 4, 5 and 6, however it

is noted that this will still be indicative at this stage and subject to further development during the FBC period.

4.5.3 The programme will fully comply with the requirements of the NEC3 ECC Option C contract and contain a reasonable programme of activities with a Completion Date for Stage 3/FBC identified. The programme will be required to be issued by the SCP to the Project Manager on a monthly basis for acceptance. It will need to include a mark-up of actual progress achieved in the month, in order to monitor progress as work proceeds.

4.5.4 The above process will be replicated at the Stage 4 Contract Stage in order to robustly manage the programme to ensure timely delivery of the project.

4.6 Proposed Key Contractual Clauses

4.6.1 The contract will be in accordance with the All Wales Designed for Life 4 Building for Wales Framework. The contract will be the NEC3 ECC Form of Contract. The conditions of contract are the core clauses and the clauses for main Option C: Target Contract and Secondary Options – X1, X2, X4, X5, X7, X15, X16, X18, Y(UK2), Y(UK3) and Z of the NEC Engineering and Construction Contract (April 2013). The additional Z clauses comprise the standard Designed for life: Building for Wales Framework amendments.

- This contract is based on the following key principles:
- Clarity – The Contract is written in plain language
- The Risk Register is a key project and contract management tool
- Foresight and Early Warning Notifications
- A Target Cost and Cost not to be exceeded.
- Timely two-way communication
- Compensation Events
- Monthly Accepted Programme is used as a key project and contract management tool

4.6.2 Key external professional roles appointed on behalf of the Employer include, direct client appointments for the Project Manager and Supervisor. A Cost Advisor will also be appointed to support the Project Manager and Health Board.

4.7 Personnel Implications (including TUPE)

4.7.1 It is anticipated that TUPE (Transfer of Undertaking and Protection of Employee) will not apply to this investment as there is no change to the employing organisation. However, there will be implications for some staff in terms of change in location of employment. This will be managed using the Health Boards management of Change Policy.

4.8 Procurement Strategy

4.8.1 The MHSISU development, post OBC approval, will fall within the terms of the new All Wales Designed for Life 4 Building for Wales Framework.

4.8.2 The Health Board had appointed External Project Managers and External Cost Advisers.

4.8.3 In terms of procurement, getting to the Target Price agreement is the most difficult stage of the whole Designed for Life: Building for Wales Framework process. There are conflicting objectives and the process requires firm management and significant negotiation.

4.8.4 The Target Price will be established towards the end of the FBC stage. Prior to this "a price not to be exceeded" will have been agreed between the Health Board and the SCP and will have been included in the FBC submission to WG. While approval to the FBC is awaited, the Target Price for the Stage 4 Contract is finalised and agreed and all necessary contractual documentation drawn up in readiness (once approval is received) for a speedy exchange of contracts and start on site.

Design Completion

4.8.5 It is a requirement of the Designed for Life Framework that 70-80% of the design (for each element including engineering services) should be progressed and completed at FBC. This has been clarified to mean the achievement of RIBA Stage 4. It does not mean 70-80% cost certainty as this should have been achieved earlier in the process. It is expected that good co-ordination of the building enclosure, structure and engineering services are part of this requirement.

4.8.6 The purpose of the requirement for 70-80% design completion is to ensure that robust market testing of works packages can take place to ensure that the "price not to be exceeded" in the FBC is sound and that everyone can have confidence in it. This level of design should also ensure there are no delays to construction activity because of incomplete or uncoordinated design proposals.

Target Price

4.8.7 The key to compiling the Target Price / total of the Prices is clearly stated in Clause 52.1 of the NEC3 Engineering & Construction Contract, which states that Defined Cost includes only amounts calculated using:

- Rates and percentages stated in the Contract Data
- Competitively targeted prices
- Other amounts at open market rate

With deductions for all:

- Discounts
- Rebates
- Taxes which can be recovered

The percentages stated in the contract Data would be:

- Direct Fee
- Subcontracted fee
- Working Area overheads
- Manufacture and fabrication overheads
- Design overheads

NEC Contract Data Rates and Percentages

4.8.8 At framework level, rates for the following cost centres have already been agreed:

- All pre-construction staff involved in taking forward the design to approval of Full Business Case. These rates will be adjusted annually in accordance with the Average Earnings Index, as confirmed by NWSSP-FS.
- All working Areas based staff – These rates will be used to cost Preliminaries. These rates will be adjusted annually in accordance with the Average Earnings Index, as confirmed by NWSSP-FS.

Competitively Tendered Prices

4.8.9 The elements essential to the successful conclusion of this process are dependent upon sufficient time being allowed for:

- Design to advance to a minimum of 70-80% completion;
- Comprehensive and complete tender documentation to be prepared;
- Tenderers to prepare their bids;
- Proper evaluation and negotiation with tenderers.

Open Market Rates

4.8.10 It is widely accepted that there will be elements of the work that are not competitively tendered. However, the extent of elements not competitively tendered will be limited to no more than 30% of the total target price. The SCP will be required to demonstrate to the Cost Advisor that “open market rates” are comparable to those that could be obtained in competitively tendered circumstances. This can be clearly demonstrated by benchmarking against other SCP’s or projects or by demonstrating how best value for money will accrue to the project.

Procurement Procedure

4.8.11 At commencement of FBC stage, a procurement strategy will be produced by the SCP and agreed with the Project manager. This will identify how the project is to be broken down into work packages and how each is to be procured. The Procurement Procedure or Strategy will be required at commencement of FBC.

4.8.12 The Project Cost Plan will also be re-cast at this stage, to reflect the cost of the work packages (identified in the procurement procedure) from the previous elemental breakdown. Dependent upon the number of work packages subject to market testing the Project Risk Register may also need to be revised to suit.

4.8.13 Each of the works package elements in the Cost Plan should reflect the total expected cost of the works package after market testing. They should not include any SCP design costs but may include subcontract design costs.

4.8.14 Sufficient time will be required to be built into the Accepted Programme for design to be advanced to a stage where clear and meaningful tender documentation can be drawn up to allow robust market testing to take place.

4.8.15 A minimum of three bids per works package should be obtained as part of the market testing process. The Health Board may insist on increasing the

minimum number of bids in order to comply with their own procurement procedures. Bids will be opened jointly by the SCP and the Cost Advisor.

Evaluation

4.8.16 When the bids have been received, they will be comprehensively evaluated, by the SCP and Cost Advisor, to ensure that like for like comparisons between tenders are being made. All bids will be “levelled” to achieve this and any adjustment will be made for any stated omissions or exclusions. The adjustments will be agreed with each works package subcontractor.

Post Target Price Re-Tendering of Works Packages

4.8.17 On occasions it may be the case that some work packages are required to be re-tendered after the Target Price has been agreed (i.e., in the event of subcontractor insolvency). If packages have to be re-tendered then it will be required to be undertaken in full agreement with the Project manager and under the same process and implications as Pre-Target Price market testing.

Pain /Gain Share

4.8.18 In terms of the framework, Pain Share rests 100% with the SCP at all stages.

4.8.19 From Stage 4 onwards (Construction and Project Closure), the Gain Share will be limited to the first 5% of any savings between the total of the Prices and the Price for Work Done to Date arising during Stages 4, 5 and 6 and will be equally apportioned 50:50% between the Health Board and the SCP. Savings over this amount (i.e., less than 95% of the) will accrue 100% to the Health Board. To summarise:

The Contractor’s share percentages and the *share ranges* are:

<u>Share Range</u>	<u>Contractor’s Share Percentage</u>
Less than 95%	Nil
From 95% to 100%	50%
Greater than 100%	100%

5.0 FINANCIAL CASE

5.1 Introduction

5.1.1 The purpose of this section is to set out the indicative financial implications of the preferred option (as set out in the Economic Case) and proposed deal (as described in the Commercial Case).

5.2 Capital Costs

5.2.1 The preferred option is Option 5 the construction of a new MHSISU on the site of the Grange University Hospital at Llanfrechfa Grange. The estimated capital costs for the preferred option are £89.662 million (Based on PUBSEC 150), the detail of which is set out below:

	Option 5 - New Build (£)
Works Cost	53,972,705
Fees	7,602,000
Non-Works	4,154,900
Equipment	2,624,400
Contingency	6,667,000
<u>Total Option Costs</u>	<u>75,011,005</u>
VAT (net of reclaim)	14,650,561
<u>Total Option Costs (including VAT)</u>	<u>89,661,566</u>

5.2.2 A more detailed breakdown of the capital cost calculations is contained within the OB Forms in the Estates Annex and in the attached **Appendix 4a**. The costs shown exclude optimism bias which was calculated in line with HM Treasury Guidance for the Economic Case only.

5.2.3 In terms of design status BREEAM workshops have been undertaken and will continue to be reviewed and assessed throughout the project lifecycle. In the case of the preferred option, the project will be required to achieve a BREEAM 'Excellent' rating for industrial as a minimum, which remains within the acceptable benchmark standard for a new build project. A comprehensive assessment has also been made on the potential additional measures that could be incorporated into the building design to enhance the decarbonisation characteristics of the building. The additional costs of the proposed decarbonisation measures are included in the above capital costs and are detailed in the Estates Annex.

5.2.4 A risk register has been prepared for the all of the options and developed in detail for the preferred option in order to inform the level of planning contingency required. This is included in the Estates Annex. The format of the risk register is consistent with the standard Designed for Life and the latest guidance for preparing Business cases. This will be further developed in due course for the Full

Business case Stage by the External Project manager in conjunction with the Supply Chain Partner, Cost Advisor and Client Team.

5.2.5 The detailed cash flow for the preferred option, as contained within the OB forms in the estates annex and at **Appendix 4a**, is summarised below:

Prior years	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29
1,308,410	3,096,677	2,059,400	17,280,416	39,704,042	23,823,228	2,389,393

5.2.6 The OBC assumes all capital costs and inflation will be funded by Welsh Government in each of the years as per the above, in accordance with current Welsh Government policy.

5.2.7 The following key assumptions have been made in the capital case:

- Capital costs are reported at BCIS Pub Sec Index Level 250 VOP, Location factor 0.97
- Costs included for Fees are based on typical rates assuming the scheme is procured through the Designed for Life: Building for Wales procurement programme
- Non-Works Costs are based on estimated capital costs that will be incurred in developing the scheme through to Operational Completion and include Planning Fees, IT infrastructure, Artworks and Commissioning costs
- A Contingency allowance of £6.667 million has been included based on a quantified Risk Register. The Risk Register is included in the Estates Annex.
- VAT has been applied at the rate of 20% to all cost components and a modest reclaim of £352k has been assumed based on 75% recovery of professional fees only at this stage. Further advice on the VAT reclaim has been sought from our VAT advisors which indicates that certain elements of the building may attract zero. This will not be confirmed however until the FBC is completed and approved and a target cost has been agreed.

5.3 Revenue Costs

Affordability

5.3.1 The tables below provide the revenue costs associated with the preferred option compared to the existing costs incurred in the provision of relevant Mental Health services, excluding depreciation and impairment. In order to reflect the full cost to the Health Board, VAT is included in the Financial Case, having been excluded (as prescribed) in the Economic Case. This results in a necessary variation in the figures for the preferred option between cases:

Baseline costs versus costs of option 5

SISU Finances Preferred Option 5						
	Existing	Year 1	Year 2	Year 3	Year 4	Year 4
	Baseline	SISSU	SISSU	SISSU	SISSU	Compared
	Cost	Model	Model	Model	Model	To
	£000	£000	£000	£000	£000	Baseline
						£000
Existing ward replacements - Staff and non-pay:						
PICU (9 current to 10 beds)	1,450	1,840	1,840	1,840	1,840	390
Ty Lafant/LACU 7 beds	1,490	1,637	1,637	1,637	1,637	147
Talygarn - to CASU (21 beds to 18)	1,773	1,907	1,907	1,907	1,907	134
Bellevue/Female locked rehab (6 to 8 beds)	1,219	1,558	1,558	1,558	1,558	339
New 14 bed units - Staff and non-pay:						
LSU Male 14 beds new	0	2,318	2,318	2,318	2,318	2,318
Locked Rehab Male 14 beds new	0	2,086	2,086	2,086	2,086	2,086
Existing Continuing Healthcare costs						
CHC externally commissioned patients	8,064	3,479	2,372	1,265	791	-7,273
Estates, Facilities, IT & Pharmacy						
-Domestics	213	603	603	603	603	390
-Catering	156	585	585	585	585	429
-Utilities	145	409	409	409	409	264
-Rates	22	270	270	270	270	248
-Supervisor FM	0	77	77	77	77	77
-Maintenance	62	188	188	188	188	126
-Portering	27	78	78	78	78	51
-Waste	9	19	19	19	19	10
IT	5	166	166	166	166	161
Pharmacy	37	172	172	172	172	135
Total	14,671	17,390	16,283	15,177	14,702	31
Costs above Baseline		- 2,719	-1,612	-505	-31	

5.3.2 The table below provides a summary of the revenue costs associated with the preferred option compared to the existing costs incurred in the provision of relevant Mental Health services, excluding depreciation and impairment:

	Current Position	Preferred Option Yr. 1	Preferred Option Yr. 2	Preferred Option Yr. 3	Preferred Option Yr. 4
Internal costs*	£6,607,000	£13,911,498	£13,911,498	£13,911,498	£13,911,498
External CHC costs	£8,064,000	£3,478,574	£2,371,755	£1,264,936	£790,585
Total Cost	£14,671,000	£17,390,072	£16,283,253	£15,176,434	£14,702,083
Increase/ Reduction		-£2,719,072	-£1,612,253	-£505,434	-£31,083

Current Expenditure / Income

5.3.3 Costs are based on the following:

- All costs are at 2021/22 price levels
- VAT is included where appropriate

Option 5 Expenditure / Income

5.3.4 The revenue costs are based on a detailed assessment of the additional clinical workforce requirements and the pay and non-pay costs associated with the project as a whole.

5.3.5 It should be noted that £1.6m additional recurring revenue consequence of the project relates to facilities, estates and informatics costs that are a direct consequence of the provision of modern, purpose-built environments that meet current national mental health and learning disabilities standards. The lack of current investment in the estate infrastructure and backlog maintenance of the existing mental health and learning disabilities estate, means that the current baseline maintenance expenditure is much lower than any other service area in the Health Board.

5.3.6 The detailed Workforce Plan is attached at **Appendix 12**; a summary of additional clinical workforce requirements is outlined in the table below:

	RN	HCSW	Admin	Medical	Psychology & Psychologist	OT	Other*	Total
LSU Male	17.76	20.62	1.00	2.50	3.50	10.25	1.75	57.38
Locked Rehab Male	17.74	14.91	1.00	2.50	3.00	10.25	1.75	51.15
PICU	0.81	4.43	1.00	0.00	1.00	1.50	0.00	8.74
Ty Lafant	0.00	0.00	0.00	0.00	0.00	0.00	3.30	3.30
Talygarn	1.00	0.00	0.00	0.00	0.00	2.00	0.00	3.00
Bellevue	0.52	3.49	0.00	0.00	2.00	0.50	0.00	6.51
Pharmacy	0.00	0.00	0.00	0.00	0.00	0.00	3.00	3.00
Total	37.83	43.45	3.00	5.00	9.50	24.50	9.80	133.08

*Other includes: Art Therapy, social worker, Dietetics, Pharmacy

5.3.7 A key component of the analysis has been the output from the CHC modelling work which indicates that once the new unit is open, by year 6 there will be no further need to access external locked rehabilitation or low secure beds. The financial impact on the cost of commissioning external beds is shown in the table below:

External beds costed based on modelling 25/07/22							
Movement From starting position of 51 Patients							
	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Day Mid Year	0	183	548	913	1,278	1,643	2,008
Number of external beds mid year	51	22	15	8	5	1	0
Cost external patients based on average £158,117	£8,063,967	£3,478,574	£2,371,755	£1,264,936	£790,585	£158,117	£0

5.3.6 The revenue costs also assume that:

- The existing Learning Disability facility, Ty-Lafant, will close.
- The existing Crisis Assessment Unit, Talygarn, on the County Hospital site will close
- The existing Female Locked Rehabilitation unit on the St Cadocs Hospital site will close
- The existing Psychiatric Assessment unit on the St Cadocs Hospital site will close

Financial Affordability

5.3.7 While the revenue consequences are neutral from year 4, there is a cumulative revenue gap in years 1-3 of £4.8m for the project that needs to be managed.

5.3.8 The revenue funding will be considered as a major priority within the IMTP for ABUHB, as the service will support a major improvement in environment to deliver safe, high quality, sustainable healthcare to a very vulnerable patient group and will enable a centre of excellence closer to home for ABUHB residents.

5.3.9 The Welsh Government is also asked to consider flexibility in the use of any future ringfenced Mental Health funding to support this development which is in line with the recommendation in the 'Making Days Count' national review of secure beds. This would enable advanced investment to support the early phasing of specialist posts and training to be in place prior to the commissioning of the unit and help to mitigate revenue consequences. It is acknowledged that the financial modelling, affordability and financial gap will need further work and updating at the Full Business Case stage.

Depreciation and Impairment

5.3.10 A profiled summary of the depreciation and impairment costs associated with the preferred option are set out in the table below:

Preferred Option Depreciation and Impairment

	2028/29	2029/30 recurring
Option 5	£000	£000
Depreciation - DEL Buildings	687	917
Depreciation - DEL Equipment & IT	613	817
Impairment - AME	40,741	0
Total Costs	42,041	1,734

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

5.3.12 The OBC assumes all impairment and depreciation will be funded by WG in each of the years as per the above, in accordance with current WG policy.

5.3.13 Detailed calculations supporting the above are included in **Appendix 5**.

5.4 Impact on the Organisation's Operating Cost Statement and Balance Sheet

5.4.1 This section examines the impact of the proposed investment on the Health Board's accounts.

5.4.2 It should be noted that the following summarised extracts from the Statement of Comprehensive Net Expenditure (SOCNE) and Statement of Financial Position (SOFP) only model the impact of the capital and revenue changes of the proposed investment outlined in the tables below. It does not reflect the overall forecast position of the Health Board.

Impact on the Organisations Statement of Comprehensive Net Expenditure (SOCNE)

	2028/29	2029/30	2030/31	2031/32
Option 5	£000	£000	£000	£000
Revenue Cost Impact	2,719	1,612	505	31
Depreciation - DEL Buildings	687	917	917	917
Depreciation - DEL Equipment & IT	613	817	817	817
Impairment - AME	40,741	0	0	0
Total Costs	44,760	3,346	2,239	1,765

Impact on the Organisations Statement of Financial Position (SoFP)

	2025/26	2026/27	2027/28	2028/29	2029/30
Option 5	£000	£000	£000	£000	£000
Non-Current Assets b/f:	6,464	23,745	63,449	87,272	47,621
Non-Current Assets Additions:					
Equipment & IT	0	0	3,883	1,102	
Assets Under Construction / Buildings	17,280	39,704	19,940	1,287	
Total Additions	17,280	39,704	23,823	2,389	0
Non-Current Assets Impairment:					
Assets Under Construction / Buildings				-40,741	
Total Impairments	0	0	0	-40,741	0
Non-Current Assets Depreciation:					
Buildings				-687	-917
Equipment & IT				-613	-817
Total Depreciation	0	0	0	-1,300	-1,734
Closing NBV Impact on SoFP	23,745	63,449	87,272	47,621	45,887

5.4.3 As shown in the extracts above, all assets will be shown on the Health Board's balance sheet. During construction it will be shown as a non-depreciating asset under construction. The asset will be valued on completion and recorded on the balance sheet at that value in accordance with the Health Board's accounting policies.

6.0 THE MANAGEMENT CASE

6.1 Introduction

6.1.1 This section sets out information on the MHSISU Project and the wider Mental Health Programme management arrangements.

6.2 Programme and Project Management Arrangements

6.2.1 The project is being managed in accordance with the requirements of the All Wales Designed for Life: Building for Wales Framework, the NHS capital investment manual and PRINCE 2 methodology. The arrangements build on the experiences gained and lessons learned from the Grange Hospital project and the effective delivery of the Pathfinder Projects at Ysbyty Ystrad Fawr and Ysbyty Aneurin Bevan. These projects have ensured appropriate involvement of key stakeholders throughout the project process, as well as effective strategic direction and timely decision making.

6.2.2 The MHSISU project is part of a wider programme of transformation being managed and progressed by the Mental Health Division. The programme as a whole is overseen by the Mental Health Transformation Programme Board.

6.2.3 The MHSISU project itself has its own Project Board and Project Team with the former reporting to the ABUHB Executive Team. **Appendix 6** explains the reporting arrangements in more detail along with the Terms of Reference of the various key groups.

6.3 Project Roles and Responsibilities

Senior Responsible Owner – Chris O'Connor, Interim Executive Director of Primary, Community, Mental Health and Learning Disabilities Services

6.3.1 The Senior Responsible Owner (SRO) is responsible for ensuring that the Project's objectives are delivered on time and within the desired cost and quality constraints. The SRO oversees the effectiveness of the Project Management Team ensuring that the Project Management structure is appropriate to ensure the project objectives are delivered and that the benefits are realised.

MHSISU Project Director – Andrew Walker, Strategic Capital and Estates Programme Director

6.3.2 Is accountable to the Director of Planning and has specific responsibility for the management of the Business Case process (SOC, OBC, FBC) and for the associated management of the Supply Chain Partner. The Project Director is supported by an External Project Manager and Cost Advisor for the day-to-day planning and design phases of the project as well the technical, procurement and construction phases. The Project Director chairs the Project Team.

Mental Health & LD Divisional Project Lead – Ian Thomas, Complex Needs Programme Director

6.3.3 Is responsible for providing divisional leadership in the development of the outline and full business case. The post will also oversee the progression of the wider system transformation changes to enable realisation of the full benefits of the SISU capital project and to manage project and programme service interdependencies. The MH & LD Divisional Project Lead is supported by a Programme Manager and is accountable to the Divisional Director.

Mental Health & Learning Disabilities SISU Service / Clinical Leads

6.3.4 The clinical leads are accountable for the effective co-ordination of clinical and user professional input to the project both from the perspective of the service / clinical provision. Four clinical lead posts have been identified representing all major professional clinical groups.

Internal clinical and technical support

6.3.5 Other project team members include key MH Division clinical, service, financial and workforce representatives

External Scrutiny

6.3.6 The project will be subject to internal audit via NWSSP-Audit Assurance (Specialist Services) who provide the Health Board with internal capital audit services.

6.4 External Advisors

6.4.1 **Gleeds** have been selected from the All Wales Designed for Life 4: Building for Wales Framework to fulfil the role of **external Project Manager**.

6.4.2 The External Project Manager will perform the role from Stage 3 in accordance with the Outline Schedule of Duties for Project Managers, as defined at Framework level, unless otherwise amended and agreed with the Health Board. This role encompasses a project management role of the technical aspects of the business case process and subsequent design, procurement, construction and project closure stages under the NEC3 Form of Contract.

6.4.3 **Lee Wakeman** have been selected from the All Wales Designed for Life 4: Building for Wales Framework to fulfil the role of **Cost Advisor**.

6.4.4 The Cost Advisor will oversee the financial management of the capital expenditure, in conjunction with the Health Board Finance Directorate. They will monitor project costs, implement rigorous verification and checking of all costs presented by the SCP, and deliver a project from a Health Board perspective which is affordable and provides value for money.

6.4.5 **Archus** have been appointed to lead on the preparation of the Economic Case and the associated Benefits Realisation proposals.

6.5 Contract Management

6.5.1 This will be administered under the NEC3 Engineering & Construction (ECC) Form of Contract, Option C Target Contract with Activity Schedule, with standard Designed for Life: Building for Wales Framework amendments. More detailed information is contained within the Commercial Case.

6.6 Project Plan

6.6.1 The high-level project milestones are set out below, the Estates Annex includes the more detailed FBC and construction programme:

- OBC to Health Board / WG - 31st March 2023
- Commence FBC – August 2023
- FBC to Health Board / WG – November 2024
- Start main construction – April 2025
- Completion – April 2028

6.6.2 This will be updated as and when the OBC has been approved and a detailed project plan will be developed for the preparation of the FBC, and associated activities, between submission of the OBC and its expected approval.

6.7 Arrangements for Change Management

6.7.1 The overall approach to Change Management and the management of that process will be overseen by the Director of Workforce and Organisational Development via the appropriate Divisional Leads.

6.7.2 The Health Board has an identified Organisation Development Strategy which focuses on the transformational change necessary to deliver the whole system redesign for the Clinical Futures Strategy. This includes alignment of the organisational mission and strategy, leadership and culture and values. This work will be underpinned by an organisational employee engagement strategy.

6.7.3 A Change Management Plan will be developed in detail as and when the OBC has been approved and the FBC is being progressed. The table below sets out the core plan and the main tasks identified to date:

Change Management Plan

Area	Planned tasks
Planning phase	<ul style="list-style-type: none"> ✓ Appoint key Project roles and Change Managers, confirming responsibilities and leadership ✓ Confirm stakeholders and interested parties both within and outside ABUHB ✓ Develop core plan in more detail, identifying high level milestones for the Change Management Plan, mapped to the overall Project Plan ✓ Confirm involvement of HR, managers and other individuals/groups in the process
Communications and stakeholder engagement	<ul style="list-style-type: none"> ✓ Confirm communications lead and protocols (route and timing of approval of communications) ✓ Develop communications routes, including face to face briefings bulletins, intranet pages ✓ Formulate and agree key communications messages against high level milestones ✓ Set up stakeholder map and engagement plan ✓ Launch change Programme ✓ Ongoing communications work
Training and development	<ul style="list-style-type: none"> ✓ Complete detailed workforce planning to identify 'shadow' structures, roles and competencies for those roles ✓ Work with staff through workshops and other training to clarify the workings of the new Service Models and how these will impact in practice ✓ Identify training and development required to fulfil roles and competencies ✓ Develop training plan, aligned to pilot work and overall milestones in implementation plan ✓ Link training and development into communications plan
Piloting	<ul style="list-style-type: none"> ✓ Identify and confirm areas where piloting of new models and practice will be implemented ✓ Confirm schedule of pilot work, mapped against high level project and change management milestones ✓ Agree feedback arrangements from pilots and how this links into training/development, communications and overall change management plan ✓ Execute pilots, feedback and report progress

Area	Planned tasks
Full Implementation	<ul style="list-style-type: none"> ✓ Identify scheduling/phasing of full implementation of the MHSISU ✓ Using results of piloting and training work, develop detailed implementation and transition plan, mapped to project phasing ✓ Discussion and agreement with key staff ✓ Execute implementation and transition plans

6.8 Benefits Realisation

6.8.1 The Project Team has been working closely with the Welsh Government and other partners to ensure that the identification and management of the project benefits are as robust as possible. This work has included the identification and quantification of Project Benefits where possible. This has then allowed the quantified benefits to influence the Economic Case where the choice of the preferred option has been made.

6.8.2 The Benefits Management approach is a cycle of identification, planning, execution and review. Further details of each stage are provided below:

- Stage 1** Benefits Identification and Assessment: Selection of appropriate and significant benefits that makes the best use of scarce resources;
- Stage 2** Benefits Realisation Planning: Rational decisions about how, when, and by whom benefits will be delivered, with clear ownership, accountability and timetable;
- Stage 3** Execute and Deliver the Benefits Realisation Plan: Successful delivery of the Benefits Realisation Plan; and
- Stage 4** Review: Input to a culture of continuous improvement either through incremental change to the existing system or by triggering the inception of new projects.

6.8.3 The OBC has concentrated on stage 1 and some elements of stage 2. The Economic Case includes a summary of the quantifiable benefits with more detailed calculations included in **Appendix 4c**.

6.8.4 Measuring and monitoring the delivery of benefits is obviously key in assessing the extent to which they are being delivered against the plan. In some cases, measurement can be achieved through existing systems and information source. In some cases, however, this requires the establishment of new arrangements. It is, therefore, important that where new mechanisms are required, these are identified at an early stage.

6.8.5 Additionally, it should be recognised that only a proportion of the benefits will be 'hard' or quantifiable (e.g., additional activity delivered) with many requiring 'soft' or qualitative measures to assess their delivery. These qualitative measures are often the areas requiring the greatest level of bespoke development. Finally, the frequency of benefit monitoring will be established as part of this process.

6.8.6 The whole process will be reviewed and the BRP will be updated as and when the Full Business Case is being developed.

6.9 Arrangements for Risk Management

6.9.1 A copy of the Service Risk Management Register is attached at **Appendix 7**.

6.9.2 A detailed capital risk register which deals with building and construction risks associated with the project has also been completed and is included in the Estates Annex.

6.9.3 The management of risks is undertaken as part of the overall project management arrangements, namely through the Project Team and the Project Board.

6.10 Project Assurance

6.10.1 The Clinical Futures Programme and the projects within it, including MHSISU are subject to formal Gateway Reviews at appropriate stages, providing assurance to the Senior Responsible Owner of the continued viability of the programme. Gateway reviews take place at key decision points within the Programme and are followed up with Community-wide action plans based on the recommendations from the external Gateway review team.

6.10.2 A Gateway 2 Review took place in October 2022 the conclusion of which was an overall Amber/Red rating. The Gateway Review 2 Report and associated action plan is attached at **Appendix 8 and 9**.

6.11 Outline Arrangements for Post Project Evaluation

6.11.1 A Post Project Evaluation (PPE) incorporates the Project Evaluation Review (PER) and the Post Implementation Review (PIR). The Post Project Evaluation plan for both these elements will be developed and will be undertaken after the commissioning of the new MHSISU.

6.11.2 Post Project Evaluation is a mandatory requirement on all Health Boards who are undertaking a project of this scope and scale. The following good practice guidance sets out plans which the Health Board will put in place to undertake a thorough and robust PPE at key stages in the process to ensure that positive lessons can be learnt from the project.

- Evaluation of the project procurement stage.
- Evaluation of the construction stage.
- Evaluation during operational stages of the project shortly after the Hospital is open.
- Evaluation of the operational performance of the project against the anticipated project benefits and outcomes.

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Regional Ophthalmology Strategy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Chris Dawson-Morris, Interim Executive Director for Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Hannah Brayford

Pwrpas yr Adroddiad Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Chairs and Chief Executives across Aneurin Bevan, Cardiff & Vale and Cwm Taf Morgannwg University Health Boards have recently reaffirmed their commitment to collaborative working and regional service provision where clinically appropriate, overseen by a revised and strengthened regional governance structure (including a new Regional Oversight Board).

Each Health Board is taking the lead for a specific priority;

- ABUHB: Ophthalmology
- CTMUHB: Diagnostics
- CAVUHB: Orthopaedics

Whilst the concept of regional Ophthalmology provision is not new and has been considered since 2017, the significant service pressures experienced over recent months and the focus on planned care recovery have escalated both the scale and pace of thinking.

The three Health Boards have come together to form a Regional Ophthalmology Programme Board. The Board is chaired by the Aneurin Bevan University Health Board Director of Planning, with the Health Board also providing a Programme

Manager to support the work. The Programme Board has both clinical and non-clinical representation from all organisations.

The Programme Board is currently progressing two main pieces of work which, although discrete, are intrinsically linked in the medium to long term.

1. The development of a South East Wales regional care strategy which describes the wider medium / long term provision for eye care.
2. The progression of regional cataract capacity expansion to support all Health Boards to manage immediate waiting list pressures and anticipated demand levels in the coming years.

The strategy has been developed from a Clinical Summit with both clinical and managerial representation from all Health Boards, and from dialogue with clinicians and other stakeholders from across the region. The strategy has been tested with a number of stakeholders over recent months.

It is recognised that historic conversations across the region have often been about a single cataract solution but the strategy now reflects that the broader issues for ophthalmology services across South East Wales with cataract surgery seen as an important component of a wider ophthalmology strategy.

Cefndir / Background

The Health Board's vision is to ***improve population health and reduce the health inequalities experienced by our communities***. Our system will also continue to build on our aspirations for a Fairer Gwent with a proactive focus on upstream prevention and earlier intervention along the life course to break the cycle of widening health inequalities, that, if unchanged, will have dire consequences on our health and care system for decades to come.

Timely early intervention is a key contributor to living longer in good health and the services referenced in the attached Regional Ophthalmology Strategy set out the regional aspirations for achieving the Health Board's aims by working together across the region in this area of service delivery.

Ophthalmology is one of the services still experiencing over 104 week waits and the Regional Ophthalmology Strategy makes a valuable contribution towards addressing waiting times and delivering against the Planned Care Programme. It should be noted that Ophthalmology is not one of the identified Six Goals for Planned Care.

National drivers informing the Regional Ophthalmology Strategy are:

- The External Review of Eye care Services in Wales, 2021
- The programme for transforming and modernising planned care and reducing waiting lists in Wales, 2022
- The Ophthalmology GIRFT Programme National Specialty Report 2019

Asesiad / Assessment

The Aneurin Bevan UHB led Regional Ophthalmology Strategy has been developed with clinical staff to set out the high-level direction for the Regional Programme. The principles set out in the strategy are:



Learning and
Improvement



Reducing Variation
and Inequity



Designing Value
Based best
practice services



Delivering timely
and high quality
patient centred care

There is a growing case for change which reflects that the status quo of current service provision is not sustainable from;

A patient perspective

- There are increasing numbers of patients requiring Eye Care, causing increasingly longer waiting times often leading to irrevocable loss of sight in the intervening time.

An Equity perspective

- Variations in services offered and waiting times across the region are becoming increasingly stark.

A workforce perspective

- There is a limited pool of expertly trained staff within NHS Wales
- It is becoming more challenging to recruit and retain staff into those key positions.

In the light of the above sustainability issues, many Ophthalmology services have been identified as requiring a regional approach as set out in the following table alongside services that are more appropriately provided at local level.

Specialty	On a regional level	At a local level	Community
Glaucoma	Surgical / complex Glaucoma	Medical Glaucoma	Stable treated Glaucoma, Ocular Hypotension
Uveitis	Complex Uveitis	Anterior Uveitis	Simple recurrent Uveitis
Emergency Eye Care:	Eye Casualty	Follow up clinics	Follow ups, Minor Ailments
Out of hours Care	Out of hours Care		
Cornea	Cross linking	Routine Cornea	Keratoconus Monitoring
Oculoplastic	Orbit, Complex	Lids, Minor ops	
Medical Retina	Retinal Dystrophies, Genetics, complex Medical Retina	Stable monitoring, injection services, stable diabetic eye disease	Diabetic screening and monitoring
Paediatrics and Orthoptics	Complex Paediatrics	Routine Paediatrics,, Adult Orthoptics, Paediatric Orthoptics	Screening
Neuro Ophthalmology	Neuro Ophthalmology		
Vitreo retinal	Emergency and routine procedures		
Cataracts	Cataracts Expansion	Cataracts	Follow ups

The Strategy has a number of delivery themes that outline the future direction for the service on a regional footprint

1. **Regional Model:** This includes bringing together the regional ophthalmic services under the umbrella of a Regional Centre of Excellence network model. This will provide regional cataract expansion and more importantly a network model bringing experts together to provide the best care for patients and a sector leading teaching and education provision.
2. **Sustainable Services:** There are many services that cannot be sustained on a health-board only level and need to be brought together on a regional footprint. These include Vitreo-Retinal (VR) services, Corneal Cross linking and out of hours and emergency cover as requiring the most urgent attention.
3. **Workforce:** There is a significant skills shortage across the Ophthalmic disciplines and the strategy will also work to address the training and development of key staff to deliver a regional sustainable workforce with strong succession planning, teaching, training and development.
4. **Research, Innovation and Development:** Key to attracting workforce and achieving the other aspects of the strategy is a Regional Clinical Research Facility allowing delivery of high-quality clinical research trials which will

increase income and quality of care for patients whilst building links with industry partners with strong consultant support.

Regionalising Services to ensure their sustainability and offer the best services to patients aligns with *A Healthier Wales*, *The National Clinical Framework* and Royal College of Ophthalmologists Clinical Guidance and best practice. The long-term goal is a South East Wales regional centre of eye care excellence which can coordinate and provide the services identified at a tertiary level. This will enable the region to care for all complex eye care procedures and for specialist clinicians to share and enhance their skills.

Engagement

The draft strategy has been circulated widely amongst stakeholders and the following groups have been engaged:

- Clinicians
- Royal College of Ophthalmologists
- HEIW
- Universities
- Royal College of Nursing
- Trade Unions
- Welsh Ambulance Services NHS Trust
- RNIB Wales
- Wales Vision Forum
- Sight Cymru
- Community Health Councils

Feedback has been positive with all groups very supportive of the high-level direction set out in the strategy. Much of the feedback and questions have been about the details of the programme, many of which that are yet to be worked through by the projects and work to deliver the vision. As the programme progresses and the points of detail are developed the changes will require further engagement with these groups and with the Community Health Councils / Citizens' Voice Body.

Argymhelliad / Recommendation

Following the approval of the Strategy by the Regional Ophthalmology Programme Board, Regional Portfolio Oversight Board and the Executive Team, the Board is asked to note and endorse the Regional Ophthalmology Strategy as the basis for moving ophthalmology services forward across the region.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.1 Managing Risk and Promoting Health and Safety 3.1 Safe and Clinically Effective Care 5.1 Timely Access 2. Safe Care
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	See report

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb	No does not meet requirements

Equality Impact Assessment (EIA) completed	As agreed with the Board of CHCs, an EQIA will be prepared as part of the next, more detailed phase of strategy implementation
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives



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South East Wales
Regional Ophthalmology

Regional Ophthalmology Strategy

2022 - 2025



Our Vision



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Ophthalmology Services in South East Wales are sustainable and deliver high quality care and improved outcomes to patients in a timely way.

Upon referral into the service patients are directed to the right place and are seen quickly by the most appropriate clinician for their needs. All treatments and procedures clinically required are undertaken swiftly and safely, within the NHS, in fit for purpose facilities that have up to date equipment and supplies.

Staffing models match service demand and include a forward thinking skill mix of new and complementary roles that enable everyone to work to the top of their licence in integrated teams that communicate well. The Ophthalmology Service in South East Wales is a desirable and rewarding place to work

The Regional Centre of Excellence network enables the region to care for all complex eye care procedures and for specialists to share and enhance their skills, whilst at the same time allows less complex eye care to be delivered closer to the patient. The whole region is a centre of excellence for training, research innovation and development working closely with academic and industry partners to advance practices and create the next generation of Ophthalmic specialists across the wide variety of roles that support Ophthalmology Services.



Our Principles



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Regional Ophthalmology



**Learning and
Improvement**



**Reducing Variation
and Inequity**



**Designing Value
Based best
practice services**



**Delivering timely
and high quality
patient centred care**



A Regional Eye Care Service for South East Wales



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The concept for a Regional Ophthalmology provision has been considered since 2017, however the significant service pressures incurred by the recent Pandemic have escalated and the scale and pace of the programme needs to be increased accordingly.

There is now agreement to establish and implement a regional planning framework for Ophthalmology Services for South East Wales. Regional solutions for Eye Care across Aneurin Bevan, Cwm Taf Morgannwg and Cardiff & Vale Health Boards will be put in place where this adds the most value to patients and staff

Regionalising Services to ensure their sustainability and offer the best services to patients aligns with A Healthier Wales, The National Clinical Framework and Royal College of Ophthalmologists Clinical Guidance and best practice.





The Case for Change



A Patient Story

"I first noticed change in my vision about 2 years ago, I was struggling to read small text in some of my books and I started to lose some of my peripheral vision in my left eye but I could still manage ok. I went to see my optician, they told me I have cataracts and referred me to the hospital for assessment and surgery. I had some letters from the hospital about being on the waiting list but I haven't had any contact for a while now and worry I've been forgotten. My sight is now much worse and I can only see colours and shapes in my left eye and my right eye is becoming cloudy. My husband and my son have to do more and more things for me and don't want to leave my house in case I fall over and lose more of my independence. I'm also finding it increasingly hard to see the text on my mobile phone and I really miss the little things like doing my knitting and needlework, reading a book and going for a walk. I'm really scared about losing my sight altogether and how I will cope."



How Patients can expect to receive care in the future



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There are a wide range of Eye Care services that are offered by Ophthalmic Services. A clinical workshop in December 2021 enabled the determination of whether services should be delivered on a regional or local footprint. The Regional services in the list below make up the scope of this regional strategy.

Regional Services – In Scope

- Complex Cases (Glaucoma, Uveitis, Oculoplastics, Medical Retina, Cornea, complex cataracts)
- Neuro Ophthalmology
- Vitreo Retinal Surgical Hub
- Expanding Regional capacity for Cataracts
- Eye Casualty, Out of Hours Care
- Complex Paediatric Care

Local Services - Out of Scope

- Routine outpatient and theatre treatments
- Specialist dependent condition monitoring (Glaucoma, Cornea, Medical Retina)
- Paediatric Care
- Orthoptics

Community Services - Out of Scope

- AHP-led stable and routing condition monitoring (Glaucoma, Cornea, Medical Retina)
- Screening



Specialty	On a regional level	At a local level	Community
Glaucoma	Surgical / complex Glaucoma	Medical Glaucoma	Stable treated Glaucoma, Ocular Hypotension
Uveitis	Complex Uveitis	Anterior Uveitis	Simple recurrent Uveitis
Emergency Eye Care:	Eye Casualty	Follow up clinics	Follow ups, Minor Ailments
Out of hours Care	Out of hours Care		
Cornea	Cross linking	Routine Cornea	Keratoconus Monitoring
Oculoplastic	Orbit, Complex	Lids, Minor ops	
Medical Retina	Retinal Dystrophies, Genetics, complex Medical Retina	Stable monitoring, injection services, stable diabetic eye disease	Diabetic screening and monitoring
Paediatrics and Orthoptics	Complex Paediatrics	Routine Paediatrics,, Adult Orthoptics, Paediatric Orthoptics	Screening
Neuro Ophthalmology	Neuro Ophthalmology		
Vitreo retinal	Emergency and routine procedures		
Cataracts	Cataracts Expansion	Cataracts	Follow ups

Regional and Local Services



Regional Services are generally more complex in nature and reliant on other specialties. They are best delivered on a regional footprint, bringing the specialist workforce and equipment together.

Local Services are generally more routine in nature and often involve ongoing patient interactions with specialist trained clinical staff. These service are best delivered more locally where clinicians can get to know their patients and the patient travel is reduced. Delivery is clinician-led with supervised AHP's

Community Services are generally for more stable patients that can be looked after by AHP's. Services include screening and are overseen by a clinician

Our Partners



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South East Wales
Regional Ophthalmology

This vision cannot be delivered by Health Boards alone. The support and input of partners is critical for success. Our key partners include Primary Care teams, Welsh Government, Patient Group including RNIB and other local patient groups, HEIW, Universities, Royal College of Ophthalmology and Royal College of Nursing and the School of Optometry.



Regional Model



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Where are we today

Currently all ophthalmic services are delivered on an individual health board basis with only a small number of highly specialised services delivered in Cardiff for patients across the region. Due to increasing demand and workforce complexities it is no longer sustainable for all health boards to run all services. Better patient care and sustainable value for money services will be delivered by bringing services together into a Regional Centre of Excellence network model that will condense delivery of speciality, complex care and an expansion of cataracts services across the region

What will the future hold?

The Regional Centre of Excellence network model will provide expert specialist care for patients, ensuring they are seen quickly by the most appropriate specialist for their needs. In the Regional Centre of Excellence there will be experts from a wide range of services that can treat complex conditions with links to other tertiary services such as neurology, enabling the best possible care to be provided in Wales. In addition, the expansion in the regional capacity for cataracts will provide shared assessment and surgical capability for the treatment of cataracts adopting best practice high flow principles. The Regional Centre of Excellence network model will link seamlessly with local and community services. It will be sector leading with a modern skill mix of roles who learn together to drive improvement, and teaching and training facilities to grow the ophthalmic staff of the future.

Target for 2025

By 2025 Plans for the development of the Regional Centre of Excellence network model will be well underway with funding approved in principle and a full business case for a new facility in development. The expansion in the regional capacity for cataracts will be fully utilised taking patients from all over the region, reducing cataract backlogs and flexing capacity to cope with current and future demands.



Sustainable Services



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Where are we today

There are several areas of service delivery that require attention to make them sustainable in the short and medium term, congruent with the overall aim of this strategy to make all Ophthalmic Services sustainable in the long term. Areas requiring more immediate attention are Vitreo Retinal (VR) services, corneal cross linking, and emergency and out of hours cover across the region. Areas for medium term attention are the reduction of routine outsourcing and making the best use of estates and equipment.

What will the future hold?

Services identified above will be delivered effectively on a regional footprint, making the best use of the capacity available and ensuring the services as stabilised and efficient. Outsourcing of routine cases will cease with patients treated out of area on exceptional clinical basis only. The estates and specialist ophthalmic equipment available across the three health boards will be reviewed and optimized.

Target for 2025

By 2025 Vitreo Retinal (VR) services, corneal cross linking, and emergency and out of hours cover will be working well across the region to agreed clinical and funding models. No routine cases will be treated out of the region. The estates review will be finalised and the findings fully implemented.



Workforce



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Regional Ophthalmology

Where are we today

The workforce across Ophthalmic services is fragile, with many experienced staff at all levels close to retirement and all health boards struggling to recruit trained staff. Vacancy levels are affecting service capacity and staff are being sought from overseas to fill posts. Training is available but delivery is patchy and requires greater co-ordination across the region with all partners involved.

What will the future hold?

Ophthalmic Services in South East Wales are a great place to work. Qualified and trained staff are attracted to the area and vacancies are quickly filled. Training and development for all staff is co-ordinated and teaching, learning and improvement are central principles of how all ophthalmic services in the region operate. All professionals work to the top of their licence.

Target for 2025

By 2025 regionalised training plans and programs will be in place for all disciplines of staff with tracking and reporting of competencies and achievements delivered in partnership with HEIW and the Universities (CU and USW). Multi-disciplinary teams and skill mix reviewed and new roles filled. Future workforce plans developed and implemented.



Research, Innovation and Development



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Regional Ophthalmology

Where are we today

The research innovation and development activities that are currently undertaken with the region are sometimes ad-hoc and led by individual clinicians. There is a strong vision research base in Cardiff University but it is not integrated into Ophthalmology services in the region.

There are relatively few fellowship opportunities within the region and no substantial funding streams for this type of work are accessed routinely. The only industry partnership working is for outsourcing and there are few links with hereditary conditions and genomics.

What will the future hold?

Regional Centre of Excellence network model and the Ophthalmic services provided by Health Boards provide the variety and complexity of cases to attract research fellows and innovation opportunities.

There will be a regional Clinical Research Facility allowing delivery of high quality clinical research trials which will increase income and quality of care for patients whilst building links with industry partners with strong consultant support. There will be sustainable funding streams for research in the region.

Meaningful and mutually beneficial Industry Partnerships are created and links with genomics are developed and strengthened.

Target for 2025

By 2025 the Regional Centre of Excellence network model will work closely with Clinical and Research Fellows whose work will enhance the services provided. There will be more academic trainees who have both clinical and research aspects to training within the region. All types of clinical and non-clinical roles play an active part in research activities.

At least one industry partner will be engaged with the regional working and an Ophthalmic Genomics working group will be well established.



Enablers



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South East Wales
Regional Ophthalmology

Where are we today

The organisational culture, use of data and systems, clinical variation and standards and patient led service design are all critical enablers to the delivery of this strategy.

Connection and sharing of services between health boards is restricted by variation in IT communication and documentation systems. Wales are on the cusp of adopting a new electronic patient record system call Open Eyes that will underpin the regional working, however currently access to routine capacity, demand and activity data is limited in some areas. There is clinical variation across Health Boards and while more recent services have been designed with the patient, not all services are delivered in a patient centred way. There is growing support for regionalisation within the organisational culture but more work needs to be done.

What will the future hold?

All services will be data driven with a full adoption of Open Eyes in every specialty enabling sharing of patient records and data and shared patient treatment lists to inform day to day operations, management and long-term planning. Patient reported outcomes will enable shared decision making with patients. Adoption and inclusion of a regional approach for Eye Care is central to decision making and the services provide equity of access to all patients for treatment and staff for training and opportunities. Clinical variation is minimal in regional services and patients are fully engaged in service design.

Target for 2025

By 2025 Open Eyes will be fully adopted. A Regional Strategy will be fully embedded with Health Boards thinking 'Regional first' where appropriate services require support. Shared Patient Treatment Lists (PTL's) will be in place where appropriate and patient outcomes will be clearly visualised. Clinical variation will be minimised in Vitreo Retinal (VR) services, corneal cross linking, and emergency and out of hours cover across the region. A patient reference group will be participating in service design and change.



High Level Timelines



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South East Wales
Regional Ophthalmology

2023

- ❖ Regional expansion in capacity for cataracts will be fully utilised
- ❖ Regional Vitreo Retinal Service operational
- ❖ Regional Eye Casualty and Out of Hours Care in place

2024

- ❖ Research, Innovation and Development well established
- ❖ Workforce Development Programme in place

2025

- ❖ Regional Centre of Excellence network funding agreed



CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Annual Equality Report 2021 - 2022
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Brown, Assistant Director of Workforce and Organisational Development Ceri Harris, Equality, Diversity and Inclusion Lead

Pwrpas yr Adroddiad Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to demonstrate the significant amount of work that has been undertaken within the Health Board from 01 April 2021 – 31 March 2023 to achieve the Health Board objectives that were identified and agreed within the Strategic Equality Objectives.

As the reporting period set out under the Equality Act and Public Sector Duty is for the retrospective year, this Annual Report describes and incorporates our work towards implementing our equality objectives during April 2021 to March 2022 as well as a reflection of the work also undertaken during April 2022 to March 2023. Given that we are publishing this Annual Report in March 2023, and this is the last year of the current Strategic Equality Objectives, it is sensible to bring the activities and actions completed up to date. This Annual Report will include the Equality Monitoring Data for 31 March 2022, but the activities will cover a two-year period.

The Health Board has a legal obligation under the Equality Act 2010 to publish this report by the deadline on 31 March 2023.

The Board is asked to note the volume of work undertaken to embed equality, diversity and inclusion principles across the Health Board and to review and approve the Annual Equality report.

Cefndir / Background

Each year the Health Board is required to publish its Annual Equality Report, demonstrating progress against the Health Board's Strategic Equality Objectives. This report includes data on the Health Board's workforce equality information to ensure that there is no widening of diversity gaps and that the workforce is representative of the communities to whom it provides a service.

The report in **Appendix 1** provides the baseline equality data and narrative of equality activities over 2021-2022 to ensure the Health Board meets its legal requirements. The workforce data for this report is collated by calculating the number of people working for the Health Board, where a person holds two or more assignments (job roles) with the Health Board they are counted as one individual. This is consistent to how the data has been reported in previous years.

This report should be read in conjunction with other relevant Health Board publications. These include our Strategic Equality Plan (SEP), Annual Report, Annual Quality Statement, Population Needs Assessment, Integrated Medium Term Plan and Annual Report of the Public Health Director.

There are several legal frameworks which include The Equality Act 2010, The Public Sector Equality Duty, The Socio-economic Duty, The Human Rights Act 1998.

Asesiad / Assessment

The report summarises the key outputs and outcomes against the eight strategic equality objectives and demonstrates that despite another difficult two years, with multiple challenges, that the Health Board has continued to progress equality, diversity and inclusion in its services.

Argymhelliad / Recommendation

The Health Board remains committed to advancing equality, promoting human rights and reducing health inequalities. This annual report highlights our key achievements and work undertaken to ensure that our services reflect and respond to the needs of our people and that we comply with our statutory equality and socio-economic duties.

The Board is asked to note the volume of work undertaken to embed equality, diversity and inclusion principles across the Health Board and to review and approve the Annual Equality report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Many of the actions identified in the Annual Equality Report are also included within the IMTP and service action plans as equality is threaded through the Vision, Values and Aims of the Health Board.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. All Strategic Equality Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau)
Impact: (must be completed)

	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Long Term – The Annual Report identified different areas of work, from pilot projects to strategic changes within the organisation which will impact service delivery in the long term. Integration – Throughout the Annual Report it refers to collaboration and partnership working. Involvement – Throughout the Annual Report it refers to collaboration and partnership working, especially with diverse communities. Collaboration – Throughout the Annual Report it refers to collaboration and partnership working. Prevention – The key aim of the strategic Equality Objectives is to prevent discrimination and ensure dignity and respect for our staff, patients, their families, and the wider community.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Annual Equality Report 2021-2022

Our Values are....



Dyfodol  Clinigol
Clinical Futures

This document is available in Welsh and on request in a range of accessible formats.

Email: ABB.EDI@wales.nhs.uk

All publications are also available to download on our website
<https://abuhb.nhs.wales/>



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1. Foreword

Welcome to Aneurin Bevan University Health Board's Annual Equality Report covering the period April 2021 – March 2022. This report provides a snapshot of the work within the Health Board to advance Equality, Diversity and Inclusion during a very challenging time as well as a reflection of the work undertaken during April 2022 to March 2023.

In March 2020, following a formal consultation and ongoing engagement activities with the community we serve and our staff, we published a new Strategic Equality Plan (SEP) and Objectives for the period 2020-2024. [Strategic Equality Objectives 2020-2024.](#)

This report gives an overview of key work in relation to the delivery of our Strategic Equality Objectives and should be read in conjunction with other relevant Health Board publications. These include our Strategic Equality Plan (SEP), Annual Report, Annual Quality Statement, Population Needs Assessment, Integrated Medium Term Plan and Annual Report of the Public Health Director. These reports can be found by following the below link: <https://abuhb.nhs.wales/about-us/key-documents/>.

As the reporting period set out under the Equality Act and Public Sector Duty is for the retrospective year, this Annual Report describes and incorporates our work towards implementing our equality objectives during April 2021 to March 2022 as well as a reflection of the work also undertaken during April 2022 to March 2023. Given that we are publishing this Annual Report in March 2023, and this is the last year of the current Strategic Equality Objectives, it is sensible to bring the activities and actions completed up to date. This Annual Report will include the Equality Monitoring Data for 31 March 2022, but the activities will cover a two-year period.

The actions that were identified in the SEP were impacted by the Covid-19 pandemic, with many actions needing to be delayed or amended. Patient and community engagement was impacted greatly as we had to think differently about how we could provide services in a different way and for our services to be inclusive.

It has now been recognised that Covid-19 has further magnified inequalities for many people with protected characteristics and those who are socio-economically disadvantaged. Our Health Board area became the first and one of the worst-hit locations in Wales and the UK. The pandemic has further highlighted existing inequalities and has widened others. Older people, ethnic minority people and some disabled people, particularly those in care homes, have been disproportionately impacted by the pandemic.

We continue to work to maximise the opportunities presented to align the equality duties within this framework. There is a range of activity taking place across Aneurin Bevan University Health Board, to advance equality of opportunity, eliminate unlawful discrimination and foster good relations.

2. Background and Context

The Equality Act 2010:

The Equality Act 2010 protects people and groups from unfavourable treatment and makes it unlawful to discriminate, harass or victimize people because of a reason related to their protected characteristic(s).

The Public Sector Equality Duty:

Section 149 of the Equality Act 2010 requires us to demonstrate compliance with the Public Sector Equality Duty (PSED) which places a statutory duty on the Health Board to:

- Eliminate unlawful discrimination, harassment, and victimisation.
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not.
- Foster good relations between those who share a relevant protected characteristic and those who do not.

Our Health Board also has a specific duty under the PSED to undertake the following actions:

- Publish information to demonstrate compliance with the Equality Duties, at least annually.
- Set equality objectives, at least every 4 years.

The Socio-economic Duty:

The Socio-economic Duty is a new duty introduced by the Welsh Government on 31st March 2021, implementing a previously dormant section of the Equality Act (2010). Its aim is to deliver better outcomes for those who experience socio-economic disadvantage. It further enhances current equality legislation and the Well-being of Future Generations (Wales) Act 2015 and Social Services and Well-being (Wales) Act 2014.

The Socio-economic Duty places a requirement on the Health Board that when taking strategic decisions, the Health Board has due regard for the need to reduce inequalities of outcome that result from socio-economic disadvantage.

During 2021-2022, the Health Board established a process to ensure Socio-economic Impact Assessments (SEIAs) are undertaken for decisions of a strategic nature, with a new impact assessment process introduced.

The Human Rights Act 1998:

The Human Rights Act 1998 set out universal standards to ensure that a person's basic needs are recognised and met. Public Bodies have a mandated duty to

ensure they have arrangements in place to comply with the Human Rights Act 1998. It is unlawful for a healthcare organisation to act in any way that is incompatible with the Human Rights Act 1998. In practice, this means we must treat individuals with:

- **Fairness**
- **Respect**
- **Equality**
- **Dignity**
- **Autonomy**

These are known as the FREDA principles.

3. Our Values and Purpose

Our Values



The Clinical Futures Strategy, with the principle of tackling health inequality at its core, remains resilient as the direction of the organisation. This plan sets out our ambitions to deliver the strategy over the next three years. We are optimistic that we are on course to deliver, have charted a realistic delivery approach and are confident our actions will support us in achieving sustainability in order to meet the needs of our communities.



Clinical Futures seeks to improve population health, resilience and well-being and deliver care closer to home, primarily thorough primary and community services, all supported by a resilient hospital network.

4. Key Equality Achievements in 2021-2023

- Progress has been made in the delivery of our equality objectives and the range of information we are increasingly able to draw upon.
- Covid-19 recovery plans recognise the impact the pandemic has had on equality groups, looking at accessibility and specialist services.
- Pilot of SignLive – accessible interpretation for British Sign Language (BSL) users.
- Review of the Health Board’s EQIA process to make it more robust and supportive and to strengthen the scrutiny in governance and decision-making structures.
- Development of a Socio-economic assessment process, in line with the new duty.
- Establishment of Staff Equality Networks.
- Establishment of fortnightly Equality, Diversity and Inclusion (EDI) Newsletters, shared on the Health Boards Intranet pages.
- Establishment of an EDI Intranet page, with a training and resources library.
- Led and worked with partners and supported a range of awareness raising initiatives and campaigns such as Virtual Pride week celebrations.
- Provided Active Bystander training to 250 staff, including the Executive Team
- Provided basic BSL awareness sessions to over 350 staff, to support the pilot and roll out of SignLive

5. Delivering the Public Sector Equality Duty

The Equality Objectives we set out to deliver in our 4-year Strategic Equality Plan take account of all the Health Board’s work and activities, planning and delivering healthcare and policy development. Our Equality Objectives are also informed by gathering and analysing information from national and local sources and evidence and from impact assessments undertaken as well as from ongoing engagement with staff and service users.

In this section of our Annual Report, we outline in further detail our key progress during 2021-2022.

Engagement

The Health Board has worked in partnership with stakeholders to ensure that it actively engages and coproduces services with people who share protected characteristics.

Equality Impact Assessments

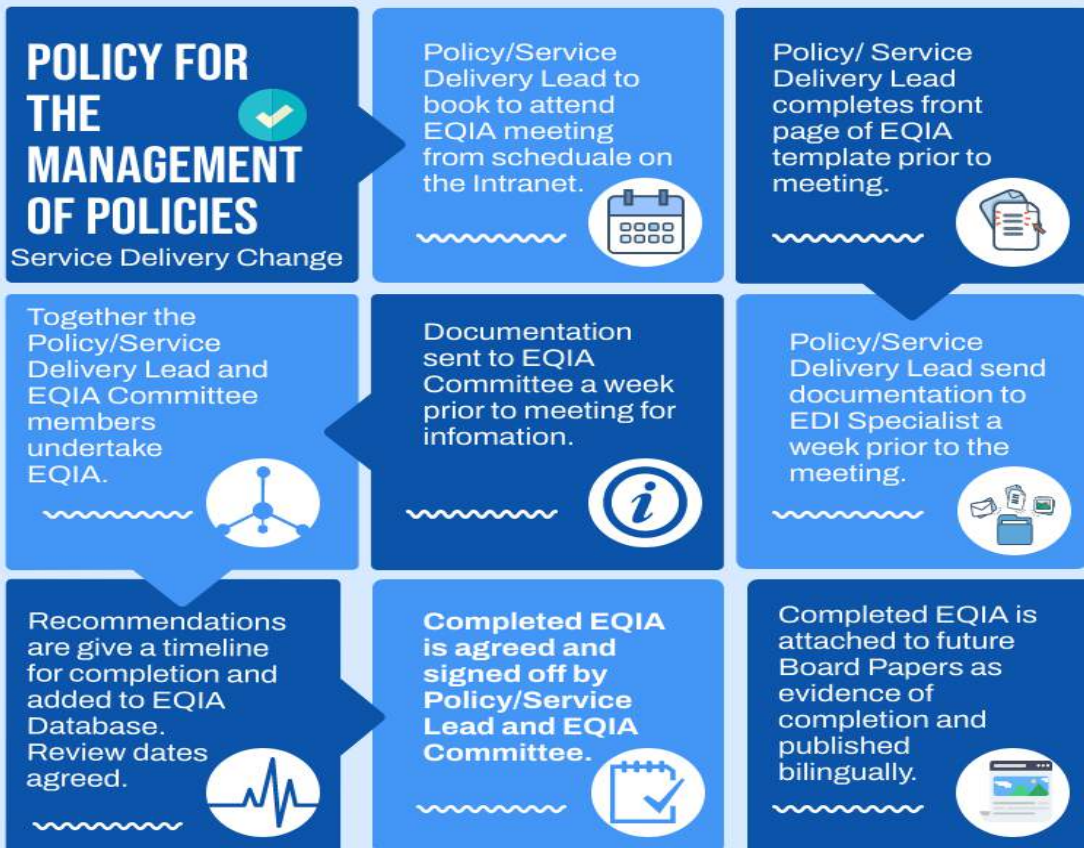
When we make decisions that potentially impact on communities, patients and our workforce, we have a statutory duty to assess the impact of our decisions on people who share protected characteristics.

EQIA's are required for a wide range of decision making across the Health Board, including developing strategies or policies, or developing and reviewing services. The process of assessing the impact of a project or decision on equality is embedded within the Health Board's governance arrangements and ensures that decisions have taken account of the needs of those who share protected characteristics.

Our Health Board has developed a multi-disciplinary Equality Impact Assessment tool (EQIA), that includes the Wellbeing of Future Generations requirements, Armed Forces Covenant, Socio-economic factors and Welsh Standards. The tool is supported by the development of an EQIA group, with representation across divisions, leads with Trade Union support. The role of the group is to strengthen the governance and scrutiny of EQIA's as well as a development tool. The revised process ensures that the lead person/people completing the EQIA has a full understanding of what is needed, from data and evidence to engagement.

Encouraging decision makers to consider intersectional impact, the interconnected and overlapping disadvantage and potential discrimination faced by people who share more than one protected characteristic. The assessment tool also supports consideration of cumulative impact, in which the effects of a decision on people may add to or interact with the impacts of other decisions being made.

EQUALITY IMPACT ASSESSMENT PROCESS



Our Workforce

The statutory protected employment reports are published on the Health Board's website.

Information relating to the equality characteristics of our workforce is held in our electronic payroll system, the Electronic Staff Record (ESR). Information on job applicants is gathered as part of the recruitment process via a national system known as NHS Jobs and this enables us to understand the profile of people applying to work for us, those who were shortlisted for interview, and those who were successful.

Over the past few years, the Health Board has aimed to improve the rate of completion for our workforce equality monitoring data, recognising that some staff are reluctant to complete their equality workforce data. This has been discussed in the various staff networks that have now been established. Where we have aimed to explain that by having accurate equality staff data enables us to improve the visibility of our workforce who share protected characteristics. This also importantly informs our workforce planning and helps identify key themes and areas for action across all stages of the employment journey.

This year in addition to the Gender Pay Gap report, we have also published a Race Pay Gap report and the Annual Employment report is included in this report.

Our Gender Pay Gap report as at 31 March 2022 has been broken down to show three sets of data, the pay gap for Agenda for Change Staff, those that are outside of Agenda for Change, such as doctors, dentists and some senior managers and the combination of both. This is so we have more robust data on where the gaps exist, so we can identify ways to then close those gaps and support our staff.

In addition to the Gender Pay Gap, the Health Board had committed itself to

undertake a Race Pay Gap Audit, to assist its Anti-racist Wales objectives. This first report will provide a baseline for each year's report to identify if initiatives such as Reverse Mentorship and Anti-racist training are having a positive impact on the closing of gaps.

Staff Training

When it comes to increasing staff awareness and understanding of Equality and the Public Sector Duty's specific responsibilities, the Health Board can look to the Treat me Fairly e-learning package. As of February 2023, we have achieved 85.37% mandatory equality training compliance, an improvement against the 82.10% completion rate achieved in 2021-2022. We continue to analyse results and target key staff groups.

6. Context of Covid-19

There have now been a number of reports and areas of research that has recognised that Covid-19 has further magnified and amplified inequalities for many people who share protected characteristics and those who are socio-economically disadvantaged. For some individuals, these inequalities may be further exacerbated by barriers to accessing healthcare, marginalisation from society or discrimination.

Whilst Covid-19 significantly impacted all areas of work throughout the Health Board, evidence continues to emerge that certain groups within our communities and workforce are disproportionately impacted.

The Person-Centred Care Team have for example recognised the impact Covid-19 has had on areas such as provision of volunteers support and training as well as the increased need to support the wellbeing of our Cancer patients. Which resulted in a bid to improve the support, particularly for those with protected characteristics.

When we look at the impact on our workforce we know through staff engagement survey's and via Occupational Health that Covid-19 has impacted on the way we work and deliver care and we continue to engage with our workforce to understand the impacts. Our Staff Wellbeing service provides a range of services to meet the differing emotional and psychological needs of our staff, and this will continue to develop over the next financial year.

7. Responding to Welsh Government Action Plans

In July 2022, the Welsh Government published its Anti-racist Action Plan for Wales, setting out the steps needed to be taken for Wales to be an anti-racist nation by 2030. The Health Board has responded to the action plan by creating its own actions, which will form part of the strategic equality objectives for 2024-28. The draft is currently out for staff engagement.



The LGBTQ+ Action plan was published in February 2023, and this is an area for the Health Board to include in future strategic objectives for 2024-28.

8. Delivering Our Strategic Equality Objectives

This section of our report outlines our progress in year three (of four) of our Strategic Equality Plan

Equality Objective 1

Work in partnership to reduce all hate crime.

March 2021 the Welsh Government introduced the Hate Hurts Wales Campaign. <https://gov.wales/hate-hurts-wales> The Health Board promoted the campaign on social media and via staff updates. It repeated this in 2022, reminding staff and the public of the route to report hate crimes in Wales. The short initial campaign led to a 122% increase in calls to Victim Support when compared to the previous year.

You can watch the campaign video here. <https://youtu.be/SbUG6FBkFHw>

The Health Board has continued to raise awareness and understanding among staff of how to report hate crime and support colleagues who are victims of abuse/hate crime. Work continues with multi agency partners to raise awareness and respond positively to victims of hate crime. This has included sharing information, resources and upcoming events and training opportunities.



Work has progressed in raising awareness of 'modern slavery' and the implementation of our action plan in relation to the Welsh Government Code on 'Ethical Employment in Supply Chains'.

In February 2022, the Health Board was one of the first Health Boards in Wales to sign the Zero Racism Pledge, [Zero Racism Wales | Now is the time to take a stand](#) making a commitment to actively promote racial harmony and equity. To take a stand against racism and promote a more inclusive and equal workplace and society that gives every individual in Wales the right to feel safe, valued and included.



Focus on... Holocaust Memorial Day

To mark Holocaust Memorial Day, the health board joined many organisations and schools across the UK with a webinar hosted by the Holocaust Educational Trust. Holocaust Survivor.

Eva Clarke BEM, gave her testimonial of the experiences of her mother Anka, who gave birth to Eva in a concentration camp. Eva shared the importance of standing up against hate and hateful propaganda.



Equality Objective 2

Work in partnership to reduce the incidence of domestic abuse, 'honour' based violence and elder abuse.

Working in partnership we have continued to work with the Southeast Wales Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) Partnership Board. This provides the governance vehicle for the regional partnership for related services. We are key partners in the delivery of the **Gwent Regional Violence Against Women, Domestic Abuse and Sexual Violence Strategy 2018-2023**.

The Health Board also marked the International Day for the Elimination of Violence against Women and the White Ribbon Campaign.



The Intranet pages of the Corporate Safeguarding team have been revamped and a new newsletter and Twitter account promoted publicising important information and training. [Safeguarding Intranet pages](#)



In the mass vaccination centres the Corporate Safeguarding team set up domestic violence awareness information areas promoting the 'Live Fear Free' helpline.

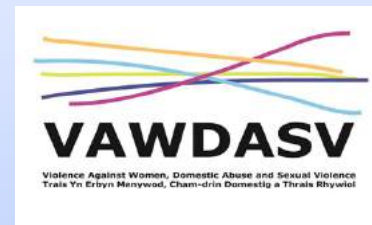


The **Independent Domestic Violence Advisor (IDVA)** has been based within the Emergency Department since April 2022 and is part of the Gwent IDVA Service that works in partnership with Violence Against Women, Domestic Abuse and Sexual Violence. Since April 2022, the IDVA have received and supported 168 direct referrals and provide indirect support to 27 members staff, offering advice, support and guidance. They have also delivered bespoke training to 161 staff on, Domestic Abuse, Stalking, Harassment and Honour based violence and Multi Agency Risk Assessment Conference referrals.

The **High Impact Service** provides a proactive approach to supportive care to patients with complex needs or vulnerabilities. The service aligns to the '*Healthier Wales*' strategy by supporting the model of seamless health and social care with integrated services at the local and regional level, working to achieve the single whole system approach by strong multi agency/ interprofessional working to address the whole needs of an individual.

Focus on...National Training Framework for Violence Against Women.

To implement the National Training Framework for 'Violence Against Women', Domestic Abuse and Sexual Violence Act (2015), the Health Board are members of the Regional Training Group and have accredited trainers.



During 2022, the Health Board as part of our partnership with Hafan Cymru, ran Ask and Act sessions for staff via Teams. These were a half day course to;

- increase confidence and understanding of early identification,
- making a targeted enquiry and
- knowing referral pathways.

Equality Objective 3

Work in partnership with carers to continue awareness raising, provide information, and improve practical support for carers.

The Social Services and Wellbeing (Wales) Act 2014 (SSWBA) has significantly strengthened the legislative requirements for Health Boards and local government to integrate services in support of carers and the progress made to date with partner organisations provides an important foundation.



The Gwent Regional Partnership Board (RPB) was established (under Part 9 of the SSWBA) and has a duty to oversee implementation of the Act including the population needs assessment and subsequent area plans.

As part of the ongoing work, in partnership with local authorities and third sector providers, to improve access and understanding about dementia care the Health Board has been running a number of webinars during 2022. In September, October and November 2022, the Health Board as part of its partnership has held a series of webinars with under-represented groups looking at the barriers they face in accessing dementia services for themselves or those they care for. The webinars were aimed to Seldom Heard Voices in the Black, Asian and Minority Ethnic Community, Sensory Loss communities and the LGBTQ+ community.



Carers Week

A GAY DEMENTIA VENTURE.



A 35 minute, one-man play.
It opens on Sam and Derek's wedding day and goes on to explore the highs and lows of their lives as Derek's dementia progresses. Told from Sam's point of view, the play is a touching, sad, yet often funny, insight into the lives the couple.
The session will be virtual.



8th June 2022
10.30-12pm
OR
1-2.30pm



Email ABB.EDI@wales.nhs.uk or scan QR code to book

During Carers week we held two online forum theatre productions with the Purple Theatre company, looking at the experiences of a gay carer for his husband with dementia and the barriers to accessing appropriate care.

This session was made available to other Health Boards across Wales and the local authorities in Gwent. With over 200 attendees for the sessions.

In June, the Health Board also established a Carer@ABUHB staff network, to provide support for staff who are unpaid carers. The network are developing a carers guidance document to signpost staff to support.



As part of our work with the Carers Strategic Partnership, we continued to provide information such as leaflets for unpaid carers with relevant telephone numbers where they can access carers assessments and support as well as support to carers during the pandemic and national carers week, as well as administering the carer's small grant scheme.

Focus on ...Carer Friendly Accreditation

The Health Board commissioned Care Collective to undertake the Carer Friendly Accreditation on behalf of the Gwent Strategic Carers Partnership.



Carer Friendly is an initiative which aims to recognise, improve and increase access to information and support for unpaid carers. This is done through the Carer Friendly commitment campaign, the delivery of training, an accreditation scheme and signposting materials (available in both English and Welsh language). All of which are funded across the Gwent area and therefore available free of charge.

Carer Friendly Commitment: An accessible first step in becoming Carer Friendly and showing your support for unpaid carers. The aim of this is to have a wider reach and, therefore, a wider impact: helping to create communities and services that are more carer friendly. People can sign up to commit to being Carer Friendly in their capacity as an individual or on behalf of their service/organisation.

Supporting carers training workshops: The training session is currently delivered in person or through Microsoft Teams virtual platform. Training can either be booked as bespoke (closed) sessions for services and teams or can be accessed by individuals through bi-monthly open workshops (bookings for the open workshops are through Eventbrite). We also deliver supporting carers in the workplace workshops. These are aimed at enabling managers and service or team leaders to identify and support carers in the workplace setting.

Carers in the community awareness sessions: 30-minute carer awareness sessions to community councils and community groups across Gwent. The session will cover basic information about who unpaid carers are, the types of roles that they undertake and free localised support that is available to carers.

Carer Friendly accreditation: The accreditation scheme enables teams/services to enhance the support that they offer to carers and provides acknowledgement that reflects good practice. Carer Friendly, in collaboration with carers, have developed a set of six criteria which need to be evidenced in order for the accreditation to be awarded. We currently offer both basic and advanced Carer Friendly accreditation as well as a Carer Friendly Employers accreditation. We can provide exemplar tools and materials (in both English and Welsh) that can be used for convenience and will also assign a dedicated Carer Friendly Officer to guide teams/services through the process.

Equality Objective 4

Improve the wellbeing and engagement of our staff.

Improving the health and wellbeing of our staff continues to be an identified priority within the Integrated Medium-Term Plan (IMTP). The Health Board has maintained its Corporate Health Standard awards at both Gold and Platinum level.

Our comprehensive Employee Wellbeing Service continues to deliver support to staff, and we continue to progress actions to support our long-term goal of the establishment of a 'Wellbeing Centre of Excellence'. The Employee Well-being service continues to provide expert clinical support through individual counselling and therapeutic support to Health Board staff and supports the priority placed on employee engagement and wellbeing within 'A Healthier Wales', the Royal College of Physicians 'Doing things differently: Supporting junior doctors in Wales' 2019, Health Education and Improvement Wales - [Health and Social Care Workforce Strategy - HEIW \(nhs.wales\)](#) and the Health Board's IMTP. It also supports a wide range of national strategic drivers identified within the All-Wales Staff Survey, NHS Wales Workforce Strategy, Well-being and Future Generations Wales (2015). During the pandemic the Employee Wellbeing Service was configured to form a 'hub and spoke' model to ensure staff were supported at this most challenging time.

The Health Board's lead psychologist for employee wellbeing is leading the framework for employee wellbeing. A framework of support has been put into place including:

- Staff wellbeing plan developed.
- Access to wellbeing support on-line.
- Well-being resource on the intranet for staff
<https://aneurinbevanwellbeing.co.uk/>.
- Network of psychologists to support at a local level.
- Intensive care and emergency department spoke teams established.
- Weekly briefing from Head of Employee Well-being to all staff.
- Road to well-being programme being delivered virtually.
- Evidence based Well-being Strategy and first in Wales psychological therapy trauma pathway and low intensity psychoeducational support pathway.
- Mental Health support scheme for doctors extended to every frontline healthcare worker in Wales.

Staff Networks

Over the past 12 months, the Health Board's staff networks have grown as more staff are aware of the support available.

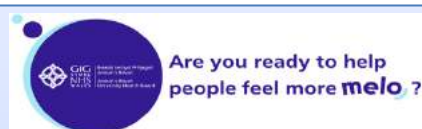


Training and Awareness

A number of training sessions and resources have been developed for staff to increase their awareness of EDI and support them in the workplace. Here are some examples.



Focus on... Melo



Melo is a website full of information, advice and free self-help resources approved by topic experts to help people look after their mental health and wellbeing. It has been developed by the Public Health Team at Aneurin Bevan University Health Board to help people gain knowledge, skills and confidence to look after their mental wellbeing. During 2022 the website was updated to make it easier to get around the site, with clear search bars and simplified sections and pages. They have also added:

- Over 270 free approved self-help resources
- Access to 40 free self-help courses
- Details of over 70 helplines and signposting to non-digital self-help resources
- Information on funded training for anyone working in Gwent.

[Melo Cymru - Mental Health & Wellbeing Resources, Courses & Support](#)

Equality Objective 5

Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse.

Our Annual Quality Statement, IMTP and Annual Report of the Director of Public Health gave a comprehensive overview of the range of work that has been undertaken to reduce inequalities.

During this reporting period the Health Board, as part of the Gwent Public Services Board (PSB) became the first area in Wales to commit to become a Marmot region, signalling its strategic intent to work with the Institute of Health Equity to address inequity between communities across Gwent. This includes adopting the Marmot principles as the framework for collective action. The approach will be developed and delivered through the five-year Gwent Well-being Plan 2023-28, building on Gwent's assets of a diverse economy, rich culture and heritage, iconic natural environment and strong communities.



Why is Gwent a Marmot Region?

[Building a Fairer Gwent: Why we are a Marmot Region - YouTube](#)

The Marmot Principles

- **Give every child the best start in life.**
- **Enable all children, young people and adults to maximise their capabilities and have control over their lives.**
- **Create fair employment and good work for all.**
- **Ensure a healthy standard of living for all.**
- **Create and develop healthy and sustainable places and communities.**
- **Strengthen the role and impact of ill-health prevention.**
- **Tackle racism, discrimination and their outcomes.**
- **Pursue environmental sustainability and health equity together.**

Sensory Loss

All patient and public areas continue to work towards improving the experience for those with sensory loss. This continues to be supported by the Health and Care Standards Audit.

Focus on...Support for the Deaf Community

Over the past year, the Health Board has been piloting a video relay (VRS) and video remote interpreting (VRI) service for Deaf patients and those who use British Sign Language (BSL) through the Deaf owned business SignLive. The pilot focused on 8 key areas of the Health Board where emergency interpretation is needed. The service is to support communication needs when it a BSL interpreter has not been booked or is available. The areas in the pilot were:

- Urgent care
- Maternity
- Outpatients
- Mass Vaccination Centres
- Covid-19 Test Centre
- Putting Things Right
- Booking Centre
- A pilot GP practice



This was expanded in November 2022 to include cancer services.

Following the success of the pilot, more iPads have been purchased and as of February 2023, the service was expanded across the Health Board. The exceptions being GP practices, Dentists and Opticians who are private practices will need to procure the services themselves.

During the pilot the Health Board encountered some IT barriers that have now been resolved. As a result, the technology used for this service has enabled the Health Board to access other interpretation technology.

Insight, which is a part of Language Line, will be rolled out by the end of the financial year. Providing VRS and VRI for up to 150 community languages via desktops, iPads and work mobiles. This will make a significant difference in enabling communication with the global majority for whom English is a second language.

Accessibility

Over the last 12 months, the Person-Centred Care team, alongside Cancer Services and Clinical Psychology have been developing a need led service for patients with protected characteristics. Looking at the barriers they face, from attitudinal, communication and cultural needs. This is a three-year project that was funded by NHS Charities.

The Health Board has a Patient Information Unit that promotes accessibility guidance for staff producing information for patients and the public. The Patient Information Unit continues to update its intranet pages and publicise this widely

to increase staff awareness of the service and information on offer. This includes guidance for staff on producing accessible information.

A lower uptake of Covid-19 testing within ethnic minority communities has seen a range of positive action initiatives undertaken to ensure equality of access. This included creating a 'drop in' facility at the mass testing centre, tailored communications, and the use of community influencers to spread the word. This is a model we have continued to use since the Covid-19 vaccination became available and when we entered Flu season and the Covid-19 Autumn boosters.

Equality Objective 6

Improve the access, experience, and outcomes of those who require Mental Health and Learning Disability services.

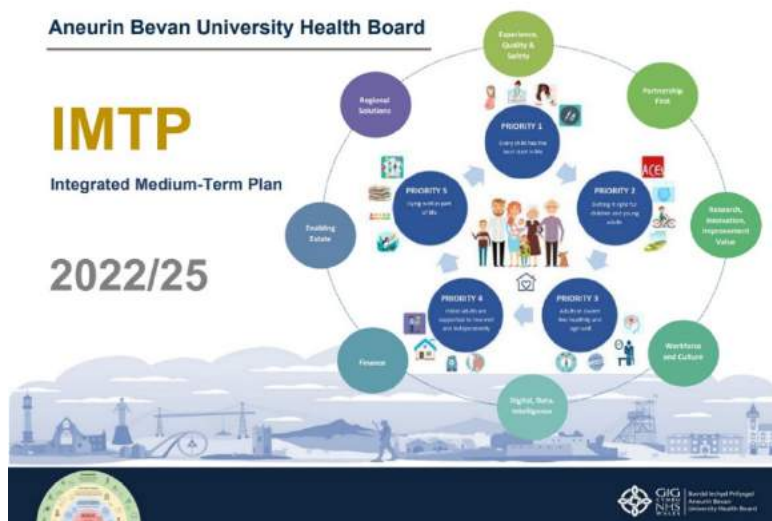
The Health Board's vision for mental health is underpinned by:

- Together for Mental Health Strategy.
- Together for Children and Young People Service Improvement Plans; the Mental Health Measure (Wales) 2010.

As well as local integrated strategies developed in partnership with local authorities, and other statutory legislation and policy drivers.

Based on these strategies and plans, our approach focusses on the following key principles:

- An emphasis on creating a culture and environment that is safe, therapeutic, respectful, and empowering. This includes a foundation of Inspirational leadership and a well-trained, competent workforce in sufficient numbers.
- A vision of services that are integrated, evidence-based and high quality; services which offer accessible information that will allow services users to experience hope and optimism about their future and their recovery and will empower them to develop their care in partnership with those that deliver care or offer support.
- An emphasis on working towards recovery and promoting independence where possible, by providing the information and support required to sustain and improve mental health and to self-manage mental health problems.
- Ensuring that people are treated and supported in environments and services that tackle stigma and discrimination.
- Developing services in partnership with the people that use them, including the design and evaluation of such services.
- Ensuring that the physical environment offers single sex facilities, usually in single rooms; gender safe communal areas; family areas; privacy and safety; and dignity for children and young people.



The Health Board's 2022-25 IMTP looked at mental health services across age groups, such as the Mental Health Resilience in Children and Young adults and recognised that the Covid-19 pandemic had a measurable impact on the mental well-being of children and young people, exacerbated by the repeated closure of schools during successive pandemic waves. With schools now fully open again and restrictions

being lifted, it is imperative to take every opportunity to support the recovery of children and young people's mental well-being. Welsh Government recently launched its 'Framework for Embedding a Whole School Approach to Emotional and Mental Well-being'. This approach to emotional and mental well-being was at the core of the 'Iceberg' model that we have been implementing with our partners to ensure that children and families getting the right help, first time, at the right time informs service planning, delivery, and measures of success. We are transitioning from our Iceberg model to the NYTH/NEST National Framework.

The Health Board has well established mechanisms in place across every state primary (195) and secondary (35) school through our school nursing teams and school in reach programs. Within schools' students can use QR codes to access services and book discrete sessions with our school nurses, psychologists or school councillors. We piloted the whole school approach model in Blaenau Gwent and Torfaen supporting school communities to develop their thinking around whole school approaches to well-being. This year our plans reflect the mental health and resilience of children and young adults at one of the highest priorities for the Health Board over the coming year and beyond.

When it comes to transforming adult mental health services, the Health Board support a rights-based approach that explicitly promotes the recovery model, with the empowerment and involvement of service users throughout the life course. Our mental health and learning disability services have a long history of strong community focused services with a well-developed network of generic and specialist services across communities that are supported by specialist local inpatient services. Our services are delivered through multi-disciplinary teams in collaboration with our public and third sector partners.

Headlines

- 9,200 PEOPLE ON WAITING LIST
- 4,600 ARE WAITING FOR PRIMARY CARE OR ADULT MENTAL HEALTH SERVICES
- AVERAGE DAYS TO FIRST CONTACT INCREASED BY 4 DAYS (29 – 33 DAYS)
- PATIENT ACUITY INCREASING
- MENTAL HEALTH ACT ADMISSIONS INCREASING

The detrimental impact of Covid-19 on the mental health and well-being of the Welsh population has been significant (Wales Wellbeing Survey, 2020/21). Recent studies published by the Centre for Mental Health (2021 report) forecast that demand is likely to exceed capacity threefold over the next three to five years, with significant

increases in conditions such as severe anxiety and depression and a disproportionate impact on individuals with existing mental health conditions. Even if the actual increase in demand is a fraction of that predicted, it means that mental health and learning disabilities services face a huge challenge in increasing the service capacity to meet this new demand at a time when significant backlogs for some services existed before the pandemic and have significantly increased over the last two years. Demand for mental health services is sharply increasing and we need to find ways of supporting people earlier within the community, to better support crisis prevention and recovery.

Learning Disabilities Service Review

The Learning Disabilities Services Review was completed in 2021, the impact of the recommendations on people affected by the change are being evaluated. One of the immediate outcomes is the proposed new service model based on three 'agile' teams (highly skilled and well supported workforce) across Gwent to respond flexibly and effectively to crisis and engage early in transition. A business case is being developed to take forward the model which focuses on specialist health assessment, interventions, and expert advice with improved experiences for service users including those with complex needs and challenging behaviours.

Equality Objective 7

Improve the experience of lesbian, gay, bisexual and transgender (LGBT) service users and staff.

The Health Board has a long-established staff Lesbian, Gay, Bisexual and Transgender Advisory virtual Group. We continue to participate in engagement activities with the wider LGBT community.

Throughout the reporting period further work has been undertaken to increase awareness of the needs of transgender and non-binary people.

In June 2022, the Health Board published its Trans Training Toolkit, providing awareness and support for staff to provide person centred care to patients and families who are non-binary, transgender or intersex.

[Caring for Trans Patients in ABUHB \(office.com\)](https://www.abuhb.nhs.uk/office.com/)

We continue to maintain membership of the Stonewall Diversity Champions programme.

For the second year the Health Board came together with all the other NHS Wales organisations to hold a Pride event in August 2022.





Eleven NHS organisations took part in the Pride Cymru parade held in Cardiff in August. This was the first Pride Parade since the pandemic and NHS Wales were asked to lead the parade through Cardiff.



Focus on....Compassionate Care showcased in Iris Film

Over the past 18 months, Aneurin Bevan University Health Board have been working in partnership with Velindre NHS Trust and the Iris Film festival as part of their Iris in the Community work.

Based on the true story of a lesbian couple, Kim and Roseann, who were married at Velindre Hospital, Cardiff in 2018 whilst Kim was receiving treatment for cancer. This emotional film is a touching love story between two women and is also a celebration of the amazing staff who work for our NHS and the importance of compassionate care. The film stars Rebecca Harries and Lynn Hunter, supported by a cast of NHS professionals.

The film premiered on the opening night of the Iris Film Festival in October, as part of their best of Welsh screenings and was picked to be one of the films taken on tour around the UK as part of Iris on the move.

The Health Board has just been informed that it has also been selected for the Amsterdam LGBTQ+ film festival, with the winner announced in April 2023.



The film is a love story of both Kim and Roseann as well as the NHS.

Equality Objective 8

Gender and Pay – Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this.

Throughout the reporting period we have continued to encourage staff to complete their equality related data on their Electronic Staff Record (ESR) as an integral part of ESR training, through specific promotional activities and regular communication messages on the ESR carousel. Despite the Health Board's move to online payslips for all staff, which has seen more staff logging into their online ESR account, significant gaps in our information remain. From an intersectional perspective, this continues to hamper a more detailed understanding in relation to gender and other protected characteristics such as ethnicity, disability, sexual orientation, and religion/belief.

It remains clear from the employment data that men continue to be underrepresented in the Health Board (as is the case across NHS Wales), however they are overrepresented in some job roles such as trade and estates related occupations and are disproportionately represented in the higher management banded posts.

The age and gender profile of the workforce together with anecdotal feedback from staff continues to identify that the menopause is a significant issue.



In November 2021, the Health Board introduced monthly virtual Menopause cafés, which support the implementation of the All-Wales Menopause Policy and the availability of awareness and support sessions for staff by the Health Board's menopause specialist nurse, who also runs a specific clinic for staff. The Menopause cafés provide a safe space for staff to talk about their menopause experiences and share tips. Over the next 12 months the cafés will alternate from virtual to physical sessions so more staff can attend.

Proportionally more women than men work part time, our anecdotal information identifies childcare and other carer responsibilities as one of the main reasons for this. We have developed an Agile Working Strategy to help staff with more flexible options for working.

Our roll out of Group 1 'Violence Against Women, Domestic Abuse and Sexual Violence' training continues to indicate a significant number of mainly historical disclosures that is also likely to be having a negative impact on women's progression within the workforce. We have continued to raise awareness and understanding of the effective implementation of our Health Board policy: "Supporting Staff Who Are Victims of Domestic Violence". This became increasingly important as the emerging evidence of increased domestic abuse became apparent during the lock down required as part of the management of

the pandemic.



Each year the health board publishes its Gender Pay Gap report, to identify if the pay gap between men and women is closing. In this year's report the data is broken down into agenda for change staff and those outside agenda for change, such as doctors, dentists and some senior managers. This gives a clearer picture of where the gaps exist as well as help the Health Board understand what changes it can make in those specific areas.

This year the Health Board also published its Race Pay Gap report with the aim to identify support for our minority ethnic staff to progress in the Health Board.

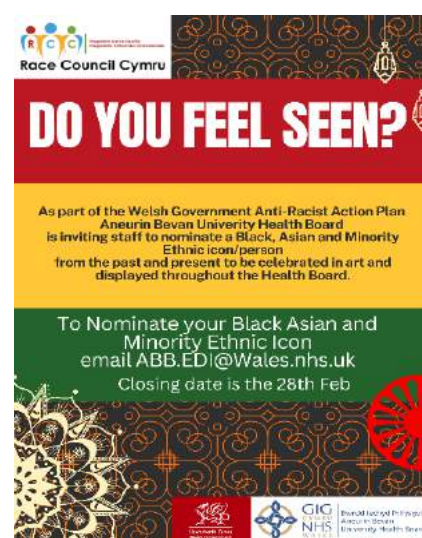
Other examples of work undertaken in 2022-23

- Published Trans Training Toolkit for staff with over 600 staff accessing the training since June 2022.
- Led on the development of NHS Wales Equality Week in May 2022, with over 750 NHS staff from across Wales taking part.
- Draft response to Anti-racist Wales Action plan out for staff consultation
- Training sessions on the Social Model of Disability and Reasonable Adjustments.

Seen Project

As part of the Health Board's work for the Anti-racist action plan, a bid was submitted to Welsh Government to invite staff and members of the public to identify and celebrate those from the Black, Asian and Minority Ethnic community that do or have worked in healthcare and/or are connected to Gwent to create 10 pieces of art to be displayed at 10 sites across the Health Board.

Going forward, the Health Board will be working with schools and Coleg Gwent to inspire the next generation of NHS staff.



Focus on: Spiritual and Pastoral Support 2022

The Health Board continued to provide 24-hour urgent pastoral care to our patients upon request. We adapted our approach to providing spiritual and pastoral support to any patients, visitors and staff of all beliefs during 2021. Examples of our work include:

- Supporting the last rites for patients, working with clinical teams and our pastoral support, including virtual services being provided.
- Held a vigil for Trans Day of Remembrance in the chapel at the Grange.
- Held Virtual Interfaith events, giving staff an opportunity to learn more about providing appropriate care to our patients of faith, especially in area such as births and death.
- Video messages and information were provided on social media and via the intranet in the EDI newsletter on different religious festivals.

Focus on... Equality Campaigns 2022-2023

- International Day Against Homophobia, Transphobia & Biphobia – training and support provided
- Welsh and Equality month – Looking at the connections and barriers faced in intersectional communities.
- Windrush Day, marking the anniversary of the arrival of the Windrush generation
- UK LGBTQ+ History Month
- UK Pride Month.
- South Asian Heritage Month
- UK Black History Month
- Mental Health Awareness Week
- International Women's Day
- International Men's Day
- International Non-Binary Day
- Sensory Loss Awareness Month
- World AIDs Day
- International Day of Persons with Disabilities & Disability History
- Human Rights Day
- Holocaust Memorial Day
- Hate Crime Week

NHS Wales Equality Week



GIG
CYMRU
NHS
WALES



ABB.EDI@wales.nhs.uk



Click or email
to book



Mon 16th 12-1pm

Leadership & NHS Wales Priorities

Join us to hear from
our speakers about the
Equality priorities in
Wales.

- Sue Tranka Chief Nursing Officer for Wales
- Richard Desir - Nursing Officer
- Welsh Government Equality Unit

Tues 17th 12-1.30pm

Healthcare for those seeking Sanctuary

We will be joined by Hassem Amiri - whose families story is told in the book *The Boy with Two Hearts*. As he shares his experience of what happened to his family when they reached the UK.

Learn more about the process in place to access healthcare and how we can provide inclusive support to those seeking sanctuary.

Wed 18th 12-1pm

Experiences of Working in the NHS with Sensory Loss

A session where we listen to the experiences of NHS staff with sensory loss share their experiences of working in the NHS.

Thur 19th

The Gay Dementia Venture

As this is also Dementia week we invite staff to join one of the forum theatre sessions available.

- 10.30-12pm
- 1-2.30pm

Join Sam, who is a carer for his husband Derrick, who has Dementia. He will share the highs and lows via a virtual play. Followed by a Q&A session with Sam.

Thurs 19th 12-1pm

Learning Disability and Neurodiversity What is the difference and why does it matter?

So you know the difference between a learning disability and neurodiversity?

This session will explain terminology and identify ways we can create a more inclusive workplace for our staff, patients and families.

Fri 20th 12-1.30pm

Identity, Othering and Belonging

We have all had to fill in a form, but what does it feel like if you can't see yourself in the categories on that form and you have to click 'other'.

This session will explore the use of statistics, types of other, psychological impact and the risks 'othering' brings in a healthcare setting.

9. Conclusion

Aneurin Bevan University Health Board remains committed to advancing equality, promoting human rights and reducing health inequalities. This annual report highlights our key achievements during 2021 – 2022 and 2022 - 2023 to ensure that our services reflect and respond to the needs of our people and that we comply with our statutory equality and socio-economic duties. This annual report aims to show how we continue to work to ensure that equality, diversity and inclusion are mainstreamed and fully embedded in the planning and delivery of our services both now and to meet the future needs of the population and our workforce across Gwent.

Covid-19 has been ever present in all our work across the Health Board in this reporting period, and awareness and understanding of health inequalities has been brought into sharper focus with the differential impact Covid-19 has had on the people we serve who share protected characteristics and those who experience socio-economic disadvantage. Our equality objectives have been further revised to reflect this developing evidence and we will continue to drive and monitor implementation during the final year of our Strategic Equality Plan.

During 2022-2023, we established and developed our Staff Networks, encouraging them to get involved with the Anti-racist and LGBTQ+ action plans as well as awareness raising activities, and this is something we intend to further support. This ongoing engagement is invaluable in helping us maintain an understanding of the barriers experienced by some groups and by working together to identify improvements. We know that the impact of the Covid-19 pandemic will continue to highlight and may exacerbate existing health inequalities. As such it is important as ever to plan and deliver our services from the founding principle of equality, human rights and inclusion.

Finally, we recognise that Aneurin Bevan University Health Board has faced significant challenges over the last two years, and this has delayed some areas of equality, diversity and inclusion work from progressing. As we look to develop and engage with our stakeholders for the development of the next four-year Strategic Equality Objectives (2024 to 2028) and plan, we would like to thank and note our appreciation for all our stakeholders, staff and partners who have continued to support and help the Health Board deliver the third year of its Strategic Equality Plan.

Appendix 1 – Annual Equality Monitoring Report

EMPLOYMENT INFORMATION 31 MARCH 2022

Introduction

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. Aneurin Bevan University Health Board produces data yearly. The information provided relates to 31 March 2022 and includes:

Section 1: Gender – Staff in Post (SIP)

Section 2: Staff Group

Section 3: Age Profile

Section 4: Disability

Section 5: Ethnicity

Section 6: Marital Status

Section 7: Religion/Belief/Non-Belief

Section 8: Sexual Orientation

Section 9: Staff Group by Gender and Working Patterns

Section 10: Contract Type

Section 11: Full Time Average Pay by Gender and Staff Group

Section 12: Average Part Time Hourly Rate by Gender and Staff Group

Section 13: Agenda for Change Pay Grade Percentage Breakdown by Gender

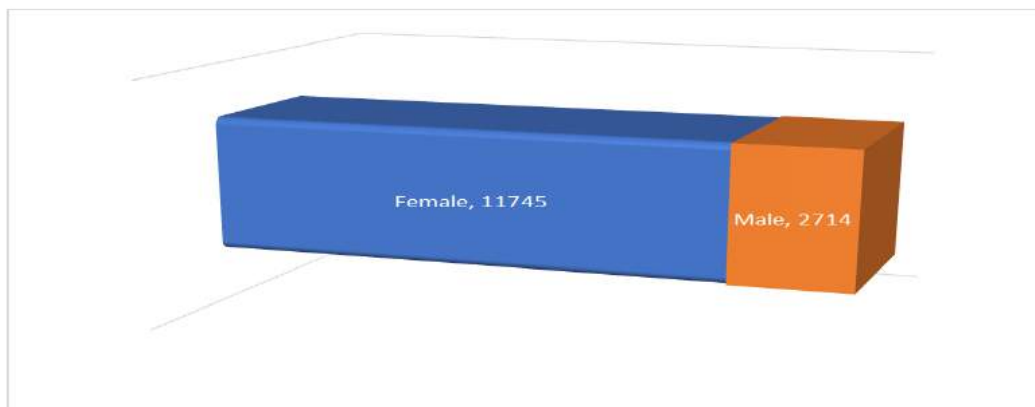
Section 14: Medical & Dental % Breakdown by Role

Section 15: Leavers Data

Overview

1. Gender - Staff in Post (SIP)

Our workforce is predominately female (over 80%), which is reflective of the majority of NHS Health Boards in Wales. Gender breakdown by headcount equates to Female – 11,745 and Male – 2,714, total headcount is 14,459.

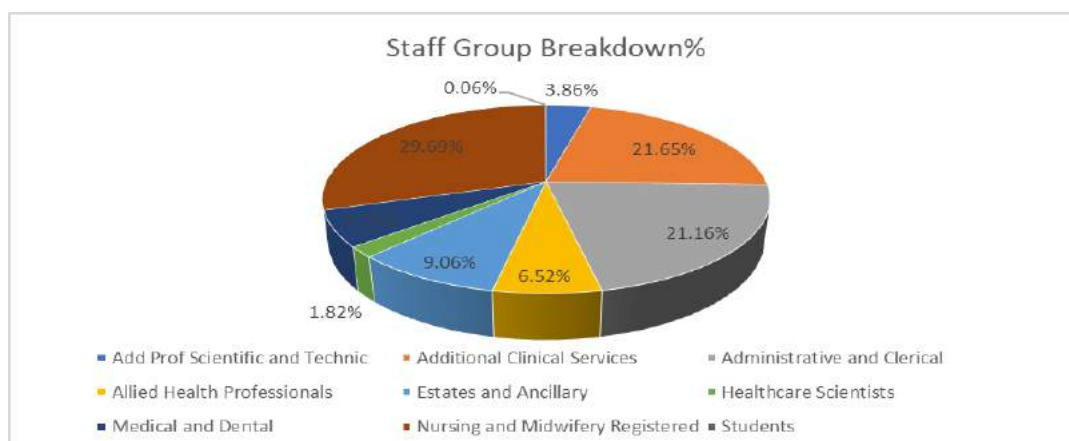


2. Staff Group

The largest staff group is Nursing & Midwifery, which amounts to just under 30% of our workforce.

Staff Group	Female	%	Male	%	Grand Total	%
Add Prof Scientific and Technic	417	2.88%	141	0.98%	558	3.86%
Additional Clinical Services	2728	18.86%	403	2.79%	3131	21.65%
Administrative and Clerical	2478	17.14%	580	4.01%	3060	21.16%
Allied Health Professionals	789	5.46%	154	1.06%	943	6.52%
Estates and Ancillary	816	5.64%	494	3.42%	1310	9.06%
Healthcare Scientists	183	1.27%	80	0.55%	263	1.82%
Medical and Dental	401	2.77%	493	3.41%	894	6.18%
Nursing and Midwifery Registered	3925	27.14%	369	2.55%	4294	29.69%
Students	8	0.06%		0.00%	8	0.06%

Total Staff in Post by Staff Group and Percentage Breakdown



3. Age Profile

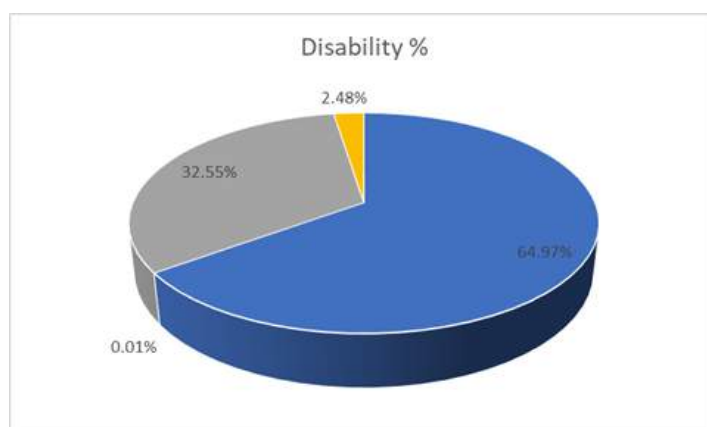
Over 30% (36.37%) of our workforce are aged over 50. Employees aged 71 and over has increased this year from 61 to 70 heads.

Age Band	Female	Male	Grand Total	%
<=20 Years	50	15	65	0.45%
21-25	708	142	850	5.88%
26-30	1174	297	1471	10.17%
31-35	1407	349	1756	12.14%
36-40	1391	366	1757	12.15%
41-45	1290	283	1573	10.88%
46-50	1400	329	1729	11.96%
51-55	1662	348	2011	13.91%
56-60	1625	317	1942	13.43%
61-65	827	200	1028	7.11%
66-70	154	55	209	1.45%
>=71 Years	57	13	70	0.48%
Grand Total	11745	2714	14459	100.00%

4. Disability

32.55% of data is Unspecified, so the full data is not available. The collection of disability data has improved by 18.45% from March 2018. In 2018 only 49% of staff had completed this information compared to 67.45% in March 2022.

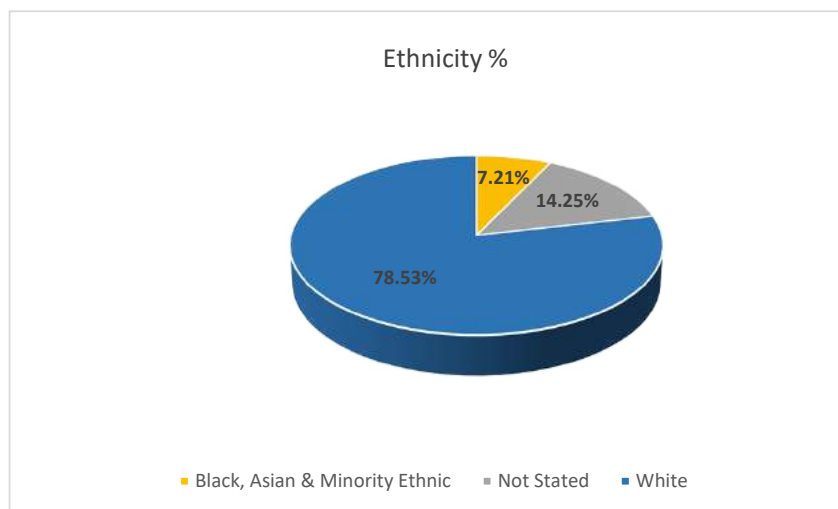
Disability	Grand Total	%
No	9395	64.97%
Prefer Not To Answer	1	0.01%
Unspecified	4705	32.55%
Yes	358	2.48%
Grand Total	14459	100.00%



5. Ethnicity

Over 78% of employees identified as White. Within our workforce database, we have 47 different Ethnic Origins identified which breakdown ethnicity further.

Ethnicity	FTE	PEOPLE	FTE	PEOPLE
Black, Asian & Minority Ethnic	951.53	1,043	7.75%	7.21%
Not Stated	1,611.95	2,061	13.13%	14.25%
White	9,711.90	11,355	79.12%	78.53%
Grand Total	12,275.38	14,459		



6. Marital Status

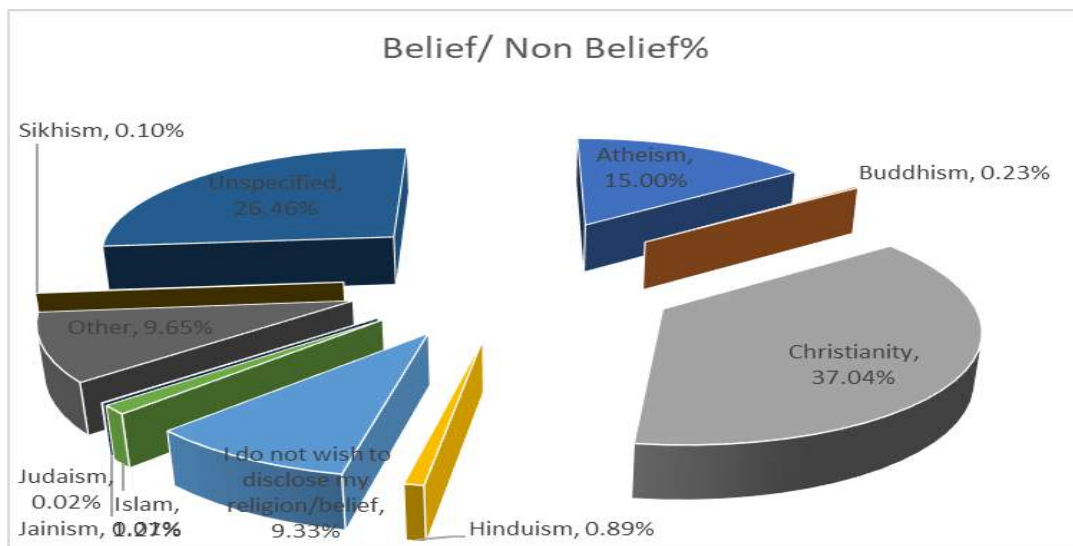
Less than 10% of marital status data has not been provided and over 52% of employees identify as civil partnership/ married.

Marital Status	Female	Male	Grand Total	%
Civil Partnership	200	41	241	1.67%
Divorced	779	76	855	5.91%
Legally Separated	95	14	109	0.75%
Married	6023	1265	7288	50.40%
Single	3586	859	4445	30.74%
Unknown	970	457	1429	9.88%
Widowed	92	2	94	0.65%
Grand Total	11745	2714	14459	100.00%

7. Religion/ Belief/ Non-Belief

9.33% of the workforce have expressed that they do not want to disclose their religion/ belief and another 26.46% are unspecified.

Religion, Belief, Non Belief	Female	Male	Grand Total	%
Atheism	1670	499	2169	15.00%
Buddhism	22	11	33	0.23%
Christianity	4526	831	5357	37.05%
Hinduism	71	57	128	0.89%
I do not wish to disclose my religion/belief	1059	288	1349	9.33%
Islam	110	73	183	1.27%
Jainism	2		2	0.01%
Judaism	1	2	3	0.02%
Other	1197	199	1396	9.65%
Sikhism	11	4	15	0.10%
Unspecified	3076	750	3826	26.46%
Grand Total	11745	2714	14459	100.00%



8. Sexual Orientation

Under 27% of the workforce have not disclosed their sexual orientation and 2.97% have identified they have declined to provide the information. Over 65% of the workforce have identified as heterosexual/ straight.

Sexual Orientation	Grand Total	%
Bisexual	116	0.80%
Gay or Lesbian	236	1.63%
Heterosexual or Straight	9814	67.87%
Not stated (person asked but declined to provide a response)	428	2.96%
Other sexual orientation not listed	10	0.07%
Undecided	9	0.06%
Unspecified	3846	26.60%
Grand Total	14459	100.00%

9. Staff Group by Gender and Working Patterns

Staff Group	Female					Male					Grand Total
	Full Time	%	Part Time	%	Total	Full Time	%	Part Time	%	Total	
Add Prof Scientific and Technic	208	49.88%	209	50.12%	417	111	78.72%	30	21.28%	141	558
Additional Clinical Services	1052	38.56%	1676	61.44%	2728	299	74.19%	104	25.81%	403	3131
Administrative and Clerical	1325	53.43%	1153	46.49%	2480	493	85.00%	87	15.00%	580	3060
Allied Health Professionals	428	54.25%	361	45.75%	789	139	90.26%	15	9.74%	154	943
Estates and Ancillary	76	9.31%	740	90.69%	816	300	60.73%	194	39.27%	494	1310
Healthcare Scientists	117	63.93%	66	36.07%	183	68	85.00%	12	15.00%	80	263
Medical and Dental	258	64.34%	143	35.66%	401	427	86.61%	66	13.39%	493	894
Nursing and Midwifery Registered	2182	55.59%	1743	44.41%	3925	284	76.96%	85	23.04%	369	4294
Students	7	87.50%	1	12.50%	8		0.00%		0.00%		8
Grand Total	5653	48.13%	6092	51.87%	11745	2121	78.15%	593	21.85%	2714	14459

10. Contract Type

Under 10% of the workforce are on Fixed Term contracts.

Gender	Fixed Term Temp	Permanent	Grand Total
Female	995	10750	11745
Male	374	2340	2714
Grand Total	1369	13088	14459

11. Full Time Average Pay by Gender and Staff Group

Staff Group	Female	Male	Grand Total
Add Prof Scientific and Technic	£40,977.55	£42,561.59	£41,528.74
Additional Clinical Services	£21,296.34	£21,463.84	£21,333.41
Administrative and Clerical	£30,037.28	£36,889.06	£31,893.29
Allied Health Professionals	£36,293.39	£37,082.56	£36,486.85
Estates and Ancillary	£21,015.68	£23,224.56	£22,778.08
Healthcare Scientists	£37,728.13	£38,639.01	£38,062.94
Medical and Dental	£80,499.76	£82,327.88	£81,641.00
Nursing and Midwifery Registered	£35,315.44	£35,457.68	£35,331.82
Students	£38,346.43		£38,346.43
Grand Total	£33,665.84	£42,103.54	£35,967.62

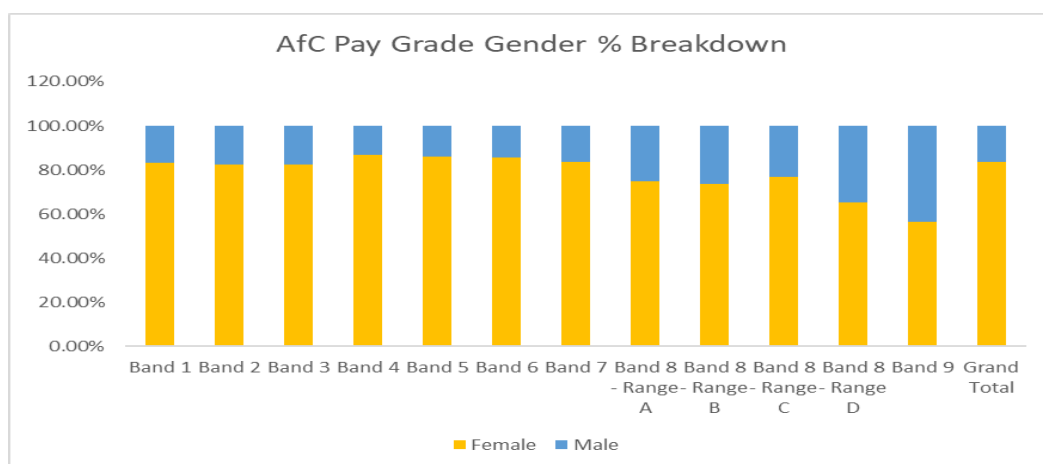
12. Average Part Time Hourly Rate by Gender and Staff Group

Part time contracted hours can vary between 1 and 37 hours, therefore, the average hourly rate has been calculated rather than average actual salary.

Staff Group	Female	Male	Grand Total
Add Prof Scientific and Technic	£25.49	£25.61	£25.50
Additional Clinical Services	£10.91	£11.00	£10.92
Administrative and Clerical	£12.37	£15.03	£12.56
Allied Health Professionals	£20.97	£20.17	£20.93
Estates and Ancillary	£10.16	£10.20	£10.17
Healthcare Scientists	£22.24	£20.05	£21.91
Medical and Dental	£46.75	£50.59	£47.97
Nursing and Midwifery Registered	£18.05	£18.55	£18.08
Students	£20.01		£20.01
Grand Total	£15.20	£17.97	£15.45

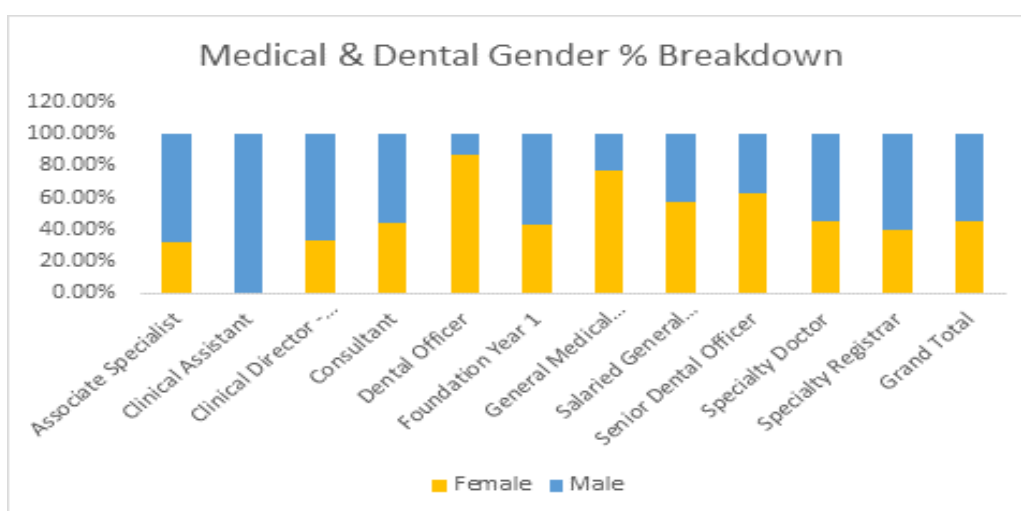
13. Agenda for Change Pay Grade % Breakdown by Gender

Pay Band	Female	Male
Band 1	83.33%	16.67%
Band 2	82.27%	17.73%
Band 3	82.58%	17.42%
Band 4	86.68%	13.32%
Band 5	86.18%	13.82%
Band 6	85.62%	14.38%
Band 7	83.44%	16.56%
Band 8a	74.94%	25.06%
Band 8b	73.50%	26.50%
Band 8c	76.80%	23.20%
Band 8d	65.31%	34.69%
Band 9	56.52%	43.48%
Grand Total	83.68%	16.32%



14. Medical & Dental Gender % Breakdown by Role

Role	Female	Male
Associate Specialist	31.82%	68.18%
Clinical Assistant	0.00%	100.00%
Clinical Director - Medical	33.33%	66.67%
Consultant	44.47%	55.53%
Dental Officer	87.50%	12.50%
Foundation Year 1	42.86%	57.14%
General Medical Practitioner	76.92%	23.08%
Salaried General Practitioner	57.14%	42.86%
Senior Dental Officer	62.50%	37.50%
Specialty Doctor	44.92%	55.08%
Specialty Registrar	39.80%	60.20%
Grand Total	44.85%	55.15%



15. Leavers Data

Half of all leavers are over 50 years of age.

Age Band	Female	Male	Grand Total	%
Under 20	20	5	25	1.70%
21-25	92	27	119	8.11%
26-30	130	39	169	11.51%
31-35	103	33	136	9.26%
36-40	91	24	115	7.83%
41-45	74	10	84	5.72%
46-50	66	20	86	5.86%
51-55	147	17	164	11.17%
56-60	234	30	264	17.98%
61-65	175	36	211	14.37%
66-70	69	13	82	5.59%
Over 71	13		13	0.89%

N.B. Due to the constant movement of junior doctors, Medical and Dental data is not included in this data.

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Gender Pay Gap Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Brown, Assistant Director of Workforce and Organisational Development Ceri Harris, Equality, Diversity and Inclusion Lead

Pwrpas yr Adroddiad Purpose of the Report

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Gender Pay Gap reporting obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people, Aneurin Bevan University Health Board must publish and report specific information about its Gender Pay Gap on its own and Welsh Government's website.

The regulations state that the Gender Pay Gap information should be provided as a snapshot on 31 March each year and published before the following March.

Gender Pay Gap reporting is a valuable tool for the Health Board not only in terms of compliance but also for the organisation to assess levels of equality in the workplace. Specifically, in respect of female and male participation, and how effectively talent is being maximised.

The Gender Pay Gap report, **Appendix 1**, focuses on comparing the pay of male and female employees and shows the difference in average earnings.

The Board is asked to discuss and support the actions proposed within this report to address the gender pay gap and approve the report for publication.

Cefndir / Background



This report provides the information on ordinary pay which includes basic pay and shift pay and allowances. It has been broken down into Agenda for Change (which reflects 94% of the workforce) and non-Agenda for Change (which reflects 6% of the workforce). The non-Agenda for Change group includes Medical, Dental and Executive and Senior Manager salaries.

If the report only showed the data for both groups combined, the averages in mean and median pay would not reflect the pay gaps in the two groups proportionally and provide the information needed to develop initiatives to close gaps.

This report was also considered by the Executive Committee on 02 March 2023.

Asesiad / Assessment

As of 31 March 2022, the Health Board employed 11,745 (9,748.97 FTE) women and 2,714 (2,525.21 FTE) men therefore 81.23% of the workforce was female. The workforce data for this report is collated by calculating the number of people working for the Health Board, where a person holds two or more assignments (job roles) with the Health Board they are counted as one individual. This is consistent to how the data has been reported in other equality reports.

	Female: 81.23% (11,745)		Male: 18.77% (2,714)
--	-------------------------------	--	----------------------------

Gender	People	FTE	People	FTE
Female	11,745	9,748.97	81.23%	79.43%
Male	2,714	2,525.21	18.77%	20.57%
Grand Total	14,459	12,274.18		

Mean and Median Rates

	Mean Hourly Rate	Median Hourly Rate
Male	£38.55	£48.06
Female	£19.36	£33.09
Difference	£19.18	£14.97
Pay Gap %	99.16%	31.15%

Mean Gender Pay Gap = 99.16% Median Gender Pay Gap = 31.15%

Women's mean hourly rate is 99.16% lower than men's. In other words when comparing mean hourly rates, women are paid 50p for every £1 that men get paid.

Women's median hourly rate is 31.15% lower than men's. In other words when comparing median hourly rates, women are paid 69p for every £1 that men get paid.

The full breakdown of Agenda for Change and non-Agenda for Change gender pay gap data is provided in **Appendix 1**. This will provide a more detailed comparison by staff group.

Argymhelliad / Recommendation

The Health Board recognises that there are factors outside of our control or influence which are impacting on pay. We have made a clear commitment in our Strategic Equality Plan to take action to understand pay gaps, and address and minimise the impact within the constraints of the national pay systems for the NHS.

Aneurin Bevan University Health Board remains committed to promoting equality, diversity and inclusion. We will use the lessons we are learning through our gender pay gap discussions to inform the work we undertake looking at other potential pay gaps within the organisation.

The Board is asked to discuss and support the actions proposed within this report to address the gender pay gap and approve the report for publication.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Gender and pay - Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth:
Evidence Base

Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee on 02 March 2023

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Choose an item.

Gender Pay Gap Report

As of the 31st March 2022



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

GENDER PAY GAP REPORT – 31 MARCH 2022

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1. INTRODUCTION

The gender pay gap reporting obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people Aneurin Bevan University Health Board must publish and report specific information about our gender pay gap on our own and Welsh Government's website.

The regulations state that the Gender Pay Gap Information should be provided as a snapshot on 31 March each year and published before the following March.

It is important to recognise and understand that the Race Pay Gap differs Equal Pay. Equal Pay means that all staff, performing 'equal work' or broadly similar work rated as "of equivalent value" by a job evaluation study should receive equal pay. It is unlawful to pay people unequally because of their gender. The NHS Agenda for Change Job Evaluation process evaluates the job and not the post holder. This job evaluation process looks at the job without reference to gender or any other protected characteristic so equal pay is assured.

Gender pay gap reporting is a valuable tool for the Health Board not only in terms of compliance but also for the organisation to assess levels of equality in the workplace. Specifically, in respect of female and male participation, and how effectively talent is being maximised.

The Gender Pay Gap report focuses on comparing the pay of male and female employees and shows the difference in average earnings.

2. WHAT IS COVERED IN THIS REPORT

This report provides the following information based on ordinary pay which includes basic pay and shift pay and allowances. It has been broken down into Agenda for Change (which reflects 94% of the workforce) and non-Agenda for Change (which reflects 6% of the workforce). The non-agenda for change group which includes Medical, Dental and Senior Manager salaries reflects the highest paid positions within the Health Board. If the report only showed the data for both groups combined, the averages in mean and median pay would not reflect the pay gaps in the two groups proportionally and provide the information needed to develop initiatives to close gaps.

At the end of this report, data is combined for the Agenda for Change and non-Agenda for Change for clarity.

Key Reporting Metrics:

Mean Gender Pay Gap in hourly pay

The mean hourly rate is the average hourly wage across the entire organisation; therefore, the mean gender pay gap is a measure of the difference between women's mean hourly wage and men's mean hourly wage.

Median Gender Pay Gap in hourly pay

The median hourly rate is calculated by arranging the hourly pay rates of all male or female employees from highest to lowest and finding the point that is in the middle of each range.

Proportion of males and females in each pay quartile

Pay quartiles are calculated by ranking all employees from highest to lowest paid and dividing this into four equal parts or 'quartiles' and working out the percentage of men and women in each of the four parts.

This report does not look at whether there are differences in pay for men and women in equivalent post, or WTE at the size of the role. This means that the results will be impacted by differences in the gender composition across groups and job grades.

Gender pay reporting and gender identity

Current Advisory, Conciliation and Arbitration Service (ACAS) and government guidance suggests that if an individual doesn't identify with either gender they should be excluded from the report. We recognise that this excludes employees who do not identify as either 'male' or 'female' i.e., transgender or non-binary employees and are aware of the importance of being sensitive to how an employee chooses to self-identify in terms of their gender. Regulations do not define the terms 'male' and 'female' and the requirement to report gender pay should not result in employees being singled out and questioned about their gender. We are therefore using the data provided by Electronic Staff Records (ESR) based on the gender identification the employee has provided as the means for determining male and female employees.

3. AGENDA FOR CHANGE PAY DATA



Agenda for Change (AfC) is the current NHS job evaluation, grading and pay system for NHS staff, with the exception of doctors, dentists, apprentices and some senior managers.

The AfC system allocates posts to set pay bands by considering aspects of the job, such as the skills involved, under an all-Wales NHS Job Evaluation Scheme. There are twelve numbered pay bands subdivided into points.

A set of national job profiles has been agreed to assist in the process of matching posts to pay bands. All staff will either be matched to a national job profile, or their job will be evaluated locally.

AfC is designed to evaluate the job rather than the person within it, and to ensure equity between similar posts in different areas.

As of 31 March 2022, the Health Board employed A4C: 11,335 (9,391.15 FTE) women and 2,211 (2,058.23 FTE) men therefore 83.68% of the workforce were female (total: 13,546; 11,449 FTE)

	Female: 83% (11,335)		Male: 16% (2,211)
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Gender	People	FTE	People	FTE
Female	11,335	9,391.15	83.68%	82.02%
Male	2,211	2,058.23	16.32%	17.98%
Grand Total	13,546	11,449.38		

Mean and Median Rates

	Mean Hourly Rate	Median Hourly Rate
Male	£15.60	£17.52
Female	£15.19	£14.24
Difference	£0.41	£3.28
Pay Gap %	2.70%	18.72%

Mean Gender Pay Gap = 2.70%; Median Gender Pay Gap = 18.72%

The average is calculated over different numbers of employees, we employ 9,124 more female employees than male therefore this will account for some of the variance.

Women's mean hourly rate is 2.70% lower than men. In other words when comparing mean hourly rates, women are paid 97p for every £1 that men are paid.

Women's median hourly rate is 18.72% lower than men. In other words when comparing median hourly rates, women are paid 81p for every £1 that men get paid.



No bonus payments (as part of terms and conditions) were made therefore, there is no mean or median bonus gender pay gap to report.

Quartile Data

The quartile data ranks our employees from highest to lowest paid, this is divided into four equal parts or quartiles and describes the percentage of men and women in each.



Quartile	Female	Male	Female %	Male %
1	3,107	682	82.00	18.00
2	3,218	586	84.60	15.40
3	4,412	729	85.82	14.18
4	598	214	73.65	26.35

Quartile 1: Lower quartile (lowest paid)

	82.00% (3,107)		18.00% (682)
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18.00% of the lower quartile are men

Quartile 2: Lower middle quartile

	84.60% (3,218)		15.40% (586)
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15.40% of the lower middle quartile are men

Quartile 3: Upper middle quartile

	85.82% (4,412)		14.18% (729)
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14.18% of the upper middle quartile are men

Quartile 4: Upper quartile (highest paid)



	73.65% (598)		26.35% (214)
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26.35% of the top quartile are men



The highest variances are in the upper quartile.

55.80% (6,325) of females were in roles within the lower and lower middle quartiles and 44.20% (5,010) in the upper middle and upper pay quartiles. This compares with 57.35% (1,268) males in the lower and lower middle quartiles and 42.65% (943) in the upper middle and upper pay quartiles.

Lower and Lower Middle Pay Quartiles

	83.30% (6,325)		16.70% (1,268)
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Upper Middle and Upper Pay Quartiles

	84.16% (5,010)		15.84% (943)
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Gender Pay Gap by Pay Band

The table below shows the ratios of male to female staff across the pay bands.

Pay Band	Female	Male
Band 1	83.33%	16.67%
Band 2	82.27%	17.73%
Band 3	82.58%	17.42%
Band 4	86.68%	13.32%
Band 5	86.18%	13.82%
Band 6	85.62%	14.38%
Band 7	83.44%	16.56%
Band 8a	74.94%	25.06%
Band 8b	73.50%	26.50%
Band 8c	76.80%	23.20%
Band 8d	65.31%	34.69%
Band 9	56.52%	43.48%
Grand Total	83.68%	16.32%

Breakdown of bands in each AfC Employees quartile

Quartile 1 Bands 1-3

Quartile 2 Bands 4-5



Quartile 3 Bands 6-7

Quartile 4 Bands 8a-9

4. NON-AGENDA FOR CHANGE PAY DATA

The data below refers to roles in the Health Board such as doctors, consultants, dentists, apprentices and Senior Managers roles. This would include members of the Executive Committee.

As of 31 March 2022, the Health Board's Non-Agenda for Change staff (Medical and Dental and Health Committee/Board) breakdown was 410 (357.82 FTE) women and 503 (466.98 FTE) men therefore 44.90% of the workforce was female.

	44.90% (410)		55.10% (503)
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Mean and Median Rates

	Mean Hourly Rate	Median Hourly Rate
Male	£139.32	£96.61
Female	£133.57	£61.34
Difference	£5.75	£35.27
Pay Gap %	4.13%	36.51%

Mean Gender Pay Gap = 4.13%, Median Gender Pay Gap = 36.51%

The average is calculated over different numbers of employees, we employ 93 more male employees than female.

Women’s mean hourly rate is 4.13% lower than men’s. In other words when comparing mean hourly rates, women are paid 96p for every £1 that men get paid.

Women’s median hourly rate is 36.51% lower than men’s. In other words when comparing median hourly rates, women are paid 63.5p for every £1 that men get paid.

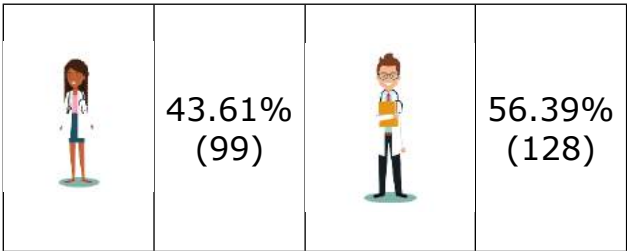
No bonus payments were made therefore, there is no mean or median bonus gender pay gap to report.

Quartile Data

The quartile data ranks our employees from highest to lowest paid, this is divided into four equal parts or quartiles and then works out the percentage of men and women in each.



Quartile	Female	Male	Female %	Male %
1	99	128	43.61	56.39
2	33	20	62.26	37.74
3	42	49	46.15	53.85
4	236	306	43.54	56.46

Quartile 1: Lower quartile (lowest paid)





56.39% of the lower quartile are men

Quartile 2: Lower middle quartile

	62.26% (33)		37.74% (20)
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37.74% of the lower middle quartile are men

Quartile 3: Upper middle quartile

	46.15% (42)		53.85% (49)
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53.85% of the upper middle quartile are men

Quartile 4: Upper quartile (highest paid)



	43.54% (236)		56.46% (306)
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56.46% of the top quartile are men



The highest variances are in the lower middle.

32.20% (132) of females were in roles within the lower and lower middle quartiles and 67.80% (278) in the upper middle and upper pay quartiles. This compares with 29.42% (148) males in the lower and lower middle quartiles and 70.58% (355) in the upper middle and upper pay quartiles.

Lower and Lower Middle Pay Quartiles

	47.14% (132)		52.86% (148)
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Upper Middle and Upper Pay Quartiles

	43.92% (278)		56.08% (355)
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Gender Pay Gap by Pay Band

The table below shows the ratios of male to female staff across the job roles.

Roles	Female	Male
Board/ Executives	50.00%	50.00%
Other Grade Drs Total	43.01%	56.48%
Consultant	44.26%	55.53%
Dental Grade	79.17%	20.83%

5. COMBINATION OF AGENDA FOR CHANGE AND NON-AGENDA FOR CHANGE

As of 31 March 2022, the Health Board employed 11,745 (9,748.97 FTE) women and 2,714 (2,525.21 FTE) men therefore 81.23% of the workforce was female.

	Female: 81.23% (11,745)		Male: 18.77% (2,714)
---	-------------------------------	---	----------------------------

Gender	People	FTE	People	FTE
Female	11,745	9,748.97	81.23%	79.43%
Male	2,714	2,525.21	18.77%	20.57%
Grand Total	14,459	12,274.18		

Mean and Median Rates

	Mean Hourly Rate	Median Hourly Rate
Male	£38.55	£48.06
Female	£19.36	£33.09
Difference	£19.18	£14.97
Pay Gap %	99.16%	31.15%

Mean Gender Pay Gap = 99.16% Median Gender Pay Gap = 31.15%



The average is calculated over different numbers of employees, we employ 9,031 more female employees than male therefore, this will account for some of the variance.

Women’s mean hourly rate is 99.16% lower than men’s. In other words when comparing mean hourly rates, women are paid 50p for every £1 that men get paid.

Women’s median hourly rate is 31.15% lower than men’s. In other words when comparing median hourly rates, women are paid 69p for every £1 that men get paid.

Impact of combined data

When we look at the combined data, we need to recognise the impact of joining both data sets together as we can miss the impact of having proportionally more men in higher paid positions and the impact that this has on overall data and averages.

	AfC 96.51% (11,335)	Non- AfC 3.49% (410)
	AfC 81.47% (2,211)	Non- AfC 18.53% (503)

6. PROGRESS ON CLOSING THE GENDER PAY GAP

The Health Board recognises that there are factors outside of our control or influence which are impacting on pay. We have made a clear commitment in our Strategic Equality Plan to take action to understand pay gaps, and address and minimise the impact within the constraints of the national pay systems for the NHS.

7. NEXT STEPS

The Health Board has several key documents that identify the important of fair recruitment, staff wellbeing and equity. These include our People Plan, our current Strategic Equality Plan 2020-2024 and our Integrated Medium-Term

Plan. These strategic documents outline the Health Board's plans for addressing our pay gaps and pay differences.

We will consider how to improve and promote by:

- Using data in Pulse surveys, staff wellbeing and the NHS staff survey to identify areas of support needed such as work-life balance needs, career progression and training opportunities to ensure staff have all the opportunities to develop and progress in the Health Board.
- Raising awareness of shared parental leave and other work-life balance options. Improving attitudes to flexible working and part time working across a wider range of roles.
- Exploring data across pay bands and all the different roles within the organisation. Recognising the intersectionality of barriers that can impact on career progression.
- Exploring how to increase recruitment in underrepresented areas through widening access schemes, including exploring options for improving recruitment training for managers.
- Looking at ensuring leadership and personal development opportunities are not just aligned with academic attainment, reflecting that not all staff have opportunities to attend college and universities but still have the potential to be leaders in the Health Board.
- Identifying those areas where the offer of reverse mentorship would support staff into leadership roles where there is under representation.
- Continuing to promote agile working within the Health Board.
- Providing active bystander training as part of recruitment training for managers.
- Continuing and grow menopause support for staff, recognising the impact menopause can have on personal development and staff retention.
- Working with external partners on DWP (Department for Work and Pensions) initiatives such as employability schemes, apprentices, and mentoring.

8. CONCLUSION

Over the past 2-3 years, the Health Board has not seen a significant improvement in its pay gap, which has remained around the 20-22% mark. For this we have to acknowledge the impact that Covid-19 has had on our workforce. In addition, we are now seeing emerging evidence that the cost-of-living situation is impacting on our workforce as staff are leaving the NHS to work in other sectors.

In the Health Board we have approximately 300 nurse vacancies which we know has a predominately higher female uptake. These vacancies have a significant impact on our workforce data.

This report highlights the disproportionate imbalance of pay for men in non-Agenda for Change roles relative to women.

Also worth noting, at this current time, is that the Health Board no longer employs junior doctors. They are now employed by NHS Wales Shared Services to facilitate their rotational training across NHS Wales.

In recent years there has been more female junior doctors coming through training. The impact of this is that we should start to see a greater balance of genders in medical and dental roles over the next 10 years. This should then address the imbalance we currently see in the pay gap across all roles in the NHS.

Gender pay is prioritised and included in the Health Boards Strategic Equality Objectives (SEP) for 2020-2024, and will continue to be included in the future SEP.

Aneurin Bevan University Health Board remains committed to promoting equality, diversity and inclusion. We will use the lessons we are learning through our gender pay gap discussions to inform the work we undertake looking at other potential pay gaps within the organisation.

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Race Pay Gap Annual Report - March 2022
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Brown, Assistant Director of Workforce and Organisational Development Ceri Harris, Equality, Diversity and Inclusion Lead

Pwrpas yr Adroddiad Purpose of the Report

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Aneurin Bevan University Health Board made a commitment as a result of the Welsh Government's Anti-Racist Action Plan, published in July 2022, to describe the potential pay gap experienced by Black, Asian and Minority Ethnic staff. This report provides a baseline assessment by identifying any pay gaps and will enable the development of an ongoing action plan. It is supported by the Gender Pay gap report.

The Board is asked to note the baseline data included in the race pay gap analysis and approve the report for publication.

Cefndir / Background

The requirement to describe the potential pay gap experienced by Black, Asian and Minority Ethnic staff, will become a statutory reporting requirement in the near future as part of the Welsh Government's Anti-Racist Action Plan.

Pay gap reporting is a valuable tool to assess levels of equality in the workplace. The Health Board does not have a legal duty to report on race pay gaps specifically but recognises that the experiences of some of our ethnic minority staff, with regards pay, and personal development may have been impacted by unconscious bias in both recruitment and progression. Accordingly, the Health Board require baseline data as set out in this report to demonstrate progress in the future.

This report was also considered by the Executive Committee on 02 March 2023.

Asesiad / Assessment

As of 31 March 2022, the Health Board employed 14,459 members of staff which equated to 12,275.38 FTE. The workforce data for this report is collated by calculating the number of people working for the Health Board, where a person holds two or more assignments (job roles) with the Health Board they are counted as one individual. This is consistent to how the data has been reported in other equality reports. The breakdown of those staff by ethnicity is:

Ethnicity	FTE	PEOPLE	FTE	PEOPLE
Black, Asian & Minority Ethnic	951.53	1,043	7.75%	7.21%
Not Stated	1,611.95	2,061	13.13%	14.25%
White	9,711.90	11,355	79.12%	78.53%
Grand Total	12,275.38	14,459		

11,355 staff identified as White, 1,043 as from a Black, Asian and Minority Ethnic Background with 2,061 unknown/prefer not to answer.

The race pay gap can be described by the mean and medium average between groups. The mean hourly pay gap (-100%) includes the pay of Agenda for Change staff and non-Agenda for Change staff. This report describes the breakdown by grade highlighting a disproportionate spread between bands 2-5 and also medical and dental roles.

Mean and medium pay gap is shown below.

	Mean Hourly Rate	Median Hourly Rate
White	£19.98	£38.90
Black, Asian and Minority Ethnic	£39.96	£25.61
Difference	-£19.98	£13.29
Pay Gap %	-100%	34.16%

Within the 4 quartiles the distribution of race is shown below:

Quartile	White	Ethnic Minority	White %	Ethnic Minority %
1 (Band 2 to 5)	7,979	719	79.14%	7.13%
2 (Band 6 to 8c)	161	3,019	82.76%	4.41%
3 (Band 8d to 9)	68	11	61.26%	9.91%
4 (Medical & Dental, Executive Senior Managers)	289	152	46.76%	24.60%

Argymhelliad / Recommendation

This is the first year that the Health Board has published a Race Pay Audit report. This report sets the baseline for the Health Board to begin to measure the impact of its strategic Equality Objectives and in particular its response to the Welsh Government's Anti-racist Action Plan.

The Board is asked to note the baseline data included in the race pay gap analysis and approve the report for publication.

The report will also be publicised in English and Welsh Language, along with the Annual Equality Report at the end of March 2023.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Gender and pay - Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Executive Committee on 02 March 2023

Parties / Committees
consulted prior to University
Health Board:

Effaith: (rhaid cwblhau)
Impact: (must be completed)

	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Choose an item.



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RACE PAY GAP ANNUAL REPORT

Data as of 31st March 2022



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1. INTRODUCTION

Organisations that employ more than 250 people have a legal duty, outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, to publish and report specific information about their gender pay gap on their and the Government's website. This report, following a similar methodology, describes the Health Board's Race Pay Gap. This is above and beyond our current statutory duty, although noting this will be a requirement for the Health Board in the near future.

Aneurin Bevan University Health Board made a commitment as a result of the Welsh Government's Anti-Racist Action plan, published in July 2022, to provide a report to describe the potential pay gap experienced by Black, Asian and Minority Ethnic staff. This report provides an initial baseline assessment, identifies any pay gaps and will enable the development of an action plan to address any ethnicity pay gaps over the coming years. It provides a snapshot of the data as of 31 March 2022 and will be published in March 2023. The continued publication of this report is an important tool to help us achieve our ambition to fully embed a diverse and inclusive culture.

It is important to recognise and understand that the Race Pay Gap differs from Equal Pay. Equal Pay means that all staff, performing 'equal work' or broadly similar work rated as "of equivalent value" by a job evaluation study should receive equal pay. It is unlawful to pay people unequally because of their gender, race or ethnicity. The NHS Agenda for Change Job Evaluation process evaluates the job per se and not the post holder. This job evaluation process looks at the job without reference to any other protected characteristic to ensure equal pay.

Pay gap reporting looks at the difference between earnings and is a valuable tool for the Health Board for compliance and to assess levels of equality in the workplace. Currently, the Health Board does not have a legal duty to report on race pay gaps specifically but recognises that the experiences of some of our ethnic minority staff, with regards pay, and personal development may have been impacted by unconscious bias in both recruitment and pay progression. Accordingly, the Health Board requires baseline data, as set out in this report, to demonstrate progress in the future.

2. WHAT IS COVERED IN THIS REPORT

This report provides the following information based on ordinary pay which includes basic pay and shift pay and allowances. The staff data was derived from Electronic Staff Records (ESR). The Health Board recognises in regards ethnicity there are limitations of the data as ethnicity data may not, for numerous reasons, be completed accurately within employment questionnaires and therefore may not capture the true diversity of our staff.

For the purposes of this first Race Pay Audit, the data will be split between those staff that have identified in ESR as being White British and those that identify as being from an ethnic minority community. This would include those staff that identify as mixed race, white European, such as Polish and staff who identify as Roma, Gypsy or Traveller. In addition, Jewish staff may be included in the White UK data collection. The Health Board recognises that this is an area for further discussion to ensure that the experiences of Jewish staff are included in race pay analysis as they may also be subject to potential bias and discrimination.

Mean Race Pay Gap in hourly pay - The mean hourly rate is the average hourly wage across the entire organisation, so the mean Race pay gap is a measure of the difference between our white British staff members mean hourly wage and Ethnic Minority staff members mean hourly wage.

Median Race Pay Gap in hourly pay - The median hourly rate is calculated by arranging the hourly pay rates of all ethnicities of staff members from highest to lowest and finding the point that is in the middle of each range.

Proportion of white British and Ethnic Minority staff in each pay quartile - Pay quartiles are calculated by ranking all employees from highest to lowest paid and dividing this into four equal parts or 'quartiles' and calculating the percentage of white British staff and ethnic minority staff in each of the quartiles.




This report does not describe differences in pay for White British staff and Ethnic Minority staff in equivalent post, or at the size of the role. This means that the results will be impacted by differences in the gender composition across groups and job grades as well as some other factors.

3. RACE PAY GAP DATA

As of 31 March 2022, the Health Board employed 14,459 members of staff which equates to 12,275.38 FTE. According to current ESR data, the breakdown of those staff by Ethnicity is:

Ethnicity	FTE	PEOPLE	FTE	PEOPLE
Black, Asian & Minority Ethnic	951.53	1,043	7.75%	7.21%
Not Stated	1,611.95	2,061	13.13%	14.25%
White	9,711.90	11,355	79.12%	78.53%
Grand Total	12,275.38	14,459		

Therefore, 11,355 staff identified as White, 1,043 as from a Black, Asian and Minority Ethnic Background with 2,061 unknown/prefer not to answer.

	78.53% (11,355)		7.21% (1,043)		14.25% (2,061)
White staff		Ethnic Minority staff		Unknown/Prefer not to answer	

3.1 Mean and Median Rates

	Mean Hourly Rate	Median Hourly Rate
White	£19.98	£38.90
Black, Asian and Minority Ethnic	£39.96	£25.61
Difference	-£19.98	£13.29
Pay Gap %	-100%	34.16%

Mean Race Pay Gap = -100%, Median Race Pay Gap 34.16%




The mean hourly pay gap (-100%) includes the pay of Agenda for Change staff and non-Agenda for pay staff which is made up of medical and dental staff and executive and senior managers on specific pay scale. This report describes the breakdown by grade highlighting a disproportionate spread between bands 2-5 and also medical and dental roles.

3.2 Quartile Data

The quartile data ranks our employees from highest to lowest paid, this is divided into four equal parts or quartiles and then calculates the percentage in each.




Quartile	White	Ethnic Minority	White %	Ethnic Minority %
1	7,979	719	79.14%	7.13%
2	161	3,019	82.76%	4.41%
3	68	11	61.26%	9.91%
4	289	152	46.76%	24.60%

Quartile 1: Lower quartile (lowest paid)

	79.14% (7,979)		7.13% (719)		13.73% (1,384)
White staff		Ethnic Minority staff		Unknown/Prefer not to answer	




69.68% of staff are in the lower quartile, 30.74% of the lower quartile are Additional Clinical Services and 24.79% are Admin and Clerical staff groups.

Quartile 2: Lower middle quartile

	82.76% (3,019)		4.41% (161)		12.83% (468)
White staff		Ethnic Minority staff		Unknown/Prefer not to answer	




25.22% of staff are in the lower middle quartile. 48.52% of the lower middle quartile are Nursing & Midwifery staff groups.

Quartile 3: Upper middle quartile

	61.26% (68)		9.91% (11)		28.83% (32)
White staff		Ethnic Minority staff		Unknown/Prefer not to answer	

0.79% of staff are in the upper middle quartile.
48.65% of the upper middle quartile are Medical and Dental staff groups

Quartile 4: Upper quartile (highest paid)




	46.76% (289)		24.60% (152)		28.64% (177)
White staff		Ethnic Minority staff		Unknown/Prefer not to answer	

4.29% of staff are in the top quartile.
92.04% of the top quartile are Medical and Dental – mainly Consultants




The highest variances are in the upper middle and upper quartile.

94.96% (13,730) were in roles within the lower and lower middle quartiles and 5.04% (729) in the upper middle and upper pay quartiles.

Lower and Lower Middle Pay Quartiles

	80.10% (10,998)		6.41% (880)		13.49% (1,852)
White staff		Ethnic Minority staff		Unknown/Prefer not to answer	

Upper Middle and Upper Pay Quartiles

	48.97% (357)		22.36% (163)		28.67% (209)
White staff		Ethnic Minority staff		Unknown/Prefer not to answer	

4. RACE PAY GAP BY PAY BAND

The table below shows the ratio across pay bands.

Pay Grade	White %	Ethnic Minority%	Unknown %
Band 1	0.08%	0.00%	0.02%
Band 2	17.03%	1.00%	4.20%
Band 3	10.69%	0.41%	1.31%
Band 4	7.48%	0.34%	0.64%
Band 5	13.28%	2.56%	2.93%
Band 6	13.81%	0.99%	1.59
Band 7	8.44%	0.28%	1.00%
Band 8 - Range A	2.61%	0.07%	0.19%
Band 8 - Range B	1.27%	0.03%	0.08%
Band 8 - Range C	0.75%	0.03%	0.08%
Band 8 - Range D	0.29%	0.00%	0.05%
Band 9	0.12%	0.00%	0.04%
Other*	2.70%	1.49%	2.12%

**Other includes medical and dental and very senior manager roles which are higher paid positions.*




Breakdown of bands in each quartile

Quartile 1	Agenda for Change Bands 2- 5
Quartile 2	Agenda for Change Bands 6 - 8c
Quartile 3	Agenda for Change Bands 8d - 9 also some Medical & Dental
Quartile 4	Medical & Dental and Executive and Senior Managers




Impact of combined data

The following data separate the Agenda for Change and Non-Agenda for Change (i.e. Medical and Dental or other pay grades) data.

Agenda for Change Staff

	80.94% (10964)		6.11% (828)		12.95% (1754)
White staff		Ethnic Minority staff		Unknown/Prefer not to answer	

Non- Agenda for Change Staff

	42.78% (390)		23.52% (215)		33.70% (308)
White staff		Ethnic Minority staff		Unknown/Prefer not to answer	

5. CLOSING THE RACE PAY GAP

This is the first year that the Health Board has published a Race Pay Audit report. This report sets the baseline for the Health Board to begin to measure the impact of its strategic Equality Objectives and in particular its response to the Welsh Government's Anti-racist Action Plan.

One of the key goals in the Anti-Racist Action Plan is the focus on data, and the need to improve data capture and analysis. When it comes to identifying pay gaps between our white and ethnic minority staff, it provides an opportunity to break the history of unconscious bias and discrimination that our ethnic minority staff may have experienced, value their skills and contributions and support diversity throughout all pay grades in the Health Board, not just at entry level and senior consultant roles.¹

The Health Board recognises that there are factors outside of our control or influence which are impacting on pay. We have made a clear commitment in our current Strategic Equality Plan, and in our revised plan, influenced by the Welsh Government Anti-racist Action Plan, to take action to

¹ [NHS workforce - GOV.UK Ethnicity facts and figures \(ethnicity-facts-figures.service.gov.uk\)](https://ethnicity-facts-figures.service.gov.uk/)

understand our pay gaps, and address and minimise the impact within the constraints of the national pay systems for the NHS.

6. NEXT STEPS

The Health Board has several key documents that identify the importance of fair recruitment, staff wellbeing and equity. These include the People Plan, our current Strategic Equality Plan 2020-2024 and our response to the Welsh Governments Anti-racist Action Plan. These strategic documents outline plans for addressing our pay gaps and pay differences.

We will consider how to improve and promote, through the following actions:

- Continue and expand the Health Board's Cultural Competence Scheme with Diverse Cymru to more divisions.
- Ensure that future data includes Jewish, polish, Roma and Gypsy data where known.
- Grow our Voices@ABUHB staff network, inviting representation from the network on diversity recruitment panels.
- Provide culturally competent and active bystander training as part of recruitment training for managers.
- Explore how to increase recruitment of ethnic minority staff in underrepresented areas through widening access schemes.
- Explore data across pay bands and all the different roles within the organisation.
- Identify those areas where the offer of reverse mentorship would support staff into leadership roles where there is under representation.
- Agile/hybrid working to be continued within the Health Board.
- Work with external partners on DWP initiatives.

7. CONCLUSION

This is the start of an active commitment by the Health Board to understand recruitment, staff development and retention in relation to the experiences of our ethnic minority staff. There is still a long way to go to build trust with our staff that we acknowledge the impact of unconscious bias, and we are ready to make those changes.

Aneurin Bevan University Health Board remains committed to promoting equality, diversity and inclusion. Learning through our race pay gap discussions will inform the work undertaken individually and relative to other protected characteristics.

**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Aneurin Bevan University Health Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Gwent Public Services Board Well-being Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Interim Deputy Director of Public Health (Population Health Improvement)

**Pwrpas yr Adroddiad
Purpose of the Report**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Gwent Public Services Board is publishing its first well-being plan since its establishment as a single regional public services board in October 2021. The plan is currently undergoing approval by individual statutory member organisations prior to collective approval by Gwent PSB on 27th April 2023. As one of eight statutory members of the board, the plan is being presented to ABUHB Board for approval.

Cefndir / Background

Every public services board in Wales must prepare and publish a local well-being plan. This should set out local objectives, and the steps to be taken to meet them. The local well-being plan should describe how the public services board intends to improve the economic, social, environmental and cultural well-being of its area by setting local objectives which will maximise the contribution made by the board to achieving the well-being goals in its area.

The plan should cover a five-year period, and any proposed steps must have regard to any matters mentioned in the assessment of local well-being.

Asesiad / Assessment

In developing the well-being plan, alongside PSB member involvement, a series of stakeholder events have been held across Gwent. The public was also consulted over a twelve-week period through different community meetings and events. An

online survey was also hosted on the Gwent PSB website. The Well-Being of Future Generations Commissioner’s office has been invited to comment.

The Well-being Plan has two strategic objectives:

- We want to create a fairer, more equitable and inclusive Gwent for all.
- We want a climate-ready Gwent, where our environment is valued and protected, benefitting our well-being now and for future generations.

In order to achieve the strategic objectives, five steps are set out in the plan:

1. Take action to reduce the cost-of-living crisis in the longer term.
2. Provide and enable the supply of good quality, affordable, appropriate homes.
3. Taking action to reduce our carbon emissions, help Gwent adapt to climate change, and protect and restore our natural environment.
4. Take action to address inequities, particularly in relation to health, through the framework of the Marmot Principles.
5. Enable and support people, neighbourhoods, and communities to be resilient, connected, thriving and safe.

Some content is yet to be added to the plan. Details of the consultation process (p. 5, 10 and appendix 1) is still to be added, the Gwent Marmot Report (appendix 2) will be added when published in June 2023, and weblinks to other plans and partnerships will be added to the final version.

Once the plan is approved, work will begin under the leadership of Gwent PSB to develop delivery plans for each of the steps.

Argymhelliad / Recommendation

The Board is asked to approve the Gwent Well-being Plan.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 1. Staying Healthy 2.1 Managing Risk and Promoting Health and Safety 6.2 Peoples Rights
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life Getting it right for children and young adults Adults in Gwent live healthily and age well Older adults are supported to live well and independently

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	<p>Work in partnership to reduce all hate crime</p> <p>Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers</p> <p>Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse</p> <p>Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers</p>

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>No does not meet requirements</p> <p>This is a regional, strategic plan developed by the Gwent PSB, of which the Health Board is a member. It sets out what the PSB wants to achieve but not how that will be done. The delivery plans will provide this detail and will be impact assessed. An assessment process for the region is being developed so that there is consistency in this assessment across the regional delivery plans.</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>

**Deddf Llesiant
Cenedlaethau'r Dyfodol – 5
ffordd o weithio
Well Being of Future
Generations Act – 5 ways
of working**

<https://futuregenerations.wales/about-us/future-generations-act/>

Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies

Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves

Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives

Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

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Introduction

Welcome to the first Well-being Plan for Gwent, setting out how we are working together to respond to some of the key issues identified in our most recent Well-being Assessment. As part of planning for the next 25 years, and beyond, this five year plan sets out what we will be doing to improve well-being across the region, now and for future generations. Many of the issues we know that affect the well-being of a region will take more than a few months or even years to solve, so the plan has tried to look for longer term solutions which may take a bit longer to show results. There will, of course, be things we can do in the short term, but those will need to help deliver benefits in the years to come.

The Well-being of Future Generations (Wales) Act established Public Services Boards, more commonly known as PSBs, for each local authority area to work together to improve well-being in their area. PSBs are made up of senior leaders from the Local Authority, the Health Board, the Fire and Rescue Service and Natural Resources Wales. A number of other organisations are also invited to join the PSB, such as the Police Service, the Police and Crime Commissioner and the voluntary sector.

In September 2021 the five PSBs in Blaenau Gwent, Caerphilly, Newport, Monmouthshire, and Torfaen came together to form the Gwent PSB, working across the region, and locally. This decision was made to simplify and strengthen the existing partnership arrangements by bringing all the public services together. The move to a regional PSB, with collective responsibility for improving well-being, makes it easier for partners to actively get involved, to add value and avoid doing the same thing several times.

The Well-being Assessment for Gwent, published last year, showed that inequality and deprivation in our communities and the need to take action on the climate and nature emergencies were having an impact on well-being. This Well-being Plan outlines how we, the PSB, will work together to tackle the social, economic, environmental and cultural issues which can affect well-being in Gwent.

Public Services Board Membership



How our plan was developed

We used the new Well-being Assessment to identify the issues which had the most effect on well-being, and where we could achieve more by working together than working alone and making better use of the resources we have. This is often known as 'added value'. We identified these issues:

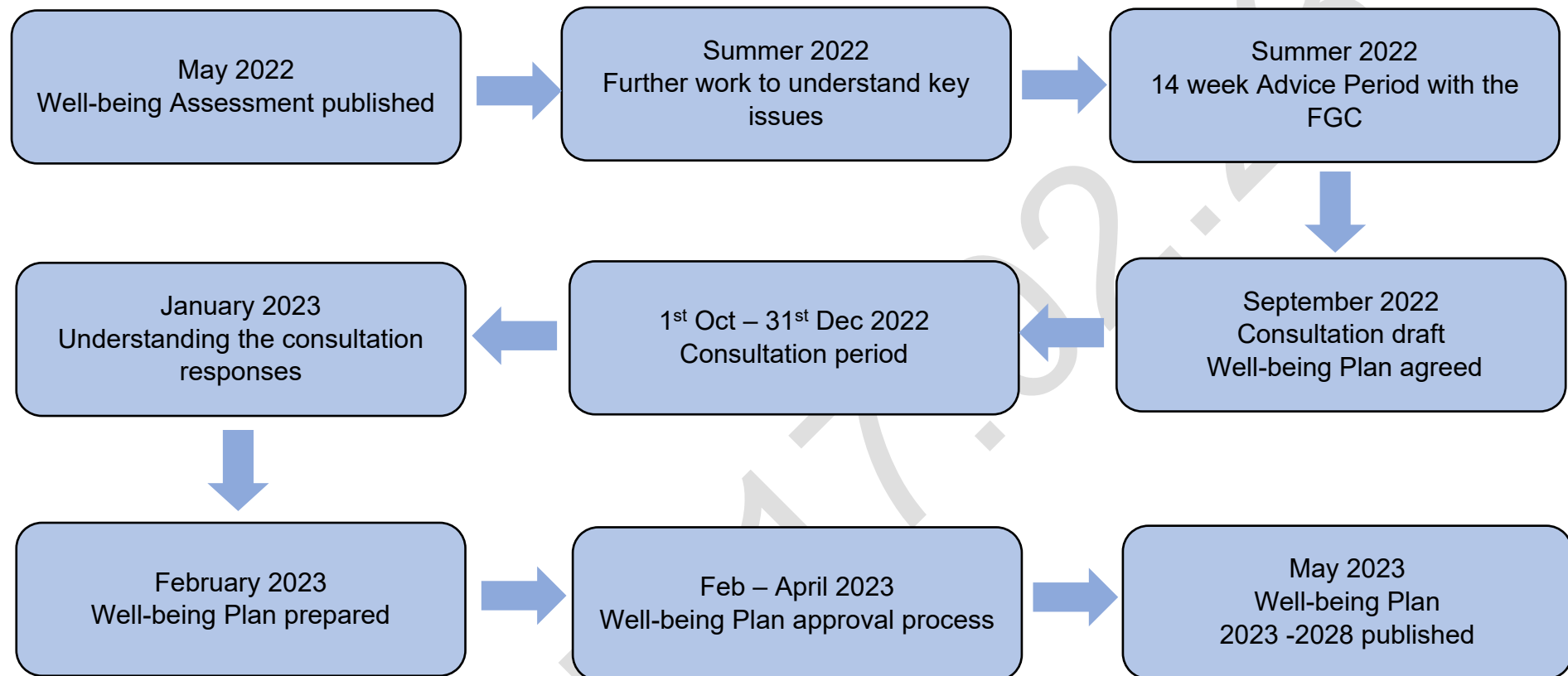
- Health inequalities and well-being (including housing)
- Community cohesion (including community safety and substance misuse)
- Environment (including climate and nature emergencies)

Over the summer of 2022 more work was done to get a better understanding of these issues and how they affected our communities. This involved pulling on a wide range of knowledge and experience, including from the Future Generations Commissioner's office, learning from others and examples of good practice from across Wales and beyond. The Future Generations Report was another source of information about what the future might mean for things like jobs or flooding.

The draft Well-being Plan for Gwent went out for consultation in October 2022. It had three objectives, each with several supporting steps. Full details of the consultation process can be found in Appendix 1. (To come)

Following the consultation the responses were assessed and analysed. The responses came from five sources: the survey, community events, stakeholder events, statutory consultee responses and individual written responses. To understand what the most important issues were for people the issues raised in the consultation were then ranked according to how many of the response sources commented on each one. These became the objectives and steps in this Well-being Plan. We will continue to use the information from the consultation as we develop each step's delivery plan in the Plan as well as continuing to engage communities and groups in our work going forward.

Timeline



Five Ways of Working

Just as when we were preparing the Well-being Assessment, we have used the five ways of working, collaboration, integration, involvement, long-term, and prevention, to guide our work. This means that while considering how to improve well-being in our communities now, we've also looked at how well-being could be affected in the future and how we can prevent issues becoming worse. We will need to work together to see what we're each doing in a community and how this affects what we do, individually and in partnership. Finally, but most importantly, we want our communities, professionals, businesses, and others to identify the issues which are most important to them. As we develop how we will be delivering the Objectives and Steps (regional and local delivery plans) we will continue to use these principles to guide our work.



Figure 1: The 5 ways of working from the Well-being of Future Generations Act

Seven Well-being Goals

The actions in this Well-being Plan must contribute to the Well-being Goals for Wales. Together they show the Wales we'd like for the future and cover all aspects of well-being. Each of the goals are as important as each other, although this plan may do more for one goal than for another.

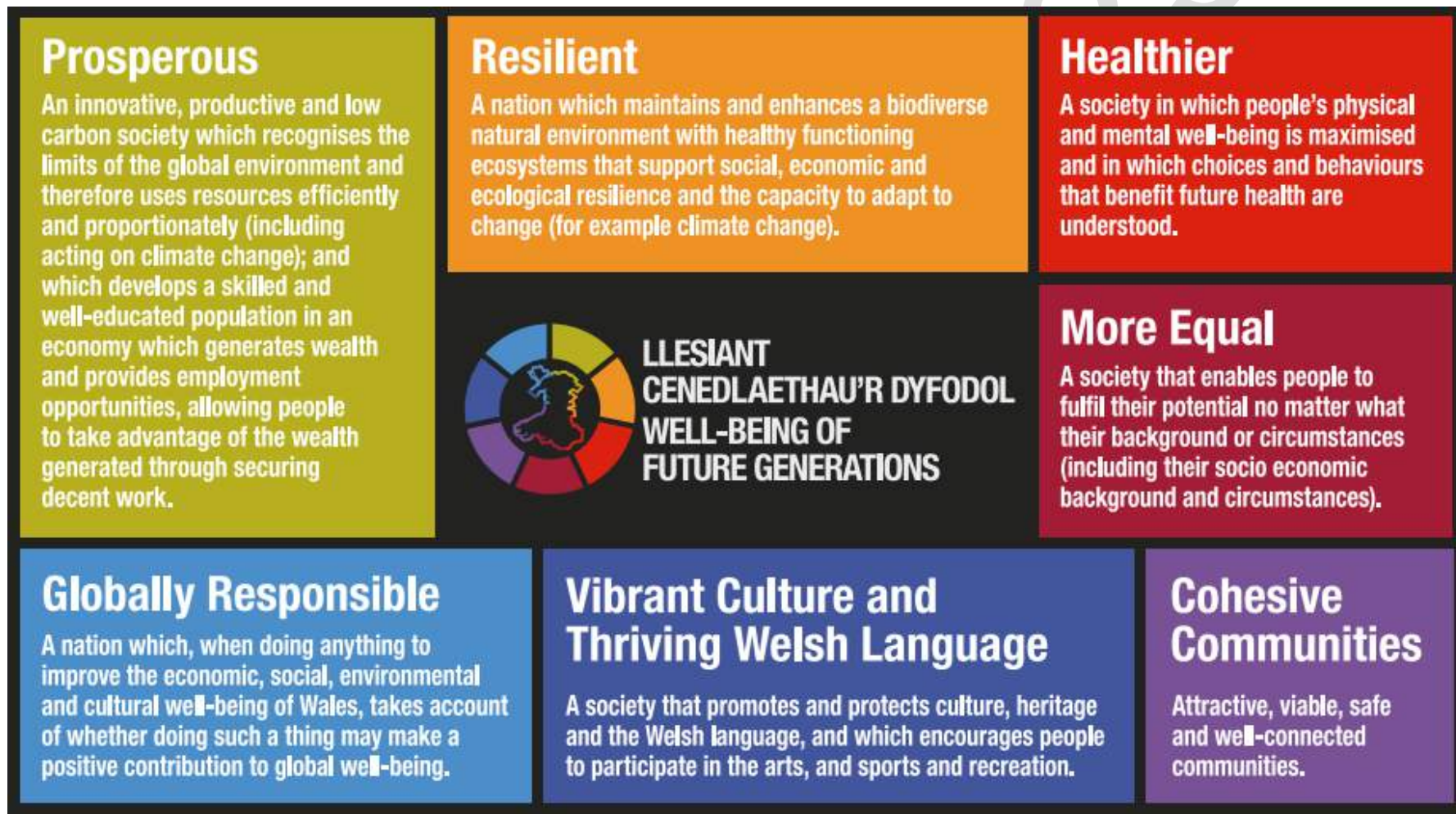


Figure 2: The 7 Well-being Goals from the Well-being of Future Generations Act

The Marmot Principles – Building a Fairer Gwent

Recognising the inequality that exists in our communities, identified in the Well-being Assessment, the Gwent Public Services Board has agreed to become a 'Marmot region' using this collaborative approach to undertake evidence-based action to reduce inequalities in Gwent. The Marmot Principles provide a framework to inform the actions to respond to the challenges faced across Gwent. This will re-focus and accelerate progress towards reducing the root causes of health and related inequalities across Gwent. As part of this, the PSB will use the eight Marmot Principles, alongside the Objectives and Steps, to shape the delivery of this Well-being Plan.

Eight Marmot Principles

1. Give every child the best start in life
2. Enable all children, young people, and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention
7. Tackle racism, discrimination, and their outcomes
8. Pursue environmental sustainability and health equity together

The Institute of Health Equity is producing a report for the PSB detailing the actions needed to tackle inequity across Gwent. As the delivery plans are developed this report will help to guide our work. The report, Appendix 2, is due to be published in June 2023.



Overarching principles

As a new PSB we have agreed that there are some things that we would all want to sign up to. These aren't Objectives or Steps but they are the things that will make us work more effectively together and make the positive changes we want for Gwent. They are our Overarching Principles, our ways of working, and reflect the five ways of working in the Well-being of Future Generations Act.

Effectively working together

Public Services Boards were established to promote better joined up working and a better understanding of how the different organisations contribute to the well-being of an area. We must make sure that what we do isn't making it more difficult for others to do what they need to. We should be sharing knowledge, expertise, and resources whenever possible and avoid doing the same thing many times over. There will be things that are best done by one or two partners, but where working together is the best option, we will do this. This Well-being Plan is about the things we can do better together, the 'added value'.

Communication and Engagement

While we have been developing the Well-being Assessment and Plan we have tried to engage with people and communities. We know we haven't always been as successful as we would have liked to be, and the Covid-19 restrictions have made it even harder to meet you. As we continue to develop and deliver this plan we want to keep talking with you, to understand your concerns and ideas. We also want to work with our communities, when we can, to create local solutions that contribute to the regional ones.

A full report about the Plan's consultation is available here [\[hyperlink\]](#). If you'd like to be involved in the future, either just to be kept informed, or to be more involved where possible, please contact: GwentPSB@caerphilly.gov.uk

Welsh language and culture

A Wales of Vibrant Culture and Thriving Welsh Language is one of the goals in the Well-being of Future Generations Act. Each of the seven well-being goals describes an aspect of the Wales we want for the future, and they are all interlinked. The Welsh language forms a part of, and plays a part in all aspects of employment, education, culture, health and social care, community cohesion, the economy and more.

Being able to use the Welsh language is a valuable skill in all parts of life across Wales. It is also a key part of Wales' cultural heritage. Each of the PSB members have a statutory duty to promote the Welsh language, but together we will encourage the increase in the use of Welsh by; using it more with each other, consulting more in Welsh and producing more of our information bilingually, rather than just our main documents.

The PSB organisations are major employers and together we can promote opportunities for our staff and workforce to learn and use the language. Schemes like 'Helo Blod,' can be used by the PSB to promote the Welsh language together as members. The Welsh language is also a central part of the community services such as health, social and primary care. 'More than Just Words' aims to improve the service for social services, health, and social care. The PSB will continue to use media and social media through both languages and look at how else it can encourage the use of the Welsh language in all its activities.

Performance management

We need to know whether what we're doing is making a difference. We have agreed to have a single 'performance management' process, which will show us how well-being is improving. The indicators will be included in the Step Delivery Plans to make sure that we're looking at the right things. The annual reports will include how much progress we've made against these key measures. The PSB will need to take responsibility for ensuring that we're making the progress we've agreed we need to make.

Because the PSB is all about partnership working, we will also need to share the information we each have around issues. Each of our organisations is collecting data all the time, and there's also research and information coming from universities, Government agencies, the Census and a range of other places. All this information will be useful to the PSB, and the individual member organisations and we need to find a way of being able to share that safely and efficiently.

Our Well-being Objectives

Using the evidence in the Well-being Assessment, the PSB has identified two interconnecting objectives (what we want to achieve). These will set the direction for our work for the next five years and beyond.

We want to create a fairer, more equitable and inclusive Gwent for all.

The latest Well-being Assessment showed that although our communities are strong with many people feeling connected to their neighbourhoods and proud of their surroundings, the inequalities that exist in our communities have the potential to impact on all aspects of well-being both at a personal and community level. There are also a range of challenges that could potentially widen these inequalities in the future and impact negatively on well-being. People who live in more deprived communities have fewer years of life that are free from ill health and are more likely to have shorter lives. Children from deprived households get poorer school results; limiting their opportunities and increasing the risk that poverty will be passed from one generation to the next. Some people in our communities are experiencing in-work poverty with the amount of spare money they have after paying their bills making it difficult to afford food, transport, energy and to be digitally connected – especially as costs increase.

Many people still feel unsafe, lonely or alone. Widening economic, health, well-being and other inequalities have affected community cohesion, safety and empowerment. The assessment tells us that home ownership is already unaffordable for many low-income households, and as house prices rise more pressure is put on our social housing stock. Future Gwent will also need more housing stock that meets the needs of an ageing population and changing family structures and is resilient to a changing climate.

The Covid-19 pandemic, the cost of living crisis, the UK's exit from the EU, the war in Ukraine, and the increasing impacts of climate change, make the lives, livelihoods, health, safety and well-being of the people of Gwent even more challenging. If action isn't taken, this will lead to poorer health and well-being because of increased deprivation, substance misuse, mental health problems, civil disorder and crime, and antisocial behaviour. Evidence is already showing this will impact the health and well-being of already disadvantaged people and communities the most, who will need additional focus and support.

We want a climate-ready Gwent, where our environment is valued and protected, benefitting our well-being now and for future generations.

The latest Well-being Assessment showed that Gwent's countryside, coastline, rivers and urban greenspaces are not all in good condition, Many of our plants and animals are in decline. This drop is, in turn, making it more difficult to deal with challenges such as climate change, poverty and inequality. The 'green economy' could provide jobs in the industries of the future such as renewables, energy efficiency and decarbonisation and supporting good health. Many of the unsustainable approaches that are putting pressure on our natural resources are also causing the climate to change. We need Gwent's natural resources to be resilient to the impacts of a changing climate including more extreme weather events. There will also be challenges associated with transitioning to a low carbon future, and we will need to consider the whole energy system – heat, power and transport. Whilst projections of milder winters associated with a changing climate may help to reduce fuel poverty, we know that much of our housing stock has poor thermal efficiency and will be challenging to retrofit.

For us to enjoy the benefits that nature can provide, our natural areas must be healthy and able to withstand threats and disturbance, such as climate change, urban development and pollution. This will require us all to work differently and really understand how we interact with our environment and the impacts we're having.

To do this we need to change our food, energy and transport systems so they work better for nature and for us, reducing climate change and protecting the resources our future generations will rely on. Developing the 'green economy' could provide local jobs in the industries of the future such as renewables, energy efficient housing and decarbonisation. Increasing the supply of locally grown food is better for nature, our health and reduces pollution. If we change how we travel around Gwent we can reduce carbon emissions, benefit local wildlife and our well-being.

Steps

We have identified five steps that will help us to achieve our two well-being objectives. Delivery plans for each step explaining what will be done in the short, medium and longer term, who will do it and by when, will be developed during the first year of the plan using the five ways of working as a framework. These will be published as part of the first annual report. Work may begin on delivering some steps before the delivery plans are completed if it can be, especially if we already have the information we need to take action. The delivery plans will be complemented by local action plans at a county level. These will be written by Local Delivery Groups, which mirror the membership of the PSB but at a more local level.

Take action to reduce the cost of living crisis in the longer term

Although the cost of living crisis began after the Well-being Assessment was completed, we know that it is likely to make the poverty, deprivation and inequity in our communities worse and can increase crime and antisocial behaviour. Voluntary and community groups, councils and others are already providing support to many and will continue to do what they can.

While dealing with the immediate issues we must make sure that what we do now doesn't make things even harder in the future. The right training and skills will enable people to get decent work with pay that helps them to provide for their families. The growth in local renewable energy production and use, could provide better jobs, a cleaner environment and potentially cheaper energy for everyone. The need to make our homes and businesses more energy efficient and better insulated, will offer opportunities for local social enterprises and traditional businesses.

Technological changes will mean that services can be provided differently, as we saw during the pandemic, with services provided virtually or closer to home, offering alternative travel options and reducing pollution. We will need to make sure that any changes in the way people access services is designed around their needs and uses new technology to support those. Local food production will help people be able to eat healthy, more affordable food as well as providing opportunities to share their knowledge, and failures, with others. More local food production also helps to reduce the impact on the environment and is less prone to supply disruption.

Links to the other steps



Homes



Environment



Health



Communities

Contribution to the national Well-being Goals

Prosperous	Resilient	Healthier	Equal	Cohesive	Culture & Language	Global

Provide and enable the supply of good quality, affordable, appropriate homes

Having a home is central to a person’s well-being. It means they can get a job, an education, the help and support they may need and allows them to feel part of a community or neighbourhood. Homes can be owned by the person living in them, rented from the council, a housing association, or a private landlord. How many homes are rented or owned is different across the region, as are the costs of buying or renting a home. The Well-being Assessment showed that the average house price in Monmouthshire is around three times that in Blaenau Gwent. Being able to afford to pay the rent or mortgage is only part of the story.

The cost of living in that home has also been increasing and many homes could be much more energy efficient, tackling both climate change and fuel poverty. As Wales moves towards being carbon neutral the need to make homes more energy efficient and better insulated is becoming more important. Insulating homes should help people to stay healthier for longer, help to reduce energy use and therefore costs, provide good quality local jobs as well as helping to protect the natural environment around the world.

Homes need to be in the right place to support individuals and the community, with access to local shops, workplaces, schools, health care, cultural and leisure activities, and transport. We know that as the climate changes there are likely to be more floods, storms, heatwaves and other weather events and homes need to be able to cope with those. Communities are changing, with more blended families, older people and people living alone, so housing needs to be adaptable and suitable for those changes.

The consultation showed that having good quality, affordable housing was an important issue for our communities. How housing is provided is very different across the region. The PSB wants to work together to improve the quality of homes in Gwent, but it will take some time to identify work we can do together because of the different rules and funding available to the different organisations.

Links to other steps



Cost of living



Environment



Health



Communities

Contribution to the national Well-being Goals

Prosperous	Resilient	Healthier	Equal	Cohesive	Culture & Language	Global

Taking action to reduce our carbon emissions, help Gwent adapt to climate change, and protect and restore our natural environment

Protecting the environment for future generations is one of the greatest challenges of our time. The land, air, water, trees, plants, animals, and insects provide us with everything we need to live. However, our need for new homes and workplaces, renewable energy, recreation, and food production are putting nature under pressure. Without a healthy environment across Gwent there can be no well-being benefits for our communities.

The effects of climate change are being felt in our communities through flooding and heat waves. The Welsh public sector is committed to become carbon neutral by 2030. We must reduce Gwent’s carbon emissions by increasing our use of renewable and sustainable energy sources, increasing availability of local food, reducing waste, and changing how we travel around Gwent. We want to support our communities to adapt to the impacts of climate change, recognising that some communities are more exposed to floods, heatwaves, air pollution and other climate risks to health.

We need to better manage the demands on Gwent’s natural environment and protect, connect and restore nature. We’ll support community green/blue space initiatives which bring communities together, especially in areas of Gwent which have least access to local, quality outdoor spaces for health and well-being. Whilst focusing on the immediate needs across Gwent, we’ll also ensure our decisions consider future trends, and don’t make things even harder for future generations.

Links to other steps



Cost of living



Health



Homes



Communities

Contribution to the national Well-being Goals

Prosperous	Resilient	Healthier	Equal	Cohesive	Culture & Language	Global

Take action to address inequities, particularly in relation to health, through the framework of the Marmot Principles

People’s health and well-being is affected by many things, clean air, water, and food, being able to get decent work, a suitable home, having local shops, access to culture and leisure activities, a quality education, good transport and social networks as well as health information and care. Where someone lives and how much money they have impacts on their health and happiness, it can lead to poorer health and less opportunity to thrive in life.

The Gwent PSB has agreed to use the framework of the eight Marmot Principles, developed by Prof. Sir Michael Marmot and his team at the Institute of Health Equity, which focus on the central issues that affect fairness, health and well-being. This approach will help to identify how to address the root causes of poor health and inequity across Gwent. The Institute of Health Equity is writing a report, using the evidence from the Well-being Assessment, the consultation responses, and their experience of working in other areas across the UK, to make recommendations for how the Gwent PSB and other regional partnerships, can take action to reduce inequities across Gwent. This report will form the basis of the action plan for this step.


Links to other steps




Cost of living



Environment



Homes



Communities

Contribution to the national Well-being Goals

Prosperous	Resilient	Healthier	Equal	Cohesive	Culture & Language	Global

Enable and support people, neighbourhoods, and communities to be resilient, connected, thriving and safe

During the Covid-19 pandemic, communities across Gwent pulled together to support each other in times of need. But the cost of living crisis and the war in Ukraine have made existing inequities and poverty worse, with crime and antisocial behaviour increasing as people find life harder. We also know that there are some people, or communities, living in the region that don't feel as welcome, safe, or supported as they should. This could be because they are old, sick, at risk from flooding, domestic violence, drug misuse or racism. Many of these issues have been there for decades, with poor housing, health, and jobs, making it harder for people to improve their well-being.

Thriving communities need safe, affordable, suitable homes, access to sports, leisure, and cultural activities, with opportunities to get involved through paid work or volunteering, and in the language of their choice. There are historical buildings and areas across Gwent that could be used as community resources for local arts programmes and other activities, providing an opportunity to promote and share knowledge about the local heritage, history, and culture.

Communities need decent, reliable transport that enables people to access services, get to decent work, attend events, or visit family and friends, safely, cheaply and in a low carbon way. The beautiful countryside provides the space for exercise and recreation for people of all ages, benefiting their physical and mental health and providing opportunities to reduce the effects of extreme weather events, caused by a changing climate.

Links to other steps



Cost of living



Environment



Health



Homes

Contribution to the national Well-being Goals

Prosperous	Resilient	Healthier	Equal	Cohesive	Culture & Language	Global

What happens next?

During the first year of this Plan we will be preparing detailed delivery plans at a regional and local level. Working with our Local Delivery Groups, other partnerships, communities, Community Councils, voluntary groups, and others, we will get a better understanding of what needs to be done and how best to do it. These delivery plans will form the basis of the first annual report, along with updates. There may be things we can do in the short term, such as finding out more about how something similar has been done before or declaring a nature emergency or promoting fair pay within our organisations. But we must make sure that these support our long-term objectives and the steps we have identified.

How the Marmot Principles link to the steps

	Cost of living	Housing	Environment	Health equity	Community
Give every child the best start in life	✓	✓	✓	✓	✓
Enable all children, young people, and adults to maximise their capabilities and have control over their lives	✓			✓	✓
Create fair employment and good work for all	✓	✓	✓	✓	✓
Ensure a healthy standard of living for all	✓	✓	✓	✓	
Create and develop healthy and sustainable places and communities	✓	✓	✓	✓	✓
Strengthen the role and impact of ill-health prevention	✓	✓		✓	✓
Tackle racism, discrimination, and their outcomes					✓
Pursue environmental sustainability and health equity together	✓	✓	✓		

Connections with other Partnerships and Plans

Across the Gwent region, and beyond, there are a number of other partnerships and initiatives which will make a difference to people and rather than repeat what these groups are doing, the Gwent PSB will look to work with them to deliver its objectives for Gwent.

Local Delivery Groups

In each of the local authority areas which make up the Gwent region, Local Delivery Groups (LDGs) have been set up to deliver the PSB's objectives at the local level. Their membership is similar to that of the PSB, with additional local representation. Activity to deliver the objectives may look different in different areas and the LDGs will be able to better connect with and draw on local expertise and groups to provide a local flavour. In time these groups may want to deliver their own action plans creating a link between local and regional priorities and action.

Regional Partnership Board (RPB)

The Gwent RPB brings together the health board, local authorities and the voluntary sector to ensure effective services, and care and support is in place to best meet the needs of the people of Gwent. The priority areas they need to work on are services for: older people with complex needs and long-term conditions, including dementia; people with learning disabilities; carers, including young carers; Integrated Family Support Services; children with complex needs due to disability or illness. The RPB must write a Population Needs Assessment and an Area Plan. These complement the Well-being Assessment and this Well-being Plan. The PSB will support the work of the RPB, and they will support our work, but we will make sure that we're not duplicating each other's work.

Building a Fairer Gwent – a Marmot Region

A Marmot Region is a network of local stakeholders committed to tackling inequity through action on the social determinants of health – the social and economic conditions which shape our health with action framed within eight principles. Becoming a Marmot Region demonstrates that we want to work together at a senior level to improve equity across Gwent, and improve the lives of all our communities.

Safer Gwent - Community Safety Partnership

Safer Gwent, is a regional multi-agency Community Safety Partnership (CSP), made up of statutory bodies under the Crime & Disorder Act, and wider partners who have a key role in addressing the community safety portfolio. Safer Gwent aims to carry out, on behalf of the Gwent PSB, the oversight of regional community safety issues and quality assure the coordination of regional activity to support local CSP delivery. In addition, Safer Gwent is uniquely positioned to take forward the Gwent PSB community safety & cohesion priorities, whilst ensuring that the PSB is fully cited on and able to respond to issues identified within the annual community safety strategic assessment.

Cardiff Capital Region

The Cardiff Capital Region (CCR) is a collaborative partnership comprising the ten Local Authorities that make up South East Wales and represents almost half the population of Wales. The CCR delivers a wide range of regeneration and investment projects, managed by a dedicated team and a ring-fenced £1.2bn investment fund, through the Cardiff Capital Region City Deal, which aims to deliver 25,000 new jobs and generate an additional £4bn of private sector investment by 2036. The CCR's high-profile projects include: the £50m Innovation Investment Capital fund, supporting business to scale up; the £50m Sites and Premises Fund, developing new sites to support the delivery of their Industrial and Economic Plan; the £10m Challenge Fund, supporting Local Authority innovation to accelerate decarbonisation and transform communities; the Homes for the Region programme to deliver 2,800 new homes; and several Metro projects transforming public transport infrastructure across the region.

Strategic Corporate Plans

These are the plans each of the organisations that make up the PSB have for what they are going to do over the next 3 – 5 years. These have different names in different organisations but they all set the high level direction for that organisation including their own Well-being Objectives which need to align to those of the PSB.

Area Statements

The South East Wales Area Statement (SEAS) informs internal and external planning across Gwent and helps stakeholders (including the PSB) consider different ways of working together.

The Area Statement process helps explore and shape aspirational ways of working. It has 4 themes: Linking Our Landscapes, Climate Ready Gwent, Healthy Active Connected and Ways of Working. The collaborative actions identified under each theme are underpinned by best available evidence, local knowledge and understanding gathered throughout the development of the SEAS. The outcomes under each of the four strategic themes will deliver the Area Statement vision for South East. This vision has been developed collaboratively over the course of the Area Statement process and is underpinned by what specialists and wider stakeholders want to see in Gwent.

Greater Gwent Nature Recovery Action Plan (GGNRAP)

The GGNRAP is a strategic framework, aiming to halt and reverse negative biodiversity trends, aligning national policy and legislation, informed by evidence including the Greater Gwent State of Nature Report 2020 Greater-Gwent-State-of-Nature-4-002.pdf (monlife.co.uk), the South East Wales Area Statement and Gwent Well-being Assessments. It is intended to be used by public bodies and organisations which operate at a regional level across the Greater Gwent area, including those on the Gwent PSB, to support better involvement that drives positive change and collaborative action together, long term. It is also a guide for the Local Nature Recovery Action Plans which focus more on local action to promote biodiversity in each Local Nature Partnership area found within Gwent.

Third Sector Partnership Agreement

The Third Sector Partnership Agreement between the Gwent PSB and the wider third sector recognises the mutual benefits that can be gained from close co-operation between the statutory partners and third sector across the Gwent PSB landscape. It builds on previous local versions and sets out guidelines for how all parties should work together. Partnership Agreements with the third sector have been identified by Welsh Government as good practice.

Participatory budgeting

Funding has been made available to the five Gwent Local Authorities to lead participatory budgeting programmes in their areas. The authorities are currently at different stages of development and with differing levels of investment. Some local authorities have now completed one or more programmes. Initial feedback has suggested participatory budgeting is effective in distributing funding to community groups, can help achieve wellbeing objectives, can generate high levels of participation and is well received. Public Health Wales are leading a review of participatory budgeting undertaken across Gwent, to inform and improve future use of this approach.

Appendices

Appendix 1 Consultation and engagement – chapter

Appendix 2 Marmot Report

Appendix 3 RPB Area Plan

Appendix 4 PSBs in Gwent's Well-being Objectives 2018 – 2023

Appendix 4

PSBs in Gwent's Well-being Objectives 2018 – 2023

Blaenau Gwent PSB	Caerphilly PSB	Newport PSB	Monmouthshire PSB	Torfaen PSB
Blaenau Gwent wants to forge new pathways to prosperity	Positive Change -a shared commitment to improving the way we work together	People feel part of their community and have a sense of belonging	Respond to the challenges associated with demographic change.	Develop a functional, connected network of natural areas that support the current and future well-being needs of local populations
Blaenau Gwent wants everyone to have the best start to life.	Positive Start- giving our future generations the best start in life	Provide children and young people with the best possible start in life	Provide Children and young people with the best start in life.	Provide children and young people with the best possible start in life.
Blaenau Gwent wants safe and friendly communities.	Positive People-empowering and enabling all our residents to achieve their own potential.	Ensuring people feel safe in their communities.		Create safe, confident communities and promote community cohesion
Blaenau Gwent wants to encourage and enable people to make healthy lifestyle choices in places that they live, learn, work and play.	Positive Places-enabling our communities to be resilient and sustainable	Long and healthy lives for all		Support healthy lifestyles and enable people to age well.
Blaenau Gwent wants to look after and protect its natural environment.		Newport has a clean and safe environment for people to use and enjoy.	Protect and enhance resilience of our natural environment whilst mitigating and adapting to the impact of climate change.	Develop mitigation and adaptation responses to the impacts of climate change
		Improve the perceptions of Newport		Tackle the intergenerational patterns

		as a place to live, work, visit and invest		of poverty and develop economic resilience.
		Drive up skill levels for economic and social well-being.	Develop opportunities for communities and businesses to be part of an economically thriving and well-connected county.	Improve local skills through work-force planning, training, apprenticeships, and volunteering opportunities.
		People feel part of their community and have a sense of belonging		
		Participation in arts, heritage and history is important for people's well-being		
		Improve air quality across the city		
		Communities are resilient to climate change		
		Participation in sports and physical activity is important for people's well-being		
		People have access to stable homes in a sustainable supportive community		

CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Board Public session
TEITL YR ADRODDIAD: TITLE OF REPORT:	New Velindre Cancer Centre (nVCC) Full Business Case (FBC)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe (Director of Finance)
SWYDDOG ADRODD: REPORTING OFFICER:	Philip Meredith (Finance Business Partner Commissioning)

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

This paper aims to present the Full Business Case (FBC) from Velindre University NHS Trust (VUNHST) for the new Velindre Cancer Centre (nVCC), a replacement hospital to be developed in Cardiff to provide specialist oncology services for the population of South East Wales.

Recurring revenue investment of £1.9m minimum is required from the Health Board by Velindre University NHS Trust as a commissioner of their services, noting the Welsh Government and National digital funding has been presumed.

The Board is asked to consider the new Velindre Cancer Centre full business case &;

1. Note the update from the OBC to FBC
2. Note the remaining risks & mitigating action
3. Note the Commercial Case is not available due to its sensitive nature and is currently being finalised with the MIM provider – any changes affecting the other 4 cases will be brought back to commissioners for consideration.
4. Determine a response to the FBC approval and revenue funding commitment requested.

Given the commercially sensitive nature of the FBC, the economic and financial cases will be discussed by the Board in private session and not disclosed into the public domain. Appendices to the management case have also been withheld due to elements which are deemed commercially sensitive.

Sefyllfa / Situation

Aneurin Bevan University Health Board, along with all other South Wales Commissioners of Velindre NHS Trust Cancer Services, are being asked to consider and approve the Full Business Case (FBC) of the proposed new Velindre Cancer Centre (nVCC), located in Whitchurch, Cardiff.

The key drivers supporting the case for change are articulated in the FBC:

- The Welsh Government's health and cancer policy to improve the quality of cancer treatment and care; to further improve the experience of care; and patient outcomes.
- Continuing growth in the incidence of cancer and the demand for cancer services across Wales; with incidences expected to grow at approximately 2% per annum.
- The role of Velindre Cancer Services and Velindre Cancer Centre in the South-East Wales region as being the sole provider of highly specialist non-surgical tertiary oncology within South East Wales for the resident population (Both providers in Bristol also provides cancer services).
- The need to keep pace with the advances in treatments and technology which support the provision of cancer care that achieves the required clinical standards.

The limitations of the existing VCC fabric and functionality are stated as:

- The existing Velindre Cancer Centre has insufficient space and if built on a 'like for like' basis, and in line with Health Building Notes (HBN's), it would have a footprint of circa 28,000m² compared with the existing building footprint of 17,777m²;
- The existing Velindre Cancer Centre (VCC) has no expansion space. For example, the Trust could not install any additional linear accelerators, which limits the Trust's ability to expand its radiotherapy capacity in response to increasing demand for its clinical services.
- A high proportion of accommodation at the existing VCC is non-compliant with statutory requirements and creates challenges in maintaining high levels of patient safety and confidentiality.
- The existing patient environment at the VCC is sub-optimal in promoting patient dignity, experience and well-being.
- The existing VCC has limitations in its ability to provide the most up to date treatments for patients to support improved outcomes and quality of life.
- There is insufficient car parking at the existing VCC

Cefndir / Background

The Outline Business Case was approved by health boards in 2018. An update to the OBC was requested by Welsh Government in 2020 and agreed by WG in 2021. This approval has led to the development of the Full Business Case and progression to procurement using the Welsh Government Mutual Investment Model (MIM).

A strategic partner has been secured and the design phase has been completed enabling the finalisation of the costs for the FBC. Finalisation of the financial

elements of the contract is scheduled for March 2023 but can only take place once the FBC is approved by Health Boards and the Minister.

It should be noted that this FBC is for the replacement of the existing Velindre Cancer Centre only and does not cover any activity changes/growth. This case should be considered in addition to the 2 further cases already approved by ABUHB in September 2022.

- Integrated Radiotherapy Solution to replace the existing 8 linear accelerators which will, subject to the agreement of this case being agreed, be housed in the new Velindre Cancer Centre and the Radiotherapy Satellite Centre at Nevill Hall Hospital.
- Radiotherapy satellite centre at Nevill Hall Hospital in Abergavenny to provide additional capacity in addition to the new Velindre Cancer Centre to meet future needs

Asesiad / Assessment

The Full Business Case (FBC)

The FBC consists of 5 cases (Strategic; Economic; Commercial; Management; and Financial) which are inter-connected and set out the case for investment. Of the 5 Cases, four (Strategic; Economic; Management; and Financial) are complete. It should be noted that at the time of this report, the Commercial Case is commercial in confidence and therefore not able to be released to LHBs at this stage. The Commercial Case is not available due to the sensitive nature of it and is currently being finalised with the MIM provider – any changes affecting the other 4 cases will be brought back to commissioners for consideration.

The aim of the Commercial Case is to set out the commercial arrangements i.e., the solution (the nVCC final design), together with the contract (Project Agreement). The nVCC Project is being procured using the Welsh Government Mutual Investment Model (MIM), under WG policy: -

The Commercial Case is considered a matter for the Trust and Welsh Government. The Case requires commercial confidentiality of the arrangements which are at a sensitive stage of the procurement process.

In this context, it can be highlighted that the Welsh Government (Central Treasury) is the funder for the Annual Service Payment (ASP) - which is the annual revenue payment to the provider for the 25-year term of the Agreement - and the Welsh Government (Health) is the funder of the NHS capital equipping costs. This clarity is important in respect of the approvals sought from each of the stakeholders. The primary areas of decision-making/approvals for each stakeholder is:-

- Trust: overall approval including Project Agreement (commercial aspects); capital costs, revenue costs, management arrangements and retained risk as the contracting party.
- Trust/Local Health Boards: Identified revenue investment (recurring and non-recurring).

- Welsh Government: Treasury all matters relating to the Annual Service Payment and Health Department all matters relating to NHS Capital Equipping Costs.

The four available cases (Strategic; Economic; Management; and Financial) are attached as an appendix to this report for consideration by the Board.

Financial Implications for ABUHB

The Financial Case sets out the rationale for the proposed increased revenue investment from the levels agreed in the OBC. In summary the proposed ABUHB recurring revenue requirement arising from the FBC is £1.9m analysed as follows

	ABUHB Share £m
Baseline Investment already in Long Term Agreement (LTA) with VNHST	1.524
<i>OBC Revenue Cost (Inflated 21-22 Prices)</i>	<i>3.014</i>
<i>Increase agreed by commissioners over LTA Baseline at OBC Stage</i>	<i>1.490</i>
<i>FBC Recurring Revenue Costs</i>	<i>3.924</i>
<i>Further increase above OBC proposed at FBC Stage</i>	<i>0.910</i>
Total Funding Recurring Revenue Requirement Increase (OBC stage plus increase at FBC stage) (Before Funding)	2.400
Assumed Digital Priorities Investment Funding	(0.167)
Assumed WG Funding – Transitional	(0.351)
Revised Funding Recurring Revenue Requirement	1.883

In summary the additional costs are driven by the size and design of the building.

Note in addition there is a **£2.4m** of non-recurring revenue cost for commissioners for dual running (AB Share £ 0.9m - one off cost at point of opening).

Key Points to Note

Building Design

- The ambition of Velindre NHS Trust to deliver the Greenest Hospital in the UK has been developed and translated into the nVCC design – this has significantly increased costs from the OBC.

- The design includes space for the assumed growth in Cancer Services (2% per annum). This means the building will have spare capacity when opened which is potentially available to Heath Boards. ***However if HBs were to use any spare capacity for their own services, there would need to be a recosting of revenue costs attributed to commissioners.***

Scope of the FBC Case

- The Case is for the new Velindre Cancer Centre **building only and does not cover associated activity costs and growth.**
- All costs associated with the new Linear Accelerators were included in the IRS Case which was considered by the Board in September 2022.
- **Any costs arising from activity growth will be charged in accordance with the Long Term Agreement that exists between ABUHB and VNHST and is in addition to this FBC.**
- Workforce plans for potential growth in services have not been developed.
- Savings arising for efficiencies/new working practices need to be quantified with the benefit returned to commissioners
- The key benefit described by Velindre are for the patient and staff experience but no metrics have been identified to support this.
- The nVCC project is utilising the Welsh MIM Policy, which is a Public Private Partnership (PPP).

Funding Sources Risk

- The Digital Priorities Investment Funding and WG Funding should be considered a risk at this stage. There is a risk of this funding not materialising or being provided on a non recurrent basis with the associated risk passed back to commissioners. If the funding outlined is not received, the ABUHB recurring funding requirement increases from £1.9m to £2.4m.
- ABUHB should consider establishing caveats around the funding responsibility and who owns the risk mitigation eg. Velindre Trust or ABUHB.

Conclusion

The FBC has been presented to commissioning Health Boards for their approval. Delivering the proposed design of the new Velindre Cancer Centre has significant recurring revenue consequences for commissioning Health Boards and it should be noted that any activity growth will be chargeable in addition to the costs outlined in this paper.

Argymhelliad / Recommendation

The Board is asked to consider the new Velindre Cancer Centre full business case &;

1. Note the update from the OBC to FBC
2. Note the remaining risks & mitigating action
3. Note the Commercial Case is not available due to the sensitive nature of it and is currently being finalised with the MIM provider – any changes affecting the other 4 cases will be brought back to commissioners for consideration.
4. Determine a response to the FBC approval and funding commitment requested.

Given the commercially sensitive nature of the FBC, the economic and financial cases will be discussed by the Board in private session and not disclosed into the public domain. Appendices to the management case have also been withheld due to elements which are deemed commercially sensitive.

Attachments:

- a) Strategic Case
- b) Management Case (excluding commercially sensitive appendices)

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply All Health & Care Standards Apply Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Enabling Estate
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:							
Rhestr Termiau: Glossary of Terms:	<table> <tr> <td>ASP</td><td>Annual Service Payment</td></tr> <tr> <td>CAP</td><td>Commercial Approval Point</td></tr> <tr> <td>FBC</td><td>Full Business Case</td></tr> </table>	ASP	Annual Service Payment	CAP	Commercial Approval Point	FBC	Full Business Case
ASP	Annual Service Payment						
CAP	Commercial Approval Point						
FBC	Full Business Case						

	FC	Financial Close
	LHB	Local Health Board
	MiM	Mutual Investment Model
	nVCC	New Velindre Cancer Centre
	OBC	Outline Business Case
	PA	Project Agreement
	SP	Successful Participant
	VAT	Value Added Tax
	WG	Welsh Government
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Yes not yet available An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives

Full Business Case: March 2023

new Velindre Cancer Centre (nVCC)

Strategic Case

STRATEGIC CASE

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1 INTRODUCTION AND PURPOSE

Introduction

- 1.1 The scope of the new Velindre Cancer Centre Project is to develop a new fit for purpose Velindre Cancer Centre (nVCC). The nVCC will deliver the majority of specialist non-surgical cancer services for the population of South-East Wales.
- 1.2 On the 19th of March 2021, the Welsh Government announced its approval of the nVCC Outline Business Case (OBC), this approval enabled the formal procurement of the nVCC to commence via a competitive dialogue procedure.
- 1.3 The outcome of the nVCC procurement is nearing Financial Close (FC) and this progress allows for the population of this Full Business Case (FBC) which is aligned to the Successful Participants (SP) tender.
- 1.4 The nVCC OBC revisited the project's earlier Strategic Outline Case assumptions and identified a preferred way forward. This FBC will also revisit those assumptions and confirm strategic alignment, value for money and a means to implement the preferred solution which is part of Velindre's approved Clinical Operating Model.
- 1.5 The construction of a new nVCC is currently planned to be completed during 2025.

Purpose

- 1.6 The purpose of this Full Business Case (FBC), is therefore to:
 - Confirm that the Project Spending Objectives (PSOs) have been reviewed and are still valid;
 - Confirm that the preferred way forward identified in the nVCC OBC remains unchanged;
 - Identify the marketplace opportunity which offers optimum Value for Money (VfM);
 - Set out the commercial and contractual arrangements for the negotiated deal(s);
 - Confirm the deal(s) are still affordable; and
 - Put in place the detailed management arrangements for the successful delivery, monitoring and evaluation of the scheme.
- 1.7 In seeking approval, this FBC will provide assurance on the points outlined above to the Trust Board, the Trust's Commissioners and Welsh Government.

2 STRATEGIC CASE STRUCTURE AND CONTENTS

Context of Proposed investment

- 2.1 The Trust and its partners are committed to providing safe, efficient and effective care to all our patients. To achieve this from a cancer services perspective, it is essential that a nVCC is developed. The key drivers supporting the case for investment are:
- The Welsh Government's health and cancer policy to improve the quality of cancer treatment and care; to further improve the experience of care; and patient outcomes.
 - Continuing growth in the incidence of cancer and the demand for cancer services across Wales; with incidences expected to grow at approximately 2% per annum.
 - The role of Velindre Cancer Services and Velindre Cancer Centre in the South-East Wales region as being the sole provider of highly specialist non-surgical tertiary oncology for the resident population.
 - The need to keep pace with the advances in treatments and technology which support the provision of cancer care that achieves the required clinical standards.
- 2.2 The bullet point themes above will be explored and introduced as a "golden thread" running through this FBC and are at the heart of the Trust's ambition and business needs.
- 2.3 Of note, there are currently significant limitations relating to the fabric and functionality of the existing Velindre Cancer Centre which was built in 1956, these are:
- i. The existing Velindre Cancer Centre has insufficient space and if built on a 'like for like' basis, and in line with Health Building Notes (HBN's), it would have a footprint of circa 28,000m² compared to the existing building footprint of 17,777m²;
 - ii. There is no expansion space on the existing Velindre Cancer Centre. This severely limits, the Trust's ability to expand its footprint to meet the increasing demand for its clinical services across a range of specialities / departments.
 - iii. A high proportion of accommodation at the existing VCC is non-compliant with statutory requirements and creates challenges in maintaining high levels of patient safety and confidentiality.
 - iv. The existing patient environment at the VCC is sub-optimal in promoting patient dignity, experience and well-being.

- v. The existing VCC has limitations in its ability to provide the most up to date treatments for patients to support improved outcomes and quality of life.
 - vi. There is insufficient car parking at the existing VCC.
- 2.4 Therefore, it is clear that the existing Velindre Cancer Centre is significantly inhibiting the Trust's ability to both maintain and progress its clinical services. Conversely, the nVCC project is critical to the successful delivery of the Trust's long-term Cancer Strategy and the delivery of the benefits set out within the Trusts Transforming Cancer Services in South-East Wales programme (TCS).
- 2.5 The TCS Programme is an ambitious programme that aims to deliver transformed tertiary non-surgical Cancer Services for the population of South-East Wales. It is described in detail below.

TCS Programme Scope

- 2.6 It is important for the reader of this nVCC FBC to be able to “locate” where the nVCC Project sits within the wider TCS Programme which has seven interdependent projects that will deliver the Trusts approved strategies and Clinical Operating Model. The projects are led by a number of defined Boards within Velindre University NHS Trust. These arrangements are set out in more detail in the Management Case.
- 2.7 The wider TCS Programme has been developed to deliver a number of aspects of the Welsh Governments strategic cancer/wider policy requirements (Healthier Wales; Cancer Quality Statement; Well-being for Future Generations (Wales) Act 2015; Decarbonisation Plan) and Velindre Cancer Services Strategy “Building our Future Together 2017 – 2027”.
- 2.8 The seven TCS Projects are briefly described in Table 1 overleaf:

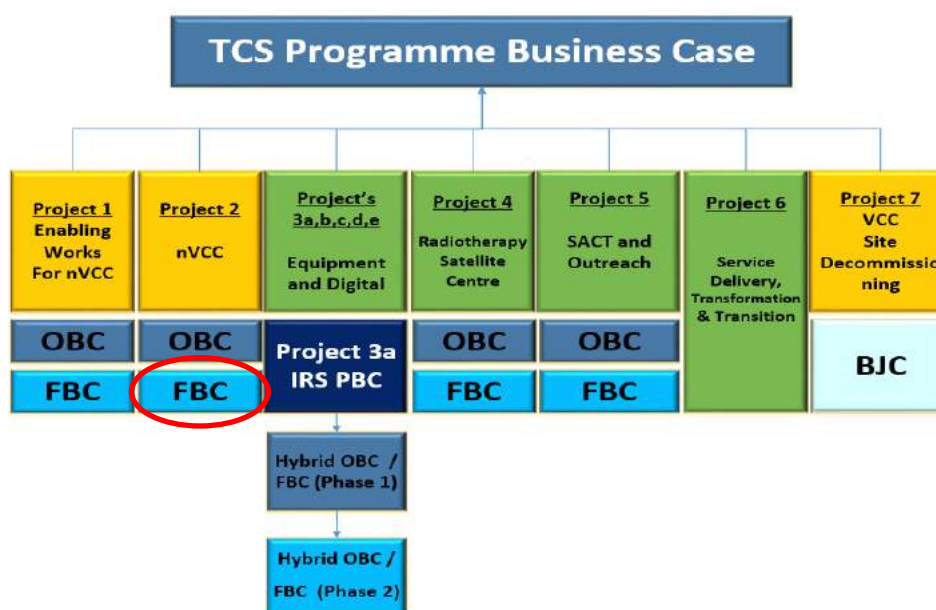
Table 1 - TCS Projects Described

Project Number / Name		Description
1	Enabling Works	All enabling works needed to provide primary and secondary access to the new Velindre Cancer Centre Site (including the provision of utilities).
2	New Velindre Cancer Centre	The re-provisioning of a new Velindre Cancer Centre in the Whitchurch area of Cardiff.
3	Digital and Equipment	The provision of integrated Digital Information and Equipment Services across the TCS Programme. This Project oversees the Integrated Radiotherapy Solution (IRS) Project.
4	Radiotherapy Satellite Centre	Provision of a Radiotherapy Satellite Centre at Nevill Hall Hospital.
5	SACT and Outreach	The Provision of Systemic Anti-Cancer Therapy (SACT) and Outpatient services embedded in Local Health Boards.
6	Service Delivery Transition and Transformation	This project is responsible for establishing and transforming all service delivery functions across the clinical model. It is also responsible for planning and implementing the transition between the old and new cancer centre.
7	Site Decommissioning	The decommissioning of the old Velindre Cancer Centre brownfield site.

2.9 To implement the TCS Programme, as described in the TCS Programme Business Case (PBC), a suite of Business Cases is required. It is important that these business cases are seen in the context of the other investment cases that are being developed.

2.10 Figure 1 sets out the TCS Programmes Business Case Framework and how it aligns to the seven defined projects.

Figure 1 - TCS Programme Business Case Framework



- 2.11 This FBC seeks investment for the nVCC Project (Project 2 circled above). Other business cases within the TCS Programme have been approved and an update is set out in the Table 2 below:

Table 2 - TCS Programme Business Case Status

Project Number / Name		Approval Status
1	Enabling Works	Full Business Case Approved
2	new Velindre Cancer Centre (nVCC)	Full Business Case Complete (includes digital)
3	Digital and Equipment	Integrated Radiotherapy Solution – Full Business Case approved other digital equipment in this case for nVCC
4	Radiotherapy Satellite Centre (Lead by ABUHB)	Full Business Case Approved
5	SACT and Outreach	Business Case Process not yet commenced
6	Service Delivery Transition and Transformation	No Business Case Required – Transition costs included within nVCC Full Business Case
7	Site Decommissioning	Business Justification Case (BJC) will be commenced following this Business Case submission

Business Case Approvals and Timeline

2.12 The approval process for this FBC is outlined in the Table 3 below.

Table 3 - nVCC FBC Approval Timeline

Approval Step	Purpose	Submission Target Date
Phase 1: Draft FBC excl. Commercial Case to Trust Board	For review	January 2023
Phase 1: Draft FBC excl. Commercial Case to Trust Commissioners and Welsh Government	For review	January 2023
Phase 2: Final FBC incl. Commercial Case to Trust Board <i>(dependent on Financial Close being achieved)</i>	For approval	February 2023
Phase 3: Final FBC to Health Board Commissioners	For approval	February 2023
Phase 4: Final FBC to Welsh Government	For approval	March 2023

Structure and content of FBC

2.13 The FBC has been prepared in accordance with HMT Green Book and Welsh Government Better Business Case guidance. Table 4 below outlines the approach that has been applied to the Five Case model.

Table 4 - nVCC FBC Structure and Content

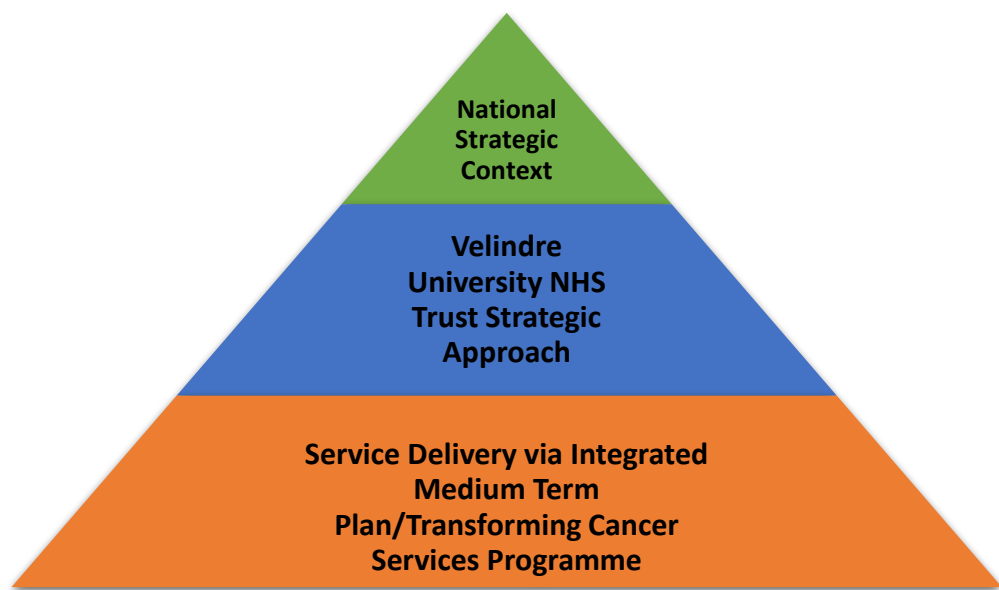
Chapter	
Strategic Case	Sets out the strategic context and the case for change, together with the supporting investment objectives for the scheme.
Economic Case	Completes an economic appraisal that outlines the main benefits of shortlisted options. Appraises the economic costs, benefits and risks for the short-listed options based on the results of the procurement process. Demonstrates the preferred option continues to meet the needs of the service and optimises value for money.

Chapter	
Commercial Case	Describes the procurement process adopted and outlines the content and structure of proposed contract and associated contractual arrangements. Provides the results of the procurement process and final proposed contractual arrangements.
Financial Case	Sets out the financial implications of the preferred option based on the results of the procurement process. Confirms funding arrangements and affordability and explains any Balance Sheet impact.
Management Case	Demonstrates that the scheme is achievable and can be delivered successfully to cost, time and quality.

Strategic context of proposed investment

- 2.14 This section of the Full Business Case (FBC) summarises the strategic context for the development of a new Velindre Cancer Centre (nVCC) Project by explaining how the nVCC Project supports the delivery of local, regional and national policy goals.
- 2.15 Specifically, in Figure 2 overleaf it considers the fundamental drivers behind these proposals including:
- Links to national strategy and policy.
 - The Trust's enabling Strategies and Programme Arrangements linked to the above National Drivers, and;
 - The Service Delivery / Business as Usual needs: the need to maintain business as usual activities and to regularly and routinely replace major medical equipment.

Figure 2 - Fundamental Policy Drivers



2.16 Figure 3 below summaries the main National strategic drivers linked to this FBC.

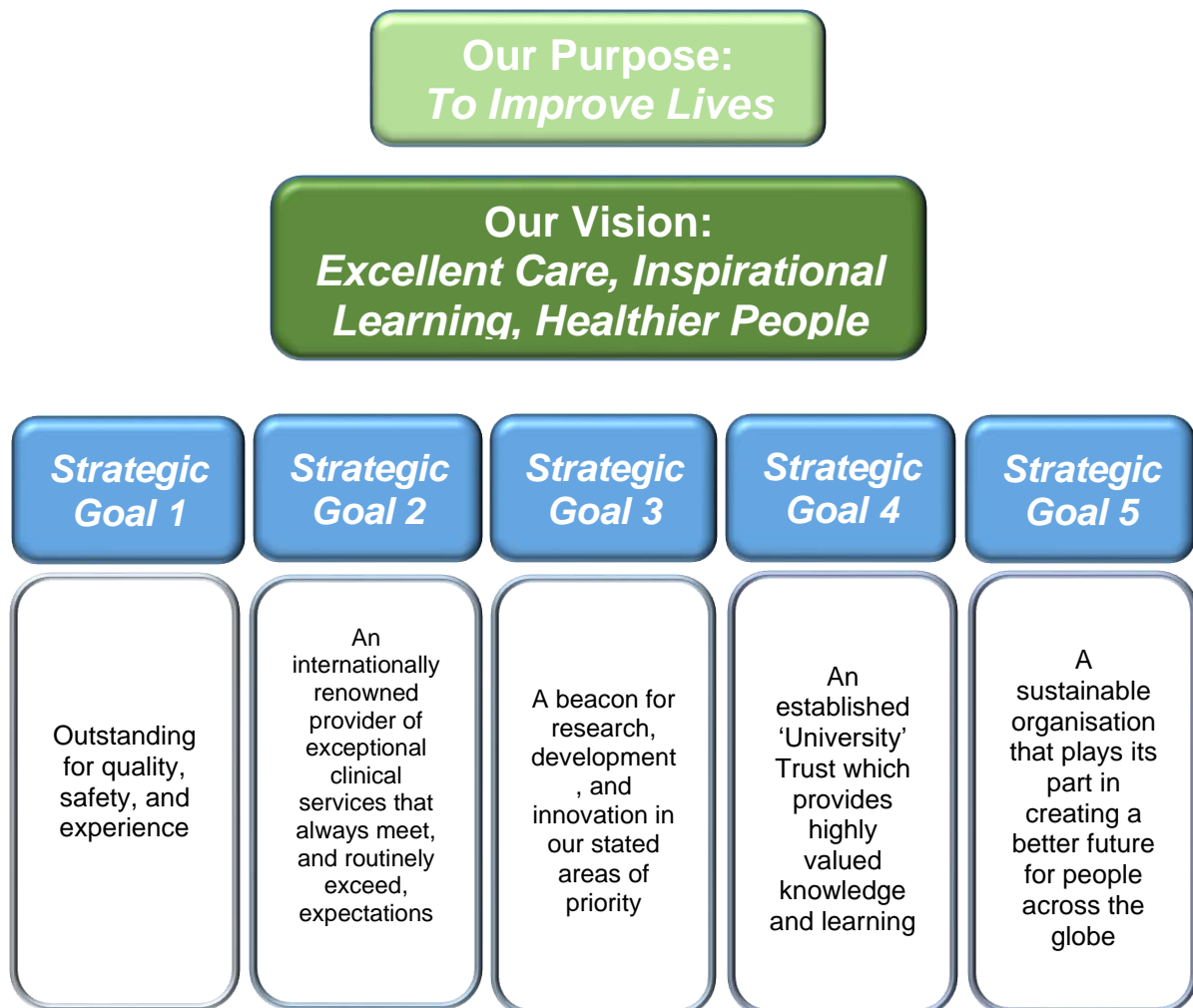
Figure 3 - Strategic Context in Wales for Health Services



Velindre University NHS Trust's Strategic Response

- 2.17 In response to the regional and national policy drivers Velindre University NHS Trust has developed its Corporate Strategy called 'Destination 2032'. This Strategy sets out a new purpose, vision and set of strategic goals for the Trust and was approved during 2022. The approach is set out in Figure 4 below:

Figure 4 - VUNHST Purpose, Vision and Goals



- 2.18 In support of Velindre's, Purpose, Vision and Goals that make up 'Destination 2032', the following divisional service strategies have been developed:

- Welsh Blood Service Strategy 2022 – 2027
- Velindre Cancer Strategy 'Shaping our Future Together 2017- 2027'

2.19 These are also supported by a range of refreshed enabling strategies / frameworks which are available upon request:

- Quality and Safety Framework
- Clinical and Scientific Strategy (being developed)
- Sustainability Strategy 2022 – 2032
- Workforce Strategy 2022 – 2032
- Digital Strategy 2022 – 2032
- Estates Strategy 2022 – 2032.

Alignment with Velindre Cancer Services Strategy ‘Shaping our Future Together 2017 – 2027’ and the Transforming Cancer Services Programme

2.20 Velindre Cancer Services strategy ‘Shaping our Future Together 2017 – 2027’ sets out five strategic priorities, these are set out in Table 5 below:

Table 5 – The Five Strategic Priorities and Aims of ‘Shaping our Future Together 2017 – 2027’

Priority	Aim
Strategic Priority 1:	Equitable and consistent care, no matter where; meeting increasing demand.
Strategic Priority 2:	Access to state-of-the-art, world-class, evidence-based treatments
Strategic Priority 3:	Improving care and support for patients to live well through and beyond cancer
Strategic Priority 4:	To be an international leader in research, development, innovation and education
Strategic Priority 5:	To work in partnership with stakeholders to improve prevention and early detection of cancer.

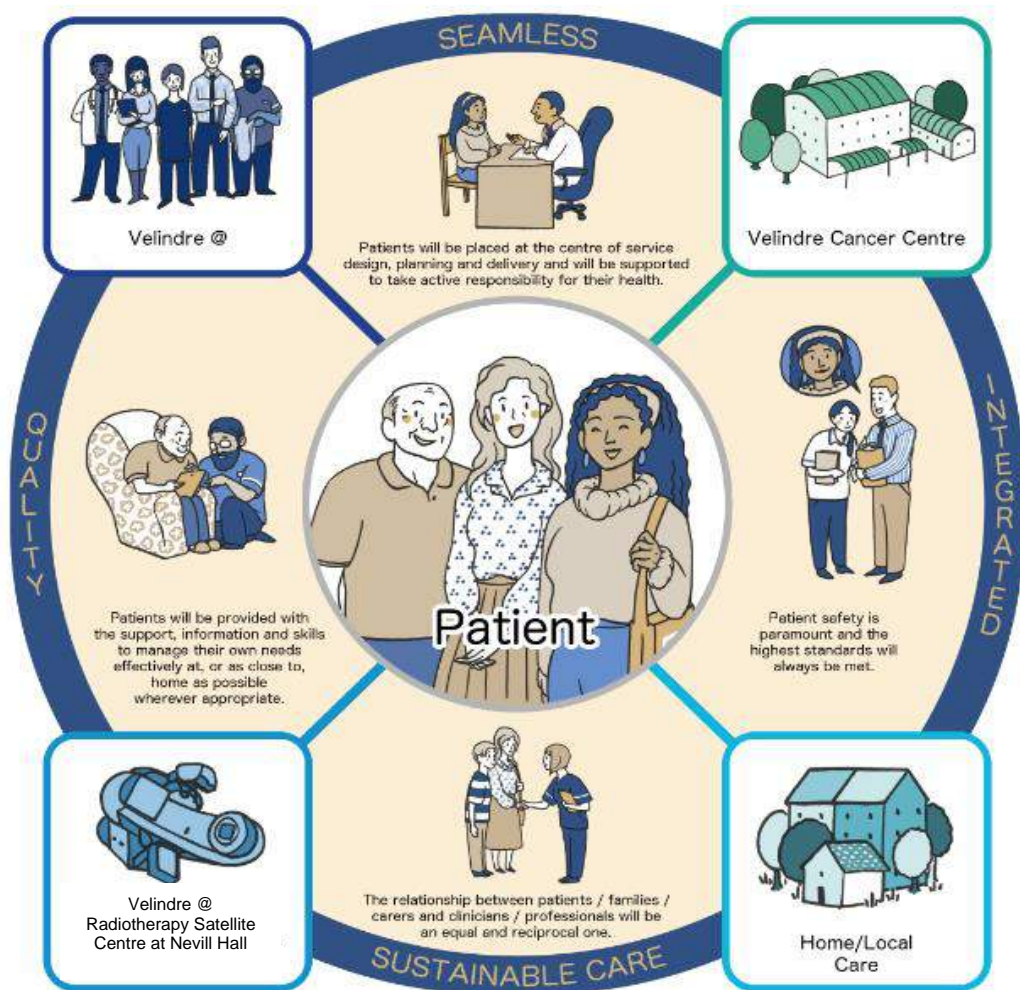
2.21 The Trusts range of strategies, together with the Velindre Cancer Service strategy ‘Shaping our Future Together 2017 – 2027’, are directly aligned to the Welsh Governments range of strategic policy goals and requirements. The delivery of these strategies (priority; timelines) are managed through the Integrated Medium Term Planning (IMTP) process with delivery managed and

monitored via the Trusts' established performance management and governance arrangements.

Translating Strategic Plans into the delivery of improved quality of care: the Clinical Operating Model

- 2.22 The TCS Programme used the Velindre Cancer Service strategy 'Shaping our Future Together 2017 – 2027' to support the development of a Clinical Operating Model. This was facilitated through workshops/events/meetings involving more than 400 people - professionals, patients and public from a range of organisations including Health Boards, Third Sector and the Community Health Council (CHC). The clinical model is set out in Figure 5 below:

Figure 5 - Approved Clinical Model



2.23 The clinical operating model within the TCS PBC describes how services will be delivered in the future. The founding principles were as follows:

- The service model seeks to promote a new set of relationships which work in partnership to improve the way we collectively design and deliver tertiary non-surgical cancer services around patients' needs and to achieve these improvements in a truly sustainable way.
- Patients are central to our plans with an integrated network of services organised around them. The organising principle seeks to 'pull' high quality care towards the patient, that is accessible in their preferred location and supports them achieving their personal goals during treatment and subsequently as they live with the impact of cancer.
- Patient safety is paramount, and the highest standards will always be met.
- The relationship between patients / families / carers and clinicians / professionals will be an equal and reciprocal one.
- Patients will be provided with the support, information and skills to manage their own needs effectively at, or as close to, home as possible wherever appropriate.
- Optimising information technology, quality improvement systems, patient involvement, education and embracing innovative approaches to healthcare will all be essential to achieve high levels of service quality in a sustainable way.

2.24 The Clinical Operating Model will see more care delivered within patients' homes; and locally through the development of a number of Velindre@ facilities on Local Health Board sites across South-East Wales, providing chemotherapy, outpatient, and support services; a Radiotherapy Satellite Centre (RSC) in Nevill Hall Hospital, Abergavenny; and the redevelopment of the Velindre Cancer Centre on a new site in Whitchurch, Cardiff.

2.25 To deliver the principles of the new Clinical Operating Model, care will be delivered differently and at different locations. This will require a number of infrastructure and technology projects as well as service change projects to be established.

2.26 These key elements of the model and their functions are described briefly below:

- **Health Boards:** A range of cancer care occurs within the Health Boards, with a proportion of patients having all their care delivered by the Health Board teams. For other patients who need non-surgical treatment, their care needs to be seamlessly planned with the non-surgical aspects of the pathway, as patient care can often transition from one team to another. The Velindre Outreach facilities and collaborative working will support this approach.

- **Velindre Outreach Centres:** These facilities will provide (if clinically indicated) SACT, outpatient services, education and information provision and ambulatory care procedures within Health Boards.
- **Velindre Radiotherapy Satellite Centre:** The Radiotherapy Satellite Centre (RSC) at Nevill Hall has recently had its Full Business Case approved. The centre once implemented will provide radiotherapy treatment for approximately 20% of our patients (provided by two new Radiotherapy treatment machines and one CT Simulator).

The benefits of the RSC investment include better access and reduced travel for patients and less use of transport services. This will mean that fewer patients need to travel to the VCC for their radiotherapy.

- **new Velindre Cancer Centre:** The new Velindre Cancer Centre will provide specialist and complex cancer treatment including SACT, radiotherapy (including brachytherapy and unsealed sources) and specialist palliative care, inpatient facilities (being open for admission 24 hours/day, 7 days/week), a specialist acute oncology assessment unit and outpatient services, radiology, and nuclear medicine.

Assurance of the clinical operating model and its ability to deliver high quality, safe services which meet the expectations of patients and families

External advice from the Nuffield Trust

- 2.27 In December 2020, a number of concerns were raised regarding the ability of the Trust's proposed clinical operating model to achieve the range of expected benefits. The focus of the concerns were primarily related to the proposed regional networked model of care. This was mainly due to the current Velindre Cancer Centre not being co-located on an acute site as this business case proposes.
- 2.28 In recognition of the concerns raised, the Trust commissioned the Nuffield Trust to provide independent advice on the proposed regionally networked model of care. This advice included the proposed location of the nVCC in Whitchurch as part of that model.
- 2.29 The Terms of Reference for the advice was jointly agreed between the Trust and Local Health Board partners. The Nuffield Trust published its conclusions in December 2020 in a paper entitled 'Advice on the proposed model for non-surgical tertiary oncology services in South-East Wales' which can be found appended to this business case at **FBC/SC1**.
- 2.30 The Nuffield Trust's Independent Advice was made publicly available and was considered by Velindre University NHS Trust Board and Local Health Board

partners who accepted the report in full, together with all of the recommendations contained within it.

- 2.31 The Nuffield recommendations cover the wider cancer system in South-East Wales and not simply the non-surgical tertiary oncology elements of it. The South-East Wales Collaborative Cancer Leadership Group (CCLG) received the report and accepted the recommendations in full and are providing the regional leadership to deliver them.
- 2.32 Welsh Government considered the Nuffield Trust report as part of the approval of the Outline Business Case for the nVCC in 2021.
- 2.33 The CCLG, Local Health Boards and Velindre University NHS Trust continue to make progress against the recommendations. The current position is set out in **FBC/SC2**; which was approved by the CCLG at its quarterly meeting in November 2022.

Programme Enabling Strategies / Ambitions – relevant to nVCC Project

- 2.34 To support the delivery of the assured Clinical Operating Model there are a number of approved enabling strategies within the TCS Programme that link strongly to this FBC, these are:

Figure 6 - TCS Enabling Strategies / Ambition



TCS Equipment Strategy

- 2.35 The Equipment Strategy agreed with Welsh Government has been updated since OBC, but primarily remains extant with the main principles as follows in Table 6:

Table 6 - Equipment Strategy Approach

Category	Approved Decision
Replacement Options	<ul style="list-style-type: none">Extend the operational life of some existing equipment assets where possible, preventing replacing this equipment in the existing VCC and then having to transfer into nVCC.

	<ul style="list-style-type: none"> • accept some accelerated depreciation where it is not economically viable to consider transferring to the nVCC • replace all other items as new in nVCC.
Transition Options	Replace as many Radiotherapy Treatment Machines as possible in the nVCC, but acknowledge that a minimum of 2 Linacs will have to transfer.
Maintenance Options	Maintenance of major equipment will be delivered via a co-produced model, this will be made up of In-house and Vendor support (as now) for Linacs.
Transfer Options	Transfer major clinical equipment if economically viable (most likely CT Sims).

2.36 The updated TCS Equipment Strategy can be found at appendix **FBC/SC3**.

Cognitive by Design (Digital Strategy)

- 2.37 At OBC stage the Trust had outlined its vision for future digital services by producing a strategy called Cognitive by Design. This vision and the Trust's planning and capability in this area had been subject to an external assurance review carried out by a company called Channel 3 (C3) at OBC stage. As part of this FBC submission the digital strategy has been reviewed by Velindre's Chief Digital Officer. The output of this review confirms that Cognitive by Design remains aligned in terms of the Trust's vision and alignment to National Digital Strategies.
- 2.38 Since the OBC submission, VUNHST has been progressing significant developments in Information Management and Technology (IM&T) systems. These have been a combination of national programmes, internationally used systems and bespoke local developments all of which have enabled an improvement in services for professionals, patients, and donors.
- 2.39 The Trust has prioritised the development of its IM&T Strategy to support the identified organisational and clinical priorities and to ensure that next generation IM&T is used to transform service delivery.
- 2.40 At the heart of the informatics delivery are the four principles from the "Informed Health and Care: A Digital Health and Social Care Strategy for Wales" (2015). These are:
- a) Information for you (the patient).
 - b) Supporting Professionals (digital tools).
 - c) Improvement and Innovation (better use of information / whole systems approach).
 - d) A Planned Future (joint planning regional and national).
- 2.41 The VUNHST approach is also aligned to the wider and more recent "Digital Strategy for Wales" (2021) and the missions that deal with:
- a) Digital services – deliver and modernise services so that they are designed around user needs and are simple, secure and convenient.
 - b) Digital inclusion – equip people with the motivation, access, skills and confidence to engage with an increasingly digital world, based on their needs.
 - c) Digital skills- create a workforce that has the digital skills, capability and confidence to excel in the workplace and in everyday life.
 - d) Data and collaboration – services are improved by working together, with data and knowledge being used and shared.
- 2.42 VUNHST has produced an ambitious strategic informatics programme, "Digital Excellence", which up to 2032, will implement a range of national technology solutions, while growing our capacity, capability, and culture to build innovative digital services.
- 2.43 Since the OBC the Trust has used its assured digital vision, plans and expertise

to inform, influence and optimise the competitive dialogue process to achieve a digitally enabled nVCC which can support the Trust, its staff and patients in achieving digital excellence.

- 2.44 The outlined approach is based on the fundamental premise that high quality healthcare in the 21st century cannot be delivered with out of date or obsolete legacy systems, and/or paper-based information recording and delivery.
- 2.45 By utilising IM&T as a critical enabler to support service transformation, Velindre University NHS Trust aims to fundamentally redesign administrative, operational and clinical processes into simple services around patients, donors and colleagues needs. These will maintain high levels of data quality, and not only ensure information is accurate and up to date, but also embed state of the art technologies to deliver exceptional services.
- 2.46 The enablement of, and connectivity of patients, donors and colleagues is critical to the success of the Digital strategy. To this end, the Trust is working with colleagues from across NHS Wales to ensure mobile computing requirements, patient engagement systems, as well as digital staff communication tools are at the forefront of the Digital Programme. We will continue to look to national programmes such as Digital Services for Patients and the Public (DSPP) to deliver the strategic framework for digitally transforming our services.
- 2.47 To ensure the Trust continues to provide the most effective informatics services, we will continue to explore further opportunities for standardisation of processes, rationalising systems and solutions, alignment of resources, where possible, and share best practice both from across the divisions, and also externally, by incorporating the lessons from other Health Board/Sector experiences.
- 2.48 The updated Trust Digital Strategy 'Digital Vision for the new Velindre Cancer Centre' can be found at appendix **FBC/SC4**.

Environmental / Sustainability (Green Credentials)

- 2.49 Velindre University NHS Trust has developed a Sustainability Strategy and is aware of its legal obligations under the Well-being of Future Generations Act 2015. Additionally, the Welsh Government Environment Act 2016 mandates that public organisations must be carbon neutral by 2030, five years after the planned go live of the nVCC.
- 2.50 It has therefore been an imperative that the Trust factored into its procurement process the requirement for the Successful Participant (SP) to deliver a design capable of supporting this future compliance with Welsh Government Policy and relevant Acts. It is anticipated that not preparing for this future legislation now on such a large-scale development would lead to greater costs and disruption in an attempt to retrofit compliance at a later date.
- 2.51 To enable this approach the bidders were given a brief which was mapped against the seven goals of the Well-being of Future Generations Act (WFGA)

2015 and their response was evaluated as part of the final tender submissions, specific sections of the Trust Brief are set out in Table 7 below:

Table 7 – nVCC Sustainability Brief

Goal	The Brief
<p>A globally responsible Wales –</p> <p>A nation which, when doing anything to improve the economic, social, environmental, and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.</p>	<p>While Velindre is acting primarily to improve the health of the Welsh population the Green section of the nVCC Design Brief takes account of the contribution this might make to global well-being, in particular global warming.</p> <p>The Green section specifically asks for: -</p> <ul style="list-style-type: none"> • Designs that minimise energy use and the environmental impact of building materials. • Design features which encourage active travel. <p>The practical section calls for designs which will minimise maintenance and avoids where possible reliance on expensive mechanical equipment.</p>

- 2.52 As a result, the SP’s design will deliver one of the “Greenest” hospital developments with further opportunities available to meet the 2030 aspiration to be carbon neutral.
- 2.53 Therefore, given the importance of the sustainability agenda the green credentials and their benefits will feature strongly in the FBC’s Economic, Commercial and Management Cases.

Strategic Alignment: Summary

- 2.54 Velindre University NHS Trust strategic approach and plans are fully aligned with the Welsh Governments strategy and policy and the Programme for

Government 2021-26 which prioritises Cancer Treatment and the need to address COVID-19 backlog and waiting times.

2.55 It is also fully integrated and aligned with the South-East Wales regional cancer strategies and plans; with strategic regional leadership provided by the CCLG.

2.56 The nVCC project, and its associated Project Spending Objectives, will support the delivery of national, regional, and local ambition by:

- **Providing effective, high quality and sustainable healthcare** by creating a 21st century NHS that tackles health inequalities and focuses on prevention. Specifically, by improving access to Radiotherapy services.
- **Building an economy based on the principles of fair work, sustainability and the industries and services of the future** by building an economy based on sustainable jobs. Specifically, by creating skilled jobs and apprenticeships.
- **Building a stronger, greener economy as we make maximum progress towards decarbonisation** by developing a modern and productive infrastructure which acts as an engine for inclusive and sustainable growth.
- **Embedding our response to the climate and nature emergency in everything we do by delivering a green transformation.** Specifically, through greater green energy.

3 EXISTING ARRANGEMENTS

Introduction

- 3.1 The purpose of this section of the FBC is to provide an overview of Velindre University NHS Trust and the existing arrangements at the current Velindre Cancer Centre.
- 3.2 The latter will describe the current arrangements for the delivery of services covered within the scope of the nVCC project; provide a description of the existing Velindre Cancer Centre estate and supporting infrastructure; and outline the existing land arrangements. Together, they will provide a baseline for identifying the business needs and for measuring future improvements.

Velindre University NHS Trust Overview

- 3.3 The purpose of this section is to provide an overview of Velindre University NHS Trust (the Trust) and Velindre Cancer Centre and to summarise the role of the Velindre Cancer Centre in delivering non-surgical specialist cancer services to the population of South-East Wales now and in the future.
- 3.4 The Trust has evolved significantly since its establishment in 1994 and is operationally responsible for the management of the following two divisions:
- Velindre Cancer Centre; and
 - the Welsh Blood Service.
- 3.5 The Trust is also responsible for hosting the following organisations on behalf of the Welsh Government (WG) and NHS Wales
- NHS Wales Shared Services Partnership (NWSSP); and;
 - Health Technology Wales (HTW).

Velindre Cancer Centre (Existing Arrangements)

- 3.6 Velindre Cancer Centre is located in Whitchurch on the North-West edge of Cardiff and is one of the ten largest regional clinical oncology centres in the United Kingdom (UK Radiotherapy Equipment Survey, 2008), it is the largest of the three cancer centres in Wales. Velindre Cancer Centre is housed in a building – parts of which are almost 70 years old – and therefore it does not

have the facilities, space or modern infrastructure required to meet future service standards and predicted activity.

3.7 The Velindre Cancer Centre is responsible for the delivery of non-surgical treatment to the catchment population of 1.5 million across South-East Wales. The service provision includes radiotherapy and SACT, recovery, follow-up and specialist palliative care. Following their specialist cancer treatment, Velindre Cancer Centre continues to support patients during their recovery and through follow up appointments. A significant proportion of Outpatient and SACT activity is already delivered in Health Board settings by Velindre Cancer Centre staff, although this did reduce somewhat as a result the COVID-19 pandemic but is now normalising. However, all Radiotherapy activity is currently delivered at the Velindre Cancer Centre.

3.8 Specialist teams provide care using a well-established multi-disciplinary team (MDT) model of service for oncology and palliative care, working closely with local partners and ensuring services are offered in appropriate locations in line with best practice standards of care. The range of services delivered by Velindre Cancer Centre includes:

1. Radiotherapy;
2. Systemic Anti-Cancer Therapies (SACTs);
3. Inpatients;
4. Ambulatory care;
5. Outpatient services;
6. Pharmacy;
7. Specialist radiology/imaging;
8. Nuclear Medicine;
9. Specialist Palliative care;
10. Acute Oncology Service (AOS);
11. Living with the impact of cancer;
12. Education and Learning; and
13. Research, Development and Innovation.

3.9 The following patient services are delivered in outreach settings across South-East Wales from the Velindre Cancer Centre in Health Board settings:

1. SACT delivery;
2. Outpatient appointments;

3. Inpatient reviews; for patients receiving care and treatment in HB locations
 4. Health Board MDTs; and
 5. Research and Education.
- 3.10 The Trust also works in partnership with a wide range of partners to deliver high quality cancer care and undertake clinical research. Partners include:
1. Voluntary sector;
 2. Third sector;
 3. Higher Education Institutions (HEIs); and
 4. Industry/Commercial Partners.

Planning of Cancer Services in South-East Wales

- 3.11 The planning and delivery of cancer services in Wales is the responsibility of the seven Health Boards as part of their statutory responsibility to meet the health needs of the populations they serve.
- 3.12 The Health Boards are supported by the Welsh Health Specialist Services Committee (WHSSC), which commissions specialist cancer services on their behalf.
- 3.13 The four Health Boards in South-East Wales served by Velindre Cancer Centre are:
- Aneurin Bevan University Health Board;
 - Cardiff and Vale University Health Board;
 - Cwm Taf Morgannwg University Health Board; and
 - Powys Teaching Health Board.
- 3.14 The Health Boards also work in partnership with the Wales Cancer Network, NHS Trusts, Community Health Councils, Voluntary Organisations and Public Health Wales.

Regional Leadership and Collaboration of Cancer Services in South-East Wales

- 3.15 In 2019, the four South-East Wales Health Boards listed above and Velindre University NHS Trust, in conjunction with other stakeholders including Public

Health Wales and the Wales Cancer Network (WCN), established the South-East Wales Collaborative Cancer Leadership Group (CCLG).

- 3.16 The CCLG oversees Collaborative Cancer Programmes across the South-East Wales region, providing leadership and coordination with a focus on benefit delivery for patients. Thus, putting into practice, the national policies, standards and procedures for the benefit of patients. The CCLG functions at a regional level in support of the work of the Wales Cancer Network and other partner organisations.

The Cancer Pathway

- 3.17 The delivery of cancer services across Wales is set out in a well-defined pathway of care which includes the five key stages outlined below in Table 8.
- 3.18 The approach is also consistent with the National Optimal Pathways (NOPs) developed by the Wales Cancer Network through their multidisciplinary Cancer Site Groups. The NOPs set out what should happen according to professional guidance and standards for any patient in Wales presenting with a certain type of cancer through their cancer pathways.
- 3.19 The NOPs are available in Welsh Health Circular (2022) 021.

Table 8 – The National Cancer Pathway Described

Cancer Prevention: Enhancing public awareness and education to make informed decisions about lifestyle choices that promote a healthy, cancer free population.
Cancer Diagnosis: Cancer can be identified through a National Screening Programme or where cancer symptoms are identified by the patient/health care professional. If cancer is suspected the patient is assessed by a multi-disciplinary team in the Health Board (often supported by Velindre Cancer Centre staff) and cancer may be diagnosed.
Treatment: The treatment options for every patient are discussed and considered by multi-disciplinary teams (MDTs). The treatment options include surgery, non-surgical treatment e.g., Radiotherapy or Systemic Anti-Cancer Therapy (SACT), a combination of these treatments and supportive care. Care often straddles organisational boundaries.
Recovery/Follow Up: Regular follow up appointments are important to monitor recovery, manage and reduce the aftereffects of treatment and to ensure any signs of cancer relapse/recurrence are identified at their earliest stage.
End of Life Care: Sadly, not all patients survive cancer – openness about the need to plan end of life care is essential. A focus on living and dying well, early identification of needs and access to fast, effective palliation are important to reduce distress for both the patient and their family.

Service Delivery Arrangements

- 3.20 The Trust delivers specialist non-surgical cancer services to a catchment population of 1.5 million people using a hub and spoke service model. Services are currently provided across South-East Wales from:
- **Velindre Cancer Centre:** The hub of the Trust's tertiary cancer services is a specialist treatment, training, research and development centre for non-surgical oncology; and
 - **Outreach Centres:** Some services are delivered on an outreach basis within facilities across South-East Wales, including District General Hospitals and from patients' own homes.
- 3.21 Patients are referred to Velindre Cancer Centre for treatment by the following routes:
- Following referral by a GP to the relevant HB; or
 - Following presentation as an emergency at an A&E department.
- 3.22 Prior to referral to Velindre Cancer Centre, all patients will have been investigated and diagnosed with a solid tumour. Some patients may have already undergone surgery. Velindre Cancer Centre's role is to deliver specialist and tertiary cancer treatment until the patient can be referred back to their host HB for ongoing treatment, management, and follow-up.
- 3.23 An overview of the core services delivered by the Trust at the Velindre Cancer Centre and the existing functional capacity of the Centre to deliver these services (e.g., number of inpatient beds), is provided in Table 9 overleaf.

Table 9 – Existing Functional Capacity

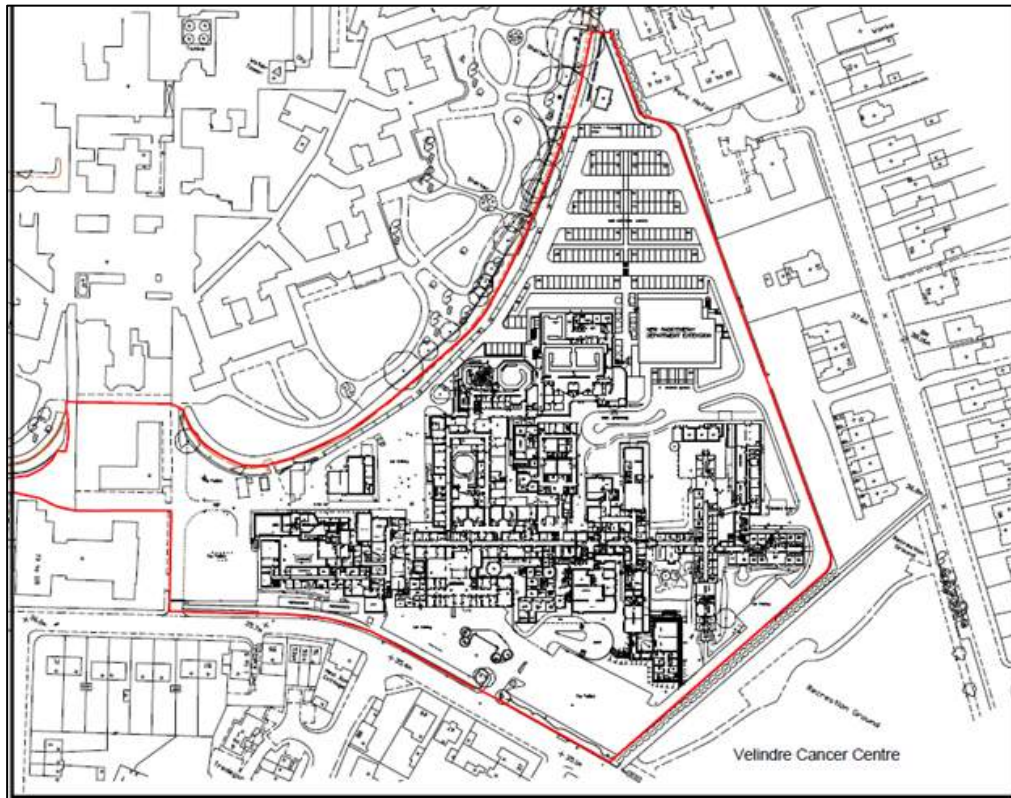
Service	Overview	Velindre Cancer Centre	Functional Content (February 2020 Pre-COVID)
Outpatients	<ul style="list-style-type: none"> Outpatient services include consultation, examination, follow-up, SACT assessment, phlebotomy, psychology, clinical trials, therapy services and specialist palliative care. 	<ul style="list-style-type: none"> Outpatient clinics are held five days a week. Outpatient clinics are distributed across morning and afternoon sessions (2 sessions a day). 	<ul style="list-style-type: none"> Velindre Cancer Centre has 26 Outpatient consultation rooms.
Radiotherapy	<ul style="list-style-type: none"> Radiotherapy services include radical, palliative and emergency planning and treatment, brachytherapy, chemo-radiotherapy and radiotherapy research. 	<ul style="list-style-type: none"> The radiotherapy service provides core services for 9.5 hours per day, 5 days per week. The service provides an emergency service at weekends. 	<ul style="list-style-type: none"> Velindre Cancer Centre has 8 Linear Accelerators (Linacs).
Systemic Anti-Cancer Therapies	<ul style="list-style-type: none"> SACT services cover a range of biological therapies and cytotoxic chemotherapies. SACT services include: <ul style="list-style-type: none"> Intravenous, oral and subcutaneous treatments; Research including early and late phase trials; and Stratified, targeted and personalised treatments and vaccine therapies. 	<ul style="list-style-type: none"> The SACT service operates Monday to Friday between 08:00 – 18:00 hrs. 	<ul style="list-style-type: none"> Velindre Cancer Centre has 19 SACT chairs across two units.

Service	Overview	Velindre Cancer Centre	Functional Content (February 2020 Pre-COVID)
Inpatients	<ul style="list-style-type: none"> • Inpatient services cover elective and non-elective admissions including: <ul style="list-style-type: none"> ○ Elective SACT admissions; ○ Toxicity management of SACT; ○ Outpatients requiring hydration prior to treatment; and ○ Patients receiving Radiotherapy and SACT treatments. 	<ul style="list-style-type: none"> • The inpatient service operates a 7 day/24-hour service. 	<ul style="list-style-type: none"> • Velindre Cancer Centre has 47 Inpatient beds and 2 isolation beds.

Velindre Cancer Centre Infrastructure

- 3.24 Velindre Cancer Centre was built in 1956 and in the intervening period has been subject to extension and redevelopment. It consists of traditional build, single and two storey accommodation. The current site plan is provided below in Figure 6.

Figure 6 – Current Velindre Cancer Centre Site Plan



- 3.25 Approximately 30% of the estate pre-dates 1964 in terms of its construction. This is evident in the value of current backlog maintenance recently recorded in all Wales Estate Facilities Performance Management System (EFPMS). The definition of condition in terms of backlog can be identified as:

- **Condition A:** as new and can be expected to perform adequately to its full normal life;
- **Condition B:** sound, operationally safe and exhibits only minor deterioration;
- **Condition C:** operational but major repair or replacement is currently needed to bring up to condition B;
- **Condition D:** operationally unsound and in imminent danger of breakdown; and
- **Condition X:** supplementary rating added to C or D to indicate that it is impossible to improve without replacement.

- 3.26 Tables 10 & 11 below set out the backlog maintenance estimated as of April 2020.

Table 10 – Backlog Maintenance Position (as at April 2020)

Measure	Unit	Value
Cost to eradicate High Risk Backlog	£	85,013
Cost to eradicate Significant Risk Backlog	£	1,623,329
Cost to eradicate Moderate Risk Backlog	£	4,740,688
Cost to eradicate Low Risk Backlog	£	2,496,082
Risk Adjusted Backlog Cost	£	1,875,521
Cost to achieve Physical Condition B	£	1,257,583
Cost to achieve Statutory Health and Safety Compliance Standard B	£	113,121
Cost to achieve Fire Safety Compliance Standard B	£	98,632
Total	£	12,289,969

Table 11 – Backlog Maintenance Position – Percentage of patient occupied floor area (as at April 2020)

Measure	Unit	Value
Percentage of total occupied floor area in physical condition C plus D	%	35
Percentage of patient occupied floor area not in Statutory Health and Safety compliance	%	5
Percentage of patient occupied floor area not in Statutory Fire Safety compliance	%	5

- 3.27 From the previous EFPMS submission, the cost to eradicate high risk and significant risk backlog has decreased. This is due to the moderate capital investment associated with water infrastructure at the Velindre Cancer Centre.
- 3.28 Over 90% of the Estate fire safety is being managed within category B, a very similar position as the previous year. Risk Adjusted Backlog has also shown a small decrease, since 2015/16. It must be stated that the overall condition of the building is condition B. However, space availability and site restrictions prevent future investment from achieving spatial compliance or functional suitability without considerable investment and disruption to the existing facilities and surrounding community.

- 3.29 To achieve and maintain overall Physical Condition B investment has increased from £0.735m in 2012/13 to £1.3m in 2020-21. This represents a 71% increase over this time frame.
- 3.30 Table 12 below provides an overview of the asset profile for the current Velindre Cancer Centre. This demonstrates that there has been little modernisation in the existing infrastructure over recent years. This has led to a reduction in the quality of the patient environment and subsequently in the overall patient experience.

Table 12 - Overview of the Asset Profile

Age and Asset Profile	%
Age Profile – 2005 to present	14
Age Profile – 1995 to 2004	18
Age Profile – 1985 to 1994	22
Age Profile – 1975 to 1984	6
Age Profile – 1965 to 1974	12
Age Profile – 1955 to 1964	29
Age Profile – 1948 to 1954	0
Age Profile – pre 1948	0

Velindre Cancer Centre Footprint

- 3.31 The existing Velindre Cancer Centre has a footprint of approximately 18,000m². A breakdown of the space necessary to deliver services is summarised in Table 13 below:

Table 13 – Existing Velindre Cancer Centre Footprint (February 2020 Pre-COVID)

Functional Area	m ²
Radiotherapy	5,126
Inpatients	1,879
SACT & Ambulatory Care	1,024
Outpatients & Therapies	1,280
Imaging and Nuclear Medicine	1,069
Pharmacy	637
Hospital Clinical / Non-Clinical Administration & Support Services	4,369
Hospital Education, Training and Associated Support Services	349
IM&T	144

Functional Area	m ²
SPR & On Call	12
Staff Facilities	299
Mortuary	47
Catering & Restaurant	377
Hospital Main Entrance	581
Central FM Areas	583
Total Gross	17,777

Existing Major Medical Equipment

- 3.32 The delivery of non-surgical cancer services is dependent upon having access to a range of major medical equipment – this is essential to support the safe and effective delivery of patient care. All major medical equipment which is currently operational at the Velindre Cancer Centre, and which has a unit value of over £0.125m (excl. VAT), is summarised in Table 14 below.

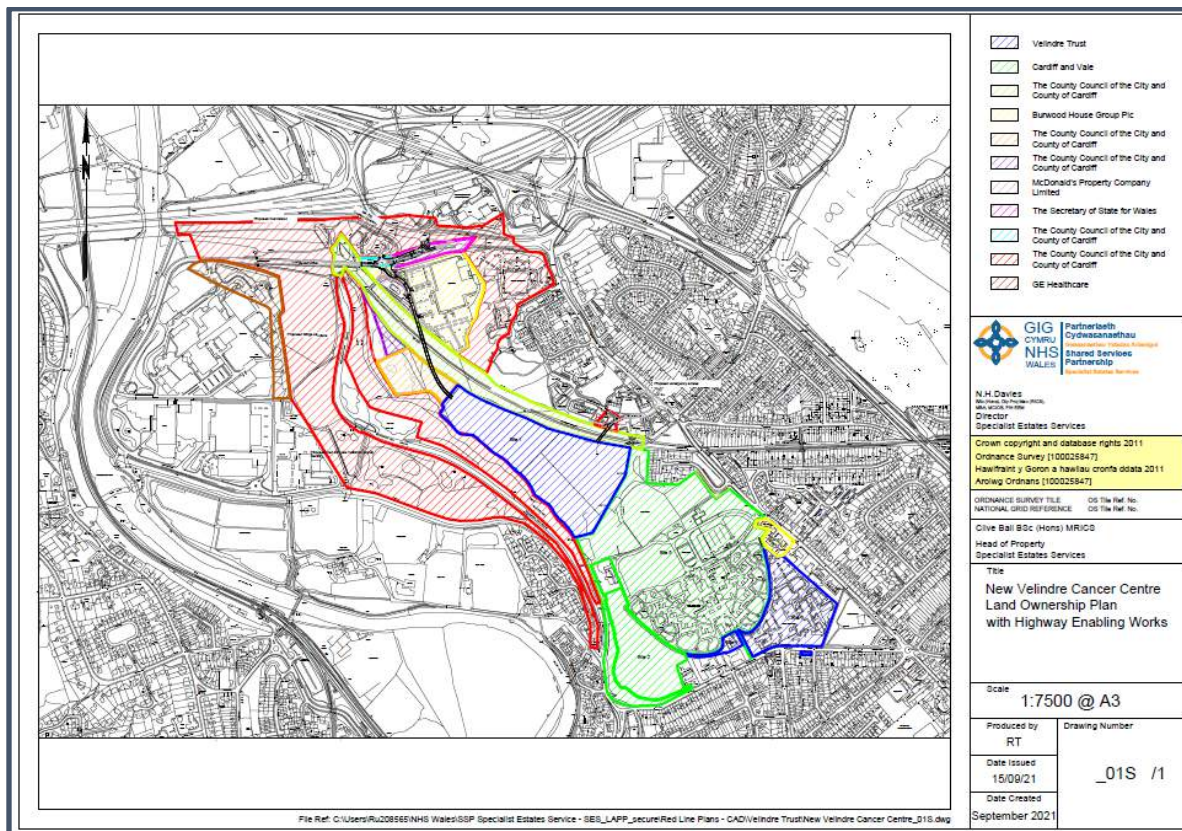
Table 14 – Summary of Major Medical Equipment – Existing Cancer Centre

Department	Equipment	Total
Radiotherapy	Linear Accelerators	8
Radiotherapy	CT Simulators	2
Radiotherapy	Brachytherapy System	1
Radiology	MRI Scanner	1
Radiology	CT Scanner	1
Radiology	Imaging Systems (Plain Film/Fluoroscopy System)	2
Nuclear Medicine	Gamma Camera	1

Existing Land Ownership

3.33 The current land ownership arrangements are set down overleaf in Figure 7:

Figure 7 – Current Land Ownership Plan



3.34 The land owned by the Trust is identified in the map above (in blue). It consists of the land transferred from Cardiff and Vale University Health Board (CVUHB) in April 2021 which is the development site for the nVCC and land used by the current Velindre Cancer Centre. The existing VCC site will be decommissioned once the nVCC is operational and the ownership of this land will be transferred to CVUHB.

3.35 The land owned by CVUHB is identified in the map (in green) above and contains the non-operational Whitchurch Hospital site. In addition, the Trust has developed a letter of comfort with CVUHB for a southern emergency and ancillary access being provided to the nVCC site via the Whitchurch Hospital site.

4 CASE FOR CHANGE

Introduction

4.1 This section of the FBC establishes the case for change for the development of a new Velindre Cancer Centre by:

- Outlining and reaffirming the Project Spending Objectives (PSOs) which provided a basis for appraising potential options and for post-project evaluation; and,
- Providing a clear understanding of the business needs (what is required to close the gap between existing arrangements and what is required in the future). A key aspect will be the 'rightsizing' of the new Velindre Cancer Centre.

Project Spending Objectives

4.2 The following nVCC Project Spending Objectives (PSOs) were developed in partnership at a stakeholder workshop, which was attended by representatives with a broad range of service views. In presenting the nVCC PSOs it is important to emphasise that:

- The scope of the FBC is limited to the replacement of the existing VCC with a new VCC; and
- The FBC for the new VCC will focus only on the additional infrastructure costs directly attributable to the nVCC. The rationale is, that variable workforce costs as a result of modelled demand is a cost pressure that will need to be addressed irrespective of the decision on the replacement of the VCC and can be taken forward with Commissioners as part of the Long-Term Agreement (LTA) commissioning framework.

4.3 Table 15 overleaf sets out the agreed project spending objectives that have been reaffirmed and revalidated as part of the development of this FBC.

Table 15 – Project Spending Objectives

Project Spending Objective	Description
Project Spending Objective 1	To build a new hospital that supports quality and safe services.
Project Spending Objective 2	To provide sufficient capacity to meet future demand for services.
Project Spending Objective 3	To improve patient, carer and staff experience.
Project Spending Objective 4	To provide capacity and facilities to support the delivery of high-quality education, research, technology and innovation.

- 4.4 The PSOs were approved by the nVCC Project Board who provided assurance to the Trust Board that they were:
- Aligned with the national context for healthcare developments in Wales;
 - Aligned with the scope and strategic context of the nVCC Project;
 - Specific, measurable, achievable relevant and time-constrained (SMART); and
 - Focused on business needs and vital outcomes rather than potential solutions.

- 4.5 The PSOs were subsequently shared and agreed with Welsh Government officers.

Performance Metrics

- 4.6 To support the delivery of these objectives a number of key performance metrics have been developed and mapped against the five drivers for investment outlined within the Welsh Governments Business Case guidance. These are set out in Table 16 overleaf.

Table 16 – nVCC OBC Project Spending Objectives – Key Performance Metrics

Project Spending Objective	Performance Metrics
PSO1 – To build a new hospital that supports quality and safe services	<ul style="list-style-type: none"> • Number of Velindre Acquired Healthcare Associated Infections • Percentage compliance with Health Building Notes • Compliance assessment against BREAM • Percentage assessment against WHTM Estate Code (Category A Condition of Buildings)
PSO2 – To provide sufficient capacity to meet future demand for services	<ul style="list-style-type: none"> • Percentage of patients receiving radical radiotherapy treated within 28 Days • Percentage of patients receiving palliative radiotherapy treated within 14 Days • Percentage of patients receiving emergency radiotherapy treated within 2 Days • Percentage of non-emergency chemotherapy patients treated within 21 Days • Percentage of urgent therapies outpatients seen within 2 Weeks • Percentage utilisation of equipment / accommodation: <ul style="list-style-type: none"> ○ Linear accelerator utilisation ○ SACT chair utilisation ○ Inpatient bed utilisation ○ Non-clinical accommodation utilisation
PSO3 – To improve patient, carer and staff experience	<ul style="list-style-type: none"> • Percentage of patients rating their experience as excellent • Distance (m2) between key clinical functions • Percentage staff satisfaction • Percentage recruitment of workforce • Percentage retention of workforce
PSO4 – To provide capacity and facilities to support the delivery of high-quality education, research, technology and innovation	<ul style="list-style-type: none"> • Percentage of patients who have the opportunity to participate in clinical research trials at VCC • Percentage of VCC Site Specific Teams (SSTs) to include national or international leaders • Percentage of patients recruited into interventional clinical trials for each cancer site • Percentage of patients for each cancer site entered into clinical trials each year • Percentage of clinical trials sponsored by VCC • Percentage of portfolio trials who have a VCC chief investigator

5 BUSINESS NEEDS

5.1 There are a range of business needs which this FBC seeks investment to address. These are set out below and tend to fall into two main areas. These are:

- a) The current VCC infrastructure deficiencies relating to an aging estate and its constraints on service delivery, future expansion and backlog maintenance.
- b) The inability of the existing VCC to fulfill future anticipated activity increases and confirmation of the appropriate sizing of the nVCC.

Infrastructure Deficiencies: Overview

5.2 Velindre is widely acknowledged as providing high quality, patient focussed cancer services through a compassionate and caring culture where staff consistently go the 'extra mile' to meet the needs of patients.

5.3 However, the current Velindre Cancer Centre infrastructure is making it increasingly difficult to maintain this high standard of care, particularly in relation to patient and staff safety and welfare, and in patient privacy and dignity. The following section of the FBC focuses on the deficiencies of the existing Velindre Cancer Centre and the key factors influencing the need to replace the existing Velindre Cancer Centre.

The Existing Patient Environment at the Velindre Cancer Centre is Sub-optimal and does not Promote Patient Recovery and Well Being

5.4 It is widely recognised that the physical environment at the Velindre Cancer Centre is not fit-for-purpose and is not appropriate for providing high quality, patient centre services.

5.5 The current estate has also been extensively developed over its lifecycle. This has been in incremental fashion and without a 'development control plan'. This has left the Velindre Cancer Centre with a number of 'add-ons' leading to deficiencies in circulation and service adjacencies, which are not consistent with current health care design standards and efficient means of patient care. For example, Figure 8 overleaf illustrates the current poor adjacency between the current pharmacy and outpatient's department. These would ideally be immediately adjacent to each other.



Figure 8 – Example of a Typical Inefficient and Inconvenient Patient Journey within the Outpatients Department at the Velindre Cancer Centre

5.6 The example provided, which is replicated across the hospital, shows that:

- There is no separation between patients, visitors, staff and external workers;
- There are multiple crossovers in terms of the movement of patients, visitors, staff and goods. This provides a poor patient and visitor experience, is inefficient for staff and provides a potential safety risk;
- The adjacencies of services are inappropriately located, and this results in poor service flow and workforce inefficiencies;
- The locations of those services, which a patient may need to access, are sub-optimal. Patients are required to make multiple journeys to access such services e.g., to be weighed, and
- The main entrance to the outpatient department is located immediately outside a doctor's consultation room.

5.7 Examples of the infrastructure deficiencies across the Velindre Cancer Centre estate are provided from Figure 9 through to Figure 11 below.



Figure 9 – Example of Narrow Circulation Space



Figure 10 – Example of Crossover of Patient and Working Areas



Figure 11 – Example of Cramped Support Accommodation

A High Proportion of the Accommodation at the Existing Velindre Cancer Centre is Non-Compliant with Statutory Requirements

- 5.8 If the Velindre Cancer Centre is to maintain standards for the longer term, it will not only need the major arteries of infrastructure to be upgraded and/or replaced, but also the secondary, more localised infrastructure. There are many risks associated with these works. Phasing, decant and isolation issues will have a major impact on patient care and experience. With limited space, decant facilities are not guaranteed to be on the Velindre Cancer Centre site.
- 5.9 The performance in terms of functional suitability and space utilisation has generally been maintained at status quo over the last three years. However, this does not identify key areas of concern in relation to non-compliance against Health Building Notes (HBN).
- 5.10 It is evidenced that approximately 75% of the existing estate does not comply with current space standards. As an example, existing outpatient consultation rooms range from as low as 9m² compared to guidance, which identifies a 16m² requirement.
- 5.11 To demonstrate and evidence the high-level 'non-compliance' of the existing Velindre Cancer Centre, the Trust undertook a comparative sizing exercise. This involved comparing the current hospital footprint against the required footprint for a new hospital as if it was built in compliance with HBNs and current relevant standards. This analysis showed that the footprint of the existing Velindre Cancer Centre would increase from the current footprint of

17,777m² to circa 28,000m² if it was built today on a 'like for like' basis i.e. same functional content number of inpatient beds.

- 5.12 This analysis, which is summarised in Table 17, has been presented to, and validated by, NHS Wales Shared Services and WG Officers.

Table 17 – Comparison of the Existing Velindre Cancer Centre Footprint versus a New Build Velindre Cancer Centre on an Equivalent Basis

Functional Area	Current VCC (m ²)	VCC built 'in line' with HBNs
Radiotherapy	5,126	8,046
Inpatients	1,879	3,183
SACT & Ambulatory Care	1,024	1,873
Outpatients & Therapies	1,280	1,720
Imaging and Nuclear Medicine	1,069	1,840
Pharmacy	637	1,106
Hospital Clinical / Non-Clinical Administration & Support Services	4,369	4,491
Hospital Education, Training and associated Support Services	349	497
IM&T	144	439
SPR & On Call	12	91
Staff Facilities	299	891
Mortuary	47	171
Catering & Restaurant	377	1,022
Hospital Main Entrance	581	1,380
Central FM Areas	583	1,360
Total Gross	17,777	28,110

External Site Constraints

- 5.13 Another major challenge for the Velindre Cancer Centre site relates to car parking. Table 18 overleaf identifies the current allocation of parking 'on site'.

Table 18 – Parking Arrangements (as at February 2020 Pre-COVID)

Type of Parking Space	No of spaces
Visitor/patients spaces	165
Emergency vehicle parking spaces	4
Visitor Cycle parking	10
Staff parking spaces	176
Consultant parking spaces	25
Staff Cycle parking	25
Total	405

- 5.14 The Trust undertook a traffic analysis. This demonstrated that the Trust has a significant shortfall in the availability of both patient and staff car parking today which is further compounded by the predicted number of patients expected over the coming years.

Summary – Infrastructure Deficiencies

5.15 In summary, the main physical challenges related to the patient environment include the following:

- 100% of the current inpatient accommodation is well below the required standard for modern healthcare.
- There is no overnight accommodation available for families and visitors.
- The majority of circulation routes are too narrow for the volume of traffic and patients and staff/families have to stand tight to the wall in the main corridor if a trolley or wheelchair is passing, as there is insufficient room for two-way traffic.
- Patients, staff and services have to cover large distances due to the poor adjacencies that have resulted from piecemeal design and developments e.g., the pharmacy department at the furthest point away from the outpatient's department.
- The main outpatient reception area is located in direct visual line with a vast number of consultant rooms leading to privacy issues during consultation/treatment.
- The relatively short distances between patient waiting areas and clinical areas presents difficulties when communicating sensitive or confidential information.
- The hot and cold-water infrastructure across the estate is insufficient and there is no spare capacity to accommodate any increases in demand for services.
- The current backup power generation resilience of the site is insufficient and only covers approximately 55% of the site, mainly clinical areas, but excluding the Linac treatment machines.
- The existing working environment often causes staff to make compromises as they deliver care. For example, using smaller hoists in patient rooms due to the limited space.

5.16 The facilities also present a range of challenges for patients and families:

- The facilities do not always provide patients with their basic and fundamental needs e.g., the showers on the 1st floor ward are shared.
- Patient dignity is compromised due to the lack of space and privacy for inpatients. For example, there is little space between beds on the first floor. There is a similar picture for outpatients where the design of the consulting rooms does not allow for total privacy.
- The majority of the inpatient, outpatient and therapies environment is not synonymous with a Cancer Centre that supports well-being and healing.

- There is insufficient car parking This results in patients having long waits on occasions trying to find a space to park. This causes additional stress during what can already be a challenging time for patients and families and at worst can result in patients being late for their appointments.

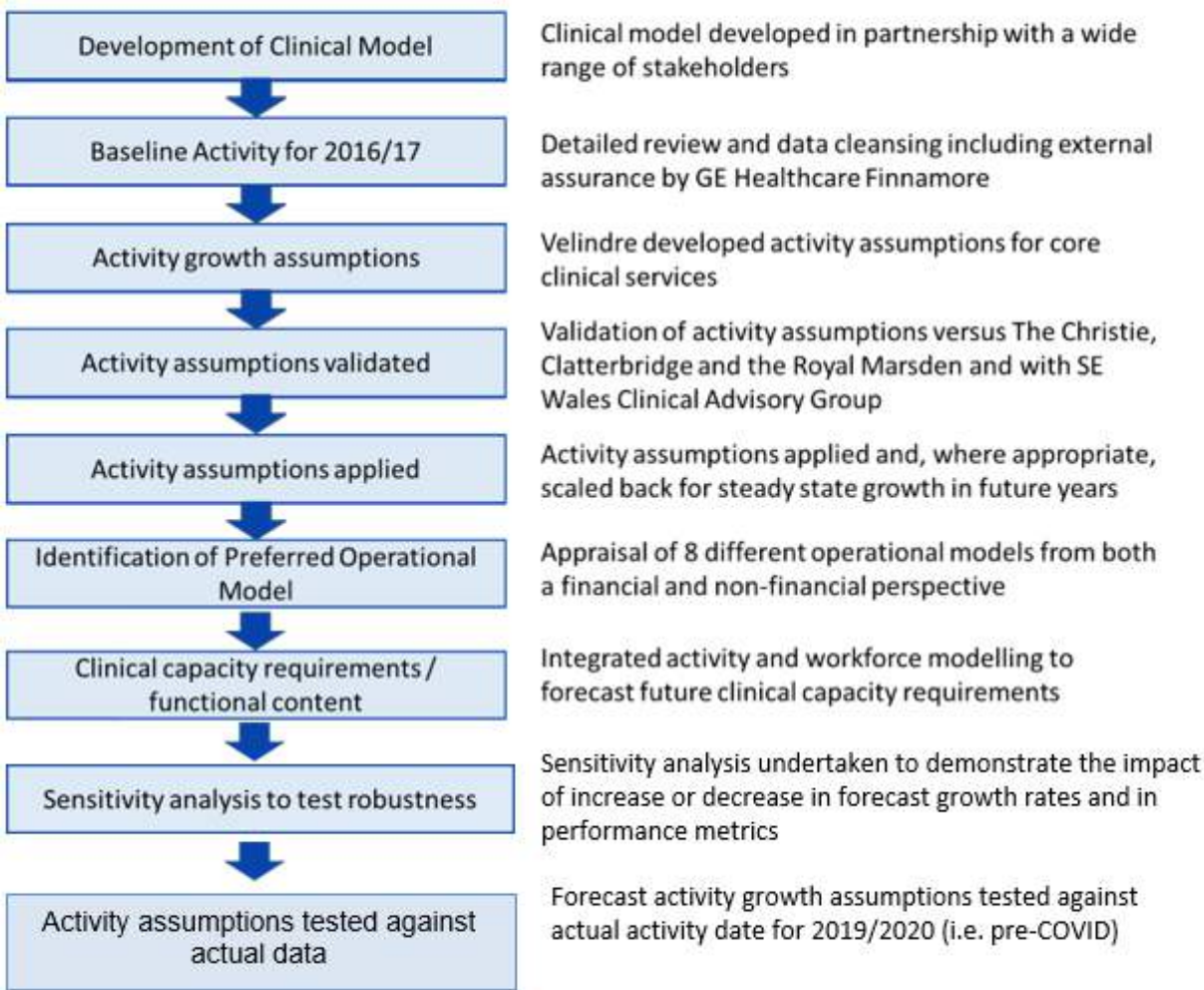
Forecasting Future Activity, Actual Activity, and links to our Service Design

- 5.17 This section of the Strategic Case concentrates on the methodology used to determine the future forecasting of activity and how this has informed the design of the nVCC and our Clinical Operating Model. The section will set out:
- the methodology which has been applied for forecasting future activity and capacity requirements in relation to the new Velindre Cancer Centre (nVCC)
 - Summarise the forecast activity and capacity requirements for the new Velindre Cancer Centre.

Forecasting Future Activity and Capacity Requirements

- 5.18 The Trust has developed a comprehensive activity model to forecast future capacity requirements for the nVCC.
- 5.19 A summary of the process followed in forecasting future activity and capacity requirements is shown in Figure 12 below. This methodology was approved by the nVCC OBC Collaborative Scrutiny Group and remains relevant for FBC purposes.

Figure 12 - Methodology for Forecasting Future Capacity Requirements



Note: the final step shown above was completed subsequent to the approval of this methodology with the purpose of providing assurance that the capacity outputs detailed within the OBC are still valid

Activity Assumptions

- 5.20 The Trust developed a set of activity assumptions for its core services. These clinical growth assumptions were developed in partnership with clinical colleagues from across South-East Wales and were informed by cancer incidence projections provided by the Welsh Cancer Intelligence and Surveillance Unit (WCISU).
- 5.21 The activity assumptions were set across two-time frames. The first time frame was through to 2021/22 where the Trust, and Health Board colleagues, believed it had a fair degree of certainty in terms of forecasting future activity. The second timeframe was from 2022/23 - 2031/32 where there was, at the time of developing the OBC, less certainty when forecasting future demand (e.g., stratified approach for SACT versus greater incidence of cancer) and the Trust therefore opted to revert to the forecast incidence of cancer (2%) as provided by WCISU in 2016/17 and reconfirmed as a valid planning assumption in 2022/23.
- 5.22 The clinical growth assumptions were supported by Health Board cancer clinical leads and were agreed by Health Board's Officers as part of the nVCC OBC Collaborative Scrutiny process, they are set out below in Table 19 below.

Table 19 - Clinical Growth Assumptions for Core Services

Service	Annual Clinical Growth Assumption
	2016/17 - 2022/23
▪ Radiotherapy	2%
▪ SACT	5%
▪ Inpatients	2%
▪ Outpatients and Ambulatory Care	2%

- 5.23 In addition, a validation exercise was undertaken to compare the Trust's activity assumptions against the following Cancer Centres from across the UK:
- The Beatson West of Scotland Cancer Centre
 - The Clatterbridge Cancer Centre NHS Foundation Trust
 - The Christie Cancer NHS Foundation Trust
 - Leeds Teaching Hospital NHS Trust
 - The Royal Marsden NHS Foundation Trust.
- 5.24 The validation exercise demonstrated that the Trust's activity assumptions were in line with those from other Cancer Centres across the UK, where comparable data was available.

Clinical Operational Model

- 5.25 The Trust evaluated a number of different operational models which were subsequently approved by the Trust's commissioners and as previously stated and have been subject to external independent assurance by the Nuffield Trust.
- 5.26 The primary objective of this appraisal was to identify a model which could provide the sufficient levels of service capacity, which responded to the needs of patients and families and which made effective and efficient use of resources.
- 5.27 At OBC eight different operating scenarios were evaluated by a multidisciplinary group, including the current operational model. The different scenarios considered extended working hours as well as five, six and seven day operational models. The outcome of the options appraisal has then informed the requirement for the new Velindre Cancer Centre and were tested during the competitive dialogue process, which has led to the final design.
- 5.28 The assessment undertaken was based upon:
- A non-financial assessment of options against the Projects Spending Objectives and Critical Success Factors
 - A financial (capital and revenue) assessment of options.
- 5.29 The preferred operating scenario (Scenario 8) scored the highest based on a combined non-financial and financial score. This scenario included the following components for core patient services:
- **Radiotherapy service** - 5 days a week, 9.5 hours a day (7-day Radiotherapy service for category 1 emergency patients and for urgent palliative patients).
 - **Outpatient service** – 5 days a week, 2 sessions a day
 - **SACT service** – 5 days a week, 12 hours a day
 - **Inpatient service** – 7 days a week, 24 hours a day.
- 5.30 Once the preferred operating scenario was agreed the Trust developed its Clinical Operating Model which has already been set out in the Section 3 of this Strategic Case.
- 5.31 In parallel the Trust has undertaken a detailed analysis to understand where treatments should be best delivered and what the percentage split should be, this is set out in Table 20 overleaf.

Table 20 - Percentage Activity Delivered by Location

Service	VCC	Outreach	Home
Radiotherapy	80%	20%	0%
SACT	45%	45%	10%
Inpatients	100%	0%	0%
Outpatients	55%	35%	10%

- 5.32 This section now further explores the clinical growth assumptions by service area for; Radiotherapy, Systemic Anti-Cancer Therapies, Outpatients and Ambulatory Care and Inpatients. It sets out the growth assumptions and compares these with actual activity since the OBC to ensure there still remains good alignment.

Radiotherapy Service

Clinical Growth Assumption:

- 5.33 In line with the methodology, outlined in Table 19 above, the forecast clinical growth assumption for radiotherapy services was 2% from 2016/17 through to 2022/23. This was agreed and approved by all commissioning Health Boards as part of the nVCC OBC Collaborative Scrutiny process and set out in Table 21 below:

Table 21 - Radiotherapy Growth Assumption

Service	OBC Annual Clinical Growth Assumption
	2016/17 - 2022/23
Radiotherapy	2%

Actual Radiotherapy Activity Versus 2% Growth Assumption (2019 comparison (pre-COVID)):

- 5.34 Using our most recent full-year 'pre-COVID' data (2019) this demonstrates that actual radiotherapy activity (fractions) delivered supports our original baseline planning assumption of a 2% increase in activity year-on-year with a variance of less than 1% over the three-year time period. This provides a high level of assurance that the physical capacity (number of linacs) planned within the nVCC is appropriate based upon actual activity recorded post the submission of the nVCC OBC, this figure does not take into account the increasing complexity of Radiotherapy Treatments. The actual and forecasted figures are set in Table 22 overleaf.

Table 22 - Forecast v Actual RT Activity

Service	Activity Measure	2016/17 (baseline)	Forecast 2019/20	Actual 2019/20	Difference (total / %)
Radiotherapy	Fractions	51,915	55,092	54,899	193 (≤1%)

- 5.35 The forecast and actual fractions set out in Table 22 above generate a requirement of the following numbers of Linear Accelerators, set out in Table 23 below and these numbers are accommodated in the nVCC design.

Table 23 - Linac Requirement Based on Activity

Service	Description	2016/17 (baseline)	2025/26 (nVCC)
Radiotherapy	Linacs	8	8

Note: The implementation of the Radiotherapy Satellite Centre (RSC) at Nevill Hall will also provide 2 additional linacs in the community i.e., 20% of total activity.

Actual Radiotherapy Activity (COVID) / Forecast Radiotherapy Activity (Post-COVID):

- 5.36 Table 24 below sets out actual radiotherapy activity post COVID-19 pandemic.

Table 24 - Post COVID Activity

Service	Activity Measure	Actual 2019/20	Actual 2020/21	Actual 2021/22	Current % increase in 2022/23 (ytd)	Forecast increase in 2023/24
Radiotherapy	Fractions	54,899	36,861	40,507	8%	6%

- 5.37 The COVID-19 pandemic, commencing in March 2020, caused a significant fall in radiotherapy activity due to a number of factors including:
- Reduced presentations to GP's
 - Reduced LHB referrals
 - Disruption to routine screening, and
 - Reduced capacity due to social distancing, increased infection control procedures and reduced workforce to deliver services.
- 5.38 However, actual demand for radiotherapy has increased significantly since March 2021 (circa 10% year-on-year) and is expected to continue to increase over the next year(s).

Radiotherapy Summary and Conclusion

Key Points:

- The 2% activity growth assumption, included within the nVCC OBC, has been reviewed at FBC and is supported by actual activity up to 2019/2020.
- Based upon forecast activity, tested against actual activity to 2019/20, there is an appropriate number of linacs included within the nVCC FBC to meet service demand. This will ensure that the Trust has capacity to meet all relevant performance targets.
- The implementation of the Radiotherapy Satellite Centre (RSC) at Nevill Hall will also enable the achievement of the TCS planning assumption i.e., 80% of activity delivered at nVCC and 20% in the community.

Systematic Anti-Cancer Therapies (SACT)

Clinical Growth Assumption:

- 5.39 In line with the methodology, outlined in Table 19, the forecast clinical growth assumption for SACT services was 5% from 2016/17 through to 2022/23, noted in Table 25 below. This was agreed and approved by all commissioning Health Boards as part of the nVCC OBC Collaborative Scrutiny process.

Table 25 - SACT Clinical Growth Assumption

Service	OBC Annual Clinical Growth Assumption
	2016/17 - 2022/23
SACT	5%

Actual SACT Activity Versus 5% Growth Assumption (2019 comparison (pre-COVID)):

- 5.40 Using our most recent full-year 'pre-COVID' data (2019) demonstrates that actual SACT activity (attendances) delivered supports our original baseline planning assumption of a 5% increase in activity year-on-year with a variance of less than 1% over the three year time period. This provides a high level of assurance that the physical capacity (number of SACT chairs) planned within the nVCC is appropriate based upon actual activity recorded post the submission of the nVCC OBC. The SACT attendances are set out in Table 26 below:

Table 26 - Actual SACT Activity v Growth Assumption

Service	Activity Measure	2016 (baseline)	Forecast 2019	Actual 2019	Difference (total / %)
SACT	Attendances	22,685	26,107	26,282	175 (≤1%)

Forecast Capacity Requirements at the New Velindre Cancer Centre

- 5.41 The forecast and actual activity set out in Table 26 above generates a requirement of the following numbers of Linear SACT Chairs as set out in Table 27 below.

Table 27 - SACT Chair Requirements nVCC

Service	Description	2016/17 (baseline)	2021/22	2025/26 (nVCC)
SACT	Chairs	17	19	20

Note: Implementation of the SACT Clinical Operating Model, as outlined in Table 20, will result in 55% of total activity being delivered across South-East Wales.

Actual SACT Activity (COVID) / Forecast SACT Activity (Post-COVID):

- 5.42 The Covid-19 pandemic, commencing in March 2020, caused a significant fall in activity for SACT due to a number of factors, including:
- Reduced presentations to GP's
 - Reduced LHB referrals
 - Disruption to routine screening, and
 - Reduced capacity due to social distancing, increased infection control procedures and reduced workforce to deliver services.
- 5.43 However, actual demand for SACT services has increased significantly since March 2021, and is expected to continue to climb over the next year(s), and, in line with our forecast growth assumption of 5% through to 2022 and 2% thereafter (Note – not flat line - 'ups and downs'), as set out in Table 28 below.

Table 28 - SACT activity

Service	Activity Measure	Actual 2019	Actual 2020	Actual 2021	Actual 2022	Forecast increase in 2023/24
SACT	Attendances	26,107	20,618	26,001	29,121	6%

Summary and Conclusion:

Key Points:

- The 5% activity growth assumption, included within the nVCC OBC, has been supported by actual activity up to 2019/2020.
- Based upon forecast activity, tested against actual activity though to 2019/20, there is an appropriate number of SACT chairs included within the nVCC FBC to meet service demand. This will ensure that the Trust has capacity to meet all relevant performance targets.
- The implementation of the SACT Clinical Service Model will result in 55% of total activity being delivered across South-East Wales.

Outpatients and Ambulatory Care

Clinical Growth Assumption:

- 5.44 In line with the methodology, outlined in Table 19, the forecast clinical growth assumption for Outpatient services was 2% from 2016/17 through to 2022/23. This was agreed and approved by all commissioning Health Boards as part of the nVCC OBC Collaborative Scrutiny process and is set out in Table 29 below.

Table 29 - Outpatients Growth Assumption

Service	OBC Annual Clinical Growth Assumption
	2016/17 - 2022/23
Outpatients and Ambulatory Care	2%

Actual Outpatient Activity Versus 2% Growth Assumption (2019 comparison (pre-COVID)):

- 5.45 Using our most recent full-year 'pre-COVID' data (2019) demonstrates that actual Outpatient activity (attendances) supports our original baseline planning assumption of a 2% increase in activity year-on-year with a variance of less than 1% over the three-year time period. This provides a high level of assurance that the physical capacity (number of Outpatient rooms) planned within the nVCC is appropriate based upon actual activity recorded post the submission of the nVCC OBC, set out in Table 30 below.

Table 30 - Outpatient Forecast V Actual

Service	Activity Measure	2016 (baseline)	Forecast 2019	Actual 2019	Difference (total / %)
Outpatient	Attendances	58,403	63,779	63,609	170 (≤1%)

Note: Excludes research, palliative care, clinical psychology and radiotherapy review and planning activity.

Forecast Capacity Requirements at the New Velindre Cancer Centre

- 5.46 The forecast and actual activity set out in Table 29 above generates a requirement of the following numbers of Outpatient rooms as set out in Table 31 below.

Table 31 - Outpatient Room Requirements

Service	Description	2016/17 (baseline)	February 2020	2025/26
Outpatients	Rooms	26	26	30

Note: Implementation of the Outpatient Clinical Operating Model, as outlined in Table 20, will result in 45% of total activity being delivered across South-East Wales.

Actual Outpatient Activity (COVID / POST-COVID):

- 5.47 Unlike other service at VCC the Covid-19 pandemic, commencing in March 2020, resulted in a significant increase in activity for Outpatients due to a number of factors, including:
- Increased virtual clinics to support patients who weren't able to attend VCC in person
 - Growth in SACT activity which impacted Outpatient capacity requirements
 - Reduced capacity within Health Boards
 - Increased number of MDT sessions

- 5.48 The post COVID-19 activity is set out in the Table 32 below.

Table 32 - Outpatient Activity Post COVID-19

Service	Activity Measure	2016 (baseline)	Actual 2020	Actual 2021	Actual 2022
Outpatient	Attendances	58,403	66,583	84,097	88,802

Note: Excludes research, palliative care, clinical psychology and radiotherapy review and planning activity.

- 5.49 However, and despite the actual significant increase in demand for Outpatient services over the last three years, we are confident that the annualised (compounded) activity planning assumption used to size the nVCC is still robust and valid as a large proportion of additional Outpatient activity is / will be supported through digital solutions.

Summary and Conclusion:

Key Points:

- The 2% activity growth assumption, included within the nVCC OBC, has been supported by actual activity up to 2019/2020.
- Based upon forecast activity, tested against actual activity though to 2019/20, there is an appropriate number of Outpatient rooms included within the nVCC FBC to meet service demand. This will ensure that the Trust has capacity to meet all relevant performance targets.
- The implementation of the Outpatient Clinical Service Model will result in 45% of total activity being delivered across South-East Wales.

Inpatients

Clinical Growth Assumption:

- 5.50 In line with the methodology, outlined in Table 19, the forecast clinical growth assumption for inpatient services was 2% from 2016/17 through to 2022/23. This was agreed and approved by all commissioning Health Boards as part of the nVCC OBC Collaborative Scrutiny process, this is set out in Table 33 below.

Table 33 - Future Growth Assumptions of Inpatients

Service	OBC Annual Clinical Growth Assumption
	2016/17 – 2024/25
Inpatients	2%

Actual Inpatient Activity Versus 2% Growth Assumption (2019 comparison (pre-COVID)):

- 5.51 Using our most recent full-year 'pre-COVID' data (2019) shows that inpatient activity, as measured by occupied bed days actually reduced from 2016 (nVCC OBC submission) – 2019. However, this was not related to an evidenced reduction in demand for inpatient services at VCC. Instead, a capacity constraint was placed upon the service during this time period as there was a requirement to undertake essential estates works to the inpatient wards in order to improve the patient environment and to ensure compliance with our statutory compliance responsibilities. In order to facilitate these works there was a requirement to close beds / wards for sustained periods of time.
- 5.52 In addition, and during the same time period, we made significant enhancements to our inpatient service model which resulted in shift towards an enhanced ambulatory / assessment care model; this reduced the number of inpatient admissions at VCC. Table 34 below sets out inpatient activity.

Table 34 - Inpatient Bed Availability

Service	Activity Measure	2016 (baseline)	Forecast 2019	Actual 2019
Inpatients	Oncology Bed Available	43	43	28 (Constraint capacity)

5.53 Over the course of 2020 – 2022 (COVID impacted timeframe) we continued to experience reduced inpatient activity at VCC. However, and although full-year data for 2022 is not available at the time of producing this FBC, data which we have available for September – November 2022 shows that total inpatient activity is returning in line with pre-COVID levels, this is set out in Table 35 below.

Forecast Capacity Requirements at the New Velindre Cancer Centre

Table 35 - Inpatient Activity Post COVID-19

Service	Activity Measure	Current Capacity at VCC	February 2020	2025/26 (nVCC)
Inpatients	Oncology Beds	34	39	31
	Assessment / Ambulatory Care Spaces	8	8	17
	Isotope Cubicles	2	2	3
	Total	44	49	51

Inpatient Services – An Evolving Service Model

5.54 In line with the recommendations from the Nuffield review in relation to the he VCC / regional clinical model there have been significant changes and enhancements to the inpatient clinical service over recent years and subsequent to the approval of the nVCC OBC (Note: the majority of these improvements were already being progressed prior to the publication of the Nuffield review). Fundamental to these changes has been the transition to a more resourced ambulatory / assessment care model. Key to supporting this service development has been the implementation of a regional acute oncology service. The development of the inpatient service model has, and will continue, to deliver a number of quantifiable benefits. These include:

- Reduced average length of stay at VCC and in Local Health Boards.
- Reduced inpatient admissions at VCC and in Local Health Boards.
- Patients admitted to the most appropriate location for their treatment ‘first time’.

- Increased oncology presence within Local Health Boards.
- Improved patient experience.

5.55 The New Velindre Cancer Centre – A Flexible Inpatient Design Solution which is built around Patient Experience, Quality and Improving Outcomes.

5.56 The design of the Inpatient areas at the nVCC has responded to the feedback received from our clinical teams and other key stakeholders. This feedback emphasised the need for:

- Flexibility in the design covering a range of areas:
 - Ability, on the day of opening the nVCC, to only open the number of beds which are required at that point in time to reduce the risk of any 'non-required' costs
 - Ability to use the space within the designed inpatient areas for alternative uses
 - Ability to continue, over time, the development of our inpatient service model by reducing the number of oncology beds and increasing the number of ambulatory / assessment spaces
- The requirement for additional ambulatory / assessment care spaces and less traditional oncology beds
- The requirement for additional single oncology bedrooms as a proportion of total rooms

Key Points:

- Inpatient activity has been impacted by the following since 2019:
 - Essential estates work to the inpatient wards, requiring the closure of inpatient beds.
 - Workforce shortages due to a variety of reasons and which have been outside of the control of the Trust.
 - Impact of COVID from 2020 – 2022.
- In line with the recommendations from the Nuffield review of the clinical model there have been significant changes and enhancements to the inpatient clinical service. This has been supported by the transition to a more focused ambulatory / assessment care model. Key to supporting this service development has been the implementation of a regional acute oncology service.
- Although the nVCC has space to accommodate 31 oncology beds the hospital has been designed in a way to promote flexibility of use i.e. can increase / decrease the number of beds as appropriate and / or use for alternative uses e.g. increased ambulatory care provision.
- Inpatient beds will only be made available (opened) if and when demand presents.

Overall Summary and Conclusion of Growth and Activity Assumptions:

- 5.57 The clinical growth assumptions and actual activity that support the need to replace the existing cancer centre and inform the size of the nVCC have been reviewed and updated between OBC and FBC and have been set out in the preceding section. Despite activity and service delivery changing as a result of the COVID-19 pandemic there is still a compelling case for investment.
- 5.58 Based on the update activity it remains clear that the existing estate is severely constrained and inhibits the Trust in delivering its services now. The site is landlocked by building and infrastructure owned by the Trust, which renders any expansion of the site boundary unviable. The only possible option for expansion would be onto the staff and patient car park but this has been discounted, as it would impact on an already sub-optimal parking facility.
- 5.59 This therefore represents a very immediate and high-risk issue for the Trust given the current pressure on the system. This is compounded by the anticipated growth in demand for services. While planning is underway to mitigate capacity limitations in the short term, it is imperative that a long-term solution is established urgently.
- 5.60 Without significant transformation, the Velindre Cancer Centre faces a very immediate and high risk in our ability to continue to deliver services and to maintain current performance levels.

Sizing of the nVCC

- 5.61 Following the activity and capacity modelling process outlined above, the Trust has been able to establish its core capacity requirements, referred to hereafter as the 'Do Minimum' requirements, in relation to:
- Building footprint requirement for the nVCC;
 - Functional content requirements e.g., number of Inpatient beds, for the nVCC; and
 - Major Medical equipment requirements for the nVCC.

Building Footprint for the New Velindre Cancer Centre – Do Minimum

- 5.62 The activity and capacity analysis has demonstrated that the required building footprint for the nVCC, based upon the Do Minimum service requirements, is 30,689m² compared to the existing Velindre Cancer Centre footprint of 17,777m². This analysis, which is summarised in Table 36 overleaf has been presented to, and validated by, NHS Wales Shared Services and WG Officers.

Table 36 - Do Minimum Building Footprint for the New Velindre Cancer Centre

Functional Area	m ²
Radiotherapy	8,090
Inpatients	3,534
SACT & Ambulatory Care	2,067
Outpatients & Therapies	2,034
Imaging and Nuclear Medicine	2,073
Pharmacy	1,518
Hospital Clinical / Non-Clinical Administration & Support Services	4,726
Hospital Education, Training and associated Support Services	669
IM&T	439
SPR & On Call	91
Staff Facilities	1,41
Mortuary	171
Catering & Restaurant	1,022
Hospital Main Entrance	1,855
Total Gross	30,689

Functional Content Requirements for the New Velindre Cancer Centre – Do Minimum

- 5.63 The activity and capacity analysis has demonstrated the following Functional Content requirements for core service delivery at the nVCC, based upon the Do Minimum service requirements. Table 37 summarises these requirements compared against functional capacity, which is currently available at the existing Velindre Cancer Centre (Feb 2020 Pre-COVID).

Table 37 - Functional Content Requirements for Core Services within the New Velindre Cancer Centre

Department	Existing (Feb 2020 Pre-COVID)	nVCC	Variance
Radiotherapy Linear Accelerators	8	8	0
Outpatient Consultation Rooms	26	30	+ 4 rooms
SACT Chairs	19	20	+1 chair

Department	Existing (Feb 2020 Pre-COVID)	nVCC	Variance
Inpatients	49	51	+ 2 beds

Note: Inpatient beds reflects capacity that is subject to the confirmation of the clinical model but could represent 'flexible' bed capacity.

Major Medical Equipment Requirements for the New Velindre Cancer Centre – Do Minimum

- 5.64 The activity and capacity analysis has identified the Major Medical equipment requirements for the nVCC, based upon the Do Minimum service requirements. The Major Medical equipment requirements for the nVCC, with a unit value of over £0.125m (excl. VAT), compared to Major Medical equipment, which is currently operational at the existing Velindre Cancer Centre (Feb 2019 Pre-COVID) are summarised in Table 38.

Table 38 – Major Medical Equipment Requirements for the New Velindre Cancer Centre

Department	Equipment	Existing (2018)	nVCC	Additionality
Radiotherapy	Linear Accelerator / Treatment Machines	8	8	0
Radiotherapy	CT Simulator	2	2	0
Radiotherapy	Brachytherapy System	1	1	0
Radiotherapy	MR SIM	0	1	1
Radiology	MRI Scanner	1	2	1
Radiology	CT Scanner	1	2	1
Radiology	Imaging System (Plain Film/Fluoroscopy System)	2	2	0
Nuclear Medicine	Gamma Camera	1	2	1
Pharmacy	Robotic Dispensing System	0	1	1

Conclusion

- 5.65 In summary, this section of the FBC examined in detail service activity from the original base line, through Covid, to today and compared then with the Trusts approved growth assumptions for all major service areas. This analysis has demonstrated that the Trust's forecast growth assumptions have been accurate to within very small margins of variance against actuals. Therefore, there is a high degree of confidence that the activity and future growth assumptions can be relied upon in terms of the design of the nVCC and wider Clinical Model.

6 POTENTIAL SCOPE OF THE NEW VELINDRE CANCER CENTRE PROJECT

Introduction

6.1 The scope of the Project is limited to the building of a nVCC. In taking forwards this scope, the Trust sought formal approval from commissioners and from the Welsh Government in relation to the Outline Business Case (OBC) for a nVCC. In seeking approval of the OBC, the Trust provided assurance in relation to:

- The need for a nVCC;
- The Preferred Option identified within the OBC;
- The building footprint of the nVCC;
- The additional costs directly attributable to the nVCC; and
- The Project Management and Governance arrangements for delivering the nVCC Project.

6.2 The following has been confirmed as outside of the scope of the nVCC Infrastructure Project:

- All variable clinical costs of modelled demand which will be considered through the development of the commissioning LTA framework and therefore excluded from the nVCC OBC;
- All service development Projects e.g., Acute Oncology Service, which will be subject to separate Business Cases and therefore excluded from the nVCC OBC;
- All outreach capital Projects e.g., Radiotherapy Satellite Centre, which will be subject to separate Business Cases and therefore excluded from the nVCC OBC; and
- All Digital Projects which the Trust needs to complete irrespective of the nVCC Project. These will be the subject of separate Business Cases.

Potential Business Case Options

6.3 Although the scope of the Project is well defined, there was the potential to develop a range of options for delivering the objectives of the Project. The range of options have been considered against a continuum of need ranging from:

- Minimum scope: Core and essential service requirements/outcomes which are currently provided by VCC;
- Intermediate scope: Core and desirable service requirements/outcomes which the Project can potentially justify on a cost/benefit and thus value for money basis; and
- Maximum scope: Core, desirable and optional service requirements/outcomes which the Project can potentially justify on a cost/benefit and thus value for money basis.

- 6.4 The outcome of this is outlined in Table 39 and was used as the starting point to develop the longlist of options within the Economic Case of the OBC.

Table 39 - Potential Project scope

Service / Function	Minimum	Intermediate	Maximum
Radiotherapy	✓	✓	✓
SACT	✓	✓	✓
Inpatients	✓	✓	✓
Specialist Palliative Care	✓	✓	✓
Outpatients	✓	✓	✓
Ambulatory Care	✓	✓	✓
Radiology and Nuclear Medicine	✓	✓	✓
Pharmacy	✓	✓	✓
Acute Oncology Service (existing arrangements)	✓	✓	✓
Research and Development (existing arrangements)	✓	✓	✓
Learning, Technology and Innovation (existing arrangements)	✓	✓	✓
Research and Development (enhanced scope)		✓	✓
Learning, Education and Innovation (enhanced scope)		✓	✓
Capacity to introduce PET CT Service		✓	✓
Capacity to introduce Proton Beam Service			✓
Capacity to introduce Advanced Technologies, including: <ul style="list-style-type: none"> • Platform specific stereotactic service • Cyclotron service 			✓
Relocation of Trust Corporate Function			✓

7 PROJECT RISKS, CONSTRAINTS, DEPENDENCIES AND ASSUMPTIONS

Risks

- 7.1 Identifying, mitigating, and managing the key risks is crucial to successful delivery, since the key risks are likely to be that the Project will not deliver its intended outcomes and benefits within the anticipated timescales and spend.
- 7.2 A full risk register for the nVCC Project has been developed which includes the following categories:
- **Business risks:** Risks that remain 100% with the Trust and include political and reputational risks;
 - **Service risks:** Risks associated with the design, build, financing and operational phases of the project and may be shared with other organisations; and
 - **External Non-System risks:** Risks that affect all society and are not connected directly with the proposal. They are inherently unpredictable and random in nature.
- 7.3 The nVCC risk register is managed by the Project Management Office (PMO). The exact role of the PMO in managing risks is described within the Management Case.

Constraints

- 7.4 The main constraints in relation to the nVCC Project are outlined in Table 40.

Table 40 - Main Constraints of the nVCC Project

Constraint	Overview
Financial Constraints	The infrastructure solution for the nVCC would be ideally deliverable within the affordability threshold of c£299m (including VAT but excluding equipment) at 2021-22 prices funding cap agreed with the WG.
Timescale Constraints	The nVCC must be operational in line with the Programme agreed with the Welsh Government.
Service Continuity	Delivery of patient services must be maintained during the period of construction.
Compliance with Statutory Requirements	The nVCC must be fully compliant with all relevant statutory compliance requirements.

Dependencies

7.5 A number of dependencies have been identified in relation to the nVCC Project. These are provided in Table 41.

Table 41 - Main Dependencies of the nVCC Project

Dependency	Overview
Capital Funding Availability	Access to capital funding is critical to deliver the Project, especially in relation to the procurement of Major Medical equipment and IM&T.
Revenue Funding Availability	Access to revenue funding is essential to support the recurring revenue implications associated with the nVCC Project.
Welsh Government Approval	The Full Business Case must be approved by the WG.
Partnership Working	Co-production in the design and implementation of the Project that involves all stakeholders from across the health and social care economy is essential to the Project's success.
Wider Health Strategy and Governance	It is important that general health strategy and governance in Wales, that underpins the nVCC Project remains broadly consistent over the period of change.
Site Enabling Works	The site enabling works Project, which is outside of the scope of this FBC, must be completed by the start of construction for the nVCC.

Assumptions

7.6 The key assumptions underpinning the nVCC Project are provided in Table 42

Table 42 - Main Assumptions for the nVCC Project

Assumption	Overview
Implementation of the wider TCS programme	<p>It is assumed that the following capital Projects identified within the TCS Programme are funded and the nVCC has been 'sized' based on this assumption.</p> <ul style="list-style-type: none">• Radiotherapy Satellite Centre at Nevill Hall Hospital; and• Non-surgical cancer Outreach centres across South - East Wales delivering SACT and Outpatient services.
Clinical Growth Assumptions	The nVCC has been 'sized' on the basis of a number of clinical growth assumptions, summarised below:

Assumption	Overview
	<ul style="list-style-type: none"> • Radiotherapy activity will increase by 2% per annum through to 2025; • SACT activity will increase by 5% per annum through to 2025; • Outpatient activity will increase by 2% per annum through to 2025; • Inpatient activity will increase by 2% per annum through to 2025; and • Radiology and Nuclear Medicine activity will increase by 9% per annum through to 2025.

Flexibility for Expansion on the Site of the New Velindre Cancer Centre

7.7 It is important to highlight that there is approximately 6,500 m² of expansion space (compared to the approved Outline Planning Application) on the identified site for the nVCC. This expansion capacity is fundamental to the Trust's mitigation strategy in the event that either:

- a) **The other capital Projects within the TCS Programme are not supported; or**
- b) **The clinical growth assumptions prove to be understated.**

7.8 Conversely, the Trust has identified alternative uses for some of the proposed nVCC accommodation in the event that clinical growth assumptions do not fully materialise.

8 CONCLUSION

8.1 The Strategic Case has demonstrated a compelling case for investment to support the replacement of the existing Velindre Cancer Centre. The key factors supporting the case for investment are:

- The existing patient environment at the Velindre Cancer Centre is sub-optimal and does not promote patient recovery and well-being;
- There is insufficient patient and family car parking at the existing Velindre Cancer Centre;
- A high proportion of accommodation at the existing Velindre Cancer Centre is non-compliant with statutory requirements and creates challenges in maintaining high levels of patient safety;
- The existing Velindre Cancer Centre, built on a 'like for like' basis and in line with Health Building Notes, would have a footprint of circa 28,000m² compared to the existing building footprint of 17,777m²; and
- There is no expansion space on the existing Velindre Cancer Centre. This severely limits, the Trust's ability to expand its footprint to meet the increasing demand for its clinical services across a range of specialities / departments.

9 APPENDICIES

For Information

The following appendices are available in support of this chapter.

Appendix Reference	Title
FBC/SC1	Nuffield Trust Report – ‘Advice on the proposed model for non-surgical tertiary oncology services in South-East Wales’
FBC/SC2	Nuffield Trust Recommendations and Progress Summary
FBC/SC3	TCS Equipment Strategy (draft)
FBC/SC4	Digital Vision for the new Velindre Cancer Centre

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Integrated Medium Term Plan (IMTP) 2022/25 Quarter 3 Progress Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Chris Dawson-Morris (Interim Director of Planning and Performance)
SWYDDOG ADRODD: REPORTING OFFICER:	Jennifer Keyte (Senior Corporate Planning & Service Improvement Manager)

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this paper is to provide the Board with a progress report against the Aneurin Bevan University Health Boards Integrated Medium Term Plan (IMTP). This report summarises the Health Boards progress during Quarter 3, bringing together these following key components:

- Outcomes Framework
- Performance Report
- A review of the planning scenario
- Clinical Futures Priority Programme progress

The Board is asked to:

- Note the progress achieved during Quarter 3
- Note the revised forecasts set out in the supporting Minimum Data Set

Cefndir / Background

The IMTP for 2022 to 2025 sets out the vision for the organisation, that is to improve population health and reduce health inequalities experienced by our communities. In order to achieve this vision, the IMTP focusses on 5 life course priorities.

Outcomes and Performance Framework

With the IMTP vision and 5 life course priorities in mind, the Health Board has developed a set of supporting outcomes and associated indicators that helped focus understanding of how well it is doing in these areas. Indicators have been included that cover the full spectrum of what the organisation understands the health system to be, and what can be realistically measured at the moment. The aim is to provide information and measurement at a system and population level to support the understanding of progress against the IMTP. Alongside this, the report provides a high-level overview of activity and performance at the end of December 2022, with a focus on delivery against key national targets included within the performance dashboard. The update focuses on the areas of RTT, diagnostics, unscheduled care access, cancer and mental health.

Priority Programme Progress

The IMTP set out key priorities, which, based on an understanding of the system, will deliver the biggest impact and improve the sustainability of the health and care system. By their very nature, these key strategic priorities are complex, system wide and the programmes of work are designing to implement these changes during the course of the IMTP. This report provides an update against the key milestones and progress made against each of the key priorities.

IMTP Planning Scenario

Working with a data partner, the organisation adopted a dynamic planning approach to understand the potential demand, risks and capacity requirements of the system. Working with each clinical team by speciality using real time data, realistic workforce assumptions, emerging experience of how patients are returning to their services and known system constraints, the health board developed a clear understanding of predicted demand on the system and the capacity needed against what is available. This report provides an update against what was planned, what took place and forward projections.

This information has supported refreshed profiles includes in the updated Minimum Data Set for Quarter 3. This needs to be submitted to Welsh Government as part of the IMTP process.

Paediatric Waiting List

At the December Board, members requested information and assurance in relation to the waiting times for specialised paediatric services. These services, including Paediatric Surgery, are commissioned by WHSCC.

Access rates and inpatient episodes for surgery have stabilised since the pandemic. As of December 2022, 235 paediatric patients were waiting for surgery (131 admitted for diagnostic intervention; 5 for follow-up outpatient appointments; 60 for new outpatient appointment; 39 other). The number of patients waiting overall has decreased by 9.9% (26) since the beginning of the financial year. The Health Board has been working alongside the Welsh Health Specialties Services Committee (WHSSC), who are undertaking a deep dive into a range of paediatric sub-specialities to develop options with a focus on addressing increased waiting lists, in particular those waiting over 2 years. As of December 2022, 234 of the 245 patients on the waiting list have waited for less than 2 years and 54% have waited fewer than 36 weeks.

Patients Waiting - Paeds Surgery by pathway stage										
CensusFinancialYearStyle	2022/23									
ResidenceHealthOrganisationCurrentName	1	2	3	4	5	6	7	8	9	10
Aneurin Bevan University Local Health Board	261	275	280	282	275	288	270	254	237	235
Admitted diagnostic intervention	148	150	155	145	139	139	132	131	135	131
FUP OP appointment	28	33	20	23	27	30	12	7	2	5
New OP appointment	64	65	78	82	86	76	74	83	72	60
Unknown	21	27	27	32	23	43	52	33	28	39
Total	261	275	280	282	275	288	270	254	237	235

Patients waiting - Paeds Surgery by weeks										
CensusFinancialYearStyle	2022/23									
ResidenceHealthOrganisationCurrentName	1	2	3	4	5	6	7	8	9	10
Aneurin Bevan University Local Health Board	261	275	280	282	275	288	270	254	237	235
1 - Up to 4 weeks	36	43	53	35	22	41	45	40	30	30
2 - 5-25 weeks	128	130	133	149	153	129	117	109	99	97
3 - 26-35 weeks	35	43	26	30	34	50	36	34	35	30
4 - 36-51 weeks	30	23	31	36	34	33	30	31	34	35
5 - 52-103 weeks	23	27	30	28	28	32	40	36	38	42
6 - 104+ weeks	9	9	7	4	4	3	2	4	1	1
Total	261	275	280	282	275	288	270	254	237	235

For those waiting for admission, there were no patients waiting over 104 weeks and the overall number of patients on the waiting list had reduced from 148 to 131 (11.5%).

Patients Waiting - Paeds Surgery by pathway stage										
CensusFinancialYearStyle	2022/23									
ResidenceHealthOrganisationCurrentName	1	2	3	4	5	6	7	8	9	10
Aneurin Bevan University Local Health Board	261	275	280	282	275	288	270	254	237	235
Admitted diagnostic intervention	148	150	155	145	139	139	132	131	135	131
FUP OP appointment	28	33	20	23	27	30	12	7	2	5
New OP appointment	64	65	78	82	86	76	74	83	72	60
Unknown	21	27	27	32	23	43	52	33	28	39
Total	261	275	280	282	275	288	270	254	237	235

Patients waiting - Paeds Surgery by weeks										
CensusFinancialYearStyle	2022/23									
ResidenceHealthOrganisationCurrentName	1	2	3	4	5	6	7	8	9	10
Aneurin Bevan University Local Health Board	148	150	155	145	139	139	132	131	135	131
1 - Up to 4 weeks	14	13	20	7	6	12	12	11	7	10
2 - 5-25 weeks	53	56	59	65	54	42	34	34	35	35
3 - 26-35 weeks	24	30	19	18	21	30	30	23	26	20
4 - 36-51 weeks	27	22	27	27	28	24	25	29	30	28
5 - 52-103 weeks	22	23	24	24	27	29	30	33	36	38
6 - 104+ weeks	8	6	6	4	3	2	1	1	1	1
Total	148	150	155	145	139	139	132	131	135	131

Whilst the number waiting over 2 years has been eliminated, there are still a significant number of patients waiting over 52 weeks (38). There are a number of contributing factors affecting the service and the waiting list including nurse capacity, bed capacity, Anaesthetics support and theatre availability. There are plans in place to increase Anaesthetics support to assist with recovery.

Asesiad / Assessment

Quarter 3 has continued to see sustained pressure on our services as the Health Service comes out of pandemic measures and manages Covid pressures alongside recovery and day to day service delivery. Despite these challenges there have been performance improvements as the organisation aims to return to pre-pandemic levels of service and to deliver service transformation. Our planning assumptions were set out in the IMTP and they are in line with expected delivery.

In Quarter 3 the Health Board delivered:

- ✓ Increased levels of GMS activity with more face-to-face activity
- ✓ Maintenance of Urgent Care performance within expected range
- ✓ Improved access to elective, urgent and essential services
- ✓ Increased capacity for new outpatient appointments
- ✓ Commenced building work for the Endoscopy and Breast units
- ✓ Maintenance of ambulatory services models

The sustained urgent care pressures and challenges faced by the social care system have impacted significantly upon service recovery, and the organisation has not therefore seen the step change required to revise the forecasts of planned activity for Quarters 3 and 4. This is a realistic position based on the Health Board's current performance, staff sickness rates, the number of patients delayed but medically fit for discharge. We have therefore maintained the current forecast taking in to

account the constraints of the current system, with a focus on our longest waiting patients, the aim to ensure all 2 and 3 year waits will access the care they need before March 2023.

Argymhelliad / Recommendation

Board is asked to:

- Note the progressed achieved during Quarter 3
- Note the revised forecasts set out in the supporting Minimum Data Set

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The report highlights key risks for delivery against the IMTP
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Choose an item. Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. This is a Quarterly report against the Integrated Medium Term Plan and the key organisational priorities informed by our detailed understanding of how our system operates.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau’r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.

IMTP

Integrated Medium-Term Plan

2022/25

Quarter 3 Report



1. INTRODUCTION

This report summarises the Health Board's progress for Quarter 3 against the Integrated Medium-Term Plan (IMTP), bringing together reporting on outcomes, performance, priority programmes and a review of the underpinning planning scenarios.

The Health Board has remained under sustained operational pressure at the levels that, pre Covid, would have been seen in the winter period only. Covid-19 bed occupancy decreased over the reporting period (around 6% of the pandemic peak) however, the numbers of medically fit patients have continued to increase along with and sickness levels across all clinical teams. This has continued to present challenges in maintaining consistent services across primary and secondary care.

Despite these challenges there have been performance improvements as the organisation aims to return to pre-pandemic levels of service and to deliver service transformation. Our planning assumptions were set out in the IMTP and they are in line with current delivery.

In Quarter 3 the Health Board delivered:

- ✓ Increased levels of GMS activity with more face-to-face activity
- ✓ Maintenance of Urgent Care performance within expected range
- ✓ Increased compliance against the 62 day target for definitive cancer treatment
- ✓ Improved access to elective, urgent and essential services
- ✓ Increased capacity for new outpatient appointments
- ✓ Commenced building work for the Endoscopy and Breast units
- ✓ Maintenance of ambulatory services models

The sustained urgent care pressures and challenges faced by the social care system have impacted upon service recovery, and the organisation has not therefore seen the step change required to significantly revise the forecasts of planned activity for quarter 4. This is a realistic position based on the Health Board's current performance, staff sickness rates, the number of patients delayed but medically fit for discharge. We have therefore maintained the current forecast taking in to account the constraints of the current system, with focus on our longest waiting patients, to ensure all 2- and 3-year waits will access the care they need before March 2023.

There are areas of risk within the following pathways that will need attention over the next quarter, due to known capacity constraints and sustained urgency profiles that mean reducing the numbers of patients waiting will continue to be challenging. These pathways are:

- Eye Care , ENT and Orthopaedic Spines
- Single Cancer Pathway, specifically diagnostics
- Continued medical and community bed pressure
- Sustainability of Primary Care access
- Urgent Care system, including ambulance waits

The actions to improve the position and risk level have been included in our plans set out later in this document.

The Health Board will remain alert to further waves and potential new variants of Covid-19, which may affect the organisation's ability to tackle backlogs of demand for planned care services. The realistic prospect of industrial action over the winter is also being factored into our planning, the trajectories and winter activity plan have been based on a most likely scenario for the prevalence on increased respiratory presentations and admissions.

Structure

This report is structured across three sections as follows:

Outcomes Framework and Performance Summary – This section reports against the life cycle priority outcome measures. It provides population and system outcomes measures to support understanding of IMTP delivery.

Progress of Clinical Futures Priority Programmes– This section reports on the progress of the Clinical Futures Programmes set out in the IMTP.

Planning Scenarios- This section reports against the planning scenarios as set out in the Minimum Data Set of the IMTP.



2. OUTCOMES FRAMEWORK & PERFORMANCE SUMMARY – QUARTER 3

The vision set out in the IMTP 2022-2025 is to:

Improve population health and reduce the health inequalities experienced by our communities.

In order to achieve this vision, the IMTP focuses on 5 life course priorities. The Outcomes Framework is updated quarterly and, depending on data availability, the latest data is reported for each indicator. The timescales for indicators vary according to the data source. Indicators are classed as 'Similar' if the percentage change is between -2 and +2 and either 'Improved' or 'Deteriorated' if not. The 'No Data' category is used where the indicator is in development.

A total of 43 indicators are reported upon and of those, 37 have been measured with the remaining 6 currently in development. Of these indicators, 16 measures have shown improvements over the last reporting time period. A total of 8 indicator values have deteriorated and 13 are statistically similar. The full outcomes framework can be found in Appendix 1 and a breakdown of the type of change by priority can be seen in the table below:

Type of change	P1 - Every child has the best start in life	P2 - Getting it right for children and young adults	P3 - Adults living healthily and aging well	P4 - Older adults are supported to live well and independently	P5 - Dying well as part of life	Total
Improved	4	2	6	2	2	16
Similar	3	2	6	1	1	13
Deteriorated	1	1	4	2	0	8
No data	0	2	1	1	2	6
Total indicators	8	7	17	6	5	43

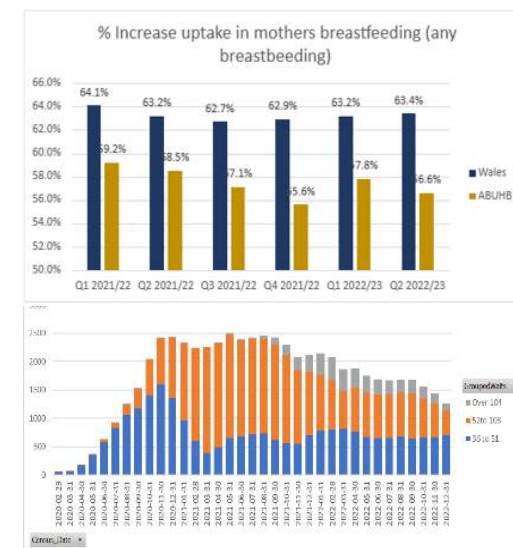


Early childhood experiences, including before birth, are key to ensuring improved health outcomes. The Health Board’s IMTP committed to working with partners to take forward actions and activities that have a positive impact on the first 1000 days of life. The table below sets out three core outcomes to be achieved in this area. Alongside identified measures, this information is used to target actions and identify priorities for the organisation.

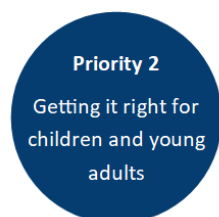
Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (Sep 22)		Current reported position (Dec 22)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 1 - Every child has the best start in life	Improving Good Health in Pregnancy	Decrease in low birth weight rates	5.6%	4%	2021	5.1%	-	-	Improved	Decrease in indicator over the last 3 years. Significantly lower than the all Wales average.
		Decrease in smoking status at birth	16%	10%	2021	13.7%	-	-	Improved	Significant decrease between 2020 and 2021.
		Decrease in stillbirths	4.8	3.0	2021	3.9	-	-	Improved	'New Reported Indicator' 18.75% decrease in stillbirths over the last 5 years.
	Optimising a child's long term potential	Increase update in mothers breastfeeding (any breastfeeding)	59.2%	65%	Q4 2021/22	55.6%	Q2 2022/23	56.6%	Similar	Increase in indicator over the last quarter, however this remains significantly lower than the welsh average.
		Increase of eligible children measured and weighed at 8 weeks	62.5%	60%	Q4 2021/22	40.1%	Q2 2022/23	28.3%	Deteriorated	Continued decrease in indicator. Significant decrease from 40.1% Q4 to 28.3% Q2.
		Increase of eligible children with contact at 3.5 years pre-school	64.4%	60%	Q4 2021/22	36.6%	Q2 2022/23	42.1%	Improved	Improvement in indicator, however this remains significantly lower than the welsh average.
	Increasing childhood immunisation and preventing outbreaks	Percentage of children who received 2 doses of the MMR vaccine by age 5	91%	95%	Q3 2021/22	92%	Q2 2022/23	90%	Similar	
		Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	96%	95%	Q3 2021/22	95%	Q2 2022/23	94%	Similar	Indicator value has remained stable.

Deterioration in the outcome ‘Optimising a child’s long-term potential’ was reported at both a Health Board level across for two indicators. Breastfeeding rates in the UK are amongst the lowest in the world with rates lowest in areas of higher deprivation and exacerbating health inequalities. Wider cultural attitudes and practices continue to influence how a woman may choose to feed her baby and if breastfeeding, the length of time she continues. The rate in mothers breastfeeding within Aneurin Bevan was reported at 56.6% during Quarter 2 2022/23 which has improved since Quarter 4 2021/22 (65.6%). The Health Board’s Response Feeding Service work closely alongside Midwives and Health Visitors to offer advice to mothers and families with both breastfeeding as well as support with emotional health and wellbeing within 3 days of discharge from hospital. All midwives and maternity support staff are UNICEF baby friendly trained in breastfeeding support and have many support services in the community and close links with local peer support groups. A new breastfeeding support group has been launched in Caerphilly and the Response Feeding Service are continuing to identify opportunities to further encourage the uptake in breastfeeding in Wales in line with the All Wales 5 Year Breastfeeding Action plan.

There has been a slight deterioration in the reported position in the outcome ‘Increasing childhood immunisation and preventing outbreaks’ with 90% of children receiving 2 doses of the MMR vaccine by the age of 5. Additionally, 94% of children received 3 doses of the hexavalent ‘6 in 1’ vaccine by age 1, demonstrating sustained strong performance.



The number of children on the Health Board's waiting lists who have been waiting over 36 weeks increased during the pandemic and peaked during the summer of 2021. There was a focused effort during Quarter 3 on paediatric ENT patients and as of December 2022, all children who had waited more the 52 weeks had their first outpatient appointment. Additionally, the Health Board are working alongside the Welsh Health Specialities Services Committee (WHSSC), who are undertaking a deep dive of a range of paediatric sub-specialities and are developing options with a focus on addressing increased waiting lists, in particular those waiting over 2 years.



Nurturing future generations is essential for our communities. There is strong evidence that healthy behaviours in childhood impact throughout life; therefore, targeting actions to improve outcomes in these areas has a long-lasting impact on delivery. Young adult mental health is a Ministerial priority area with CAMHS a focus in the national performance framework.

Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (Sep 22)		Current reported position (Dec 22)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 2 - Getting it right for children and young adults	Improve Mental Health Resilience in Children and Young adults	Improvement in the mean mental health wellbeing score for children	Indicator to be developed						No data	Indicator to be developed.
		Decrease in 4 week CAMHS waiting list	95%	80%	Q1 2022/23	97.4%	-	-	Improved	Due to the implementation of WCCIS, it is not possible to currently provide a Q2 update. Sustained and improved compliance against indicator target. Target met.
		Decrease in neurodevelopmental (SCAN) waiting list	80%	80%	Q1 2022/23	49.3%	Q3 2022/23	44.4%	Deteriorated	Indicator has deteriorated from 49.3% (Sep) to 44.4% (Dec)
	Support being a healthy weight	Increase in children age 5 of a healthy weight	73.1%	80%	2017	74.9%	-	-	Improved	Indicator has shown continued increases since 200
		Increase in adolescents of healthy weight	Indicator to be developed						No data	Indicator to be developed (Spring 2023)
	Improve healthy lifestyle behaviours	Increase in the percentage of children (aged 2-7 years) who are active for at least 1 hour seven dats a week	62%	70%	2020	63%	-	-	Similar	Indicator value has shown signs of improvement.
		Increase in the percentage of children who eat vegetables every day	67%	70%	2020	68%	-	-	Similar	Indicator value has shown signs of improvement.

Access to services on the CAMHS Neurodevelopmental (ND) pathway has a target of children waiting less than 26 weeks to start an ADHD or ASD neurodevelopmental assessment. The service has unfortunately not seen an improvement in December 2022 with 44.4% compared with 49.3% in Sep 2022 against the target of 80%.

Increase in demand, the impact of the easing of COVID-19 lockdown and the restarting of face-to-face appointments has resulted in a backlog of follow up appointments for the children undergoing a neuro-developmental assessment. The recovery plan working with Local Education teams, with the help of our Schools In Reach, School Nurses, the Locality Community support services and School staff to help schools produce a tailored school setting support plan has seen an improvement by 4% between Quarter 1 and Quarter 2.

Access to services is a focus of the national performance framework. At the end of June 97.4% of patients were waiting less than 28 days for a first appointment. The implementation of the SPACE wellbeing (development of single point of access, multi-agency panels) which is operational in all five local authority areas has continued to have a positive impact on access to services.

Priority 3
Adults in Gwent live
healthily and age
well

Our Outcomes:



Our ambition is for citizens to enjoy a high quality of life and to be empowered to take responsibility for their own health and care. A significant number of measures fall within this area, particularly in relation to maximising an individual's time. The outcomes and performance set out below underpin the work of the priority programmes and in particular the work of the 6 Goals for Urgent and Emergency Care, Planned Care and Mental Health. The progress for these can be found in Section 3.

Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported		Current reported		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 3 - Adults living healthily and aging well	Maximising an individuals time	Reduction in the number of patients waiting more than 36 weeks for treatment	32202	32168	Q2 2022/23	35395	Q3 2022/23	35341	Similar	Indicator value has continued to increase during Quarter 3, following the trend observed over the last 12 months.
		Reduction in the number of patients waiting for a follow-up outpatient appointment	113107	69268	Q2 2022/23	119848	Q3 2022/23	117900	Similar	Indicator value has increased.
		Increase in Urgent Primary Care Consultations/Treatments	6969	10000	Q1 2022/23	8336	-	-	Improved	Due to a cyber incident in Aug 22, it is not possible to provide a Q2 update. Significant and continued increase in rate since 2021. On track to meet target.
		Increase in Think 111 calls	493	800	Q1 2022/23	673	-	-	Improved	Due to a cyber incident in Aug 22, it is not possible to provide a Q2 update. Significant improvement in indicator value since Autumn 2021. On track to meet target.
		Reduction of ambulance handovers over 1 hour	737	0	Q2 2022/23	789	Q3 2022/23	802	Similar	Similar to last reported period. Overall trend reported an the increase in value since 2021. Indicator is breaching target.
		Reduction in patients never waiting in ED over 16 hours	417	0	Q2 2022/23	480	Q3 2022/23	635	Deteriorated	Continued significant increase in indicator value. Rate has increased by 52% from baseline.
		Reduction in time for patients to be seen by first clinician	1.6 hours	2 hours	Q2 2022/23	2 hours	Q3 2022/23	2.9 hours	Deteriorated	Continued significant increase in indicator value.
		Reduction in time for bed allocation from request	11.5 hours	8 hours	Q2 2022/23	13.1 hours	Q3 2022/23	15.4 hours	Deteriorated	Continued significant increase in indicator value. Rate has increased by 17.5% from baseline.
	Adults living healthily and aging well	Increase in adults active at least 150 minutes a week	53.0%	60%	2019/20	55%	-	-	Improved	Increased and continued improvement rate (1% year on year). Indicator value is consistently performing higher than the all Wales average.
		Decrease in the % of adults smoking	19%	15%	2019/20	18%	-	-	Improved	Decreased in indicator value, although remains higher than the all Wales average.
		Decrease in the number overweight or obese adults (BMI over 25)	65%	50%	2019/20	65%	-	-	Similar	No change observed.
		Increase in working age adults in good or very good health	69%	80%	2020/21	74%	-	-	Improved	Significant improvement in indicator value (+7.2%) from 2019/20 and 2020/21, however, value remained lower than the all Wales average.
		Increase uptake of National Screening Programmes	Indicator to be developed						No data	
	Improved mental health resilience in adults	Increase in Mental Health Well-being score for adults	50.3%	55	2018/19	50.5%	-	-	Similar	Small increase in value.
		Increase in percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over)	80%	90%	Q1 2022/23	75%	-	-	Deteriorated	Indicator value has decreased from baseline by 5%.
	Maximising cancer outcomes	Increased compliance of the number of patients starting their first definitive cancer treatment within 62 days from point of	56.9%	75%	Q2 2022/23	54.2%	Nov 2022/23	54.0%	Similar	Slight improvement in indicator value from 54.2% (Quarter 2) to 55.6% (Nov 22)
		Increase in 5 year cancer survival	51.0%	60%	2014-2018	58%	-	-	Improved	Significant improvements in rate reported over the last 10 years.

Maximising an individual's time

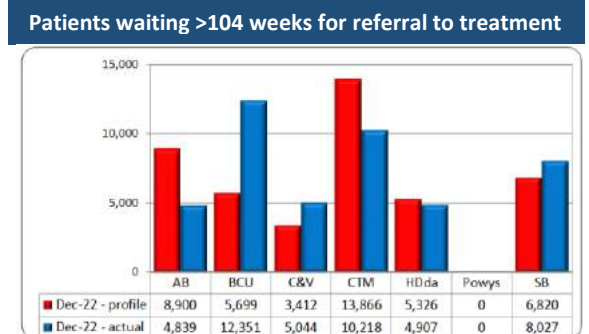
Time-based waiting measures form a large element of the Minister's Priority Delivery Measures. In this framework, a smaller number of core measures have been selected to represent key areas of delivery as proxy measures of effective use of an individual's time. However, as part of the organisation's forecast performance against the core Ministerial measures, the table below shows actual performance as of December against the plan.

Measure	Target	Mar-22	Forecast		
			OCT	NOV	DEC
Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024	8,946	5644	5309	4873
	Planned		3251	2899	2719
Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	32,720	34750	34921	35342
	Planned		25,495	25,778	28,017
Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	58.00%	62%	61.4%	60.3%
	Planned		60%	62%	62%
Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	1,884	1266	1453	1318
	Planned		599	497	512
Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by December 2022	9,975	10,198	10,289	9786
	Planned		9100	9200	9300
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	17,910	20894	20622	21233
	Planned				
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	2,986	2,749	2727	2599
	Planned		1666	1344	1200
Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	65.00%	53.3%	55.6%	
	Planned		50%	55%	55%

Maximising an Individuals Time- Planned Care

Maximising an individual's time is a core element of planned care. There has been some progress during Quarter 3 in treating the longest waiting patients those waiting over 104 weeks. Progress has been made with the new See on Symptom (SoS) and 'Patient initiated follow-up' (Pifu) Implementation Plan with 12 new pathways developed. To maximise time, a One Stop Treatment Unit at RGH has opened undertaking general surgery lumps and bumps, colorectal infusions and dermatology from September 2022. Nephrology Infusions, Max Fax and ENT went live during Quarter 3.

Overall, the Health Board has achieved the 104 week target, however, there remains a number of specialty areas where



the majority of long waiters are reported within (Orthopaedics, Ophthalmology, and ENT). There has been targeted work in all three specialities to treat the longest waiting cohort with the exception on ENT, where the total capacity available for ENT is less than total cohort to meet the target. Improvement in outpatient performance remains essential to make the most of individual's time and is a core focus of the Planned Care Programme. A deep dive into these three areas was provided to the Finance and Performance Committee meeting in January.

In relation to treatments, the Specialties are balancing the principle of undertaking activity defined by clinical prioritisation, and a time-based approach for the longest waiting patients; this enables timely care for the most urgent patients and clinically-led decision making. Aneurin Bevan has one of the smallest proportion of patients waiting more than 52 weeks for a new outpatient appointment. During December 2022, there was a reduction in the number of patients waiting over 104 weeks from referral to treatment and Aneurin Bevan achieved the trajectories and has the smallest proportion of patients waiting across Wales. Activities in the next quarter to maintain our current performance include a refresh of demand and capacity for IMTP next year, review of GIRFT Outpatient Model work when released for the 9 specialty outpatient models and clinical review of the Interventions Not Normally Undertaken process.

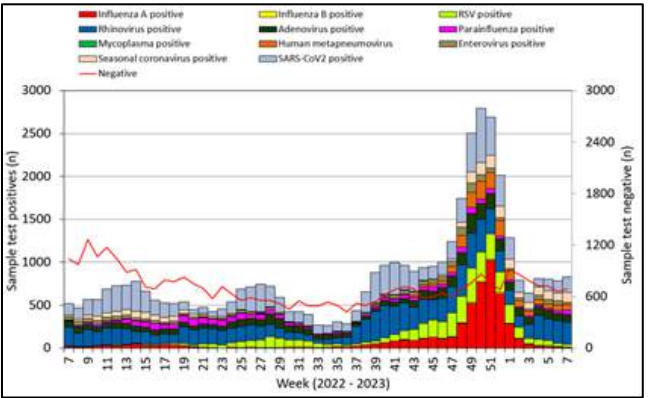
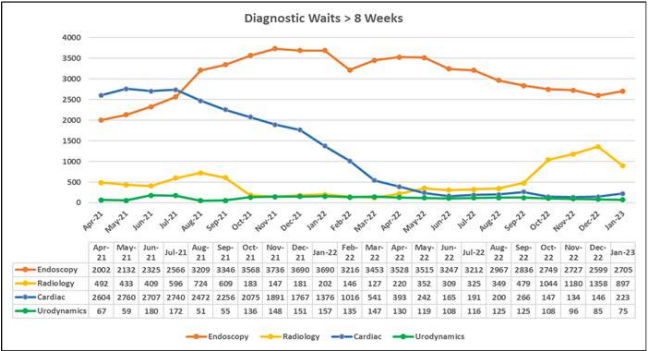
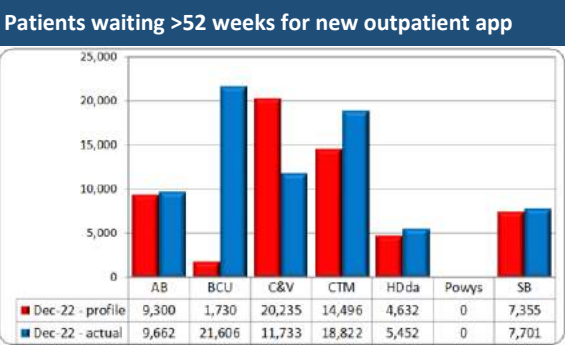
Maximising and Individuals Time- Diagnostics

As seen in the graph on the right, cardiology has seen significant improvement, driven by use of an insourcing company to deliver additional echo capacity. Further key areas in diagnostics include:

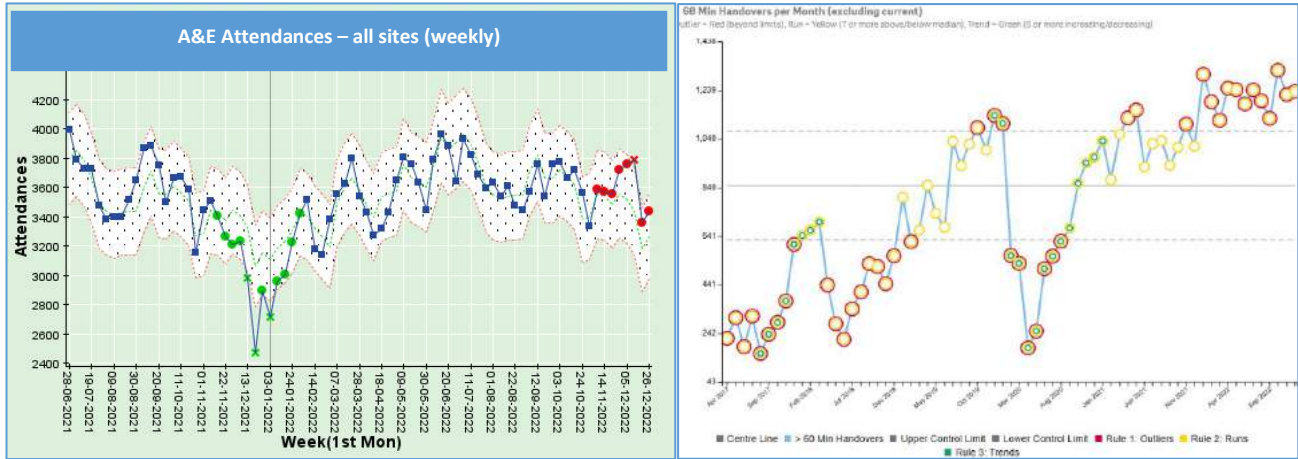
- Continued insourcing of additional endoscopy capacity has supported a maintenance in the 8-week backlog with a small decrease in the numbers of people waiting at the end of January (2705)
- Radiology diagnostics have seen a sustained increasing trend in the numbers waiting in MRI and ultrasound
- The future developments of the RGH endoscopy unit has progressed with approval of to recruit ahead of the new unit opening in 2023. It should be noted that this is to sustain services and is predicated on the backlog being cleared by the point of opening and will be monitored during quarter 4.

Maximising an Individuals Time- Urgent Care

Urgent Care services continue be under significant pressure both nationally, regionally and locally, making delivering timely care challenging. Winter 2022/23 has seen a large number of patients presenting with respiratory viruses – particularly flu and Covid-19 and this significant increase in respiratory viruses across our communities also caused high levels of staff sickness which placed additional pressure on urgent care services and staff. In addition to this, there has been increasing demand for urgent primary care, increased ambulance call demand, increasing numbers of self-presenters at Emergency Departments and Minor Injury Units, increased acuity linked to post lockdown impact, increased bed occupancy for emergency care and high levels of delayed discharges linked with significant social care workforce challenges.

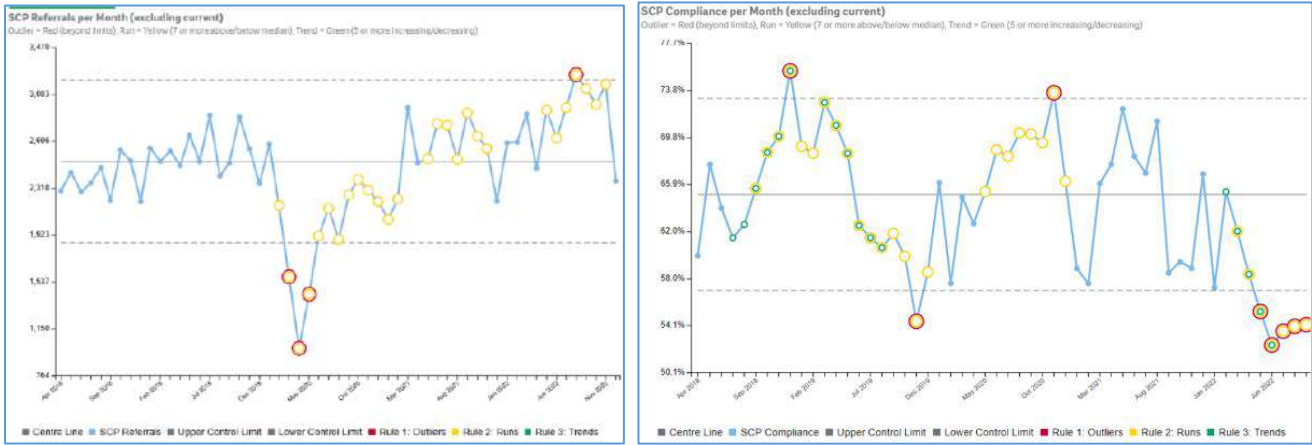


This pressure on the urgent care system has resulted in patients staying in hospital for longer. The average length of stay for emergency admissions is at its highest point ever. During December, attendances at the Health Board’s Emergency Departments (ED) operated above forecasted levels and did not follow the seasonal trends. The average time from arrival to departure in the GUH ED department continues to be above target and increased during December in line with peaks in respiratory illness. Additionally, during December, a total of 1,234 patients waited for over 60 minutes to be transferred to the Emergency Department from an Ambulance. This is a result of poor flow through the system for those who need to be admitted, and the pressure to enable patients who are medically fit to return home. The sustained numbers referred to a specialty but discharged from ED is a key indicator of the pressure across the system.



The extreme pressures upon the urgent care system this winter have impacted on the performance measures of patients waiting under 4 hours and over 12 hours in Emergency Departments. During Quarter 3, compliance against patients treated within 4 hours deteriorated from 74.8% (Sep 22) to 69.5% (Dec 22). Additionally, during December, there was a significant increase from 1415 patients (Sep 22) waiting over 12 hours to 2078. Despite these challenges, Aneurin Bevan remains the best performing Health Board across Wales with 69.6% of patients treated within 4 hours and whilst the 95% target has not been met, its performance is significantly higher than the all Wales average of 63.1%.

Maximising cancer outcomes



Compliance against the 62-day target for definitive cancer treatment has increased from 54.2% (September) to 55.6% at the end of November. Whilst performance is compliant with the planned level of 55%, this remains in breach of the target. Significant increases in demand relating to suspected cancer referrals have continued to exceed 2,500 referrals per month and is continuing to have an impact on performance creating capacity challenges throughout the pathway for services provided by the Health Board and those provided at tertiary centres.

There are a number of factors which have had an impact on overall performance. A primary driver is a considerable

reduction in skin treatments. The volumes for this specialty have historically contributed in increasing the performance denominator. This reduction has been influenced by the current pathology pressures. The pressure on the diagnostics part of the pathway is a significant constraint with actions continuing to improve the position through outsourcing of services.

Priority 4

Older adults are supported to live well and independently

Our Outcomes:

Prevention and keeping older adults well

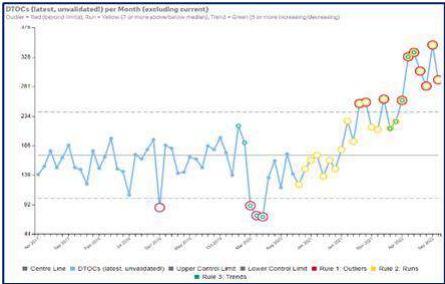
Delivering care closer to home

Reducing admissions and time spent in hospital

Supporting older adults to live well and independently is a core component of the Health Boards’ plan for a sustainable health and care system. We know we need to deliver improvement for this section of our population in our service offer. Redesigning services for older people is a Clinical Futures priority programme.

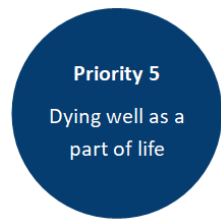
Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (Sep 22)		Current reported position (Dec 22)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 4 - Older adults are supported to live well and independently	Prevention and keeping older adults well	Increase in older people in good health	Indicator to be developed						No data	Indicator to be developed.
	Delivering Care Closer to Home	Increase in Rapid Response within 4 hours	38%	50%	Q1 2022/23	35%	-	-	Deteriorated	Due to a cyber incident in Aug 22, it is not possible to provide a Q3 update. Decrease in indicator value over the last 12 months across all 4 Local Authority areas (excludes Monmouthshire).
		Reduction in the number of short stay patients (<7 days)	12%	5%	Q2 2022/23	13%	Q3 2022/23	13%	Similar	Short stay patients have remained at 13%
		Reduction in average LOS case load	39.9 days	30 days	Q1 2022/23	52.7 days	-	-	Deteriorated	Due to a cyber incident in Aug 22, it is not possible to provide a Q3 update. Significant increase (32%) in indicator value.
	Reducing admissions and time spent in hospital	Increase in Admission avoidance (month)	71	100	Q1 2022/23	68	-	-	Improved	Due to a cyber incident in Aug 22, it is not possible to provide a Q3 update. An improvement in the indicator value across all 4 Local Authority areas (excludes Monmouthshire).
		Decrease (from 65 - 55%) in LOS over 21 days	65%	55%	Q2 2022/23	56%	Q3 2022/23	51%	Improved	Decrease in the indicator from 56% (Q2) to 51% (Q3)

The ‘Delivering Care Closer to Home’ outcome has seen a deterioration in 1 indicator values, however, a Cyber incident in August 22, has impacted on the system that captures and hosts the data therefore it is not possible to provide a December update for 3 of the metrics. At the end of Quarter 1, Rapid response within 4 hours had decreased across all 4 reported Borough areas (data excludes Monmouthshire) from 38% to 35%. There was also an increase reported in the average length of stay of case load. This is most notable in Blaenau Gwent and Newport Boroughs. The ‘reduction in number of length of stays over 21 days’ indicator value has improved and an decrease from 60% to 56% has been observed, with now over 600 patients in hospital with a length of stay greater than 21 days.



Older people, including those receiving acute care, active treatment including rehabilitation and those who are waiting to move to the next phase of their pathway occupy approximately 430-450 beds in our acute system and up to 50% of these people are designated medically fit for discharge. This is a core area of focus for action through the Redesigning Services for Older People Programme.

For the winter and quarter 4, this is an area of focus in partnership with the Integrated Service Partnership Board and Regional Partnership Board structures, to support the care home sector, enhance our Rapid Response Model, and access to hot clinics, providing single points of access and direct admissions pathways.



Our Outcomes:



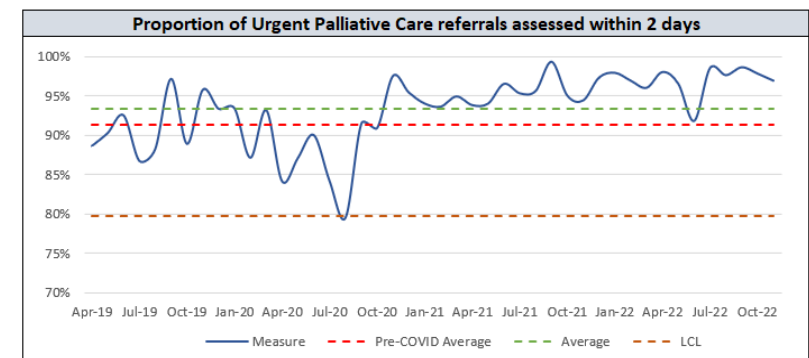
The IMTP sets out the commitment to continuously improve what we do to meet the need of people of all ages who are at the end of life. The measures represent indicators to support the organisations understanding of how it is delivering in this area to support the population to die in their place of choice and have access to good care.

Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (Sep 22)		Current reported position (Dec 22)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 5 - Dying well as part of life	Improve care at end of life	Decrease in the % of hospital as a place of death	53%	40%	2022	50%	-	-	Improved	Decrease reported over the last 3 years.
		Increase in compliance of issuing of Medical Certificates within 5 days	81%	90%	Q2 2022/23	83%	-	-	Improved	The reported rate is similar to baseline value and therefore current performance levels have remained. Target to be amended from 5 to 7 days.
		Reduction in complaints	Indicator to be developed						No data	Indicator to be developed.
	Improved planning and provision of end of life care	Increase in proportion of Urgent Palliative Care referrals assessed within 2 days	91%	95%	Q2 2022/23	99%	Q3 2022/23	99%	Similar	Significant improvement in the indicator value since July 2020 and on track to meet target.
		Increase in the number of Advanced Care Plans in place	Indicator to be developed						No data	Indicator to be developed.

For the ‘Improved planning and provision of end-of-life care’ outcome, there has been a significant increase in the proportion of **Urgent Palliative Care referrals assessed within 2 days** since July 2020 and a further increase from 97% to 99% during Quarter 2 and Quarter 3.

Further outcome measures and indicators are still being developed nationally and this priority will evolve to incorporate the relevant outcomes.

The Health Board is leading the way in providing compassionate, personalised support for bereaved families. The priority for the Care After Death Team, which unites the Health Boards bereavement and mortuary services, is to look after families at an emotional and sometimes distressing time. Across the Health Board, the service provides a single face-to-face support function covering from the passing away of a patient, up to the release of the patient to funeral directors and preparation of documentation. During Quarter 2, the percentage of medical certificates issues within 5 days was reported at 83%, an increase from 80% reported during Quarter 1. The Care After Death Team are continuing to implement the national bereavement framework pathways across ABUHB and are exploring the opportunity to implement a 7 day service.



Key Enablers

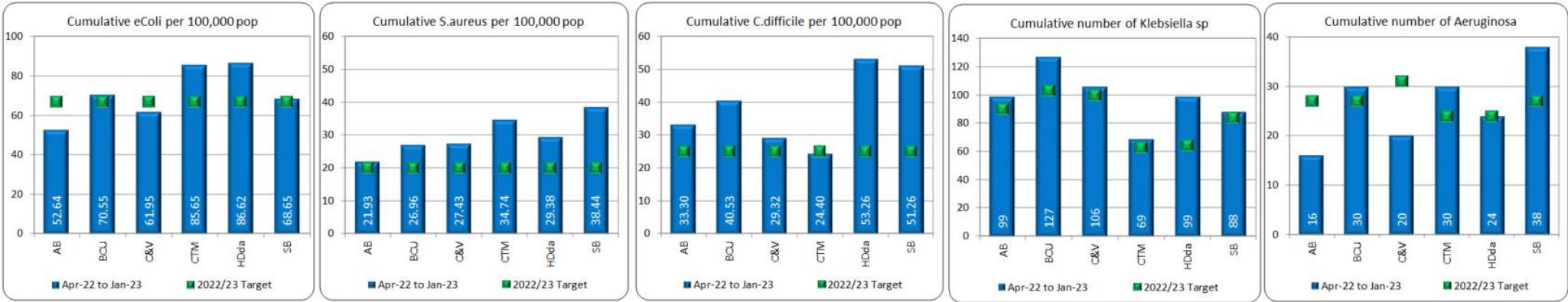
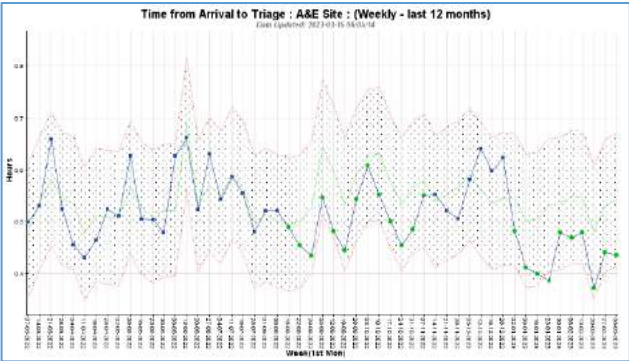
Quality and Safety

Quality and safety is at the centre of our work to secure improvements in the quality of care and services we deliver and to improve outcomes for the population we serve. A patient quality, safety and outcomes dashboard has been developed around the themes of the Health and Care Standards (HCS) and is reported weekly to the operational group and directly to the committee in order to provide assurance in relation to priority areas that are deemed to be higher risk.

Urgent Care remains one of the top organisational risks, an issue mirrored nationally, with the Emergency Department at Grange University Hospital seeing an increasing trend in the number of attendances. The Health Board is committed to delivering safe and effective care to the population of Gwent and in order to be able to identify the level of risk within the department, a clear focus has been placed on triage which will have an impact on the time for a patient to be seen by a clinician. Knowing the triage category of patients helps to manage the risk for individuals. Whilst the target of <15minutes for triage has not yet been met, the Health Board has been operating either in-line or below forecasted levels. A focus has been on addressing the increasing trend in ambulance handover times and a review of criteria, which enable patients to be moved from ambulance to sit within the department has been undertaken. In addition, a Standard Operating Process (SOP) has been developed which references the actions required when there are off-loading delays for patients, and in particular, to ensure the release of red requests.

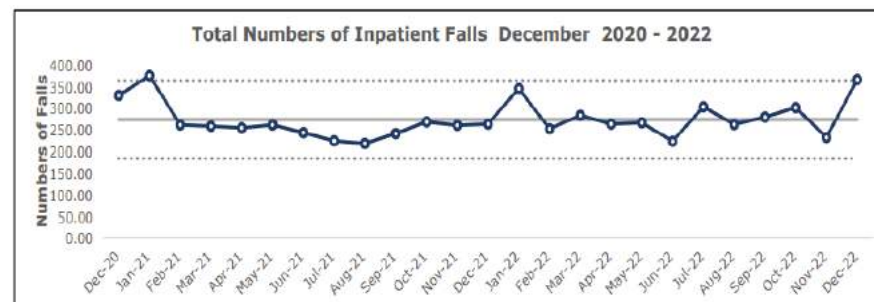
There were on average **674 patients per month waiting in ED >16hrs** during Quarter 3 and the time **bed allocation remains high at an average of 13.6hrs**. Quality metrics are regularly monitored by the Senior Management Team (SMT), the Divisional Management Team (DMT) and escalated accordingly. Patient falls, medication incidents and violence and aggression incidents are reducing.

The Health Board has the lowest rates of S.aureus, Aeruginosa and eColi per 100,000 population across Wales. Whilst the 22/23 target rates of C.difficile have not yet been met, there has been a reduction in rates from 33.77 (Quarter 2) to 32.26 (Quarter 3) per 100,000 population.



Falls

Analysis of data associated with Inpatient (IP) falls management continues to be monitored over a two-year rolling period to provide assurance. This approach identifies any changing trajectories or statistical variation in the numbers of falls incidents. The mean average number of monthly falls for ABUHB was 274 between December 2020-22. October saw a rise in the number of reported falls to the highest levels since January at 304 and 302 respectively. This has been followed by a significant upward trajectory in December 2022 to 367 which is aligned to the upper control limit. 91% of the falls incidents reported are categorised as no or minimal harm.



Outcomes and Performance Summary

Further details on the individual outcome measures are provided in Appendix 1. Overall, the indicators show that the Health Board is making some progress in key areas. Childhood immunisation rates have been sustained across both measures, breastfeeding rates have increased across Gwent and a reduction in paediatric patients waiting over 36 weeks has been observed.

In relation to our adult population, progress is mixed. We are making progress in cancer survival and improved Mental Health resilience which reflect longer term outcomes. However, in relation to making the best use of an individual's time, progress is challenging due to the urgent care and post pandemic pressures in our system. This demonstrates the importance of our Clinical Futures programmes which is focussing on urgent care and planned care. Similarly, in relation to supporting people to live well in the community, the system is holding too many patients in hospitals, and consequently redesigning services for older people is a fundamental component of the Clinical Futures Programme, and a key focus for our population through Regional Partnership work programme. Many of the metrics are still very much process measures and more work is underway during 2022/23 to look at more outcome-based measures and their reporting timelines.

2. IMTP PRIORITY PROGRAMME UPDATE – QUARTER 3

The IMTP set out key priorities based on understanding the system and what will deliver the biggest impact and improve the sustainability of services for the local communities.

The Health Board delivers these priorities utilising a Programme Management approach through the Clinical Futures Programme Team. By their very nature, these key strategic priorities are complex, system wide and the programmes of work we are designing to implement these changes will be realised incrementally over the life of this three-year plan and beyond. Notwithstanding this, progress against each priority for Quarter 3 are shown below.



1. Urgent and Emergency Care Improvement (6 Goals)

The Health Board has seen broadly positive momentum through each of the goals in the context of significant operational pressure. Engagement with Welsh Government continued to build momentum with national goal lead representation at programme board.

Some areas of progress include:

- A 'high intensity user service model' exists, where referrals are made to a Lead Nurse who is able to make the right social referral required to support the patient in safe discharge. A business case is being developed to support the expansion of this.
- Same Day Emergency Care (SDEC) at the Grange University Hospital opened in August 2022, largely receiving General Surgery patients, however, there are plans to maximise the capacity offered by SDEC by integrating acute medicine into the model.
- SDEC at Ysbyty Ystrad Fawr opened during quarter, seeing 'ambulatory' medical patients referred from the AMU.
- Respiratory Ambulatory Care (RACU) funding has been extended to March 2024 with the centre established in the Royal Gwent Hospital.
- ABUHB has received funding via the Six Goals national 'Innovation Fund' to support implementation of an electronic Triage solution for ED and MIUs in Quarter 2 2023/24, in order to improve clinical visibility and improve patient experience.



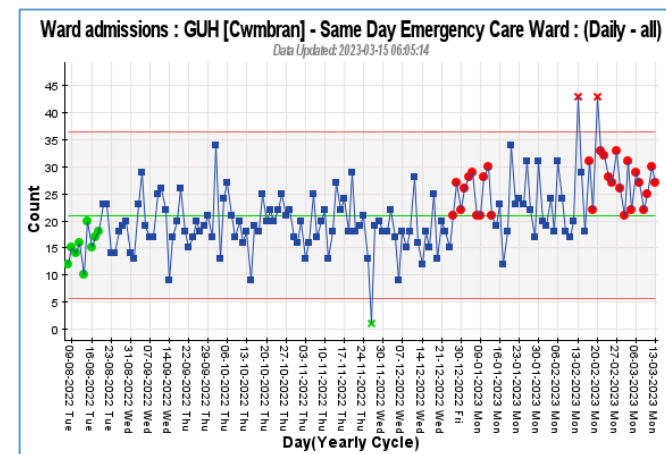
Why is this a priority?

Prior to the pandemic, the situation in Emergency Departments was increasingly difficult, with demand soaring and the percentage of people being seen within the four-hour target reaching an all-time low over the 2019/20 winter. Since the start of the pandemic, ED attendance decreased significantly which led to performance improvements. Since lockdown eased, demand has steadily risen, and a greater number of people with serious problems are presenting themselves in our urgent and emergency care system.

- Ambulance handover improvement is a key focus for the programme and there are plans to pilot a push model of flow during Quarter 4 to encourage timely referrals of patients to specialities at given times of the day.
- A re-energised discharge planning framework has been launched in collaboration with the Delivery Unit. So far, training has been completed at eLGH sites with focused engagement led at 3 wards on each site to engage staff and generate ideas for improvement.
- A business case has been approved to provide additional Front Door Therapies staff dedicated to ED to support 'home first' approach. The first team started in late December with ongoing recruitment to additional therapies posts.
- Homeward bound nurse led wards have been developed at two eLGH sites for medically fit for discharge patients with the aim that this provides more suitable care for those not requiring regular medical intervention and encourage reablement.

The establishment of SDEC is an important addition to our emergency care services and provides significant opportunities to stream patients from same day to next day and act as a catalyst for speciality ambulatory service development. Since the opening of SDEC at the GUH, 3,187 patients have been seen (average 20-25 daily attendances) all discharged the same day with a median length of stay time of 3.6 hours. Since the opening of SDEC at YYF, 506 patients have been seen.

Further development of acute medicine at the Grange University Hospital are linked with the broader review of acute medicine across our eLGH hospital network. Phases 2 and 3 of SDEC roll-out will increase connections to community services via the Flow Centre and support the redirection of attendances from the Emergency Department (linked to eTriage opportunities) in quarter 4.



2. Enhanced Local General Hospital

This workstream is focused on optimising the design of the hospital network across the Health Board, This programme oversees capital developments for both major schemes and the utilisation of existing spaces to support recovery and ultimately the delivery of a sustainable system of care. In addition, the remit has been expanded to consider the future acute medical model for the eLGH sites and options for long term sustainability of service delivery.

Some areas of progress include:

- Commencement of the Breast Unit at YYF during quarter 3 following Welsh Government approval. The unit will offer a wide range of services, tailored to meet the specific needs of patients. It will focus on timely, effective access to treatment, ensuring person centred care is at the forefront when delivering our breast care services.
- Works have commenced for the Satellite Radiotherapy Centre at Nevill Hall Hospital. It is anticipated that the SRU will open Autumn 2024.

Why is this a priority?

The Enhanced Local General Hospital structure was established when the GUH opened in November 2020. The roles of the Royal Gwent (RGH) and Nevill Hall (NHH) Hospitals changed to be more similar to Ysbyty Ystrad Fawr (YYF). The eLGH model provides local emergency care services, outpatients and diagnostics, planned care day case and inpatient surgery and medical inpatient beds on all 3 sites. They hold key roles in providing direct emergency care and supporting patients who have received emergency and inpatient care at the GUH but who are not yet ready for discharge due to ongoing care needs including rehabilitation. In addition, each eLGH is developing specialist Health Board wide or regional services roles, for example the Breast Care Unit at YYF and the proposed developments of local cancer services at NHH.

- 'Home Ward Bound' to support those who are medically optimised to discharge be established at 3 enhanced Local General Hospitals. Implementation in process, first facility opened in early December 22.
- Establishment of Acute Medicine workstream to review workforce and patient flows post the GUH opening and the establishment of the eLGH acute medicine model.
- Stabilisation of junior medical staffing for the acute medicine model with collaboration from HEIW and a revised rota for the August 2022 intake.

3. Redesigning Services for Older People

The system urgently needs further transformation to ensure that older people can access evidence based clinical interventions that respond to their needs, in the context of what matters to them and ensuring that the care they receive helps prevent dependency now and later in life.

Some areas of Progress include:

- The full Programme Board is now established and the delivery plans for workstream 1 – early intervention and workstream 2 – ambulatory care and admission avoidance.
- Funding was awarded for 3 workforce sustainability & transformation (RIF) winter bids to support and/or expedite activities in Workstream 1, which includes additional Community Resource Team staff to bolster out of hospital care and prevent avoidable hospital admissions and expedite discharge, increased Urgent Responsive Care (Emergency Care at Home); and focus on supporting the Proactive Frailty (HRAC) cohort who we know are high users of our hospital system. This is to support system safety over the winter and test intervention to support capacity gaps.
- The mapping of resources to target limited resources in the right area and is supported by the Value Based Health Care team.
- Comprehensive staff engagement for Workstream 1 and 2 has commenced
- Assessment of unmet need for further Hot Clinics has progressed with a proposal in development.
- Scoping for the potential for a small-scale proactive frailty pilot
- Work progressing to develop a Emergency Care at Home model to support people at home, including out of hours, across all areas and recruit overnight HCSWs.

Why is this a priority?

The importance of getting things right for older people has been reinforced through our dynamic planning approach. It shows, in the starkest of terms, the cost to our system because the offer to older people falls short of what is needed to support them to live well and independently. As we emerged from the direct impacts of COVID-19 emerged, older people including those receiving acute care, active treatment including rehabilitation and those who are waiting to move to the next phase of their pathway occupy over 430 beds in our acute system, up to 50% of these people are designated fit for discharge.

4. Neighbourhood Care Network Development Programme (Accelerated Cluster Development)

A core programme team is established and includes the Clinical Director for Primary Care, Workforce, Finance, Planning and Clinical Futures Programme support to develop a local programme plan to deliver a regional response to the nationally set ministerial milestones. The focus to date has been to undertake core briefing and engagement work to establish the professional collaboratives, and an NCN office to enhance support for front line staff in planning and delivering for their local population, and undertake the readiness assessment exercise and closing the required actions.

Why is this a priority?

The Primary Care Model for Wales set out how primary and community health services will work within the whole Public sector system to deliver Place-Based Care. Collaborative work is at the core of this bringing together local health and care services to ensure care is better coordinated to provide care closest to home and promote the wellbeing of people and communities.

Some areas of progress include:

- Recruitment and establishment of NCN Office (including business support, workforce transformation, and service improvement expertise) to increase capacity and capability for NCN led population-based planning and service delivery.
- Welsh Government readiness assessment submitted.
- Population needs based planning framework developed and socialised.
- Developed Population Needs Toolkit to inform NCN and Pan-Cluster Planning.
- Engagement with RPB and Integrated Service Partnership Boards regarding the latter adopting the function of the Pan-Cluster-Planning Groups.
- Facilitated workshops to support each Integrated Service Partnership Board to develop their Integrated Three-Year Plans by December in line with ministerial milestones.
- NCN office supported NCNs in delivery of their plans including supporting evaluating and scaling up projects.
- Professional Collaboratives (where established) have begun to respond to published population needs assessments (such as RPNAs due to be published in April 2022) and identify their service gaps and developments in response to Welsh Government planning guidance.

5. Planned Care Recovery

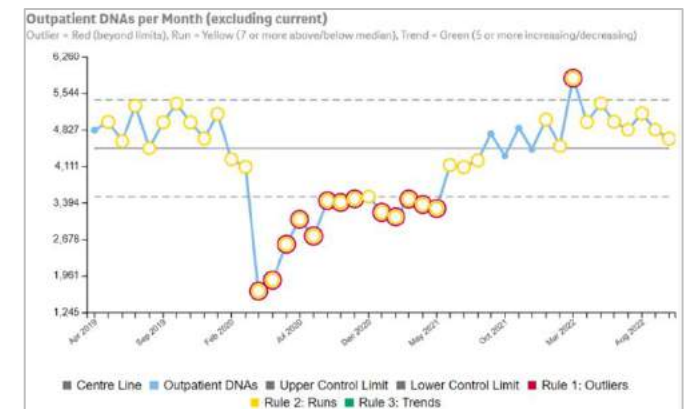
In April 2022, Welsh Government published the 'Transforming and modernising planned care and reducing waiting lists' plan to encourage focus on key areas. These are: transforming outpatient services; prioritising diagnostic services; early diagnosis and treatment of suspected cancer patients; patient prioritisation to minimise health inequalities; very long waiters; building sustainable planned care capacity; and improving communication and support. These national objectives are in line with those identified in our IMTP and continue to endorse our focus on these key areas of recovery. An update on performance measures can be found [within the outcomes and performance summary](#).

Some areas of progress include:

- Development of 12 new seen on symptom/patient initiation follow-up outpatient pathways. One-stop treatment unit at RGH open at part of a phased implementation to undertake general surgery lumps and bumps, colorectal infusions and dermatology.
- Implementation of outpatients DNA Plan (currently 7.26% against a 5% target) and Hospital Cancellation Plan (currently 18,950 compared to 40,952 in 21/22).
- Evaluation of outpatient clinic space allocation and utilisation undertaken (pre-covid vs current) to maximise facilities and assist with reduction of waiting lists.
- Progress in the theatre utilisation workstream with an initial focus on day case activity which will be supported with the development of a day case dashboard.
- Collaborative working between clinicians and Value-Based Health Care team to prioritise initial health care pathways for localisation based on national and local priorities.
- Regional cataracts and Vitreo-Retinal project started, supported by a three-stage plan.

Why is this a priority?

During the pandemic, services had to be paused to respond to the immediate demands and challenges of COVID-19 and capacity has been reduced by infection prevention and control requirements. As a result, the number of people waiting – and the time people are waiting – for planned care services are now longer than ever. This position is further exacerbated by those who did not access health care during the pandemic and in addition to the backlog of patients known to the services there is a potentially significant cohort of 'unreferred demand'.



- Regional Business Case for Welsh Government funding for cataracts expansion developed.
- Protocol for accelerated imaging of cancers diagnosed at endoscopy was implemented at the end of quarter 2.
- IR Rapid Biopsy pathway has reached its 7-day target in 2 major sites (lung and liver) with service expansion plans ongoing.
- MSK workstream recruitment commenced with identified accommodation for the soon to be launched community therapy MSK pathway service.
- MSK Orthopaedic Improvement steering group established and improvement action plan developed.
- Patient Activation and Access workstream initiated

6. Maximising Cancer Outcomes

Planned Care and Cancer Services are interconnected; it is the same workforce, accessing the same diagnostic and treatment capacity.

Some areas of progress include:

- Significant progress has been made in establishing the Transforming Cancer Services Programme and identifying and distinguishing areas of work and activity
- Instigation of a Clinical Reference Group (Inaugural meeting 30th September).
- A clear action plan of work has been developed following two Cancer workshops held, resulting in the identification of four priority areas (14 days to first contact, Outsourcing pathology, Pilot of Cancer Navigator, and Real Time demand and capacity modelling), and the development of a 46 point Implementation Plan.
- The Cancer Board has been focussed on developing the four priorities, with leads allocated, activity underway and monthly reporting to the Board. Progress includes: improvements in 14 day to first contact in Lung, Haem and H&N; Patient Flow Navigator funding secured for priority area pilot; outsourcing agreed and; Demand and Capacity Dashboards created
- Continued focus delivery against 62 day pathway, and ministerial challenge to achieve 70% by March 2023.
- Roll out of Business as Usual Implementation Plan with allocated owners.
- Agreement of Outsourcing pathology paper to support improvements to diagnostic access will increase timeliness and throughput.
- Developing of a business justification case for the proposed Cancer Centre at Nevill Hall Hospital.
- Cancer Partnership Board agreed (between VCC and ABUHB) and operational meeting initiated
- Stakeholder mapping completed.



Why is this a priority?

Cancer outcomes need to be improved. The Single Cancer Pathway, supported by Optimal Cancer Pathways for individual tumour sites, provides the roadmap to shorten diagnostic and treatment pathways once a person is suspected as having cancer. The Cancer Strategy, Delivering a Vision 2020-2025 sets out the broader context with prevention, early detection, patient experience, living and dying with cancer, cancer research and access to novel therapies also key components of the approach to transforming cancer services for our population.

Whilst it is too early to be able to measure the impact of successive pandemic waves on morbidity and mortality for cancers, there is concern that a reluctance by patients to attend primary care and hospital, together with the temporary suspension of national screening programmes and longer waiting times for diagnostic tests and treatment will result in patients presenting at a later stage in their cancers which will make improving cancer outcomes more challenging.



7. Public Health Protection and Population Health Improvement

As a population health organisation reducing health inequality and improving health is at the core of everything we do. Our long-term ambition to reduce demand for healthcare is fundamental to a sustainable system of care. This can only be achieved through systematic, population scale interventions that target the underlying causes of poor health, such as lifestyle choices and socio-economic deprivation, and the uptake of screening to improve early detection and optimal treatment of disease.

Some areas of progress include:

- Developed Covid-19 urgent plan for TTP for Autumn/Winter or new variant and completion of associated training
- 73.3% of the eligible population for COVID-19 booster have been vaccinated
- Over 5,500 patients have received a flu vaccine via mass vaccination centres since opening
- Project Initiation Document completed for Direct Observation Therapy.
- Development of the Integrated Health Protection Service business case.
- Testing to continue developing Project Initiation Document for Direct Observation Therapy.
- Principles document to support admitting residents into a care home in outbreak with Covid-19 or flu. completed
- Testing commenced to use an improved reporting tool to produce care home outbreak reports.
- Continued Monkeypox vaccine clinic organisation and delivery
- Support Hepatitis B and C elimination plan through reviewing action plan and population level data review
- Diphtheria screening pathway produced with colleagues in line with UKHSA guidance and case definitions

8. Mental Health Transformation

The vision is to provide high quality, compassionate, person-centred mental health and learning disabilities services, striving for excellent outcomes for the people of Gwent. There are 2 transformational Programmes (Whole System, Whole Person Crisis Support Transformation and Complex Needs) that will deliver this vision. There are multiple projects that sit under both Programmes including:

- 111 press 2
- review of Primary Care Mental Health Services
- in patient ward remodelling
- reviewing complex needs pathways
- strengthening crisis assessment and home treatment services
- improve transport for patients in crisis

Why is this a priority?

COVID-19 has shown a spotlight on the inadequate level of preparedness for the challenges faced by our population, our workforce, and our services. The level of ambition for Public Health Protection (including preparedness for managing infectious outbreaks, contact tracing, protecting most vulnerable populations and workforce, effective surveillance and higher vaccination uptake must be stronger.

Why is this a priority?

Throughout 2021 we set out and discussed our proposals to Transform Mental Health Services with our population. The detrimental impact of COVID-19 on the mental health and wellbeing of our population has been significant. Demand is likely to exceed capacity threefold over the next three to five years with significant increases in conditions such as severe anxiety under pressure and disproportionate impact on individuals with existing mental health conditions. Demand for mental health services is sharply increasing and we need to find ways of supporting people earlier within the community to better support crisis prevention and recovery.

Through a single point of access, we will develop a variety of sanctuary services (in Emergency Department and community), shared lives, acute inpatient provision, housing tenancy and support, mental health support for first aiders, crisis assessment, home treatment and liaison, and Support House.

Some areas of progress include:

- Digital patient stories have been completed.
- Point of contact – 111 recruitment of staff completed for mental health point of contact roles; 1st cohort of staff have been recruited.
- Expansion of Memory Assessment Service provision; 4 Advanced Nurse Practitioners employed to support timely assessment & diagnosis.
- Since the opening of Ty Cynanol Crisis/Support House at the end of 2021/22, 90% of the patients that have been admitted onto Ty Cynanol have prevented them from being admitted into the wards.
- Programme manager recruited to lead implementation of Learning Disabilities Community Services Review outcomes.
- Outline Business Case for 65 bedded Mental Health Speciality Inpatient Services Unit developed
- Expansion of Shared Lives for Mental Health.
- Diagnostic assessment service for adults with ADHD commenced in July 2022.
- Continuation of ED sanctuary extended until March 2023.



9. Decarbonisation (Net Zero)

Some areas of progress include:

- The Health Board is the first in Wales to totally remove with immediate effect the use of Desflurane, an inhalation anaesthetic agent which is one of the most polluting agents in modern practice. 1 hour of general anaesthetic with Desflurane is equivalent to driving between 200-400km in a car. By switching to Nitrous Oxide, the carbon footprint will be reduced by 50-75%.
- Executive and workstreams leads have been agreed for all 4 of the workstreams including governance structure & reporting. A total of 46 targets across the decarbonization workstreams have been identified by Welsh Government, of which 35 have been aligned to local plans and the remaining 11 initiatives sitting with WAST and NWSSP.
- Funding awarded via the Health & Social Care Climate Emergency Funding scheme to 2 successful bids. The first bid to support the elimination of Desflurane across the Health Board (successful outcome noted above) and the second bid to work in collaboration with Powys Teaching Health Board on a joint Biodiversity contract to evaluate potential Health Board sites for Carbon off setting opportunities.
- Roll out of Electric Vehicle Charging points has been completed and additional charging points for RGH as part of a new capital bid has been made.

Why is this a priority?

Welsh Government declared a Climate Emergency in 2019 and set out their ambition that the public sector in Wales should be in a carbon 'Net Zero' position by 2030. The response to the pandemic had demonstrated how significant and impactful changes can be incorporated into day-to-day life of the public and the approach to work for example remote working. Our ambition, now, is for a sustainable and healthy recovery with concerted actions within and across our system to tackle the climate emergency.

- Continued progress on the ReFit programme with the tender specification and contract documents developed in order to deliver efficiency and renewable energy solutions.
- Continuation of Sustainability in Quality Improvement (SusQI) sustainable health care training, funded through ABCi, throughout quarters 3 and 4.
- Continuation of ReFit project with collaborative working between the Health Board and Welsh Government to design and deliver an efficiency and renewable energy solution. Tender specification is now complete and ready to commence the procurement process.
- Progression of the outcomes of the solar panel report looking at roof space alternatives for solar panel systems.

10. Agile Working

Some areas of progress include:

- Delivery plan to support the roll out of the Agile Framework has been developed.
- Mapping of staff at St Woolos has been completed to support the assessment of re-accommodation of existing requirements on the RGH site and other sites.
- Progress made at Grange House with next steps to review all space as an opportunity to increase agile working space or well-being working area.
- Additional space at Caerleon House with 8 agile spaces created within the open plan area and an additional 3 meeting rooms that can also be utilised.
- Good agile working arrangements in place with 30% of staff working in an agile manner, thus meeting the Welsh Government target.
- Outcomes of survey requesting staff feedback regarding agile working analysed and some highlights include 77% of staff having a view their role allow for agile working and 87% having a very good experience of agile working.
- Desk/room/site booking system agreed with clear specification.

Why is this a priority?

Welsh Government have developed an approach to agile working following the need to work differently through the recent Covid 19 Pandemic. Based on service needs, providing a variety of options for employees on where, and how they want to work. It means offering mixed-use spaces with a variety of services, workspaces, and environments. More modern agile workspaces are not just about working from home, hot desking and sharing office space, but changing the cultural mind-set and ensuring working environments support break-out spaces to encourage communication, providing areas for impromptu meetings and collaborative work.

Summary

Whilst there is progress across all priority programmes, some are more advanced than others. However, all programmes are established as of quarter 3 with governance and structures in place. The last quarter of the financial year should expect to see greater emphasis on delivery and more robust plans that can assess the opportunities to support the financial challenges and the key metrics to measure success and impact.

4. IMTP PLANNING SCENARIO – QUARTER 3

As part of the IMTP submission the organisation was required to submit a Minimum Data Set (MDS) outlining a profile of activity for the year alongside forecast performance and workforce information. This information has been updated for the third quarter and a full data set presented in the refreshed MDS at Appendix 3.

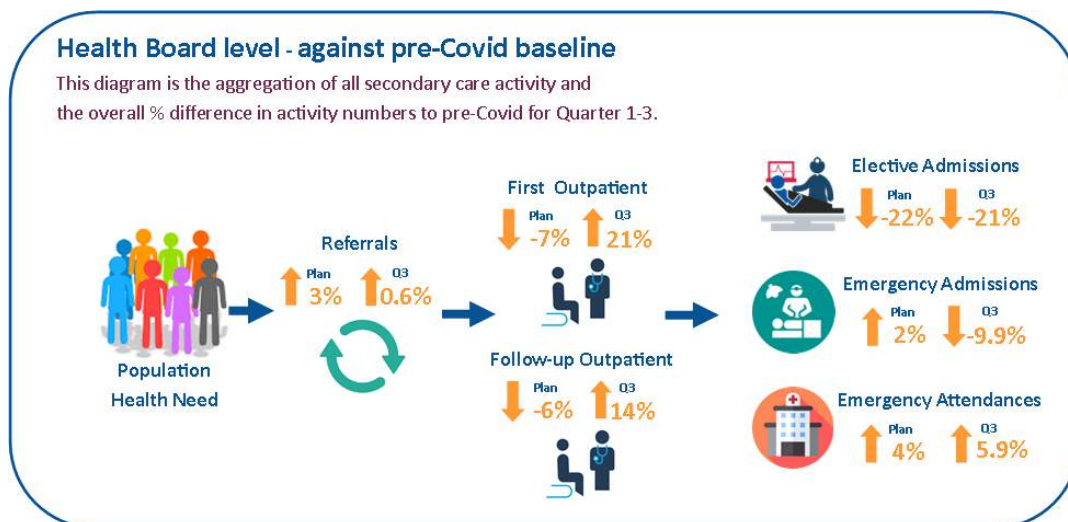
As set out in the IMTP, the Health Board adopted a dynamic planning approach for secondary care to understand the potential demand, risks, and capacity requirements of the system. By working with each clinical team by specialty using real time data, realistic workforce assumptions, emerging experience of how patients are returning to their services and known system constraints for our IMTP we developed a clear understanding of:

- The baseline position
- Predicted demand on the system (this includes known backlog, and a clinical assessment of unreferral needs in our communities)
- The capacity needed in comparison to what is available
- How much has changed and what is the new normal
- Most likely/realistic activity profiles in context of known constraints
- Potential impacts on population health
- A realistic 'most likely' scenario

The Planning scenario has, in aggregate form, largely followed as predicted by the services and is in line with the pressure on the availability of capacity due to delayed discharges and length of stay. Outpatient activity is ahead of projections as of Quarter 3, reflecting the priority that services are placing on addressing the longest waiting patients and managing demand.

- Referrals during Quarter 3 are lower than pre-Covid range and the predicted increase has not yet materialised
- Overall, there have been significant increases in the numbers of first and follow-up outpatient appointments delivered across all services returning quickly to pre Covid levels
- Increases in first outpatient appointment activity has been sustained and in line with the re-forecasted trajectories.
- Elective inpatient activity is operating as the forecasted scenario despite staffing challenges and urgent pressures.
- Bed occupancy is in line with the forecast, with utilisation for non-protected areas running at 95% - 97%.

With continued pressure on our urgent care system, sustained levels of staff sickness and sustained issues with patient flow given the high numbers of medically fit patients who are unable to be discharged, maintaining performance at this rate and prevention of further deterioration is an achievement.



MDS Highlights

The Q3 review reflects the organisation is planning appropriately for activity which is broadly in line with the planning scenario. The following changes have been noted this quarter:

Improvements:

- Improvement in the number of new face to face outpatient appointments above projected from 27,669 to 32,174
- Improvement in the number of follow up outpatient appointments above projected from 44,535 to 53,877
- Increase in the number of elective day cases
- Cancer performance has been sustained at the forecast at 50-55% compliance with the outsourcing of diagnostic to support the improvement to 60% by the end of the year

Areas to look at in Q4

- Endoscopy - the re-forecast was revised in Q2, however, due to the urgent and suspected cancer demand the routine forecasts are likely to be revised down further
- A and E attendances - attendances were above forecast during Q3.

Waiting lists

The Health Board continues to make progress in the reduction in the volume of patients waiting for planned care treatments and outpatient appointments. There has already been significant progress in bringing down the longest waiting patients in the last six months. There has been a full review of the waiting list, cohorts, our rate of current additions and unreferral demand scenario (this was the consideration of patients who did not come forward during the pandemic but may now enter the system). Services continue to review their plans focusing on treating those that have waited the longest whilst balancing the urgent and prioritised work. As noted in the report whilst this influences RTT performance it is in keeping with the principles of treating the patients with the greatest clinical need first.

As at Quarter 3 there are 4 specialties who remain a focus for the Health Board with targeted support and review; Ophthalmology, ENT, Orthopaedics, and Urology. It is forecasted that all 4 specialties will have patients waiting for more than 104 weeks for treatment by March 2022, however for first Outpatients all but ENT are in a realistic position to have no patients waiting for a first out patient appointment. Gynaecology, Max Fax and General Surgery have made significant improvements to performance and removed the longest waiting patients from the lists.

With the rate of referrals and current focus on treat in turn, there is a risk of greater waiting list growth due to the profile and will mean the Year 2 position may be even more challenging without changes in activity.

Unreferred Demand

The planning scenario in the IMTP was predicated on unreferred demand presenting during Year 1 of this planning cycle. We have factored this scenario into our demand and capacity assumptions on a specialty by specialty basis. It is still early to start to draw any firm conclusions on the presentation of unreferred demand for Q3. Overall the numbers forecasted have shown that unreferred demand for Gynaecology has returned to the system and therefore presents a risk in Year 2 treatment capacity, General Surgery has also seen an increase in the number of urgent referrals and indicates unreferred demand has returned, Orthopaedics has not seen this increase or the return of unreferred demand, and maybe due to the nature of the specialty this may be seen in Q4 and Year 2. There are increases in emergency activity, and increased referrals for Gynaecology, General Surgery and Gastroenterology. This suggests patients who did not get referred in during the pandemic are now presenting in our emergency care system.

Cancer

The Cancer forecasts for the numbers of referrals and patients starting treatment are in line with the forecasted planning scenario. The Suspected Cancer Pathway compliance has deteriorated against forecasted performance this quarter. There is a recovery programme of work in place to improve this position, however it is prudent to reforecast the yearly profile at this point. The expected compliance is expected to be maintained at around 50% -55% with an aim to reach 60% by the end of the year and a best-case scenario if the diagnostic pathway capacity issues are resolved in year.

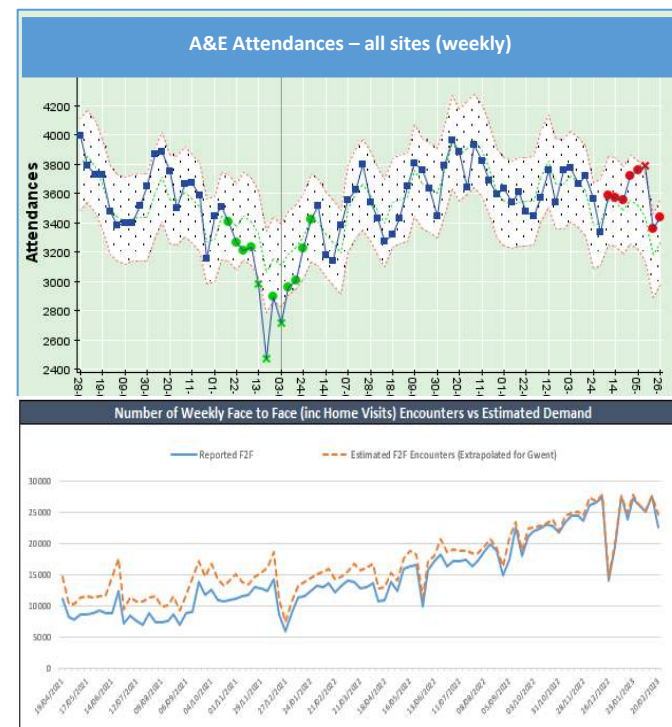
Urgent Care

Overall, the Quarter 3 forecasts were in line with the actual activity for ED attendances. Attendances were higher than forecasted during December and this increase in demand has been a significant challenge on an already pressured system. Emergency admissions are in line with the forecasted position and the forward projections will not be amended.

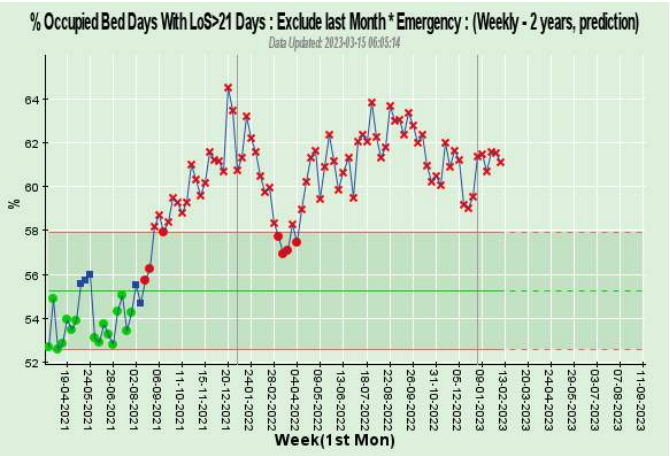
Primary Care

The following is noted for Primary Care in quarter 3 and continues to influence the forecasted projections:

- GMS activity levels have increased with more face-to-face activity. Increased demand is reported by practices. Nationally estimates vary from 9 – 18% (NHS England, RCGP, 2022) with inter-practice variation.
- GP referrals for urgent assessments via Rapid Response, Emergency Departments or Assessment Units has been maintained at pre-pandemic levels.
- Community hospitals are continuing to operate with maximum surge capacity open, this continued position has not been descaled as forecast.
- The greatest proportion of bed days lost for patients with complex needs awaiting discharge from hospital are associated with allocation of social workers this continues to be noted particularly in Newport and additionally Caerphilly in Quarter 3.



Bed Plan



The bed plan has continued to follow the overall expected occupancy levels and demand patterns. During Quarter 3, the Medicine Division were running at 99% occupancy against their bed plan and the Community Division at 107%.

Beds occupied by patients cared for by Care of the Elderly was in line with forecast and continues to drive the need for additional inpatient capacity which present associated workforce challenges.

Whilst the numbers admitted as an emergency who stay over 21 days has seen an improvement through Q3 returning to pre Covid levels, the percentage of occupied bed days remains out of range.

Summary

This report provides information to support the organisation to understand the progress it is making against the IMTP and enable effective decision making looking to future quarters of activity.

Overall, there has been sustained performance in this quarter in line with the forecast activity levels, with increases in activity and strong indicators that the Health Board is recovering activity to pre-Covid levels. The forecasts for quarter 4 will remain with a note of caution due to continued demand pressure on all parts of the system with particular attention to social care capacity and front door demand.

The Quarter 3 assessment set out the organisations understanding of its system and plans remains robust and the priority decisions made in the IMTP remain valid areas of focus now and into next year’s IMTP planning.



Priority Indicator Summary

Quarter 3

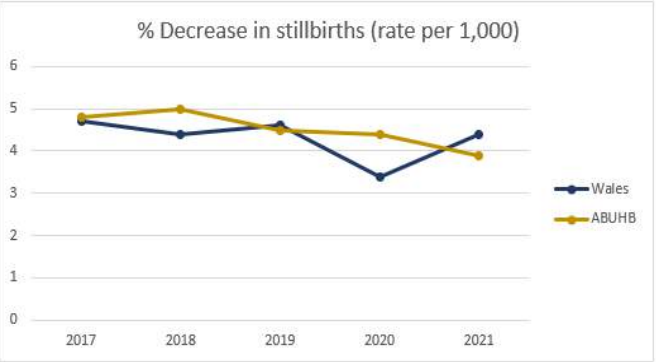
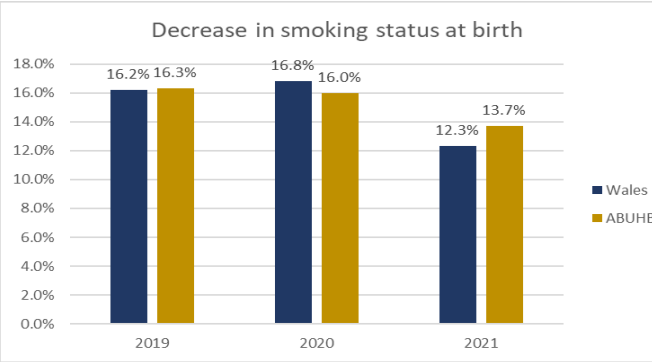
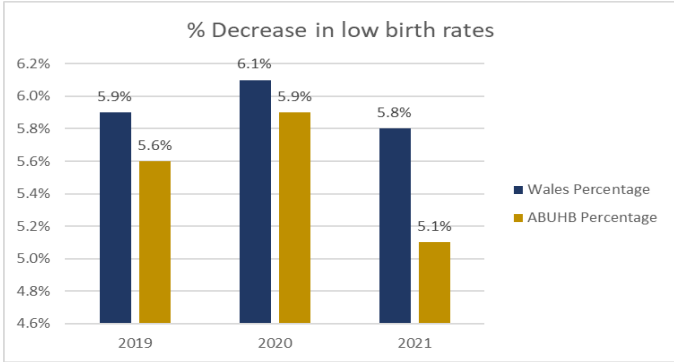
Type of change	P1 - Every child has the best start in life	P2 - Getting it right for children and young adults	P3 - Adults living healthily and aging well	P4 - Older adults are supported to live well and independently	P5 - Dying well as part of life	Total
Improved	4	2	6	2	2	16
Similar	3	2	6	1	1	13
Deteriorated	1	1	4	2	0	8
No data	0	2	1	1	2	6
Total indicators	8	7	17	6	5	43

Indicators are classed as 'Similar' if the percentage change is between -2 and +2 and either 'Improved' or 'Deteriorated' if not. The 'No Data' category is used where the indicator is in development.

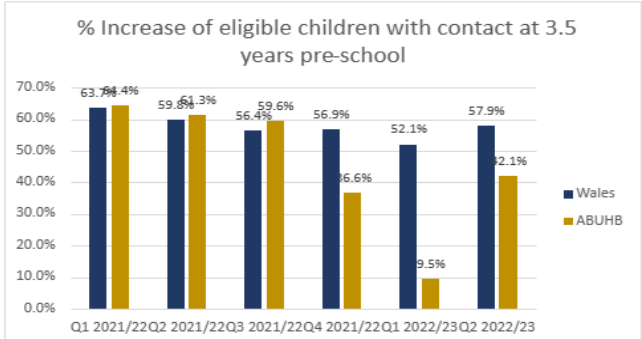
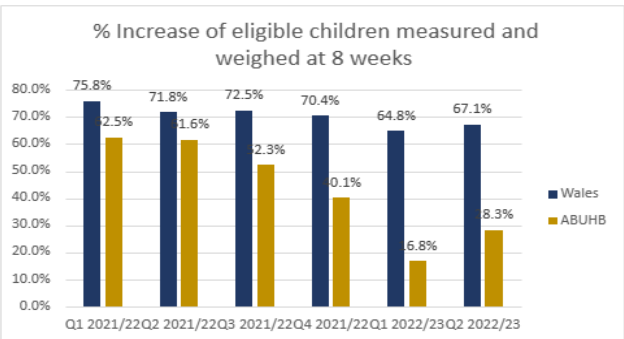
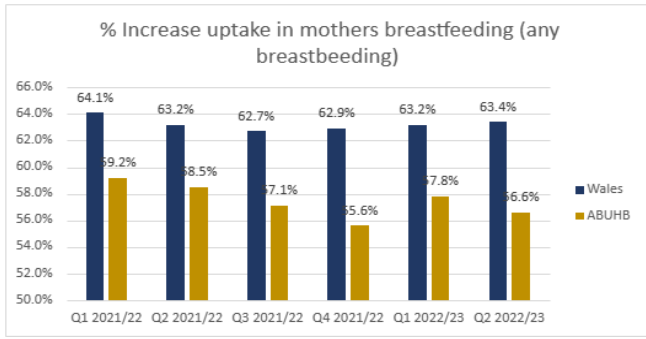
Priority 1 - Every Child has the best start in life

Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (Sep 22)		Current reported position (Dec 22)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 1 - Every child has the best start in life	Improving Good Health in Pregnancy	Decrease in low birth weight rates	5.6%	4%	2021	5.1%	-	-	Improved	Decrease in indicator over the last 3 years. Significantly lower than the all Wales average.
		Decrease in smoking status at birth	16%	10%	2021	13.7%	-	-	Improved	Significant decrease between 2020 and 2021.
		Decrease in stillbirths	4.8	3.0	2021	3.9	-	-	Improved	*New Reported Indicator* 18.75% decrease in stillbirths over the last 5 years.
	Optimising a child's long term potential	Increase uptake in mothers breastfeeding (any breastfeeding)	59.2%	65%	Q4 2021/22	55.6%	Q2 2022/23	56.6%	Similar	Increase in indicator over the last quarter, however this remains significantly lower than the welsh average.
		Increase of eligible children measured and weighed at 8 weeks	62.5%	60%	Q4 2021/22	40.1%	Q2 2022/23	28.3%	Deteriorated	Continued decrease in indicator. Significant decrease from 40.1% Q4 to 28.3% Q2.
		Increase of eligible children with contact at 3.5 years pre-school	64.4%	60%	Q4 2021/22	36.6%	Q2 2022/23	42.1%	Improved	Improvement in indicator, however this remains significantly lower than the welsh average.
	Increasing childhood immunisation and preventing outbreaks	Percentage of children who received 2 doses of the MMR vaccine by age 5	91%	95%	Q3 2021/22	92%	Q2 2022/23	90%	Similar	
		Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	96%	95%	Q3 2021/22	95%	Q2 2022/23	94%	Similar	Indicator value has remained stable.

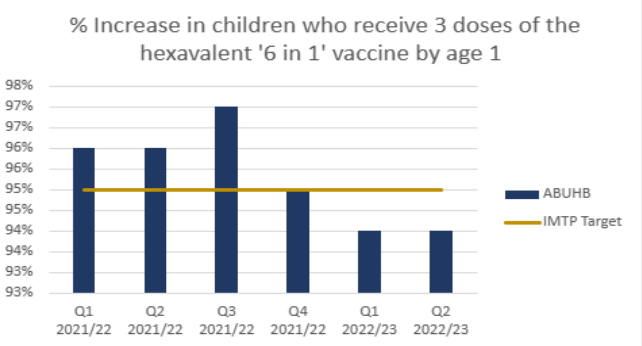
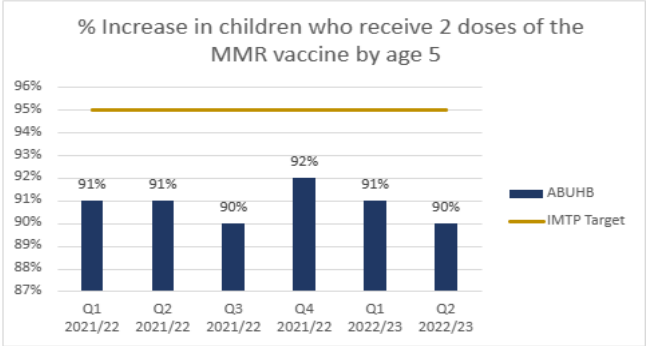
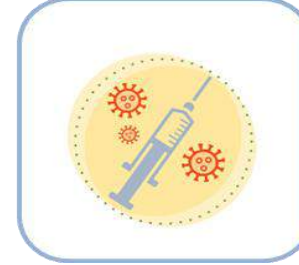
Improving Good Health in Pregnancy



Optimising a child's long term potential



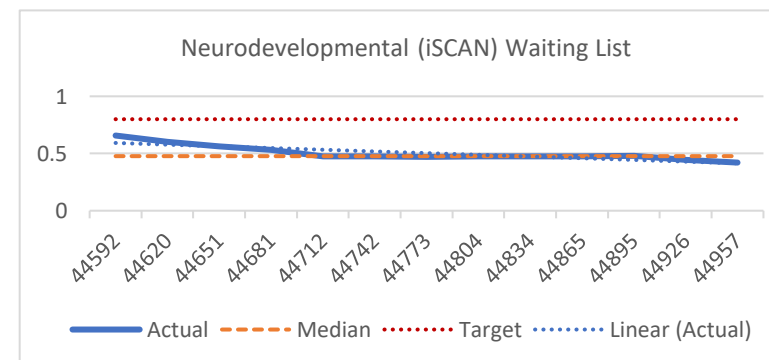
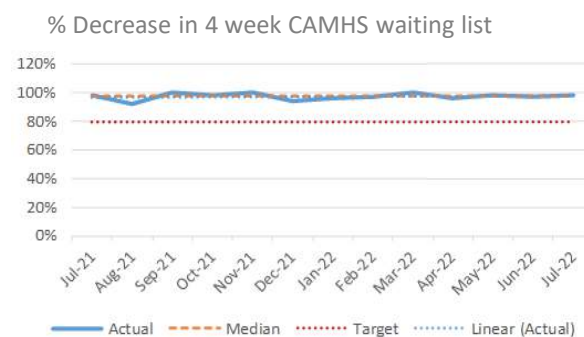
Increasing childhood immunisation



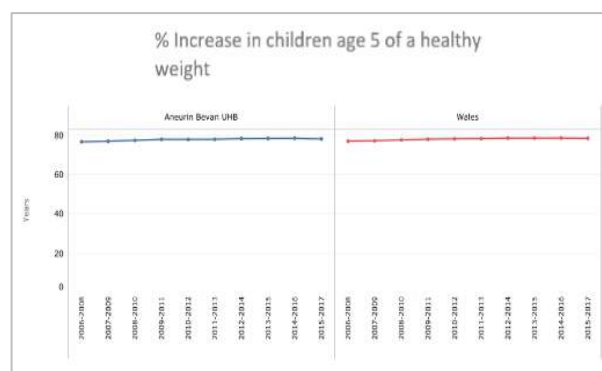
Priority 2 - Getting it right for children and young adults

Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (Sep 22)		Current reported position (Dec 22)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 2 - Getting it right for children and young adults	Improve Mental Health Resilience in Children and Young adults	Improvement in the mean mental health wellbeing score for children	Indicator to be developed						No data	Indicator to be developed.
		Decrease in 4 week CAMHS waiting list	95%	80%	Q1 2022/23	97.4%	-	-	Improved	Due to the implementation of WCCIS, it is not possible to currently provide a Q2 update. Sustained and improved compliance against indicator target. Target met.
		Decrease in neurodevelopmental (SCAN) waiting list	80%	80%	Q1 2022/23	49.3%	Q3 2022/23	44.4%	Deteriorated	Indicator has deteriorated from 49.3% (Sep) to 44.4% (Dec)
	Support being a healthy weight	Increase in children age 5 of a healthy weight	73.1%	80%	2017	74.9%	-	-	Improved	Indicator has shown continued increases since 2006.
		Increase in adolescents of healthy weight	Indicator to be developed						No data	Indicator to be developed (Spring 2023)
	Improve healthy lifestyle behaviours	Increase in the percentage of children (aged 2-7 years) who are active for at least 1 hour seven dats a week	62%	70%	2020	63%	-	-	Similar	Indicator value has shown signs of improvement.
		Increase in the percentage of children who eat vegetables every day	67%	70%	2020	68%	-	-	Similar	Indicator value has shown signs of improvement.

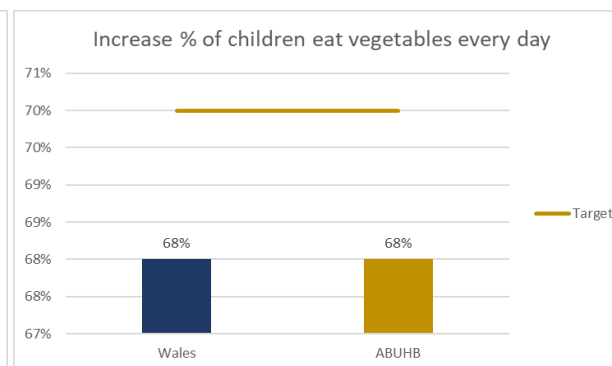
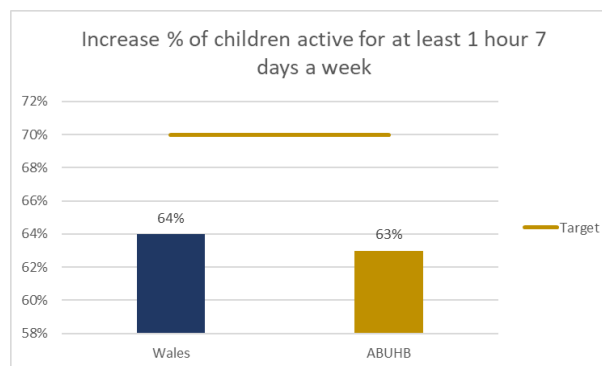
Improve mental health resilience



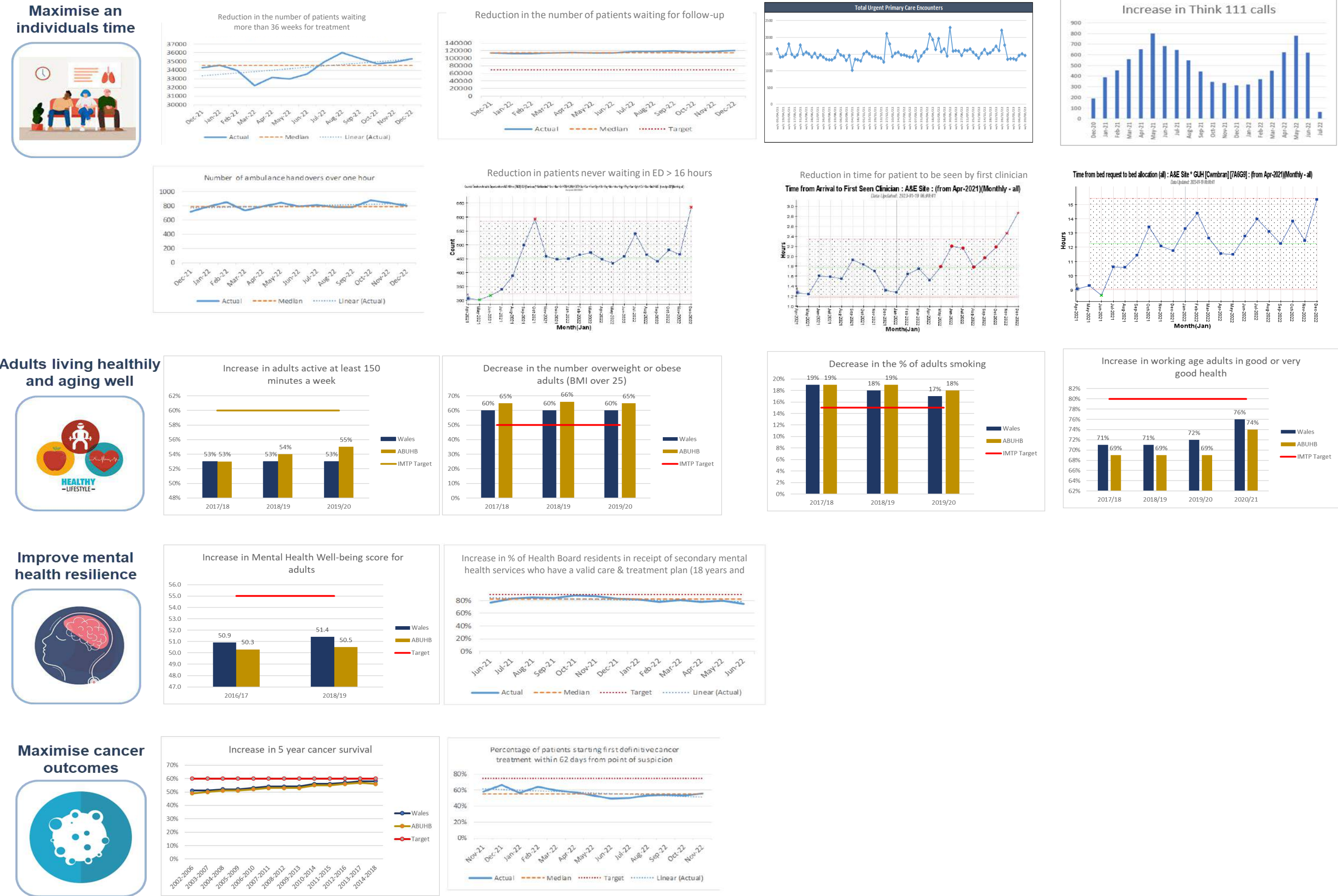
Support being a healthy weight



Improve healthy lifestyle behaviours



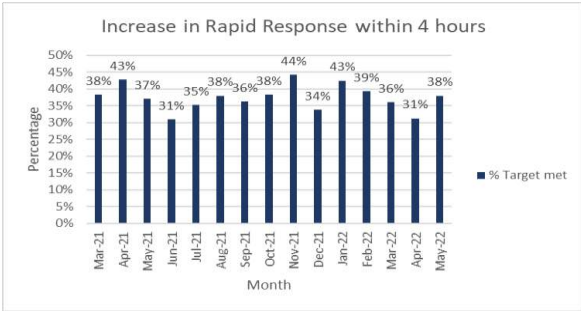
Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position		Current reported		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 3 - Adults living healthily and aging well	Maximising an individuals time	Reduction in the number of patients waiting more than 36 weeks for treatment	32202	32168	Q2 2022/23	35395	Q3 2022/23	35341	Similar	Indicator value has continued to increase during Quarter 3, following the trend observed over the last 12 months.
		Reduction in the number of patients waiting for a follow-up outpatient appointment	113107	69268	Q2 2022/23	119848	Q3 2022/23	117900	Similar	Indicator value has increased.
		Increase in Urgent Primary Care Consultations/Treatments	6969	10000	Q1 2022/23	8336	-	-	Improved	Due to a cyber incident in Aug 22, it is not possible to provide a Q2 update. Significant and continued increase in rate since 2021. On track to meet target.
		Increase in Think 111 calls	493	800	Q1 2022/23	673	-	-	Improved	Due to a cyber incident in Aug 22, it is not possible to provide a Q2 update. Significant improvement in indicator value since Autumn 2021. On track to meet target.
		Reduction of ambulance handovers over 1 hour	737	0	Q2 2022/23	789	Q3 2022/23	802	Similar	Similar to last reported period. Overall trend reported an the increase in value since 2021. Indicator is breaching target.
		Reduction in patients never waiting in ED over 16 hours	417	0	Q2 2022/23	480	Q3 2022/23	635	Deteriorated	Continued significant increase in indicator value. Rate has increased by 52% from baseline.
		Reduction in time for patients to be seen by first clinician	1.6 hours	2 hours	Q2 2022/23	2 hours	Q3 2022/23	2.9 hours	Deteriorated	Continued significant increase in indicator value.
		Reduction in time for bed allocation from request	11.5 hours	8 hours	Q2 2022/23	13.1 hours	Q3 2022/23	15.4 hours	Deteriorated	Continued significant increase in indicator value. Rate has increased by 17.5% from baseline.
	Adults living healthily and aging well	Increase in adults active at least 150 minutes a week	53.0%	60%	2019/20	55%	-	-	Improved	Increased and continued improvement rate (1% year on year). Indicator value is consistently performing higher than the all Wales average.
		Decrease in the % of adults smoking	19%	15%	2019/20	18%	-	-	Improved	Decreased in indicator value, although remains higher than the all Wales average.
		Decrease in the number overweight or obese adults (BMI over 25)	65%	50%	2019/20	65%	-	-	Similar	No change observed.
		Increase in working age adults in good or very good health	69%	80%	2020/21	74%	-	-	Improved	Significant improvement in indicator value (+7.2%) from 2019/20 and 2020/21, however, value remained lower than the all Wales average.
		Increase uptake of National Screening Programmes	Indicator to be developed						No data	
	Improved mental health resilience in adults	Increase in Mental Health Well-being score for adults	50.3%	55	2018/19	50.5%	-	-	Similar	Small increase in value.
		Increase in percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over)	80%	90%	Q1 2022/23	75%	-	-	Deteriorated	Indicator value has decreased from baseline by 5%.
	Maximising cancer outcomes	Increased compliance of the number of patients starting their first definitive cancer treatment within 62 days from point of suspicion	56.9%	75%	Q2 2022/23	54.2%	Nov 2022/23	54.0%	Similar	Slight improvement in indicator value from 54.2% (Quarter 2) to 55.6% (Nov 22)
		Increase in 5 year cancer survival	51.0%	60%	2014-2018	58%	-	-	Improved	Significant improvements in rate reported over the last 10 years.



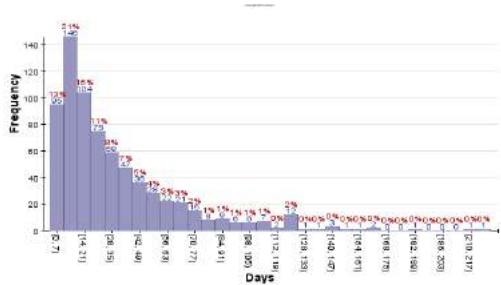
Priority 4 - Older adults are supported to live well and independently

Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (Sep 22)		Current reported position (Dec 22)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 4 - Older adults are supported to live well and independently	Prevention and keeping older adults well	Increase in older people in good health	Indicator to be developed						No data	Indicator to be developed.
	Delivering Care Closer to Home	Increase in Rapid Response within 4 hours	38%	50%	Q1 2022/23	35%	-	-	Deteriorated	Due to a cyber incident in Aug 22, it is not possible to provide a Q3 update. Decrease in indicator value over the last 12 months across all 4 Local Authority areas (excludes Monmouthshire).
		Reduction in the number of short stay patients (<7 days)	12%	5%	Q2 2022/23	13%	Q3 2022/23	13%	Similar	Short stay patients have remained at 13%
		Reduction in average LOS case load	39.9 days	30 days	Q1 2022/23	52.7 days	-	-	Deteriorated	Due to a cyber incident in Aug 22, it is not possible to provide a Q3 update. Significant increase (32%) in indicator value.
	Reducing admissions and time spent in hospital	Increase in Admission avoidance (month)	71	100	Q1 2022/23	68	-	-	Improved	Due to a cyber incident in Aug 22, it is not possible to provide a Q3 update. An improvement in the indicator value across all 4 Local Authority areas (excludes Monmouthshire).
		Decrease (from 65 - 55%) in LOS over 21 days	65%	55%	Q2 2022/23	56%	Q3 2022/23	51%	Improved	Decrease in the indicator from 56% (Q2) to 51% (Q3)

Delivering care closer to home



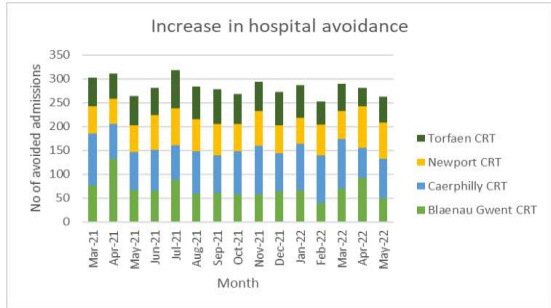
Reduction in the number of short stay patients (<7 days)



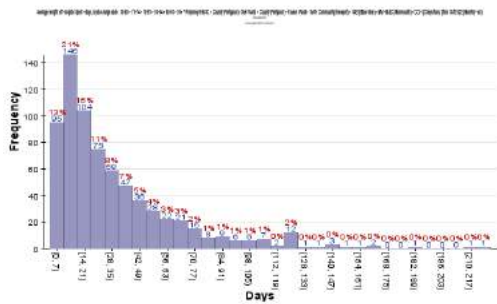
Reduction in the average LOS case load



Reducing admissions and time spent in hospital



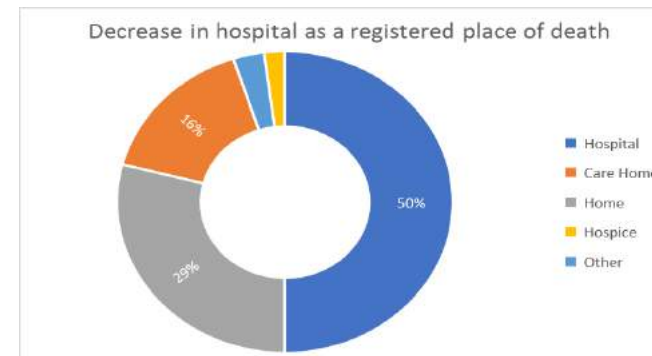
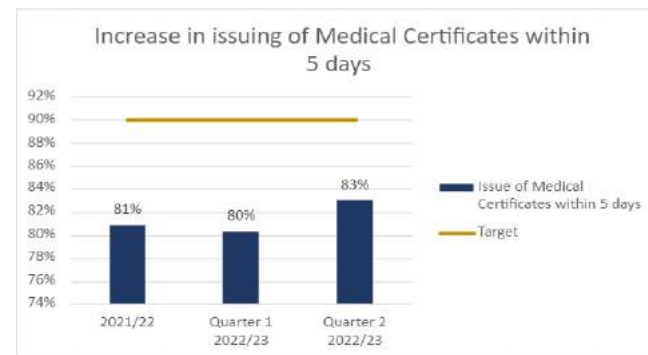
Reduction in LOS for over 21 days



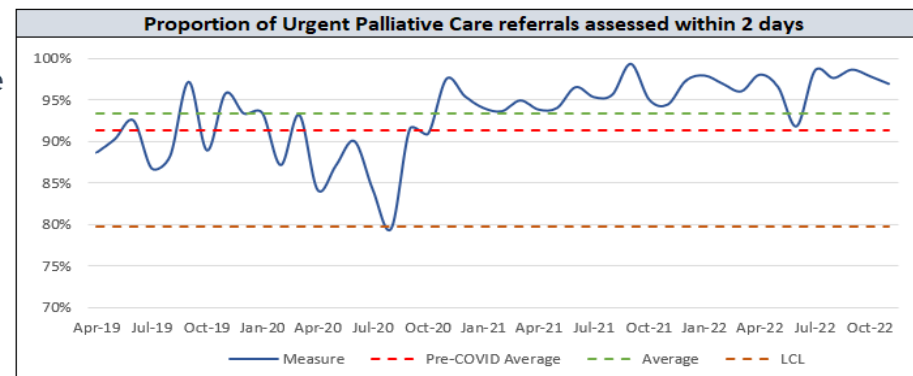
Priority 5 - Dying well as part of life

Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (Sep 22)		Current reported position (Dec 22)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 5 - Dying well as part of life	Improve care at end of life	Decrease in the % of hospital as a place of death	53%	40%	2022	50%	-	-	Improved	Decrease reported over the last 3 years.
		Increase in compliance of issuing of Medical Certificates within 5 days	81%	90%	Q2 2022/23	83%	-	-	Improved	The reported rate is similar to baseline value and therefore current performance levels have remained. Target to be amended from 5 to 7days.
		Reduction in compliants	Indicator to be developed						No data	Indicator to be developed.
	Improved planning and provision of end of life care	Increase in propotion of Urgent Palliative Care referrals assessed within 2 days	91%	95%	Q2 2022/23	99%	Q3 2022/23	99%	Similar	Significant improvement in the indicator value since July 2020 and on track to meet target.
		Increase in the number of Advanced Care Plans in place	Indicator to be developed						No data	Indicator to be developed.

Improved end of life care experience



Improved planning and provision of end of life care



Integrated Performance Dashboard

January 23

Appendix 1

Domain	Sub Domain	Measure	Report Period	National Target	Current Performance	Previous Period Performance	In Month Trend	Performance Trend (13 Months)	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Aim 2: People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement	RTT	Patients waiting less than 26 weeks for treatment	Jan-23	95%	60.9%	60.3%	↑		58.3%	59.8%	61.9%	61.2%	61.4%	62.1%	62.1%	61.2%	60.9%	62.0%	61.4%	60.3%	60.9%
		Patients waiting more than 36 weeks for treatment	Jan-23	0	34723	35342	↑		34542	33947	32202	33177	32959	33570	34998	36051	35395	34750	34921	35342	34723
		Patients waiting more than 8 weeks for a specified diagnostic	Jan-23	0	3900	4188	↑		5495	4574	4300	4305	4266	3871	3882	3641	3706	4048	4137	4188	3900
		Patients waiting more than 14 weeks for a specified therapy	Jan-23	0	541	362	↓		1111	997	866	574	412	403	371	419	518	516	450	362	541
	Follow Up	Number of patients waiting for a follow-up outpatient appointment	Jan-23	69268	119754	120202	↑		112312	112359	113107	114624	113809	114441	117711	117586	119848	116844	117900	120202	119754
		Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Jan-23	3903	21297	21233	↓		18604	18032	17939	18787	18402	19055	21650	21306	21676	20894	20622	21233	21297
	HRF	% of R1 patients who are waiting within 25% in excess of their clinical target date	Jan-23	95%	54.5%	55.8%	↓		58.6%	59.0%	59.5%	57.7%	56.8%	55.4%	53.6%	54.4%	54.7%	55.6%	56.8%	55.8%	54.5%
	STROKE	% stroke patients directly admitted to acute stroke unit ≤4 hours	Nov-22	50%	50.0%	20.0%	↑		12.5%	14.0%	14.5%	10.3%	21.7%	25.9%	10.7%	25.0%	25.0%	20.0%	50.0%		
		% of stroke patients assessed by a stroke consultant ≤24 hours	Nov-22	85%	100.0%	80.0%	↑		78.9%	93.0%	94.3%	96.7%	100.0%	94.5%	89.7%	50.0%	92.7%	80.0%	100.0%		
		% of stroke patients receiving the required minutes for speech and language therapy	Nov-22	57%	32.2%	30.0%	↑		28.1%	53.5%	13.6%	20.0%	46.9%	39.0%	39.4%	33.1%	26.7%	30.0%	32.2%		
		Percentage of stroke patients who receive mechanical thrombectomy	Nov-22	10%	0.0%	0.0%	↑		1.4%	1.5%	0.5%	0.8%	1.6%	1.9%	3.4%	0.0%	2.5%	0.0%	0.0%		
	ED	Category A ambulance response times within 8 minutes.	Jan-23	65%	49.3%	41.5%	↑		56.5%	58.1%	57.4%	59.6%	59.3%	55.0%	62.7%	56.1%	59.3%	56.4%	55.2%	41.5%	49.3%
		Number of ambulance handovers over one hour	Jan-23	0	920	802	↓		791	853	737	794	847	793	808	782	789	882	841	802	920
		% patients waiting < 4 hrs in A&E figures inc. YAB & YYF	Jan-23	95%	75.4%	69.5%	↑		76.3%	74.9%	73.7%	76.4%	74.2%	71.4%	73.0%	75.6%	74.8%	73.9%	72.3%	69.5%	75.4%
		Number patients waiting > 12 hrs in ABUHB A&E departments	Jan-23	0	1437	2078	↑		1241	1354	1509	1229	1378	1658	1607	1437	1415	1689	1662	2078	1437
	Cancer	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	Dec-22	75%	54.0%	55.6%	↓		56.6%	64.4%	59.7%	56.9%	53.4%	49.4%	50.4%	53.0%	54.2%	53.3%	55.6%	54.0%	
	MENTAL HEALTH	Assessment by LPMHSS within 28 days of referral.	Jul-22	80%	91.6%	78.3%	↑		48.2%	83.7%	77.5%	65.6%	82.7%	78.3%	91.6%						
		Interventions ≤ 28 days following assessment by LPMHSS.	Jul-22	80%	27.8%	18.1%	↑		14.1%	13.1%	10.7%	11.2%	14.6%	18.1%	27.8%						
		Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jun-22	80%	72.0%	72.0%	↑		77.2%	74.6%	72.3%	69.3%	72.0%	72.0%							
	CAMHS	4+ Weeks Waiting List	Jul-22	80%	98.1%	97.7%	↑		96.2%	97.2%	100.0%	96.3%	98.3%	97.7%	98.1%						
		Neurodevelopmental (SCAN) Waiting List	Jan-23	80%	42.1%	44.4%	↓		65.7%	60.1%	56.2%	53.2%	47.3%	47.5%	47.2%	47.7%	47.7%	47.7%	47.8%	44.4%	42.1%
	HCAIS	Cases of e coli per 100k population (rolling 12m)	Jan-23	67	53.16	54.33	↑		56.34	57.17	58.01	56.84	57.51	55.67	55.02	57.17	56.84	55	54.33	54.33	53.16
		Cases of staph aureus per 100k pop (rolling 12m)	Jan-23	20	23.24	22.9	↓		22.57	22.74	22.4	22.07	22.07	23.07	22.01	22.74	23.24	23.91	23.74	22.9	23.24
		Clostridium difficile cases per 100k pop (rolling 12m)	Jan-23	25	33.43	32.26	↓		31.76	32.93	34.27	34.94	35.27	32.93	33.51	32.6	33.77	34.1	32.93	32.26	33.43
		Cases of klebisella per 100k population (rolling 12m)	Jan-23		18.72	17.55	↓		16.38	16.22	15.55	15.88	15.88	15.38	18.51	15.38	17.22	16.22	16.88	17.55	18.72
		Cases of aeruginosa per 100k population (rolling 12m)	Jan-23		3.34	3.51	↑		5.02	5.18	5.18	5.18	4.85	4.68	3	4.35	4.18	4.01	3.51	3.51	3.34
		Cumulative number of laboratory confirmed bacteraemia cases - Klebsiella sp	Jan-23	8	11	12	↑		4	6	6	10	9	9	9	8	15	5	11	12	11
		Cumulative number of laboratory confirmed bacteraemia cases - Aeruginosa	Jan-23	2	2	0	↓		3	2	2	0	1	3	2	3	1	3	1	0	2

Integrated Performance Dashboard

January 23

Appendix 1

Domain	Sub Domain	Measure	Report Period	National Target	Current Performance	Previous Period Performance	In Month Trend	Performance Trend (13 Months)	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Aim 1: People in Wales have improved health and well-being with better prevention and self-management	SMOKING CESSATION	Percentage of adult smokers who make a quit attempt via smoking cessation services	Jun-22	1.25%	1.2%	na	↓				4.3%			1.2%							
	CHILDHOOD IMMUNISATION	Percentage of children who received 2 doses of the MMR vaccine by age 5	Sep-22	95%	90%	na	↓				92%			91%			90%				
		Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Sep-22	95%	94%	na	↓				95%			94%			94%				
	MENTAL HEALTH	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (under 18)	Jun-22	90%	99%	99%	↓		98%	95%	80%	99%	99%	99%							
		Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over)	Jun-22	90%	75%	80%	↓		82%	78%	81%	78%	80%	75%							
Aim 3: The health and social care workforce is motivated and sustainable	W&D	% PADR / medical appraisal in the previous 12 months	Sep-22	85%	66%	64%	↑		61%	60%	58%	59%	60%	62%	63%	64%	66%				
		Monthly % hours lost due to sickness absence	Sep-22	7%	7%	7%	↑		6%	6%	7%	7%	7%	7%	7%	7%	7%				
		Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	Sep-22	85%	84%	82%	↑		73%	73%	74%	75%	81%	81%	82%	82%	84%				
Aim 4: Wales has a higher value health and social care system	CODING	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Sep-22	95%	87%	85%	↑		85%	85%	86%	87%	86%	87%	88%	85%	87%				
	AGENCY	Agency spend as a percentage of total pay bill	Sep-22	9%	8%	9%	↑		10%	10%	11%	9%	10%	10%	10%	9%	8%				
Efficiency & Productivity	Theatre	Theatre Utilisation (RGH)	Dec-22	87%	84.0%	88.2%	↓		81.0%	85.9%	85.9%	84.8%	86.7%	88.7%	87.8%	89.6%	91.3%	87.5%	88.2%	84.0%	
		Theatre Utilisation (NHH)	Dec-22	85%	85.5%	90.1%	↓		84.3%	81.7%	81.7%	75.4%	87.3%	87.2%	80.1%	86.6%	86.8%	91.3%	90.1%	85.5%	
		Theatre Utilisation (GUH)	Dec-22	68%	65.9%	68.6%	↓		68.9%	69.4%	69.4%	64.7%	65.2%	69.0%	67.2%	69.5%	74.6%	67.4%	68.6%	65.9%	
	Average LoS	Elective Surgical AvLoS (RGH)	Dec-22	3.50	6.0	3.3	↓		2.60	3.00	3.00	3.40	3.12	3.31	3.65	3.60	3.90	3.12	3.28	6.00	
		Elective Surgical AvLoS (NHH)	Dec-22	3.43	1.7	10.4	↑		1.00	3.40	3.40	4.00	0.56	1.50	9.67	1.43	1.50	2.63	10.40	1.70	
		Elective Surgical AvLoS (GUH)	Dec-22	2.33	3.5	2.4	↓		1.80	2.00	2.00	2.19	1.66	4.64	1.89	2.60	1.70	1.61	2.36	3.50	
		Emergency Medical AvLoS (RGH)	Dec-22	10.64	11.0	10.5	↓		9.20	11.30	9.60	11.72	11.53	11.24	11.82	9.60	9.10	11.01	10.51	11.00	
		Emergency Medical AvLoS (NHH)	Dec-22	11.53	10.0	13.1	↑		11.70	13.70	12.40	14.10	10.15	11.92	8.91	10.49	9.80	12.16	13.06	10.00	
		Emergency Medical AvLoS (GUH)	Dec-22	4.58	4.4	4.4	↑		4.50	4.70	4.40	4.54	4.95	4.47	5.06	4.57	4.40	4.57	4.41	4.40	
		Readmissions	Readmission Rate Within 28 Days (CHKS)	Sep-22	0.10	9.7%	↑		11.4%	10.5%	10.8%	10.9%	9.8%	10.5%	10.4%	9.7%	9.8%				
		Cancellations	Elective Procedures Cancelled Due to No Bed	Dec-22	15	13.0	↑		16	19	11	5	14	29	32	15	9	12	13	4	

Trend Key

↑

↓

↕

↕

Achieving rating target and improved against previous reported position

Achieving rating target but deteriorated against previous reported position

Not achieving rating target but improved against previous reported position

Not achieving rating target and deteriorated against previous reported position

If measures are no longer in the Delivery Framework, current performance is measured against previous month

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Report – January (Month 10)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe - Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Suzanne Jones – Interim Assistant Director of Finance

Pwrpas yr Adroddiad Purpose of the Report

Er Sicrwydd/For Assurance

This report sets out the following:

- The financial performance at the end of January 2023 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2022/23,
- The level of risk to the financial position,
- The revenue reserve position on the 31st of January 2023,
- The Health Board's underlying financial position, and
- The Capital position.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation




This report sets out the financial performance of Aneurin Bevan University Health Board, for the month of January 2023 (month 10) and the year-to-date performance position for 2022/23.

The 2022/23 financial performance is measured by comparing the expenditure with the budgets as delegated in the Budget Delegation papers agreed at the March & July 2022 Board meetings and updated during the year. The Health Board has statutory financial duties and other financial targets which must be met. The table below summarises these and the Health Board's performance against them.

Jan-23

Performance against key financial targets 2022/23

+Adverse / () Favourable

Target	Unit	Current Month	Year to Date	Trend	Year-end Forecast
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year. <i>This confirms the YTD and forecast variance.</i>	£'000	2,418	34,183		37,000
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. <i>This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.</i>	£'000 £37,493	3,606 9.6%	20,585 54.9%		0
Public Sector Payment Policy To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	94.4%	95.1%		>95%

Performance against requirements 21/22		19/20	20/21	21/22	3 Year Aggregate (19/20 to 21/22)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Revenue	✓	(32)	(245)	(249)	(526)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital	✓	(28)	(13)	(50)	(91)
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	✓				

Underlying Financial Position (Brought Forward ULP)	19/20	20/21	21/22
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	£11.405m Deficit	£16.261m Deficit	£20.914m Deficit

Note: The Health Board has submitted an IMTP for 2022/23 – 2024/25, which has been approved by WG on the basis of achieving financial balance. A further Accountable Officer letter has been submitted to WG during October 2022 to reflect the likely forecast of a £37m deficit.

Cefndir / Background

Key points to note for month 10 include:

- A reported year to date position of **£34.2m deficit**, the revised in year profile for month 10 was expected to be £33.7m year to date deficit.
- Income - includes anticipated Covid-19 and exceptional cost pressure funding of c.£22m,
- Pay Spend (excluding annual leave provision) – has increased by c.£2.1m (3.4%). Variable pay excluding bank pay award costs increased by £1.4m (16.4%). Vacancy cover and enhanced care costs remain significant across the Health Board.
- Non-Pay Spend (excluding capital adjustments) - Month 10 costs reduced by £5.1m as there was spend related to WHSSC and 111 costs in month 9 which did not re-occur in month 10.
- Savings – overall achievement is £2.7m above the month 6 revised plan as at month 10 (£15.8m achievement versus £13.1m plan).
- Risks to full savings delivery remain due to the costs of continued operational pressures.

At Month 10, the year to date reported revenue position is a £34.2m deficit and the reported capital position is break-even. The forecast year end revenue position continues to be reported as a £37m deficit (capital forecast is break-even). The revenue position is in deficit and risks remain to achieving the reported forecast.

The underlying financial deficit coming into 2022/23 (£20.9m) needed to be addressed to support financial sustainability and recurrent balance in future years. The IMTP assumed recurrent savings opportunities would be achieved through transformation to reduce the underlying financial deficit for 2023/24 (to £8m).

The revised underlying financial deficit for 2023/24 is currently assessed as **£89m** confirmed through the Finance & Performance Committee.

The Board has approved the 2022/23 – 2024/25 IMTP initial Budget delegation plan for 2022/23 as well as an update for quarter 2. WG has approved the IMTP which assumed financial balance.

Asesiad / Assessment

• Revenue Performance

The month 10 position is reported as a **£34.183m deficit**, The forecast position agreed by the Board on the 12th of October was **a likely deficit of £37m**. A CEO accountable officer letter was sent to the Director General for NHS Wales to accompany the WG monthly monitoring return on the 13th October. A response to this letter has been received acknowledging the forecast and requesting further mitigations be achieved wherever possible.

This forecast position remains subject to risk as it relies on further savings achievement and mitigating actions across a range of areas before the year end. Financial recovery remains a standing item on weekly Executive meetings, with a monthly Executive Financial Recovery Board established.

The financial deficit is made up of the following elements:-

- Additional bed costs and enhanced care above clinical futures plan – £12m
- Unachieved savings plans, urgent care system variable pay - £20m
- CHC / Prescribing costs above funded levels – £15m
- Further risks incurred outside of IMTP, income, planned care and cancer- £5m
- Testing costs above funded levels - £1.6m
- Mitigating actions to reduce testing expenditure – (£1.6m)
- Revised savings and mitigating actions – (£15.0m)
- **Total 2022/23 forecast deficit = £37m**

A summary of the financial performance is provided in the following table.

Summary Reported position - January 2023 (M10)	Full Year Budget £000s	YTD Reported Variance £000s	Prior month reported variance £000s	Movement from prior month £000s
Operational Divisions:-				
Primary Care and Community	281,650	(1,690)	(1,592)	(98)
Prescribing	99,194	9,737	8,196	1,541
Community CHC & FNC	72,128	(3,125)	(2,622)	(503)
Mental Health	110,453	8,771	8,761	10
Director of Primary Community and Mental Health	716	(88)	(106)	18
Total Primary Care, Community and Mental Health	564,141	13,605	12,638	967
Scheduled Care	181,393	15,377	14,260	1,118
Clinical Support Services	50,580	5,272	4,286	986
Medicine	111,884	20,418	18,178	2,240
Urgent Care	42,309	4,993	4,531	462
Family & Therapies	124,285	(222)	(180)	(43)
Estates and Facilities	103,601	(58)	33	(90)
Director of Operations	7,723	756	663	93
Total Director of Operations	621,775	46,537	41,771	4,766
Total Operational Divisions	1,185,916	60,142	54,409	5,733
Corporate Divisions	114,773	(15,068)	(12,702)	(2,366)
Specialist Services	176,206	(3,162)	(3,016)	(147)
External Contracts	83,466	(22)	(163)	142
Capital Charges	40,518	(423)	(411)	(11)
Total Delegated Position	1,600,880	41,468	38,117	3,351
Total Reserves	8,380	(7,284)	(6,351)	(933)
Total Income	(1,609,260)	0	0	0
Total Reported Position	0	34,183	31,766	2,418

The position has been underpinned by appropriately releasing part of the annual leave accrual, maximising available non-recurrent opportunities and assuming an on-going level of funding for Covid-19 and exceptional pressures to match related costs. Current service pressures being experienced continue to be incredibly challenging. The Health Board approved IMTP assumed achievement of a break-even position in 2022/23 and was predicated on:

- Achieving savings of at least £26m,
- Managing and mitigating the £19m risks included in the IMTP through cost avoidance,
- Managing any new in year cost pressures,
- WG funding for Covid-19 (local and national), exceptional cost pressures and wage award.

As part of the mid-year review, it was determined that a forecast deficit of £37m was most likely for the 2022/23 outturn position.

The Board has considered and approved a revised savings plan for income opportunities and cost reduction opportunities and likely delivery levels for 22/23. The focus areas included within current forecasts are as follows:

- Variable pay - Medical, Enhanced Care, HCSW agency - £2.8m,

- Bed reductions - £1.5m
- Additional Medicines Management - £1m
- CHC (Mental Health and Complex Care) - £0.8m
- Further procurement - £0.9m
- Investment opportunities slippage - £1.5m
- Corporate / commissioning / expenditure avoidance - £4.5m
- Income / efficiencies - £0.7m
- RTT opportunities - £1.2m
- Testing - £1.6m

An update on these areas is provided later in the report.

To ensure delivery of the IMTP service, workforce and financial plans, progress must be made to deliver transformational change to support value-driven efficiency improvement and financial sustainability. Whilst transformation is the preferred sustainable solution for long term efficiency and value gain, short term actions need to be strengthened to support 2022/23 financial improvement in parallel with accelerating efficiency delivery through the IMTP priority transformation programmes.

Summary of key operational pressures for Month 10

- During January 2023, pay expenditure (excluding the effect of reduced annual leave provisions) increased compared with December due to recruitment as well as some back-dated pay particularly for medical pay in the Medicine Division. Variable pay costs increased in-month (£1.4m), bank costs increased linked to winter plans (with enhanced rates) and operational pressures whilst there was an increase in agency spend linked to winter plans as well as some specific medical posts in the medicine Division. Variable pay costs remain significant (£9.7m in month 10) and are mainly within nursing and medical staff categories to provide cover for vacancies and enhanced care although sickness cover increased in month 10. HCSW costs in estates and facilities remain high compared with other Health Boards.
- Non-Pay Spend (excluding capital adjustments) - Month 10 costs reduced by £5.1m as there was spend related to WHSSC and 111 costs in month 9 which did not re-occur in month 10. The decreased expenditure highlights the on-going fluctuation in this expenditure, however spend is matched by funding for these areas so there is no impact to the UHB financial position. Acute drugs expenditure continues to increase, due to volume growth across various specialities.
- The number of Covid-19 positive patients in hospital has decreased throughout January. The total number of patients (positive, suspected and recovering) is 163 (29th January 2023) which is now at similar levels to end of August 2022 (166 as of 27th August 2022). There remain a considerable number of patients recovering from Covid-19 across several wards in the Health Board. The temporary staffing cost to operate these areas, some of which are surge capacity, remains significant.
- Demand for emergency and urgent care across all services, including primary care, mental health, acute and community hospitals remains above the pre

pandemic levels. There are 324 inpatients who are fit for discharge as at the end of January, approximately 22% of the blocked bed days are health related, 55% are social care and package of care related with the remaining 22% relating to other reasons e.g. patient/family related, nursing homes, etc.

- The extrapolated cost of the associated blocked bed days which are social care and package of care related is c.£9.2m using a £150 cost per bed day (actual costs may be more due to agency usage). The surge capacity required for this as well as the increased Covid measures in place continues to result in overspends across the UHB. There also remain challenges in terms of demand and flow across the UHB. The challenge is to reduce the requirement for this capacity to achieve a safe and sustainable aligned service, workforce and financial plan for the Health Board.
- The operational factors above with enhanced care as well as increasing elective activity, result in significant financial deficits and ongoing pressures.

Additional local Covid-19 costs are expected to be reduced where possible and are being incurred due to the following:

- Additional services established to deal with exceptional emergency pressures across all sites,
- 'green' patient pathways to minimise infection,
- additional bed capacity across hospital sites,
- the number of patients requiring enhanced care,
- delayed discharges for patients waiting for social care support and packages of care, and
- service models being flexed to respond to service pressures faced.

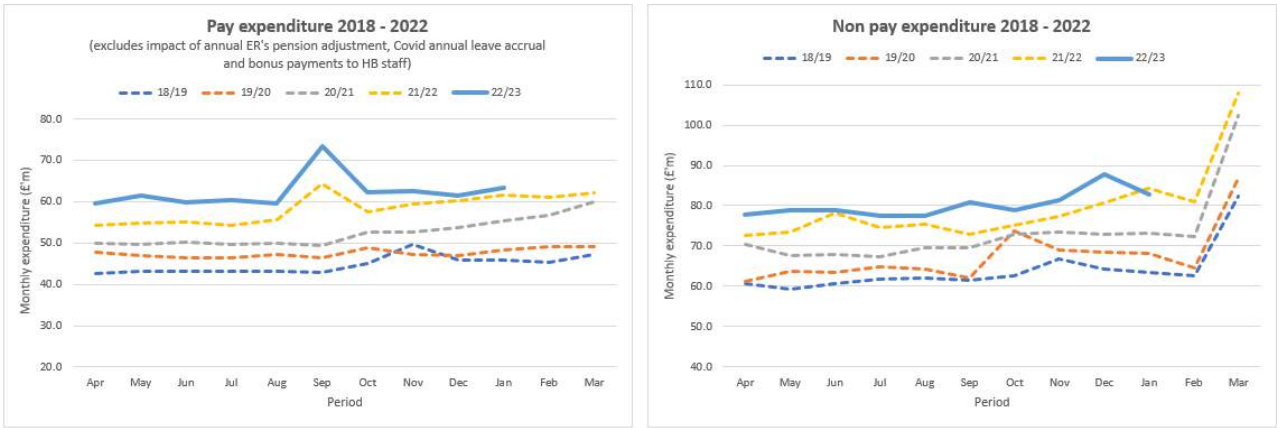
To mitigate, key areas of focus for the Health Board are:

- System level working – reviewing DTOCs, updating bed capacity forecasts & additional capacity requirements
- Urgent care and elective care re-design,
- Demand and flow management, - reviewing the social care community actions,
- Workforce efficiency, reducing variable pay in particular HCSW agency and medical temporary pay costs,
- Review of Medicines management,
- Review of CHC pathways within Mental Health and Complex Care,
- Review of current savings plans, current investments made and service options across Divisions,
- Corporate opportunities and Executive Director options, and
- Other actions to improve the financial position e.g. review of income/allocations

These areas for mitigation aligned with turnaround actions are being implemented as a priority, whilst maintaining patient safety.

Expenditure run-rates

Pay and Non-Pay expenditure run-rates for the last four financial years are shown below to demonstrate the on-going step change in expenditure particularly for pay. If the service response to Covid-19 implications could be de-escalated it should result in cost reductions to some of the operational factors currently in place where non recurrent funding is assumed.



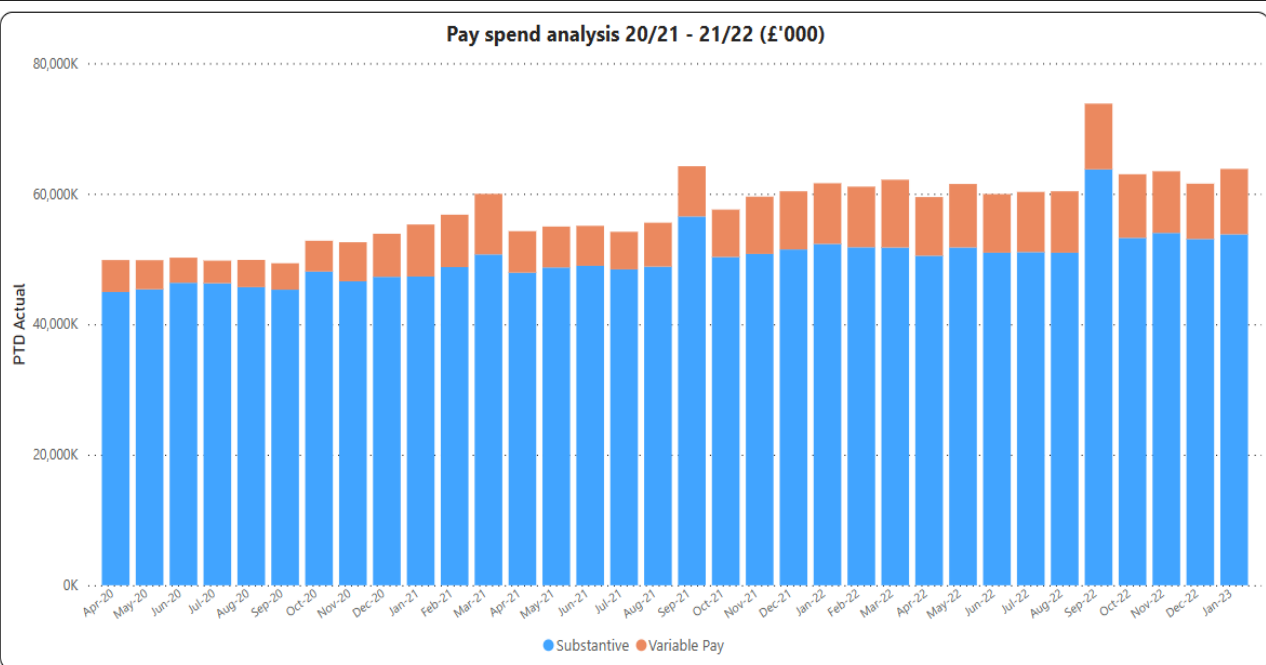
Operational forecasts based on March 2022 bed and activity plans, are assuming a similar level of spending through to the end of the year. Bed and activity assumptions are subject to on-going detailed review as part of financial recovery 'turnaround' work to re-assess the 22/23 operational service, workforce and financial plans. These plans will inform revisions to the service, workforce and financial forecast for the Health Board as part of the savings plans to meet the £37m deficit forecast.

Workforce

The Health Board spent £63.5m on workforce in month 10 22/23, an increase of £2.1m compared with month 9 (21/22 monthly average of £58.3m).

Workforce expenditure is shown below differentiating between substantive and variable pay¹:

¹ To enable useful comparisons and trends all references to 21/22 pay expenditure exclude the month 12 expenditure for: Covid-19 annual leave provision (£2m), and Additional employer pension contributions (6.3%/£27m).

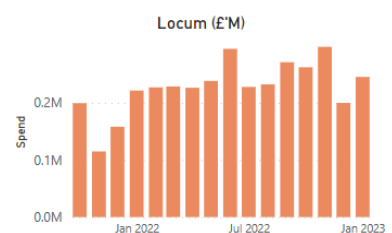
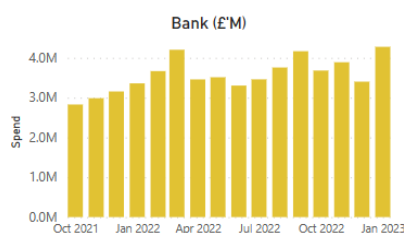
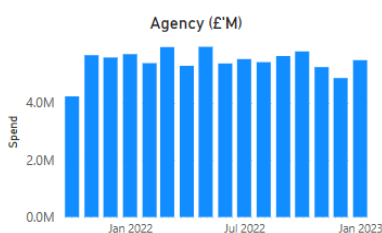


Substantive staff

Substantive pay was £53.8m in January (exc. annual leave related adjustments) – a £0.7m increase compared to December. Medical and Dental costs increased by £0.5m mainly due to additional winter staffing and payments made to consultants within Medicine.

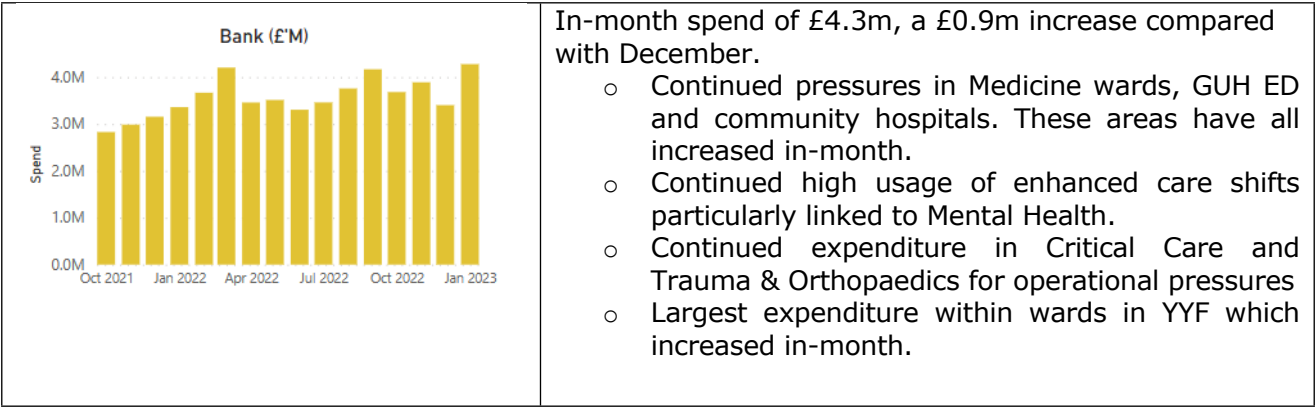
Variable pay

Variable pay (agency, bank and locum) was £10m in January (excluding nursing provision adjustments) – an increase of £1.5m compared with December due to increased winter staffing, surge capacity and medical cover for operational pressures. In addition, Mental Health wards had increased acuity and workforce pressures whilst managed practice variable costs increased in January.

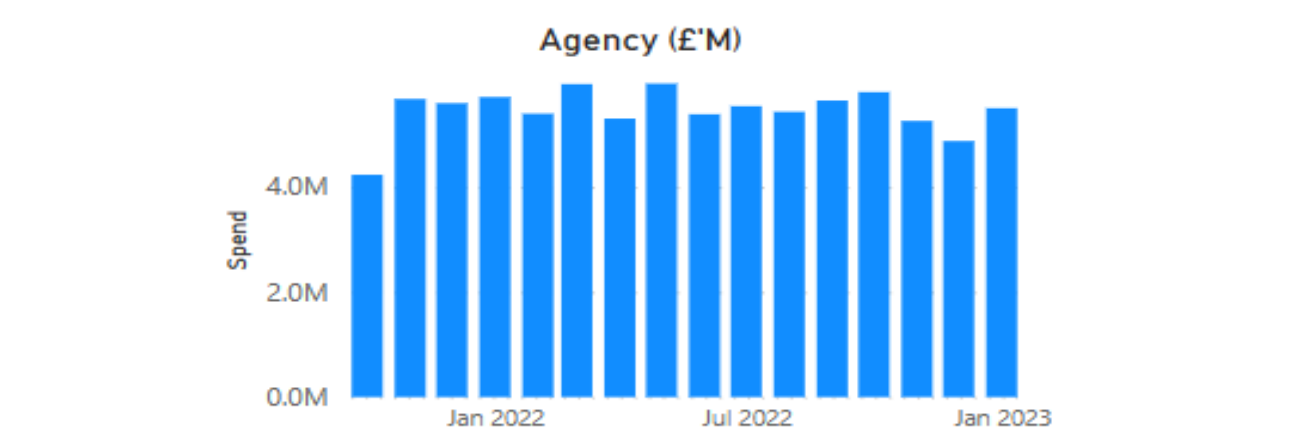


The Executive Team has agreed a variable pay programme which is aimed at reducing high cost variable pay and developing alternative solutions. This identifies a number of actions including recruitment of substantive staff, review of specialist rates, reduction in HCSW agency as well as detailed review of nurse staffing across ward areas. Current exceptional service demand for agency staff as well as the on-going use of off-contract agencies is challenging the level of achievement.

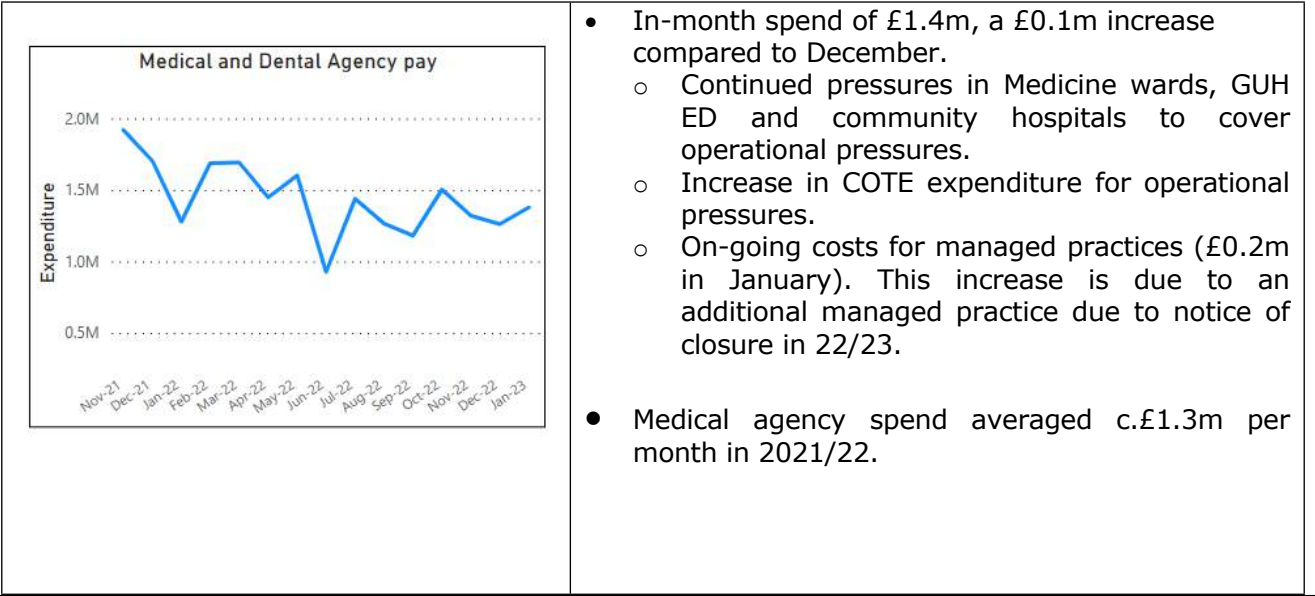
Bank staff

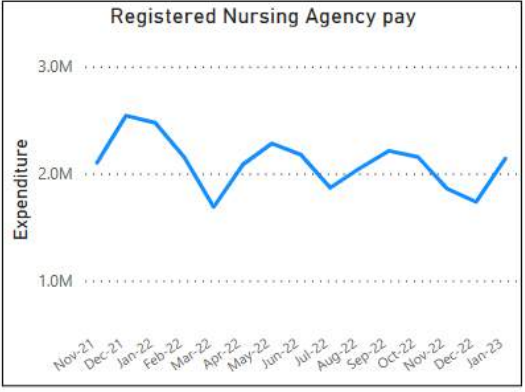
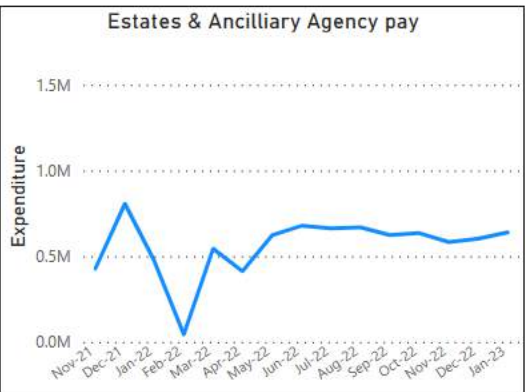


Agency



Total agency spend in January was £5.5m an increase of £0.6m compared with December. Costs stated exclude the on-going agency provision review of cancelled shifts across all Divisions, therefore represent the true spend position.

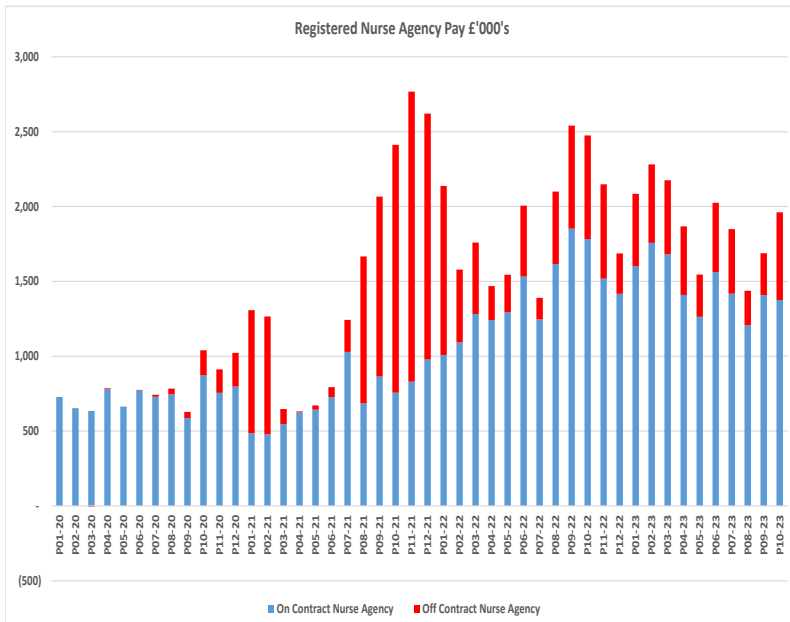


	<ul style="list-style-type: none"> • In-month spend of £2.1m an increase of £0.4m compared to December. • Reasons for use of registered nurse agency include: <ul style="list-style-type: none"> ◦ Additional service demand including opening additional hospital beds (winter surge), support for recovering Covid-19 patients, ◦ Enhanced care and increased acuity of patients across all sites (to note decreased usage in November), ◦ On-going sickness and international recruitment costs and, ◦ vacancies • Increased costs in mental health linked to enhanced care and sickness pressures. • Registered Nursing agency spend averaged c.£1.9m per month in 2021/22.
	<ul style="list-style-type: none"> • In month spend of £0.6m on Estates & Ancillary (similar to last 3 months), which is primarily within GUH and mainly related to Covid. • Reasons for use of agency include: <ul style="list-style-type: none"> ◦ Meeting enhanced cleaning standards, ◦ Covid-19 and surge capacity ◦ Enhanced care and increased acuity of patients, ◦ Sickness, ◦ Vacancies and ◦ Supporting the Mass Vaccination Programme. • Estates and Ancillary agency spend averaged c.£0.5m per month 2021/22.

Registered Nurse Agency

Registered nurse agency spend totalled £22.8m in 2021/22, £18.1m in 2020/21 and £10.2m in 2019/20.

Health Board spend for the year to date is £18.9m on nurse agency. If this level of use continues throughout the financial year it would cost c.£22.7m in 2022/23. The use of “off-contract” agency – not via a supplier on an approved procurement framework – usually incurs higher rates of pay and remains significant in month.



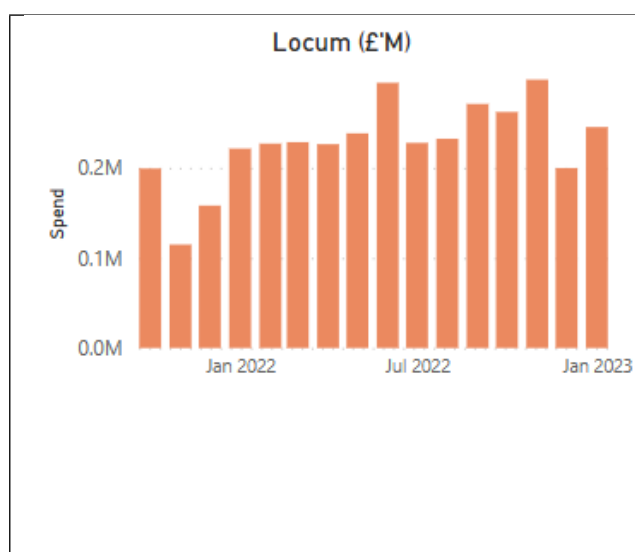
The Health Board spent £0.6m on **“off” contract** RN agency in January which is a £0.3m increase compared with December expenditure levels. These costs reflect the on-going vacancy hours used and the use of agency to cover enhanced care hours. The main reasons for its usage are:

- Enhanced care,
- Additional capacity,
- Nursing vacancies,
- Patient safety,
- Covid-19 responses (especially for recovering patients), and
- Increased sickness and cover for staff in isolation.

As part of the new Variable Pay savings programme for 2022/23, the Nurse Agency Reduction Plan will form a key part of delivering efficiencies into the future.

It should be noted that the number of unfilled nursing shifts remains at a high level throughout the HB (c.200wte which was approximately 8% of all shifts required). If all these shifts were filled through variable pay the cost impact would be significant.

Medical locum staff



- Total locum spend of £0.2m, a similar level to December.
 - COTE costs remain due to operational pressures.
 - T&O costs increased in-month by £0.022m
 - Radiology remains the specialty with the greatest expenditure (£0.05m in-month).
 - Expenditure incurred in relation to vacancies, elective recovery alongside other operational pressures.

Enhanced Care

Enhanced Care, also known as 'specialling', can be provided for a variety of reasons ranging from the provision of assistance to help a patient mobilise or avoid falls, through to one-to-one patient monitoring. Enhanced care is designed to ensure an appropriate level of safety and supervision for patients with additional care needs.

A review of the financial impact of 'enhanced care' – including the use of bank and agency staff – has identified the following use of nursing staff:

	2020/21	2021/22	2022/23 (forecast)	2022/23 increase
Average number of hours used per month	15,305	35,446	38,644	11%
Average monthly notional expenditure (£m)	£ 0.24	£ 0.70	£ 0.84	
Increase in average notional cost per month (£m) compared to prior year				£0.14m
Total annual costs (£'000)	2,826	8,413	10,072	1,659

In January, enhanced care hours and associated costs remained high within the Medicine Division with significant use in the Community Hospitals and the Scheduled Care Division. Enhanced care cover hours and costs continue to increase significantly in the Mental Health division in January. It should be noted that the hours quoted are the number of bank and agency hours worked using 'enhanced care' as the reason for booking. Notional costs are calculated using average registered/unregistered hourly rates incurred. These have been updated for 2022/23 using shift time, type and specialist rates where defined, as well as updating for bank payments. The E-Systems team within the Workforce and OD Division are continuing to undertake a review of previously booked shifts which may result in future amendments for previous months.

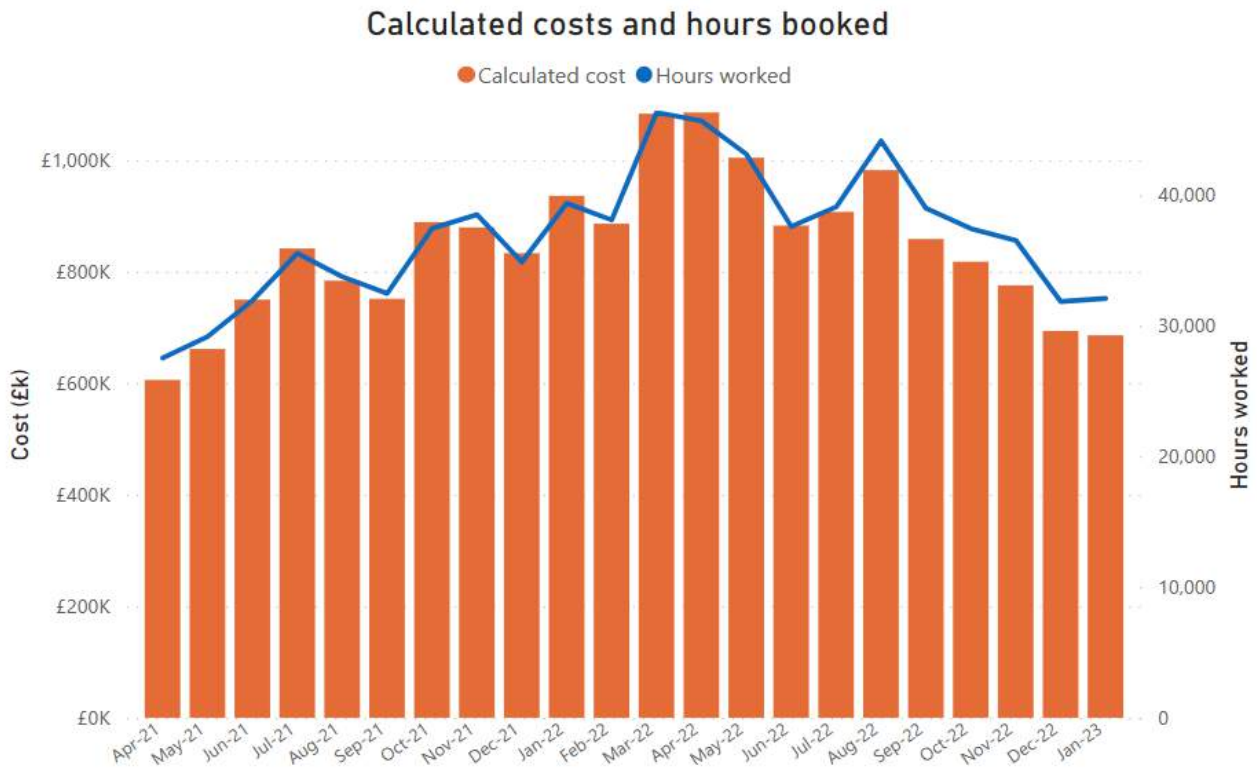
There has been a distinct increased use of enhanced care hours and associated costs during 2022/23 (see graph below), the January cost of £0.7m is representative of the current reducing usage level.

The level of the provision of enhanced care for patients within Medicine for December 22 is shown below:

Enhanced Care by Hospital Site as a percentage of total bed capacity	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10
RGH										
Total no of Medicine beds	192	192	192	192	192	192	192	192	192	192
monthly average enh care patients	42	44	43	30	45	55	58	69	46	33
%age of beds in receipt of enh care	22%	23%	22%	16%	23%	29%	30%	30%	24%	17%
NHH										
Total no of Medicine beds	164	164	164	164	164	164	164	164	164	164
monthly average enh care patients	62	59	59	39	35	28	26	26	26	25
%age of beds in receipt of enh care	38%	36%	36%	24%	21%	17%	16%	16%	16%	15%
GUH										
Total no of Medicine beds	91	91	91	91	91	91	91	91	91	91
monthly average enh care patients	40	29	24	18	32	41	36	41	29	36
%age of beds in receipt of enh care	44%	32%	26%	20%	35%	45%	40%	45%	32%	40%
YYF										
Total no of Medicine beds	148	148	148	148	148	148	148	148	148	148
monthly average enh care patients			63	46	35	49	52	53	42	39
%age of beds in receipt of enh care	0%	0%	43%	31%	24%	33%	35%	36%	28%	26%
Total										
Total no of beds	595	595	595	595	595	595	595	595	595	595
Total monthly average enh care patients	144	132	188	134	147	173	172	189	143	133
Percentage	24%	22%	32%	22%	25%	29%	29%	32%	24%	22%

The following graph highlights the increase in hours attributed to enhanced care for the period April 2021 to January 2023 using bank and agency registered nurses and health care support workers.

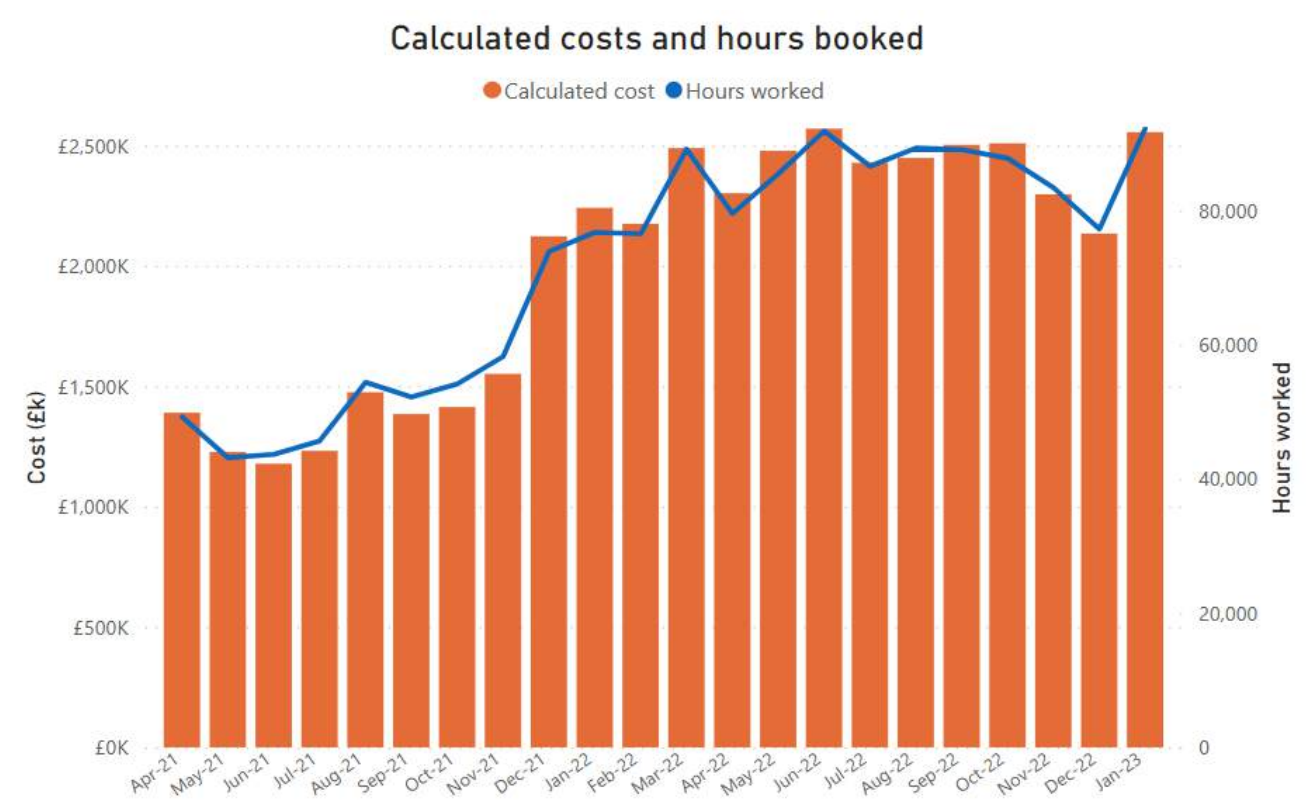
Enhanced Care bank and agency calculated costs and hours booked



Nursing vacancy cover

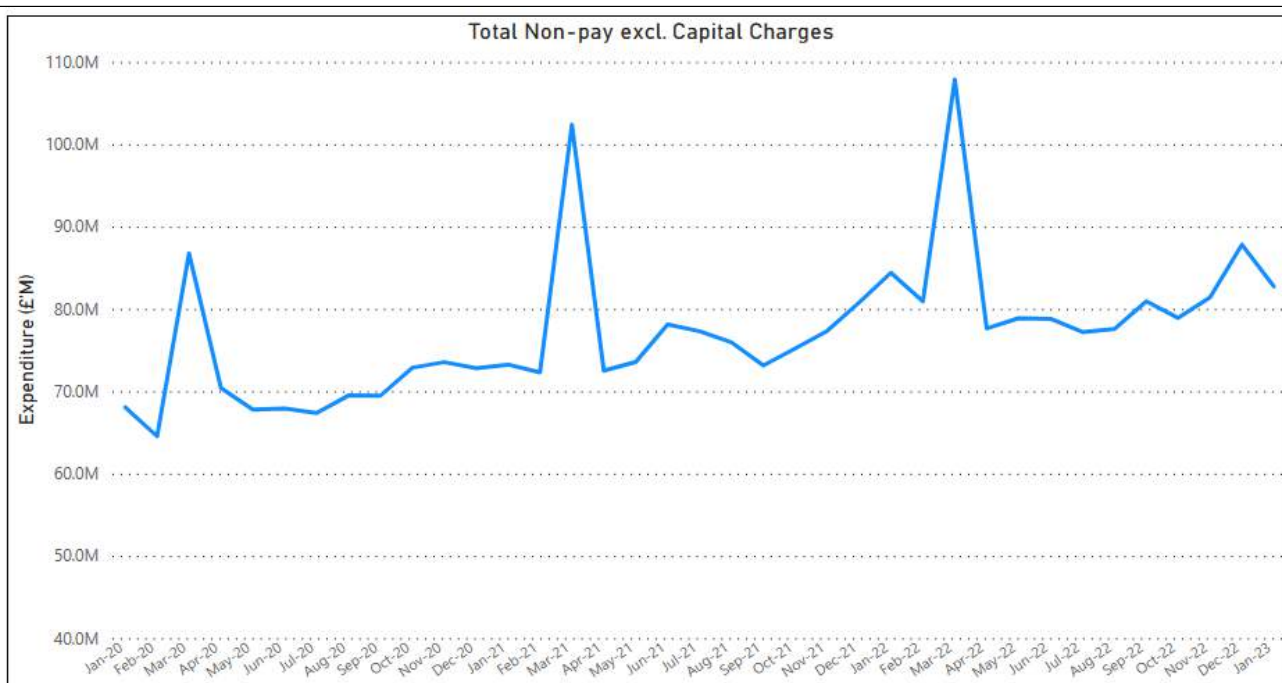
The graph below describes the bank and agency hours and costs relating to those booked to cover vacancies. The graph highlights that in January 2023 variable pay relating to vacancies increased to the highest level for 22/23.

Calculated bank and agency costs / hours booked to cover shifts resulting from vacancies



Non-Pay

Spend (excluding capital) was £82.7m in January which is a £5.1m decrease in comparison to December. Non-recurrent funded WHSSC drugs costs, Project 111 and increased rates costs in December contribute to the comparatively decreased January expenditure. There remains no impact to the overall UHB financial position. A graph demonstrating non-pay expenditure since January 2020 is shown below (it should be noted that the peaks are year-end adjustments and Month 12 items):-



Increased energy costs remain a volatile cost pressure, further additional funding anticipated is now estimated at c.£13.6m, updated data from NWSSP will revise the estimate. Future month forecasts will continue to be updated in line with the latest data received from NWSSP and internally for those energy costs outside of this arrangement.

Other areas to note are:

- CHC Mental Health – the current patient numbers at the end of January were 414 (at a cost of £3.7m in January) which is a net increase of 3 MH&LD patients in month. A review of the Mental Health CHC database has resulted in a reduction in forecast expenditure.
- CHC Adult / Complex Care - 594 total active placements (decrease of 12 from December). There was an increase of 2 D2A patients and a decrease of 7 placements on the 'Step Closer to Home' pathway (27 total) in January. The table below summarises the current position:

Activity	December 2022	January 2023	Movement
D2A	44	46	+2
Step Closer to Home	34	27	-7
All Other CHC	528	521	-7
Total	606	594	-12

- FNC - currently 898 active placements, which is an increase of 11 from end of December placements (expenditure of £873k in January).
- CHC Paediatric – currently 27 Out of County patients (YTD cost of £1.2m) and 15 internal packages. This level of activity is forecast for the remainder of 2022/23.
- Primary Care medicines – the expenditure year to date is £92.4m. The January 2023 year-end forecast is based on growth in items off-set by the impact of implementing 56 day prescribing (using the underlying growth estimate) with an average cost per item of £7.15, No Cheaper Stock Obtainable (NCSO) drug costs remain high, historically there was a significant impact for 5 or 6 drugs

however this has increased to approximately 200 drugs currently with a further increased forecast financial pressure of £1.1m. Cost increases compared with pre-Covid levels have not been mitigated through medicines management actions due to redeployment of pharmacy staff. Mitigating actions and resources to deliver cost reductions in prescribing costs are now available as redeployed staff have returned to their substantive roles.

Service Pressures & Activity Performance

Bed Capacity

Additional medical beds have been opened as part of responding to the system pressures described previously. Additional capacity beds increased in January 2023 and is now at 190 beds as at end of January (153 additional beds in December) these are described in the table below:

No. of Additional Beds						
Site	Ward	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
RGH	C6E Med Additional Capacity from Oct	30	28	30	30	30
	Other wards	0	0	8	0	0
NHH	3rd Floor	11	11	11	11	11
	4th Floor	9	8	7	7	43
	AMU	5	0	0	0	0
GUH	B4	8	8	8	8	8
	A4	2	1	1	2	2
	A1	8	8	8	8	8
	Fox Pod	0	0	0	0	0
	Other wards	7	6	6	3	0
YYF	Rhymney	0	0	0	2	0
	MAU	27	27	27	27	27
RGH AMU	AMU / D1W	10	6	0	6	12
Sub-total Medicine		117	103	106	104	141
STW	Ruperra	24	24	24	24	24
	Holly	0	0	0	10	10
YAB	Tyleri	15	15	15	15	15
Sub-total Community		39	39	39	49	49
Total		156	142	145	153	190

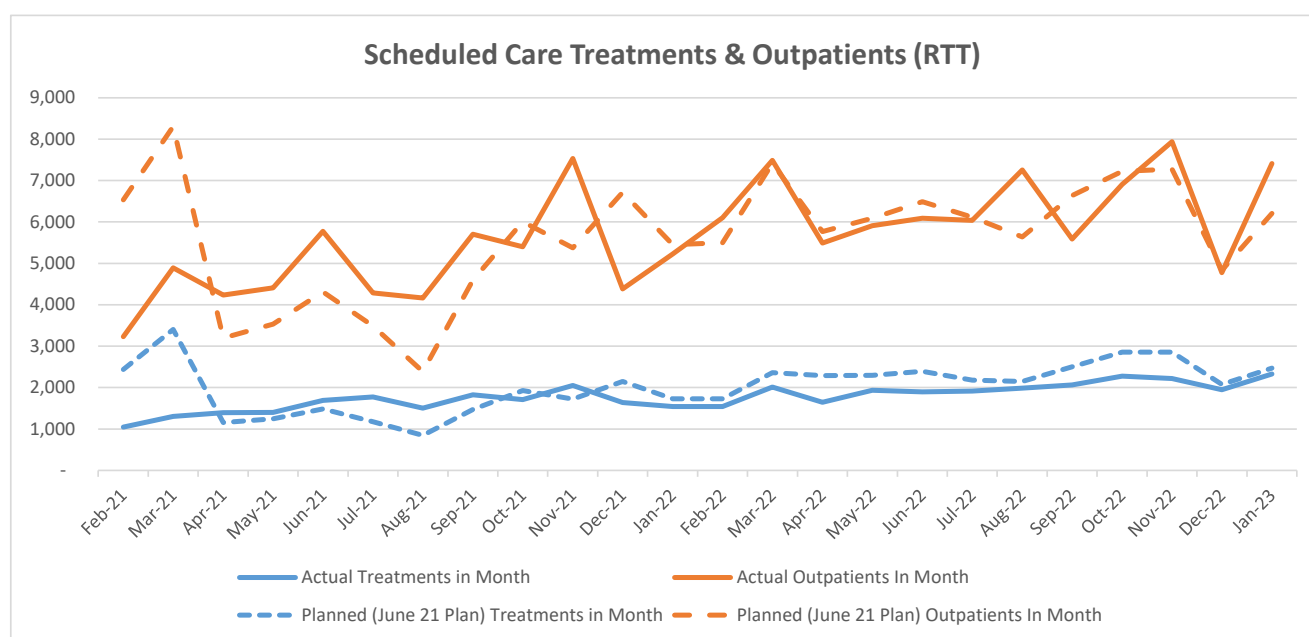
Due to Urgent Care system pressures there is also frequently the need to 'Board' patients in temporary beds in wards, which is not reflected above.

Scheduled Care treatments and outpatients

Elective activity in January increased compared with December but remains significantly below planned levels (year to date 3,856 treatments under plan). Under delivery is due to a range of reasons including vacancies, sickness, reduced theatre utilisation and a low uptake of additional sessions. Urgent care pressures and winter plans will have also affected performance.

Outpatient activity had a significant increase in-month mainly due to an increase in core General Surgery activity and T&O WLI activity. Virtual clinics are also being used as well as on-going review of clinic templates for a number of specialities. Whilst most routine elective services have fully resumed, elective activity remains lower than pre-Covid-19 levels.

There remain significant efficiency opportunities in the delivery of elective care, which will be progressed as part of the Planned Care programme.



- Elective Treatments for January '23 was 2,326 (December '22 was 1,949).
- Outpatient appointments for January '23 was 7,411 (December '22 was 4,779).

Scheduled care performance is based on the original Divisional Demand & Capacity (D&C) plans, which were agreed at the beginning of the financial year. Variable activity remains lower than plan driven by staff availability, and there has been reluctance this year from consultants to undertake WLIs (particularly in T&O) due to the potential pension tax impacts. The pattern has been similar throughout the year, the Division refreshed their D&C plans to give a more realistic target. As at the end of M08, achievement to Core was consistent at 86.2%. The Division was reporting a 98.7% achievement against the revised plan on variable activity. The achievement against core targets needs to be maximised to avoid the use of variable activity high cost solutions.

Medicine Outpatient Activity

Medicine Outpatient activity for January '23 was 1,783 attendances (December '22 was 1,597 attendances and 2021/22 activity 15,581, a monthly average of 1,298) the year to date activity is presented by specialty below:

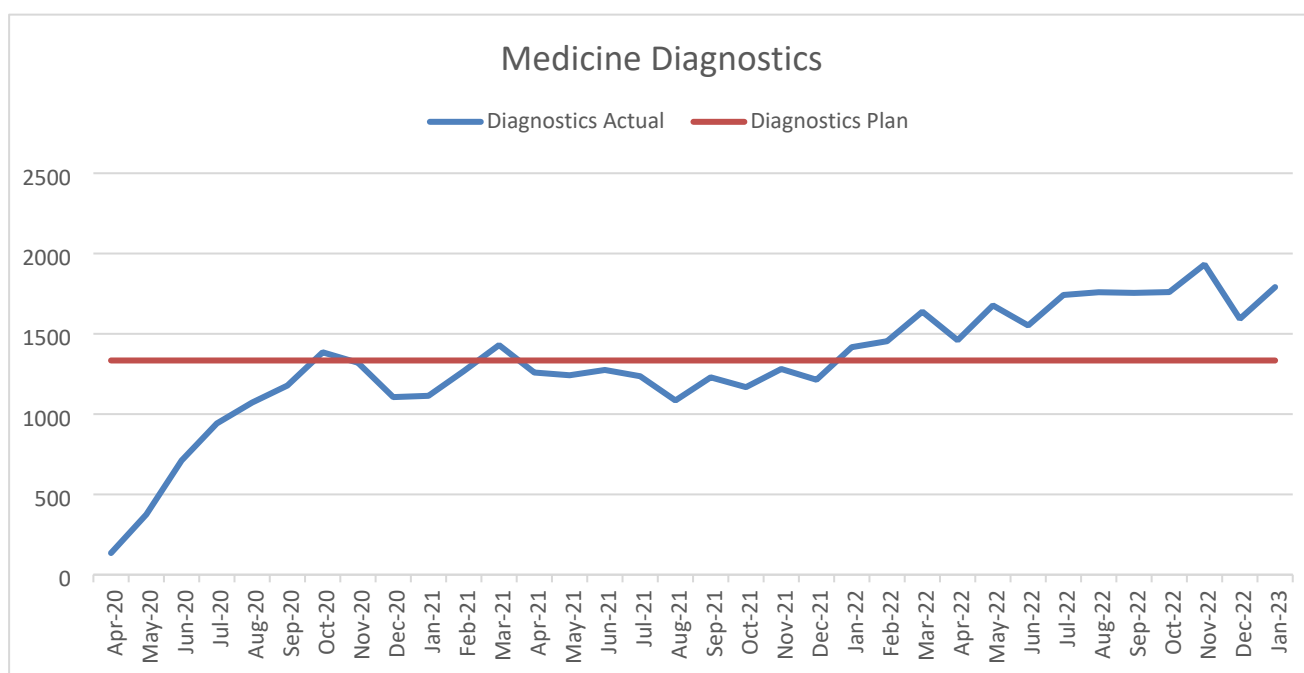
Jan-23

YTD Jan-23	Assumed monthly activity	Actual activity	Variance	Variance
Gastroenterology	4925	2585	-2340	48%
Cardiology	4915	3598	-1317	27%
Respiratory (inc Sleep)	5305	3561	-1744	33%
Neurology	2580	2418	-162	6%
Endocrinology	2140	1600	-540	25%
Geriatric Medicine	2720	1782	-938	34%
Total	22585	15544	-7041	31%

Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for January '23 was 1,791 procedures which is 457 cases more than plan. Additional services have been commissioned.

The activity undertaken since April '20 is shown below;



Covid-19 – Revenue Financial Assessment

Total Covid-19 costs are shown as c.£70.9m and at this stage the Health Board is including matched funding:

- Testing - £4.58m. This funding includes Testing Team and Pathology department testing costs.
- Tracing - £6.06m
- Mass Vaccination - £8.1m
- Extended flu - £1.5m
- PPE - £2.3m

- Cleaning standards - £2.2m
- Long Covid - £0.9m
- Nosocomial investigation - £0.8m, and
- Other additional local Covid-19 costs (now including dental income target reduction) - £44.5m.

Covid forecast costs decreased in month 10 (c.£0.3m) linked to a reduction in PPE forecast costs, this will continue to be monitored. Some of the activity has been mitigated through other local solutions but remains an area requiring further monitoring.

The Health Board is reporting costs for additional capacity and maintaining Covid-19 safe and compliant operational service delivery across all sites, as part of the other additional local Covid-19 costs.

The cost impact of responding to Covid-19 and emergency system pressures along with increased patient acuity is closely monitored and the implications for Q4 will continue to be reviewed and appropriately reflected in future monthly reports.

Though a higher cost, the Covid assumptions are in line with those used for the submitted IMTP, correspondence from WG and the IMTP financial assumptions letter sent in March 2022. In addition, forecast costs decreased for discharge support, facilities and enhanced cleaning, this is linked to revised workforce plans for later in the financial year. On-going review of the local schemes is required to ensure forecasts and classifications remain in line with the assumptions described.

The table below describes allocations which have been confirmed and received versus those which remain anticipated.

Type	Covid-19 Specific allocations - January 2023	£'000
HCHS	Tracing	4,872
HCHS	Extended flu	1,517
HCHS	Testing (inc Community Testing)	3,512
HCHS	PPE	1,824
HCHS	Mass COVID-19 Vaccination	4,825
GMS	Mass COVID-19 Vaccination	1,678
Dental	E1. Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS income	2,308
HCHS	Cleaning standards	1,391
HCHS	A2. Increased bed capacity specifically related to C-19	7,792
HCHS	A3. Other capacity & facilities costs	5,585
HCHS	B1. Prescribing charges directly related to COVID symptoms	8
HCHS	C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	10,886
HCHS	D1. Discharge Support	5,531
HCHS	D5. Other Services that support the ongoing COVID response	1,271
HCHS	Nosocomial investigation and learning	753
	Total Confirmed Covid-19 Allocations	53,753
HCHS	Testing (inc Community Testing)	1,065
HCHS	Tracing	1,186
HCHS	Mass COVID-19 Vaccination	1,597
HCHS	PPE	500
HCHS	Cleaning standards	810
HCHS	Long Covid	887
Dental	E1. Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS income	0
HCHS	A2. Increased bed capacity specifically related to C-19	3,176
HCHS	A3. Other capacity & facilities costs	1,711
HCHS	B1. Prescribing charges directly related to COVID symptoms	4
HCHS	C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	3,723
HCHS	D1. Discharge Support	1,896
HCHS	D4. Support for National Programmes through Shared Service	0
HCHS	D5. Other Services that support the ongoing COVID response	628
	Total Anticipated Covid-19 Allocations	17,184
	Total Covid-19 Allocations	70,937

There is a risk of costs increasing linked to increased patient acuity and the winter Covid response. This will be updated in future months as necessary.

Exceptional Cost Pressures

The exceptional cost pressures recognised by Welsh Government for 22/23 includes energy prices, employers NI and the Real living wage costs for social care contracts. It has been agreed that these be managed with WG on a collective basis with funding assumed to cover costs, albeit the funding is not confirmed. The Health Board still has a duty to mitigate these costs within its financial plan to reduce the collective risk.

- It should be noted that increased energy costs are based on forecasts provided by NWSSP adjusted for any local information. Energy prices were adjusted based on the latest information received in February. For reference historic energy costs were c.£8.5m in 2021/22.
- Employers NI and Real living wage funding have now been delegated.

Type	Exceptional items allocations - January 2023	£'000
HCHS	Energy prices increase	8,440
HCHS	Employers NI increase	2,953
HCHS	Real living wage	2,154
	Total Confirmed Exceptional items Allocations	13,547
HCHS	Energy prices increase	5,156
	Total Anticipated Exceptional items Allocations	5,156
	Total Exceptional items allocations	18,703

Welsh Government has stated that they do not expect any further increases to the expected funding for Covid and exceptional items. The Health Board is expected to manage these costs downwards wherever possible.

- **Revenue Reserves**

Health Board reserves are held by the Board, until such time as they agree their use or delegate this responsibility to the Chief Executive as Accountable Officer. Agreed funding delegations per the Board Budget Setting paper have been actioned, however, some funding allocations are held in reserves, where their use is directed by Welsh Government or funding is allocated for a specific purpose.

The following reserves, relating to WG Funding, were approved for delegation by the CEO in Month 10.

£1.5m Mental Health Service Improvement funding 3 rd tranche, delegation in line with spend plan to Mental Health	£3k SLC – All Wales Communication Board - delegate to Family & Therapies
£138k Digital Priorities Investment Fund underspend bid – delegate funding to Director of Planning	£1m Local Public Health funding transfer - delegation to Director of Public Health for Local Public Health Team transfer.
(£420k) C19 Mass Vaccination – recover budget from Director of Public Health	£1.5m additional bank holiday funeral – delegate to Divisions based on actual costs and estimated variable pay.
£1.451m Value Based Healthcare – delegate to Divisions as agreed at Exec Team	£57k Junior Doctors income – adjust income target
£197k NWSSP income – increase central income budget	£13k Velindre oncology SLA – delegate to Scheduled Care
£4k Swansea Bay SLA (Newborn Hearing screening) – delegate to Scheduled Care	

There is no contingency reserve held by the Board in 22/23.

Long Term Agreements (LTA's)

LTA agreements have been signed with all Welsh providers/commissioners in accordance with the DOF LTA Financial Framework for 2022-23. Initial performance data shows significant variation from baselines levels (both under and over performance) depending on the provider / commissioner.

A forecast Velindre activity & NICE pressure of £0.6m, a forecast overperformance on the C&VUHB LTA of £0.6m and projected income shortfall on NCAs/English Contracts of £0.8m has been reported offset by forecast underperformance on the CTMUHB LTA of £1.5m, the £3.2m projected underspend on the WHSSC position and a £0.7m projected underspend on the EASC position both reflecting slippage against the IMTP.

Velindre forecasting remains a particular risk due to the volatility in NICE forecasting based on the forecasts provided to ABUHB. ABUHB has established a clinically led drugs review process with Velindre NHS Trust.

Underlying Financial Position (ULP)

The Underlying (U/L) forecast position is a brought forward value of £21m. Going into 2023/24 the position was planned to be an underlying deficit to carry forward of £8.1m, this was based on the level of in year recurrent savings.

A paper describing the closing forecast underlying position was agreed in principle with the Finance & Performance Committee (11th January 2023).

The analysis of the c/f underlying deficit is broadly described as follows:-

- Forecast 2022/23 deficit - £37m
- Local Covid schemes becoming recurrent - £30m
- Energy costs - £13m (noting this will change dependant on 22/23 forecasts)
- Full year effect of 22/23 plans (and non-recurrent actions) - £9m
- Total £89m

However, the range is £89m to £116m deficit.

Further analysis will be required as part of the IMTP process and a final figure will be confirmed with the Board.

Financial sustainability is an on-going priority and focus for the Health Board.

The Health Board's 2022-25 IMTP identifies several key priorities where the application of Value-Based Health Care principles – improving patient outcomes along with better use of resources – should result in delivering greater service, workforce and financial sustainability whilst improving the health of the population. The actions being taken through transformation programmes to improve financial sustainability are integral to this approach and need to be driven with greater pace.

Health Board savings schemes for 2022/23 need to be implemented in full and on a recurrent basis both to manage future cost pressures and reduce the underlying deficit.

Savings delivery

As part of the IMTP submitted by the Board to Welsh Government (March 2022), the financial plan for 2022/23 identifies a core savings requirement of £26m and cost mitigation of £19m. As part of the mid-year review a revised savings plan for £23m has been confirmed.

As at Month 10 forecast savings achievement in 22/23 is £23.1m however this includes a level of on-going risk to ensure full delivery of savings and cost avoidance from opportunities identified.

In agreement with the Board previous savings schemes have been replaced with a number of further savings plans which are required to deliver in full in order to

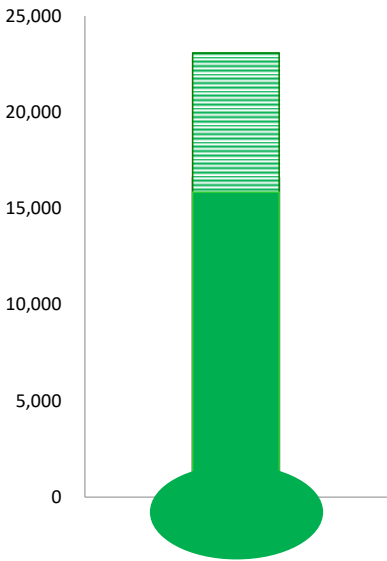
achieve the £37m deficit forecast. The revised savings forecast is made up as follows:

	£'000
Original IMTP plan	26,238
Remove amber schemes which will not be achieved and adjustments for forecast schemes being achieved	(19,818)
Additional amber schemes input in month 6	16,663
Revised 2022/23 savings forecast	23,083

Actual savings delivered to December amounted to £15.8m compared with month 10 revised planned delivery of £13.1m. The profile of savings has been amended to reflect current service challenges with the expected delivery profile significantly increased in the later months of 2022/23.

Savings Progress: as at Year To Date
Month 10

- ABUHB Savings required to be Identified Per AOF Submission
- IMTP Savings Identified to WG
- Savings Plans Forecast Delivering
- Savings Achieved to M10



Month 10 Forecast Savings Plans

	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	1,504	1,504	0	0
Commissioned Services	3,001	3,001	0	0
Medicines Management (Primary and Secondary Care)	3,858	1,380	2,478	3,451
Pay	4,156	1,978	2,177	2,654
Non Pay	10,565	10,514	51	180
Total	23,083	18,377	4,706	6,285

Month 10 all schemes are green rated

Further scheme detail is provided in the appendices

Savings by WG monitoring return (MMR) and general category are shown as per the table below:

Category	Sub-category	Forecast		
		Green	Amber	Total
Medicines Management	Prescribing	2,517		2,517
	Scheduled Care rationalisation / switching original plan	180		180
	Scheduled Care Lenaliumide	1,133		1,133
	Further medicines management	28		28
Pay	Variable pay - sickness / overseas & medical agency	2,378	-	2,378
	MSK	83	-	83
	Further medical agency	777		777
	Enhanced Care	758		758
	HCSW agency	582		582
	DTOC / Surge beds	1,500		1,500
	All others	131		131
Non-pay	Corporate / transformation	774		774
	Procurement revised	927	-	927
	Facilities related	232	-	232
	Mental Health	117		117
	Adult & Paediatric CHC	1,504		1,504
	Other non-pay / schemes	736	-	736
Income / other schemes	Specific funding queries	2,278		2,278
	Hospital / Out of hospital efficiency	1,326		1,326
	Testing reduction	1,600	-	1,600
	Commissioning	2,896		2,896
	RTT review	626		626
Total		23,083	0	23,083

There are a range of updated savings plans/mitigating actions that are required to achieve the forecast position. These are listed with profiles in the table below. It is an urgent requirement to progress and finalise these plans with key actions in line with the profiles listed.

Scheme	MONTH 6 PLAN	Lead Director	RECOVERY & SAVINGS FORECAST AS AT M10 £'000							Forecast variance to original M6
			Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total	
Medical and other agency and locum	1,098	SS/JC				259	259	259	777	321
Enhanced Care	1,071	SS/JC				253	253	253	759	312
HCSW Agency	582	SS/JC			120	154	155	153	582	0
DTOC/RPB plans - surge beds	1,500	CoC				749		751	1,500	0
Medicines Management	655	CoC		134	68		95	94	391	264
Medicines Management - further schemes	355	CoC							0	355
CHC	748	CoC		774		690	20	20	1,504	(756)
Non-pay / Procurement	525	RH		456	-	8	405	58	927	(402)
Transformation	100	All							0	100
Specific Divisional reviews	3,200	LW/CoC	16			16	242	300	574	2,626
Funding review	1,128	RH	378	733	92	92	92	93	1,479	(351)
Corporate opportunities	1,452	All		534	530	239	190	233	1,725	(273)
Commissioning	775	RH	818	1,020	303	242	248	265	2,896	(2,121)
Testing	1,600	PC		320	320	320	320	320	1,600	0
Efficiency schemes - in hospital	500	LW				132	14	13	159	341
Efficiency schemes - out of hospital	150	CoC		26	134	615	195	195	1,165	(1,015)
RTT	1,224	LW			68	119	219	220	626	598
Total	16,663		1,212	3,996	1,634	3,887	2,706	3,226	16,663	0

Forecast savings by Division are shown below:-

Division	Forecast		
	Green	Amber	Total
Complex Care	1,304		1,304
Medicine	1,009		1,009
Urgent Care	678		678
Scheduled Care	3,471		3,471
Clinical Support Services	400		400
Primary Care and Community	4,519		4,519
Mental Health and Learning Disabilities	1,936		1,936
Family & Therapies	637		637
Estates and Facilities	682		682
Corporate	5,563		5,563
Commissioning	2,884	-	2,884
Total	23,083	0	23,083

All schemes are shown as green although a residual risk remains in order to ensure all schemes are fully achieved in the following categories:-

- Medicines Management – risk regarding Ophthalmology and other biosimilar savings
- DTOC surge beds
- RTT activity
- Procurement / non-pay

Savings schemes straddle transformational, transactional, and operational plans. Aligned to progressing the savings and mitigating actions, a value focussed pathway approach is being employed. The Health Board has agreed priority areas for focussed support using a programme management approach with MDT support through an Executive lead, value, performance, workforce, service, planning and finance representation. These now need to be accelerated for sustainable solutions to support long-term financial recovery.

Furthermore, the Health Board will continue to identify and implement transactional and operational savings including the reduction in agency spend, to leverage the benefits of digital investment and will fully utilise the ABUHB opportunities compendium and other sources where appropriate.

To deliver greater levels of savings and to achieve better use of resources, which improves health outcomes – and doesn't adversely impact safety and quality – a greater focus is required on savings and efficiency improvement related to:

- Eliminating unwarranted clinical variation
- Delivering improved efficiency
- Transformational service change
- Reducing waste

It is important to note that a number of Divisions are pursuing savings plans internally to mitigate local cost and underlying pressures.

The Board have implemented a Financial Recovery 'turnaround' approach to accelerate financial cost reduction for 2022/23, this is a standing item at Executive

Team meetings and reports are provided through the Finance & Performance Committee and to the Board.

Forecast

The month 10 forecast has been reported as a £37m deficit but with risk. An accountable Officer letter has been sent to Welsh Government outlining the reasons for this, described earlier.

The Executive Team meet on a weekly basis with financial recovery 'Turnaround' being a standing item. In addition, a monthly financial recovery Executive Board has been established. The Chief Executive has asked all budget-holders across the UHB to consider and develop further short-term measures. Further transformational opportunities with their implications are being considered in parallel to support sustainable solutions.

Budget Setting, Accountability & Budget Delegation Letters

The Board is responsible for ensuring that the Health Board meets its financial duty, through exercising financial supervision and control through the IMTP and budget plan for the organisation. The Chief Executive has responsibility for initiating a formal process of budget delegation following approval of the budget from the Board; this is achieved through budget delegation letters either annually or where there are material changes more frequently. These clearly set out the expectations regarding managing within the delegated budget levels. This should be cascaded to all budget holders.

A budget delegation paper for quarter 2 budgets including adjustments for Covid-19 and exceptional items was approved at July's Board. Funding was delegated to Divisions in month 4 with an on-going review thereafter.

2022/23 IMTP revenue plan profile

The in-month variance profile submitted as part of the IMTP (@ M1) for 2022/23 is presented below:

£m Deficit (Surplus)	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total Year End Position
Forecast Monthly Position	1.67	1.27	1.01	- 0.39	- 0.39	- 0.39	- 0.45	- 0.45	- 0.45	- 0.45	- 0.45	- 0.52	0.00

This profile has now been updated for month ten to reflect slippage in savings and cost reduction delivery profiles, however, this assumes the month 6 additional £16.6m of savings are still achievable in full and fully mitigates any further operational risks. This is reflected and shown as follows in the table below:

£m Deficit (Surplus)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
Revised forecast position	1.67	3.21	3.48	5.97	3.10	5.35	2.96	3.02	3.00	2.42	1.76	1.06	37.00

Risks & Opportunities (2022/23)

There are significant risks to managing the 2022/23 financial position, which include:

- Ensuring full delivery of the savings plans identified in the IMTP
- Identifying savings to mitigate any further financial risks identified outside of the IMTP,
- Quarter 4 additional Covid cost pressures (assumed to be minimal at present but the risk remains),
- Workforce absence / self-isolation / vacancies, availability of staff for priority areas,
- Continued or increased delayed discharges of care / medically fit patients in hospital beds including delays in social services and packages of care,
- Additional operational pressures including increased managed practice, prescribing and nurse vacancy cover,
- Volatility in prescribed drugs costs including NCSO,
- IFRS16 - implementation of IFRS16 (lease accounting) in NHS Wales will go live in April 2022. The Board assumes that any revenue or capital resource implications of implementation will be managed by Welsh Government, with no financial impact to Health Boards or Trusts across Wales,
- Additional costs of new trainee doctor and dentist contract,
- Additional Welsh Risk Pool and/or Litigation costs,
- Cash availability, and
- Any further potential industrial action in 2022/23.

The table below presents the risks reported to Welsh Government for month 10:

Risk narrative	Likelihood	£'000
Operational pressures and revised amber savings schemes	High	3,925
Sub-total		3,925
Current reported forecast outturn		37,000
Total		40,925

Managing the financial risk is dependent on developing service and workforce plans that are sustainable during 2022/23 and in the future. These operational assumptions will be reviewed to inform revised forecasts for 2022/23.

Capital

The approved Capital Resource Limit (CRL) as at Month 10 totals £37.418m. In addition, grants totalling £39k and disposals proceeds of £36k have been confirmed. In October, the All-Wales Capital Programme (AWCP) scheme allocations were confirmed to Welsh Government (WG) and fixed. Any slippage against the agreed allocations now needs to be managed through accelerating spend on other AWCP or 2023/24 Discretionary Capital Programme (DCP) schemes. Additional slippage against the RGH Endoscopy (£548k) and RGH Block 1 and 2 demolitions (£100k) is being reported in month. The Health Board is currently anticipating the slippage can be managed by accelerating spend on the NHH Satellite Radiotherapy scheme (£403k) and 2023/24 DCP schemes to bring the position back to breakeven.

The GUH final account with Laing O'Rourke is planned to be agreed by mid-March. The Well-being works to Grange House have commenced and are due to complete in early April 2023. The forecast of £2.422m reflects the delay to the anticipated VAT recovery claim into 2023/24 and reimbursement to the Discretionary Capital Programme (DCP) of £321k in relation to prior year overspends.

The works at YYF Breast Centralisation Unit are running £188k behind the agreed cashflow profile at month 10 as the recent cold weather delayed the concrete pouring. These works have been rescheduled and will take place before the end of the financial year. The reported outturn is expected to be achieved.

Newport East has experienced some programme delays due to the weather and the late installation of a utilities meter. The delay is not expected to impact on the reported forecast outturn.

The completion of Phase 1 of Tredegar H&WBC has been delayed to July 2023. There continues to be significant cost risks to the scheme including the re-design of the foundations (potential additional £753k plus VAT), EV charging points (not a requirement at Design Stage – a bid has been submitted for potential EFAB funding to mitigate), culvert diversion, Heart building stabilisation, brick supply cancellation (£708k plus VAT) and inflation. The current forecast overspend on the total scheme is £319k which will impact on the DCP in 2023/24 if further WG funding cannot be secured. If the foundations and brick supply cancellation compensation events are found to be valid these will increase the overspend in 2023/24 significantly as they are not currently built into the forecast spend position.

The RGH Endoscopy project reported slippage of £2m in November due to various delays which have caused a 12-week delay to the projected construction cashflow. WG have agreed the HB's brokerage request to manage this slippage via accelerating spend on other AWCP and 2023/24 DCP schemes. Detailed work on the outturn position in month has resulted in a further £548k slippage being reported in January. The 2022/23 allocation includes the purchase of £1.5m of associated equipment and ICT requirements that have been ordered and are expected to be delivered by the end of the financial year.

Works have commenced on the NHH Satellite Radiotherapy Centre. The latest cost advisor reports are advising a spend of £1.410m will be achieved in 2022/23. This is £403k over the approved resource limit for the scheme. The overspend will help to offset the slippage being reported on the RGH Endoscopy scheme. The Outline Business Case for the Mental Health SISU is expected to be submitted to March Board for approval.

The Health Board Discretionary Capital Programme (DCP) forecast outturn for 2022/23 is £8.738m funded by:

- 2022/23 DCP Funding - £8.227m (a reduction of 24% compared to 2021/22)
- Reimbursements from AWCP schemes (GUH/ Newport East / RGH Endoscopy) - £727k
- Grant funding received (Sparkle and R&D) - £39k
- Disposal Proceeds - £36k
- Less 2021/22 AWCP scheme brokerage & scheme overspends – (£1.762m)
- Plus 2022/23 AWCP brokerage - £1.472m

During the month, IT schemes planned for the 2023/24 DCP (£320k) were approved to offset slippage. Additional schemes from the 2023/24 DCP will be accelerated to use the remaining contingency of £105k.

Cash

The cash balance as at the 31st January is £2.977m, which is below the advisory maximum figure set by Welsh Government of £6m.

Public Sector Payment Policy (PSPP)

The Health Board did not achieve the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods in January (94.4%) but the cumulative target remains above the target (95.1% in January). We are continuing to work with those departments where invoices are being processed outside of the 30-day payment terms.

Argymhelliad / Recommendation

The Board is asked to note for assurance:

- The financial performance at the end of January 2023 and forecast position against the statutory revenue and capital resource limits,
 - The savings position for 2022/23,
 - The level of risk to the financial position,
 - The revenue reserve position on the 31st of January 2023,
 - The Health Board’s underlying financial position, and
 - The Capital position.
-
- Note the appendices attached providing further information.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources Governance, Leadership & Accountability All Health & Care Standards Apply Choose an item.

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	ABUHB Financial Systems ABUHB workforce & performance information systems ABUHB efficiency compendium
Rhestr Termau: Glossary of Terms:	A&C – Administration & Clerical A&E – Accident & Emergency A4C - Agenda for Change AME – (WG) Annually Managed Expenditure AQF – Annual Quality Framework AWCP – All Wales Capital Programme AP – Accounts Payable AOF – Annual Operating Framework ATMP – Advanced Therapeutic Medicinal Products B/F – Brought Forward BH – Bank Holiday C&V – Cardiff and Vale CAMHS – Child & Adolescent Mental Health Services C/F – Carried Forward CHC – Continuing Health Care Commissioned Services – Services purchased external to ABUHB both within and outside Wales COTE – Care of the Elderly CRL – Capital Resource Limit Category M – category of drugs CEO – Chief Executive Officer CEAU – Children’s Emergency Assessment Unit CTM – Cwm Taf Morgannwg D&C – Demand & Capacity DCP – Discretionary Capital Programme DHR – Digital Health Record DNA – Did Not Attend

DOSA – Day of Surgery Admission
 D2A – Discharge to Assess
 DoLS - Deprivation of Liberty Safeguards
 DoF – Director(s) of Finance
 DTOC – Delayed Transfer of Care
 EASC – Emergency Ambulance Services Committee
 ED – Emergency Department
 EDCIMS – Emergency Department Clinical Information Management System
 eLGH – Enhanced Local general Hospital
 EFAB – Estates Funding Advisory Board
 ENT – Ear, Nose and Throat specialty
 EoY – End of Year
 ETTF – Enabling Through Technology Fund
 F&T – Family & Therapies (Division)
 FBC – Full Business Case
 FNC – Funded Nursing Care
 GDS – General Dental Services
 GMS – General Medical Services
 GP – General Practitioner
 GWICES – Gwent Wide Integrated Community Equipment Service
 GUH – Grange University Hospital
 GIRFT – Getting it Right First Time
 HCHS – Health Care & Hospital Services
 HCSW – Health Care Support Worker
 HIV – Human Immunodeficiency Virus
 HSDU – Hospital Sterilisation and Disinfection Unit
 H&WBC – Health and Well-Being Centre
 IMTP – Integrated Medium Term Plan
 INNU – Interventions not normally undertaken
 IPTR – Individual Patient Treatment Referral
 I&E – Income & Expenditure
 ICF – Integrated Care Fund
 LoS – Length of Stay
 LTA – Long Term Agreement
 LD – Learning Disabilities
 MH – Mental Health
 MSK - Musculoskeletal
 Med – Medicine (Division)
 MCA – Mental Capacity Act
 MDT – Multi-disciplinary Team
 MMR – Welsh Government Monthly Monitoring Return
 NCA – Non-contractual agreements
 NCN – Neighbourhood Care Network
 NCSO – No Cheaper Stock Obtainable
 NI – National Insurance
 NICE – National Institute for Clinical Excellence
 NHH – Neville Hall Hospital

NWSSP – NHS Wales Shared Services Partnership
 ODTTC – Optometric Diagnostic and Treatment Centre
 OD – Organisation Development
 PAR – Prescribing Audit Report
 PCN – Primary Care Networks (Primary Care Division)
 PER – Prescribing Incentive Scheme
 PICU – Psychiatric Intensive Care Unit
 PrEP – Pre-exposure prophylaxis
 PSNC –Pharmaceutical Services Negotiating Committee
 PSPP – Public Sector Payment Policy
 PCR – Patient Charges Revenue
 PPE – Personal Protective Equipment
 PFI – Private Finance Initiative
 RGH – Royal Gwent Hospital
 RN – Registered Nursing
 RRL – Revenue Resource Limit
 RTT – Referral to Treatment
 RPB – Regional Partnership Board
 RIF – Regional Integration Fund
 SCCC – Specialist Critical Care Centre
 SCH – Scheduled Care Division
 SCP – Service Change Plan (reference IMTP)
 SLF – Straight Line Forecast
 SpR – Specialist Registrar
 STW – St.Woolos Hospital
 TCS – Transforming Cancer Services (Velindre programme)
 T&O – Trauma & Orthopaedics
 TAG – Technical Accounting Group
 UHB / HB – University Health Board / Health Board
 USC – Unscheduled Care (Division)
 UC – Urgent Care (Division)
 ULP – Underlying Financial Position
 VCCC – Velindre Cancer Care Centre
 VERS – Voluntary Early Release Scheme
 WET AMD – Wet age-related macular degeneration
 WG – Welsh Government
 WHC – Welsh Health Circular
 WHSSC – Welsh Health Specialised Services Committee
 WLI – Waiting List Initiative
 WLIMS – Welsh Laboratory Information Management System
 WRP – Welsh Risk Pool
 YAB – Ysbyty Aneurin Bevan
 YTD – Year to date
 YYF – Ysbyty Ystrad Fawr

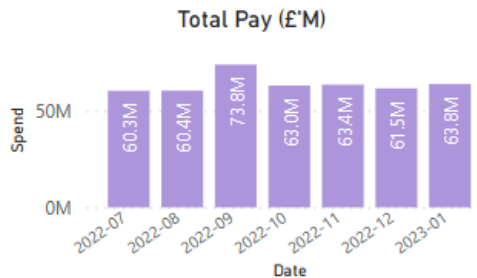
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance & Performance Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

Aneurin Bevan University Health Board
Finance Report – January (Month 10) 2022/23
Appendices

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Pay Summary (1) (subject to change excluding annual leave and Pension employer costs):



Substantive (£'000)

Pay category	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Change	%	Avg 21/22
ADD PROF SCIENTIFIC AND TECHNICAL	1,896	1,889	2,277	1,970	1,955	1,978	1,970	-8	-0.4%	2,219
ADDITIONAL CLINICAL SERVICES	6,561	6,519	8,952	6,974	7,084	6,660	6,829	169	2.5%	6,550
ADMINISTRATIVE & CLERICAL	8,562	8,792	10,817	9,074	9,312	9,287	9,410	123	1.3%	8,262
ALLIED HEALTH PROFESSIONALS	3,550	3,538	4,439	3,729	3,751	3,709	3,751	42	1.1%	3,249
ESTATES AND ANCILLIARY	2,594	2,578	3,494	2,647	2,732	2,623	2,595	-28	-1.1%	2,611
HEALTHCARE SCIENTISTS	989	975	1,087	1,021	988	1,014	1,015	2	0.2%	996
MEDICAL AND DENTAL	12,287	12,175	14,814	12,740	12,797	12,776	13,247	471	3.7%	11,744
NURSING AND MIDWIFERY REGISTERED	14,614	14,492	17,845	15,087	15,375	15,019	14,964	-54	-0.4%	15,021
STUDENTS	9	10	16	9	7	7	7	0	0.4%	3
Total	51,064	50,967	63,741	53,251	54,002	53,072	53,789	716	1.3%	50,655

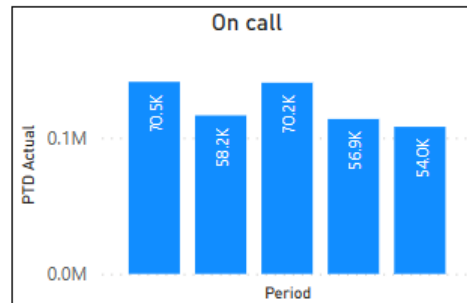
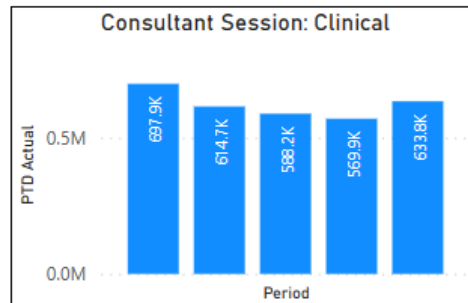
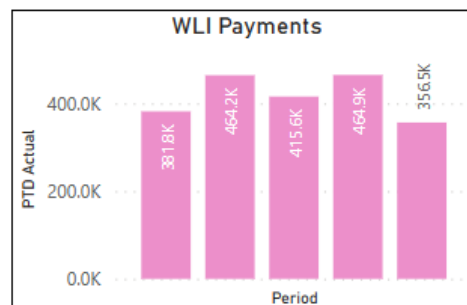
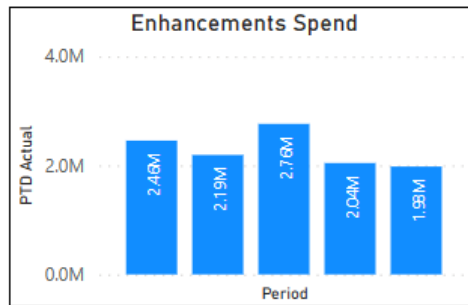
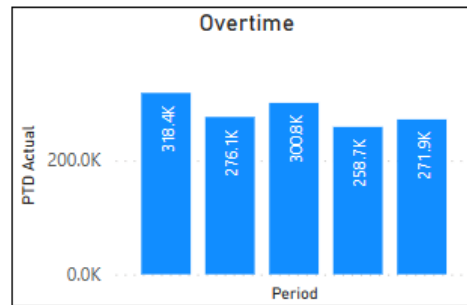
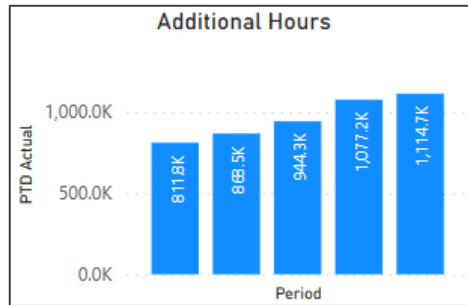
Variable pay (£'000)

Pay category	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Change	%	Avg 21/22
Agency	5,538	5,430	5,644	5,806	5,256	4,873	5,500	626	12.9%	4,774
Bank	3,460	3,757	4,166	3,681	3,889	3,402	4,277	875	25.7%	2,812
Locum	228	232	271	262	298	200	245	46	22.8%	152
Total	9,226	9,420	10,082	9,749	9,443	8,475	10,022	1,547	18.3%	7,738

Total pay (£'000)

Pay category	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Change	%	Avg 21/22
Pay	60,289	60,387	73,823	63,000	63,445	61,547	63,811	2,263	3.7%	58,392

Pay Summary (2): Substantive Pay

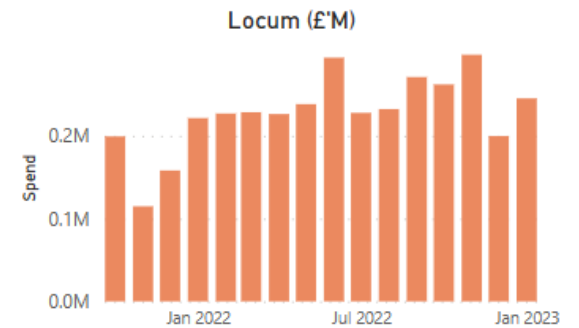
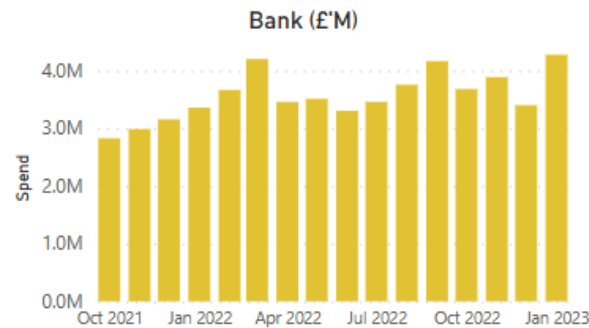
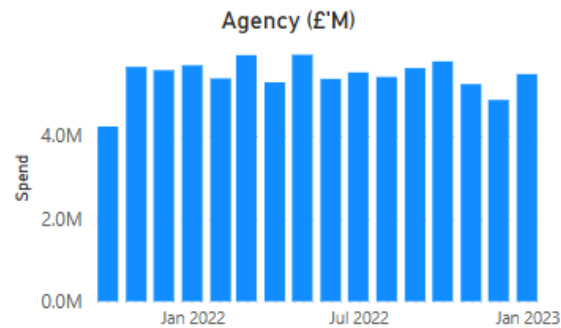


Analysis type by Division

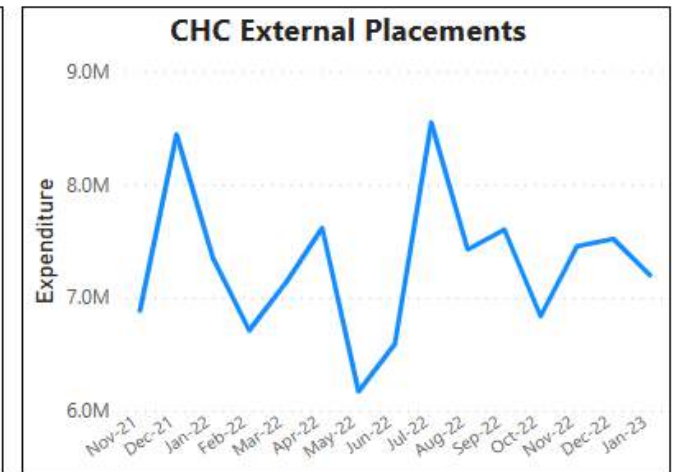
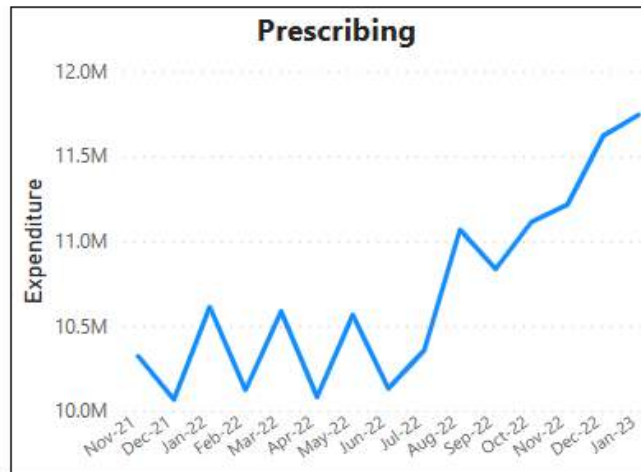
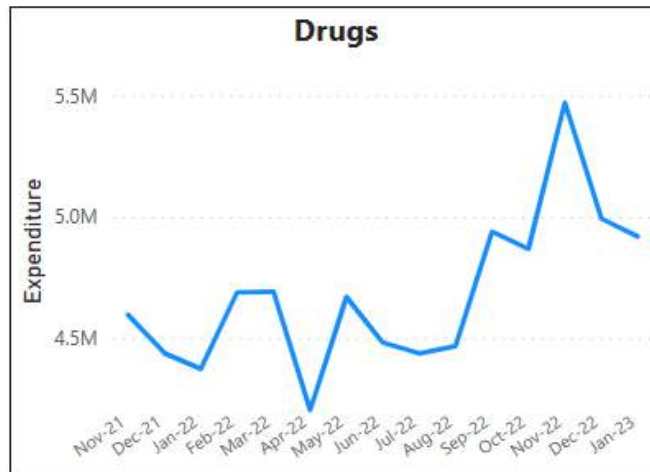
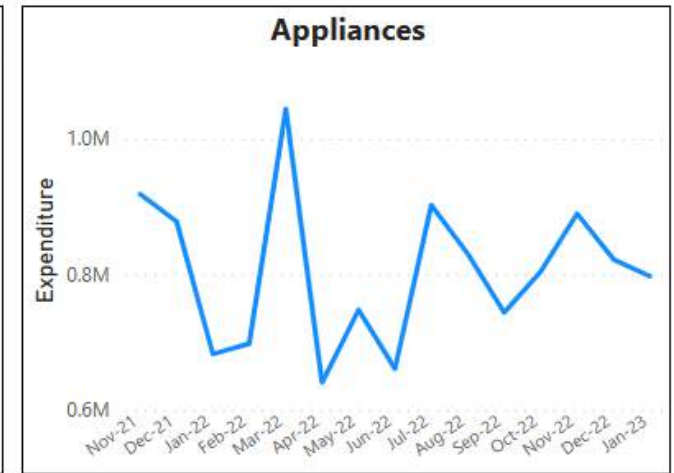
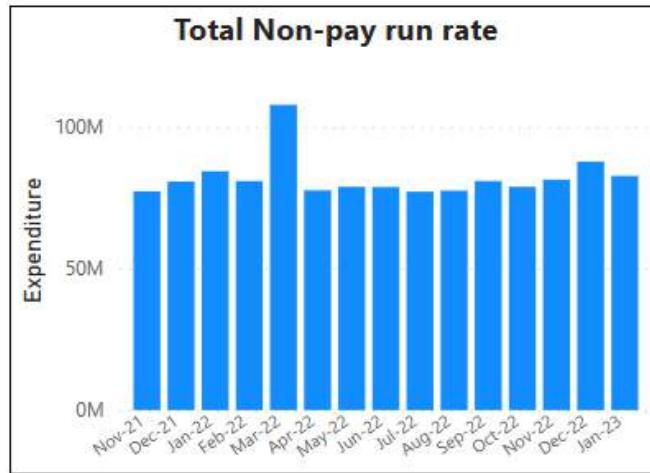
Analysis type	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Total
Enhancements						
⊕ Scheduled Care	372	335	435	321	301	1,764
⊕ Medicine	378	330	430	313	301	1,752
⊕ Estates and Facilities	379	314	385	294	292	1,664
⊕ Family & Therapies	305	273	346	269	252	1,445
⊕ Primary Care & Community	295	289	353	245	250	1,432
⊕ Mental Health	210	191	239	181	173	993
⊕ Urgent Care	200	177	219	162	159	915
⊕ Clinical Support Services	112	100	129	94	92	527
⊕ CHC/FNC	112	99	121	91	87	511
⊕ Corporate	94	86	105	76	74	435
Total	2,456	2,193	2,764	2,045	1,980	11,438
ADDITIONAL HOURS	812	869	944	1,077	1,115	4,817
CONSULTANTS SESSION: CLINICAL	698	615	588	570	634	3,105
WAITING LIST PAYMENTS: CONSULTANTS						
⊕ Scheduled Care	112	245	195	236	146	934
⊕ Clinical Support Services	152	140	138	147	125	703
⊕ Medicine	94	79	83	81	84	420
⊕ Corporate	22	0				22
⊕ Mental Health	1					1
⊕ Family & Therapies	1				1	1
⊕ Urgent Care		1				1
Total	382	464	416	465	356	2,083
Overtime	318	276	301	259	272	1,426
ON CALL	71	58	70	57	54	310
Total	4,736	4,474	5,083	4,472	4,411	23,177

Pay Summary (3): Variable Pay

Pay category	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Change	%
Agency																		
Admin & Clerical Agency	182	115	191	243	237	412	148	179	164	204	126	118	85	124	152	79	-72	-47.8%
Allied Health Prof Agency	88	104	172	144	155	213	108	136	169	155	97	319	187	279	108	232	124	114.9%
Estates & Ancillary Agency	422	428	807	474	44	544	413	622	677	663	669	623	635	583	602	639	37	6.2%
Medical Agency	1,318	1,920	1,704	1,278	1,688	1,693	1,448	1,602	927	1,439	1,265	1,179	1,503	1,321	1,261	1,377	116	9.2%
Nurse HCA/HCSW Agency	729	880	67	917	951	1,020	1,101	1,086	1,185	1,122	1,080	1,092	1,135	975	977	980	3	0.3%
Other Agency	103	128	114	180	170	390	-1	61	87	88	146	100	105	116	37	53	16	44.6%
Registered Nurse Agency	1,390	2,100	2,540	2,475	2,148	1,687	2,084	2,282	2,175	1,867	2,048	2,213	2,155	1,859	1,737	2,139	402	23.2%
Total	4,232	5,674	5,594	5,711	5,395	5,958	5,301	5,968	5,384	5,538	5,430	5,644	5,806	5,256	4,873	5,500	626	12.9%
Bank																		
Admin & Clerical Bank	134	111	108	131	102	117	104	111	102	101	105	136	104	108	80	109	29	36.7%
Estates & Ancillary Bank	154	146	148	153	142	173	159	168	172	181	192	217	169	151	155	156	1	0.6%
Nurse HCA/HCSW Bank	1,185	1,114	1,193	1,217	1,397	1,427	1,276	1,313	1,140	1,243	1,408	1,660	1,378	1,455	1,249	1,614	366	29.3%
Other Bank	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-75.0%
Registered Nurse Bank	1,355	1,616	1,706	1,858	2,026	2,486	1,919	1,920	1,889	1,934	2,052	2,154	2,031	2,175	1,918	2,397	480	25.0%
Total	2,828	2,987	3,155	3,359	3,667	4,203	3,458	3,512	3,304	3,460	3,757	4,166	3,681	3,889	3,402	4,277	875	25.7%
Locum																		
Medical Locum	199	115	158	221	227	229	226	238	294	228	232	271	262	298	200	245	46	22.8%
Total	199	115	158	221	227	229	226	238	294	228	232	271	262	298	200	245	46	22.8%
Total	7,259	8,775	8,907	9,292	9,289	10,389	8,986	9,718	8,982	9,226	9,420	10,082	9,749	9,443	8,475	10,022	1,547	18.3%



Non-Pay Summary:



Referral to Treatment (RTT):

Elective activity has significantly reduced as part of the Health Board's Covid-19 planned response. Whilst routine elective services have resumed, elective activity is still lower than pre-Covid-19 levels.

- Elective Treatments for January '23 was 2,326.

Planned Treatments (M10)					
Treatment	Core	Backfill	WLI	Other	Total
Derm	146	0	81	0	227
ENT	151	0	38	0	189
GS	274	82	4	0	360
Max Fax	171	12	24	0	207
Ophth	255	24	6	0	285
Rheum	0	0	0	0	0
T&O	453	121	154	0	728
Urology	455	18	0	0	473
	1,905	257	307	0	2,469

Actual Treatments (M10)					
Treatment	Core	Backfill	WLI	Other	Total
Derm	215	0	19		234
ENT	127	6	5		138
GS	275	80	0		355
Max Fax	197	0	0		197
Ophth	287	2	0		289
Rheum	0	0	0		0
T&O	448	60	96		604
Urology	477	15	17		509
	2,026	163	137	0	2,326

Treatment Variance (M10)					
Treatment	Core	Backfill	WLI	Other	Total
Derm	69	0	(62)	0	7
ENT	(24)	6	(33)	0	(51)
GS	1	(2)	(4)	0	(5)
Max Fax	26	(12)	(24)	0	(10)
Ophth	32	(22)	(6)	0	4
Rheum	0	0	0	0	0
T&O	(5)	(61)	(58)	0	(124)
Urology	22	(3)	17	0	36
	121	(94)	(170)	0	(143)

- Outpatient activity for January '23 was 7,411.

Planned Outpatients (M10)					
Outpatient	Core	Backfill	WLI	Other	Total
Derm	1,196	0	36	0	1,232
ENT	481	0	100	0	581
GS	1,139	3	40	0	1,182
Max Fax	289	0	0	0	289
Ophth	732	0	100	0	832
Rheum	164	0	0	0	164
T&O	1,052	118	320	0	1,490
Urology	410	0	30	0	440
	5,462	121	626	0	6,209

Actual Outpatients (M10)					
Outpatient	Core	Backfill	WLI	Other	Total
Derm	922	0	0		922
ENT	714	0	0		714
GS	2,035	55	38		2,128
Max Fax	350	0	6		356
Ophth	780	48	175		1,003
Rheum	248	0	0		248
T&O	895	0	633		1,528
Urology	460	0	52		512
	6,404	103	904	0	7,411

Outpatient Variance (M10)					
Outpatient	Core	Backfill	WLI	Other	Total
Derm	(274)	0	(36)	0	(310)
ENT	233	0	(100)	0	133
GS	896	52	(2)	0	946
Max Fax	61	0	6	0	67
Ophth	48	48	75	0	171
Rheum	84	0	0	0	84
T&O	(157)	(118)	313	0	38
Urology	50	0	22	0	72
	942	(18)	278	0	1,202

- Medicine Outpatients activity for January '23 was 1,783:

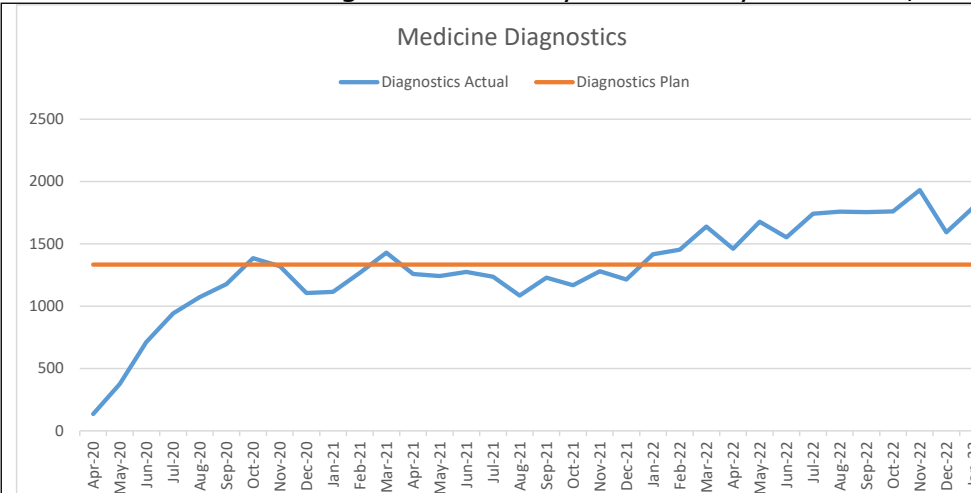
Jan-23

	Assumed monthly activity	Actual activity	Variance
Gastroenterology	475	290	-185
Cardiology	430	406	-24
Respiratory (inc Sleep)	455	448	-7
Neurology	257	303	46
Endocrinology	186	133	-53
Geriatric Medicine	313	203	-110
Total	2116	1783	-333

Jan-23

YTD Dec-22	Assumed monthly activity	Actual activity	Variance	Variance
Gastroenterology	4925	2585	-2340	48%
Cardiology	4915	3598	-1317	27%
Respiratory (inc Sleep)	5305	3561	-1744	33%
Neurology	2580	2418	-162	6%
Endocrinology	2140	1600	-540	25%
Geriatric Medicine	2720	1782	-938	34%
Total	22585	15544	-7041	31%

- Medicine Diagnostics activity for January '23 was 1,593:



YTD January 23	Assumed monthly activity	Actual activity	Variance	Variance
Endoscopy	13340	17021	3681	-28%
Total	13340	17021	3681	-28%

Waiting List Initiatives:

Medicine have spent £84k in January 23:

- Gastroenterology (£55k): Patients seen in January 2023 was 792 (December 2022 was 848, November 2022 was 955).
- Cardiology (£24k): including virtual, telephone, Tilt, and Echo seeing 27 invasive patients and 126 non-invasive patients.
- Diabetes (£4k): clinic sessions including telephone, face to face, virtual and audit
- Neurology (£1k),

Scheduled Care / Clinical Support Services Divisions have spent £271k in January:

- Radiology (£101k)
- Pathology (£24k)
- Trauma & Orthopaedics (£96k)
- Anaesthetics (£31k)
- General Surgery (£8k)
- Urology (£5k)
- Ophthalmology (£3k)
- Dermatology (£4k)
- Oral Surgery (£1k),

There was £1k of spend in Family & Therapies (CAMHS), no costs were incurred for Mental Health Division.

Covid-19 and Exceptional items Funding Assumptions

The Health Board has anticipated WG funding for Covid-19 as listed below;

Type	Covid-19 Specific allocations - January 2023	£'000
HCHS	Tracing	4,872
HCHS	Extended flu	1,517
HCHS	Testing (inc Community Testing)	3,512
HCHS	PPE	1,824
HCHS	Mass COVID-19 Vaccination	4,825
GMS	Mass COVID-19 Vaccination	1,678
Dental	E1. Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS income	2,308
HCHS	Cleaning standards	1,391
HCHS	A2. Increased bed capacity specifically related to C-19	7,792
HCHS	A3. Other capacity & facilities costs	5,585
HCHS	B1. Prescribing charges directly related to COVID symptoms	8
HCHS	C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	10,886
HCHS	D1. Discharge Support	5,531
HCHS	D5. Other Services that support the ongoing COVID response	1,271
HCHS	Nosocomial investigation and learning	753
	Total Confirmed Covid-19 Allocations	53,753
HCHS	Testing (inc Community Testing)	1,065
HCHS	Tracing	1,186
HCHS	Mass COVID-19 Vaccination	1,597
HCHS	PPE	500
HCHS	Cleaning standards	810
HCHS	Long Covid	887
Dental	E1. Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS income	0
HCHS	A2. Increased bed capacity specifically related to C-19	3,176
HCHS	A3. Other capacity & facilities costs	1,711
HCHS	B1. Prescribing charges directly related to COVID symptoms	4
HCHS	C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	3,723
HCHS	D1. Discharge Support	1,896
HCHS	D4. Support for National Programmes through Shared Service	0
HCHS	D5. Other Services that support the ongoing COVID response	628
	Total Anticipated Covid-19 Allocations	17,184
	Total Covid-19 Allocations	70,937

Type	Exceptional items allocations - January 2023	£'000
HCHS	Energy prices increase	8,440
HCHS	Employers NI increase	2,953
HCHS	Real living wage	2,154
	Total Confirmed Exceptional items Allocations	13,547
HCHS	Energy prices increase	5,156
	Total Anticipated Exceptional items Allocations	5,156
	Total Exceptional items allocations	18,703

Covid-19 Funding & Delegation

The UHB has assumed Covid funding totalling £70.9m. £53.7m of this has been confirmed with the remaining £17.2m anticipated. The UHB has assumed funding of £18m for exceptional items (£13.5m confirmed, £5.2m anticipated) listed in the WG letter dated 14th March.

It should be noted that a review of local Covid schemes continues to be undertaken to ensure assumptions link with WG guidance.

Covid costs decreased in month 10 (c.£0.3m) linked to a reduction in PPE forecast costs. All costs are under continual review for the remaining months of the financial year.

Savings – list of Green schemes as at month 10

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	Current Year Forecast	Scheme RAG rating
Corporate	Corporate	CORP02	Workforce variable pay	163	Green
Estates and Facilities	Estates and Facilities	EF01	Minor works	138	Green
Estates and Facilities	Estates and Facilities	EF03	Park Square car park	94	Green
Estates and Facilities	Estates and Facilities	EF05	Workforce variable pay	291	Green
Family & Therapies	Family & Therapies	FT02	MSK	83	Green
Family & Therapies	Family & Therapies	FT03	Workforce variable pay	248	Green
Medicine	Medicine	MED05	Endoscopy Backfill Cost Reduction	100	Green
Medicine	Medicine	MED06	Retinue Savings	101	Green
Medicine	Medicine	MM Med1	Antibiotic Savings	0	Green
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH01	Workforce variable pay	266	Green
Primary Care and Community	Primary Care and Community	PCC01	Workforce variable pay	300	Green
Primary Care and Community	Primary Care and Community	PCC02	Prescribing support dieticians (Prescribing)	75	Green
Primary Care and Community	Primary Care and Community	PCC03	Waste reduction scheme (Prescribing)	172	Green
Primary Care and Community	Primary Care and Community	PCC04	Pharmacy led savings (Prescribing)	31	Green
Primary Care and Community	Primary Care and Community	PCC05	Scriptswitch (acute) (Prescribing)	183	Green
Primary Care and Community	Primary Care and Community	PCC06	Scriptswitch (repeat) (Prescribing)	595	Green
Primary Care and Community	Primary Care and Community	PCC07	Darifenacin to Solifenacin switch	37	Green
Primary Care and Community	Primary Care and Community	PCC08	Respiratory Inhaler Switches	124	Green
Primary Care and Community	Primary Care and Community	PCC09	Rebate - total (Prescribing)	1,300	Green
Scheduled Care	Scheduled Care	SCH09	SACU / POCU	77	Green
Scheduled Care	Scheduled Care	SCH12	Workforce variable pay	571	Green
Scheduled Care	Scheduled Care	MM SCD2	Lenalidomide Price Reduction	1,133	Green
Scheduled Care	Scheduled Care	MM SCD3	Bortezomib rationalisation	80	Green
Scheduled Care	Scheduled Care	MM SCD8	Lucentis to Ongavia	20	Green
Urgent Care	Urgent Care	URG01	Medical staffing roster	78	Green
Urgent Care	Urgent Care	URG03	Retinue	88	Green
Clinical Support Services	Radiology	CSS17	CT Replacement - Maintenance Cost Saving - NHH	26	Green
Clinical Support Services	Radiology	CSS18	CT Replacement - Maintenance Cost Saving - RGH	16	Green
Clinical Support Services	Radiology	CSS19	DR Replacements - Maintenance Cost Saving - YYF/YAB/NHH	9	Green
Clinical Support Services	Radiology	CSS21	Review of Maintenance Contracts	349	Green
Contracting and Commissioning	Commissioning	COMM02	Improvement in Velindre/Cwm Taf forecast id M7	706	Green
Contracting and Commissioning	Commissioning	Comm03	Improvement in Velindre forecast M8	1,070	Green
Contracting and Commissioning	Commissioning	Comm04	Improvement in Velindre forecast M9	97	Green
Contracting and Commissioning	Commissioning	Comm05	Improvement in CTM M10	30	Green
Corporate	Corporate	CORP05	Informatics EE telephone charges	300	Green
EASC	EASC	EASC01	EASC IMTP Slippage	690	Green
Family & Therapies	Families & Therapies	FT 104	HIV - Genvoya & Stribild switch	9	Green
Family & Therapies	Families & Therapies	FT 105	HIV - Dolutegravir and Descovy switch	6	Green
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH02	CHC Commissioning balance sheet review	0	Green
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH03	Community Sanctuary service stopped	69	Green
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH04	Recovery workers under performance Q1	48	Green
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH05	Paliperidone change	5	Green
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH06	CHC Fees revision and review	200	Green
Primary Care and Community	Primary Care and Community	PCC10	Low Value Medicines - Test Strips	6	Green
Primary Care and Community	Primary Care and Community	PCC11	Low Value Medicines - Rubifacients	0	Green
Primary Care and Community	Primary Care and Community	PCC12	Low Value Medicines - Lidocaine Patches	1	Green
Scheduled Care	Scheduled Care	MM SCD9	Adalimumab to biosimilar Idacio	40	Green
Scheduled Care	Scheduled Care	MM SCD10	Lenalidomide switch to new biosimilar	40	Green
Scheduled Care	Scheduled Care	SCH 107	Procurement	81	Green
WHSSC	WHSSC	WHSSC01	WHSSC IMTP Slippage	291	Green

Savings – list of revised amber schemes tracker at month 10

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	Current Year Forecast	Scheme RAG rating
Medicine	Medicine	MED 100	Medical and other agency and locum	259	Green
Scheduled Care	Scheduled Care	SCH 100	Medical and other agency and locum	259	Green
Urgent Care	Urgent Care	URG 100	Medical and other agency and locum	259	Green
Medicine	Medicine	MED 101	Enhanced Care	253	Green
Scheduled Care	Scheduled Care	SCH 101	Enhanced Care	253	Green
Urgent Care	Urgent Care	URG 101	Enhanced Care	253	Green
Medicine	Medicine	MED 102	HCSW Agency	194	Green
Scheduled Care	Scheduled Care	SCH 102	HCSW Agency	194	Green
Family & Therapies	Families & Therapies	FT 100	HCSW Agency	194	Green
Primary Care and Community	Primary Care and Community	PCC 100	DTOC / RPB plans - surge beds	1,500	Green
Mental Health and Learning Disabilities	Mental Health	MH 101	Mental Health	0	Green
Complex Care	CHC	CHC 101	Complex Care	1,304	Green
Complex Care	CHC	CHC 102	Other	0	Green
Medicine	Medicine	MED 103	Procurement - overall	102	Green
Scheduled Care	Scheduled Care	SCH 103	Procurement - overall	97	Green
Family & Therapies	Families & Therapies	FT 101	Procurement - overall	97	Green
Estates and Facilities	Facilities	EF 100	Divisional specific	159	Green
Scheduled Care	Scheduled Care	SCH 104	All schemes not within other sections	0	Green
Medicine	Medicine	MED 104	All schemes not within other sections	0	Green
Family & Therapies	Families & Therapies	FT 102	All schemes not within other sections	0	Green
Mental Health and Learning Disabilities	Mental Health	MH 102	All schemes not within other sections	0	Green
Estates and Facilities	Facilities	EF 102	All schemes not within other sections	0	Green
Corporate	Corporate	CORP 101	All schemes not within other sections	826	Green
Primary Care and Community	Primary Care	PCC 102	All schemes not within other sections	0	Green
Corporate	Corporate (Project 111)	CORP 102	WG and other funding slippage - Project 111	344	Green
Corporate	Corporate (WCCIS)	CORP 103	WG and other funding slippage - WCCIS + all other	1,100	Green
Mental Health and Learning Disabilities	Mental Health (Dementia)	MH 103	WG and other funding slippage	378	Green
Corporate	Public Health	CORP 104	Corporate opportunities / slippage	800	Green
Corporate	Corporate	CORP 105	Corporate vacancy review	430	Green
Contracting and Commissioning	Commissioning	COMM 101	External contracts	0	Green
Contracting and Commissioning	Commissioning	COMM 102	WHSSC/EASC	0	Green
Corporate	Director Finance	CORP 106	Testing	1,600	Green
Corporate	Director Finance	CORP 107	Any potential additional allocations	0	Green
Primary Care and Community	Primary Care and Community	PCC 103	Efficiency opportunities out of hospital	1,165	Green
Scheduled Care	Scheduled Care	SCH 106a	RTT slippage	626	Green

Savings – summary by Division and Category programme

Division	Forecast		
	Green	Amber	Total
Complex Care	1,304		1,304
Medicine	1,009		1,009
Urgent Care	678		678
Scheduled Care	3,471		3,471
Clinical Support Services	400		400
Primary Care and Community	4,519		4,519
Mental Health and Learning Disabilities	1,936		1,936
Family & Therapies	637		637
Estates and Facilities	682		682
Corporate	5,563		5,563
Commissioning	2,884	-	2,884
Total	23,083	0	23,083

Category	Sub-category	Forecast		
		Green	Amber	Total
Medicines Management	Prescribing	2,517		2,517
	Scheduled Care rationalisation / switching original plan	180		180
	Scheduled Care Lenalimide	1,133		1,133
	Further medicines management	28		28
Pay	Variable pay - sickness / overseas & medical agency	2,378	-	2,378
	MSK	83	-	83
	Further medical agency	777		777
	Enhanced Care	758		758
	HCSW agency	582		582
	DTOC / Surge beds	1,500		1,500
	All others	131		131
Non-pay	Corporate / transformation	774		774
	Procurement revised	927	-	927
	Facilities related	232	-	232
	Mental Health	117		117
	Adult & Paediatric CHC	1,504		1,504
	Other non-pay / schemes	736	-	736
Income / other schemes	Specific funding queries	2,278		2,278
	Hospital / Out of hospital efficiency	1,326		1,326
	Testing reduction	1,600	-	1,600
	Commissioning	2,896		2,896
	RTT review	626		626
Total		23,083	0	23,083

- There are currently no savings / efficiencies arising from the prioritisation programmes, many are focussing on transformation which may increase costs in the first instance.

Reserves

7769-ALLOCATIONS TO BE DELEGATED

Confirmed or Anticipated	R / NR	Description	22/23
Confirmed	R	Pay award 22-23	3,638,065
Confirmed	NR	Safe Care rollout - Band 5	25,000
Confirmed	NR	Safe Care rollout - Band 5 (potential duplicate from WG)	25,000
Confirmed	NR	Dementia Action Plan PLWD Pilot	33,300
Anticipated	R	CYP MH Emotional Wellbeing - recover from RIF	(200,000)
Confirmed	NR	Exceptional-Incremental National Insurance	2,953,000
Anticipated	NR	Local Covid recovery	363,398
Confirmed	NR	Additional testing funding + pathology underspend	176,000
		Confirmed Allocations to be apportioned	7,013,763

7788-COMMITMENTS TO BE DELEGATED

Description	22/23
Value Based Recovery - funding recovered	351,000
Recovery of pay budget relating to VERS	23,920
Other	991,779
Total Commitments	1,366,699

Reserves Delegation:

The UHB Board approved the quarter 2 budget delegation paper on the 28th July. As a result, the majority of anticipated allocations for Covid-19, exceptional items, mental health and other primary care elements were delegated based on quarter 1 estimates. A small number of other committed reserves are held which are due to be delegated once values and plans are finalised.

The funding for Covid-19 and exceptional costs has been anticipated at risk and will be monitored quarterly. Welsh Government continue to issue funding on a quarterly basis based on actual expenditure.

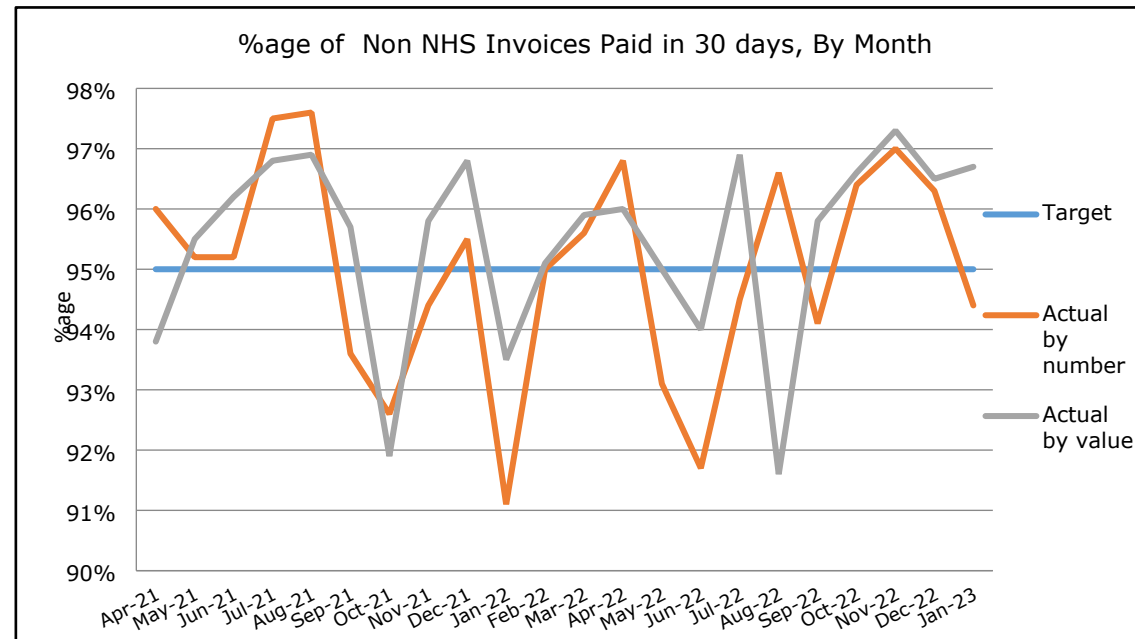
Elements of funding will be recovered from Divisions in future months in line with forecast expenditure.

Cash Position

- The cash balance at the 31st January is £2.977m, which is below the advisory figure set by Welsh Government of £6m.

Public Sector Payment Policy (PSPP)

- The Health Board has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods in January and on a cumulative basis. We are continuing to work with those departments where invoices are being processed outside of the 30 day payment terms.

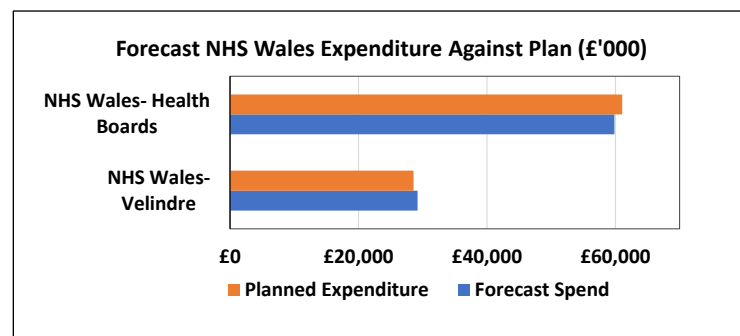


Contracting & Commissioning – LTA Spend & Income

Month/Financial Year:- Month 10 (January) 2022-23

At Month 10 the financial performance for Contracting and Commissioning is a YTD favourable variance of £22k, and a forecast adverse variance of £97k

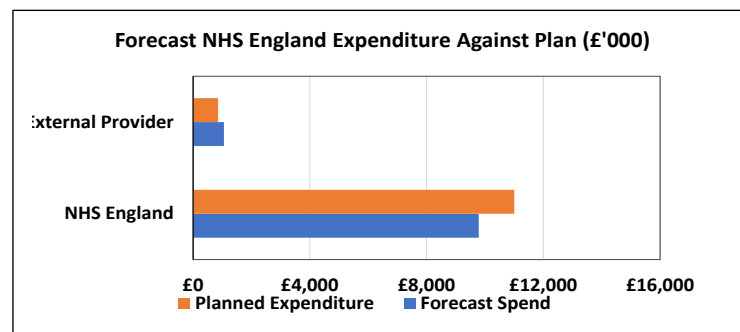
The key elements contributing to this position at Month 10 are as follows:



NHS Wales Expenditure

There is increased activity and drug spend (£0.6m) being forecast at Velindre for ABUHB patients receiving cancer treatment.

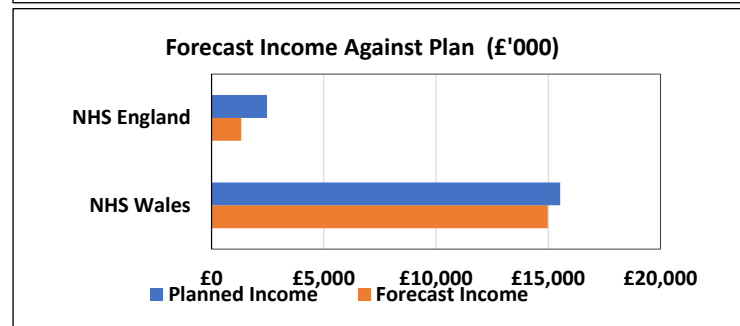
ABUHB are, however, forecast to recover c£1,800k in underperformance due to less activity being delivered by Cwm Taf.



NHS England Expenditure

Contract Expenditure with NHS England organisations has to move away from Block agreements in 2022-23

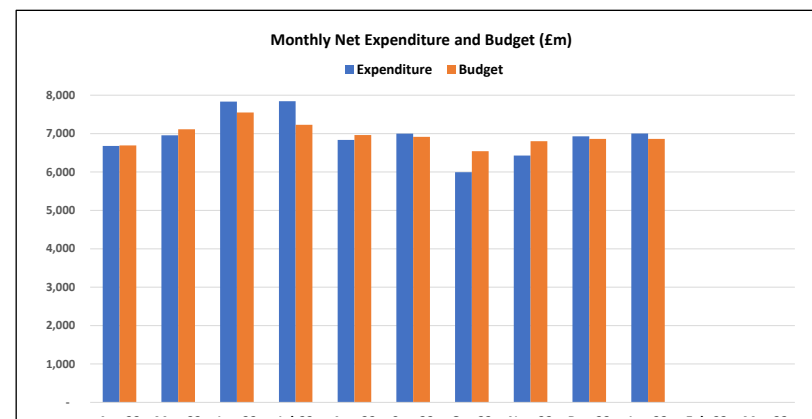
There is a risk of increased expenditure if English providers deliver additional activity in 2022/23.



Provider Income

There is a c£2.5m cost pressure expected from the reduced activity being delivered for Powys LHB following the opening of the GUH hospital.

This has been partly funded by £1.6m budget delegated.



Key Issues 2022-23

All LTAs signed and agreed in compliance with 30 June 2022 deadline.

The nationally agreed inflationary uplift of 2.8% and the impact of the 21-22 NHS Pay Award has been funded and is reflected in the above position

Directors of Finance have agreed a contract mechanism within Wales to 'block' non admitted patient care charges based on 2019/20 and to apply a 10% 'tolerance' to admitted patient care to reduce volatility in the contracting position. Enhanced rates will be available for recovery/increased activity.

Underperformance through the DoF framework from Cwm Taf UHB is expected to be c£1.8m this year as a result of reduced emergency admissions

NICE costs continue to operate on a pass through basis and the NICE forecast for Velindre has decreased underpinning the 22/23 position.

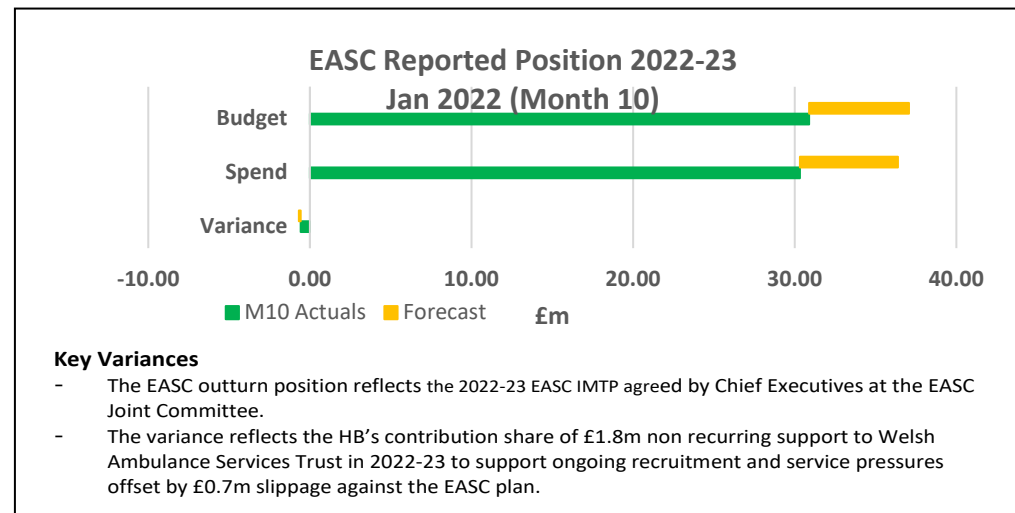
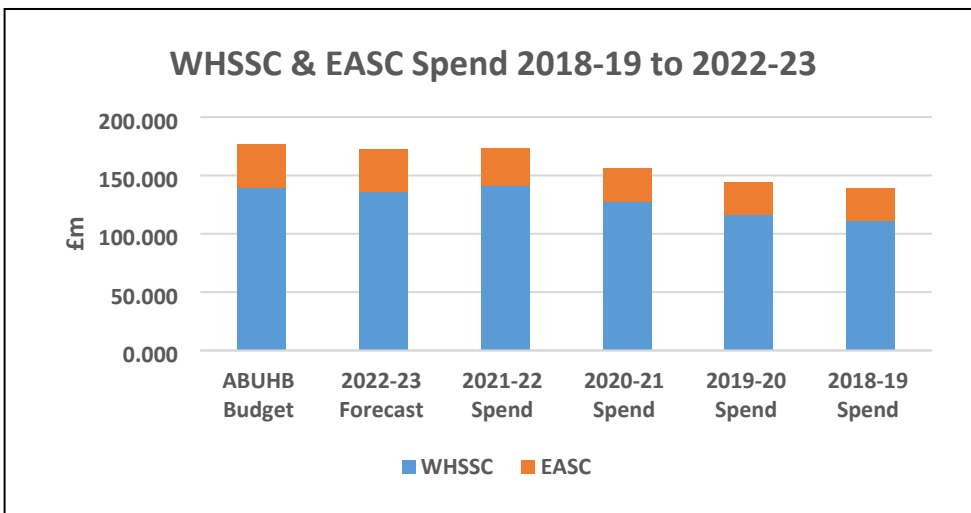
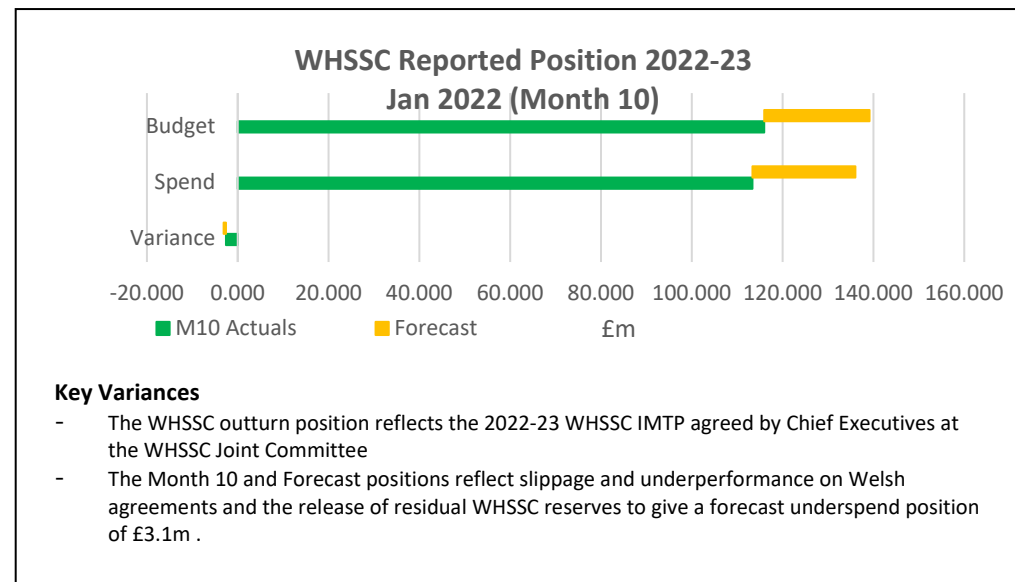
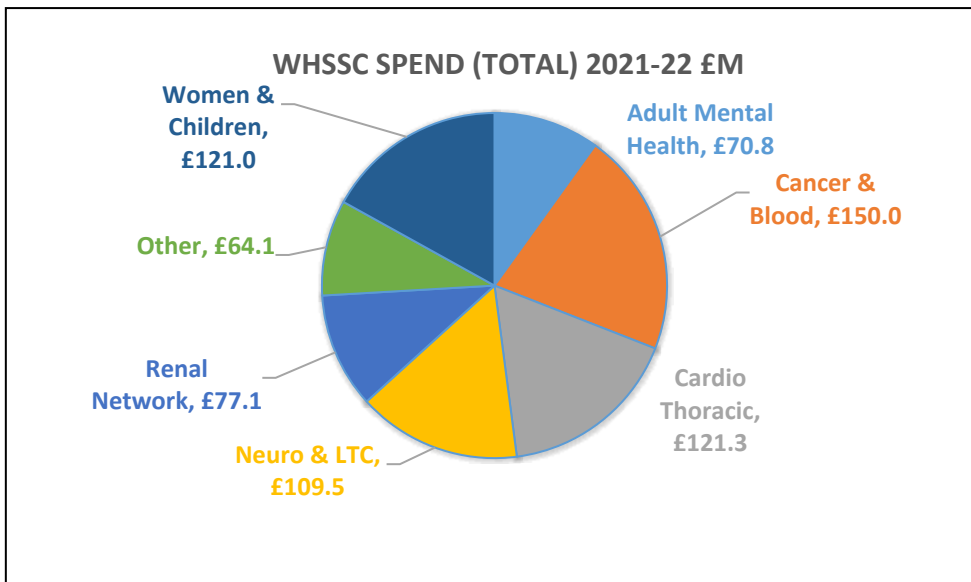
There is a c£2.5m cost pressure from the reduced activity being delivered for Powys LHB following the opening of the GUH hospital partly funded by c£1.6m budget delegated in year

There is a c.£600k cost pressure expected from outsourcing activity to St Josephs hospital to support endoscopy and MRI (c£958k expenditure partly offset by £360k funding allocated in year)

WHSSC & EASC Financial Position 2022-23

WHSSC & EASC Financial Performance Period: Month 10 2022-23

The Month 10 financial performance for WHSSC & EASC is a YTD underspend of £3.162m, and a forecast underspend of £3.795m. The Month 10 position reflects the agreed IMTP & LTA agreements with providers.



Balance Sheet

Balance sheet as at 31st January 2023			
	2022/23 Opening balance £000s	31st January 2023 £000s	Movement £000s
Fixed Assets	810,479	857,344	46,865
Other Non current assets	131,429	44,574	-86,855
Current Assets			
Inventories	8,726	8,755	29
Trade and other receivables	133,807	205,566	71,759
Cash	1,720	2,977	1,257
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	144,253	217,298	73,045
Liabilities			
Trade and other payables	226,999	217,747	-9,252
Provisions	195,707	181,395	-14,312
	422,706	399,142	-23,564
	663,455	720,074	56,619
Financed by:-			
General Fund	530,429	554,692	24,263
Revaluation Reserve	133,026	165,382	32,356
	663,455	720,074	56,619

Fixed Assets:

- An increase of £19.745m in relation to new 2022/23 capital expenditure incurred.
- A reduction of £34.213m for depreciation charges to the December period.
- An increase of £42.157m for the Quinquennial Valuations of Land and Buildings
- An increase of £19.211m in relation to IFRS16 lease assets.

Other Non-Current Assets:

- This relates to a decrease in Welsh Risk Pool claims due in more than one year £85.5m and a decrease in intangible assets £1.4m since the end of 2021/22.

Current Assets, Trade & Other Receivables:

The main movements since the end of 2021/22 relate to:

- An increase in the value of debts outstanding on the Accounts Receivable system since 2021/22 to the end of January £2.9m. An increase in the value of both NHS & Non-NHS accruals of £67.7m, of which £76.4m relates to a increase of Welsh Risk Pool claims due in less than one year and £7.6m relates to a decrease in NHS & Non NHS accruals and £1.1m relates to VAT/other debtors decrease.
- An increase in the value of prepayments held of £1.1m.

Cash:

- The cash balance held in month 10 is £2.977m.

Liabilities, Provisions:

- The movement since the end of 2021/22 relates to a number of issues the most significant of which are:- a decrease in Capital accruals (£7.5m), an increase in NHS Creditor accruals (£8m), a decrease in the level of invoices held for payment from the year end (£9.3m), a decrease in non NHS accruals (£14.2m), an increase in Tax & Superannuation (£8.4m), a decrease in other creditors (£11m), increase in liability for lease payment (£18.2m), inc. payments on account (£1.9m).
- Due to the decrease in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £13.2m and the decrease in pensions & other provisions £1.1m.

General Fund:

- This represents the difference in the year-to-date resource allocation budget and actual cash draw down including capital.

Health Board Income WG Funding Allocations: £1.6bn

Confirmed Allocations as at January 2023 (M10 2021/22)

	£'000
HCHS	1,390,083
GMS	110,179
Pharmacy	33,407
Dental	34,962
Total Confirmed Allocations - January 2023	1,568,631

Plus Anticipated Allocation - January 2023	28,059
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Total Allocations - January 2023	1,596,689
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Other Income:

The HB receives income from a number of sources other than WG, based on the year-to-date income, this is forecast to be approximately £108.1m. (£109m for 21/22). The majority of this income is delegated to budget holders and therefore nets against their delegated budget positions. The main areas for income are: other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

Estimated funding (allocations & income) for the UHB totals £1.7bn for 22/23.

WG Anticipated allocations: £28.1m

WG Revenue Resource Limit : Anticipated Allocations (January)				
Funding Type	Description	Hide this column	Value £'000	Recurrent / Non Recurrent
GMS	GMS Refresh	R	1,603	R
HCHS	(Provider) SPR's	R	50	R
HCHS	(Provider) Clinical Excellence Awards (CDA's)	R	298	R
HCHS	Technology Enabled Care National Programme (ETTF)	R	1,174	R
HCHS	Informatics - Virtual Consultations	R	335	R
HCHS	National Clinical Lead for Falls & Frailty	R	26	R
HCHS	TTP Tracing 22/23	NR	1,186	NR
HCHS	WHSSC - National Specialist CAMHS improvements	R	197	R
HCHS	Same Day Emergency Care (SDEC)	R	1,165	R
HCHS	Digital Priority investment fund (DPIF)	R	500	R
HCHS	Strategic programme Primary Care within A Healthier Wales (a	R	113	R
HCHS	Adferiad Programme	NR	887	NR
HCHS	C19 Response-Cleaning Standards	NR	810	NR
HCHS	C19 Response-Increased bed capacity	NR	2,837	NR
HCHS	C19 Response-Other Capacity & facilities costs	NR	1,708	NR
HCHS	C19 Response-Increased workforce costs	NR	3,723	NR
HCHS	C19 Response-Discharge Support	NR	2,032	NR
HCHS	C19 Response-Other Services that support the ongoing COVID	NR	628	NR
HCHS	C19 Response-Lost dental income	NR	206	NR
HCHS	Exceptional-Increase in Energy Costs (net of baseline costs)	NR	5,156	NR
HCHS	C19 National-Covid Mass Vaccination programme	NR	1,597	NR
HCHS	C19 National-Covid PPE	NR	500	NR
HCHS	C19 National-Covid Testing	NR	1,065	NR
HCHS	Capital - DEL Depreciation - Accelerated	NR	1,095	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	NR	2,956	NR
HCHS	Capital - Donated assets / government grant receipts	NR	(1,135)	NR
HCHS	Capital - AME Depreciation - IFRS 16 Leases	NR	99	NR
HCHS	Capital - AME Donated Assets Depn	NR	327	NR
HCHS	Capital - AME Impairments	NR	2,700	NR
HCHS	Capital - AME Impairment Reversals	NR	(9,579)	NR
HCHS	Urgent Primary Care	R	748	R
HCHS	C19 Response-Prescribing charges Covid symptoms	NR	4	NR
HCHS	Dementia Action Plan-Age Cymru National advocacy project	NR	445	NR
HCHS	Capital - Removal of donated assests / Gvnt grant receipts	NR	1,016	NR
HCHS	Removal of IFRS leases	NR	(2,933)	NR
HCHS	VBH: Heart Failure and Rehab in the Community	R	297	R
HCHS	VBH: High risk surgical wound management	NR	34	NR
HCHS	Digital Medicines transformation team	R	119	R
HCHS	Six Goals Urgent and Emergency Care Prog	NR	4,363	NR
HCHS	IFRS16 Leases New / Renewals Revenue Reduction	NR	(296)	NR
	Total Anticipated: Per Ledger		28,059	

Capital Planning & Performance

Summary Capital Plan Month 10 2022/23		2022/23			
	Original Plan £000	Revised Plan £000	Spend to M10 £000	Forecast Outturn £000	
Source:					
Discretionary Capital:					
Approved Discretionary Capital Funding Allocation	8,227	8,227		8,227	
Less AWCP Brokerage 21/22	-1,534	-1,859		-1,859	
Plus AWCP Brokerage 22/23	0	1,472		1,472	
Grant Income Received	0	39		39	
NBV of Assets Disposed	0	36		36	
Total Approved Discretionary Funding	6,693	7,915		7,915	
All Wales Capital Programme Funding:					
AWCP Approved Funding	24,615	29,578		29,578	
Total Approved AWCP Funding	24,615	29,578		29,578	
Total Capital Funding / Capital Resource Limit (CRL)	31,308	37,493		37,493	
Applications:					
Discretionary Capital:					
Commitments B/f From 2021/22	1,317	1,162	382	1,145	
Statutory Allocations	576	821	380	787	
Divisional Priorities	587	2,372	1,058	2,376	
Corporate Priorities	2,182	879	576	862	
Informatics National Priority & Sustainability	1,800	3,370	2,398	3,463	
Remaining DCP Contingency	231	135	0	105	
Total Discretionary Capital	6,693	8,738	4,794	8,738	
All Wales Capital Programme:					
Grange University Hospital Remaining works	-1,408	2,743	1,323	2,422	
Tredegar Health & Wellbeing Centre Development	10,023	6,796	4,438	6,796	
NHH Satellite Radiotherapy Centre	198	1,007	503	1,410	
YYF Breast Centralisation Unit	8,989	2,798	1,320	2,798	
Newport East Health & Wellbeing Centre Development	0	2,880	2,364	2,686	
Fees for MH SISU	258	263	175	263	
Covid Recovery Funding	1,400	1,620	1,620	1,620	
National Programme - Imaging	4,700	3,494	1,632	3,494	
Digital Eyecare	0	107	81	107	
National Programme - Infrastructure	12	12	17	17	
NHH SRU Enabling Works	400	403	389	403	
SDEC Equipment	0	79	55	79	
ICF Discretionary Fund Schemes	43	153	54	171	
RGH Endoscopy Unit	0	5,395	1,447	4,683	
DPIF - Digital Medicines Transformation Portfolio	0	14	13	13	
RGH – Block 1 and 2 Demolition and Car Park	0	303	15	203	
Emergency Department Waiting Area Improvements	0	260	112	260	
EOY Funding	0	919	188	919	
EFAB Schemes	0	332	45	338	
CAHMS Crisis Sanctuary Provision	0	0	0	72	
Total AWCP Capital	24,615	29,578	15,791	28,754	
Total Programme Allocation and Expenditure	31,308	38,316	20,585	37,493	
Forecast Underspend against Overall Capital Resource Limit				0	

achieved.

Newport East has experienced some programme delays due to the weather and the late installation of a utilities meter. The delay is not expected to impact on the reported forecast outturn.

The completion of Phase 1 of Tredegar H&WBC has been delayed to July 2023. There continues to be significant cost risks to the scheme including the re-design of the foundations (potential additional £753k plus VAT), EV charging points (not a requirement at Design Stage – a bid has been submitted for potential EFAB funding to mitigate), culvert diversion, Heart building stabilisation, brick supply cancellation

The approved Capital Resource Limit (CRL) as at Month 10 totals £37.418m. In addition, grants totalling £39k and disposals proceeds of £36k have been confirmed. In October, the All-Wales Capital Programme (AWCP) scheme allocations were confirmed to Welsh Government (WG) and fixed. Any slippage against the agreed allocations now needs to be managed through accelerating spend on other AWCP or 2023/24 Discretionary Capital Programme (DCP) schemes. Additional slippage against the RGH Endoscopy (£548k) and RGH Block 1 and 2 demolitions (£100k) is being reported in month. The Health Board is currently anticipating the slippage can be managed by accelerating spend on the NHH Satellite Radiotherapy scheme (£403k) and 2023/24 DCP schemes to bring the position back to breakeven.

The GUH final account with Laing O'Rourke is planned to be agreed by mid-March. The Well-being works to Grange House have commenced and are due to complete in early April 2023. The forecast of £2.422m reflects the delay to the anticipated VAT recovery claim into 2023/24 and reimbursement to the Discretionary Capital Programme (DCP) of £321k in relation to prior year overspends.

The works at YYF Breast Centralisation Unit are running £188k behind the agreed cashflow profile at month 10 as the recent cold weather delayed the concrete pouring. These works have been rescheduled and will take place before the end of the financial year. The reported outturn is expected to be

(£708k plus VAT) and inflation. The current forecast overspend on the total scheme is £319k which will impact on the DCP in 2023/24 if further WG funding cannot be secured. If the foundations and brick supply cancellation compensation events are found to be valid these will increase the overspend in 2023/24 significantly as they are not currently built into the forecast spend position.

The RGH Endoscopy project reported slippage of £2m in November due to various delays which have caused a 12-week delay to the projected construction cashflow. WG have agreed the HB's brokerage request to manage this slippage via accelerating spend on other AWCP and 2023/24 DCP schemes. Detailed work on the outturn position in month has resulted in a further £548k slippage being reported in January. The 2022/23 allocation includes the purchase of £1.5m of associated equipment and ICT requirements that have been ordered and are expected to be delivered by the end of the financial year.

Works have commenced on the NHH Satellite Radiotherapy Centre. The latest cost advisor reports are advising a spend of £1.410m will be achieved in 2022/23. This is £403k over the approved resource limit for the scheme. The overspend will help to offset the slippage being reported on the RGH Endoscopy scheme.

The Outline Business Case for the Mental Health SISU is expected to be submitted to March Board for approval.

The Health Board Discretionary Capital Programme (DCP) forecast outturn for 2022/23 is £8.738m funded by:

- 2022/23 DCP Funding - £8.227m (a reduction of 24% compared to 2021/22)
- Reimbursements from AWCP schemes (GUH/ Newport East / RGH Endoscopy) - £727k
- Grant funding received (Sparkle and R&D) - £39k
- Disposal Proceeds - £36k
- Less 2021/22 AWCP scheme brokerage & scheme overspends - (£1.762m)
- Plus 2022/23 AWCP brokerage - £1.472m

During the month, IT schemes planned for the 2023/24 DCP (£320k) were approved to offset slippage. Additional schemes from the 2023/24 DCP will be accelerated to use the remaining contingency of £105k.

**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Risk and Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Services, Risk and Assurance

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

This report seeks to provide a summary of the current risks which comprise the Corporate Risk Register and therefore form the strategic risks for the Health Board.

The report also provides a first iteration of a proposed new format of report that maps the internal control system for each risk, identifies sources of assurance, provides a rating for each, and proposes actions to take forward to address gaps in assurances. It is proposed that this revised format is adopted by the Board to clearly articulate risks, controls and assurances therefore providing assurance to the Board, at a glance, on each area of risk. In effect, this approach would span the breadth of the Corporate Risk Register and the Board Assurance Framework, which were previously reported separately and not always at the same time.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides an overview of all **25** strategic risks described within the Corporate Risk Register and which, therefore, represent the most significant risks to the Health Board in potentially impacting the delivery of its IMTP objectives (5 life course priorities).

Residual response to the COVID-19 pandemic, through front line service delivery, restart and recovery plans, Primary and Secondary Care demand increase and associated risks continue to have the greatest impact on service delivery and present the greatest area of risk. The sustained demand for services, compounded by the residual impact of the pandemic and significant workforce

constraints continue to represent the most significant risks to the Health Board's delivery and the achievement of the objectives outlined within the IMTP.

Further development and enhanced assurances have been sought through the Audit, Risk and Assurance Committee in relation to risks in respect of compliance with the Wellbeing of Future Generations (Wales) Act 2015 and risk identified with regard to the impact of the geopolitical position and migration into Wales. The Audit, Risk and Assurance Committee received an enhanced assessment for each of these risks at its February 2023 meeting. The basis of these enhanced risk assessments formed the blueprint for the revised format of this report, providing a methodical and logical approach to working through each risk, but providing the Board with an 'at a glance' view of current score, target score, risk appetite and risk capacity. It is expected that this new format will underpin and further support the Board and Committees to focus its attention, through business agendas, on areas of highest risk and concern in relation to delivery of its IMTP.

It is essential that the Health Board has an effective and efficient framework in place so that sufficient, continuous, and reliable assurance on the management of the major risks to the delivery of its strategic objectives is assured. The revised approach set out within this paper is therefore structured to provide reliable evidence to underpin the assessment of the health board's risk and control environment, also providing evidence-based assurances on the management of those risks.

The Director of Corporate Governance and Head of Risk and Assurance have been involved in a Quarter 4 internal audit review related to risk management arrangements. The results of this audit are expected imminently and will be reported to the Audit, Risk and Assurance Committee in line with the agreed process.

Cefndir / Background

This report provides the Board with an opportunity to review the strategic risks which receive oversight and scrutiny from all Committees of the Board.

The Health Board utilises the All-Wales Risk Matrix to assess the potential impact and likelihood of occurrence of all predicted risks to form an overall risk score. Risks may then be tolerated, treated, transferred or terminated in line with the Health Board Risk Management Strategy and 'risk decision' processes.

Internal controls are identified and rated (**red**, **amber**, **green**¹) RAG in relation to their effectiveness. Where gaps are identified, clear actions aligned to SMART methodology are developed and tracked through respective Executive risk owners. Sources of assurance are then established and similarly, where gaps are identified, clear SMART actions are developed to address the gaps to drive progress to mitigate the risk and reduce either the likelihood, consequence, or both. Committees are then responsible for the active monitoring and review of all risks which receive oversight from each respective committee.

¹ For clarity, **Red** would indicate no assurances available, **Amber** would indicate satisfactory sources of assurance available, and **Green** would indicate a considerable level of assurance with clear evidence that the risk is being managed effectively.

Risk Management ensures that the Health Board focuses on the risks and concerns that may impact on the Health Board’s ability to deliver its objectives as stated within the agreed IMTP. Whilst active risk management is performed daily at an operational level, the Health Board’s risk management strategy and process ensures that the Board is informed, engaged, and assured about the approach that Health Board uses to identify and manage perceived risks.

Risk Management Approach, Methodology and Strategy Update

The risk management approach outlined within the current risk management strategy remains theoretically sound and allows for risks to be escalated through the system, as well as strategic risks to be identified by the Executive Team and the Board. When agreed criteria are met for inclusion on the Corporate Risk Register, a recommendation is then made to the Board for inclusion. The Health Board approach contains principles of evidenced-based risk management methodologies and aligns with enterprise risk management (ERM), ²ISO [ISO 31000:2018 - Risk management Guidelines](#) and COSO risk management standards [COSO's enterprise risk management framework | ACCA Global](#).

Development continues to refine and crystalise the revised risk management strategy including an assessment on where there are potential gaps in the current strategy and exploring how these could be strengthened. A particular focus on internal escalation and clarity on reporting hierarchies is also being developed to fortify the objectives within the strategy. The revised Risk Management Strategy will be presented to the Board for formal endorsement at its meeting in May 2023, following a process of engagement.

At the time of writing, a Board Development Session is scheduled to take place on 22nd March 2023, focused on strategic risk management and assurance arrangements. This Session will include a focus on risk appetite and tolerance which will be a key element of the updated Risk Management Strategy, presented to the Board in May 2023.

Asesiad / Assessment

Current Organisational Risk Profile:

There are currently **25** Organisational Risk Profiles, of which **18** are classified as high risks due to the scoring being 15 or greater. The following table provides a breakdown of the risks and level of severity:

High	18
Moderate	7
Low	0

A high-level dashboard of all strategic risks including, current score, target score, risk appetite level, risk treatment and trend since last reporting period is included at **Appendix 1**.

² Definition of Enterprise Risk Management - is the process of identifying and addressing methodically the potential events that represent risks to the achievement of strategic objectives, or to opportunities to gain competitive advantage.

The risks that comprise the Corporate Risk Register have been subject to Executive risk owner scrutiny, challenge, and review during the last reporting period. Robust assessments of the Health Board’s internal control system have also been undertaken, alongside a review of all sources of assurance related to each risk. Based on a calculation of averages methodology, an initial indication on each risk has been given a **RAG** rated assurance level. This is in line with Internal Audit methodology when determining assurance levels for audit reviews.

An over-arching, high-level indication of the level of assurance the Board can derive from this iteration of the risk and assurance report is set out below:

Nil	Satisfactory	Considerable
	X	

This means that the Board can take an overall level of **satisfactory** assurance that the Strategic risks which comprise the Corporate Risk Register, and which represent significant risks to non-delivery of the IMTP, are being managed effectively. The Board can also take assurance that the system of internal control to manage these risks is deemed to be **satisfactory**.

The detailed review of each risk is appended to this report at **Appendix 2**.

Changes in Risk Status Since Last Reporting Period

The Board is requested to note that 4 risks on the Corporate Risk Register continue to be actively managed within an approved and agreed risk appetite/tolerance level, through achievement of a target score; these are:
CRR023 – Avoidable harm to the population
CRR008 – Health Board estate being fit for purpose.
CRR013 – Infection Prevention and Control (IPC)
CRR027 – Vaccination programme.

The Board is asked to note the re-framed risks since the last reporting period. The detail of which are available in **Appendix 1** and relate to the following risks:
CRR003 – Mental Health Service provision and operational impact of WCCIS.
CRR007³ - Inability to meet the changing demographic need for its population.

The following risk has been de-escalated from the Corporate Risk register following review and discussion with Executives and relevant senior leaders:

CRR044 – Non-compliance with a key component of the new vision (2022-2027) for children’s services is the Programme for Government commitment to remove private profit from the care of looked after children.

The above risk is subject to ongoing discussions with the Regional Partnership Board (RPB) as it is a partnership risk and therefore requires a regional mitigation response. This risk will continue to be monitored and reviewed by the

³ *Please note that in re-framing this risk, the Executive risk owner has determined it necessary to therefore remove **CRR036**, ‘inability to deliver priorities with involvement from Partners’

Family and Therapies Division and will be reported to the Board, should it be escalated in future.

Regarding the previously reporting **In-patient Falls risk – CRR010** – it has been recommended that this risk is de-escalated and managed at a Divisional/local level. This is due to the significant work that has been undertaken in this area, spanning all Divisions, including the development of the revised Falls Policy, regular and consistent reporting and monitoring of the position, risk assessments undertaken on admission for patients and the staff resources available related to information, guidance, and advice.

A decision was also taken in relation to **CRR038 – delays in discharging medically fit patients**. During the risk and assurance analysis, it was found that this risk was already covered in part by **CRR019** and **CRR007**. This meant that many of the controls and assurances that were outlined within the latter mentioned risks were also identified for the **CRR038**. It was therefore concluded that **CRR038** was a consequence of **CRR019** and **CRR007** rather than a risk.

Escalation of New Risks

There has been one recommendation for a risk to be escalated to the corporate risk register and is outlined as the following:

“**Risk of:** significant dilapidation of Health Board estate
Due to: the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures.”

It is recommended that the Board endorse this risk for inclusion on the corporate risk register. The Audit, Risk and Assurance Committee will then receive an update on this risk specifically at its April 2023 meeting and a full risk assessment will be presented to the Board at the May 2023 meeting, once all contributing factors (internal and external) have been considered. The Board will then consider at its July 2023 meeting, how the Health Board will manage the presence of RAAC in its buildings. The outcome of this will then be submitted to Welsh Government for formal review.

Committee Engagement and Wider Recommendations

Following the deep dive in to two risks at the February 2023 Audit, Risk and Assurance Committee meeting, it was suggested that other Committees follow this format including attendance from relevant Executive risk owners. This would allow for enhanced scrutiny, challenge, and support to be offered in relation to the risks that receive oversight from respective Committees.

Argymhelliad / Recommendation

The Board is requested to:

- **RECEIVE** the overview of the Corporate Risk Register
- **APPROVE** the inclusion of the recently identified estate risk and de-escalation of other risks.
- **NOTE** that Committees have reviewed respective risks, and;



- **NOTE** the revised Risk Management Strategy will be presented to the Board at its meeting in May 2023.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The Corporate Risk Register is informed by Datix, ensuring a bottom-up approach to risk escalation.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 2.1 Managing Risk and Promoting Health and Safety Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. The Corporate Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Respective committees of the Board have considered risks contained within the Corporate Risk Register




Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb	No does not meet requirements

Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. N/A

Risk ref and Descriptor	Current Score	Target Score (informed by Appetite level)	Risk Appetite Level	Managed to Agreed Level Y/N?	Risk Treatment	Date and Trend Since Last Reporting Period	Assurance/ Oversight Committee	Risk Owner
CRR019 Failure to meet the needs of the population who require high levels of emergency supportive care and inability to release ambulances promptly to respond to unmanaged community demand. (re-framed Dec 2021)	20	15	<p>Low level of risk appetite in relation to patient safety risks.</p> <p>Moderate levels of risk with regard to innovation around mitigations to prevent demand and better manage the demand.</p>	No	<p>Treat the potential impacts of the risk by using internal controls.</p> <p>Tolerate the impacts of some mitigations and acknowledge that some may not work.</p>	<p>(Feb 2023 ARAC)</p> 	PQSO	Director of Operations
CRR002 Failure to recruit and retain staff across all disciplines and specialties leading to adverse impacts on delivery of care to patients across acute and non-acute settings and non-compliance with safe staffing principles and standards. Nursing and	20	10	<p>Low level of risk appetite in relation to potential patient safety risks.</p> <p>Moderate levels of risk with regard to innovation and changing roles to attract more staff and deliver services in different ways through new roles.</p>	No	<p>Treat the impact of the risk by using internal controls.</p>	<p>(Feb 2023 ARAC)</p> 	PCC	Director of Workforce and OD

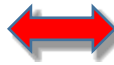



Appendix 1 – ABUHB Board, Strategic Risk Report

HCSW agencies refusing to contract with the Health Board. ¹(re-framed Nov 2022)								
CRR013 Failure to prevent and control hospital and community acquired infections to include COVID-19	10	10	Zero or low due to patient safety and quality of service.	Yes	Treat the potential impacts of the risk by using internal controls.	(Feb 2023 ARAC) 	PQSO	Director of Nursing
CRR023 Potential risk to population health in relation to avoidable harm due to priority being given to management of the COVID pandemic.	20	20	Zero or low level of risk appetite in terms of protecting patient safety and the quality of services. Moderate level of risk appetite in relation to different ways of working to address backlog. This would include the use of technologies and innovations.	Yes	Treat the potential impacts of the risk by using internal controls. Tolerate the impacts of some mitigations and acknowledge that some may not work.	(Feb 2023 ARAC) 	PQSO	Director of Operations
CRR007*re-framed July 2022* The Health Board's inability to meet the changing demographic need for its population.	12	8	Zero or low level of risk appetite in terms of protecting patient safety and the quality of services. Moderate level of risk appetite in relation to some risk controls and mitigations is required due to interdependencies with partner organisations.	No	Treat the potential impacts of the risk by using internal controls. Tolerate the impacts of some mitigations and acknowledge that some may not work and some are out of the Health Board's control.	(Feb 2023 ARAC) 	PPHPC	Director of Primary, Community and Mental Health Services & Director of Public Health and Strategic Partnerships &CDM
CRR027 'Effectiveness of COVID vaccination and ¹ Links to COVID-19 vaccination position and to impact of this part of the risk being reduced.	20	20	Moderate risk appetite level will need to be applied to this risk profile, given the unpredictability of the potential of variants of concern	Yes	Treat the potential impact of the risk with mitigations.	(Feb 2023 ARAC) 	PQSO	Director of Public Health and Strategic Partnerships

booster programme compromised resulting from the emergence of a Variant of Concern ²			as recognised by Welsh Government in its Winter Modelling Update for 2022-23. The Health Board will ensure that it can behave appropriately to address the risk, should it materialise however, emergence of a variant of concern is beyond the Health Board's control.		Tolerate the unpredictable element of the VoC and other mutations.			
CRR028 Continued inappropriate admissions of Children and Young People to adult mental health in-patient beds.	20	10	Low risk appetite level in relation to patient safety and experience. Moderate level risk appetite would be encouraged in order to explore more innovative ways of managing this risk alongside Health Board partners.	No	Treat the potential impacts of the risk by using internal controls.	(Feb 2023 ARAC) 	PQSO	Director of Operations
CRR003 – Fragile Mental Health Service provision due to operational impact of WCCIS	12	8	Low risk appetite level in the interests of patient safety. Moderate risk appetite levels will need to be taken to explore further innovations and appropriately reconfigure services and implement new arrangements.	No	Treat the potential impacts of the risk by using internal controls. Tolerate the impacts of some mitigations and acknowledge that some may not work.	(Feb 2023 ARAC) 	PQSO/PPH PC	Director of Primary, Community and Mental Health Services
CRR004 (re-framed Feb2023) Failure to comply with WBoFG Act	8	4	Low to Moderate - Risk appetite in this area is low in terms of compliance with the Legislation. However, further innovation is required to develop new approaches and ways of working therefore, risk appetite in this area is defined at a moderate level.	No	Treat the potential impacts of the risk by using internal controls. Take Opportunities and use positive risk management to realise efficiencies, better ways of working and realise our long-term strategic aims.	(Feb 2023 ARAC) 	ARAC	Director of Public Health and Strategic Partnerships and Board Secretary



² This risk to incorporate CRR001 to describe an overarching population health vaccination risk for the next Board meeting.




Appendix 1 – ABUHB Board, Strategic Risk Report



CRR017 Partial or full failure of ICT infrastructure and cyber security	15	12	Low appetite in relation to adverse impact on Quality, Safety. Moderate to High level risk appetite for innovating to identify digital ICT system solutions.		Treat the potential impacts of the risk by using internal controls.	(Feb 2023 ARAC) 	FPC	Director of Planning, Performance and ICT
CRR016 Achievement of Financial Balance ³	20	4	Low level of risk appetite in relation to the Health Board's financial statutory requirements. However, responding to COVID 19 implications and maintaining safe services take precedence.	No	Treat the potential impacts of the risk by using internal controls.	(Feb 2023 ARAC) 	FPC	Director of Finance and Procurement
CRR012 Inability to address health inequalities across the population leading to increased dependency on Health Board services in the longer term and impacts ability of achievement of strategic aims/objectives. (re-framed Dec 2021)	12	4	Low risk appetite in terms of patient safety and services. Moderate risk appetite with regard to innovation and developments in primary care and public health initiatives.	No	Treat the potential impacts of the risk by using internal controls.	(Feb 2023 ARAC) 	PPHPC	Director of Public Health and Strategic Partnerships
CRR008 Health Board Estate not fit for purpose (Re-framed Dec 2021)	15	15	Low risk appetite in relation to adverse staff and patient experience due to poor Health Board estate.	Yes	Treat the potential impacts of the risk by using internal controls and continue to maintain the current position	(Feb 2023 ARAC) 	FPC/PPHPC	Director of Operations


³ Links to CRR002 – workforce risk.


			Moderate risk appetite with regard to innovation and developments across the Health Board estate.		with ongoing monitoring and review. Although this has reached its target score, it is recommended that this risk continues to be monitored strategically as the impact/consequence should the risk be realised, is significant.			
CRR032 Failure to achieve underlying recurrent financial balance	16	12	Low level of risk appetite in relation to the Health Board's financial statutory requirements.	No	Treat the potential impacts of the risk by using internal controls.	(Feb 2023 ARAC) 	FPC	Director of Finance and Procurement
CRR033 (Dec 2021) Civil Contingencies Act Compliance	20	9	Low risk appetite in this area is low in terms of compliance with the Legislation.	No	Treat the potential impacts of the risk by using internal controls.	(Feb 2023 ARAC) 	PPHPC	Director of Planning, Performance and ICT
CRR021 Inability to comply with the Welsh Language Standards as a result of the Welsh Language (Wales) Measure 2011, resulting in Welsh speakers will not being able to receive services in their language of	12	8	Low risk appetite in this area is low in terms of compliance with the Legislation.	No	Treat the potential impacts of the risk by using internal controls.	(Feb 2023 ARAC) 	P&C	Director of Workforce and OD

choice. (re-framed Jan2023)								
CRR025 Lack of mental and psychological staff preparedness will have a negative impact on absenteeism and could result in long term sickness with PTSD & other forms of emotional traumatisation. High work-related industrial injury claims and compensation pay-outs. (re-framed Jan2023)	12	8	Low risk appetite in relation to adverse staff experience due to current and ongoing significant operational pressures.	No	Treat the potential impacts of the risk by using internal controls.	(Feb 2023 ARAC) 	P&C	Director of Workforce and OD
CRR036 Clinically unsafe and inappropriate inter-site patient transfers and into communities	15	5	Low risk appetite in this area in respect of patient safety.	No	Treat the potential impacts of the risk by using internal controls.	(Feb 2023 ARAC) 	PQSO	Director of Operations

CRR038 Increased levels of patient acuity presenting resulting in an inability to staff appropriately and provide acceptable levels of care in line with best practice and guidelines.	15	5	Low risk appetite in this area in respect of patient safety.	No	Treat the potential impacts of the risk by using internal controls.	(Feb 2023 ARAC) 	PQSO	Director of Nursing/Director of Operations
CRR040 Putting Things Right (PTR) – Continued and sustained non-compliance with The NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011	20	8	Low (averse to risk) Risk Appetite Level 2	No	Treat the potential impacts of the risk by using internal controls.	(Feb 2023 ARAC) 	PQSO	Director of Nursing
CRR041 Industrial Action – Failure to sustain current levels of staffing due to industrial action following 2022 pay round and ballots, leading to adverse impacts on delivery of care for patients	20	8	Low (averse to risk) Risk Appetite Level 2	No	Treat the potential impacts of the risk by using internal controls. Tolerate the impacts of some mitigations and acknowledge that some contributing factors are outside of the Health Board's control.	(Feb 2023 ARAC) 	PCC	Director of Workforce and OD

across acute and non-acute settings and non-compliance with safe staffing. (re-framed Jan2023)								
CRR042 (re-framed Jan23) Inability to continue provide adequate quality of care to asylum seekers, migrants populations and Unaccompanied Children Asylum Seekers (UCAS)	20	10	Low (averse to risk) Risk Appetite Level 2	No	Treat the potential impacts of the risk by using internal controls. Tolerate and acknowledge that some contributing factors are outside of the Health Board's control.	(Feb 2023 ARAC) 	PPHPC	Director of Primary, Community and Mental Health Services
CRR043 Cost of living crisis – impact on population of Gwent and staff Levels of staff absence may increase due to the costs associated with travelling to and from work, increased demand for services as population unable to heat their homes adequately, especially impacting the	20	12	Moderate (cautious risk taking) Risk Appetite Level 3	No	Treat the potential impacts of the risk by using internal controls. Tolerate the impacts of some mitigations and acknowledge that some contributing factors are outside of the Health Board's control.	(Feb 2023 ARAC) 	PPHPC	Director of Public Health/Director of Workforce and OD

elderly population of Gwent.								
CRR045 LINC Programme – IF the new LIMS service is not fully deployed before the contract for the current LIMS expires in June 2025 THEN operational delivery of pathology services may be severely impacted RESULTING IN potential delays in treatments, affecting the quality and safety of a broad spectrum of clinical services and the potential for financial and workforce impact.	25	5	Low (averse to risk) Risk Appetite Level 2	No	Treat the potential impacts of the risk by using internal controls. Tolerate the impacts of some mitigations and acknowledge that some contributing factors are outside of the Health Board's control.	(Feb 2023 ARAC) 	FPC	CEO

Safeguarding CRR030 – (re-framed Nov 2022) *this risk has interdependencies with CRR002 Workforce Risk* Risk of: 'Hidden Safeguarding Harms' experienced by patients in their homes and communities due to the COVID-19 pandemic and significantly increased demand on Health Board services.	16	8	Low (averse to risk) Risk Appetite Level 2	No	Treat the potential impacts of the risk by using internal controls.	(Feb 2023 ARAC) 	PQSO	Director of Nursing
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**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Executive Committee Activity: January 2023 – March 2023
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides the Board with an overview of a range of issues discussed by the Executive Committee at meetings held during the period 12th January 2023 to 15th March 2023. Due to the nature of the business of the Executive Committee, not all issues will be suitable for disclosure into the public domain.

The Board is asked to **NOTE** the update of the Executive Committee and the overview of some of its activities.

Cefndir / Background

The Chief Executive Officer is responsible for the overall organisation, management and staffing of the Health Board and its arrangements related to quality and safety of care as well as matters of finance, together with any other aspect relevant to the conduct of the Health Board's business in pursuance of the strategic directions set by the Health Board's Board, and in accordance with its statutory responsibilities.

The Executive Committee is the executive decision-making committee of the organisation, chaired by the Chief Executive as Accountable Officer.

The Executive Committee is therefore responsible for ensuring the effective and efficient co-ordination of all functions of the organisation, and thus supporting the Chief Executive/Accountable Officer to discharge her responsibilities.

Asesiad / Assessment

The Executive Committee meets on a weekly basis and focusses on the breadth of the organisation's business. These formal meetings are supplemented by:

- Weekly Informal Executive Team Sessions which are used to focus on strategic developments, information sharing and Executive Team engagement.
- A monthly Clinical Futures Programme Board which enables the Executive Team to oversee implementation of the Board's strategic priorities, take decisions and resolve issues which may be impacting delivery.
- A monthly Finance Recovery & Turnaround Oversight Board which enables the Executive Team to monitor the Health Board's financial position and the delivery of financial recovery actions.
- Regular Executive Team development sessions focussing on the effectiveness of the Executive Team and its way of working.

Much of the business of the Executive Committee informs onward reporting to the Board's assurance committees, providing assurance to the Board on the effective management of the organisation and achievement of the Board's strategic objectives. The Executive Committee's business also informs much of the Board's formal meetings agendas, given the Executive Team's responsibilities in strategy development and its delivery.

The Workplan of the Executive Committee is based on 5 key areas to ensure appropriate focus and oversight of the organisation's business and enable the Chief Executive Officer and Executive Team members to discharge their responsibilities effectively:

1. Quality, Safety and Culture
2. Delivery, Performance and Efficiencies
3. Strategic Planning and Service Development
4. Strategic Partnership arrangements
5. Transformational programmes (IMTP/Clinical Futures).

During the period 12 January 2023 - 15 March 2023, the following matters were some of the issues considered by the Executive Committee:

Quality, Safety & Culture

At each weekly meeting, the Executive Committee receives a Safety Briefing which includes a summary of recent Patient Safety Incidents, Complaints, Never Events, and Injurious Falls. The Executive Committee has also maintained a focus on the performance of ambulance handover delays and red release requests to ensure that the level of risk in the community is balanced across the whole system.

The Executive Committee received a report on the Armed Forces Covenant, which as of 22nd November 2022, became a part of the Armed Forces Act 2022. The legislation introduces a new duty on relevant public bodies, when exercising certain aspects of their public functions. The report provided information on the

Health Board's duty to consciously consider the Covenant when developing or delivering policy or decisions and ensure that veterans receive priority, where they require treatment for an injury that was caused during service above non-veterans with a similar health condition. The report provided an update on the actions being undertaken in response to the Covenant to ensure the Health Board meets its duty of care.

The Health Board's Bowel and Bladder Service gave a presentation to the Executive Committee on a project to improve toileting and continence care for people living with dementia in acute hospital settings. The presentation highlighted the devastating impact that the use of continence pads had on patients and families and the long-term issues that can arise. It was noted that the research in which the Bowel and Bladder Service had participated had received international recognition. The Executive Committee supported the introduction of a project to tackle pad cultures to improve outcomes and dignity for older people and those living with dementia.

The Executive Committee received an update on the Getting It Right First Time (GIRFT) review of the Health Board's Development of Stroke Services. It was highlighted that this was the first time the GIRFT Team had undertaken a review of Stroke Services in Wales. The update included the development of a long term action plan to respond to GIRFT's recommendations.

Regular updates have been provided to the Executive Committee on the impact on the organisation of Industrial Action taken and national negotiations regarding pay.

An update was provided to the Executive Committee on the Health Board's current Bed Maintenance Contract and approval was given to extend the current contract for a year, whilst a long-term contract was secured.

The Executive Committee received an update on the Health Board's current Policy and Written Control Document status and approved an implementation plan to ensure current processes were fit for purpose.

The Executive Committee received positive feedback from staff on the previously implemented offer of food subsidisation (50%) over the winter period, due to end on 31 March 2023. The importance of supporting staff, particularly in such challenging times, continues to be a focus of the Executive Committee. A commitment to introducing a 'meal of the day' option during the lunch and evening meal services, with staff continuing to receive a 30% subsidy on all hot food items, was supported.

Delivery, Performance & Efficiencies

On 12th January 2023, Audit Wales provided the Executive Committee with a presentation on their review of the Health Board's Efficiency Savings Arrangements. The Committee accepted the recommendations and noted alignment with the Health Board's planned approach for an efficiencies programme in 2023/24.

The Executive Committee discusses the Health Board's Finance Recovery & Turnaround position at every meeting and considers any additional action that

can be undertaken to assist in responding to the challenging financial situation including reviewing the Variable Pay Reduction Plan.

The Executive Committee receives regular updates on the situation in Primary Care including changes to Dental and General Practice facilities and contracts across the locality. Consideration is always given to ensuring the public can access facilities as close to home as possible.

The Executive Committee received a report on the Health Board's compliance with the recently published Welsh National Safeguarding Training Standards. It was noted that a Board Briefing Session was being scheduled for May 2023.

The Executive Committee scrutinised reports that were due to be submitted to the Board and Committees to ensure due diligence. These reports include Internal Audit Reports, Financial Control Procedures, Charitable Funds Bids etc.

Strategic Planning & Service Development

A report was received on the Health Board's "Help Me Quit Service" and its plans for 2023/24, aligned to Welsh Government's Tobacco Control Strategy for Wales and Delivery Plan 2022-2024. The report provided information on population need and current Smoking Cessation Services.

The Executive Committee considered a draft Business Case for the development of a Regional Cataract Service, which aimed to provide a collaborative regional approach to recovery and to maximise the use of assets across the local region was presented. The Executive Committee supported the submission of the business case to the Regional Partnership Board.

The Executive Committee received a presentation on the Respiratory Ambulatory Care Unit and benefits to patients and the wider organisation. An update on a business case to maximise the benefits of the service model was supported.

Following confirmation from Welsh Government on funding arrangements for 2023/24 for Mass Vaccination Programmes and Health Protection Response, the Executive Committee received and supported proposals on service provision for 2023/24, whilst sustainable plans are developed further.

Strategic Partnership Arrangements

The Executive Committee regularly receives updates on the portfolio of projects being undertaken across the region such as the South-Central Stroke Delivery Networks, Orthopaedics and Regional Ophthalmology.

The Executive Committee was provided with information on changes to HEIW Post Foundation Training Programme on the Health Board's Pharmacy Services. The changes included a reduction in funding and training modules provided. The Executive Committee noted the impact on Pharmacy and its staff and supported the recruitment of staff to the 2023 cohort.

As part of the Health Board's IMTP process, the Executive Committee received and discussed a report on the Health Board's Educational Commissioning Numbers for 2023-24, which was approved for submission to HEIW.

The Executive Committee continues to focus on the business of the Regional Partnership Board and Public Services Board, ensuring alignment with the Health Board's strategic direction and delivery of objectives shared across partnerships.

The Executive Committee received an insightful presentation from the Institute of Health Equity, outlining further opportunities for the Health Board to address health inequity across the Gwent population, whilst building on existing work within the PSB Wellbeing Plan and Marmot Programme. The Executive Committee has committed to holding a dedicated session to consider further the Health Board's approach to Health Promotion and Health Inequalities in the coming months.

Informal Briefings

The Executive Team in informal session has received several presentations including:

- The outcomes of projects undertaken by MSc Modelling Students from Cardiff University;
- A briefing on the Mental Health & Learning Disabilities Specialist In-Patient Services Unit OBC, following which a Board Briefing Session was scheduled;
- A briefing on a review of Nutrition & Hydration Standards which has been undertaken across the Health Board. A proposal on how to progress implementing these standards will be presented to a future Executive Committee meeting;
- A presentation on the development of an Agile Delivery Framework; and
- An overview of new Pathway of Care Reporting (delayed discharge data).

System Leadership Group

The Executive Team has established monthly System Leadership Group meetings throughout 2023 with leaders from across the Health Board. The meetings have been used to discuss systemwide priorities, including a focus on how to deliver improvements and financial savings, designing a Delivery Framework and a system of accountability for delivery. The System Leadership Group has also discussed the development and implementation of a System-wide Safety Flow Model, supporting appropriate distribution of risk across the system and improved performance of ambulance handover delays and red release requests.

National Imaging Academy Wales, Hosting Agreement Extension

Cwm Taf Morgannwg University Health Board currently hosts the National Imaging Academy Wales (NIAW) on behalf of Health Bodies in Wales. The current hosting agreement expires on 31 March 2023 and therefore Health Bodies Boards in NHS Wales, have been asked to extend the hosting agreement for a further 3 years to 31 March 2026.

The hosting agreement, attached, has been updated to accurately reflect references, but the detail of the main document remains unchanged from the original hosting agreement signed by all Health Board Chief Executive Officers.

The Board is asked to ENDORSE the signing of this agreement by the Chief Executive Officer on behalf of Aneurin Bevan University Health Board.

Argymhelliad / Recommendation

The Board is asked to **NOTE** the update of the Executive Committee and the overview of some of its activities.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)



Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper No does not meet requirements
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	<p>Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies</p> <p>Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives</p>

<div></div> <div>Cwm Taf Morgannwg University Health Board & NHS Wales Health Boards & Trusts</div>	
Hosting Agreement 1st April 2023 – 31st March 2026	
Date: March 2023	Version: Final Draft
Purpose and Summary of Document: <p>This agreement is to enable and facilitate the hosting of the NHS Wales National Imaging Academy Wales by Cwm Taf Morgannwg University Health Board (CTMUHB) on behalf of NHS Wales Chief Executives.</p> <p>The agreement is intended to ensure that hosting arrangements are clear and transparent and that the rights and obligations of all parties are documented and agreed. The agreement sets out appropriate financial arrangements and the obligations of all parties to the agreement.</p>	

1. Parties to this agreement

The parties to this agreement are:

1. Cwm Taf Morgannwg University Health Board (CTMUHB), which is the host body.
2. The NHS Wales National Imaging Academy Wales (the NIAW), which is the hosted unit and, for the purposes of this agreement, includes all subsidiary functions, teams and services forming part of the NIAW.
3. All NHS Wales Health Boards and Trusts, on whose behalf the National Imaging Academy Wales will work.

The signatories to this agreement are:

Name	Designation	Signing on behalf of:	Signature	Date
Paul Mears	Chief Executive	Cwm Taf Morgannwg University Health Board (Host)		1.4.2023
Phillip Wardle	Director	National Imaging Academy Wales		
Nicola Prygodzicz	Chief Executive	Aneurin Bevan University Health Board		
Gill Harris	Interim Chief Executive	Betsi Cadwaladr University Health Board		
Suzanne Rankin	Chief Executive	Cardiff & Vale University Health Board		
Steve Moore	Chief Executive	Hywel Dda University Health Board		

Name	Designation	Signing on behalf of:	Signature	Date
Carol Shillabeer	Chief Executive	Powys Teaching Health Board		
Mark Hackett	Chief Executive	Swansea Bay University Health Board		
Jason Killens	Chief Executive	Welsh Ambulance Service NHS Trust		
Steve Ham	Chief Executive	Velindre University NHS Trust		
Tracey Cooper	Chief Executive	Public Health Wales Trust		

1 Named points of contact

The following individuals will act as the primary points of contact in relation to any issues that may arise under this agreement:

- For CTMUHB:
 - Executive Director of Therapies and Health Sciences
 - Executive Director of Strategy & Transformation
- For the NIAW:
 - Director

2 Purpose and scope of this agreement

This agreement is to enable and facilitate the hosting of the National Imaging Academy Wales by CTMUHB on behalf of NHS Wales Chief Executives.

The agreement is intended to ensure that hosting arrangements are clear and transparent and that the rights and obligations of all parties are documented and agreed.

The National Imaging Academy Wales' annual work plan and performance management arrangements are agreed between the Director of the National Imaging Academy Wales and the Collaborative Executive Group, prior to final sign off by the Collaborative Leadership Forum.

3 Status of this agreement

This agreement is not legally binding and no legal obligations or legal rights arise between the parties from it. The parties enter into this agreement intending to honour its content and spirit.

This agreement is one which is subject to S.7 of the NHS (Wales) Act 2006.

The parties agree that they shall act:

- in the spirit of good faith
- in the interests of minimising costs to themselves
- in the interests of maintaining quality at all times
- in accordance with any applicable statute, directions, orders, guidance or policy.

4 Duration of this agreement

This agreement commences on 1 April 2023 and will run for a period of three years until 31 March 2026.

5 Monitoring and review of this agreement

The Director of the National Imaging Academy Wales will liaise regularly with either CTMUHB's Executive Director of Therapies and Health Sciences or Executive Director of Strategy & Transformation, to monitor the operation of this agreement and to address and resolve any practical issues that may emerge.

5.1 Six monthly formal review meetings

The Chief Executive, CTMUHB and the Director of the NIAW (or nominated deputies) will meet six monthly to discuss current/live issues, the NIAW's progress on establishing governance arrangements with the NHS, and any particular issues relating to hosting arrangements. They will also include early discussions on possible changes or additions to the NIAW's role and remit.

5.2 Review meetings

The named points of contact (section 1) will meet at least six monthly to discuss hosting arrangements and any particular areas of concern. These meetings will include discussion of:

- matters relating to workforce, finance, procurement, facilities and any other corporate support services (note IT requirements will be met via a separate agreement with Digital Healthcare Wales (DHCW))

- possible changes to the NIAW's remit and any other matter which is likely to impact on the corporate support provided by CTMUHB.
- financial performance and any variance against budget, in particular potential over or underspends.

The NIAW will provide a short written report before each quarterly meeting confirming compliance with policies and procedures (e.g. statutory and mandatory training compliance), highlighting any areas of non-compliance.

5.3 Audit & Risk Committee

The Director of the NIAW will attend the CTMUHB Hosted Bodies Audit & Risk Committee at least annually, or as requested by the Audit & Risk Committee, to provide assurance to the Committee that the NIAW is complying with the Hosting Agreement and to highlight and discuss any areas of risk or non-compliance.

5.4 Annual Assurance Statement

The National Imaging Academy Wales will provide an annual Governance Compliance/Assurance Statement to CTMUHB, to confirm that they have complied with the hosting arrangements, highlighting any areas of concern, risk or non-compliance. This statement will inform CTMUHB's Governance Statement which forms part of the Annual Accountability Report.

5.5 Review

The agreement will be reviewed in the fourth quarter of each year by all parties to ensure that it is operating effectively and amendments will be agreed as required.

6 Termination and notice period

The parties acknowledge that if one of the signatories to this document withdraws or otherwise terminates its responsibilities this agreement will terminate twelve months after that event and a new agreement will be drafted and agreed by all the parties that wish to continue to engage with each other in respect of NIAW.

7 Background

In 2016, NHS Wales Chief Executives confirmed their intention to establish an NHS Wales National Imaging Academy Wales to primarily increase the number of Radiology trainees in NHS Wales (with increased classroom training within a dedicated and appropriately equipped facility, significantly enhancing the training capacity, with an economy of scale for required trainer time).

In April 2017 Cwm Taf University Health Board was formally requested to host the National Imaging Academy Wales and its Director and staff. This request was formally accepted on 7 July 2017, subject to confirming hosting arrangements via the hosting agreement. This agreement has been continued by Cwm Taf Morgannwg University Health Board since its formation in April 2020.

The current Director was appointed as Director of the National Imaging Academy Wales on 1st November 2018.

An extension to this agreement was approved by Health Boards and Trusts in March 2021 to be effective for the period 1st April 2021 to the 31st March 2023.

A review of this agreement was initiated in February 2023 to support an extension to the agreement for a further three year period.

8 Nature of the hosting arrangement

CTMUHB will provide services and facilities as agreed with Health Boards and NHS Trusts under this hosting agreement to enable the smooth running of the NIAW. However, CTMUHB will not be responsible or accountable for setting the direction of the NIAW or for the quality of the work undertaken by the NIAW. This rests with the Director of the NIAW reporting directly through the NHS Wales Chief Executive Officer Lead for Imaging to the Collaborative Executive Group and Collaborative Leadership Forum.

9 Appointment of the Director of the National Imaging Academy Wales

The Director of the NIAW and the Academy staff are employed by CTMUHB, but the Director will be appointed by the Chief Executive of the Host Body (on behalf of NHS Boards and Trusts) on recommendation and appropriate scrutiny through interview led by the Chief Executive Lead for NHS Wales, NHS Wales Chief Executive Officer Lead for Imaging, who are also responsible for ensuring continuity of leadership for NIAW.

10 Financial arrangements

10.1 Setting of and responsibility for the National Imaging Academy Wales budget

Whilst complying with CTMUHB's Standing Orders and Standing Financial Instructions (see below), the Director of the NIAW will be accountable through the Host Body Chief Executive to the Collaborative Executive Group.

The Director of the NIAW will have an authorisation limit of £100,000 (equivalent to a Care Group Director at CTMUHB) and will specify an appropriate scheme of delegation for the management of the NIAW's budget. Expenditure over £100,000 will need authorisation from the Chief Executive, CTMUHB (following discussion with the Director of the NIAW and the Lead Chief Executive for Imaging).

CTMUHB will provide the NIAW with monthly financial budget/expenditure reports. The NIAW will be responsible for checking the accuracy of these reports and for reporting and explaining any variance of expenditure against budget profile.

Recurring and non-recurring changes to the NIAW's core budget will be agreed between the Director of the NIAW and the Collaborative Leadership Forum. Such

changes may include in-year recurring or non-recurring uplifts contributed by health boards and trusts to cover agreed additional activities.

10.2 Additional funding

In addition to its core budget, the NIAW may receive additional recurring or non-recurring income from individual NHS Wales bodies or from other sources, for specific work undertaken.

The NIAW will inform CTMUHB of all arrangements for additional funding, and the terms under which the funding is being provided. Any external funding from industry partners must be compliant with any related host body Policies.

Any additional capital funding required for the initial project, on-going maintenance and developments, will need to be provided from within the partner organisations' discretionary capital allocations or if significant, be presented via a joint capital bid to the Welsh Government.

10.3 Financial variances

The Director of the NIAW must achieve a break-even position each financial year.

The Director of the NIAW is responsible for informing the Lead Chief Executive for imaging and the CTMUHB Chief Executive, at the earliest practicable stage, of any significant forecast variances and, in particular, of risks that may result in the underwriting provisions described in section 11 below being required.

In the event that there is a predicted under or overspend against the budget for the NIAW in any year, the parties to this agreement shall consider:

- in the case of an under-spend, whether there are any alternative uses to which the funds can be put consistent with the role of the NIAW, or whether funds should be returned to contributing bodies
- in the case of an over-spend, what steps can be taken to prevent the overspend arising
- any liability that exists as a result of any overspend will be shared on a joint and several basis between the parties signed to this agreement on an agreed risk sharing basis.

10.4 Financial liabilities

CTMUHB shall be the responsible legal entity in relation to liabilities to third parties, save where excepted in this agreement.

The activities of the NIAW will be covered by the Welsh Risk Pool, via CTMUHB; however, will be subject to the normal excess arrangements.

The NHS Wales Chief Executives will collectively underwrite the financial liabilities of the NIAW (on agreed risk sharing basis), where such liabilities cannot be met from within the NIAW's budget or are not covered by the Welsh Risk Pool. This includes any costs associated with redundancy, termination or breaches of employment contract, disputes and health and safety matters.

10.5 Levy to cover the costs of hosting the National Imaging Academy Wales

An agreed annual recurring revenue requirement will be provided to CTMUHB, to cover its 'core' hosting costs.

These costs will need to be reviewed and adjusted upwards on confirmation of any additional support required by the NIAW from the host body and in recognition of any inflationary pressures.

The 'core' hosting costs will be reviewed each year, as part of the overall review of this agreement (see section 5.5) and any additional 'core' hosting costs would need to be managed within the overall agreed NIAW revenue allocation.

With the exception of the agreed hosting costs and any agreed costs arising from issues detailed in section 11, no deductions will be made from the NIAW's budget by CTMUHB and CTMUHB's Cost Reduction Programme / savings targets will not be applied.

CTMUHB will not fund or be liable for any NIAW cost pressures, which must be funded within the agreed NIAW budget.

11 Obligations of CTMUHB under this agreement

11.1 General obligations of CTMUHB

CTMUHB shall be responsible for providing services and facilities to enable the smooth running of the NIAW.

In general, unless otherwise specified, these services and facilities will be equivalent to those provided to teams and services directly managed by CTMUHB. NIAW staff are expected to comply with CTMUHB's policies and procedures.

The services and facilities covered by this agreement may be provided directly by CTMUHB or may be procured from third party providers, including, but not limited to the NHS Wales Shared Services Partnership and Digital Health Care Wales (DHCW)

In hosting the NIAW, CTMUHB shall not be required to in any way act outside its statutory powers, duties, Standing Orders, Standing Financial Instructions or governance and legal obligations.

The NIAW undertakes to indemnify CTMUHB for any liability, losses, costs, expenses and claims that might arise in relation to the management of financial resources and the risk when discharging its duties and it will hold CTMUHB harmless in respect of any claims made by any third party arising out of the operations of the NIAW. The management of any such claim will be undertaken by CTMUHB, in liaison with the NIAW. However, any such claims that arise as a result of CTMUHB not meeting its hosting duties (as detailed in this agreement), then CTMUHB would be held accountable and manage the claim.

CTMUHB will not be responsible for the validity, efficacy or approval of the NIAW's budget or other plans and the NIAW will in fulfilling its obligations not place CTMUHB in a position whereby it breaches any Statute, Regulation, Standing Order, Direction, Measure or any other corporate governance requirement.

Specific services and facilities to be provided are set out below:

- Access to some Committees of the CTMUHB Board as appropriate, in order to discharge elements of the Academy's governance arrangements. These include:
- Quality, Safety & Risk Management – Reporting via the CTMUHB Quality & Safety Committee.
- Audit & Assurance – Reporting periodically to the CTMUHB Audit & Risk Committee
- Remuneration & Terms of Services Committee (RATS)
- IR(Me)R and other Imaging Governance – Reporting via Radiation Safety Committee including Ultrasound Governance.
- Clinical/Corporate Business Meeting(s) – six monthly reviews, including oversight of delivery of hosting agreement

As well as the following:-

- Governance advice and support
- Information Governance, managing overseeing any related Data Subject Access; Freedom of Information requests and related training
- Workplace health & Safety advice & support, including incident reporting and access to Datix
- Limited ad-hoc occasional communications/media support/advice.

11.2 Workforce

CTMUHB will act as the appointing and employing body for all directly employed and existing seconded staff of the NIAW, including the Director. The following services will be provided to the NIAW:

- Payroll services (for employed staff), including processing of expenses claims etc.
- Recruitment and selection support (including provision of selection/assessment tools)
- General people resources advice, with first line advice being provided by a named People Services point of contact
- Access to occupational health services
- Access to and support of the Electronic Staff Record system
- Access to statutory and mandatory training

Any financial liabilities resulting from the direct employment of staff of the NIAW (e.g. costs associated with advertising, redundancy, termination or breaches of employment, disputes and health and safety matters) will be met from the core budget agreed for the NIAW.

In the event that the core budget has insufficient funds to meet or cover the liability, NHS Wales Chief Executives (and not CTMUHB) will collectively underwrite the financial liabilities of the NIAW (on an agreed fair shares basis).

11.3 Finance and procurement

The NIAW's budget will be included within the CTMUHB ledger and the Director and any other NIAW budget holders will be provided with an income and expenditure account and the following on the same basis as provided to CTMUHB budget holders:

- Specified budget codes for the sole use of the NIAW
- Budget holder reports and information
- Management accountancy support and advice, with first line advice being provided by a named member of the finance team
- Payment of invoices
- Internal and external audit
- Access to procurement advice and support
- Appropriate access to the Oracle finance/procurement system

CTMUHB will act as the legal entity which enters into contracts and related agreements for goods and services procured on behalf of the NIAW.

11.4 Accommodation

The NIAW's core recurring budget includes provision for accommodation. The NIAW will occupy premises procured as part of the business case, agreed with NHS Wales Chief Executives and Welsh Government. The maintenance and running costs of premises will be funded from within the NIAW's core budget.

CTMUHB as host will own and maintain the NIAW Building on behalf of NHS Wales. A separate recharge over and above the hosting fee will be charged for buildings maintenance and facilities management, as per the agreed business case.

11.5 Digital Technology

The NIAW will develop a Service Level Agreement (SLA) direct with Digital Health Care Wales to provide the following:

- network infrastructure
- file servers for document storage
- the NHS Wales network and internet
- desktop IT support
- access to mobile services (which may be charged for separately on an 'at cost' basis)
- procurement of new and replacement IT equipment
- hosting of the NIAW's internet and/or intranet sites and technical support in relation to their ongoing maintenance and development

11.6 Other corporate support services

CTMUHB will provide the NIAW with access to various services / support when required. At times there may be a requirement to charge additional costs over and above the core hosting fee for items or levels of support that are not covered within the above arrangements.

This will either be based on the time spent on the activity, or if external advice is required then that will be recharged to NIAW.

This may include, but is not limited to the following:-

- a. Strategic and planning support, including help with development of business plans, etc.
- b. Finance support for Business case development (both revenue and capital)
- c. Additional workforce support/advice above the basic core level outlined above, including any costs associated with redundancy, termination or breaches of employment contract;
- d. Welsh language / translation services
- e. Legal Assistance (this will be provided by NWSSP Legal & Risk Services and recharged)
- f. Internal and external audit fees, for audit & assurance purposes
- g. A lease car scheme for staff meeting eligibility criteria
- h. All aspects of any additional Health Board based IT support, as this is all being provided directly by DHCW to the NIAW, through a separate Service Level Agreement.

12 Reporting

Hosting reporting shall be undertaken as follows:

12.1 Responsible Officer

The Responsible Officer will be the Director of the NIAW and this person will report to the Chief Executive at CTMUHB.

12.2 Accountable Officer

The Accountable Officer will be the Chief Executive of CTMUHB, who will liaise closely with the lead NHS Wales Chief Executive for Imaging.

12.3 Variation

No variation to the Agreement will be valid unless made in accordance with the Change Control Procedure found at Annex A.

13 Obligations of the National Imaging Academy Wales under this agreement

The NIAW will comply with CTMUHB's:

- Standing Orders
- Standing Financial Instructions
- All policies and procedures where they are applicable to the activities of the NIAW as a hosted body (e.g. Health and Safety, workforce etc.)

The Director of the NIAW will have overall responsibility for the appointment of NIAW staff, whilst acting within CTMUHB's recruitment policies. Other than the provision of People Services advice and selection tools, or as specifically requested by the NIAW, CTMUHB will have no role in the appointment of staff.

The Director of the NIAW will be responsible for ensuring that all NIAW staff undertake applicable statutory and mandatory training, which will be made available by Cwm Taf Morgannwg University Health Board. With the exception of statutory and mandatory training, the responsibility for the organisation and funding of the training and development of NIAW staff will rest with the NIAW.

The Director of the NIAW is responsible for the management of risk within the National Imaging Academy Wales and its activities. The NIAW will follow CTMUHB's Risk Management Strategy and Risk Management Policy and will monitor and maintain a risk register for the NIAW on the CTMUHB Datix system. Any potential risks which could impact on the business and safety of CTMUHB will be escalated to the Chief Executive and the Executive Lead with responsibility for risk in CTMUHB. The Director of the NIAW will also ensure that the Chief Executives are apprised of any high risks and the arrangements for providing assurance regarding their management.

CTMUHB can request access to the NIAW's risk register as required, to inform and provide assurance that the overall governance arrangements of CTMUHB are being maintained.

The Director of the NIAW will be responsible for ensuring any additional pieces of work taken on by the NIAW, including expansion in workforce and budget are to be discussed and agreed with CTMUHB.

14 Intellectual property

Unless otherwise agreed (see below) all intellectual property developed or legitimately acquired by the NIAW, shall be owned collectively by the NHS Wales Health Boards and Trusts.

If the intellectual property is to be exploited in any way then terms will be agreed between all the parties in this respect.

In some circumstances, the NIAW may (through CTMUHB) enter into agreements (such as joint working agreements with industry partners) where specific conditions relating to the ownership and exploitation of intellectual property may apply.

15 Data Protection and Freedom of Information

For the purposes of information governance, data protection and freedom of information activity, all data and information held by the NIAW will be deemed to be held by CTMUHB. As a result, any requests for information under relevant legislation will be processed according to CTMUHB's Policies and Procedures. However, the Director of the NIAW will be informed as soon as possible of any relevant requests received and discussion will take place with the Director before any of the NIAW's information is released to a third party. The Director of the NIAW will be responsible for sharing relevant requests, and responses provided, with Health Boards and Trusts as appropriate.

The NIAW may enter into data sharing agreements with Health Boards and Trusts to facilitate the carrying out of its functions. As the host body, CTMUHB will need to be a signatory to such agreements and must be satisfied with their content.

16 Disputes and matters not covered by this agreement

It is inevitable that issues will arise that are not explicitly covered by this agreement. In such cases, and in the event of any disputes, all parties will seek to address these issues and identify appropriate solutions in the common interest of NHS Wales and the public served.

If any party has any issues, concerns or complaints about Hosting, or any matter in this Hosting Agreement, that party shall notify the other parties and the parties shall then seek to resolve the issue by a process of consultation. If the issue cannot be resolved within a reasonable period of time, the matter shall be escalated to the Accountable Officer and the Responsible Officer, who shall decide on the appropriate course of action to take. If the matter cannot be resolved by the Accountable Officer and the Responsible Officer within 21 days, the matter may be escalated to the Welsh Government in accordance with the NHS (Wales) Act 2006.

If any party receives any formal inquiry, complaint, claim or threat of action from a third party (including, but not limited to, claims made by a supplier or requests for information made under the Freedom of Information Act 2000) in relation to Hosting, the matter shall be promptly referred to the Accountable Officer and Responsible Officer (or their nominated representatives). No action shall be taken in response to any such inquiry, complaint, claim or action, to the extent that such response would adversely affect Hosting, without the prior approval of them (or their nominated representatives).

17 Governing law and jurisdiction

This Agreement shall be governed by and construed in accordance with the laws of England and Wales and, without affecting the escalation procedure set out in section 17, each party agrees to submit to the exclusive jurisdiction of the courts of England and Wales.

Annex A

Annex A – Change Control Procedure

- 1. Changes may be proposed by any party to the Responsible Officer who will then discuss them with the Accountable Officer.
- 2. The Changes may be agreed or rejected by both of those individuals.
- 3. All parties will be notified of the decision and any resulting change will be recorded in writing and annexed to this agreement.
- 4. Any dispute regarding the proposed changes will be dealt with by the escalation procedure except in that different officers of each body will deal with the dispute.

Date of change	Section No.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) Update Report – March 2023
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Emergency Ambulance Service Committee as a Joint Committee of the Board.

Cefndir / Background

WHSSC was established in 2010 by the seven Health Boards in Wales to ensure that the population of Wales has fair and equitable access to the full range of specialised services. WHSSC is therefore responsible for the joint planning of Specialised and Tertiary Services on behalf of Health Boards in Wales.

In establishing WHSSC to work on their behalf, the seven Health Boards recognised that the most efficient and effective way of planning these services was to work together to reduce duplication and ensure consistency.

The Joint Committee is led by an Independent Chair, appointed by the Minister for Health and Social Services, and membership is made up of three Independent Members, one of whom is the Vice Chair, the Chief Executive Officers of the seven Health Boards, Associate Members and a number of Officers. The Standing Orders of each of the seven Health Boards include the Governance Framework for WHSSC, including a Scheme of Delegation as published on the WHSSC website [Schedule 4 \(nhs.wales\)](https://www.nhs.uk/about-us/our-organisation/specialised-services/specialised-services-committee/).

Whilst the Joint Committee acts on behalf of the seven Health Boards in undertaking its functions, the responsibility of individual Health Boards for their residents remains and they are therefore accountable to citizens and other stakeholders for the provision of specialised and tertiary services.

Asesiad / Assessment

This report provides an update regarding business undertaken during the last reporting period.

The Joint Committee held its most recent meeting on 14th March 2023. The papers for the meeting are available at: <https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/20222023-meeting-papers/jc-agenda-bundle-14032023/> . The Joint Committee was attended by Rob Holcombe, Director of Finance and Procurement. In addition to the routine, governance, performance and financial reports, some of the key matters discussed by the Joint Committee included:

- Delivering Thrombectomy Capacity in South Wales – The Joint Committee considered a report which outlined the WHSSC Position Statement on the Commissioning of Mechanical Thrombectomy. Associated risks with the current delivery model for Welsh stroke patients requiring access to tertiary Thrombectomy centres were discussed. It was noted that there was a NHS Wales Health Collaborative (NWHC) proposal to strengthen and improve regional clinical stroke pathways in Wales to support the Mechanical Thrombectomy pathway to ensure that patients receive this time-critical procedure in a timely manner.
- Eating Disorder In-Patient Provision for Adults – The Joint Committee considered the medium-term options for adult inpatient eating disorder placements following the end of the contract for eating disorder services between WHSSC and Oxford Health NHS Trust (OHNT) and the current interim arrangements. The Specialised Services Strategy for Mental Health will include the development of an options appraisal for a long-term solution for Welsh patients including the development of an eating disorders unit for Wales, the development of our own provider collaborative, contracting with the independent sector, and consideration of the current arrangements to accommodate Welsh patient based on clinical need. The Joint Committee support action to bring forward the option of opening discussions with the independent sector to provide services for our population separate to those in the provider collaborative system in NHSE to ensure access to services for our patients as close to home as possible whilst the full options for a long-term solution are considered.
- Neonatal Cot Configuration Project - This Joint Committee received the outcomes of the Neonatal Cot Configuration project, considered the proposed preferred option as recommended by the Project Board and considered the required long-term next steps. The Joint Committee supported a review of Neonatal Cot Capacity and Neonatal tariff in September 2021, and agreed the Neonatal Cot Capacity Review as a strategic priority in the WHSSC 2022/25 Integrated Commissioning Plan (ICP).

The paper also provides the Board with:

- Chair's Summary of the Joint Committee Meeting held 13th February 2023, used to discuss the Integrated Commissioning Plan 2023-24.
– **Appendix A**
- Chair's Summary of the Joint Committee Meeting held 17th January 2023, used to discuss the Integrated Commissioning Plan 2023-24.
– **Appendix B**
- Chair's Summary of the Joint Committee Meeting held 10th January 2023, used to discuss the Integrated Commissioning Plan 2023-24.
– **Appendix C**

Spinal Services Operational Delivery Network for South Wales, West Wales and South Powys

Attached to this report (**Appendix D**) is a briefing note from the Joint Clinical Directors of the interim Spinal Network, with regard to the introduction of a new Spinal Network for South Wales, West Wales and South Powys (SWSN).

The SWSN will be a partnership between participating organisations, working collaboratively to improve patient outcomes by developing a Value-Based healthcare approach to the management of spinal disorders, delivering care at the most effective part of the pathway. The aim is to develop an inclusive, collaborative, world leading spinal services network, with quality improvement, informed through evidence-based medicine and lessons learnt from others.

The aim is to have the network established and operational by the end of summer 2023 with a formal launch in September 2023.

The SWSN will be hosted by Swansea Bay University Health Board (SBUHB), and will be commissioned by the Welsh Health Specialised Services Committee. A Memorandum of Understanding has been developed to outline what the accountability arrangements and resulting responsibilities will mean for both SBUHB and all Network member organisations, attached at **Appendix E**.

The Board is asked to ENDORSE the signing of this agreement by the Chief Executive Officer on behalf of Aneurin Bevan University Health Board.

Argymhelliad / Recommendation

The Board is asked to discuss and receive this report for assurance.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

N/A

Safon(au) Gofal ac Iechyd:
Health and Care Standard(s):

Governance, Leadership and Accountability
Choose an item.
Choose an item.
Choose an item.

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) EXTRAORDINARY JOINT COMMITTEE MEETING BRIEFING – 13 FEBRUARY 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 13 February 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

[2022/2023 Meeting Papers - Welsh Health Specialised Services Committee \(nhs.wales\)](#)

1. Integrated Commissioning Plan (ICP) 2023-2024

Members received a presentation and report presenting the Integrated Commissioning Plan (ICP) 2023-2024 for approval.

Members noted that the ICP had been updated following the Joint Committee ICP workshop on 10 January 2023 and the Management Group (MG) meeting on 26 January 2023 during which the MG considered the Clinical Impact Assessment Group (CIAG) process and horizon scanning prioritisation, strategy planning assumptions, performance assumptions and contingency planning to cover in year pressures and risks. After consideration, a significant number of disinvestments and recommissioning actions were identified, and an assessment of associated risks had also been undertaken as a consequence of the revised position.

Members noted that the indicative 1% shared system savings target was presented in addition to the financial core uplift of 3.11% and that this would be managed through a set of cross cutting commissioning schemes that will be developed and impact assessed. To support this a programme will be developed focussing on further planning and recommissioning work across pathways, working closely with Health Boards (HBs) to firm up schemes, and to explore the opportunities of the new Clinical Networks structure concerning pathway redesign.

Members agreed to approve the ICP in readiness for inclusion in HB Integrated Medium Term Plans (IMTPs). Members requested that an outline governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target be brought back to the Joint Committee for approval on 14 March 2023.

Members (1) **Noted** that the Plan has been finalised following the Joint Committee meeting on 17 January 2023, and subsequent discussions at Management Group, (2) **Approved** the Integrated Commissioning Plan (ICP) 2023-2024 for submission to Welsh Government; and (3) **Approved** the requirements of the Integrated Commissioning Plan (ICP) for inclusion in Health Board Integrated Medium Term Plans (IMTPs); (4) **Agreed** that an outline governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target be brought back to the Joint Committee for approval on 14 March 2023.

2. Any other Business

Members also **noted** updates on other matters of business as follows:

- **WHSSC proposed policy changes to Specialist Fertility Services - CP37, Pre-implantation Genetic Testing-Monogenic Disorders, Commissioning Policy & CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning Policy** – members noted that in an effort to provide better fertility service provision for Wales and more effective outcomes for patients, two fertility policies had been reviewed and were issued for consultation in accordance with the process outlined in the WHSSC 'Policy for Policies' (which aligns to the process used by NICE and the All Wales Medicines Strategy Group (AWMSG)). The consultation documents were sent directly to a wide stakeholder group via email and the consultation was also signposted on the WHSSC website. Some of the proposals had roused concern amongst affected patient groups, which resulted in negative inaccurate reporting in the press. In addition, the Board of Community Health Councils (CHCs) in Wales had written to WHSSC concerning the policy consultation process and their interpretation that the process related to a service change for patients and that Section 183 of the National Health Services (Wales) Act 2006 applied. WHSSC had discussed the matter with them and the interpretation of public law and that WHSSC were seeking legal advice regarding this complex area and the potential implications for other policy consultation processes undertaken by NICE and NHSE.
- **TransVision Cymru – Letter and WHSSC Response** – members noted that Transvision Cymru had written to a number of Joint Committee members advising that they wanted Welsh Government to help resolve issues faced by transgender children and young people in Wales by extending the Welsh Gender Service (WGS) to under 18s. WHSSC had issued a response letter advising that WHSSC commissions gender identity services for children and young people through NHS England (NHSE) and at this time had no plans to change the commissioning arrangements in the absence of the conclusion of the Cass Review. In line with the

recommendations of the Cass Review interim report and in recognition that the needs of children and young people are very different to those of adults, any service in Wales would need to be led by a Specialist Children's Hospital. This would mean that the Children's Hospital for Wales would be the lead and not the Adult WGS. Early preparatory discussions had commenced with Cardiff and Vale University Health Board (CVUHB) regarding future proposals. In addition, the interim NHSE Specialist Service for Children & Young People with Gender Dysphoria (Phase 1 providers) service specification was consulted upon in 2022 and the outcome of the consultation report and final service specification are awaited.



WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 17 JANUARY 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 17 January 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

1. Minutes of Previous Meetings

The minutes of the meeting held on the 8 November 2022 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Draft Integrated Commissioning Plan (ICP) 2023-2024

Members received a presentation on the draft Integrated Commissioning Plan (ICP) 2023-2024 and a report presenting the plan for approval.

Members noted that the ICP had been updated following the Joint Committee ICP workshop on 10 January 2023 during which a range of scenarios were considered and it was recognised that the financial situation of NHS Wales had become clearer and the context for consideration of the plan had become more difficult.

Members discussed the financial elements of the plan and noted the constrained economic environment, recovery challenges and the volatile inflationary pressures. Members agreed to support the plan in principle but requested that additional work was required to focus on risks, efficiencies, monitoring and reporting, to be undertaken before being brought back to an extraordinary Joint Committee meeting in February 2023, in order to approve the ICP in readiness for inclusion in Health Board (JB) Integrated Medium Term Plans (IMTP's).

Members (1) **Noted** that the Plan has been finalised following the Joint Committee Workshop held on 10 January 2023, (2) **Agreed** to support the plan in principle but requested additional work be undertaken to focus on risks, efficiencies, monitoring and reporting before they could provide final approval,

(3) **Agreed** to convene an extraordinary Joint Committee meeting in February 2023 to:

- **Approve** the requirements of the Integrated Commissioning Plan (ICP) for inclusion in Health Board Integrated Medium Term Plans (IMTPs); and
- **Approve** the Integrated Commissioning Plan (ICP) 2023-2024 for submission to Welsh Government.

4. Chair's Report

Members received the Chair's Report and **noted**:

- Key meetings attended.

Members **noted** the report

5. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates on:

- **National Skin Camouflage Pilot Service** - WHSSC had received a formal request from Welsh Government (WG) following agreement at the NHS Wales Leadership Board (NWLB) for WHSSC to commission the national skin camouflage pilot service,
- **Individual Patient Funding Request (IPFR) Engagement Update** – The formal engagement process to review the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy, commenced on 10 November 2022 for a 6- week period following the Joint Committee supporting the proposed engagement process at its meeting on 8 November 2022. The feedback is being reviewed and an update will be provided to the Joint Committee in March 2023,
- **Board Development - Compassionate and Collective Leadership in Health and Social Care** - On 29 November 2022, the CDGB received a briefing from Professor Michael West CBE on Compassionate and Collective Leadership in Health and Social Care as part of his mandate to visit all NHS bodies to discuss the importance of compassionate and collective leadership, which is being led by Health Education & Improvement Wales (HEIW). Professor West will facilitate a session with the Joint Committee in 2023 to support discussions on working in partnership, developing cross-boundary team-based working and system leadership.

Members **noted** the report.

6. Plastic Surgery: realignment of future commissioning responsibilities between WHSSC and Health Boards

Members received a report outlining the outcome of the plastic surgery commissioning workshop held with the Management Group in September 2022 and to request support for WHSSC to establish a project to realign

commissioning responsibilities for plastic surgery between WHSSC and Health Boards (HBs).

Members (1) **Noted** the report, (2) **Noted** the outcome of the Management Group plastic surgery workshop held in September 2022, (3) **Considered** and **approved** the proposed realignment of commissioning arrangements for plastic surgery so that non-specialised surgery will be commissioned by Health Boards (HBs) and specialised surgery will be commissioned by WHSSC; (4) **Supported** a project led by WHSSC to undertake the work to transfer commissioning responsibility for non-specialised plastic surgery to Health Boards (HBs) and retain specialised surgery as commissioned by WHSSC.

7. WHSSC Cardiac Review

Members received a report addressing a number of recent events and trends that had impacted the WHSSC-commissioned cardiac surgery and TAVI services, and which sought to identify how they might be coherently and collectively addressed. The subjects of this analysis comprise:

- The 2021 GIRFT review of cardiac surgery,
- Changes to the volume of TAVI and cardiac surgery, together with cardiac surgery performance and escalation issues; and
- The clinical rationale for the selection of TAVI valves, in view of their differential costs.

Members (1) **Noted** the report, (2) **Noted** the impact of the recent events and trends as drivers change in the commissioning of cardiac surgery and TAVI services, (3) **Noted** the important link between the cardiac review and the Integrated Commissioning Plan (ICP) in that the work will conclude what level of cardiac surgery is required and inform the scale of any resultant de-commissioning, (4) **Approved** the development of new contract baselines for cardiac surgery and TAVI, (Stage 1), to be completed by June 2023, (5) **Approved** the proposal that the current TAVI commissioning policy be reviewed (Stage 1), to be completed by June 2023; and (6) **Approved** the recommendation that further demand and capacity planning be undertaken, concluding with an options appraisal to identify the preferred future service configuration of WHSSC-commissioned cardiac surgery and TAVI activity (Stage 2), to be undertaken during 2023-24 and 2024-25.

8. Governance Review of Welsh Kidney Network (WKN)

Members received a report which outlined the recommendations from the recent independent Governance Review for the Welsh Kidney Network (WKN) and which provided an assurance that the recommendations were being enacted through an action plan that had been developed, agreed and monitored through the WKN Board.

Members (1) **Noted** the report; and (2) **Received assurance** that there are robust processes in place to ensure delivery of the recommendations

detailed within the recent Governance Review of the Welsh Kidney Network (WKN).

9. South Wales Trauma Network Delivery Assurance Group (DAG) Report (Quarter 2 2022-23)

Members received a report providing a summary of the Quarter 2 2022-23 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).

Members noted the South Wales Major Trauma Network (SWTN) Delivery Assurance Group (DAG) Report for Quarter 2 2022-2023.

10. Corporate Risk Assurance Framework (CRAF)

Members received a report presenting the updated Corporate Risk Assurance Framework (CRAF) which outlined the risks scoring 15 or above on the commissioning teams and directorate risk registers, which provided an update on the progress made to develop the CRAF following the risk management workshop held in September 2022 and which presented a revised risk appetite statement for approval.

Members (1) **Noted** the report; (2) **Approved** the updated Corporate Risk Assurance Framework (CRAF) and **noted** the changes to the risks outlined in the report as at 31 December 2022, (3) **Noted** that a risk workshop was held in September 2022 to review the CRAF and WHSSC's risk appetite; and (4) **Approved** the updated risk appetite statement.

11. All Wales Positron Emission Tomography (PET) Programme Board Update

Members received a report providing an update on the All Wales Positron Emission Tomography (PET) Programme, including an assessment of clinical demand and growth for PET scanning in Wales and requests support for the recommendation to Welsh Government (WG) that a fourth scanner will be needed to meet predicted scanning demand.

Members (1) **Noted** the report, (2) **Considered** and **approved** a recommendation to Welsh Government (WG) (Programme Sponsor) for a fourth fixed PET scanning site within Wales, based upon up-to-date assessment of clinical demand, which confirms growth is in line with that described in the original Programme Business Case (PBC); and (3) **Received assurance** that there are robust processes in place to ensure delivery of the All Wales Positron Emission Tomography (PET) Programme.

12. COVID-19 Period Activity Report for Month 7 2022-2023 COVID-19 Period

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity.

Members **noted** the report.

13. Financial Performance Report – Month 8 2022-2023

Members received the financial performance report setting out the financial position for WHSSC for month 8 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 8 for WHSSC is a year-end outturn forecast under spend of £14,195k.

Members **noted** the current financial position and forecast year-end position.

14. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

15. Other reports

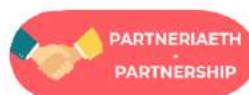
Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit and Risk Committee (ARC)
- Management Group (MG),
- All Wales Individual Patient Funding Request (IPFR) Panel
- Welsh Kidney Network (WKN)



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Tim Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team



WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) EXTRAORDINARY JOINT COMMITTEE MEETING BRIEFING – 10 JANUARY 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 10 January 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

1. Single Commissioner for Secure Mental Health Proposal

Members received a report presenting the feedback received from Health Boards (HBs) on the options assessment for a single national organisation to commission integrated secure mental health services for Wales and to request support for the recommended course of action to be given to Welsh Government (WG) to achieve a single commissioner for secure mental health services in Wales.

Members (1) **Noted** the report, (2) **Noted** the feedback received from the seven Health Boards (HBs) on the options assessment circulated by the WHSSC team, (3) **Noted** that six of the seven Health Boards (HBs) supported WHSSC as the single commissioner with one HB raising concerns regarding the need for a single commissioner, (4) **Noted** that feedback emphasised a number of issues which would need to be addressed to ensure successful implementation of the change; and (5) **Supported** the following recommendations going forward to Welsh Government:

- That secure mental health services in Wales should be commissioned by WHSSC,
- That a national programme of work, including representatives from Welsh Government, WHSSC and all the seven Health Boards (HBs) should be set up to manage the transfer of the commissioning of low secure services; and
- That more detailed work needs to be done to define the appropriate timescales but that the programme of work is unlikely to be completed before April 2024 at the earliest.

2. Audit Wales WHSSC Committee Governance Arrangements – Update

Members received a report providing an update on progress against the recommendations outlined in the Audit Wales WHSSC Committee Governance Arrangements report.

Members (1) **Noted** the report, (2) **Noted** the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, (3) **Noted** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and (5) **Noted** that a further update on progress will be brought to the May 2023 Joint Committee meeting; thereafter an update will be submitted to Audit Wales and to HB Audit Committees for assurance in June/July 2023.

3. Preparedness for the COVID-19 Public Inquiry

Members received a report providing an update on WHSSC's preparedness for the COVID-19 Public Inquiry.

Members **noted** the report.

4. Review of Financial Limits and Reporting

Members received a report requesting that the increased financial delegation limits introduced in March 2020 to enable effective financial governance as a consequence of the COVID-19 pandemic were approved as new permanent limits.

Members discussed the report and noted that discussion had been held with HB finance colleagues on the proposed approach. Members advised they were in agreement to approve the recommendations, subject to further discussion with the HB Board Secretaries.

Members (1) **Noted** the report, (2) **Noted** the rationale for the increase in financial delegation limits as a consequence of the COVID-19 pandemic, (3) **Approved** the updated financial authorisation matrix, which includes the increased financial delegation limits introduced in March 2020 to enable effective financial governance as a consequence of the COVID-19, (4) **Approved** the updated process for the current SFI requirement for Joint Committee "approval" of non-contract cases above defined limits for annual and anticipated lifetime cost, to be replaced by an assurance report to Joint Committee and the CTMUHB Audit & Risk Committee (ARC) notifying of all approvals above the defined limit and Chairs action to reflect the need for timely approval action, subject to further discussion with the HB Board Secretaries. (5) **Noted** that the Standing Financial Instructions (SFI's), and the scheme of delegation will be updated to reflect the changes; and (6) **Noted** that the updated scheme of delegation and the financial matrix will be appended to the SFI's for completeness.

Briefing – MoU Spinal Network

As clinical directors we are delighted to support the introduction of a new Spinal Network for South Wales, West Wales and South Powys.

By working together in a co-ordinated and more efficient way, this represents a real opportunity to improve the way spinal services are delivered.

Spinal disorders represent a significant medical, social and economic problem because of the increasing incidence within the general population. There are a wide range of disorders, some of which can result in significant life changing problems, such as paralysis if patients are not diagnosed and receive timely and appropriate treatment. There is a further impact on the ageing populations in South Wales, West Wales and South Powys as the prevalence of complex degenerative spinal disorders increases with age.

Spinal disorders cost the NHS more than £1000 million per year¹ and patient mostly present to primary care, and are managed either within primary or secondary care through a complex interaction of multidisciplinary pathways. A proportion of patients will be referred into the spinal surgery centres for assessment for complex or non-complex surgery. A smaller but significant group of patients will be referred directly to spinal surgery services for management of highly time-critical, complex spinal surgical conditions including spinal trauma.

A total of 2,000 patients per annum in South Wales, West Wales and South Powys receive spinal surgical interventions.

Table 1 - Spinal Surgery Activity – 2019/20

	South East			South West	Total
	ABUHB	CVUHB - Spinal	CVUHB - Neuro	SBUHB	
Adult deformity and specialised orthopaedic spinal surgery	0	90	0	50	140
Cauda Equina	97 ²			50	147
Infection	12	12	0	10	34
Intradural Pathology	0	10	25	10	45
Metastatic Spinal Cord Compression (MSCC)	5	15	0	12	32
Major Trauma		50		25	75
Non Specialised Cervical Spine	67	115	60	138	380
Non Specialised Lumbar Spine	202	490	65	344	1101
Total					1954

There is currently no coordinated regional strategy for these services across South Wales, West Wales and South Powys, and patient flows have been largely determined by historic demand. These arrangements are widely acknowledged to be unsatisfactory, and there is consensus across the clinical community that

¹ <https://www.nice.org.uk/guidance/ng59/update/NG59/documents/low-back-pain-update-draft-scope2>

² Total activity in South East region.

they need to be improved to improve service resilience and sustainability, and to enhance patient outcomes and experience.

Following discussion at the NHS Wales Health Collaborative Executive Group, the Cardiff and Vale UHB and Swansea Bay UHB Regional and Specialised Services Provider Planning Partnership (RSSPPP) established a project to develop recommendations for delivering a safe, effective and sustainable model for spinal surgery in South Wales, West Wales and South Powys.

The project concluded in March 2021, and one of the key recommendations was to establish an operational delivery network with the operational authority to:

- maintain and coordinate patient flow across the spinal surgery pathway.
- lead the development, and coordinate implementation and delivery of standards and pathways.
- promote and support cross-organisational and clinical multi-professional collaboration.

In response to these recommendations, the six Health Boards in South Wales, West Wales and South Powys agreed to establish a spinal services operational delivery network – the South Wales Spinal Network (SWSN).

The SWSN will act as an overarching network for the South East Wales and the South West Wales regional spinal surgery networks for residents within the following areas:

- South East Wales:
 - Aneurin Bevan University Health Board
 - Cwm Taf Morgannwg University Health Board
 - Cardiff & Vale University Health Board, and
 - South Powys
 -
- South West Wales:
 - Swansea Bay University Health Board
 - Hywel Dda University Health Board, and
 - South Powys

Each region contain the following elements of service provision:

- Non-Spinal Partner Hospitals - Hospitals with an emergency department but without any surgeons undertaking spinal surgery on site.
- Spinal Partner Hospitals - These hospitals may have Spinal Consultants offering 'non-specialised' +/- 'specialised' spinal surgery and may offer an emergency service without a 24/7 emergency on-call.
- Spinal Hubs - These hospitals are where the 24/7 emergency spinal service is located but not necessarily where all the emergency work for the region is done. Spinal Hubs can provide regional or supraregional services.

The SWSN will develop, monitor, and review the pathways for each region, and clarify the roles of non-spinal and spinal partner hospitals and the regional and supraregional spinal hubs.

The SWSN will be a partnership between participating organisations, working collaboratively to improve patient outcomes by developing a Value-Based healthcare approach to the management of spinal disorders, delivering care at the most effective part of the pathway. The aim is to develop an inclusive, collaborative, world leading spinal services network, with quality improvement, informed through evidence-based medicine and lessons learnt from others.

The SWSN will be hosted by Swansea Bay University Health Board, and will be commissioned by the Welsh Health Specialised Services Committee.

SBUHB has established an Implementation Board to oversee the establishment of the SWSN. The aim is to have the network established and operational by the end of summer 2023 with a formal launch in September 2023.

Mr. Iqroop Chopra
Joint Clinical Director - Interim
Spinal Network,
Consultant Spinal Neurosurgeon,
Cardiff and Vale UHB

Mr. Navin Verghese
Joint Clinical Director - Interim
Spinal Network,
Consultant Spinal Surgeon,
Swansea Bay UHB

**Memorandum of Understanding – for the Operational Delivery Network (ODN)
as part of the Spinal Services Operational Delivery Network for South Wales,
West Wales and South Powys**

This Memorandum of Understanding is made on 27/2/23

Between

SWANSEA BAY UNIVERSITY HEALTH BOARD as host of ODN
1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot
SA12 7BR

and

ANEURIN BEVAN UNIVERSITY HEALTH BOARD
Headquarters, Headquarters, Lodge Road, Caerleon, Newport
NP18 3XQ

CARDIFF AND VALE UNIVERSITY HEALTH BOARD
Headquarters, Cardigan House, University Hospital of Wales, Heath Park, Cardiff
CF14 4XW

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
Headquarters, Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon
Taff CF45 4SN

HYWEL DDA UNIVERSITY HEALTH BOARD
Headquarters, Ystwyth Building, Hafan Derwen, St Davids Park, Jobswell Road,
Carmarthen SA31 3BB

POWYS TEACHING HEALTH BOARD
Headquarters, Glasbury House, Bronllys Hospital, Brecon, Powys LD3 0LU

SWANSEA BAY UNIVERSITY HEALTH BOARD Headquarters, 1 Talbot Gateway,
Baglan Energy Park, Baglan, Port Talbot SA12 7BR

WELSH AMBULANCE SERVICE NHS TRUST
Headquarters, Ty Elwy, St. Asaph Business Park, St Asaph, Denbighshire, Wales,
LL17 0LJ

VELINDRE UNIVERSITY NHS TRUST

Headquarters, Velindre University NHS Trust, Unit 2, Charnwood Court, Parc
Nantgarw, Nantgarw, Cardiff, CF15 7QZ

Collectively established as the Spinal Services Operational Delivery Network for
South Wales, West Wales and South Powys

- (1) Swansea Bay University Health Board has been identified as the host health board to establish and manage the Operational Delivery Network (ODN). The primary purpose of the ODN is to provide the management function for the network, to maintain and coordinate patient flow across the spinal pathway, lead the development, and coordinate implementation and delivery of standards and pathways, and promote and support cross-organisational and clinical multi-professional collaboration. Further detail of the role and responsibilities of the ODN are described in paragraph 2 below.
- (2) This Memorandum of Understanding (MoU) should be read in conjunction with the board paper that was approved by each ODN member organisations in November 2022.
- (3) The purpose of this MoU is to outline what the accountability arrangements and resulting responsibilities will mean for both SBUHB and all ODN member organisations.
- (4) The ODN membership comprises six Health Boards and two NHS Trusts – Welsh Ambulance Service NHS Trust and Velindre University NHS Trust. The six Health Boards have delegated the responsibility for commissioning the ODN to the Welsh Health Specialised Services Committee.

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1 Background

- 1.1. The vision for the establishment of the Spinal Services Operational Delivery Network (ODN) is to enhance patient outcomes and experience, by maintaining and coordinating patient flow across the spinal pathway. The network will improve patient outcomes by developing a Value-Based healthcare approach to the management of spinal disorders, delivering care at the most effective part of the pathway. The network will be a partnership between participating organisations, working collaboratively to achieve this common goal and purpose. The aim is to develop an inclusive, collaborative, world leading spinal services network, with quality improvement, informed through evidence-based medicine and lessons learnt from others.
- 1.2. Following the reorganisation of neurosurgery in South Wales, there have been a number of attempts to improve the organisation and delivery of spinal surgery services. Unfortunately, for a variety of reasons, none of these initiatives were successful, and there remained a lack of clarity around the pathway for elective and emergency spinal care.
- 1.3. The establishment of an interim network (funded by CVUHB and SBUHB) to take forward the work of the project, and to support the establishment of the ODN (funded by the six Health Boards in Mid, South and West Wales) were approved by members of the NHS Wales Collaborative Executive Group (CEG) in July 2021. The CEG subsequently wrote to WHSSC requesting that WHSSC be asked to commission the ODN on behalf of the networks, as WHSSC has significant expertise commissioning complex and specialised services – see letter at **Appendix 1**.
- 1.4. The programme for the Spinal Services ODN was established, following full endorsement by all six health boards in the region, of the following recommendations made by the South and West Wales spinal surgery project:
 - An Operational Delivery Network should be established with the operational authority to:
 - maintain and coordinate patient flow across the spinal surgery pathway (elective and non-elective).
 - lead the development, and coordinate implementation and delivery of standards and pathways.
 - promote and support cross-organisational and clinical multi-professional collaboration.
- 1.5 On the 7 September 2021 the WHSSC Joint Committee approved that WHSSC commission a spinal services operational delivery network (ODN) on behalf of the six Health Boards in Mid, South and West Wales. With the required funding identified and invested in through the WHSSC Integrated Commissioning Plan (ICP) 2022-2025.
- 1.6 All members of the ODN have freely agreed to abide by this MOU. In accordance with the WHSSC Standing Orders any decision taken and approved by the Joint Committee in respect of the provision of the Relevant Services is binding on the constituent LHBs and may not be undermined by any subsequent decision or action taken by a constituent LHB. (SO 1.1.5)

- 1.7 Swansea Bay University Health Board (SBUHB) was designated as the host of the Operational Delivery Network (ODN) The primary purpose of the ODN is to maintain and coordinate patient flow across the spinal pathway, lead the development, and coordinate implementation and delivery of standards and pathways, and promote and support cross-organisational and clinical multi-professional collaboration.

2 Responsibilities of Swansea Bay University Health Board (SBUHB)

2.1. Role of SBUHB as host of the Operational Delivery Network (as distinct from SBUHB as provider of Spinal Services) is to manage the ODN in line with the service specification: CP Spinal Services Operational Delivery Network as prepared by the Welsh Health Specialised Services Committee (WHSSC), commissioner of the ODN on behalf of:

- **ANEURIN BEVAN UNIVERSITY HEALTH BOARD**
Headquarters, Headquarters, Lodge Road, Caerleon, Newport
NP18 3XQ
- **CARDIFF AND VALE UNIVERSITY HEALTH BOARD**
Headquarters, Cardigan House, University Hospital of Wales, Heath Park, Cardiff
CF14 4XW
- **CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**
Headquarters, Ynysmeurig House, Navigation Park, Abercynon,
Rhondda Cynon Taff CF45 4SN
- **HYWEL DDA UNIVERSITY HEALTH BOARD**
Headquarters, Ystwyth Building, Hafan Derwen, St Davids Park,
Jobswell Road, Carmarthen SA31 3BB
- **POWYS TEACHING HEALTH BOARD**
Headquarters, Glasbury House, Bronllys Hospital, Brecon, Powys LD3
0LU
- **SWANSEA BAY UNIVERSITY HEALTH BOARD**
Headquarters, 1 Talbot Gateway, Baglan Energy Park, Baglan, Port
Talbot SA12 7BR

2.2. To undertake the role and responsibilities as detailed below:

Service Specification

- The specifications will need to be in place before the ODN becomes operational (i.e. before Day 1). Each element will be ongoing from the point of implementation, unless otherwise stated.
- Essential - These aspects are considered essential and are critical to the successful delivery of the ODN and its key investment objectives.

Strategic planning

- Provide professional and clinical leadership across the network.
- Collaborate with other relevant networks to ensure coproduction of phases of pathways that may have cross cutting themes.
- Develop and implement an effective framework for monitoring quality and performance; and to establish a network-wide audit programme.
- Develop a value-based healthcare approach to the management of spinal disorders, delivering care at the most effective part of the pathway, and reducing interventions of limited efficacy.
- Provide advice on future service provision to commissioners and providers, including the commissioning, delivery, designation of regional and supra-regional spinal services, e.g. in response to changes in legislation or guidance, emerging published evidence or technological developments.
- Host a risk and issues register and undertake risk and issue management across the network.
- Produce quarterly and annual reports for the Network Board Delivery Assurance Group and WHSSC
- Develop an annual working plan for the network to deliver against the quality and delivery framework.
- Contribute to a comprehensive evaluation programme of the network.
- Develop a longer-term plan (5-10 years) to ensure new capabilities can be brought into core operations as quickly and efficiently as possible.

Operational delivery

- The ODN will have the operational authority to maintain, coordinate and when necessary, direct/arbitrate patient flow across the spinal surgery pathway.
- Lead the development, and coordinate implementation and delivery of standards and pathways.
- Ensure improved access and equity of access to spinal services.

- Be responsible for monitoring of day-to-day capacity across the network, agreeing and working to an escalation plan (with agreed thresholds for escalation triggers) both within and across the network to monitor and manage surges in demand.
- Support capacity planning and activity monitoring across the whole of the spinal pathway.
- Support workforce monitoring to ensure minimum standards are met in line with network specifications and policies, for areas providing spinal services across the pathway e.g. FCPs, triage & treat APP/ESP/AMP spinal specific appointments, Spinal surgical hub team junior surgeon and medical/ Orthogeriatric cover.
- Ensure the quality of the network is monitored and subject to a process of continuous quality improvement through clinical audit and peer review.
- Deliver a Spinal Services Network Annual Report and intended work plan to ensure consistent evaluation and development.

Tactical (local) advice and support to commissioners

- Development of both clinical and operational policies, and specifications to support the commissioning of spinal services.
- Improved availability of quality and performance data to inform the commissioning of spinal services.

Improved quality and standards of care

- Mandate the use of the British Spine Registry across the pathway in line with network and pathway specific specifications.
- Develop and implement network protocols for patients.
- Develop value-based healthcare outcomes
- Deliver a robust clinical governance framework across the ODN.
- Evaluate and ensure consistent revision of policies and protocols where appropriate to support the delivery of spinal services.
- Ensure on-going service improvements and best practice models are embedded and contribute to improved quality performance.
- Ensure on-going workforce establishment infrastructure, training and best practice models are embedded and contribute to improved quality performance e.g. Frailty and medical models.
- Use both clinical and operational process and outcome measures to compare and benchmark providers.
- Deliver an annual quality improvement and audit programme.

Partnership development

- Engage with patient representatives and all relevant third sector organisations.
- Promote and support cross-organisational and clinical multi-professional collaboration.
- Link with other relevant networks across NHS Wales and NHS England.
- Embed communication strategies and key communication deliverables.
- Monitor and performance manage active engagement by members in the network to improve performance against agreed outputs.
- Participate in relevant national policy or guideline development.

Desirable/aspirational areas of development

- Instigate a research programme for the spinal pathway.
- Instigate a spinal health promotion scheme.
- Support development of spinal networks in other parts of Wales.
- Design and develop an effective and fully integrated digital infrastructure for spinal services.
- Design and develop an effective training and education programme for spinal services across South Wales, West Wales and South Powys.
- Work with all providers across the spinal pathway to review current practice and evaluate the evidence base for non-surgical and surgical interventions.

2.3. The full draft WHSSC Service Specification is aligned to this document.

Note: the service specification remains draft at the time of writing this MoU, any significant changes in the specification will lead to a change in this document.

2.4. Swansea Bay University Health Board responsibilities continued:

- To have in place appropriate governance arrangements and a Scheme of Delegation as necessary and required on the part of SBUHB to enable the ODN to carry out its duties.
- To hold and manage the budget for the ODN making payments and receiving income as necessary.
- To be the legal entity which enters into agreed procurement arrangements to include, but not restricted to, procurement contracts, quotations, terms of engagement commissioned by the ODN and to ensure that the individuals appointed and employed to support the functions of the ODN.
- To be authorised to appoint lawyers and other professional advisors and to agree the terms and conditions from time to time on behalf of the ODN/MTN.

- 2.5. SBUHB will *not* be responsible or accountable for the planning, funding or providing of clinical services within the ODN.
- 2.6. In fulfilling its obligations and responsibilities under this MoU, SBUHB shall not be required to or not do and shall not do or omit to do anything which does not comply with SBUHB's statutory powers and duties, Standing Orders and Standing Financial Instructions, corporate governance requirements generally, procurement requirements or any legal obligations not covered by the foregoing.

3 Employment of Staff

- 3.1. To appoint and employ staff in line with the posts agreed through the Operational Delivery Network (ODN) Board.
- 3.2. New staff appointed to work within the ODN will be employed by SBUHB, they will be entitled to be treated as any other SBUHB employee. They will be expected to abide by all SBUHB policies, procedures and guidance including, but not limited to, fire safety and health and safety procedures. ODN staff will benefit from access to all applicable policies and procedures including training and development.
- 3.3. The ODN staff will be accountable for their performance to the Interim Associate Service Director who, for this role, is accountable to the ODN SRO.
- 3.4. The ODN team will be situated on a non-hospital site.
- 3.5. ODN staff members will be expected to maintain professional CPD, complete all mandatory training and uphold competencies in line with the requirements of the role.
- 3.6. ODN staff will be subject to all SBUHB HR policies including annual appraisals/PADR and disciplinary processes.
- 3.7. Where there are unavoidable long term ODN staff absences (> three weeks) network member health boards will contribute to the unplanned costs of cover.

4 Operational Authority

- 4.1. Where there is a difference of opinion with patients waiting to be admitted into a spinal surgery service or an inability of a health board to accept a patient back into their 'home' health board, the Network Clinical Director will have the final say on the action to be taken.

5 Governance Arrangements

- 5.1. SBUHB will have in place appropriate governance arrangements and schemes of delegation as may be necessary and required on the part of the health board to enable the ODN to carry out its functions.
- 5.2. The ODN will be accountable to the SBUHB for all arrangements pertaining to the running of the ODN. This will include, but not be limited to, employment of staff to work within the ODN, provision of all employment and corporate services, accommodation and training.

- The ODN will report quarterly into the SBUHB Senior Leadership Team (SLT) meeting to provide assurance and evidence that the service is being delivered in line with expectations.
 - The SRO of the ODN will report twice yearly into the SBUHB Quality and Safety Committee providing assurance on the on-going compliance with the clinical governance requirements of the service specification. This reporting will include a summary of issues escalated via the Network Board (NB) to the Delivery Assurance Group (DAG).
- 5.3. The ODN will be held to account by the Delivery Assurance Group (DAG) for delivery of all elements of the Service Specification. In discharging its accountability role the ODN will:
- Ensure any significant matters under consideration by the NB are brought to the attention of the DAG.
 - Seek assurance that actions have been taken by ODN member organisations and appropriate Executives (Health Board and Commissioners) of any urgent or critical matters that may compromise patient care and affect the operation of the ODN or the reputation of NHS Wales.
- 5.4. The ODN will discharge its responsibilities for delivery via the following framework of meetings:
- The DAG will meet on a bi-monthly for the first year and quarterly thereafter. The DAG will be chaired by a WHSSC Executive or WHSSC Independent member. Attendance at the DAG will include the ODN Clinical Director and ODN Manager as a minimum.
 - The NB will meet on a monthly basis. Attendance from the ODN will include the ODN SRO, the ODN Clinical Director and service specific Clinical Leads and the ODN Manager. The NB will be chaired by an independent chair, appointed by Host Organisation. Representation from all of the network health boards (including SBUHB) will include the COO along with senior representation from Welsh Ambulance Services Trust (WAST) and Velindre NHS Trust.
 - Note the frequency of the meetings may change, with the agreement of all ODN member organisations, depending on the needs of the network.
- 5.5. The ODN will 'employ' on a sessional basis a Network Clinical Director. This post will not necessarily be clinicians that are substantively employed by SBUHB, rather they are likely to be clinicians employed by other network ODN member organisations. Where this is the case, SBUHB will require written confirmation from the substantive employer that all competence monitoring is up to date and that by taking on the sessional responsibility for the ODN they will not be exceeding the Working Time Directive.

6 Reporting Arrangements

- 6.1. The ODN will discharge its accountability to the DAG via reporting through the Network Board (NB) which will be organised and managed by the ODN.

- 6.2. The DAG report formally to the WHSSC on the DAG's activities and will make recommendations to the Joint Committee on behalf of the DAG relating to the commissioning of services. This includes updates on activity, the submission of DAG minutes and written reports as well as quarterly reports
- 6.3. The DAG will bring any significant matters under consideration by the DAG to the Joint Committee's attention,
- 6.4. The DAG Ensure appropriate escalation arrangements are in place to alert the relevant Director (HB and WHSSC, where relevant) of any urgent or critical matters that may compromise patient care and affect the operation or reputation of the Joint Committee
- 6.5. Escalation from the NB of clinical concerns will be considered by the DAG and referred to the WHSSC Quality and Patient Safety Sub-Committee as deemed necessary by the DAG in order to provide assurance to the Joint Committee.

7 Delivery Assurance Group meetings

7.1 Frequency of meetings

Meetings shall be held monthly or as the Chair deems necessary in accordance with the work programme.

7.2 Quorum

At least two members from each of the provider organisations and three HB representatives must be present for the DAG to be quorate.

7.3 Dealing with Members interests during Meetings

Where individual DAG members identify an interest in relation to any aspect of business set out in the DAG's meeting agenda, that member must declare an interest at the start of the meeting. DAG members should seek advice from the Chair before the start of the meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the DAG's minutes.

7.4 Withdrawal of individuals in attendance

The Chair may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussions of particular matters.

7.5 Circulation of Papers

The Chair and Secretariat will ensure that all papers and reports are distributed at least five working days prior to the meeting.

The confirmed Minutes of the Committee will be sent to the Joint Committee for information.

8 Engagement

The Chair must ensure that the DAG's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual

DAG members must demonstrate, through their actions, that their contribution to the DAG's decision making is based upon the best interests of the NHS in Wales.

9 Clinical Governance Arrangements

The ODN will not have statutory responsibility for clinical governance arrangements within each health board within the Spinal Services ODN. The ODN will be responsible for ensuring regular and complete reporting into the NB on clinical governance matters relating to the ODN.

All network members will provide the information requirement outlined in the Network Clinical Governance and Quality Improvement Structures document, enabling the ODN to be compliant with reporting requirements.

All network members will provide confirmation to the ODN that clinical governance information and incidents have been reported to their own organisations Quality and Safety Committee.

All network members will report and share learning from concerns and serious incidents into the NB.

10 Data requirements

10.1 Full details of data sharing requirements as per the Wales Accord on the Sharing of Personal Information (WASPI) will be shared with each network member organisation's Information Officer once completed.

10.2 All organisations will be required to report against parameters set out in the clinical governance policy

10.3 In the event of a SUI involving the ODN, ODN member organisations will:

- provide information as required enabling the ODN to complete investigations following SUI;
- Disseminate learning following the outcome of the investigation by the ODN

11 Spinal Services ODN Policies

11.1 The policies listed below will be developed collaboratively and approved by the ODN Network Board. All health board are expected to adopt each policy/agreement through their own processes at or before go-live of the ODN.

- Clinical Governance Policy
- Data sharing agreement

11.2 The policies will be accessible on the SharePoint website to all ODN member organisations. New policies and updates to existing policies will be developed and approved through the ODN governance structure. Each health board will be responsible for ensuring it has a process in place for receiving and implementing notifications of new policies and updates to existing policies.

12 Clinical Guidelines

- 12.1 All clinical guidelines will be developed collaboratively with the process of development having been approved by the ODN Board. Each health board should acknowledge access to the guidelines.
- 12.2 The ODN will update the clinical guidelines as required and provide notification to all ODN member organisations. ODN member organisations are responsible for having in place a system of receiving updates to clinical guidelines.

13 Budget and Funding

- 13.1 WHSSC will transfer funds to SBUHB on a quarterly basis in advance to allow SBUHB to perform its functions as the Operational Delivery Network, provided that WHSSC may attach conditions to the expenditure of such funds.
- 13.2 SBUHB will set up and manage an income and expenditure account for the ODN. This includes all income received from WHSSC and health boards and all ODN expenditure. This account will be separate from all other SBUHB funds.

14 Ownership of Assets

- 14.1 All assets (including intellectual property rights) acquired by SBUHB in connection with the ODN shall belong to SBUHB but be held upon trust for the ODN.
- 14.2 SBUHB shall, to the extent it is legally entitled to do so, transfer ownership and any other rights in such assets to such party or body as the commissioner shall require and within such timescales as are reasonably required.
- 14.3 In the event that any income is derived from such assets or from their disposal, such revenues shall be regarded as part of the ODN income and accounted for accordingly.

15 Duty of Care

- 15.1 SBUHB shall be responsible for ensuring that all reasonable skill, care and diligence are exercised in carrying out those services which it is required to perform under the agreement properly and efficiently in accordance with this Memorandum of Understanding and its overall responsibilities under the National Health Service (Wales) Act 2006 and all other appropriate legislation. SBUHB shall keep the Commissioner informed of any foreseeable or actual changes in circumstances which are likely to affect its ability to comply with the terms of this MoU as the Host health board.

16 Legislation

- 16.1 SBUHB shall ensure that it, and its employees and agents, shall in the course of this MoU comply with all relevant legislation, Welsh Government directions and Guidance and procedures.

17 Audit

- 17.1 SBUHB, through the Shared Services arrangements, will provide an effective independent internal audit function as a key source of its internal assurance arrangements. This will be in accordance with NHS Wales Internal Auditing Standards and any other requirements determined by the Welsh Government.
- 17.2 SBUHB will ensure that relevant external audit arrangements are in place which give due regard to the functions of the ODN.

18 Management of Concerns

- 18.1 Where a matter is received into the ODN and is regarded as an individual concern, SBUHB will only be responsible for the management of those concerns where qualifying liability in Tort is established, which relates to its geographical area of responsibility. In such circumstances, the Chief Executive of SBUHB will be responsible for investigating and responding to the concern in accordance with The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulation 2011.
- 18.2 Individual concerns received into the ODN and relating to patients resident outside SBUHB's geographical area of responsibility will be referred to the Chief Executive of the health board in the appropriate geographical area.
- 18.3 Where a matter is regarded as a concern and where qualifying liability in Tort has been established, SBUHB will only be responsible for managing the arrangements for redress arising from its own resident population.
- 18.4 Where a matter is considered to be a review of funding decisions it will be dealt with in accordance with the Review Process set out in the All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR).

19 Management of FOIA/GDPR Requests

- 19.1 Where a request under the Freedom of Information or General Data Protection Regulations is received by the ODN, the request will be dealt with in accordance with SBUHB's procedures. Where the request is considered to be an issue relating to information which is held by other ODN member organisations, then the request will be forwarded to the Board Secretary of the respective health board to respond in accordance with the Freedom of Information Act Code of Practice.

20 Dispute

- 20.1 In the event of a dispute between the ODN and any of the ODN member organisations that cannot be resolved locally, the issue will be referred up to the DAG and if necessary the Joint Committee.
- 20.2 In resolving the dispute, WHSSC will rely on the Business Framework included within its hosting agreement with all health boards in Wales.
- 20.3 A dispute may include non-adherence to this MoU.

21 General

- 21.1 This MoU shall be capable of being varied only by a written instrument signed by a duly authorised officer or other representative of each of the parties.
- 21.2 In line with usual NHS arrangements, a notice period of 6 months will apply to a variation or termination of agreement to abide by this MoU.
- 21.3 No third party shall have any right under the Contracts (Rights of Third Parties) Act 1999 in connection with this MoU.
- 21.4 This MoU shall be governed and construed in accordance with the laws of England and Wales. Subject to paragraph 18 above, the parties hereby irrevocably submit to the exclusive jurisdiction of the Courts of England and Wales.
- 21.5 In the event of SBUHB's determining (acting reasonably) that the performance by SBUHB of its obligations under this MoU is having a detrimental effect on SBUHB's ability to fulfil its core functions, SBUHB may instruct the ODN SRO and SBUHB's Chief Executive to review the operation of this MoU.
- 21.6 In carrying out a review of this MoU further to paragraph 21.4 above, the ODN SRO and SBUHB's Chief Executive shall consider the source and manner of any detriment identified by SBUHB's Board further to paragraph 21.4 and shall put forward such amendments and variations to this MoU and the associated governance arrangements between the ODN and SBUHB as they may consider appropriate.
- 21.7 SBUHB's Board shall consider the recommendations made further to paragraph 21.5 and may recommend to the ODN SRO and the Chief Executive of SBUHB that this MoU and the associated governance arrangements are amended accordingly.

22 Review

The MOU will be reviewed annually by the DAG.

23 Abbreviations

CPD	Continued Professional Development
DAG	Delivery Assurance Group
FOIA	Freedom of Information Act
GDPR	General Data Protection Regulations
IPFR	Individual Patient Funding Request
MoU	Memorandum of Understanding
NB	Network Board
OD	Operational Delivery Network
QI	Quality Improvement
SBUHB	Swansea Bay University Health Board
SRO	Senior Responsible Officer
WAST	Welsh Ambulance Service Trust
WHSSC	Welsh Health Specialist Services Committee

Signed for and on behalf of
**ANEURIN BEVAN UNIVERSITY
HEALTH BOARD**

Signature:
Name:
Position:
Date:

Signed for and on behalf of
**CARDIFF AND VALE
UNIVERSITY HEALTH BOARD**

Signature:
Name:
Position:
Date:

Signed for and on behalf of **CWM
TAF MORGANNWG
UNIVERSITY HEALTH BOARD**

Signature:
Name:
Position:
Date:

Signed for and on behalf of
**HYWEL DDA UNIVERSITY
HEALTH BOARD**

Signature:
Name:
Position:
Date:

Signed for and on behalf of
**POWYS TEACHING HEALTH
BOARD**

Signature:
Name:
Position:
Date:

Signed for and on behalf of
**SWANSEA BAY UNIVERSITY
HEALTH BOARD**

Signature:
Name:
Position:
Date:

Signed for and on behalf of
**WELSH AMBULANCE SERVICE
NHS TRUST**

Signature:
Name:
Position:
Date:

Signed for and on behalf of
**VELINDRE UNIVERSITY NHS
TRUST**

Signature:
Name:
Position:
Date:

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC) Update Report – March 2023
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Emergency Ambulance Service Committee as a Joint Committee of the Board.

Cefndir / Background

The Emergency Ambulance Services Committee is a Joint Committee of all Health Boards in NHS Wales. The Minister for Health and Social Services appointed an Independent Chair through the public appointment process to lead the meetings and each Health Board is represented by their Chief Executive Officer; the Chief Ambulance Services Commissioner is also a member.

The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make joint decisions on the review, planning, procurement and performance monitoring of Emergency Ambulance Services (Related Services), the Emergency Medical Retrieval and Transfer Service (EMRTS) and the Non-Emergency Patient Transport Service and in accordance with their defined Delegated Functions. The Standing Orders of each of the seven Health Boards include the Governance Framework for EASC, including a Scheme of Delegation as published on the EASC website [Schedule 4 \(nhs.wales\)](https://www.nhs.uk/easc/schedule-4).

Although the Joint Committee acts on behalf of the seven Health Boards in discharging its functions, individual Health Boards remain responsible for their residents and are therefore accountable to citizens and other stakeholders for the

provision of Emergency Ambulance Services (EAS); Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and Non-Emergency Patient Transport Services (NEPTS).

Asesiad / Assessment

This report provides an update regarding business undertaken during the last reporting period.

The Joint Committee held its most recent meeting on 14th March 2023. The papers for the meeting are available at: [March 2023 - Emergency Ambulance Services Committee \(nhs.wales\)](#). The Joint Committee was attended by Nicola Prygodzicz, Chief Executive Officer. Some of the key matters discussed by the Joint Committee included:

- EASC Performance Report - which provided an update on current emergency ambulance performance an overview of the range of actions and processes that have or are being implemented to support performance improvement.
- Integrated Commissioning Action Plans - which provided an update on the progress made against the development of Integrated Commissioning Action Plans (ICAPs) aligned to the Emergency Ambulance Services Collaborative Commissioning Framework Agreement, approved by the Committee at the meeting held on the 6 September 2022. The ICAPs are a mechanism for the collaborative development and delivery of strategic and local actions aligned to organisations IMTPs. The ICAPs also specifically focus on joint actions to deliver ambulance handover delay improvements aligned to the Welsh Government's ambulance handover improvement trajectories.
- Quality and Safety Report - which provided an update on quality and safety matters for commissioned services currently being supported by the EASC Team. The Joint Committee discussed the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services. EASC are developing a new Quality and Safety report to support further discussions. The impact of industrial action on patient harm within the system was also discussed.
- EASC Integrated Medium Term Plan 2023-26 - the Committee received for review the Draft Emergency Ambulance Services Committee Integrated Medium Term Plan for 2023-2026. The plan covers 3 broad areas: Commissioning approach and work plan; Priorities for commissioned services including performance improvement, commissioning intentions and strategic intent; and Wider system requirements and expectations. It was noted that the Plan remained under development ahead of finalisation and submission to Welsh Government at the end of March 2023.
- Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) Service Review - which provided an update on the progress made on the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Development Proposal received by the Joint Committee at its meeting on 8 November 2022. Significant public and political concerns continue to be raised around any proposed changes to the operation of the EMRTS and the Wales Air Ambulance Charity (WAAC), particularly in relation to the potential closure of bases. This has resulted in challenges for the Committee, EMRTS and the Charity. The latest stakeholder briefing (March 2023) is attached at **Appendix C.**

The paper also provides the Board with:

- Chair's Summary of the Joint Committee Meeting held 17th January 2023
– **Appendix A**
- Confirmed Minutes of the Joint Committee Meeting held 6th December 2022
– **Appendix B**

Argymhelliad / Recommendation

The Board is asked to discuss and receive this report for assurance.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau)

Impact: (must be completed)

	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.

Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	17 January 2023

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link:

<https://easc.nhs.wales/the-committee/meetings-and-papers/january-2023/>

The minutes of the EASC meeting held on 6 December were approved.

PERFORMANCE REPORT

The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan.

Noted that:

- the report provided an update on current emergency ambulance performance and an overview of the range of actions and processes that have been, or are being, implemented to support performance improvement;
- the report presented information in line with the most recent publication of the Ambulance Service Indicators (November information), the publication of December performance data would take place on 19 January;
- Chart 1 – significant challenge in relation to call volume and answer times;
- Chart 3 – the impact of remote clinical support for patients, the increasing numbers of patients receiving an outcome of “hear and treat” and the collection of more granular data on patient outcomes as a result of investment in both staff and technology within the clinical support desk;
- while there has been a reduction in the number of incidents receiving a response overall, there has been an increase in Red incident volume and that by their nature red incidents often require multiple responses at scene (Chart 4);
- the addition of the Cymru High Acuity Resource Unit (CHARU) [a new type of resource that is replacing rapid response vehicles (RRVs), focused on improving clinical outcomes for the sickest patients] to the chart illustrating the total level of emergency medical services (EMS) hours produced (Chart 5);
- that CHARU is a key driver of improved outcomes for sicker patients;
- the continued challenges regarding red and amber performance (Chart 7 & 8);
- the unprecedented levels of ambulance handover lost hours and how these posed a real and significant challenge to the delivery of timely, safe and effective emergency ambulance provision for the population (Chart 10);
- the Ministerial Summit held on 28 November 2022 related to handover delays with the aim of discussing ongoing concerns around impact of delays on patient harm.

Each health board provided an update on their handover improvement plans and commitments;

- further, the Minister closed the meeting by asking attendees to continue to work with the Chief Ambulance Services Commissioner (CASC) and the EASC team to update handover improvement plans and to make immediate improvements to reduce the risk to patients in the community;
- the EASC Action Plan including the actions that had been agreed to improve the current position. This is also taken through the Cwm Taf Morgannwg UHB Audit and Risk Committee.

Agreed that:

- a summary of the Briefing Session on emergency ambulance performance that took place prior to the EASC Committee meeting would be presented with the minutes.

Members **RESOLVED** to:

- **AGREE** to consider all additional actions that could be taken to improve performance and delivery of commissioned services.

LOCAL INTEGRATED COMMISSIONING ACTION PLANS (ICAP) UPDATE

Noted that:

- progress has been made against the development of Integrated Commissioning Action Plans (ICAPs) aligned to the Emergency Ambulance Services Collaborative Commissioning Framework Agreement;
- the EASC Team have been working collaboratively with health boards and WAST in the development of the ICAPs;
- each health board has submitted outline ICAPs which have been reviewed by the EASC Team;
- going forward meetings will be held with health boards and WAST to review performance data relating to ambulance handover delays and data aligned to the delivery of actions set out in the health board's ICAP, also to consider any operational or strategic matters arising. Performance data will be monitored via the weekly performance dashboard that is circulated to all health boards and WAST;
- meetings will also be held to focus on the delivery of joint actions (health board and WAST) and individual actions set out in the ICAPs as well as to consider opportunities for shared learning, again these will include both health boards and WAST;
- the actions and outputs of the ICAP process will provide direction and content for the development of each organisation's IMTPs;
- updated ICAPs will also be included within the EASC Action Plan.

Members **NOTED** the report as presented.

UPDATE ON PROGRESS RELATED TO THE SERVICE DEVELOPMENT PROPOSAL EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) AND WALES AIR AMBULANCE CHARITY

Noted that:

- the report updates members on the progress made with the EMRTS Service Review and specifically that the review would be independent of the assumptions, comparisons and modelling included within the original EMRTS Service Development Proposal, previously received by the Committee;

- members had agreed to explore opportunities for service improvement, particularly utilisation and the impact of rurality and population density on levels of utilisation;
- members had also agreed to explore and maximise the additional activity that could be achieved from existing bases and to explore options to reconfigure the service;
- in relation to the formal public engagement process, Members agreed the need to engage upon the constraints, investment objectives and weightings as part of Phase 1, and that those applied as part of the decision-making process for the EMRTS 24/7 Service Expansion Review in 2018 would also be appropriate for this process;
- while Members had approved Chair's Action to commence the formal engagement process once engagement materials were agreed by all parties (but not before 9 January), the EASC Team had been supporting the NHS response to the current system pressure and therefore the required materials were not yet ready;
- nevertheless, the EASC Team had continued to work with health board engagement, communication and service change leads to draft the required engagement materials for development with CHC colleagues and this work would now continue apace;
- there was a high level of public interest in the service and in taking part in the engagement process. The work would ensure that materials are agreed in a timely manner;
- further, there was a commitment to get the engagement process right, not to rush the process and to ensure that plenty of notice is provided to ensure that those that want to participate would be provided with the opportunity to do so;
- an overview of the activities and engagement undertaken by the EASC Team was provided including responding to the comments and questions received from stakeholders, preparing and circulating briefing notes, updating CHC lead representatives and ongoing meetings with health board communication and engagement leads;
- following discussion at the December meeting, the team had been successful in securing dedicated communication and engagement support from a health board;
- a Senedd debate had taken place on Wednesday 11 January and that the approach being taken has been endorsed by Senedd Members. Key points raised by Members during the debate would be considered in this engagement work.

Agreed that

- (as at previous meeting), Chair's Action would be taken to commence the formal engagement process once engagement materials are agreed by all parties, expected to be in early February.

Further noted that

- members recognised the impact of supporting the wider system during times of unprecedented pressure on the NHS over recent weeks and months;
- key stakeholders were keen to understand when the formal public engagement process was likely to commence, even an indicative date would be helpful;
- early February was being worked towards, and that if further support was required from health boards during this period this would be forthcoming.

The Chair reported that he had been closely briefed on the work being undertaken in recent weeks and was keen to ensure that due process was undertaken. The Chair would continue to track the progress being made and would undertake Chair's Action when he has the required assurance that all materials and arrangements were in place.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **AGREE** that Chair's Action will be taken to commence the formal engagement process once engagement materials are agreed by all parties, expected to be early February in line with agreement at EASC meeting on 6 December 2022.

QUALITY AND SAFETY REPORT

Noted that:

- report provided Members with an update on the quality and safety matters for commissioned services currently being supported by the EASC Team;
- responding to the Healthcare Inspectorate Wales (Welsh Ambulance Services NHS Trust) Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover. Following feedback from HIW a further update was provided. During 2023, the EASC Team would be required to develop a final output response for HIW on the recommendations. Input from Health Boards and WAST would be essential in the development of this response;
- establishing and coordinating a task and finish group to review the Appendix B process, to make recommendations for improvement and to monitor the impact of these. While the pilot process was live across Wales, the group continued to meet to share learning and good practice, alongside evaluating the impact of the new process. EASC Management Group will be asked to endorse the approach at their next meeting (see Action Log 'EASC 22/120');
- that the pilot process was felt to be working well and that it would be useful to have a performance framework to track the progress of investments made and the improved outcomes for patients;
- work would also now be undertaken to include key quality and safety matters relating to Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service within the EASC Quality & Safety Report;
- there has been a growth in the levels of adverse incidents, media interest, HM Coroner inquests and subsequent Regulation 28 reports, Prevention of Future Deaths. This was likely to increase as a result of the deteriorating performance and escalation position that had been seen since the autumn of 2021;
- the EASC team would continue to work with WAST and HB colleagues to understand the level of harm within the system and to develop additional processes for the committee to assure itself that it is discharging its statutory responsibilities for the planning and securing of emergency ambulances;
- the intention to develop the report to include more metrics and performance measures to sit alongside the existing Performance Report and to enhance the Committee's knowledge in terms of quality, outcomes and harm.

Members **NOTED** the report as presented.

EASC INTEGRATED MEDIUM TERM PLAN UPDATE

Noted that:

- the private briefing session held prior to the Committee meeting had been helpful in discussing performance matters and the actions in place to improve these
- the briefing session would ensure that similar ambitions and assumptions aligned to EASC Commissioning Intentions would be built in to the EASC, WAST and health board IMTPs

- IMTPs would now be drafted and developed via the EASC governance arrangements and peer groups for discussion at the February meeting of the EASC Management Group and agreement at the March meeting of EAS Committee
- IMTPs would need to be submitted to Welsh Government by end of March 2023.

Members **NOTED** the update provided.

WELSH AMBULANCE SERVICES NHS TRUST REPORTS

WAST Provider Report

Noted that:

- this provided an update on key issues affecting quality and performance for Emergency Medical Services (EMS) and Ambulance Care (including Non-emergency Patient Transport Services NEPTS) and provided an update on commissioning and planning for EMS and Ambulance Care (including NEPTS);
- work is currently being undertaken to reduce the length of the Provider report;
- there is concern regarding red and amber response times and patient waits, as reported in the EASC Performance Report;
- progress had been made with 'consult and close' rates as a result of investment in the Clinical Support Desk during 2021-22 and this was currently close to the 15% benchmark, hopefully working towards 17/18% next year.

Members **NOTED** the report as presented.

Immediate Release

Noted that:

- the All Wales Immediate Release Protocol was approved in July 2022 subject to a review after 3 months;
- feedback from partners (Chief Operating Officers) had now informed a review of the protocol as requested;
- from a commissioning perspective, this was felt to be a sensible approach.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **APPROVE** the amendments to the All Wales Immediate Release Protocol as set out in paragraph 2.2, Appendix 1 and Appendix 2.

Manchester Inquiry Recommendations

Noted that:

- the report was prepared following an initial review of the emergency response to the Manchester Arena bombing;
- the WAST Emergency Preparedness, Resilience & Response (EPRR) team would need to develop the capacity to receive, review, consider and plan a response to the 149 recommendations contained in volumes 2 and 3 of the report;
- the Inquiry recommendations (specifically drawn to recommendations R105 and R106) are clear that ambulance trusts should make recommendations to NHS commissioners about additional resources required to ensure an effective response to mass casualty incidents.

Agreed that:

- WAST would collaborate with the CASC and the EASC team and bring forward recommendations to EASC.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **AGREE** that WAST collaborate with the CASC and the team and bring forward recommendations to EASC.

Meeting requirements of the Civil Contingencies Act

Noted that:

- the operational and clinical pressures were worsening across health and social care in Wales;
- WAST were concerned about its ability to provide a major incident and/or mass casualty incident response to the people of Wales in a way that met the obligations as established within the Civil Contingencies Act (CCA) and as a Category 1 responder;
- during prolonged periods, WAST had seen more than 50% of its conveying capacity being unavailable to respond to patient incidents due to extreme handover delays with some handovers reaching over 48 hours;
- when business continuity and critical incidents were declared by WAST last month, due to WAST's inability to respond to patients categorised as immediately life threatening, no meaningful improvements to ambulance availability were seen;
- WAST were concerned that the health system would not be able to release ambulances held at emergency departments without delay should a major incident be declared. This would delay arrival of life saving care to those sadly caught up in any incident;
- WAST had developed a new risk for entry on its corporate risk register covering this issue and intended to raise this at the next public Trust Board meeting on Thursday 26 January 2023. It was anticipated that this risk would score as HIGH.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **NOTE** the system risk that WAST may fail to meet its Civil Contingency Act Category 1 responder responsibility if inhibited from sending its pre-determined attendance to a declared major incident or mass casualty incident due to emergency department handover delays
- **AGREE** that Health board CCA officers engage with WAST to confirm WAST/health board CCA arrangements and for any issues arising to be escalated where needed to EASC Management Group.

WAST Integrated Medium Term Plan (Oral)

Noted that:

- the WAST IMTP would need to be consistent with Commissioning Intentions and financial constraints;
- there were 3 key areas:
 - actions to improve the quality of service and to improve patient outcomes
 - staff (recognising the pressure that staff have been under in recent years)
 - financial sustainability including reducing costs, improved efficiency and generating additional income with the aim to deliver a balanced financial plan

- the WAST team were meeting with the EASC Team fortnightly as they develop the IMTP;
- the WAST IMTP would be taken to the EASC Management Group in February, presented to the WAST Board and then EAS Committee for approval at the March meeting;
- there was an appropriate balance of strengthening core services and the longer-term strategic view.

Members **NOTED** the report as presented.

CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

Noted that:

- the 'Plurality Model' was operated as part of the commissioning arrangements for Non-Emergency Patient Transport Services (NEPTS). As part of this approach, WAST was the provider of choice with other providers commissioned as appropriate. A tender process had recently been completed and was currently in the novation and implementation phase, this would ensure consistent standards of service delivery, cost efficiencies and savings. WAST were commended for the successful tender exercise;
- a review was being undertaken by NEPTS relating to access to dialysis and oncology services to ensure that these were in line with the expectation, this would be taken through the NEPTS Delivery Assurance Group (DAG);
- there was much information available relating to NEPTS and that a NEPTS Dashboard was currently being developed, again this would be taken through the NEPTS DAG and would become part of the EASC performance management mechanism;
- one of the Commissioning Intentions related to the development of a National Transfer and Discharge Service to support service changes at a health board level and to improve patient flow. This work was ongoing and would be developed and shared via the NEPTS DAG, EASC Management Group and EAS Committee;
- there was a responsibility to firstly ensure best use of current resources ahead of seeking additional resources;
- WAST had recently commissioned work to model how best to use resources as part of this work;
- there were a number of patient transport services operating in Wales and the need to ensure robust oversight, coordination and management of these and the avoidance of duplication.

Members **NOTED** the report as presented.

EASC COMMISSIONING UPDATE

Noted that:

- progress had been made against the key elements of the collaborative commissioning approach;
- the EASC team had developed a process through the framework mechanism to enable this collaborative approach to transition and transformation through the development of local Integrated Commissioning Action Plans (ICAPs), update against Agenda item 2.2;
- the EASC IMTP Quarter 2 Update was presented at the previous meeting. A Quarter 3 Update would be provided at the February meeting of the EASC Management Group and then to the EASC Committee in March 2023;

- a Quarter 2 Update against Commissioning Intentions for 2022-23 was provided at the November meeting. A Quarter 3 update against the EASC Commissioning Intentions (EMS, NEPTS and EMRTS Cymru) would be provided at the February meeting of the EASC Management Group and then to the EASC Committee in March 2023;
- Commissioning Intentions for 2023-24 were currently being reviewed as part of the IMTP Process for 2023-26, however it was anticipated that the majority of intentions would remain extant. These would be considered for endorsement at the February meeting of the EASC Management Group and then approved at the EASC Committee.

Members **NOTED** the report as presented.

EASC FINANCIAL PERFORMANCE REPORT MONTH 8 2022/23

Noted that:

- there was a current break-even position with no significant variance;
- work would continue on the income received from Welsh Government;
- health board Directors of Finance would be involved as appropriate;
- work would be undertaken in relation to WHSSC and EASC Standing Financial Instructions.

Members **RESOLVED** to:

- **NOTE** the current financial position and forecast year-end position.

EASC SUB GROUPS

The Non-Emergency Patient Transport Services (NEPTS) Delivery Assurance Group notes from 6 October 2022 were received.

Members **APPROVED** the notes.

EASC GOVERNANCE

Noted that:

- the Risk Register had been reviewed and updated by the EASC Team during January 2023 in response to issues raised at the Cwm Taf Morgannwg University Health Board Audit and Risk Committee meeting on 12 December (as the host body). Additional information had been included and related to the ongoing system pressures and the impact on patients and the increasing risk of harm;
- the EASC Assurance Framework would be updated for the next meeting in line with the changes above approved for the Risk Register;
- the EASC Standing Orders were due for review at the November 2022 meeting. However, there was ongoing work with the Standing Financial Instructions related to the Welsh Health Specialised Services Committee (WHSSC) /EASC and it would be helpful to receive both sets of Standing Orders and Standing Financial Instructions at the same meeting;
- the Standing Financial Instructions for WHSSC were presented for approval at the meeting on 10 January 2023 and the EASC version would be presented alongside the Standing Orders at the next meeting in March 2023;
- the term of the Vice Chair would be completed in February 2023 and a new Vice Chair would need to be agreed at the meeting in March;
- the Chair thanked Steve Moore, the current Vice Chair, for his help and support over the last two years;

- a letter was received on 22 November 2022 from the Welsh Language Commissioner (WLC) which indicated that a member of the public had concerns regarding documentation on the EASC website and related to the EMRTS Service Development Proposal. The member of the public had visited the website on 11 November 2022 and had been unable to find a Welsh language version of the EMRTS Service Development Proposal on the website. This occurred due to annual leave of a member of the EASC Team with responsibility for the website;
- further, arrangements had been made to avoid this happening again. The EASC website had been reviewed to ensure compliance with the Welsh Language standards including ensuring that Welsh was not treated less favourably than English and also that the Welsh website is of the same standard as the English website in terms of content;
- a further update would be provided as the investigation continued.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **APPROVE** the updated risk register.

Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories) and the impact on WAST
- Structured approach relating to the engagement process for the EMRTS Service Review.

Matters requiring Board level consideration

- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- Opportunity for health boards to take part in the public engagement process related to the potential changes to EMRTS Cymru working in partnership with the Wales Air Ambulance Charity.

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	14 March 2023			



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
6 DECEMBER 2022 AT 13:30HOURS
VIRTUALLY BY MICROSOFT TEAMS LIVE**

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner (CASC)
Nicola Prygodzicz	Chief Executive, Aneurin Bevan ABUHB (in part)
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Steve Moore	Chief Executive, Hywel Dda HDUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)

In Attendance:	
Elizabeth Beadle	Deputy Director of Planning, Cwm Taf Morgannwg University Health Board
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Matthew Edwards	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Colette Rees	National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary

Part 1. PRELIMINARY MATTERS		ACTION
EASC 22/132	WELCOME AND INTRODUCTIONS Chris Turner (Chair), welcomed Members to the virtual 'Teams Live' meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.	Chair
EASC 22/133	APOLOGIES FOR ABSENCE Apologies for absence were received from Gill Harris, Paul Mears, Mark Hackett, Steve Ham and Tracey Cooper.	Chair
EASC 22/134	DECLARATIONS OF INTERESTS There were none.	Chair
EASC 22/135	MINUTES OF THE MEETING HELD ON 8 NOVEMBER 2022 The minutes were confirmed as an accurate record of the Joint Committee meeting held on 8 November 2022. Members RESOLVED to: <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 8 November 2022. 	Chair
EASC 22/136	ACTION LOG Members RECEIVED the action log and NOTED that it would be discussed in more detail at the EASC meeting on 17 January 2023. Members were invited to raise any specific issues, there were none. Members RESOLVED to: NOTE the Action Log.	Chair
EASC 22/137	MATTERS ARISING There were no matters arising from the minutes.	Chair
EASC 22/138	CHAIR'S REPORT The Chair's informed the meeting that he did not have any specific issues to raise.	Chair
Part 2. ITEMS FOR DISCUSSION AND APPROVAL		ACTION
EASC 22/139	PERFORMANCE REPORT The Performance Report was received.	

<p>In presenting the report Stephen Harrhy gave an update on the current emergency ambulance performance and an overview of the range of actions and processes that had or would be implemented to support performance improvement. The report also presented information in line with the most recent publication(s) of the Ambulance Service Indicators.</p> <p>Members noted that the report presented a picture of a system that was under severe and sustained pressure. It was reported that ambulance performance was well below levels that the Committee would want delivered and the actions being taken to improve performance were included within the report. Members were reminded that a proposal had previously been approved by Committee to alter a number of dispatch codes and that the likely consequence was that an increase the number of red calls would be received. It was noted that the service had started to see this impact.</p> <p>Members noted the current position with record numbers of handover delays at hospital sites across Wales. Most members had been present at the recent Ministerial Summit that took place on 28 November, with the aim of discussing ongoing concerns around ambulance handover delays that were causing harm to patients. It was noted that the Minister for Health and Social Services opened the Summit by outlining her concerns around handover delays and reminded those in attendance of their organisational commitments to reducing delays.</p> <p>Examples of improvements were shared by Walsall Healthcare NHS Trust, with key messages in relation to the organisational ownership of patients from the time they call 999 and take leadership for their care within the organisation. In addition, Cardiff and Vale University Health Board shared their experience of improving handover delays, following a focus on the 4-hour red line and further work was planned to further reduce delays. Each health board provided an update on their handover improvement plans and commitments at the Summit.</p> <p>It was agreed that the presentation by Walsall NHS Trust provided a helpful focus on areas of learning. It was proposed that further contact would be facilitated via the Chief Ambulance Services Commissioner rather than through a number of separate discussions and that this would be in line with the work in Goal 4 of the Six Goals for Urgent and Emergency Care Programme.</p>	<p>ALL / Stephen Harrhy</p>
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	<p>Members noted that:</p> <ul style="list-style-type: none"> • Fortnightly handover improvement plan meetings continued to be helpful and constructive and ensured specific consideration of the agreed trajectories • Conveyance rates were reducing, while it was noted that this impact must be considered in light of a reduction in attendance in response to escalation decisions it was also noted that this reflected the increasing role of 'hear and treat' and the impact of recent investment in both staff and technology within the clinical support desk. Close relationships with NHS Wales 111 were also felt to be an important factor in reducing conveyance. • Members noted the 'hear and treat' efficiency target of 10.2% of daily volume and that the Welsh Ambulance Services NHS Trust (WAST) had set an internal target of 15% by the end of the calendar year, it was reported that 16% had been reported on some days. The impact of new video technology and staff use of the ECNS (Emergency Nurse Communication System) to support decision-making was noted. • The level of risk and harm to patients across the system was widely recognised and the additional need to protect ambulance resources out of area, particularly for rural areas at a distance from emergency departments • Actions making a significant impact across the system included use of alternative pathways and services other than conveyance to emergency departments where appropriate to do so, a focus on the effective use of falls services and strengthened liaison between health boards and WAST to ensure effective communication, handover and release, particularly against the four-hour trajectory • Work continued in partnership with local authorities to increase community care capacity with in excess of 450 bed/bed equivalents extra reported to date. Members were in agreement that this was significant, however, this would not solve the problems across the system with further work required on longer term provision, including additional care packages and support for people leaving hospital. <p>The Chair summarised and noted the key messages of the Minister for Health and Social Services in her closing remarks including the need for organisational commitment to the agreed actions, a focus on fewer key actions and the sharing of the key actions already having an effect.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the report. • NOTE the Ambulance Services Indicators 	
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	<ul style="list-style-type: none"> • NOTE additional actions that the Committee could take to improve performance delivery of commissioned services • NOTE the handover improvement Ministerial summit discussion and the specific requirements of organisations. 	
EASC 22/140	<p>UPDATE ON PROGRESS RELATED TO THE SERVICE DEVELOPMENT PROPOSAL FROM THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU)</p> <p>The report on progress related to the Service Development Proposal from EMRTS Cymru was received. This update provided Members with an overview of the progress made since the Committee meeting on 8 November 2022.</p> <p>The EASC Team was asked to progress on:</p> <ul style="list-style-type: none"> • clarifying the position regarding resource implications • responding to the significant comments raised and views regarding the importance of response times • understanding how the air and road response model works, recognizing that for urban and rural areas it would be different • further work required regarding the impact of weather • consideration of the data reference period to ensure that this is appropriate and not unintentionally biased • understanding any seasonal variation • improving the understanding of the options available, including to consider whether changing bases is necessary, identifying further options and understanding why options have been discounted • working with health board colleagues to consider the modelling undertaken. <p>It was noted that, given the above requirements and the challenges raised by Committee members and stakeholders and in order to avoid protracted discussions over the process, content and transparency of the original proposal, the EASC Team had undertaken to start the process of undertaking this analysis afresh.</p> <p>Members noted that the scrutiny in key areas would continue. The report focused on a description of the current service provision and the historical activity that had been delivered, including an overview of four specific areas related to base activity, these were:</p> <ul style="list-style-type: none"> • Geographical coverage • Rapid Response Vehicle Usage (RRV) • Utilisation • Unmet need. 	

	<p>Members noted there were potential opportunities for service improvement to be explored. The utilisation of all resources was included and, as an example to amplify this issue, both Caernarfon and Welshpool bases were reported as having lower levels of utilisation than the bases in Dafen and Cardiff. It was understood that an element of this would be related to the rural position and lower population density in these areas but options to provide equitable services should be explored.</p> <p>It was proposed that, when combined with unmet need, this would demonstrate that the EMRT service could potentially do more within its existing resource if changes were implemented to increase utilisation and reduce unmet need.</p> <p>Members agreed that there was a need to explore and maximise the additional activity that could be achieved from existing bases and also to explore how any options to reconfigure the service could reduce the number of patients who require a critical care response from EMRTS but currently do not receive one (unmet need).</p> <p>The report also provided clarity on the role and purpose of modelling and Committee members noted that modelling outputs would be part of a robust evaluation process, not used as a sole determinant.</p> <p>As per the request at the last meeting, activity data from 2022 and weather probability information had been integrated into the preparation for the modelling, and this in turn would support further scenario modelling.</p> <p>The outputs of modelling were determined by the assumptions that would be placed upon the modelling scenarios and, in order to do this, an understanding of the constraints that should be applied to any development process would be required.</p> <p>Members noted that the report EMRTS 24/7 Service Expansion Review (received at the EASC meeting on 13 November 2018) provided the constraints that were adopted as part of the work and it was suggested that a similar a set of constraints would be appropriate and helpful for this current review.</p> <p>The report also included the investment objectives that were used as part of the original case for the establishment of the 24-hour EMRTS service and the weighting that was applied to these objectives to inform the decision-making process for the 24/7 expansion review.</p>	
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	<p>The investment objectives were:</p> <ul style="list-style-type: none"> • Health Gain • Affordability • Clinical Skills and Sustainability • Equity • Value for Money. <p>The Committee was asked to consider that the initial engagement process with the public, individual health boards and the Wales Air Ambulance Charity Trust should explore the appropriateness of the constraints, investment objectives and weighting presented, as part of a robust option appraisal process to inform discussion once further modelling and analysis was complete.</p> <p>Stephen Harrhy gave an overview of the engagement activity that had been undertaken by the EASC Team since the last EASC meeting which included:</p> <ul style="list-style-type: none"> • Activities undertaken with many stakeholders both face to face and virtually • Ongoing collation of, and responses to, over 60 stakeholder comments and questions • Circulation of the latest stakeholder Briefing Note 2 • Updates to Community Health Councils (CHCs) and confirmation of the agreed key principles of engagement • Fortnightly meetings with health board engagement, communication and service change leads. <p>The report proposed that the EASC Team would need to work closely with health board engagement, communication and service change leads and with Community Health Council (CHCs) colleagues in the development and agreement of appropriate engagement materials including the engagement document and the stakeholder engagement timetable.</p> <p>It was proposed that the formal public engagement process could commence in early January, subject to agreement of engagement materials by health boards and CHCs.</p> <p>The proposed engagement would include two phases, these were:</p> <p>Phase 1:</p> <ul style="list-style-type: none"> • Explain how the current service works • Test the constraints, investment objectives and weightings <p>Six-Week Review</p> <ul style="list-style-type: none"> • Agree options to be modelled 	<p>EASC Team</p>
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	<p>Phase 2:</p> <ul style="list-style-type: none"> • Undertake the modelling and use to inform a robust option appraisal process • Make a recommendation to EASC Members. <p>Members discussed:</p> <ul style="list-style-type: none"> • The importance of utilisation of resources and the need for a balance in terms of availability of resources against the efficiency and effectiveness of service delivery (not over or underutilised) • The need to explore reasonable utilisation levels considering population densities, urban vs rural locations etc • EMRTS as a national service, not covering a geographical area like road-based ambulances • The need to understand the current co-ordination and deployment process • The need to review operating hours when looking at options to maximise additional activity that could be achieved from existing bases and the options to reconfigure • The impact of the announcement of the preferred bidder for the new aircraft contract; it was confirmed that this process had been ongoing for sixteen months and that the only agreement in place was for four aircraft plus the back-up capability. Members noted that there had been no pre-determination on the number of or location of bases, this was pending the outcome of the EASC processes (engagement) • The need for a range of engagement material, including the need for them to be bilingual and easy to understand • the need to develop an effective engagement approach that asked the right questions and reached as many people as possible. It was agreed that this would need to be a collaborative effort with health boards and CHC colleagues and that local leads would be able to inform this, e.g. the positive Powys experience utilising drop-in sessions was noted • The two phases of engagement proposed, including the review at six-weeks; Members supported this approach • Questions had been raised by Swansea Bay University Health Board ahead of the meeting asking for additional clarification on the engagement process, the work with health boards and the community health councils and the need for Equality Impact Assessments • The need for a pragmatic approach in terms of signing off the engagement materials, involving Engagement or Service Change Leads working with Board Secretaries. Members noted Gwenan Roberts would be the point of contact from the EASC Team 	<p>Gwenan Roberts</p>
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	<ul style="list-style-type: none"> Formal public engagement could commence 9 January if the required agreed documents were in place Consideration be given regarding short term support for the EASC Team. <p>The Chair confirmed that he would ensure the required assurance was in place ahead of undertaking Chair's Action (on behalf of the Committee) to commence the formal engagement process.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> NOTE the high-level overview provided and the variation in service delivery from the existing bases AGREE that the issues highlighted by this paper require further exploration and options appraisal process to deliver improvements APPROVE the service development constraints to be engaged upon APPROVE the EMRTS key investment objectives and weightings to be engaged upon APPROVE the commencement of a formal public engagement process as agreed APPROVE the use of the agreed constraints to inform subsequent modelling and development of options APPROVE the use of agreed EMRTS key investment objectives and weightings in the options appraisal process APPROVE Chair's action to commence the formal engagement process when documentation agreed. 	
EASC 22/141	<p>FORWARD LOOK AND ANNUAL BUSINESS PLAN</p> <p>The Forward Look and Annual Business Plan was received. The Chair asked Members to forward any suggestions for future 'Focus on' sessions. Members RESOLVED to: APPROVE.</p>	
Part 3. OTHER MATTERS		ACTION
EASC 22/142	<p>ANY OTHER BUSINESS</p> <p>There was no other business raised.</p> <p>The Chair closed the meeting by thanking Members for their contribution to the discussions.</p>	
DATE AND TIME OF NEXT MEETING		
EASC 22/143	<p>The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 17 January 2023 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.</p>	Committee Secretary

Signed
Christopher Turner (Chair)

Date



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau
Ambiwlans Brys
Emergency Ambulance
Services Committee

EMRTS Service Review Briefing 6

Current Position as at March 7, 2023

Latest Developments



Firstly, thank you for your continued interest in the EMRTS Service Review. I am pleased to be able to provide an update on the work being undertaken ahead of the formal public engagement process in relation to the Service Review of the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) who work in partnership with the Wales Air Ambulance Charity.

As previously explained, the Emergency Ambulance Services Committee (EASC) has agreed to explore and maximise the additional activity that could be achieved from existing bases and to explore options to reconfigure the service.

Since the last briefing, the Wales Air Ambulance Charitable Trust announced (February 22, 2023) its new aviation partner as Gama Aviation Plc that successfully bid for the seven-year contract to provide aviation services to the air ambulance in Wales, starting on January 01, 2024. The Charity also confirmed that it is extending its contracts with Caernarfon Airport and Welshpool Airport, where two of its operations are currently based, until 2026.

This announcement by the Charity to begin the new aviation contract whilst continuing with the four bases means that the EMRTS Service Review engagement can conclude whilst the Charity and EMRTS continues to provide lifesaving services. Full details about this announcement are on the Wales Air Ambulance Charitable Trust [website](#).

The work in preparing the formal engagement activity has continued at pace and you will see from this update the extent of information that is now available on our EASC [website](#) to include a video explainer and detailed Frequently Asked Questions section.

I hope you will find this website information helpful but as always, we are keen to receive feedback about how we can continually improve to ensure this engagement is as meaningful as possible for all involved. You can contact us either via our [website](#) or [e-mail us](#): EASCServiceReviewQueries@wales.nhs.uk.

We have also received some helpful suggestions of venues for the public face to face engagement sessions and are working through the venue availability that will help shape the overall timetable of engagement activity. Please be assured that we will give plenty of notice of dates and venues to ensure that those who want to participate are provided with the opportunity to do so.

The EMRTS Service Review is on the agenda for the next formal Committee meeting of EASC (taking place on Tuesday March 14, 2023, details are on the EASC website), as a 'Chair's Action' to start the formal engagement process once engagement materials are agreed by all parties, in line with agreement at EASC meeting on December 06, 2022.

Just a reminder that all previously issued briefing updates are published in English and Welsh on the EASC website, but if you would like to receive a copy e-mailed to you directly, please send us an [e-mail](#) requesting to be added to our distribution list.

Stephen Harrhy
Chief Ambulance Services Commissioner



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Pwyllgor Gwasanaethau
Ambiwlans Brys
Emergency Ambulance
Services Committee

EMRTS Service Review Briefing 6

Current Position as at March 7, 2023

Website Refresh

We have updated our website to make it easier to navigate by creating a dedicated engagement area focusing on the EMRTS Service, below are some of the new additions:

Explainer Video



A [video explainer](#) has been produced as part of the pre-engagement phase of this work. Recognising the complexities of the air ambulance service, the video has been designed to explain the process of how the service operates and which organisation is responsible for each part of the activity.

News

A dedicated news area has been created to ensure all the latest briefing updates are available in one place.

26 January 2023

[EMRTS Review Briefing Note 5 \(PDF, 465Kb\)](#)

The purpose of this briefing note is to provide a further update on the work being undertaken ahead of the formal public engagement process in relation to the Service Review of the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) who work in partnership with the Wales Air Ambulance Charity.

6 January 2023

[EMRTS Review Briefing Note 4 \(PDF, 287Kb\)](#)

The purpose of this briefing note is to provide an update on the timescale for the start of the agreed formal engagement process in relation to the Service Review of the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) who work in partnership with the Wales Air Ambulance Charity. Now likely to start in early February 2023.

Frequently Asked Questions (FAQ)

Work has commenced on the new FAQs which cover 3 areas:

- 1) How the Air Ambulance Service is Provided in Partnership
- 2) Why the Engagement Process is Needed; and
- 3) What is the Formal Engagement Process?

Along with a helpful glossary of terms.

- How the Air Ambulance Service is Provided in Partnership
- Why the Engagement Process is Needed
- What is the Formal Engagement Process?
- Glossary of terms

We will be working with the Charity and the EMRTS Team to ensure these are updated as and when required.

Supporting Documents

Where possible we will share with you as much supporting information as we can, this will be located within the Supporting Documents area of the site and will be regularly reviewed by the team.

Date	Title	Summary
11/10/2022	EASC EMRTS SDP Presentation (PDF, 1.9Mb)	The purpose of this presentation is to provide stakeholders with an overview of the EMRTS service development proposal developed by the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity (WAAAC).
02/11/2022	EMRTS Service Development Proposal Cover Paper (Word, 145Kb)	The purpose of this report is to provide EASC Members with background information and an introduction to the service development proposal being presented by the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity Trust.
02/11/2022	EMRTS Service Development Proposal (PDF, 10.0Mb)	The document is a composite of multiple service reviews and analysis, but in line with recently published proposals, the core message is one of a continually improving service for the people of Wales.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee and Advisory Group Update and Assurance Reports
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Bryony Codd, Head of Corporate Governance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

In line with the Health Board's Standing Orders, a number of Board Committees and Advisory Groups have been established. This report provides, for assurance, an overview of the business undertaken by these committees during the reporting period, and highlights key matters for Board consideration, where required.

Cefndir / Background

The Health Board's Standing Orders, approved in line with Welsh Assembly Government guidance, require that a number of Board Committees and advisory groups be established. The following Committees and advisory groups have been established:

- Audit, Risk and Assurance Committee
- Charitable Funds Committee
- Patient Safety, Quality and Outcomes Committee
- Mental Health Act Monitoring Committee
- People and Culture Committee
- Remuneration and Terms of Service Committee
- Partnerships, Population Health and Planning Committee

Assurance Reporting

The following Committee assurance reports are included:

- Finance and Performance Committee – 11 January 2023
- People and Culture Committee – 12 January 2023
- Audit, Risk and Assurance Committee – 2nd February 2023
- Patient Quality, Safety and Outcome Committee – 7th February 2023
- Charitable Funds Committee – 2nd March 2023
- Mental Health Act Monitoring Committee – 9th March 2023

External Committees and Group

Representatives from the Health Board also attend a number of Joint sub-Committees or partnerships of the Health Board, these are:

- Emergency Ambulance Services Committee
- Welsh Health Specialised Services Committee
- Shared Services Partnership Committee

In order to provide the Board with an update on the work of these Committees and Groups the following minutes, assurance reports and briefings are included:

- Shared Services Partnership Committee – 29th January 2023
- WHSSC/EASC – provided within Agenda item 4.5 – An Overview of Joint Committee Activity.

Asesiad / Assessment

In receiving this report, the Board is contributing to the good governance practice of the organisation in ensuring that Committee business is reported to the Board and any key matters escalated, where appropriate

Argymhelliad / Recommendation

The Board is asked to note for assurance this report, and the updates provided from Health Board Committees.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. There is no direct link to the Plan associated with this report, however the work of individual

	committees contributes to the overall implementation and monitoring of the IMTP.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. Not applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Committee Chairs

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. Not applicable to this specific report, however WBFGA considerations are included within committee's considerations

Name of Committee:	Finance & Performance Committee
Chair of Committee:	Richard Clark
Reporting Period:	11th January 2023
Key Decisions and Matters Considered by the Committee:	
<p>Performance Overview Report with Exception Reporting:</p> <p>Performance Dashboard</p> <p>The Committee noted the Performance Dashboard.</p> <p>Planned Care Recovery Programme Report</p> <p>The Committee received the Planned Care Recovery Programme Report for assurance and noted that the profiles within the IMTP had been updated to reflect what could be achieved in the current operating environment.</p> <p>Six Goals for Urgent and Emergency Care</p> <p>The Committee received the report for assurance and noted some progress in ambulance handover times and patients spending more than 12 hours in the Emergency Department (ED) but acknowledged that the December performance data would be challenged due to several factors related to winter pressures.</p> <p>Getting it Right First Time Reviews (GIRFT):</p> <p>Review of Stroke Services Report</p> <p>The Committee received the report for assurance and noted the approach to improving patient care and outcomes, as well as an update on progress towards the recommendations to date.</p> <p>To provide enhanced assurance, the Committee requested that an update report with timeframes for actions and an assessment of the resource implications associated with the recommendations/actions be presented at a future meeting.</p> <p>Update on Orthopaedic Improvement Programme</p> <p>The Committee received the report for assurance and noted that the key focus was to streamline the structure by establishing a Musculoskeletal (MSK) Transformation Programme Board to avoid duplication of effort. The 3 key areas of focus were noted as: -</p> <ol style="list-style-type: none"> 1) Reduce clinical variation 2) Reduce the backlog 3) Value for money <p>Financial Outlook & 2023/24 Allocation letter Briefing</p> <p>The Committee received the report and acknowledged that the Health Board would be going into 2023/24 with a significant deficit, and as a result the organisational focus would need to be on cost reductions and savings.</p> <p>The Committee requested that the financial position be made explicit in the IMTP financial plan in terms of proposed reductions/savings over a specified time period in order to achieve financial balance.</p> <p>2023/24 Budget Planning (Delegation) Principles</p> <p>The Committee noted that the proposed budget planning methodology would require budgets to be moved between historical budget heads/divisions to match the 'cost based'</p>	

<p>methodology. The approach would consider current spend levels, adjust 2023/24 IMTP decisions and reflect a reasonable savings expectation at divisional level.</p> <p>Efficiency Opportunities 2023/24</p> <p>The Committee received the Efficiencies Opportunities 2023/24 Report and approved the approach outlined in the report as a mechanism for how the Health Board should use the data to drive efficiency improvement opportunities in the following areas for 2023/24:</p> <ol style="list-style-type: none"> 1) Operating Theatres 2) Compliance with British Association of Day Surgery (BADs) guidance 3) Productivity improvements for Cataract surgery in line with Getting It Right First Time (GIRFT) Recommendations
<p>Matters Requiring Board Level Consideration or Approval:</p> <ul style="list-style-type: none"> • Identification of the level of savings required to impact the underlying deficit going into 2023/24
<p>Key Risks and Issues/Matters of Concern:</p> <ul style="list-style-type: none"> • Identification of the level of savings required to impact the underlying deficit going into 2023/24
<p>Planned Committee Business for the Next Reporting Period:</p> <ul style="list-style-type: none"> • Exception Report- Single cancer Pathway (diagnostics) • Exception Report- Sustainability of Primary Care Access • Delivery of ABUHB Digital Strategy Assurance Report
<p>Date of Next Meeting: Wednesday 21st June 2023</p>

Name of Committee:	People & Culture Committee
Chair of Committee:	Louise Wright
Reporting Period:	12th January 2023
Key Decisions and Matters Considered by the Committee:	
<p>Workforce & Organisational Development Divisional Risk Register</p> <p>The Committee received assurance that the Divisional Risk Register aligned to the Corporate Risk Register, and received an overview of current, new and updated risks. The Committee endorsed merging staff sickness risk with winter workforce supply risk, and the removal of the medical exclusion local risk.</p> <p>Employee Wellbeing Survey: Consultant Clinical Psychologist, Employee Well-being</p> <p>The Committee received a presentation of high-level findings from the results of the Health Board's 7th Annual Well-being Survey undertaken December 2022.</p> <p>The Committee agreed that having a culture where staff were encouraged to look after their wellbeing, as part of their workday was critically important.</p> <p>Assurance on Delivery of Actions and Activity within Objective 2 - Employer of Choice</p> <p>The Committee received an update on progress, including:</p> <ul style="list-style-type: none"> • Retention Cafes held to date; • Work with HEIW on talent and succession planning; • The development of a Clinical Director's Programme; • Recruitment Modernisation Programme; • Apprenticeship Programme and; • Bank Junior Doctor Recruitment. <p>An update was provided on learning from International Nurse Recruitment including staggering the start dates and the challenge in obtaining affordable local accommodation.</p> <p>Director Of Workforce & Organisational Development Report</p> <p>The Committee received an update on actions taken around 'Agile', avoidable employee harm, Industrial Action, Equality Diversity & Inclusion, Staff Food Subsidiary and Staff Absence Management.</p> <p>The Committee discussed the reasons for staff absence, noting that sickness levels remain a cause of concern and the actions being taken to support staff.</p> <p>Update on Variable Pay Reduction Plan</p> <p>The Committee received an overview of the plan, ongoing actions, targets set and the impact of using of agency staff on patient quality and safety and staff morale.</p> <p>Medical Training Risk Register</p> <p>The Committee noted the background to the development of a Medical Training Risk Register based on information received from HEIW. An update was provided on actions responding to RCP and HEIW visits and the associated recommendations.</p>	

The Committee emphasised the requirement for the Board, via the Committee, to be reassured in relation to the action being taken on the recommendations and it was agreed that updates would be provided on a six monthly basis.

Medical Appraisal & Revalidation

The Committee noted that Medical Appraisals were different from the PADR process and was a GMC process undertaken on a five-year cycle.

The Committee discussed the involvement of a 'lay' person in the revalidation process and considered whether or not an Independent Member should be involved in the Revalidation Group. It was agreed that a briefing document would be drafted to demonstrate what this would mean for Independent Members, how much time, frequency, what would be involved, training required etc.

Workforce Performance Dashboard Incorporating Key Performance Indicators

The Committee discussed the first draft workforce performance dashboard, noting that divisions would receive a variation including information which would be of benefit to them.

Matters Requiring Board Level Consideration or Approval:

None

Key Risks and Issues/Matters of Concern:

None highlighted.

Planned Committee business for the Next Reporting Period:

- Annual Report
- Board Assurance Framework
- People Plan
- Workforce Planning and Education Commissioning
- Race Equality Action Plan
- Compliance with Welsh Language Standards
- Assurance on Delivery of Actions and Activity within Objective 3 – Workforce sustainability and transformation
- Annual Assurance Nursing Revalidation

Date of Next Meeting: 13th June 2023

Name of Committee:	Audit Risk & Assurance Committee
Chair of Committee:	Iwan Jones
Reporting Period:	02 February 2023
Key Decisions and Matters Considered by the Committee:	
<p>Counter Fraud, Bribery and Corruption Policy The Committee ratified the Counter Fraud, Bribery and Corruption Policy for a period of 3 years.</p> <p>Use of Single Tender Waivers The Committee approved the Use of Single Tender Waivers.</p> <p>Governance Report and Ratification of Financial Control Procedures (FCP) The Committee noted the Governance Report and ratified the four (4) FCPs below for a period of 3 years:</p> <ul style="list-style-type: none"> • Engaging Off Payroll Workforce • Accounts Payable • Patient's Property • Purchasing Cards <p>Committee Programme of Business 2022/23 The Committee received an update against the workplan 2022/23.</p> <p>Implementation of the Governance Priorities set out within the IMTP 2022-23 The Committee was encouraged by the progress to date against the priorities and noted the plan to deliver on the Corporate Governance objectives.</p> <p>Internal & External Audit Recommendations Tracker The Committee noted the status of recommendations that had been advanced, where a revised deadline had been proposed, and recommendations that remained outstanding, as well as an overview of the management action plans that had been completed in their entirety.</p> <p>The Committee requested that a further review of the Tracker be conducted prior to the next Audit, Risk and Assurance Committee meeting to provide an accurate position of live, high-level recommendations, with timeframes.</p> <p>Review of the Committee Risk Report and Detailed Risk Assessments The Committee noted the detailed risk assessment in relation to 'Risk CRR042 -Inability to provide adequate quality of care to asylum seekers, migrants populations and Unaccompanied Children Asylum Seekers' and 'Risk CRR004 - Failure to comply with the Well Being of Future Generations Act.'</p> <p>The Committee requested that a further review of the Corporate Risk Register be undertaken to provide an enhanced level of assurance that the appropriate controls are in place to achieve target scores. To support the approach, the Executive Team would conduct a full in-depth review of the entire Corporate Risk Register.</p> <p>NWSSP Audit and Assurance; Internal Audit Report The Committee received the progress report and noted the reports scheduled for April 2023.</p>	

Internal Audit Reasonable and Limited Assurance Reports

The Committee noted the following reasonable assurance reports:

- Neighbourhood Care Networks
- YYF Breast Care Services
- Newport East Health and Wellbeing Centre

The Committee noted the following limited assurance reports:

- Records Management
- Use of Off-contract Agency
- Corporate Governance

External Audit: Audit Wales Performance Update Report

The Committee received the progress report and noted the reports scheduled for April 2023.

2022 Structured Assessment Report and Management's Response (attached)

The Committee received the report and noted that while the Health Board had taken positive steps to improve the effectiveness of its governance arrangements, there were still opportunities to improve arrangements to address key risks and operational pressures.

Review of Efficiency Savings Arrangements

The Committee received the Review of Efficiency Savings Arrangements report and noted that identifying savings and efficiencies would require a focus on short-term control measures in addition to long term transformation approaches.

Matters Requiring Board Level Consideration or Approval:

- Audit Wales and Annual Audit Report and Structured Assessment 2022 (Attached)

Key Risks and Issues/Matters of Concern:

- Nothing Raised

Planned Committee Business for the Next Reporting Period:

[Audit Risk & Assurance Committee Forward Work Programme 2023_24](#)

Date of Next Meeting: Tuesday 18th April at 09:30 via Microsoft Teams

Name of Committee:	Patient Quality, Safety and Outcomes Committee
Chair of Committee:	Pippa Britton
Reporting Period:	7th February 2023
Key Decisions and Matters Considered by the Committee:	
<p>The Committee received the Patient Quality & Safety Outcomes Measures Report. The report provided an update on the work being undertaken relating to:</p> <ul style="list-style-type: none"> • the Nursing Staffing Levels (Wales) Act 2022; • the development of Quality & Safety Pillars; • Safe Care Collaborative; • Complaints and Serious Incidents; • Infection Prevention & Control; • COVID-19 Investigations; • Falls; • Schedule Care and Cancer performance; • Patient Story relating to a families experience of a loved one with dementia being in hospital during the pandemic. The Committee would like to thank the family for their willingness in sharing their patient story with the Health Board. <p>The Committee discussed the Health Board's implementation of its Duty of Candour and the level of mandatory and statutory training staff are required and what training was appropriate. It was noted that work was bring undertaken to review what was currently recorded as Mandatory or Statutory training, considering the impact on staff and developing a process to approve training to be delegated as either mandatory or statutory. The Committee requested the outcome of the review was submitted to the People & Culture Committee for consideration and any aspect of the review that fell within the Patient Quality & Safety Committee should be fed back.</p> <p>The Committee received a review aligned its Risk Register and agreed that a deep dive approach would be undertaken at its next meeting on one of the two outstanding risks. This would align with the approach taken in other Committees.</p> <p>An update was provided on actions being undertaken to respond to Healthcare Inspectorate Wales (HEIW) Inspection Reviews and the Committee was informed of visits undertaken by HEIW since the last Committee meeting.</p> <p>The Committee received an update on Clinical Audit activity planned and received a summary of clinical audits, which had recently been completed.</p> <p>The Committee received the Health Board's Organ Donation report and noted the Terms of Reference stated the National Organ Annual Report should be submitted to the Committee once published.</p> <p>Highlight reports were received from the QPSOG for 18th January 2023 and the Health Board's Children's Rights & Participation Forum of 6th December 2022 and noted there were not items for escalation.</p> <p>The Committee received for information the following reports which had been submitted to the Financial & Performance Committee:</p> <ol style="list-style-type: none"> 1. Stroke GIRFT Update 2. Six Goals Urgent & Emergency Care 	

Matters Requiring Board Level Consideration or Approval:
None Noted.
Key Risks and Issues/Matters of Concern:
There were no issues or matters of concern.
Planned Committee Business for the Next Reporting Period:
<ul style="list-style-type: none"> • Committee Annual Report 2022/23 • Pharmacy & Medicines Management Annual Report • Nutrition & Hydration Standards & Strategy • Falls Management Report • Clinical Effectiveness & Standards Committee Report • Quality Improvement Annual Report • Research & Development Annual Report • Quality & Safety Outcomes Report • Committee Risk Register • Dementia Care Annual Report • Clinical Negligence Claims and Coroners Inquests Report • Primary Care Quality • Overview of Audit Recommendations Tracking
Date of Next Meeting: Tuesday 25 th April 2023 at 09:30 via Microsoft Teams

Name of Committee:	Charitable Funds Committee
Chair of Committee:	Katija Dew
Reporting Period:	2nd March 2023
Key Decisions and Matters Considered by the Committee:	
<p>Finance Report</p> <p>The Committee received the standard report which included an update on investments and key performance indicators. The Committee noted that the fund had benefitted from £228,000 donation funds received this financial year and an overall surplus of £17,000 was projected. Members queried if the Health Board was proactive in spending the charitable funds. It was acknowledged that some legacy funds were ring-fenced for specific purposes and therefore there were restrictions on what could be spent in relation to service area. The charitable funds team agreed to review the restrictions further to ensure optimal utilisation of the funds.</p> <p>Financial Control Procedure (FCP) Update</p> <p>The Committee received a report outlining the updates to be made to the Charitable Funds (FCP) in relation to the application, approval and receipt of grant funding. The Committee endorsed the proposed changes to the FCP. Further work would be undertaken in readiness for the next meeting on the regulations in relation to sponsorship.</p> <p>Expenditure Requests for Approval</p> <p>The Committee received request bids from the charitable funds, for the following:</p> <ul style="list-style-type: none"> • CFC-261 Bladder Bowel Quality Improvement Project • CFC-262 Staff Wellbeing Counsellor • CFC-263 Staff Recognition Awards Event <p>The Committee approved the bids however, requested further information in relation to the outcomes of CFC-261 Bladder Bowel Quality Improvement Project. It was agreed that the outcomes would be distributed back to the Committee once the project had concluded.</p> <p>Funds Available and Small Grants Scheme</p> <p>The Committee received the report and considered the following three applications for small grants:</p> <ul style="list-style-type: none"> • SGS-006 Television for Rapid Diagnostic Clinic, GUH • SGS-007 Finance Conference • SGS-008 Llwyn Onn Improvements, St Cadoc's <p>The total of the small grants' applications came to £10,715 and were approved subject to costings being obtained from other companies for the jet washing required for Llwyn Onn.</p> <p>Annual Spending Plans over £25K Update</p> <p>The Committee was advised that of the 430 individual funds (which comprised Committee fund, COVID fund, legacy, and grant funds) 52 were over £25,000, which equated to 12% of the charitable funds. All fundholders had been asked to provide plans as to how they would spend their funds in the future. It was agreed that the charitable</p>	

funds team would clarify in readiness for the next meeting whether or not the procedure in relation to gains, losses and investments was included in the current policy.

Update on 13 Clytha Square

A verbal update was provided to the Committee, and it was acknowledged that although contact had been made with the Health Board Accommodation Group, there was no other suitable accommodation for the staff at Clytha Square. The Chief Executive Office requested that an SBAR be developed on this issue specifically and would also be brought to the attention of the new Divisional Director for Estates and Facilities, who was due to take up post in the new financial year.

Investment Management Contract Tender Update

The Committee was advised that the tender had now closed, and 4 providers had expressed an interest. Due process was now taking place with procurement to score and interview providers in the coming weeks.

NHS Charities Together – update on additional grant funding available

The Health Board had recently received notification that it has been unsuccessful in a bid for £300,000. A further grant application bid had been submitted for approximately £30,000 and this was still in the consideration process. The Committee would be updated at the earliest opportunity regarding an outcome.

Legislation Changes

There was no update to report on this item.

Fund Holder Presentation - Bladder and Bowel Nursing Charitable Fund

The Committee received a presentation from Chris Overs, Divisional Nurse, Family and Therapies Division, on the outstanding work that had been undertaken as a result of a previous charitable fund bid to expand and resource the bladder and bowel nursing service. Members expressed their gratitude to the team for their incredible work in this area and commented that the learning available to the Health Board from this was invaluable.

Annual Presentation from our Investment Company (CCLA)

The Committee received a presentation from CCLA which provided a snapshot of the latest position of the investment portfolio.

Charitable Funds Committee Work Programme

The Committee noted the work plan.

Matters Requiring Board Level Consideration or Approval:

- Nothing Raised

Key Risks and Issues/Matters of Concern:

- Nothing Raised

Planned Committee Business for the Next Reporting Period:

Link to Committee work plan.

Date of Next Meeting: Thursday 29th June 2023

Name of Committee:	Mental Health Act Monitoring Committee
Chair of Committee:	Pippa Britton
Reporting Period:	9th March 2023
Key Decisions and Matters Considered by the Committee:	
<p>Mental Health Act Update</p> <p>The Committee received a detailed overview of the activity information on the use of the Mental Health Act over Quarter 3 October – December 2022/23, with comparison of activity over the previous quarter.</p> <p>The Committee noted that Mental Health Act Managers Hearings had previously reduced but were beginning to increase. The current process is fragile but there are plans to improve this process once the new Hospital Managers are recruited.</p> <p>The Committee further noted that Pippa Britton would become the Chair of the Crisis Care Concordant from March 2023.</p> <p>The Committee received the report for assurance on the compliance with the legislative requirements of the Mental Health Act.</p> <p>Update from the Mental Health Act (MHA) Managers Group- including an update on the Recruitment of Hospital Managers (Power of Discharge Committee)</p> <p>Members were updated on the progress in development of a revised recruitment process for Hospital Manager and agreed that the draft policy would be shared for virtual approval.</p> <p>Members were assured that succession planning was in place for Chairing this group.</p> <p>Members noted that this was Katija Dew’s last meeting of the MHAMC Committee and thanked her for her hard work, support, and dedication as the Chair of the MHA Managers Group and for her role in the MHAMC Committee.</p>	
Matters Requiring Board Level Consideration or Approval:	
None Noted.	
Key Risks and Issues/Matters of Concern:	
There were no issues or matters of concern.	
Planned Committee Business for the Next Reporting Period:	
<ul style="list-style-type: none"> • Mental Health Act Update. • Power of Discharge Sub-Committee Update. 	
Date of Next Meeting: Monday 19 th June 2023	

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	19 January 2023
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<u>Chair's Report</u> <p>The Chair updated the Committee on attendance at recent meetings, both within NWSSP and externally. The Chair also summarised the content, outcome and next steps for the development day held with the Committee in November. This had been very successful and further development sessions would be held during 2023/24.</p> <p>The Committee NOTED the update.</p>	
<u>Managing Director Update</u> <p>The Managing Director presented his report, which included the following updates on key issues:</p> <ul style="list-style-type: none"> • Technology has been successfully implemented to allow pre-employment checks to be undertaken virtually for all UK and Irish passport holders. A reduction in time to hire has been noted since its implementation, however the level of recruitment activity continues to be a challenge across Wales; • Following a recent national Penicillin V shortage, CIVAS@IP5 medicines unit utilised its national portfolio and MHRA wholesale dealer licence to procure significant quantities of Penicillin direct from the manufacturer to meet Health Board demands; • From the 1st April 2023 management of all emergency planning/medicines storage of Welsh Government owned stock will transfer to NWSSP; • From the 1st April 2023 the Low Vision Service Wales will transfer to NWSSP; • Work is continuing to progress on the establishment of the Citizen Voice Body. A number of back-office support services will be provided via NWSSP to the new body going forward; • Securing capital funding for the Laundry Services Modernisation Programme 	

continues to be an issue, NWSSP are currently considering alternative options to progress the work needed to meet the minimum standards and laundry rationalisation; and

- Neil Davies is retiring as Director of Specialist Estates Services; his deputy Stuart Douglas has been appointed and will commence in post in February.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

IMTP 2023-26

The NWSSP IMTP and the Divisional plans reflect priorities identified by Welsh Government, NHS Wales organisations and professional peer groups. In line with the direction from the Minister for Health and Social Care, there is a focus on a smaller number of priorities for 2023-24. The IMTP and the Divisional plans reflect priorities identified by the Welsh Government where we are playing a lead national role; our customers, to support delivery of their local plans; and professional peer groups such as Directors of Workforce and Finance, as follows:

- Decarbonisation and Climate Change;
- Digital Strategy;
- Financial sustainability and good governance; and
- Employee Wellbeing.

While it is a balanced financial plan, there are a number of income assumptions and significant financial risks that need to be managed to achieve this aim.

Committee members commented favourably on both the format and the content of the plan and time timeliness in which it had been produced.

The Committee **APPROVED** the IMTP for submission to Welsh Government.

Digital Strategy

The Chief Digital Office presented the Digital Strategy setting the direction for the future provision of digital services, the approach and methodology and the desired outcomes.

The Committee **APPROVED** the Strategy.

Building Construction Frameworks

The Head of Building for Wales in Specialist Estate Services presented a paper to obtain approval for the development of the NHS Building for Wales construction frameworks which are required to be operational by the end of April 2024 when the current arrangements cease and will support expenditure of circa £1 billion during their duration.

The Committee **APPROVED** the development of the Framework and the placing of the tender notices.

Risk Appetite Statement

The overall risk appetite statement was reviewed in detail at the SSPC Development Day in November, and prior to that by the Senior Leadership Group. The outcome of these reviews was for NWSSP to be bolder in its appetite to risk and this is reflected in the revised Statement.

The Committee **APPROVED** the Statement.

Finance, Performance, People, Programme and Governance Updates

Finance – The distribution to NHS Wales has been increased to £2m and the year-end forecast outturn remains at break-even with the assumption of full funding of exceptional energy pressures and Covid costs from Welsh Government. The forecast outturn for the Welsh Risk Pool remains on track with the budget.

Performance – The in-month (November) performance was generally good with 34 out of 38 KPIs achieving target. Action is being taken to address the four amber indicators.

Project Management Office Update – The Legal & Risk Case Management System and the Laundry Transformation Projects are both currently red-rated and are also included as red risks on the Corporate Risk Register. All other projects are on track.

People & OD Update – Sickness absence rates remain very low, and there has been an increase in Statutory and Mandatory Training compliance to 91%. PADR completion has dropped slightly to 83%

Corporate Risk Register – There are now seven red-rated risks covering areas such as energy costs and provision, industrial action, insufficient staff resource, the Legal and Risk and Laundry project risks, and an issue with the roof of Brecon House that may require the lease to be terminated.

Health and Care Standards – The response to the standards have been updated to reflect the additional services taken on recently by NWSSP but remain overall at Level 4.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only:

- TRAMs Update;
- Counter Fraud Management Arrangements;
- Audit Committee Annual Report 2021/22;
- Audit Committee Assurance Report;
- Counter Fraud Annual Report 2021/22;
- Wales Infected Blood Support Scheme Annual Report 2021/22;

<ul style="list-style-type: none">• Welsh Language Annual Performance Report 2021/22;• IMTP Q2 Progress Report; and• Finance Monitoring Returns (Months 6, 7, 8 and 9).	
AOB	
N/a	
Matters requiring Board/Committee level consideration and/or approval	
<ul style="list-style-type: none">• The Board is asked to NOTE the work of the Shared Services Partnership Committee.	
Matters referred to other Committees	
N/A	
Date of next meeting	23 March 2023

Annual Audit Report 2022 – Aneurin Bevan University Health Board

Audit year: 2021-22

Date issued: January 2023

Document reference: 3343A2023

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Summary report

About this report

- 1 This report summarises the findings from my 2022 audit work at Aneurin Bevan University Health Board (the Health Board) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
 - examine and certify the accounts submitted to me by the Health Board, and to lay them before the Senedd;
 - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
 - satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
 - Audit of accounts
 - Arrangements for securing economy, efficiency, and effectiveness in the use of resources
- 3 This year's audit work took place at a time when NHS bodies continued to respond to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. Health bodies were not only tackling the immediate challenges presented by the public health emergency but were also seeking to recover and transform services to respond to the significant numbers of people who are waiting for treatment and improve population health. My work programme, therefore, was designed to best assure the people of Wales that public funds are well managed. I have considered the impact of the current crisis on both resilience and the future shape of public services.
- 4 I aimed to ensure my work did not hamper public bodies in tackling the crisis, whilst ensuring it continued to support both scrutiny and learning. We largely continued to work and engage remotely where possible through the use of technology, but some on-site audit work resumed where it was safe and appropriate to do so. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.
- 5 As was the case in the previous two years, the delivery of my audit of accounts work has continued mostly remotely. The success in delivering it reflects a great collective effort by both my staff and the Health Board's officers.
- 6 I have adjusted the focus and approach of my performance audit work to ensure its relevance in the context of the crisis and to enable remote working. I have commented on how NHS Wales is tackling the backlog of patients waiting for planned care. My local audit teams have commented on how governance arrangements have adapted to respond to the pandemic, and the impact the crisis has had on service delivery.

- 7 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1**). I also include a summary of the status of work still underway, but not yet completed.
- 8 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2022 Audit Plan.
- 9 **Appendix 3** sets out the audit of accounts risks set out in my 2022 Audit Plan and how they were addressed through the audit.
- 10 The Chief Executive and the Director of Finance have agreed the factual accuracy of this report. We will agree the timing of the presentation of this report at Audit Committee and full Board meeting early in 2023. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 11 I would like to thank the Health Board's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

- 12 I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in internal controls (as relevant to my audit) however I brought some issues to the attention of officers and the Audit Committee for improvement.
- 13 The Health Board achieved financial balance for the three-year period ending 31 March 2022, however it incurred expenditure on NHS Clinicians' pension tax liabilities, which I deem to be outside its powers to spend, so I issued a qualified opinion on the regularity of the financial transactions within the Health Board's 2021-22 accounts.
- 14 Alongside my audit opinion, I placed a substantive report on the Health Board's accounts to highlight the NHS Clinicians' pension tax liabilities issue.

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

- 15 My programme of Performance Audit work has led me to draw the following conclusions:
- the Health Board has clearly articulated its corporate quality governance arrangements and its aims for quality and safety. However, there remain weaknesses at a divisional and directorate level which could impact the flow of assurance from floor to board.

- my structured assessment found:
 - while the Health Board has taken positive steps to improve the effectiveness of its corporate governance arrangements, opportunities exist to enhance these arrangements further to address key risks and operational pressures.
 - the Health Board needs to revisit its clinical strategy to ensure that clinical and medium-term plans help to drive service improvement and help to shape long-term sustainable services.
 - the Board needs to strengthen its focus on addressing financial challenges and risks and ensure greater oversight of financial recovery measures.
 - whilst there are reasonable arrangements in place to identify scope for savings, operational delivery of savings plans has proved challenging.
 - there are reasonable arrangements for supporting staff wellbeing, digital resources and managing the estate and physical assets, but I have highlighted some areas for improvement.
- despite the additional investment in waiting list recovery, the significant growth in the numbers of people waiting is likely to mean that waiting lists will not return to pre-pandemic levels for many years.

16 These findings are considered further in the following sections.

Detailed report

Audit of accounts

- 17
- Preparing annual accounts is an essential part of demonstrating the stewardship of public money. The accounts show the organisation’s financial performance and set out its net assets, net operating costs, gains and losses, and cash flows. My annual audit of those accounts provides an opinion on both their accuracy and the proper use (‘regularity’) of public monies.
- 18
- My 2022 Audit Plan set out the key risks for audit of the accounts for 2021-22 and these are detailed along with how they were addressed in **Appendix 3 Exhibit 4**.
- 19
- My responsibilities in auditing the accounts are described in my [Statement of Responsibilities](#) publications, which are available on the [Audit Wales website](#).

Accuracy and preparation of the 2021-22 accounts

- 20
- I concluded that the Health Board ’s accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in internal controls (as relevant to my audit) however I brought some issues to the attention of officers and the Audit Committee for improvement.**
- 21
- The Health Board provided me with their draft financial statements and their draft Performance Report and Accountability Report by the deadlines set out by Welsh Government. The draft documents and the supporting working papers were of good quality.
- 22
- I must report issues arising from my work to those charged with governance (the Audit Committee) for consideration before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues on 13 June 2022. **Exhibit 1** summarises the key issues set out in that report.

Exhibit 1: issues reported to the Audit Committee

Issue	Auditors’ comments
Uncorrected misstatements	<p>There was one misstatement in the accounts that was above our trivial level (£0.854 million) but lower than materiality (£17.081 million). This was discussed with management, but in line with Welsh Government guidance remained uncorrected.</p> <p>NHS land and buildings are subject to full revaluations every five years by the District Valuer Services (DVS). In the intervening years, the value of these assets is indexed using indices advised by the DVS. In August</p>

Issue	Auditors' comments
	<p>2021 the DVS provided the rates to be in 2021-22. The index quoted for buildings was 5%. In March 2022, due to increases in building costs, the DVS updated the buildings indexation rate to 7% for the last quarter of 2021-22.</p> <p>In line with all other Welsh health bodies and in compliance with instructions from the Welsh Government under Technical Update 7, the Health Board did not apply the latest rate in their calculation of indexation within the financial statements.</p> <p>This resulted in the following misstatements:</p> <ul style="list-style-type: none"> • an increase of £11.047 million in the value of land and buildings in respect of indexation, as at 31 March 2022; • an increase in depreciation of £101,000 for 2021-22 to be charged to the Statement of Comprehensive Net Expenditure; • a reversal of past impairments of £7.577 million for 2021-22 to be credited to the Statement of Comprehensive Net Expenditure; and • an increase in the revaluation reserve of £3.470 million, as at 31 March 2022. <p>Both individually and collectively, these unadjusted misstatements were not material to the financial statements. Therefore, the non-correction did not adversely affect my audit opinion.</p>
Corrected misstatements	<p>There were several corrected misstatements which corrected classification errors, removed those assets with a nil net book value from the accounts which the Health Board no longer owned or provided additional narrative disclosures.</p>
Other significant issues	<p>There were two significant issues arising from my audit of the accounts:</p> <p>Property, plant and equipment</p> <p>Due to COVID, the Health Board decided not to undertake its annual asset impairment review and the process for verifying asset existence as at 31 March.</p> <p>As part of our review of asset lives, my team sample tested assets recorded as having a Net Book Value (NBV) of 'nil'. My review of these assets found a total</p>

Issue	Auditors' comments
	<p>error rate of 33% for the total population sample tested.</p> <p>Further work was undertaken by the Finance Team to provide assurance that the GBV was not materially mis-stated. The Finance Team received confirmation for assets totalling a GBV of £24.4 million, of which £5.1 million was confirmed as no longer in use and the financial statements were amended accordingly. In addition, responses from departments highlighted uncertainty over asset existence to a further value of £1.5 million, leading to a potential error of 25% (£6.6 million out of £25.9 million responses).</p> <p>Extrapolation of this error rate to the remaining £24 million assets, indicates a potential misstatement of £6 million, which was below my materiality for the financial statements.</p> <p>For 2022-23, I recommended that asset verification reviews are undertaken annually, to ensure the verification of asset existence and values are correct and not materially mis-stated as at 31 March.</p> <p>Remuneration Report</p> <p>My work identified several amendments to the Remuneration Report which included:</p> <ul style="list-style-type: none"> • inclusion of annualised salaries for those individuals who were only in post for part of the year; and • inclusion of correct post titles. <p>The note was both further complicated by the number of staff changes at Senior Management level and Board members.</p> <p>For 2022-23, I recommended that the compilation of the Remuneration Report is reviewed to ensure compliance with the relevant guidance from the Welsh Government.</p>

- 23 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Health Board's financial position on 31 March 2022 and the return was prepared in accordance with the Treasury's instructions.
- 24 My separate audit of the Charitable Funds financial statements is complete. The accounts were approved by the Charitable Funds Committee on 19 January 2023, and signed, following consideration of my report on the financial statements, by the

Trustees following the Board meeting on 25 January 2023. I issued my audit opinion on 27 January 2023.

Regularity of financial transactions

- 25 The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive the income and incur the expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur.
- 26 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion.
- 27 **The Health Board achieved financial balance for the three-year period ending 31 March 2022, however it incurred expenditure on NHS Clinicians' pension tax liabilities, which I deem to be outside its powers to spend, so I issued a qualified opinion on the regularity of the financial transactions within the Health Board's 2021-22 accounts.**
- 28 For the financial year ending 31 March 2022, the Health Board achieved an in-year surplus of £0.249 million against its revenue resource allocation and an in-year surplus of £0.050 million against its capital resource allocation.
- 29 For the three-year period ending 31 March 2022, the Health Board achieved financial balance with a cumulative surplus of £0.526 million for revenue expenditure. The Health Board also met its duty to break-even in relation to capital expenditure with a surplus of £0.091 million over the same three-year period.
- 30 I qualified the regularity opinion because the financial statements included a provision (and corresponding expenditure) of £756,155, relating to the Health Board's estimated liability arising from a Ministerial Direction in 2019. The Direction instructed payments to be made to clinical staff, if claimed, to restore the value of their pension benefits packages.
- 31 For NHS clinicians who opted to claim the financial offer to settle their annual allowance tax charges arising from their 2019-20 NHS pension savings, their NHS employers would meet the impact of those personal tax-charges on their pension when they retire. Claims that were submitted by the deadline of 31 March 2022 were accounted for as expenditure within the 2021-22 financial statements. In my view, this expenditure is irregular and material by its nature.
- 32 **Alongside my audit opinion, I placed a substantive report on the Health Board's accounts to highlight the NHS Clinicians' pension tax liabilities issue.**
- 33 I have the power to place a substantive report on the Health Board's accounts alongside my opinions where I want to highlight issues. Due to the issue set out above, I issued a substantive report setting out the factual details relating to the NHS Clinicians' pension tax liabilities.

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

- 34 I have a statutory requirement to satisfy myself that the Health Board has proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:
- reviewing the effectiveness of the Health Board's quality governance arrangements.
 - undertaking a structured assessment of the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically.
 - undertaking a high-level review of how NHS Wales is tackling the planned care backlog.
 - undertaking a high-level review of the arrangements for planning, delivering, and monitoring of efficiency and savings.
- 35 My conclusions based on this work are set out below.

Quality governance arrangements

- 36 My review examined whether the organisation's governance arrangements support delivery of high quality, safe and effective services. The review focused on both the operational and corporate approach to quality governance, organisational culture and behaviours, strategy, structures and processes, information flows and reporting.
- 37 My work found that that **the Health Board has clearly articulated the corporate arrangements for quality governance and its key areas of focus for quality and safety. However, there remain weaknesses at a divisional and directorate level which could impact the flow of assurance from floor to board.**
- 38 The Health Board has clearly articulated its annual key areas of focus for quality and safety and has reasonable arrangements for monitoring risk. It's developing quality improvement arrangements and complaints performance and learning lessons is improving. The Health Board has a values and behaviours framework, it encourages staff to raise concerns and there is collective responsibility for quality and safety amongst Executive Leadership. Corporate quality and safety structures and processes are clear and arrangements for monitoring quality and safety information are improving.
- 39 However, there are gaps in flows of assurance and the quality assurance framework needs to provide clarity around how a 'floor to board' quality and safety assurance system operates in practice. There is insufficient capacity amongst

operational staff and management to effectively support quality governance and systems of assurance and quality improvement at operational levels require strengthening. The Health Board's Putting Things Right policy is out-of-date and needs reviewing. There are also opportunities for the Health Board to improve how it captures and learns from patient experience and more to do to ensure that staff feel comfortable to report concerns, and they receive feedback on actions taken.

Structured assessment

- 40 My 2022 structured assessment work took place at a time when NHS bodies were not only continuing to tackle the challenges presented by COVID-19 but were also seeking to recover and transform services to respond to the significant numbers of people who are waiting for treatment and improve population health.
- 41 My team focussed on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on the organisation's governance arrangements; strategic planning arrangements; financial management arrangements; and arrangements for managing the workforce, digital assets, the estate, and other physical assets. Auditors also paid attention to progress made to address previous recommendations.

Governance arrangements

- 42 My work considered the Health Board's governance arrangements, with a particular focus on:
- Board and committee effectiveness;
 - the extent to which organisational design support supports good governance; and
 - key systems of assurance.
- 43 My work found that **while the Health Board has taken positive steps to improve the effectiveness of its governance arrangements, opportunities exist to enhance these arrangements further to address key risks and operational pressures.**
- 44 Board and committee arrangements are strengthening, but they will need to be enhanced further to enable the Health Board to focus on addressing the increasing financial and performance challenges it is facing. I found opportunity to strengthen the Board's hybrid meeting approach and improve timescales for publishing agenda's, papers, and minutes of meetings. The Health Board also needs to ensure that declarations of interest and key policies to support the effective conduct of business are kept up to date.
- 45 While recent changes to committee structures appear to be leading to balanced workloads, there is scope to refine the size and order of agendas and sharpen some papers to ensure they are more focussed.

- 46 The Health Board is building greater leadership stability at an executive level and appropriately developing and embedding its systems of assurance. The outcomes framework is starting to help the Health Board to better monitor strategic objective delivery. However, there are opportunities to strengthen performance reporting relating to the impact of its improvement actions.

Strategic planning arrangements

- 47 My work considered the Health Board's strategic planning arrangements, with a particular focus on the organisation's:
- vision and strategic objectives;
 - Integrated Medium-Term Plan;
 - planning arrangements; and
 - arrangements for implementing and monitoring the delivery of corporate strategies and plans.
- 48 My work found that **the Health Board needs to revisit its clinical strategy to ensure that clinical and medium-term plans help to drive service improvement and help to shape long-term sustainable services.**
- 49 The Health Board is facing growing service and financial risks and needs to review its Clinical Futures Strategy and underpinning plans to ensure that its current and future service models are sustainable and drive improvement.
- 50 The Health Board has a good approach to planning, consistently securing Welsh Government approval of its Integrated Medium-Term Plans. However, there are opportunities to engage better with wider stakeholders such as local government and third sector partners on joint solutions, particularly where services interface, on health and social care.

Managing financial resources

- 51 My work considered the Health Board's arrangements for managing its financial resources, with a particular focus on the organisation's:
- arrangements for meeting key financial objectives;
 - financial controls; and
 - arrangements for reporting and monitoring financial performance.
- 52 My work found that **the Board needs to strengthen its focus on addressing financial challenges and risks and ensure greater oversight of financial recovery measures.**
- 53 The Health Board's arrangements to secure financial balance to date have been good. However, increased cost pressures alongside under-delivery of savings have resulted in a substantial change in the forecasted financial position for 2022-23, with the Health Board now reporting a year-end deficit rather than a balanced year-end position. The consequence for this year would mean that the Health Board

fails to meet its statutory spending requirement. But the financial challenge for future years is also likely to increase, which could affect the approvability of next year's Integrated Medium-Term Plan.

- 54 In general, the Health Board has demonstrated generally effective financial controls, monitoring, and reporting arrangements. Several Internal Audit reviews around financial governance, management and sustainability gave reasonable and substantial assurance ratings. However, the current financial challenges at the Health Board will require more robust scrutiny and challenge on financial performance and strengthening of its financial recovery measures and financial accountability arrangements at senior levels.

Efficiency savings arrangements

- 55 My work considered the high-level arrangements for planning, delivering, and monitoring of efficiency and savings. I found that **whilst there are reasonable arrangements in place to identify scope for savings, operational delivery of savings plans has proved challenging.**
- 56 The Health Board has a reasonable approach for identifying potential areas for savings and efficiencies to inform strategic financial planning and there is a good overall ethos at a senior level that seeks an efficiency approach that supports financially sustainable services.
- 57 There is an intent to deliver financial efficiencies through a balanced approach to service transformation and value-based programmes alongside short-term savings. Whilst the Health Board has a good track record of savings delivery helping to achieve financial balance in previous years, non-delivery of savings this year coupled with additional exceptional cost pressures is leading to deteriorating financial performance. A 'likely £37 million' deficit carry-forward into next year alongside an increasing underlying deficit, will make financial recovery substantially more difficult.
- 58 Operational cost savings plans were not in place early enough and compromised delivery. In addition, the delivery of service transformation-based efficiencies may not release the required quantum of savings as intended. Actual delivery of savings by the health board's services has been too slow. Service leaders are clearly aware of their accountabilities but exceptional service pressures and strain on the workforce has impacted the ability this year to operationalise savings delivery.
- 59 More can be achieved by better coordinating the work of the organisation's enablers and existing improvement and innovation 'capability' through the Programme Management Office (PMO) to deliver improved financial efficiencies.
- 60 The Health Board openly articulates its financial risks, but the actions it has taken to mitigate those risks has not been sufficiently effective. Its monitoring arrangements rightly focusses on strategic efficiency plans. However, it also needs to focus its oversight on the risks to operational delivery of plans and better understand the impact of efficiency plans.

Managing the workforce, digital resources, the estate, and other physical assets

- 61 My work considered the Health Board's arrangements for managing its wider resources, with a particular focus on the organisation's:
- arrangements for supporting staff wellbeing;
 - arrangements for managing its digital resources; and
 - arrangements for managing its estate and other physical assets.
- 62 My work found **reasonable arrangements for supporting staff wellbeing, digital resources and managing the estate and physical assets, but I have highlighted some areas for improvement.**
- 63 The Health Board prioritises wellbeing and seeks to understand how staff are feeling to help inform its improvement initiatives. However, there continues to be limited focus on workforce and wellbeing issues at Board level. The Health Board has refreshed its digital strategy, but there is scope to improve the quality of reporting on digital matters. The Health Board has an estate strategy and appropriate governance arrangements to oversee it, but the limited availability of capital finance is a concern, and its management of physical assets, asset tracking in particular, requires strengthening

Tackling the planned care backlog in Wales

- 64 In May 2022, I published a report that set out the extent of the planned care backlog in NHS Wales, and the key actions the system needs to take to start to tackle the backlog. My report highlighted the continued growth of the overall waiting list numbers month on month, whilst noting the rate of growth was slowing. It also noted that the inevitable drop in referrals seen during the pandemic would likely result in this latent demand eventually coming back into the system. Taking these and other factors into account my work estimated that it could as much as seven years before overall waiting list numbers in Wales returned to pre-pandemic levels.
- 65 The Welsh Government has produced a national recovery plan for planned care with key milestones for health boards to achieve, including an initial focus on those patients facing very long waits. However, those milestones are already proving difficult to achieve.
- 66 In line with the key actions that I set out in my report, the Health Board, along with others in Wales, will need to both build and protect capacity for planned care, and continue to maintain a focus on efficiency and productivity.
- 67 The Health Board will also need to ensure that it actively manages the clinical risks to patients that are facing long waits for treatment and enhance its systems for communicating with patients to help them manage their condition whilst they are waiting and inform them of what to do if their condition deteriorates.

Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2022.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	June 2022
Opinion on the Financial Statements	June 2022
Charitable Funds – Audit Plan 2022	January 2023
Charitable Funds – Audit of Financial Statements Report	January 2023
Charitable Funds – Opinion on the Financial Statements	January 2023
Performance audit reports	
Tackling the Planned Care Backlog in Wales	May 2022
Review of Quality Governance Arrangements	May 2022
Structured Assessment 2022	November 2022
Efficiency Savings Arrangements	November 2022

Report	Date
Other	
2022 Audit Plan	March 2022

My wider programme of national value for money studies in 2022 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the [Audit Wales website](#).

Exhibit 3: performance audit work still underway

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

Report	Estimated completion date
Performance audit reports	
Orthopaedics	February 2023
Unscheduled care: <ul style="list-style-type: none"> patient flow out of hospital access to unscheduled care services 	March 2023 July 2023
Primary care follow-up review	April 2023
Workforce Planning	May 2023

Appendix 2

Audit fee

The 2022 Audit Plan set out the proposed audit fee of £386,809 (excluding VAT). My latest estimate of the actual fee, on the basis that some work remains in progress, is in keeping with the fee set out in the plan.

Appendix 3

Audit of accounts risks

Exhibit 4: audit of accounts risks

My 2022 Audit Plan set out the risks for the audit of the Health Board's 2021-22 accounts. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
Significant risks		
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].	My team will: <ul style="list-style-type: none">• test the appropriateness of journal entries and other adjustments made in preparing the financial statements;• review accounting estimates for biases; and• evaluate the rationale for any significant transactions outside the normal course of business.	On a sample basis my team tested both journal entries and accounting estimates and found no evidence of the management override of controls. My team were satisfied that the accounts were free from material error.
Although COVID-19 restrictions have now been removed, there have been ongoing pressures on staff resources and of remote working that may impact on the preparation, audit and publication of accounts. There is a	My team will discuss your closedown process and quality monitoring arrangements with the accounts preparation team and make arrangements to monitor the accounts preparation process. My team will help to identify areas	My team maintained constant contact with the finance team so to understand the accounts preparation process, and any changes made to this process due to the continued pressures resulting from the COVID-19 Pandemic. My team satisfied themselves that

Audit risk	Proposed audit response	Work done and outcome
<p>risk that the quality of the accounts and supporting working papers may be compromised leading to an increased incidence of errors. Quality monitoring arrangements may be compromised due to timing issues and/or resource availability.</p>	<p>where there may be gaps in arrangements.</p>	<p>the finance team had made good arrangements in order to provide an accurate and high-quality set of financial statements.</p>
<p>There continues to be increased funding streams and expenditure in 2021-22 to deal with the COVID-19 pandemic. These could have a significant impact on the risks of material misstatement and the shape and approach to our audit. Examples of issues include accounting for field hospital decommissioning and its associated costs; fraud, error and regularity risks of additional spending; valuation (including obsolescence) of year-end inventory including PPE; and estimation of annual leave balances.</p>	<p>My team will identify the key issues and associated risks and plan their work to obtain the assurance needed for our audit</p>	<p>My team carried out a range of audit work to identify all additional funding and expenditure streams expected within the accounts through liaison with the finance team and Welsh Government. Central guidance was provided to assist in the audit of this complex area. My team satisfied themselves that the additional income and expenditure was free from material error and correctly classified in the accounts.</p>
<p>The implementation of the 'scheme pays' initiative in respect of the NHS pension tax</p>	<p>My team will review the evidence one year on around the take-up of the scheme and the need for</p>	<p>My team satisfied themselves that the provisions disclosure made in the accounts was</p>

Audit risk	Proposed audit response	Work done and outcome
<p>arrangements for clinical staff is ongoing. Last year we included an Emphasis of matter paragraph in the audit opinion drawing attention to your disclosure of the contingent liability. Applications to the scheme will close on 31 March 2022, and if any expenditure is made in-year, we would consider it to be irregular as it contravenes the requirements of Managing Welsh Public Money.</p>	<p>a provision, and the consequential impact on the regularity opinion.</p>	<p>appropriate, however I qualified the regularity opinion as I concluded that this expenditure is irregular and material by its nature and I placed a substantive report on the Health Board's accounts to highlight the NHS Clinicians' pension tax liabilities issue.</p>
Other areas of audit risk		
<p>There is a risk that you will fail to meet your first financial duty to break even over a three-year period. The position at month 11 shows a breakeven position with a forecast breakeven position at the year-end. This, combined with the outturns for 2019-20 and 2020-21, predicts a three-year surplus of £276,000. Where you fail this financial duty, we will place a substantive report on the financial statements highlighting</p>	<p>My team will focus their testing on areas of the financial statements which could contain reporting bias.</p>	<p>My team undertook a range of audit work to provide assurance over the risk of bias to ensure that the actual year end position was true and fair. This included:</p> <ul style="list-style-type: none"> • detailed sample testing of transactions either side of the year-end to ensure that they were recorded in the correct accounting period. This was focussed on the areas of greatest risk. • ensuring that accounting estimates were prepared on a reasonable basis and were supported by

Audit risk	Proposed audit response	Work done and outcome
<p>the failure and qualify your regularity opinion. Your current financial pressures increase the risk that management judgements and estimates could be biased in an effort to achieve the financial duty.</p>		<p>appropriate accounting judgements. My team were satisfied that the accounts were free from material error</p>
<p>Introduction of IFRS 16 Leases has been deferred until 1 April 2022. There may be considerable work required to identify leases and the COVID-19 national emergency may pose additional implementation risks. The 2021-22 accounts will need to disclose the potential impact of implementing the standard.</p>	<p>My team will review the completeness and accuracy of the disclosures.</p>	<p>My team satisfied themselves that the disclosures were materially complete and accurate</p>



Audit Wales
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500
Fax: 029 2032 0600
Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

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

Structured Assessment 2022 – Aneurin Bevan University Health Board

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Summary report

About this report

- 1 This report sets out the findings from the Auditor General's 2022 structured assessment work at Aneurin Bevan University Health Board (the Health Board). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources under section 61 of the Public Audit (Wales) Act 2004.
- 2 Our 2022 Structured Assessment work took place at a time when NHS bodies continued to respond to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. Health bodies were not only tackling the immediate challenges presented by the public health emergency but were also seeking to recover and transform services to respond to the significant numbers of people who are waiting for treatment and improve population health. NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to the public and key stakeholders that the necessary action is being taken to deliver high quality, safe and responsive services, and that public money is being spent wisely.
- 3 The key focus of the work has been on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on the organisation's governance arrangements; strategic planning arrangements; financial management arrangements; and arrangements for managing the workforce, digital assets, the estate, and other physical assets. The approach we adopted to deliver our work is detailed in summarised in **Appendix 1**.
- 4 We have also provided updates on progress against recommendations identified in previous structured assessment reports.

Key messages

- 5 Overall, we found that **while the Health Board is strengthening its governance arrangements, there is scope to enhance them further to address the significant challenges it needs to address in the short- and medium-term.**
- 6 Board and committee arrangements are strengthening, but they will need to be enhanced further to enable the Health Board to focus on addressing the increasing financial and performance challenges it is facing. While recent changes to committee structures appear to be leading to balanced workloads, there is scope to refine the size and order of agendas and sharpen some papers to ensure they are more focussed.
- 7 The Health Board is building greater leadership stability at an executive level through permanent appointments to key posts. It is also appropriately developing and embedding its systems of assurance, particularly its board assurance, risk management, and outcomes frameworks. The outcomes framework in particular is

starting to help the Health Board to better monitor strategic objective delivery. However, there are opportunities to strengthen performance reporting relating to the impact of its improvement actions.

- 8 The Health Board is facing growing risks relating to unscheduled care, planned care, cancer performance and growing financial challenges. The Health Board needs to review its Clinical Futures Strategy and underpinning plans to ensure that its current and future service models are sustainable and drive improvement. The Health Board has a good approach to planning, consistently securing Welsh Government approval of its Integrated Medium-Term Plans. However, there are opportunities to engage better with wider stakeholders to help jointly plan solutions to some of the difficult challenges the Health Board currently faces, particularly in relation to patient flow and discharge.
- 9 The Health Board's arrangements to secure financial balance to date have been good. However, increased cost pressures alongside under-delivery of savings have resulted in a substantial change in the forecasted financial position for 2022-23, with the Health Board now reporting a year-end deficit (of around £37 million to £49 million) rather than a balanced year-end position. This deterioration is also likely to have a consequent effect in future years both on the achievability of a three-year balanced financial position and increased underlying deficit, which could affect its ability to prepare a balanced integrated medium-term plan for 2023-26. In general, the Health Board has demonstrated effective financial controls, monitoring, and reporting arrangements. However, it must provide more robust scrutiny and challenge on its finances and strengthen its financial recovery measures and financial accountability arrangements at senior levels.
- 10 The Health Board prioritises wellbeing and seeks to understand how staff are feeling to help inform its improvement initiatives. However, there continues to be limited focus on workforce and wellbeing issues at Board level. The Health Board has refreshed its digital strategy, but there is scope to improve the quality of reporting on digital matters to ensure it delivers the expected aims and enables wider service improvement. The Health Board has an estate strategy and appropriate governance arrangements to oversee it, but the availability of capital finance is a concern, and its management of physical assets requires strengthening.

Recommendations

- 11 Recommendations arising from this audit are detailed in **Exhibit 1**. The Health Board's management response to these recommendations is summarised in **Appendix 2**.

Exhibit 1: 2022 recommendations

Recommendations

Agenda / meeting management

- R1 Board and Committee agendas cause some meetings to overrun. The Health Board, therefore, should review Board and committee agendas to ensure meeting business can be covered in the time available whilst also allowing for sufficient scrutiny and discussion.

Quality of Information to Board and committees

- R2 Information presented to Board and committees does not always provide the required assurance. Some papers are too long, detailed, and technical. Cover reports continue to follow an SBAR format, but there is variation in their use. The Health Board, therefore, should develop training and guidance for Health Board staff around the reporting expectations and quality of information presented to the Board and its committees.

Patient and Staff Stories

- R3 There is limited use of patient and staff stories at Board. The Health Board should consider how it can increase and maximise the benefit of patient and staff stories in Board and committees to help centre and focus meetings on the things that matter most, and to help triangulate this intelligence with formal agenda items.

Performance Reporting

- R4 The Integrated Performance Report has remained unchanged for several years, and at present it doesn't clearly articulate the impact of past and ongoing improvement actions. The Health Board should strengthen this report to provide more information to Board and committees on the actions required to address underperformance or the impact of past actions taken.

Recommendations

Clinical Futures Strategy and Long-Term Clinical Plan

- R5 The Clinical Futures Strategy has remained in place for over a decade, but the pressures the Health Board is facing have changed substantially in this time. The Health Board, therefore, should:
- a. review of the Clinical Futures Strategy to ensure it helps to shape financially and clinically sustainable service models; and
 - b. develop a detailed long-term clinical plan that underpins the Clinical Futures Strategy.

Working with wider partners in Integrated medium-term plan development

- R6 The Health Board discussed plans with both Welsh Government and the Community Health Council during the 2022-25 Integrated Medium-Term Plan development, but there was limited engagement with wider partners. The Health Board, therefore, should better involve wider partners to help collectively develop solutions to growing service challenges, particularly where services interface.

Schemes of Delegation

- R7 The Health Board's deteriorating financial position and deterioration in savings deliver indicates that stronger accountability for financial performance and delivery is required. The Health Board, therefore, should review its Scheme of Delegation to ensure it more strongly outlines delegated accountability for the budgetary position and achievement of financial efficiencies at and below executive levels.

Detailed report

Governance arrangements

- 12 In this section of the report, we provide our views on the Health Board's governance arrangements, with a particular focus on:
- Board and committee effectiveness;
 - the extent to which organisational design supports good governance; and
 - key systems of assurance.
- 13 Details of progress made on open recommendations made between 2017 and 2021 relating to the Health Board's governance arrangements are provided in **Exhibit 2**.
- 14 We found that **while the Health Board has taken positive steps to improve the effectiveness of its governance arrangements, opportunities exist to enhance these arrangements further to address key risks and operational pressures.**

Board and committee effectiveness

- 15 We considered the extent to which the Board and its committees conduct their business effectively and support good governance. In examining this, we have looked at whether:
- the Board and its committees demonstrate appropriate levels of public transparency;
 - meetings are conducted appropriately supported by clear Schemes of Delegation, Standing Orders, Standing Financial Instructions, and Registers of Interest;
 - there is an appropriate and well-functioning committee structure below the Board;
 - the Board and its committees receive the right information, including views from staff and service users; and
 - there is evidence of sufficient self-review by the Board and its committees.
- 16 We found that **Board and committee arrangements are strengthening but will need to be refined further to enable the Health Board to address the increasing challenges it faces effectively.**
- 17 The Health Board demonstrates reasonable levels of public transparency. It introduced hybrid meeting arrangements for its Board meetings, accommodating both in-person and virtual attendance. Members of the public can observe the meeting virtually through the livestream, although there are plans to allow in-person public attendance from November 2022. Whilst the hybrid approach allows greater flexibility for board members, our observations indicated that they are not as seamless as in-person and fully virtual meetings. For example, there were instances where we were unable to see or clearly hear staff presenting reports for specific agenda items and occasionally members did not use their laptop cameras

whilst speaking. Recordings of Board meetings are made available publicly shortly after each meeting.

- 18 Committee meetings continue to be held virtually and effectively. Whilst committee meeting minutes are published after they have been confirmed at the subsequent meeting, these timescales limits, to an extent, timely public access to records of committee business. The Health Board, therefore, is exploring options for livestreaming or publishing recordings of committee meetings to help improve public transparency of business.
- 19 The Health Board aims to publish agendas and papers on its website a week in advance of meetings. However, papers are occasionally updated at short notice, which makes it difficult for Board members and stakeholders to review all papers in advance. The Director of Corporate Governance is developing key performance indicators to track and address performance in this area. The Health Board limits the use of private meetings to discuss sensitive items only. But where these take place, public papers include a summary of business to be considered in private.
- 20 The Health Board has adopted the model Standing Orders and Financial Instructions including the model Scheme of Delegation, but there are opportunities to review the Scheme of Delegation to strengthen financial accountability and ensure they remain fit for purpose (we discuss this further in paragraph 74) The Health Board is not formally meeting its requirements to have a Healthcare Professional Forum. Instead, the Board engages clinical professionals through its Executive Directors and existing management groups. The Health Board intends to review these arrangements later in 2022-23.
- 21 The Health Board's policies on standards of business conduct, which include Declarations of Interest, and Receipts of Gifts, and Hospitality, are up to date. The process for declaring interests is well established at Board and committee meetings. The Health Board maintains a register of interests, which is available on its website. But while most declarations are up to date, some need updating. The Health Board's wider policies to support the effective conduct of business are mainly up to date, but some need updating such as its email and social media policies.
- 22 At its March 2022 meeting, the Board agreed to further revise its governance structure to better balance the focus between strategy, delivery, performance, and culture. While these arrangements are still relatively new, they appear to be working well by reducing risk of committee agenda overlap, keeping agendas manageable, and ensuring all committees have a formal footing. In particular, the new Audit, Risk, and Assurance Committee now focusses on core audit and assurance matters, and the new Finance and Performance Committee has a clear remit for finance, performance, and digital services. The Partnerships, Population Health, and Planning Committee is now a formal committee whereas its predecessor (the Strategy, Planning, Partnerships and Wellbeing Group) was not. Board members commented positively about the changes to the governance structure, indicating that the volume of work has reduced for some of the

committees and that there are now clearer flows of assurance for aspects of the Health Board's business, such as information governance and ICT.

- 23 Committee chairs are actively involved in agenda setting meetings, supporting collective agreement when selecting items to discuss at meetings. The Board and committees have up to date terms of reference, maintain comprehensive action logs, and annual programmes of business or forward work programmes. We found consistency in the way committee agendas are configured, with items for decision and assurance placed first, followed by items for consideration, and finally items for noting and information. Agendas also include indicative times to help committee chairs manage the meeting and maintain focus, albeit some meetings still overrun **(Recommendation 1)**.
- 24 Board and committee meetings continue to be generally well managed, enabling good discussions on key issues and encouraging contributions from all. Independent Members continue to engage and participate fully in meetings and provide reasonably effective scrutiny and questioning of the information presented. However, there is scope for Independent Members to provide a stronger focus on what difference is being made and to strengthen their challenge on the risks that might affect the successful delivery of Health Board plans. There have been new appointments to the Board, and it is becoming more cohesive. The Health Board has introduced local induction arrangements for both Executive Directors and Independent Members and is seeking feedback from new starters to help refine these arrangements **(see Exhibit 2 R1, 2018)**.
- 25 The Board has self-assessed its effectiveness using the NHS Improvement Well-Led Framework, the results of which were reported to the Board meeting in May 2022. The Board gave itself an 'amber-green' rating¹ and is progressing the improvement actions it identified. The introduction of the governance structure has meant that Committees have still not completed a review of their effectiveness. However, there are plans to complete this work this financial year.
- 26 The Board continues to hold development and briefing sessions for its members and has identified the need to focus on board effectiveness going forward. Whilst it has procured board development support from the University of South Wales to enhance Executive Team effectiveness, it needs to progress work around Independent Member development and overall Board effectiveness.
- 27 Information presented to the Board and committees, while normally good, does not always provide an appropriate level of assurance. We note requests from committee members during meetings for further information to gain greater assurance. Generally, papers are becoming more succinct, but Independent Members informed us that whilst there's been some improvement, some papers are still too long, detailed, and technical. Cover reports continue to follow an

¹ Definition of amber-green rating is 'partially meets expectations, but confident in management's capacity to deliver green performance within a reasonable timeframe'.

SBAR² format, but they need to better describe the review/approval process prior to Board and committee meetings and there is still some variation in their use suggesting a training need for report authors. **(Recommendation 2)**

- 28 Our recent Quality Governance Report and this year's Structured Assessment work found limited use of patient and staff stories at Board **(Recommendation 3)**. Board member walkarounds also provide valuable intelligence from the front line although Independent Members did express concern around the prescriptive nature of the current approach.

Organisational design

- 29 We considered the extent to which the Health Board's organisational structure supports effective governance. In examining this, we have looked at whether:
- the responsibilities of Executive Directors are clear, and that they have balanced and equitable portfolios of work;
 - there is clarity on the role of Director of Corporate Governance, and there are adequate resources in place to support the work of the Board and its committees; and
 - the organisational structure supports effective governance and facilitates whole system working.
- 30 We found that **the Health Board's leadership arrangements are beginning to stabilise, and positive changes have been made to the Board Secretary role. Divisional structures have been refreshed, but it is unclear at present if these changes are delivering the intended benefits.**
- 31 Whilst the Health Board has taken positive steps to stabilise its leadership arrangements by appointing a permanent Chief Executive Officer, a Director of Operations, and a Director of Nursing, it still has a number of interims in other key executive positions including the Director of Finance and Procurement, the Director of Primary Care and Communities, and the Director of Planning. Furthermore, an Executive Director Public Health and Strategic Partnerships also intends to retire in November 2022. The Health Board is seeking to recruit permanently to several of these key roles by the end of the financial year. These permanent appointments should bring some much-needed leadership stability to provide a clear direction to help address some of the very pressing challenges that it is currently facing **(see Exhibit 2 R4, 2021)**.
- 32 In addition to the changes above, the remit of the Board Secretary has been broadened to encompass wider corporate governance development and Senior Information Risk Officer responsibilities. The Director of Corporate Governance role was agreed by the Remuneration and Terms of Service Committee in March 2022 and this wider remit should better support governance developments as well

² SBAR – Situation, Background, Assessment and Recommendation is an approach to drive improvement focussed reporting.

as ensure the governance arrangements are effectively embedded. The Director of Corporate Governance is supported by the Corporate Governance Support Team, which provides effective day-to-day governance and committee administration support (**see Exhibit 2 R3, 2021**).

- 33 The Health Board made several changes to its divisional structures during May 2022 following feedback from staff and system changes made resulting from the Covid-19 pandemic and Clinical Futures Strategy. Changes to divisional structures include a reduction in the remit of the Scheduled Care Division and the creation of a new Clinical Support Services Division. The Health Board has also concluded its consultation with staff on proposed changes to its Unscheduled Care Division. Those changes include the creation of a new Medicine Division (incorporating Medicine and Acute Medicine) and a new Urgent Care Division (incorporating the Emergency Department, Urgent Primary Care Centres 24/7, and Flow Centre.) However, it is too early to comment on the effectiveness of the new structural arrangements.

Systems of assurance

- 34 We considered the extent to which the Board and its committees oversee, scrutinise, and challenge organisational risks, performance, and quality of services. In examining this, we have looked at whether:
- there is an effective Board Assurance Framework (BAF) in place, which is actively reviewed and owned by the Board;
 - the BAF is underpinned by appropriate systems for managing risks and performance; overseeing the quality and safety of services; and handling information in a secure manner; and
 - effective action is taken to address audit and review findings and recommendations.
- 35 We found that **whilst the Health Board continues to develop and embed its systems of assurance, there is scope to strengthen these arrangements further to ensure that significant risks and performance challenges are fully addressed.**
- 36 The Health Board introduced its Board Assurance Framework (BAF) in October 2021, which detailed its principal risks (scoring 15 and above). Work is currently ongoing to align the BAF to the Integrated Medium-Term Plan (IMTP) and the Health Board's new Outcomes Framework. The Audit, Risk, and Assurance Committee receives progress updates, but the Board has not formally received the BAF since it was introduced. More now needs to be done to ensure the BAF becomes an effective tool, which is fully owned by the Board, to address assurance gaps, shape Board and committee business, and inform wider governance developments.
- 37 The Health Board's Risk Management Strategy and Realisation Plan is now starting to progress. Last year, we reported on the limited investment made by the

Health Board to support the roll-out of the risk management approach. Some of those capacity issues have been resolved to help implement the plan 'at pace'. All strategic risks are allocated to a risk owner and assurance committee and actively reviewed and challenged by Committee members which is helping to inform agenda setting.

- 38 The Corporate Risk Register, alongside the Strategic Risk Report³, has improved **(see Exhibit 2 R2, 2019)**. However, we observed limited scrutiny, challenge, and discussion on risks at some Board meetings. Given the extent of the performance, finance, and quality risks facing the Health Board, the Board needs to increase its focus on the extent that actions being taken are reducing the risks faced.
- 39 The Health Board continues to experience significant service pressures with deteriorating performance against some key Welsh Government performance measures including:
- month-on-month growth in the overall numbers of people waiting for elective care and growth in long waits i.e., over 36 weeks;
 - deterioration in unscheduled care performance including 'Category A' ambulance response times within 8 minutes, increasing ambulance handover delays, and increasing long waits in emergency departments;
 - deterioration in access to timely cancer treatment against the 62-day target with concerns around access to treatment for Urology, Gynaecology Breast, and Lower Gastrointestinal tumour sites; and
 - growth in the numbers of patients waiting for a follow-up outpatient appointment and growth in the numbers waiting over twice as long as they should be (i.e., 100% delayed).

Although the Health Board has introduced a new performance dashboard in July 2022, its Integrated Performance Report has remained unchanged for several years, and at present it doesn't clearly articulate the impact of past and ongoing improvement actions **(Recommendation 4)**. The Health Board is currently developing its performance management framework and strategy. In doing so, the Health Board needs to ensure these arrangements enable it to address the key performance challenges it faces.

- 40 Our recent Quality Governance report found that the Health Board has clearly articulated its corporate quality arrangements and priorities. However, weaknesses remain at a divisional and directorate level which could impact the flow of assurance from floor to Board. Our report outlines several recommendations for improvement which the Health Board accepted alongside an appropriate action plan. Progress against the Health Board's actions is monitored by the Patient Quality, Safety and Outcomes Committee.

³ The Strategic Risk Report provides an overview of the Health Board's current organisational risk profile, changes in risk status, and any developments arising from the BAF and risk management approach.

- 41 Following a review of information security arrangements in November 2021, the Health Board is developing its Cyber Security and Information Governance strategies. Recent reports suggest no major issues or information governance breaches during 2021-22 and the Health Board's cyber security arrangements appear to be improving. A recent Internal Audit review of this area in June 2022 gave reasonable assurance but highlighted some issues around governance and reporting arrangements.
- 42 The Health Board has strengthened its arrangements for monitoring progress against internal, external audit, and Health Inspectorate Wales (HIW) recommendations. Recommendation tracking reports are transparent and enable detailed analysis. However, the most recent reports from October 2022 highlight 73 Internal Audit recommendations and nine Audit Wales recommendations were overdue suggesting that a more proactive response to addressing recommendations is required.

Exhibit 2: progress made on previous year recommendations

Recommendation	Description of progress
Risk Management 2017 R3 The Health Board should review risk management arrangements to ensure that corporate risks are appropriately escalated and managed by: <ol style="list-style-type: none"> developing upon its current risk reports to ensure that the context of the risk and progress in managing it are clearly set out; and revising the risk rating based on the mitigating actions. 	Complete The Health Board continues to embed its risk management arrangements across the organisation. Our review of the Strategic Risk report found that the context of risks and progress in managing is clear and there is evidence that risk rating are amended based on mitigating actions.

Recommendation	Description of progress
<p>Information Technology and Information Management 2017 R5</p> <p>The Health Board should ensure resources allocated to information technology and information management provide sufficient capacity to meet the Health Board's plans.</p>	<p>In Progress</p> <p>An update to the Audit, Risk, and Assurance Committee in October 2022 indicates there has been no further progress in implementing this recommendation.</p>
<p>Board Member Induction and Training 2018 R1</p> <p>The Health Board should ensure Board member induction and training meet the needs of independent members.</p>	<p>Complete</p> <p>The Health Board has introduced new induction arrangements for Executive Directors and Independent Members.</p>
<p>Information Governance Arrangements 2018 R3</p> <p>The Health Board should improve its information governance arrangements by:</p> <ul style="list-style-type: none"> a. improving compliance with the information governance training programme to reach the national rate of 95%. b. improving performance against Freedom of Information Act to reach the statutory targets. 	<ul style="list-style-type: none"> a. In Progress - Overall compliance for the Health Board currently sits at 78%. The Health Board has established an internal target of 85% compliance, reflective of staff absences and system pressures. In November 2022, the Health Board adopted the national Information Governance training module, delivered through a blended approach of e-learning, classroom, video. b. Complete. Freedom of Information performance for the Health Board is sustained at around 95%.

Recommendation	Description of progress
<p>Informatics 2018 R4</p> <p>The Health Board should address areas for improvement in relation to informatics, specifically ICT disaster recovery plans and test these to ensure they worked as intended.</p>	<p>In Progress</p> <p>An update to Audit, Risk, and Assurance Committee in October 2022 indicates that some progress has been made but recommendation has still not been fully implemented.</p>
<p>Board Assurance and Risk 2019 R2</p> <p>There is scope to improve the quality of the corporate risk register (CRR). The Health Board should review the CRR by the end of March 2020 to ensure it clearly articulates cause and effect, reduced overlaps between controls and mitigating actions, specifies controls such as policies and procedures, aligns assurances to controls, indicates whether mitigating action is effective and includes timescales to monitor progress.</p>	<p>Complete</p> <p>The Corporate Risk Register is included within the Strategic Risk report, presented to the Board and its committees. It clearly articulates the Health Boards strategic risks, controls, and mitigating actions.</p>

Recommendation	Description of progress
<p>Website Content and Information 2021 R1</p> <p>The Health Board's website contains some outdated information relating to its governance arrangements and incomplete performance data which is not supported by appropriate explanatory information. The Health Board, therefore, should take immediate action to ensure:</p> <ul style="list-style-type: none"> • content is well-organised, easy to navigate, clear and concise, and • key information/data is up to date and in a format that the public and stakeholders can interpret and understand. 	<p>In Progress</p> <p>The completion date is March 2023; therefore, the recommendation remains in progress.</p>

Recommendation	Description of progress
<p>Corporate Governance Support Team resilience and capacity 2021 R3</p> <p>Recent staff turnover within the Corporate Governance Support Team has impacted on the quality of service it is able to provide to the Board and its Committees. The Health Board, therefore, should review the effectiveness of its Corporate Governance Support Team as soon as possible to ensure that it has sufficient resilience and capacity to support all governance functions. Arrangements should also be put in place to ensure staff are able to access suitable training/learning opportunities to develop their knowledge and skills within their respective roles.</p>	<p>In Progress</p> <p>An update to the Audit, Risk, and Assurance Committee in October 2022 indicates that interim additional capacity has been put in place to provide some resilience. A full review of the structure and capacity of the Corporate Governance Support Team is due in quarter 3 2022/23.</p>

Recommendation	Description of progress
<p>Stability of the Board 2021 R4</p> <p>The Health Board has experienced significant changes in its Executive Team and cadre of Independent Members resulting in several interim Executive Director appointments and is currently recruiting to two independent member vacancies. However, maintaining these temporary arrangements indefinitely alongside the turnover of Independent Members presents risks at a time of significant operational pressures. The Health Board, therefore, should seek to make permanent appointments to these key Executive Director roles at the earliest possible opportunity. In addition, there remains a need for the Health Board to strengthen its induction and training for new Independent Members in line with our recommendation in 2019.</p>	<p>In Progress</p> <p>As noted in paragraph 31, the Health Board has made several substantive appointments to some key executive posts, but interim arrangements remain in other executive positions. The Health Board is seeking to recruit permanently to several of those key roles by the end of the year</p>

Strategic planning arrangements

- 43 In this section of the report, we provide our views on the Health Board's strategic planning arrangements, with a particular focus on the organisation's:
- vision and strategic objectives;
 - Integrated Medium-Term Plan (IMTP);
 - planning arrangements; and
 - arrangements for implementing and monitoring the delivery of corporate strategies and plans.

- 44 Details of progress made on open recommendations made between 2017 and 2021 relating to the Health Board's strategic planning arrangements are provided in **Exhibit 3**.
- 45 We found that **the Health Board needs to revisit its clinical strategy to ensure that clinical and medium-term plans help to drive service improvement and help to shape long-term sustainable services.**

Vision, strategic objectives, and integrated medium-term plan

- 46 We considered the extent to which there is a vision, strategy, and medium-term plan in place for the organisation. In examining this, we have looked at whether:
- the vision and strategic objectives are future-focussed, and rooted in a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
 - the vision and strategic objectives have been developed and adopted by the Board;
 - the long-term strategy is underpinned by an appropriate long-term clinical strategy; and
 - the IMTP was reviewed by the Board, submitted within the required timeframes in line with Welsh Government guidance and approved by the Minister for Health and Social Services.
- 47 We found that **while the Health Board has a clear vision and strategic objectives, its Clinical Futures Strategy needs to be reviewed to ensure that it responds to growing service and financial pressures and provides an effective platform for planning sustainable good quality services.**
- 48 The Health Board's Integrated Medium-Term Plan (IMTP) 2022-25 outlines its vision and strategic objectives. It builds on the life course approach previously introduced in its 2021-22 Annual Plan and aligns to Building a Healthier Gwent⁴ and the Health Board's Clinical Futures Strategy. The Health Board's life course approach aims to reduce inequalities across communities through improving population health. The approach outlines five clear strategic objectives aligned to key stages in an individual's life course, underpinned by a set of outcomes and measures to achieve them.
- 49 The Clinical Futures Strategy, which has been in place now for over a decade, outlines the Health Board's long-term ambition for delivering clinical services. Whilst the Health Board is progressing work to deliver the strategy, it should seek to undertake a detailed review of the strategy as soon as possible to ensure it is fit for the future, particularly given the operational and workforce challenges facing

⁴ Building a Healthier Gwent is a collaborative approach to support health and wellbeing in communities across Gwent.

the organisation. Furthermore, while the strategy provides a high-level direction for clinical services, it is not currently underpinned by a detailed long-term clinical plan to ensure good quality and sustainable clinical services. **(Recommendation 5).**

- 50 The draft Integrated Medium-Term Plan (IMTP) 2022-25 was discussed and approved by the Board in March 2022 and submitted to Welsh Government within the required timeframe. The Minister for Health and Social Services approved the plan in June 2022. However, preparing an approvable plan for 2023 onwards will become increasingly challenging for the Health Board in light of current risks associated with in-year and future cost pressures, performance issues, and ongoing growth in service demands.

Planning arrangements

- 51 We considered the extent to which the Board maintains effective oversight of the process for developing corporate strategies and plans. In examining this, we have looked at whether:
- prudent and value-based healthcare principles are considered and reflected in corporate strategies and plans;
 - corporate strategies and plans have been developed in liaison with relevant internal and external stakeholders; and
 - arrangements for commissioning services are effective and efficient, and aligned to corporate strategies and plans.
- 52 We found that **the Health Boards has a reasonably effective approach to planning, but stakeholder engagement could be improved around service changes and developing joint solutions.**
- 53 The Health Board engages well with its internal stakeholders as part of strategic planning processes. The IMTP 2022-25, People Plan 2022-25, and Arts in Health Strategy 2022-27 were all developed with involvement from key internal stakeholders, through staff engagement and various Health Board forums. Board members were also given opportunities to comment on these strategies and plans through Board development sessions. However, they indicated that earlier engagement on the IMTP would have been beneficial.
- 54 The Health Board discussed the 2022-25 Integrated Medium-Term Plan with both Welsh Government and the Community Health Council during its development, but there was limited evidence of engagement with wider partners. The Health Board should address this as a means to develop joint solutions, particularly where services interface, such as health and social care **(Recommendation 6)**. There also are opportunities for the Health Board to improve engagement with staff and Trade Union representatives when planning operational changes to Health Board services. The latest Trade Union Partnership Forum annual report highlights engagement issues relating to the Same Day Emergency Care (SDEC) Unit at the Grange University Hospital and possible planned changes at County Hospital. Service pressures appear to be making it more difficult for staff and managers to

both keep services delivering and at the same time plan for the future, but it is essential.

- 55 Positively the Health Board is seeking to deliver efficiencies through its value-based healthcare approach. Its Value-Based Healthcare Team supports healthcare professionals across the organisation, with some achievements to date. Many of the benefits from value-based healthcare can only be achieved through effective operational level service planning and change. It is investing £2.9 million to support value-based healthcare improvements, but it will need to ensure a clear return on investment through improved quality, increased efficiency, and cost reduction.
- 56 The Health Board directly commissions a range of providers for its healthcare services. It has a commissioning team which manages and monitors arrangements where the Health Board commissions or is the provider of services. However, a recent Internal Audit review on Commissioning of NHS Continuing Healthcare gave limited assurance, highlighting weaknesses around the oversight and scrutiny of some commissioned services.

Implementation and monitoring arrangements

- 57 We considered the extent to which the Board oversees, scrutinises, and challenges the implementation and delivery of corporate strategies and plans. In examining this, we have looked at whether:
- corporate strategies and plans contain clear milestones, targets, and outcomes that aid monitoring and reporting; and
 - the Board receives regular reports on progress to deliver corporate strategies and plans.
- 58 We found that **the new outcomes framework is a positive development, but the absence of clear target dates and milestones in plans inhibit effective progress monitoring.**
- 59 In general, key strategic plans provide clear objectives underpinned by outcome measures. However, they do not include target dates / milestones thus making progress tracking more difficult. The Health Board continues to work on its Clinical Futures Strategy with several priority programmes for delivery ongoing. There is clear Executive Director ownership, and the Health Board has recently re-established Clinical Futures Programme Board is providing oversight.
- 60 The Health Board's quarterly outcomes framework helps the Board to monitor progress against strategic objectives outlined in the Health Board's Integrated Medium-Term Plan. The outcomes framework introduced this year signals the Health Board's move towards outcome-based measurements and aligns with the NHS Wales Performance Framework⁵. The report is clear and easy to understand with good use of qualitative and quantitative information to illustrate performance

⁵ [NHS Wales Performance Framework 2022-23](#)

information. However, there are opportunities to more clearly articulate risks to delivery of its Clinical Futures Programmes, there are some challenges around the timeliness of outcome data, and there is a need to better utilise patient experience information. The Health Board acknowledges that its outcomes framework is a ‘work in progress’ and requires further development (see Exhibit 3 R3 2019, R4 2019, and R5 2021).

Exhibit 3: progress made on previous-year recommendations

Recommendation	Description of progress
<p>Engagement Strategy 2017 R7</p> <p>The Health Board should review refresh and update the Engagement Strategy – ‘Hearing and acting upon the voice of our staff and citizens’.</p>	<p>Incomplete</p> <p>An update to the Audit, Risk, and Assurance Committee in October 2022 indicates there has been no further progress in implementing this recommendation.</p>
<p>Reporting on delivery of the IMTP and Clinical Futures 2019 R3</p> <p>Board updates on Clinical Futures do not include information on whether planned actions / mitigation is effective, and it is unclear whether risks no longer reported have been eliminated. The Health Board should include information on the effectiveness of risk mitigation in its Board updates.</p>	<p>In Progress</p> <p>The Health Board’s quarterly outcomes framework helps the Board to monitor progress against delivery of strategic objectives outlined in the Health Board’s Integrated Medium-Term Plan. Our review found opportunities to more clearly articulate risks to delivery of its Clinical Futures Programmes.</p>

Recommendation	Description of progress
<p>Reporting on delivery of the IMTP and Clinical Futures 2019 R4</p> <p>The recent report to the Finance and Performance Committee on progress against the IMTP SCPs did not include progress against the relevant high-impact priorities aligned to them. The Health Board should ensure that committee reports on SCP progress clearly link relevant high-impact priorities with the achievements set out.</p>	<p>Superseded</p> <p>The reporting of IMTP service change plans is superseded by the Health Board's Outcomes Framework which is enabling it to monitor progress in delivering strategic objectives outlined in its IMTP and Clinical Futures Strategy.</p>
<p>Monitoring Delivery of Strategic Objectives 2021, R5</p> <p>The Health Board has not finalised its monitoring framework due to the pandemic, subsequently, there continues to be limited oversight and scrutiny at Board-level on overall delivery against priorities outlined in the 2021-22 Annual Plan. The Health Board, therefore, should complete the development of its monitoring framework as soon as possible to allow the Board to review and if necessary, challenge delivery of its strategic priorities and progress against the Annual Plan and future Integrated Medium - Term Plans.</p>	<p>Complete</p> <p>The Health Board's outcomes framework helps it to monitor strategic objective delivery. The outcomes framework introduced this year signals the Health Board's move towards outcome-based measurements and aligns with the NHS Wales Performance Framework.</p>

Managing financial resources

- 61 In this section of the report, we provide our views on the Health Board's arrangements for managing its financial resources, with a particular focus on the organisation's:
- arrangements for meeting key financial objectives;
 - financial controls; and
 - arrangements for reporting and monitoring financial performance.
- 62 Details of progress made on open recommendations made between 2017 and 2021 relating to the Health Board's arrangements for managing financial resources are provided in **Exhibit 4**.
- 63 We found that **whilst arrangements to secure financial balance have been satisfactory to date, the Board needs to strengthen its focus on addressing financial challenges and risks and ensure greater oversight of financial recovery measures.**

Financial objectives

- 64 We considered the extent to which the Health Board has effective arrangements in place to meet its key financial objectives. In examining this, we have looked at whether the Health Board:
- met its financial objectives for 2021-22, and is on course to meet its financial duties in 2022-23; and
 - has a clear and robust financial plan in place, which includes realistic and sustainable savings and cost improvement plans.
- 65 We found that **whilst the Health Board achieved its financial objectives for 2021-22, it is not on course to meet its financial duties in 2022-23 due to growing cost pressures and challenges in delivering its savings programme.**
- 66 The Health Board met its financial duty to spend within allocation over the three-year period 2019-2022, with a cumulative surplus of £0.526 million for revenue expenditure. In 2021-22, the Health Board reported a break-even position in relation to both revenue and capital expenditure.
- 67 Whilst the Health Board has a good financial track record, the growing underlying deficit it reports⁶, and now the substantial in-year financial deficit forecast for 2022-23, are a significant concern. During 2020-21, the Health Board identified an ambitious savings target of £33 million to achieve a break-even position. However, the Health Board revised its savings target to £16.596 million due to the continuing impact of the pandemic and, as a result, the underlying deficit was again carried over into this financial year.

⁶ Reported increases to the Health Board's underlying deficit over the last three years: £11.405 million (2019-20), £16.261 million (2020-21) and £20.914 million (2021-22).

- 68 The Health Board's financial plan for 2022-23 was approved by the Board in March 2022 with an expectation that it would achieve an improvement to its underlying financial position. The financial plan continues to account for Covid-19 costs and new financial risks and exceptional cost pressures. To achieve financial balance in 2022-23, the financial plan assumes £26 million savings delivery and £19 million cost mitigation and avoidance. But cost pressures and reduction in savings expectations are having a significant impact. In October 2022, the Board was notified that the Health Board would not breakeven this financial year projecting a likely £37 million deficit (£49 million worst case scenario) if no further action is taken.
- 69 The main factors contributing to the deficit position are significant income reductions and continuing high expenditure levels for Covid-19, variable pay, prescribing growth, continuing healthcare cost growth, premium rate elective delivery plans, and limited cashable savings forecasted against plans. The consequence for this year would mean that the Health Board fails to meet its statutory spending requirement. But the financial challenge for future years is also likely to increase, which could affect the approvability of next year's Integrated Medium-Term Plan.
- 70 The change in the formally reported financial position is not a surprise. During the first six months of the 2022/23 financial year, the Health Board has consistently reported the significant risks to its financial position at executive team meetings, and public Board and Finance and Performance Committee meetings. But those risks have materialised resulting in a change in the formally reported position.
- 71 We are currently in the process of reviewing the Health Board's arrangements for securing financial efficiencies and will offer recommendations for improvement as part of that work. However, it is clear that there now needs to be greater collective ownership and rigour to address the financial challenges in both the short- and medium-term.

Financial controls

- 72 We considered the extent to which the Health Board has appropriate and effective arrangements in place for allocating, authorising, recording, and managing the use of its financial resources. In examining this, we have looked at whether:
- there are effective controls in place to ensure compliance with Standing Financial Instructions and Schemes of Delegation;
 - the Audit Committee maintains appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
 - there are effective financial management arrangements in place; and
 - financial statements were submitted on time, contained no material misstatements, and received a clean audit opinion.

- 73 We found that **whilst financial controls remain generally effective, there is a need to provide greater clarity around delegated accountability for budgets and delivery of savings.**
- 74 In paragraph 20 we comment on the Health Board's arrangements to ensure compliance with Standing Financial Instructions and Schemes of Delegation. While control arrangements are in place, the deteriorating financial position suggests they should be reviewed to ensure clear delegated accountability for the budgetary position and achievement of financial efficiencies at and below Executive levels.
(Recommendation 7)
- 75 During 2022-23, the Internal Audit service completed several reviews around financial governance and management within the Health Board that gave reasonable and substantial assurance ratings in relation to management of clinical negligence costs, charitable funds, and budgetary controls for waste management. Their review on financial sustainability also provided reasonable assurance, although the financial outlook is now deteriorating.
- 76 Our review found appropriate reporting to the Audit, Risk, and Assurance Committee on single tender actions, and losses and special payments with appropriate scrutiny and oversight of the information. The committee also receives regular progress reports from the Health Board's Counter Fraud Team. The latest report highlights some concerns around the resources and capacity within the team which have impacted on its ability to undertake some of its planned work. However, recruitment was underway, and they have successfully appointed one Local Counter Fraud Specialist leaving one further vacancy.
- 77 We received the Health Board's draft Financial Statements by the deadline of 29 April 2022, and the draft Performance Report and Accountability Report by 6 May 2022. The audited documents were submitted to the Welsh Government, by the 15 June 2022 deadline. We issued an unqualified audit opinion on the 2021-22 Financial Statements, except for the regularity opinion, for which we issued a qualified opinion⁷.

Monitoring and reporting arrangements

- 78 We considered the extent to which the Board oversees, scrutinises, and challenges the organisation's financial performance. In examining this, we have looked at whether:
- reports to the Board provide a clear picture of the organisation's financial position, as well as the key financial challenges, risks, and mitigating actions taken; and

⁷ This year the Auditor General qualified his regularity opinion at eight of eleven NHS bodies due to the accounts including expenditure and funding in respect of clinicians' pension tax liabilities.

- Board members sufficiently challenge ongoing assessments of the financial position.

- 79 We found that **there is sufficient and clear information to enable effective financial monitoring, but the Board must provide more robust scrutiny and challenge on financial performance and risks and strengthen its oversight of financial recovery measures.**
- 80 Financial performance is regularly reported to the Board and Finance and Performance Committee⁸. Finance reports continue to provide sufficient information to enable scrutiny and challenge and include some detail in respect of progress against savings schemes (**see Exhibit 4 R1, 2017**). However, we found instances where broadly similar reports are presented to both forums, thus limiting opportunities, particularly at committee level, to undertake deep-dives and provide challenge in particular areas where savings achievement is off track. The Health Board has recently appointed a new Independent Member (Finance) which is beginning to increase the scrutiny and challenge on financial matters in both Board and committee meetings. However, the current financial challenges at the Health Board will require the Board and Finance and Performance Committee to provide more robust scrutiny and challenge on financial performance, savings, and risks.

Exhibit 4: progress made on previous-year recommendations

Recommendation	Description of progress
Savings Schemes Monitoring and Reporting 2017 R1 The Health Board should provide more detail to Executives and Independent Members in respect of progress against savings schemes. This should help them to provide sufficient scrutiny and challenge to schemes which are off target.	Complete Finance reports continue to provide sufficient information to enable scrutiny and challenge and include more detail in respect of progress against savings schemes.

⁸ Reports were previously provided to the Audit, Finance, and Risk Committee until the arrangements were reviewed in March 2022.

Managing the workforce, digital resources, the estate, and other physical assets

- 81 In this section of the report, we provide our high-level views on the Health Board's arrangements for managing its wider resources, with a particular focus on the organisation's:
- arrangements for supporting staff wellbeing (please note we will be undertaking a separate review of the organisation's workforce planning arrangements);
 - arrangements for managing its digital resources; and
 - arrangements for managing its estate and other physical assets.
- 82 We found that **the Health Board has a good approach to supporting staff wellbeing. It is keen to exploit the benefits of 'digital', but there needs to be stronger oversight of digital strategy and plan implementation. The Health Board has a strategic approach to Estates, but the availability of capital finance is a concern, and its management of physical assets requires strengthening.**

Supporting staff wellbeing

- 83 We considered the extent to which the Health Board has appropriate and effective arrangements in place for supporting staff wellbeing. In examining this, we have looked at whether:
- mechanisms to seek staff views about their wellbeing needs are effective, and appropriate action is taken to respond to findings; and
 - actions to support and improve staff wellbeing are actively monitored by the Board, including actions taken in response to our report on how NHS bodies supported staff wellbeing during the COVID-19 pandemic⁹.
- 84 We found that **the Health Board prioritises wellbeing and continues to understand how its staff are feeling to help inform its improvement initiatives.**
- 85 The Health Board's IMTP and People Plan identify the physical and mental wellbeing of its staff as an organisational priority. The Health Board recognises that having healthy, motivated, and engaged staff will result in improved retention, increased innovation, lower levels of sickness absence, and a positive effect on patient experience. The People Plan outlines several key deliverables to achieve

⁹ Audit Wales, [Taking care of the carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic](#), October 2021

this¹⁰. The Health Board completes regular wellbeing surveys to understand how its staff are feeling. The results from these services and the NHS staff survey shaped the People Plan.

- 86 The Health Board's 'people first' and 'agile working' projects, which are aimed at addressing staff disengagement, stress at work and improve staff wellbeing, are progressing well. Our 'Taking Care of the Carers' report made several recommendations to health bodies around staff wellbeing which the Health Board accepted, responded to and has now implemented in full.
- 87 The People and Culture Committee provides a forum to scrutinise and seek assurance in this area, with information included in an Employee Wellbeing Dashboard. At present though, it is hard to see the impact of its wellbeing initiatives on areas such as sickness absence, which is increasing, particularly relating to anxiety, stress and depression. The Board receives regular reports by the committee chair on the work of the committee and key risks relating to the workforce.

Managing digital resources

- 88 We considered the extent to which the Health Board has appropriate and effective arrangements in place for managing its digital resources. In examining this, we have looked at whether:
- there is a Board approved digital strategy in place which seeks to harness and exploit digital technology to improve the quality, safety, and efficiency of services, as well as to support new models of care and new ways of working; and
 - benefits arising from investments in digital technology are actively monitored by the Board.
- 89 We found that **the Health Board has refreshed its digital strategy but needs to improve scrutiny and challenge to ensure that digital truly becomes a strategic and operational enabler for wider service improvement.**
- 90 The Health Board approved its 'Transformation Through Digital' strategy in 2019. The strategy outlines four principles of digital foundations, digital organisation, digital community, data, information, intelligence, and associated delivery priorities. The strategy aligns to the Health Board's IMTP and Clinical Futures strategy.
- 91 Inevitably the Covid-19 pandemic has impeded delivery of the strategy. An update provided to Board in July 2022, indicates a refreshed focus, and provides a narrative overview of progress for each programme aligned to the four principles. But progress reporting contains gaps that need addressing as assurance reports

¹⁰ People Plan key deliverables include establishing the first Welsh Centre of Excellence, introducing new integrated psychological wellbeing roles and peer support networks, improving staff engagement, rolling out compassionate leadership frameworks and building on the Health Board's financial wellbeing offer.

do not include an action plan, RAG ratings or milestones / targets. Based on the information reported, it is difficult to assess what difference the strategy is making, whether it is sufficiently resourced and if digital is enabling wider service improvement. Whilst the digital strategy was included in Finance and Performance Committee's forward work plan for its October 2022 meeting, it wasn't discussed in the meeting. The new Independent Member (Digital) is a strong advocate for digitally enabled services and, as a member of the Finance & Performance Committee, should help to enhance scrutiny and challenge on digital performance.

Managing the estate and other physical assets

92 We considered the extent to which the Health Board has appropriate and effective arrangements in place for managing its estate and other physical assets. In examining this, we have looked at whether:

- there are Board-approved strategies and plans in place for managing the organisation's estates and its wider physical assets;
- there are appropriate arrangements in place for the Board to review, scrutinise, challenge, and approve significant capital projects and programmes; and
- there are appropriate arrangements in place for the Board to maintain appropriate oversight of the condition of the estate and other physical assets.

93 We found that **the Health Board has an estate strategy supported by appropriate governance arrangements, but the availability of capital finance is a concern, and its management of physical assets requires strengthening.**

94 The Health Board approved its 10-year Estates strategy in 2019 and refreshed the approach in November 2021. The strategy aligns to the IMTP and Clinical Futures strategy¹¹. As part of this, the Health Board is progressing its 'agile working' project. The Health Board's Estates Utilisation and Efficiency Group is working collaboratively with the Agile Working Delivery Group to review estate utilisation, support agile working models, and determine options for decommissioning poor quality estate or estate that is no longer needed.

95 The Health Board's capital programme is a key enabler to delivering its Estates strategy. However, prioritising capital spend is an issue. An update provided to Board in March 2022 indicates that the capital outlook for 2022-23 is challenging due to a lower funding allocation and significant demands on the discretionary capital programme. The Health Board has introduced a more robust approach to prioritising capital resources addressing issues such as backlog maintenance, replacing out-of-date equipment, and refreshing key ICT infrastructure. Board

¹¹ The 10-year Estates Strategy focuses on the development of physical and virtual 'hubs' across the region and transforming its hospital network to provide a hub and spoke model of secondary care services.

members fully recognise the challenges arising from low capital resourcing and the risks to its estates, assets, and health and safety compliance. The Strategic Capital and Estates Group monitors delivery of the Estates strategic objectives and reports progress into the Clinical Futures Programme Board. Board oversight of estates issues has been limited, although we understand that there will be increasing levels of scrutiny at the Finance and Performance Committee.

- 96 The Health Board is taking action to address Internal Audit recommendations on its Medical Equipment and Devices. Progress includes introduction of an asset tagging system, with actions now tracked by the Medical Equipment Management Group. Our work also found that whilst asset registers are in place and there appears to be information on equipment lifecycles, asset tracking for example location of IT equipment needs improving.

Appendix 1

Audit approach

Exhibit 5: audit approach

Exhibit 5 sets out the approach we adopted for delivering our structured assessment work at the Health Board.

Element of audit approach	Description
Observations	<p>We observed Board meetings as well as meetings of the following Committees:</p> <ul style="list-style-type: none">• Audit, Risk and Assurance Committee• Quality, Patient Safety and Outcomes Committee• Finance and Performance Committee• Partnerships, Population Health, and Planning Committee.

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"> • Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes • Key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interests, and Registers of Gifts and Hospitality • Key organisational strategies and plans, including the IMTP • Key risk management documents, including the Board Assurance Framework and Corporate Risk Register • Key reports relating to organisational performance and finances • Annual Report, including the Annual Governance Statement • Relevant policies and procedures • Reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.

Element of audit approach	Description
Interviews	<p>We interviewed the following Senior Officers and Independent Members:</p> <ul style="list-style-type: none"> • Chair of the Health Board • Chair of the Audit, Risk and Assurance Committee • Chair of the Patient Quality, Safety and Outcomes Committee • Chair of the People and Culture Committee • Interim Chief Executive Officer • Interim Director of Finance Procurement • Medical Director • Director of Operations • Director of Planning and Performance • Director of Corporate Governance.

Appendix 2

Management response to audit recommendations

Exhibit 6: management response

Recommendation	Management response	Completion date	Responsible officer
Agenda / meeting management R1 Board and Committee agendas cause some meetings to overrun. The Health Board, therefore, should review Board and committee agendas to ensure meeting business can be covered in the time available whilst also allowing for sufficient scrutiny and discussion.	<p>Ongoing development of the Board's Assurance Framework and Risk Management Framework will enable the Board and Committees to ensure focus on priority, risk-based, areas by exception, supported by risk-based workplans.</p> <p>The development of Board and Committee Etiquette and Conduct of Business will also support greater effectiveness of meetings.</p>	<p>30 September 2023</p> <p>30 April 2023</p>	Director of Corporate Governance

Recommendation	Management response	Completion date	Responsible officer
<p>Quality of Information to Board and committees</p> <p>R2 Information presented to Board and committees does not always provide the required assurance. Some papers are too long, detailed, and technical. Cover reports continue to follow an SBAR format, but there is variation in their use. The Health Board, therefore, should develop training and guidance for Health Board staff around the reporting expectations and quality of information presented to the Board and its committees.</p>	<p>Revised report templates will be developed and rolled-out for the new financial year, with supporting guidance.</p> <p>The provision of report writing training will also be explored.</p>	30 April 2023	Director of Corporate Governance
<p>Patient and Staff Stories</p> <p>R3 There is limited use of patient and staff stories at Board. The Health Board should consider how it can increase and maximise the benefit of patient and staff stories in Board and committees to help centre and focus meetings on the things that matter most, and to help triangulate this intelligence with formal agenda items.</p>	<p>A Digital Story Protocol for staff and patient stories is currently under development and once approved an electronic digital repository of stories will be created. Digital Story Telling training has been commissioned.</p> <p>The CIVICA Citizen Feedback System now allows people to leave narrated stories. A selection of these will be played at the start of every Board meeting.</p> <p>The Executive Team will agree a programme of staff and patient stories that help triangulate intelligence with formal agenda items.</p>	31 March 2023	Executive Director of Nursing

Recommendation	Management response	Completion date	Responsible officer
<p>Performance Reporting</p> <p>R4 The Integrated Performance Report has remained unchanged for several years, and at present it doesn't clearly articulate the impact of past and ongoing improvement actions. The Health Board should strengthen this report to provide more information to Board and committees on the actions required to address underperformance or the impact of past actions taken.</p>	<p>A new interactive performance dashboard has been developed. The Quarterly Performance Report has been revised and developed into an IMTP progress report with outcome measures, reportable performance measures and the actions taken as a result. This includes Quality and Patient Safety measures and the quarterly outcomes and progress of the 10 priority programmes.</p> <p>This report has been in place for Q1 and Q2 and the format will and has been provided to the Board and continue to be reviewed.</p>	<p>Implemented from July 2022</p>	<p>Executive Director of Planning and Performance</p>

Recommendation	Management response	Completion date	Responsible officer
<p>Clinical Futures Strategy and Long-Term Clinical Plan</p> <p>R5 The Clinical Futures Strategy has remained in place for over a decade, but the pressures the Health Board is facing have changed substantially in this time. The Health Board, therefore, should:</p> <ul style="list-style-type: none"> • review of the Clinical Futures Strategy to ensure it helps to shape financially and clinically sustainable service models; and • develop a detailed long-term clinical plan that underpins the Clinical Futures Strategy. 	<p>The Health Board is delivering the Clinical Futures Strategy through its 10 High Priority Programmes as outlined with the IMTP and refreshed annually. These programmes reflect the changing nature of health care delivery and the challenges faced by the Health Board in terms of demand, demographic changes and workforce supply and are therefore reflective to current trends.</p> <p>However, it is accepted that a review of the Clinical Futures long term strategy is also required to take a broader view strategically on the structure and nature of service provision for future generations. It is proposed that the Strategy review will be formed over the following financial year and finalised in 2024/25.</p>	30 April 2024	Executive Director of Planning and Performance

Recommendation	Management response	Completion date	Responsible officer
<p>Working with wider partners in Integrated medium-term plan development</p> <p>R6 The Health Board discussed plans with both Welsh Government and the Community Health Council during the 2022-25 Integrated Medium-Term Plan development, but there was limited engagement with wider partners. The Health Board, therefore, should better involve wider partners to help collectively develop solutions to growing service challenges, particularly where services interface.</p>	<p>The Health Board has implemented a new infrastructure and dedicated corporate planner and transformation team to work with partners, including the provision of direct support to the Regional Partnership Board (RPB) and Neighbourhood Care Networks to align cluster planning, borough level plans and the RPB's Joint area plan with the Health Board's Integrated Medium-Term Plan, acknowledging that these are ongoing and maturing processes. In addition, the team engages with other partners such as the Health Board's Trade Unions Partnership and the Community Health Council.</p>	<p>30 April 2023</p>	<p>Executive Director of Planning and Performance</p>

Recommendation	Management response	Completion date	Responsible officer
<p>Schemes of Delegation</p> <p>R7 The Health Board's deteriorating financial position and deterioration in savings deliver indicates that stronger accountability for financial performance and delivery is required. The Health Board, therefore, should review its Scheme of Delegation to ensure it more strongly outlines delegated accountability for the budgetary position and achievement of financial efficiencies at and below executive levels.</p>	<p>The Health Board's existing accountability arrangements have been endorsed by the Audit, Risk & Assurance Committee and is aligned to Standing Orders and Standing Financial Instructions.</p> <p>The Executive Team has commenced work with the organisation's senior leadership team to further embed a culture of empowerment, autonomy, authority and accountability, building on existing arrangements in place. This Framework will cover all aspects of the organisation's business (not just a focus on finance) and will be presented to the Board for consideration in March 2023. Upon approval, further work will be required to support the embedding of the framework in practice.</p>	<p>Approval of Framework 30 April 2023</p> <p>Embedding of the Framework will be ongoing</p>	<p>Director of Corporate Governance with</p> <p>Director of Planning and Performance & Director of Finance and Procurement</p>



Audit Wales

24 Cathedral Road

Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.
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