PUBLIC FORUM – QUESTIONS AND RESPONSES

Question a)

Name:

Mr Bill Parker

Question

The penultimate bullet point of the summary of Paper 7.3 Finance and Turnaround Update Month 9 2018/19 refers to £5.3m accountancy gains and £6.0 m corporate recovery actions.

Please can the Board provide a breakdown of both of these?

Response from Huw Thomas, Director of Finance:

The Health Board has benefited from a number of one-off benefits in the current financial year. The corporate recovery actions relate to actions which have been taken to secure additional resources (for example, £0.9m from Welsh Government to support one-off costs), reduce expenditure (for example, £0.6m arising from efficiency and productivity gains within the Planned Care directorate), recovering VAT costs incurred in previous years (£0.6m) and non-recurrent gains within Medicines Management, Long Term Agreements and planned reserves not utilised (£1.7m in total).

Accountancy Gains refer to the one-off benefits which have arisen from provisions and accruals made in previous years. Following work done to minimise the Health Board's risks, this has meant that expenditure has been assessed as less than the provisions made. In particular, this relates to provisions made for a change in HMRC's approach to taxation of self-employed individuals providing services to the Health Board ('IR35 regulations'); patients which have received treatment out of area with other NHS providers with whom we do not have a specific contract; and estimated costs relating to patients for whom individual patient funding requests have been agreed.

Question b)

PUBLIC FORUM – QUESTIONS AND RESPONSES

Name
Mr Bill Parker

Question
Will the announcement (see report at https://www.bbc.co.uk/news/uk-wales-46986384)   that a new hospital is being proposed for Cardiff to be completed in 2030 cause the Board to revise the opinion that a new hospital between Whitland and St Clears will be likely to attract and retain staff?   a) Does the Board have confidence that it will be able to develop a business case that will succeed in what will undoubtedly be strong competition for limited funds and workforce resources?   b) Is there evidence to suggest that Welsh Government have the required skills in depth to deal with two such large projects at the same time, as well as restoring to their satisfaction the performances of five health boards in which they have established escalated intervention measures?

Response from Steve Moore, Chief Executive Officer:
a) We undertook our consultation openly and Welsh Government is fully aware that this would involve Hywel Dda UHB developing and submitting a business case for a new hospital in West Wales. As always, there are many demands on the capital budget in Wales each year, and both the proposed new hospital in Cardiff and the new hospital in West Wales will require robust and compelling business cases in order to secure funding from Welsh Government. We do not believe this affects the likely success of a business case for a new hospital in West Wales and we are developing our programme to transform both primary and community care services and hospital services, including the development of the business case for the new hospital.   The location of the new hospital is yet to be confirmed however, as detailed within the Board paper 29th November 2019 it will be in the south of the HDdUHB area   b) With regards to part b) of your question, unfortunately we do not feel that we are able to provide a response to your question and suggest that you re-direct this question to Welsh Government who would be able to respond accordingly.

Question c)

PUBLIC FORUM – QUESTIONS AND RESPONSES

Name
Mr Bill Parker

Question
Since the Health Board will continue to be responsible for Health Care wherever it is delivered within their region, they surely must ensure that that all organisations from which they commission services have sustainable workforces. In view of the ever higher dependency on the Third Sector to assist in the delivery of services, is any work being undertaken to evaluate the ability of these largely volunteer dependent organisations to continue to, deliver adequate help at levels to match demand for the next decade and beyond?

Response from xxxxx:
Words for Sarah Jennings: I can say that for the tiny element of commissioning for Carers that we now commission jointly across organisations (LA and UHB) and continuously engage with all third sector providers about the needs and plans and adapt contracts in time for the organisations to build their capacity and adapt it.

Question d)

PUBLIC FORUM – QUESTIONS AND RESPONSES

Name
Diana Taylor

Question
As it has been announced there are plans to replace the University Hospital of Wales with a new one, will this have any affect on Hywel Ddas plans for the financing of the new hospital you plan to be built outside of Pembrokeshire?

Response from Steve Moore, Chief Executive Officer:
We undertook our consultation openly and Welsh Government is fully aware that this would involve Hywel Dda UHB developing and submitting a business case for a new hospital in West Wales. As always, there are many demands on the capital budget in Wales each year, and both the proposed new hospital in Cardiff and the new hospital in West Wales will require robust and compelling business cases in order to secure funding from Welsh Government. We do not believe this affects the likely success of a business case for a new hospital in West Wales and we are developing our programme to transform both primary and community care services and hospital services, including the development of the business case for the new hospital. The location of the new hospital is yet to be confirmed however, as detailed within the Board paper 29th November 2019 it will be in the south of the HDdUHB area.

CASE STUDY

Integrated care Fund (ICF) 2018/19 Q3

About the Project:	MAST is a multi-disciplinary approach consisting of a mix of Physiotherapy, Occupational therapy and District Nursing, with a dedicated social worker from the hospital joint discharge team.
Project's Aims:	The service provides immediate comprehensive evidence based assessment and works with the individual and families to enable people who do not require a hospital admission to return home or to an alternative appropriate place of safety.
Project Outcomes:	To facilitate the improvement of patient experience and return to previous safe level of function and to support their carers.
About the person: *What is their age? Do they live alone? Do they have family/friends nearby? How is their general well-being?*	Mr X is an 86 year old gentleman living alone. He has a son who lives 3 hours drive away. Mr X has a package of care that visit four times a day to assist him with personal care, shopping and some meals.
What was the situation: *Describe how the person became involved with the service you are writing about. If an older person – what challenge or issue were they facing and how was this affecting their life*	Mr X has COPD and progressive Lung Cancer with a history of Rectal Cancer and Rheumatoid Arthritis. He was brought to the acute hospital as the carers were increasingly concerned about his shortness of breath. He is not receiving curative treatment for his cancer, and is known to the Palliative Care Team. His shortness of breath was affecting Mr X's ability to manage with everyday tasks in the absence of his carers, in particular his ability to mobilise around his property. The medical team described Mr X as medically optimised for discharge and he was referred to MAST.
Impact statement **How did the service make a difference?** *Describe what action the case worker/volunteer took to give support*	Mr X stated that his preferred place of care was at home. He recognised that his shortness of breath was getting worse and that as a result the distance he could mobilise was reducing and he had post-activity fatigue. Mr X had not mobilised since his admission and his confidence was affected as a result. A transfer and mobility assessment was carried out and Mr X was pleased that he was still independently mobile with a frame. It was apparent however, that his shortness of breath was having a profound impact on his function. Mr X reported he had been sleeping well on the ward as he was able to adjust the head height to allow for optimum position for easier breathing. OT liaised with community colleague who had provided intervention previously. They reported that an adjustable back rest and bed lever were trialled however were not suitable.

| | MAST liaised with Palliative Care Team who confirmed that Mr X's lung disease had significantly progressed. MAST arranged for a profiling bed to be delivered by Paul Sartori and for an assessment by respiratory nurse specialist whereby home nebulisers were prescribed. MAST contacted Mr X's carers and were able to advice on how to care for home nebuliser, including posting out printed information.

With consent, Mr X's son was contacted to arrange furniture rearranging for profiling bed. DN was able to answer queries from the son and reassure him. MAST were able to reassure ward staff that Mr X could mobilise with his frame on the ward in view to prevent de-conditioning.

Mr X was provided with information on managing his fatigue and how to pace and prioritise activity. |
|---|---|
| **What outcomes were achieved?**
What was the outcome for the service user? What difference did the interventions make? | The provision of the profiling bed enabled Mr X to remain comfortable and sleep in his optimum position for easier breathing, whilst allowing a less effortful transfer in/out of bed. The home nebuliser would provide some relief and comfort of symptoms. Mr X reported he found the initial discussions about fatigue management and pacing helpful, and he would consider his priorities once he was settled back at home. |
| **Quotes/Feedback**
Please provide a direct quote from the service user. What did they say about the service received and the difference this has made to them? | "Thank you for all of your help, I feel more positive about leaving the hospital and less anxious than I was" (Mr X). |

COFNODION Y CYFARFOD BWRDD IECHYD PRIFYSGOL **HEB EU CYMERADWYO/UNAPPROVED** **MINUTES OF THE UNIVERSITY HEALTH BOARD MEETING**	

Date of Meeting:	**9.30AM, THURSDAY 29TH NOVEMBER 2018**
Venue:	**CARMARTHENSHIRE COUNTY COUNCIL, COUNTY HALL, CARMARTHEN, SA31 1JP**

Present:	Mrs Bernardine Rees, Chair, Hywel Dda University Health Board
	Mrs Judith Hardisty, Vice Chair, Hywel Dda University Health Board
	Mr Owen Burt, Independent Member
	Professor John Gammon, Independent Member
	Cllr. Simon Hancock, Independent Member
	Ms Anna Lewis, Independent Member
	Mr Mike Lewis, Independent Member
	Mr Adam Morgan, Independent Member
	Mr David Powell, Independent Member
	Ms Delyth Raynsford, Independent Member
	Mr Steve Moore, Chief Executive
	Mr Joe Teape, Deputy Chief Executive/ Director of Operations
	Mrs Lisa Gostling, Director of Workforce & Organisational Development
	Mrs Ros Jervis, Director of Public Health
	Dr Philip Kloer, Medical Director and Director of Clinical Strategy
	Mrs Karen Miles, Director of Planning, Performance & Commissioning
	Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience
	Ms Alison Shakeshaft, Director of Therapies & Health Science
	Mr Huw Thomas, Interim Director of Finance
In Attendance:	Mrs Joanne Wilson, Board Secretary
	Mr Michael Hearty, Associate Member
	Ms Jill Paterson, Director of Primary Care, Community & Long Term Care
	Ms Sarah Jennings, Director of Partnerships and Corporate Services
	Mr Andrew Carruthers, Turnaround Director
	Mrs Libby Ryan-Davies, Transformation Director
	Dr Kerry Donovan, Chair, Healthcare Professionals Forum
	Mr Jonathan Griffiths, Pembrokeshire County Council Director of Social Services, Local Authority Representative
	Dr John Morgan, Chair, Hywel Dda Community Health Council
	Mr Sam Dentten, Chief Officer, Hywel Dda Community Health Council
	Ms Elaine Lorton, County Director, Pembrokeshire (part)
	Ms Rhian Dawson, County Director, Carmarthenshire (part)
	Dr Meinir Jones, Clinical Director Transformation/Clinical Lead MIU Prince Philip Hospital/GP (part)
	Mrs Rosie Frewin, Partnership Governance Officer (part)
	Ms Clare Moorcroft, Committee Services Officer (Minutes)

PM(18)191	**PUBLIC FORUM**	
	The Chair, Mrs Bernardine Rees, welcomed everyone to the meeting, and reminded Members that the meeting was being webcast. Mrs Rees advised of several questions received from Mr Bill Parker, for the Public Forum section of the meeting. Mrs Rees advised that copies of the questions and the responses had been provided to members of the	

	public present and to Board Members. These would also be published on the University Health Board website and a formal letter of response provided.	**BR**
PM(18)192	**INTRODUCTIONS & APOLOGIES FOR ABSENCE**	
	Apologies for absence were received from: • Mr Paul Newman, Independent Member • Dr Owen Cox, LMC Representative	
PM(18)193	**DECLARATION OF INTERESTS**	
	No declarations of interest were made.	
PM(18)194	**MINUTES OF THE EXTRAORDINARY PUBLIC MEETING HELD ON 26TH SEPTEMBER 2018**	
	RESOLVED – that the minutes of the meeting of the Health Board held on 26th September 2018 be approved as a correct record.	
PM(18)195	**MINUTES OF THE PUBLIC MEETING HELD ON 27TH SEPTEMBER 2018**	
	RESOLVED – that the minutes of the meeting of the Health Board held on 27th September 2018 be approved as a correct record.	
PM(18)196	**MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 27TH SEPTEMBER 2018**	
	An update was provided on the table of actions from the Public Board meeting held on 27th September 2018 and confirmation received that all outstanding actions had been progressed. In terms of matters arising: **PM(18)172** – Mrs Hardisty suggested that the response provided does not address the query raised at the meeting, which was whether an earlier slot could be negotiated for implementation of RADIS. Mrs Karen Miles advised that the University Health Board (UHB) has been offered the earliest possible slot, and suggested that a further update be provided to the Business Planning & Performance Assurance Committee (BPPAC) at its meeting in December 2018. **PM(18)179** – Members were advised that a report regarding All Wales IT schemes will be presented to the December 2018 meeting of BPPAC. This was felt to be a more appropriate forum than the Board Seminar meeting.	**KM**
PM(18)197	**REPORT OF THE CHAIR**	
	Mrs Rees introduced her report on relevant matters undertaken as Chair of the University Health Board since the previous Board meeting, drawing Members' attention to appended correspondence from the Cabinet Secretary for Health and Social Services; advising that the new voting arrangements would need to be adopted as part of Hywel Dda University Health Board (HDdUHB) Standing Orders. Mrs Rees noted that there had been a degree of press coverage regarding a letter from the Medical Staff Committee (MSC) at Withybush General Hospital regarding Board decisions relating to Transforming Clinical Services. Members were assured that the letter did not raise any new concerns	

and was not objecting to proposed changes to the model of care; it was expressing concern that the UHB had not been radical enough in its approach. Mrs Rees emphasised, however, that the organisation needs to be mindful of all feedback, and advised that a response to the letter had been sent. The Chair and the Chief Executive would be meeting with members of the MSC on 3rd December 2018 to discuss their concerns.

As indicated in the report, Mrs Rees expressed the Board's gratitude for the contribution of UHB staff, partner organisations and communities during the recent bad weather. Members' attention was drawn to information regarding Carers' Rights Day, with Mrs Judith Hardisty explaining that this brings together organisations to raise awareness of carers' rights and support available. Members heard that there will be an information stand and award certificate presentation to those services and areas who had achieved the Investment in Carers awards during the lunch break. As noted in the report, there is also an e-learning course on the topic of Carer Awareness available, which Members were encouraged to complete. Mrs Rees congratulated all award winners, including those from the Royal College of Nursing (RCN) Wales Nurse of the Year Award, suggesting that it would be interesting for the Board to receive a presentation from Eve Lightfoot on her work. Hywel Dda UHB winners at the NHS Wales Awards and Royal College of Psychiatry Awards were also congratulated, as were winners of the UHB's Employee or Team of the Month awards. Mrs Rees highlighted and welcomed the reappointment of Dr Kerry Donovan as Associate Member of the Board. Noting events at Swansea University this week, Mrs Rees emphasised that the University is one of the UHB's significant partners and stated that the Health Board will provide the support necessary at this difficult time.

The Board:
- **SUPPORTED** the work engaged in by the Chair since the previous meeting and to note the topical areas of interest.
- **ADOPTED** the amendment to Hywel Dda University Health Board Standing Orders in respect of the changes to the voting provision for Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC) and NHS Wales Shared Services Partnership (NWSSP), with immediate effect.

PM(18)198	**REPORT OF THE CHIEF EXECUTIVE**	
	Mr Steve Moore thanked Carmarthenshire County Council for providing the venue and facilities for today's Board meeting. Mr Moore presented his report on relevant matters undertaken as Chief Executive of the University Health Board since the previous Board meeting, echoing the Chair's congratulations to all recent award winners. The importance of recognising the successes and achievements of staff was emphasised, with a commitment to communicate this to Welsh Government at upcoming meetings including the Joint Executive Team (JET) meeting on 30th November 2018. As indicated in the Targeted Intervention section of the report, the UHB continues to retain close and constructive contact with Welsh Government. Referencing the Wales Trauma Network, Mr Moore emphasised that this is an important development and that he was looking forward to seeing the Network commence	

operationally. Drawing Members' attention to results from the NHS Wales Staff Survey 2018, Mr Moore was pleased to note that UHB responses to the majority of questions showed an improvement since the previous survey in 2016. There were, however, key areas requiring further work and an action plan to address these was being developed. Mr Moore emphasised the importance of maintaining contact and communication with staff.

Cllr. Simon Hancock agreed that the Staff Survey results do show improvements, which is encouraging. He observed, however, that 19% of respondents had reported experiencing harassment, bullying or abuse at work from their manager/team leader or other colleagues, which equates to 456 people. Cllr. Hancock expressed concern that this conflicts with the organisation's stated core values, and was pleased to note that the Bullying Steering Group is taking actions to address this.

The Board:
- **ENDORSED** the Register of Sealings since the previous report on 27th September 2018;
- **NOTED** the status report for Consultation Documents received/ responded to.

PM(18)199	**REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE**	
	Mr Mike Lewis, Audit & Risk Assurance Committee (ARAC) Vice-Chair, outlined the ARAC update report, drawing Member's attention to the Key Risks and Issues/Matters of Concern section. In regards to how the organisation manages concerns and complaints, whilst it was noted that there were challenges in meeting the Welsh Government 30 day target, ARAC took some reassurance from feedback that patients and their families generally prefer more comprehensive responses, even if these take longer to produce. As indicated in the report, revised management responses had been requested for two Internal Audit (IA) reports as these did not provide the Committee with an appropriate level of assurance. Mr Lewis concluded by highlighting that the revised Scheme of Delegation and Reservation of Powers had been recommended by ARAC for approval by Board.	
	Referencing the BPPAC Assurance Report section, Mr David Powell noted that in the final sentence, 'Primary Care Applications Committee' should be amended to read 'Business Planning & Performance Assurance Committee'. In response to a request for assurance around actions being taken in relation to complaints, Mrs Mandy Rayani advised that support is being put in place, for example for the triumvirate teams. A move towards earlier direct contact with complainants is also having a positive impact, and the team is undertaking work around long standing complaints. Mrs Rayani confirmed that the team is taking steps to address the culture change required around concerns and complaints. Mrs Rees enquired whether the issue with management responses had been addressed; Mr Joe Teape advised that the Radiology management response had been submitted without Executive Director sign-off and that ARAC had also expressed concerns regarding the IA assurance rating awarded. The management response was being reviewed and would be resubmitted to the December 2018 meeting.	**CM**

	The Board **NOTED** the ARAC update report, and **ACKNOWLEDGED** the key risks, issues and matters of concern together with actions being taken to address these.		

PM(18)200	**APPROVAL OF THE SCHEME OF DELEGATION**		
	As outlined above, ARAC had discussed and recommended for approval by Board the revised Scheme of Delegation and Reservation of Powers. Dr Philip Kloer stated that there were a few minor details requiring discussion and amendment with the Board Secretary. It was noted that the document had been circulated to Executive Directors for comment on several occasions. However, amendments would be considered, with Mrs Rees to be consulted to ensure that these are only minor and that resubmission to Board is not required.	PK/JW/ BR	
	The Board **APPROVED** the HDdUHB Scheme of Delegation, subject to minor amendments.		

PM(18)201	**HDdUHB HEALTH AND CARE STRATEGY 'A HEALTHIER MID & WEST WALES: OUR FUTURE GENERATIONS LIVING WELL'**		
	Dr Kloer presented the HDdUHB Health and Care Strategy, emphasising that this is the first such strategy for the organisation and that it represents the culmination of 3 years' work, involving various parties. The strategy offers a significant opportunity, which must be grasped, so that the UHB can move into the delivery phase. Members were reminded that the model of health has developed from a medical/ clinical model to a social model. The strategy represents a response to both the clinical recommendations and Community Health Council (CHC) recommendations, and offers an opportunity to improve services for the Hywel Dda population. Mrs Ros Jervis suggested that this is a momentous day, marking as it does a real commitment on behalf of the UHB to the future, health and well-being of its local population by setting out the 20 year vision for population health. This represents a transformational shift in the way in which services are provided, embedding health promotion and illness prevention. The organisation will seek to influence change across the whole system to maximise impact; which will require a cultural change in practice. Mrs Jervis explained that, as part of this, the 8 current Strategic Objectives will be replaced by 3 Strategic Goals, which are framed around three life phases and will require the building of strong relationships with partners and communities. In order to begin the journey, and in a move away from performance metrics, the UHB has developed a series of long-term outcomes which describe ambitions for each of the strategic goals. In conclusion, Mrs Jervis emphasised the UHB's commitment to change and a move towards services at the heart of local communities. Dr Kloer highlighted the following key points: • A whole system approach, with the clinical strategy contained within the health and care strategy. This cannot be delivered without the cooperation of partners such as the Local Authorities; • A focus on community and Primary Care; • The setting of priorities by county, from Year 1; • The importance of the Transformation Fund bid, developed within the Regional Partnership Board; • Work to develop the hospitals model;		

- Continuous engagement with each locality to ensure their input with regard to setting priorities;

Dr Kloer concluded by advising that, subject to Board approval, the strategy will be translated into various versions, including public facing documents, and will be launched in January 2019.

Professor John Gammon reminded Members of previous discussions regarding the significant anxiety caused to the local population by proposed changes. He welcomed the fact that development of the strategy begins to provide detail of how services will change, whilst recognising that specifics are quite rightly not included at this stage, as these need to be co-produced with local communities. Noting the examples of 'what good looks like' included within the strategy, Professor Gammon suggested that these should be scaled up, so that the local population can see how future services will look and operate. Professor Gammon also emphasised the importance of staff in delivering the strategy. Mr Powell endorsed Professor Gammon's comments, and acknowledged that the strategy does encapsulate the Board's previous discussions. Noting the Year 1 priorities outlined in the SBAR, Mr Powell queried when Year 1 begins, and what measures will be put in place for monitoring outcomes. Mrs Libby Ryan-Davies advised that certain projects are already underway; Phase 3 of the programme is much broader and requires significantly more detail. The intention is to present the programme scope to Board in March 2019, with a Project Initiation Document (PID) setting out monitoring processes in detail. In response to a query regarding how the strategy relates to planning processes and BPPAC, Mrs Miles advised that anything discharged by Board will be taken up by BPPAC as part of its routine business. Mr Moore recognised the need to move towards mainstreaming strategy work, rather than regarding it as separate to the normal business of the UHB; this will include governance systems.

Dr Kerry Donovan echoed Professor Gammon's comments, stating that the provision of initial detail was welcomed by staff. Whilst it was accepted that it is not possible for specifics to be provided at this stage, Dr Donovan advised that local GPs had requested information regarding how the UHB plans to stabilise services in view of current challenges and fragilities in Primary Care. Also, whilst Community Pharmacies offer opportunities for independent prescribing, and there is enthusiasm for this, there are capacity issues in terms of ability to attend courses and GP mentoring requirements. Similar challenges around training and IT systems apply to Optometrists in relation to community based screening; more detail is required regarding both areas. Mrs Hardisty suggested that it is imperative to make prompt progress with Year 1 priorities, in order to instil confidence and trust within the local population around the organisation's ability to deliver the strategy. It is also necessary to begin the reallocation of resources into Primary Care, and Mrs Hardisty requested assurances that funds will be moved, as Year 1 priorities will not be delivered without. Mrs Rees acknowledged that this presents a dilemma, in terms of transitional funding. The organisation has given a commitment to its public and staff that it will not move forward with proposals until the required infrastructure is in place. Agreeing, Mr Moore recognised that this presents the most significant tactical

challenge, whilst reiterating the UHB's commitment in this regard.

Mr Adam Morgan suggested that there are two key aspects regarding the strategy launch: the change of name/terminology from Transforming Clinical Services (TCS), and acknowledgment that the current Strategic Objectives are well embedded. Dr Kloer accepted that TCS is now well recognised, and the need to manage communications to reflect the change in terminology. In regards to the Strategic Objectives, this reflects the move from a solely clinical strategy to a health and care strategy. Mr Jonathan Griffiths welcomed the UHB's approach and acknowledged the engagement to date, confirming the commitment of Local Authorities to the strategy. Mr Griffiths was pleased to see several references to adoption of a social model and the need for a whole system approach, whilst emphasising that Local Authorities are subject to similar issues regarding the reallocation of resources. The document clearly details existing successful models of care, which are very positive; however Mr Griffiths endorsed comments around the need to upscale these and emphasised that they are and should remain community-led. Echoing statements that the strategy offers an excellent opportunity to make a significant impact for the local population, Mr Griffiths reiterated the commitment and positivity of the Local Authorities; with Mrs Rees reminding Members that Mr Griffiths represents all three Local Authorities. Ms Jill Paterson noted that when the organisation had gone out to consult on TCS, the public had not been specifically consulted on Primary Care and community services; however it has become clear these are at the centre of the changes. Members were advised that work around developing these services for the future had already begun, in response to 'A Healthier Wales'. Ms Paterson emphasised that core contractor sustainability will be key to the localities. Year 1 priorities are stated in the document, and community engagement has already started in Pembrokeshire, with an event taking place in Fishguard and Goodwick during December 2018 and further events scheduled for early next year. The Pembrokeshire Public Services Board has made a commitment to this engagement, which will involve key stakeholders. However, it is vital that it produces tangible outcomes, and that resources are provided. There will also be a need for different ways of working in the future, which will cross current boundaries.

Ms Anna Lewis welcomed the strategy, reiterating that this represents an important, optimistic and positive moment for all. However, Ms Lewis was concerned about the potential risk of failure to deliver; also whether the emphasis on Mental Health needs to be strengthened. Dr Kloer reminded Members that the organisation is at the start of the journey, and that it is right to aim high and have substantial ambitions. Whilst it is extremely difficult to make progress without a defined strategy, there will be trade-offs and challenges during the process. One of these is around a need to recognise the issues involved in delivering services across a large geographical area. Dr Kloer emphasised that the UHB needs to be clear, open and honest regarding these challenges and trade-offs. With regard to the second query, Dr Kloer advised that in developing the strategy, the UHB has tried to align and ingrain as much of the Transforming Mental Health programme as possible, and recognised the need to strive for parity between mental and physical health. Whilst

acknowledging the risk of raising expectations then not delivering, Mr Moore emphasised that this is a strategy in the widest sense of the word, intended to inspire. The organisation now needs to translate it into much more specific plans; however, this will be easier with a defined direction of travel. Members were reminded that implementation of the strategy will involve redesigning almost every clinical pathway, which offers the opportunity to consider Mental Health as part of each.

Mr Sam Dentten advised that the CHC welcomes and supports the principle of systemic change, and hopes that it will address a number of the concerns expressed by members of the local population. This does not, however, mean that the CHC is 'waving through' any and all changes; it is reserving judgement until more detail is provided, and this detail must be developed in conjunction with the public. Whilst the CHC does welcome the strategy and appreciates continued involvement in discussions, Mr Dentten advised that it reserves the right to utilise its statutory powers relating to service change. Mr Michael Hearty stated that there are three key areas on which the organisation should focus: assurance, governance and accountability. There must be a clear understanding around who makes decisions in every aspect of the project; a lack of focus on these areas is likely to result in significant pressures and potential failure. Emphasising that accountability lies with the Board, with all Members playing their part, both Mrs Rees and Mr Moore thanked Mr Hearty for this insight and welcomed his expertise. Mrs Rees summarised by recognising that today's discussion has highlighted that the population is at the heart of the strategy. An acute care model is still in place and it is recognised that there are anxieties around the future of this; there is a need to work with local communities and localities to address these anxieties. There has been a great deal of discussion around whether the UHB will secure funding for a new acute care hospital; Mrs Rees explained that it has been emphasised to Welsh Government that the organisation would need to rethink its entire future strategy if this support is not forthcoming.

The Board:
- **APPROVED** the HDdUHB Health and Care Strategy and the underpinning updated Integrated Impact Assessment.
- **APPROVED** the 3 re-framed HDdUHB strategic goals to replace the existing 8 health-related strategic objectives.

PM(18)202	**ADULT THORACIC SURGERY REVIEW: OUTCOME OF THE PUBLIC CONSULTATION AND RECOMMENDATIONS ON THE FUTURE SERVICE MODEL FOR SOUTH WALES**	
	Mr Moore introduced the Adult Thoracic Surgery Review: Outcome of the Public Consultation and Recommendations on the Future Service Model for South Wales report, reminding Members that this has been a significant area of work for Welsh Health Specialised Services Committee (WHSSC). Members' attention was drawn to the output from the public consultation, appended to the report; to the recommendations and to the mitigating actions outlined on page 6. Mr Moore advised that the CHC has made a number of comments and recommendations, and that the UHB will communicate to WHSSC that any agreement is contingent on these being recognised. Mr Dentten welcomed this commitment.	

Dr Kloer supported the approach outlined above, noting that the caveats expressed by the CHC are important in terms of both patient experience and to the integrity of the Major Trauma Centre. Members heard that clinicians have been concerned about the 2 centre model for some time and support a move to 1 centre. Mrs Miles advised that preparations are underway for a joint Abertawe Bro Morgannwg University Health Board (ABMUHB) and HDdUHB CHC meeting, and committed to include this matter on the agenda. Welcoming the detail provided in the documents, Mrs Rayani stated that it will be important to ensure timely access to services for HDdUHB patients. Dr Donovan reported that the Healthcare Professionals Forum (HPF) had developed a response to the consultation. HPF Members supported the proposal and could not identify any clinical grounds for concern. Members suggested that this process offers the opportunity for services to consider pathways and improve the patient journey. Dr Kloer added that there is a risk of an over-focus on certain services, such as those relating to cancer, when there are others which are significant, such as benign respiratory disease. In agreeing the recommendations, it was agreed that the caveats raised by CHC and receiving assurance that benign respiratory diseases have the same prominence as malignant conditions would be incorporated within the feedback to WHSCC

KM

The Board:
- **NOTED** the successful implementation of the consultation plan, and the communication between WHSSC, Health Board engagement leads and Community Health Councils over the period of consultation.
- **NOTED** the comments received through the public consultation, including the key themes and issues raised, and the number, demography and geographic distribution of respondents.
- **NOTED** the response to the consultation feedback and actions that would be taken through implementation to mitigate issues of concern.
- **SUPPORTED** the recommendations from the Joint Committee of WHSSC and:
  - **APPROVED** the recommendation that thoracic surgery services for the population of south east Wales, west Wales and south Powys are delivered from a single site;
  - **APPROVED** the location of that single site as being Morriston Hospital, Swansea conditional upon the detailed workforce model and medical rotas to provide the 24/7 thoracic surgery cover to the Major Trauma Centre being completed and signed-off by WHSSC within 6 months;
  - **APPROVED** the mitigating actions set out in the WHSSC Report on Public Consultation, to be delivered in line with the implementation of the service change.

The caveats and areas on which further assurances are required were as follows:
- To clarify arrangements for families of thoracic patients as to whether they would have access to family accommodation on the Morriston site.
- To give further consideration to the issues of transport as raised by

- people in the Hywel Dda area.
- As it was noted that the response provided by WHSSC did not address concerns about parking, WHSSC to provide a response to the issue of parking raised by people in the Hywel Dda area.
- It was noted that there was a lack of clarity on whether appropriate services in Hywel Dda were ready and established to provide onward care after local people had been discharged back to their own Health Board and as such a response is required as to how local services receiving patients discharged from Morriston will provide adequate care.
- In addition concerns were expressed around the pathway, with this process offering an opportunity to consider pathways and improve the patient journey. Reference was made to a risk of an over-focus on certain services, such as those relating to cancer, when there are others which are significant, such as benign respiratory disease.

PM(18)203	**UPDATE ON HEALTHCARE SERVICES IN CARMARTHENSHIRE**	
	Mrs Rees advised that there had been a discussion regarding county reports outside Board, which is the reason why this report differs from the norm. Mr Teape introduced the Update on Healthcare Services in Carmarthenshire, which focuses on District Nursing, an area which is often overlooked. Mr Teape welcomed the opportunity to consider outcomes achieved by the District Nursing team in Carmarthenshire, and suggested that this offers a good model to build on elsewhere, in terms of potential to reduce demand on hospital services. Members noted that tables outlining performance against targets were originally appended to the report, however these were removed as it was felt that they provided extraneous detail. Ms Paterson stated that the District Nursing service offers both opportunities and challenges. Whilst it is true that there is an excellent relationship with Primary Care and partners, there is also tension; an example being the Leg Ulcer clinics. It is crucial that all parties are involved in discussions, to ensure continued delivery of services. Mrs Hardisty felt that it would be useful to see comparative data for the other two counties. Referencing earlier comments regarding reallocation of resources, Mrs Hardisty noted the savings delivered by the Acute Response Team and suggested that this provided an example of how resources might be redirected. Professor Gammon welcomed the report, which is clear and demonstrates outcomes and benchmarking against national measures. The emphasis on patient experience outcomes in particular was welcomed, as this begins to raise the profile of quality and safety. Professor Gammon noted, however, statements around the fragile nature of workforce stability and sustainability, and suggested that consideration needs to be given to what actions are required in this regard. Mrs Rayani advised that a piece of work on District Nursing is being undertaken across the region, which she would discuss further as part of the Nurse Staffing Levels (Wales) Act update. A training analysis is also being undertaken in District Nursing. Whilst the organisation has a high number of District Nurses across Carmarthenshire, and staff are entering the service, consideration needs to be given to their training needs going forward. Cllr. Hancock stated that he had been concerned regarding potential service fragilities caused by the number of staff	

	approaching retirement age, and was reassured by Mrs Rayani's comments. Mr Powell welcomed the report, and queried whether the Operational and Performance Group links or reports into the Quality, Safety & Experience Assurance Committee (QSEAC). Mrs Rayani stated that a review of groups relating to quality and safety is being undertaken, to ensure that they report appropriately to QSEAC. Ms Alison Shakeshaft advised that there are areas of fragility with regard to allied healthcare professionals; Heads of Service are considering which areas would offer best value going forward. Mr Morgan agreed that the report was extremely useful and enquired with regard to the future vision for integration of community services and community District Nursing. Ms Paterson assured Members that discussions around the future shape of community services were ongoing.	
	The Board **ACKNOWLEDGED** assurances within this report that Carmarthenshire community district nursing service provides an accessible, effective, safe and quality service for people living in the county.	

PM(18)204	**REPORT OF THE FINANCE COMMITTEE**	
	Mr Michael Hearty outlined the Finance Committee update report, reminding Members of the decision at the previous Board meeting to establish this as a Board level Committee. Mr Hearty explained that the Finance Committee discusses a number of topics, including the in-year financial position, which tends to be a retrospective view; a forward view of the in-year financial position; consideration beyond the current year into the organisation's future financial strategy; key control issues/financial risks and work around the staff establishment and funding of this. In summary, Mr Hearty assured Members that, whilst there is a rigorous focus on the organisation's current financial position, the Committee is also considering the future.	
	The Board **NOTED** the Finance Committee update report and **ACKNOWLEDGED** the risk in delivering the Health Board's financial forecast position.	

PM(18)205	**TURNAROUND UPDATE/FINANCE UPDATE – MONTH 7 2018/19**	
	Mr Huw Thomas presented the Financial Update and Turnaround Programme Update – Month 7 2018/19 report, explaining that this had been discussed in detail by the Finance Committee. Members' attention was drawn to the UHB's financial position at the end of Month 7, an adverse variance against plan of £0.9m. Further detail was provided on page 17. There were a number of reasons for this position, which Mr Thomas outlined, including issues around pace of delivery of savings plans; pay costs, particularly in relation to surge capacity; and costs of care packages. Mr Thomas noted the significant impact of the latter in particular and suggested that an improved grasp of this impact is required. With regard to the financial forecast, Members were reminded of and reassured as regards the assurance processes in place. Delivery of the projected financial position remains achievable, although it was noted that winter pressures may impact on the organisation's ability to deliver savings. Mr Thomas reminded Members of the annual process for seeking cash support from Welsh Government and advised that this would need to be enacted, with the UHB seeking cash support of approximately £42m. The organisation would need to formally write to	

Welsh Government to request this support. Mrs Rees enquired whether this process had been discussed by the Finance Committee and was advised that this had not been possible due to timing. It was agreed that the decision regarding a request for cash support would be delegated to the Finance Committee.

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Mr Andrew Carruthers introduced the Turnaround Update at Appendix 2, advising that a new format had been introduced in an attempt to provide a more comprehensive picture and improved assurance. There are still improvements to be made to the report, and work is being undertaken in this regard. Mr Carruthers suggested that Month 7 is a key point in the year; whilst the UHB has seen the savings profile deliver an increase, this has not been sufficient to cover the previous shortfall. Step-up plans have been developed, however the organisation will need to go 'above and beyond' plans for the remainder of the year. Members were advised that an improvement in risk ratings of between £2-£3m is anticipated by the next report. Mr Carruthers reported that 8 directorates have been escalated to the Holding to Account process; there are various areas of focus and positive signs relating to the Turnaround cycle. Initiatives such as the text reminder service for patient appointments have been positively received and Turnaround plans are being aligned with the UHB's winter plan. In summary, Mr Carruthers assured Members that good work is taking place and that the savings position, whilst challenging, remains achievable.

Cllr. Hancock was pleased to note positive comments from Welsh Government with regard to Transforming Clinical Services, enquiring whether there is any likelihood of reimbursement of the £0.5m spent by the UHB on this programme. Also, whether there is any scope for efficiencies or savings around Learning Disabilities, in view of joint working by the three counties. In response to the first of these queries, Mr Moore advised that he had written to Welsh Government in this regard and that there have been positive discussions. A formal response is expected and Mr Moore was cautiously optimistic that this will be positive. In respect of the second query, Mr Carruthers stated that a programme has been designed around Learning Disabilities and various opportunities for savings are being considered. There have been positive conversations with Local Authorities in terms of redesigning certain services. Mr Morgan requested and received clarification regarding the £42m cash support, with it noted that this does not alter the forecast year-end deficit. With regard to use of non-recurring and one off adjustments of £4.9m to achieve the month-end position, Mr Thomas explained that this action can only be taken on one occasion and that it does constrain the potential for flexibility later in the year. Referencing Planned Care expenditure detailed on page 8, Mrs Hardisty expressed concern that the trend is greater than last year. Noting the indication that this can be managed, Mrs Hardisty requested assurance that this is the case. Mr Thomas advised that certain of the increased expenditure relates to Referral to Treatment Time (RTT), for which the organisation is receiving additional funding. The non-pay Theatres expenditure issue is being investigated and with the outcome to be reported next month.

Mr Hearty reported that there had been discussions at the last Finance

Committee meeting regarding what assurances the Committee could and should provide to Board. Mr Hearty emphasised the critical nature of Months 6, 7 and 8 and suggested that it will be interesting to see the position at the next Board. There is no capacity for unexplained or unplanned expenditure and it is in the hands of the organisation to manage its finances effectively. Ms Lewis enquired whether, in the context of intense scrutiny and intense pressures, the organisation is committed to retaining a culture where managers and staff feel able to speak up or express concern about savings measures being taken, should they feel they are inappropriate. Mr Moore emphasised that the Holding to Account process is not solely focused on savings, it also considers the quality and safety consequences of actions. Indeed, it is reasonable to expect that certain activities would improve quality and safety as well as save money; there have, thus far, been no examples of savings plans compromising quality and safety. Mr Moore did, however, recognise that there is an issue in terms of staff capacity to develop and implement savings measures, and emphasised that support is offered wherever possible. Mrs Rees asked Mr Hearty, as Chair of the Finance Committee, for the Committee's view in relation to achieving the declared control total. Mr Hearty noted that the Health Board's financial position was very challenged, however at this point in the year he still believed this was achievable.

The Board **NOTED** and **DISCUSSED** the financial position for Month 7 and **DELEGATED** responsibility for requesting cash support to the Finance Committee.

PM(18)206	**REPORT OF THE BUSINESS PLANNING & PERFORMANCE ASSURANCE COMMITTEE**	
	Mr Powell outlined the Business Planning & Performance Assurance Committee (BPPAC) update report, drawing Members' attention to discussions around the Corporate Risk Report, which had been considered in detail. Mr Powell emphasised that this was a worthwhile exercise, which he would recommend to other committee Chairs. Members' attention was drawn to the matters for Board consideration and key risks and matters of concern outlined at the end of the report. Mr Powell highlighted issues around a shortage of clinical coders, advising that Clinical Coding will be the subject of both Internal Audit and Wales Audit Office reviews in the near future. BPPAC had expressed concern regarding the length of and level of detail contained within the 2018/19 Annual Plan, and Mr Powell was pleased to see that the Committee's comments had been acknowledged in the version presented to Board.	
	The Board **NOTED** the BPPAC update report, and **ACKNOWLEDGED** the key risks, issues and matters of concern together with actions being taken to address these.	

PM(18)207	**MID-YEAR REVIEW OF 2018/19 ANNUAL PLAN**	
	Mrs Miles introduced the Mid-Year Review of 2018/19 Annual Plan report, reminding Members that the organisation operates performance management on several levels, both quantitative and qualitative. Members' attention was drawn to page 2, which outlines progress on action plans. Referencing Annex 2, Mr Morgan queried how Green, Amber and Red ratings were awarded, in terms of the evidence behind	

	these. Ms Shakeshaft explained that the ratings describe an 'iterative journey' with milestones towards continuous improvement; performance is assessed against this.	
	The Board **NOTED** the progress in the delivery of the University Health Board's 2018/19 Annual Plan at the mid-year point, with particular reference to our financial position, our performance position and progress in the delivery of our action plans supporting the 2018/19 Annual Plan.	

PM(18)208	**INTEGRATED PERFORMANCE ASSURANCE REPORT – MONTH 7 2018/19**	
	Mrs Miles presented the Integrated Performance Assurance Report (IPAR) for Month 7 of 2018/19, advising that there are continued pressures in Unscheduled Care pathways. The performance position in relation to Stroke is being maintained, whereas RTT performance is not quite on trajectory, with corrective action required. Diagnostic breaches are still being experienced in relation to cardiology, and targets in postponed admitted procedures and cancer waiting times were not met in September 2018. Performance relating to Delayed Transfers of Care also requires improvement.

Mr Powell reminded Members that a proportion of the RTT funding had been used to address Therapies waiting lists. Noting that figures appear to have remained around 300 for the previous few months, Mr Powell enquired whether there are plans to reduce these to zero. Ms Shakeshaft assured Members that there is a trajectory to zero by March 2019, however an improvement had not been expected until at least October 2018. Whilst Heads of Service have offered assurances that this target will be achieved, there are associated risks, particularly in those specialties which are fragile and/or which have small teams. Ms Shakeshaft has requested that Heads of Service flag any such risks. It was agreed that this topic should be examined in more detail by BPPAC. Ms Lewis noted the decline in performance in regards to waits of over 12 hours in A&E, and requested clarification of the actual impact for patients, for example whether patients are waiting on trolleys in A&E departments. Whilst acknowledging that this is a concern for the UHB, Mr Teape explained that there are a number of processes and protocols in place; for example patients in ambulances are assessed by a clinician and nutrition and hydration needs are also considered. The ability to accommodate patients in A&E departments will depend to a certain extent on the space available. Mr Teape advised that the organisation had conducted an analysis of incidents and complaints during the 2017/18 winter period and had identified no impact on quality and safety trends. Mr Teape offered to prepare a report for QSEAC on this topic. Mrs Rees emphasised that this is an issue across Wales; whilst there is a national protocol for ambulance handovers, all Health Boards take a local approach. It is important, however, not to allow the organisation to become 'neutralised' to this issue. Ms Lewis explained that her main concern was that the Board is sufficiently sighted on this subject and the associated risks to which patients might be exposed. Mr Teape advised that the Delivery Unit is running risk-based escalation events which analyse the risk to patients and whether escalation processes should be changed. He committed to include information regarding how the UHB is | **AS**

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	implementing learning from these events in the report mentioned above. Mrs Rayani echoed comments, emphasising that the issue is more widespread than A&E alone, and encompasses the whole system. There is a need to prevent unnecessary visits to A&E, and to consider the issue of discharge and management of medically-fit patients. Mrs Rees agreed, referencing earlier discussions around the new health and care strategy. Professor Gammon noted that the Therapy waiting list figure has only reduced by 20 over the last month and expressed concern that the additional funding is not being utilised effectively. Mr Owen Burt shared these concerns and enquired whether there are financial consequences should the UHB not meet Welsh Government targets in this regard. Mr Teape stated that there had been no formal guidance in terms of potential 'claw back' of funds and advised that Welsh Government's principle concern is likely to be in relation to the 36 week+ breaches rather than Therapy waits. RTT risks relate mainly to capacity issues rather than lack of funding, such as ability to outsource services in Orthopaedics. Mr Teape reported that indicative November 2018 figures are broadly in line with the revised RTT profile/trajectory.
	The Board **NOTED** the Integrated Performance Assurance Report for Month 7 of 2018/19.

PM(18)209	**REPORT OF THE QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE**	
	Professor Gammon outlined the Quality, Safety & Experience Assurance Committee (QSEAC) update report, advising that there had been significant and robust discussions. There were, however, areas in which the Committee had not been provided with sufficient assurance: Dermatology, Delayed Follow-up Appointments and Mortality Review. Dr Donovan requested clarification regarding concerns outlined on page 1 around the Operational Quality, Safety & Experience Sub-Committee. Professor Gammon explained that this relates to the new structure, which is being reviewed on an ongoing basis, and how items are allocated to each forum. There is a need to consider all current quality and safety committees, in order to ensure an appropriate 'flow' of assurance. This review will dictate the sub-committee membership and agenda. Ms Shakeshaft added that an example is risk, with the 117 operational risks requiring management demonstrating the scale of the issue. Mrs Rayani confirmed that structures and agenda items are under continuous review, noting that there will be a Wales Audit Office review of the UHB's operational quality and safety arrangements. Members' attention was drawn to QSEAC's approval of the Strategic Equality Plan Annual Report 2017/18 for ratification by Board.	
	The Board **NOTED** the QSEAC update report, and **ACKNOWLEDGED** the key risks, issues and matters of concern together with actions being taken to address these.	

PM(18)215	**STRATEGIC EQUALITY PLAN ANNUAL REPORT 2017/18**	
	Ms Sarah Jennings introduced the Strategic Equality Plan Annual Report 2017/18, advising that this has already been considered and approved by the Improving Experience Sub-Committee and QSEAC, and that Board ratification is now requested.	

	Dr Donovan noted that there are a number of interesting figures in the Workforce Equality Annual Report. For example, in terms of gender split of doctors – at junior levels this tends to be roughly 50:50, whilst at consultant level, 70% are male. Disciplinary and grievance procedures are high among the age group 50-59, and disciplinary procedures high in the age group 40-49, although there are relatively low numbers of staff in these age groups. Dr Donovan suggested that potential reasons for this disproportionate representation should be examined. It was also suggested that it would be useful for Board to receive a break-down of figures by county, professional group, etc, as this may allow triangulation with issues raised in items elsewhere on the Board agenda. Mrs Lisa Gostling explained that the Workforce & OD Sub-Committee considers this detailed information; in terms of gender split, UHB recruitment processes do analyse gender as part of the Mindful Employment Strategy. It was agreed that this issue would be discussed in more detail outside the meeting.	**LG/KD**
	The Board **APPROVED** the Strategic Equality Plan Annual Report 2017/18.	
PM(18)216	**TRANSFORMING MENTAL HEALTH SERVICES UPDATE**	
	Mr Teape presented the Transforming Mental Health (TMH) Services Update, advising that this is intended to build upon the report provided to the previous meeting. Members heard that the role of TMH Champion would be extended into Local Authorities, which represents a positive development. Mr Teape drew Members' attention to information around proposals for a new transport system and to the indicative timeline for capital developments. On pages 5, 6 and 7, examples of initiatives in each county were detailed and Mr Teape advised that an evaluation framework was planned, to properly assess which pilots should be replicated elsewhere.

Ms Lewis welcomed the more detailed report and noted the reference on page 2 to the impact of co-production on the pace of change. Whilst Ms Lewis acknowledged that co-production presents specific challenges, she suggested that there is nothing inherent to the process which would slow the rate of change, and queried whether this is the real explanation for a loss of pace. Ms Lewis also enquired when Board will be provided with examples of how TMH has changed service users' experience. Mr Teape suggested that there is a constant tension between proceeding quickly and trying to ensure the best possible service for service users and their carers. There continues to be robust involvement of service users, although this occasionally causes issues when they may wish to revisit decisions which have already been made. It is vital, however, to maintain engagement. Whilst also welcoming the report, Mrs Hardisty suggested that it should have included an acknowledgement of the pressures being experienced in maintaining current services. Neither does the report indicate whether or where the service would benefit from additional resource, which would better reflect patient and staff frustrations. Mr Teape explained that the original iteration had included a section on resourcing requirements, which he had removed as this has not yet been discussed by the Executive Team. Members were assured that this information would be presented to Board in due course. Mrs Rees suggested that it could be argued that the Transformation Team | |

should provide support for TMH, as they do for TCS, as the TMH programme is of equal importance to the TCS programme.

Referencing the statement on page 4 around the estimated capital investment of £15m, Mr Powell enquired whether this is revenue neutral, and was informed that this is the case. Professor Gammon requested assurance that the Llanelli Crisis Drop-in model is integrated and will be evaluated, and that steps will be taken to avoid transporting patients under Section 136 in police vehicles. Mr Teape reiterated the intention to conduct evaluations of projects, stating that there will be collaboration with university partners in this regard, and offered to discuss Professor Gammon's other concerns with him outside the meeting. Noting discussions around transport, Ms Delyth Raynsford highlighted that this is not solely an issue relating to Mental Health services, and enquired whether learning will be shared and applied elsewhere. Mrs Ryan-Davies confirmed that learning is being shared between TMH and TCS, particularly regarding transport. Mr Moore acknowledged that there is a great deal which TMH is teaching the organisation which can be applied to the health and care strategy. The TCS programme had learned from TMH in respect of co-production, and the role of and challenges resulting from co-production in terms of implementation will provide further useful lessons for TCS. Members were reminded that there will be discussions on capacity and resources at the Board Seminar in February 2019. Mrs Rees suggested that, whilst assurance can be taken that progress is being made, more detailed discussions are required at the Mental Health Implementation Group.

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The Board **NOTED** the update report on the implementation of the Transforming Mental Health programme and received some assurance that specific progress was being made to change current service in line with the new model.	

PM(18)217	**UPDATE ON THE NURSE STAFFING LEVELS (WALES) ACT 2016**	

Mrs Rayani introduced the Update on the Nurse Staffing Levels (Wales) Act 2016 report, reminding Members of the background to this item. Mrs Rayani emphasised that this is a dynamic process, with changes to figures based on reconfiguration of beds and categorisation of wards. Members noted that, in response to previous discussions, further clarification had been requested with regards to 'All Reasonable Steps', with discussion having taken place at the All Wales Directors of Nursing Group. Mrs Rayani reported that work is taking place around District Nursing, Mental Health and Paediatric nurse staffing principles, and assured Members that the UHB is well engaged in the direction of travel.

Professor Gammon enquired whether it is likely that an uplift will be required for Mental Health wards. Mrs Rayani advised that she has met with Heads of Service and this is likely to be the case; further information on Mental Health, District Nursing and Paediatrics will be provided in the next report. In line with the report's recommendations, it was agreed to delegate monitoring of the implementation plan to QSEAC, in addition to the mandated reporting to Board.

The Board **NOTED** the update provided, **SUPPORTED** the approach being adopted and formally **DELEGATED** monitoring of the implementation plan to QSEAC on a bi-annual basis.	

PM(18)218	**TENBY WALK-IN CENTRE EVALUATION**	
	Ms Paterson presented the Tenby Walk-In Centre Evaluation report, reminding Members that implementation of this service had been approved by Board in January 2017, with an agreement that it be reviewed after 12 months of operation. Members heard that the original model had been Advanced Nurse Practitioner (ANP) led; however following recruitment challenges, this had been changed to an Emergency Nurse Practitioner (ENP) led model. Ms Paterson highlighted that over the course of the evaluation period, the service has seen 6,068 patients; of these, 15% were referred to other services. There is a sense that the demand on A&E at Withybush General Hospital has not necessarily reduced, and that certain of the patients presenting there could have attended the Tenby Walk-In Centre. However, the service has been positively received by the local community. Ms Paterson emphasised that she did not recommend the service be taken forward in isolation; it should be integrated into the UHB's wider future health and care model and the local area model. Mrs Hardisty advised that she had been tasked by Board to Chair the Implementation Group and that, whilst there had been significant challenges in the early stages, the Group is now at a point where it is looking to the future. There has been very positive engagement from local GP surgeries and from Welsh Ambulance Services NHS Trust (WAST). Mrs Hardisty suggested that the model fits well with the overall health and care strategy and hoped that the Board will feel able to support the next steps proposed in the report.

Cllr. Hancock agreed that Tenby residents are very appreciative of the service and enquired whether the issues in recruiting ANPs may have implications going forward. Ms Paterson suggested that it would be possible to test the market again, emphasising that whilst there are ANPs within the organisation, it had been decided best not to destabilise the system by moving them. Mr Lewis welcomed the positive report. Referencing Ms Paterson's statement that the 6,000 patients would have gone elsewhere if the Walk-In Centre was not in existence, Mr Lewis wondered whether this was correct, or whether the organisation has created extra demand by providing additional capacity. Whilst acknowledging this possibility, Ms Paterson suggested that it is difficult to give a definitive answer. It was important to recognise, however, that patients requiring a service were able to have their needs met, and it is likely that they would have otherwise visited a GP or A&E. Ms Paterson accepted that there is education still required, as it may have been appropriate for certain of these patients to access services from Community Pharmacies, for example. Mrs Rees thanked Mrs Hardisty for chairing the Implementation Group and for her contribution to the successful implementation of a service which has provided confidence to the public. Whilst acknowledging Mr Lewis' comment, Mrs Rees suggested that the patients treated would have accessed other services and reminded Members that local GP services are fragile. | |
| | The Board:
- **NOTED** the Evaluation Report.
- **SUPPORTED** the next steps and actions as highlighted in Chapter 6 of the accompanying report. | |

	• **SUPPORTED** the next steps to align the Walk-in Centre with the wider vision for integrated Network and Hub in South East Pembrokeshire.	

PM(18)219	**WINTER PREPAREDNESS 2018/19**	
	Mr Teape introduced the Winter Preparedness 2018/19 report, explaining that this builds on the report presented to the previous Board meeting. It was emphasised that the plan has been co-produced by the UHB, local authority partners and WAST, and had been endorsed by the Directors of Social Services in the 3 Local Authorities. Members heard that the UHB is meeting with Simon Dean from Welsh Government to review its plan. Mr Teape advised that there has been alignment with the Seasonal Influenza Plan, and welcomed the support provided by the Communications Team in developing a winter communications plan. The additional funding being made available to HDdUHB by Welsh Government is expected to amount to £1.941m. Of the total national amount, £4m had been top-sliced for All Wales initiatives such as expansion of the Advanced Paramedic Practitioner programme, which will also benefit the UHB. Mr Teape elaborated on actions planned for winter 2018/19, which would fall into three categories: current spending; new costs (funded by the additional Welsh Government monies) and nationally-facilitated initiatives. Bed impact estimates have been calculated; it is anticipated that the initiatives will make a difference sufficient to close the predicted bed gap. A proportion of the Welsh Government funding will be utilised to maintain beds which would otherwise have been closed as part of Turnaround.

Mrs Hardisty commended the plan, which she suggested feels very different from previous years and represents a 'whole Health Board' approach. Mrs Rees expressed concern regarding sustainability of the beds mentioned in terms of whether these will be staffed by agency or establishment staff, and the lack of certainty regarding these beds. Mrs Rayani advised that, whilst new nursing staff have commenced in September and October, there will be a reliance on Bank and agency staff. Members were assured that processes are being maintained and constantly reviewed. Mr Teape explained that the beds in question are 12 beds at Withybush General Hospital which have been opened in previous years. If improvement work is maintained and the UHB has empty beds, then these will be removed where appropriate. Mr Morgan noted that there are various projects mentioned and enquired whether there are plans to evaluate each, as some may offer benefits for patients in the longer term. Mr Teape suggested that this probably warrants further consideration and discussion. Mr Hearty also praised the winter plan, stating that it is comprehensive. He counselled, however, that plans are only good if they are budgeted for, and suggested that the organisation needs to consider at an earlier stage what it requires for winter and how it will fund requirements. It was noted that the UHB would not have been able to deliver the items outlined without additional funding from Welsh Government. Mrs Rees accepted that the organisation would have been challenged without the additional funds. | |
| | The Board:
• **NOTED** the extent of preparations and planning undertaken ahead of winter 2018/19 and the position from which the unscheduled care | |

	service will enter winter. • **NOTED** the content of the winter resilience plan. • Was **ASSURED** by the measures the service has designed into its plan to tackle the pressures expected to impact through the period. • **APPROVED** the allocation of funding and associated costs as set out in this report totalling £1.941m.	
PM(18)220	**COMMITTEE UPDATE REPORTS: BOARD LEVEL COMMITTEES**	
	Mrs Wilson outlined the Committee Update Reports relating to Board Level Committees, drawing Members' attention to those matters requiring consideration or approval by the Board and the areas of concern and risk which had been raised by the Committees.	
	The Board **ENDORSED** the updates, recognising any matters requiring Board level consideration or approval and the key risks and issues/matters of concern identified, in respect of work undertaken on behalf of the Board at recent Committee meetings.	
PM(18)221	**COMMITTEE UPDATE REPORTS: IN-COMMITTEE BOARD**	
	The Board **RECEIVED** the update report of the In-Committee Board meeting.	
PM(18)222	**COMMITTEE UPDATE REPORTS: HDdUHB ADVISORY GROUPS**	
	Mrs Gostling advised that a workshop around 'New Ways of Working' for the Partnership Forum had recently taken place. This had been an extremely positive session and would be reported in further detail at a future Board meeting. Mr Morgan, who had attended the workshop, confirmed that it had been positive; adding that there is a recognition that all staff are committed to working together, although they may be approaching issues from different angles. Mr Morgan emphasised the importance of involving staff-side in all discussions at an early point. Mrs Rees welcomed this development.	
	The Board **RECEIVED** the update report in respect of recent Advisory Group meetings.	
PM(18)223	**HDdUHB JOINT COMMITTEES AND COLLABORATIVES UPDATE REPORT**	
	Mr Moore advised that the organisation's views on the need for 24/7 Emergency Medical Retrieval services have been communicated to Welsh Government.	
	The Board **RECEIVED** for information the minutes, summary reports and updates in respect of recent Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC), NHS Wales Shared Services Partnership (NWSSP) Committee, NHS Wales Collaborative Leadership Forum (CLF), Mid Wales Joint Committee for Health and Social Care (MWJC) and Joint Regional Planning & Delivery Committee (JRPDC) meetings.	
PM(18)224	**HDdUHB UPDATE FROM PUBLIC SERVICES BOARDS**	
	Ms Jennings outlined the HDdUHB Update from Public Services Boards (PSBs), emphasising that all PSBs are working to convert their well-being plans into specific actions, and on the required coordination.	

	The Board: • **NOTED** the links to the PSB websites where the agenda, papers and minutes of recent PSB meetings held in Carmarthenshire, Ceredigion and Pembrokeshire can be accessed. • **NOTED** the progress updated for each PSB, and the key areas of discussion highlighted in the report.	
PM(18)225	**NHSBT ORGAN DONATION ANNUAL PLAN: REVIEW OF ACTUAL AND POTENTIAL DECEASED ORGAN DONATION 01/04/2017 – 31/03/2018**	
	Mr Teape presented the Organ Donation Annual Plan 2017/18, advising that he has spoken with Kathy Rumbelow, the UHB's Specialist Nurse for Organ Donation; who has confirmed that there have been many positive developments and that all HDdUHB staff are engaging well in the organ donation process, with excellent attendance at training. HDdUHB is leading other Health Boards in this area, and Wales is ahead of the rest of the UK in terms of organ donation. Members noted that an additional Organ Donation Nurse is due to commence employment in January 2019.	
	The Board: • **DISCUSSED** and **NOTED** the Health Board's Performance against the priorities set for 2017/18 and the action plan for 2018/19 to address shortfall in performance. • **APPROVED** the Annual Plan for submission to NHSBT and Welsh Government.	
PM(18)226	**HDdUHB PRIMARY CARE ANNUAL REPORT 2017/18**	
	Ms Paterson introduced the HDdUHB Primary Care Annual Report 2017/18, emphasising the importance of acknowledging activity in this area.	
	The Board **NOTED** the HDdUHB Primary Care Annual Report 2017/18.	
PM(18)227	**BOARD ANNUAL WORKPLAN**	
	The Board **NOTED** the Board Annual Work Plan.	
PM(18)228	**DATE AND TIME OF NEXT MEETING**	
	9.30am, Thursday 31st January 2019, County Council Chamber, Pembrokeshire County Council, Freemans Way, Haverfordwest, Pembrokeshire SA61 1TP	

3.4   Matters Arising & Table of Actions from the Meeting held on 29 November 2018 / Materion sy'n Codi a Thabl o Gamau Gweithredu o'r cyfarfod ar 29 Tachwedd 2018

Presenter: Chair

Table of Actions from Health Board Meeting in Public held on 29 November 2018

Scheme of Delegation amendments following November 2018 Board

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
PM(18)147 *(26th July 2018 meeting)*	**IMPROVING EXPERIENCE REPORT:** To work with the CHC to develop proposals around improving the experience of patients and to present an update to the November 2018 Board meeting.	JG/PK/ MR	Nov 2018	Following discussions at the Board Seminar in December 2018 and discussions with the CHC, the Health Board will be revising its Patient Experience approach. A Patient Experience Charter will be developed, which will be submitted, together with a detailed implementation plan, to the QSEAC meeting on 4th April 2019. Annual Plan submissions have also been made regarding investment in patient experience systems, to enable implementation of the plan.
PM(18)191	**PUBLIC FORUM:** • To provide letters of response to the questions received and to ensure that responses are available on the UHB website.	BR	December 2018	Completed.
PM(18)196	**MATTERS ARISING & TABLE OF ACTIONS FROM THE MEETING HELD ON 27TH SEPTEMBER 2018:** • To provide a further update on RADIS implementation to BPPAC.	KM	December 2018	A paper on implementation of national systems (including RADIS) was presented to the BPPAC meeting on 18th December 2018.

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
PM(18)199	**REPORT OF THE AUDIT & RISK ASSURANCE COMMITTEE:** • To amend the BPPAC Assurance Report section as indicated.	CM	December 2018	Completed. Amended version published on UHB website.
PM(18)200	**APPROVAL OF THE SCHEME OF DELEGATION:** • To discuss minor amendments, with Mrs Rees to be consulted to ensure that these are only minor and that resubmission to Board is not required.	PK/JW/BR	December 2018	Completed. Approved via Chair's action. Summary attached.
PM(18)202	**ADULT THORACIC SURGERY REVIEW:** • To add Thoracic Surgery to the agenda for the upcoming joint ABMUHB and HDdUHB CHC meeting.	KM	December 2018	It has been requested that this item be added to the agenda for the meeting on 21st February 2019.
PM(18)205	**TURNAROUND UPDATE/FINANCE UPDATE – MONTH 7 2018/19:** • To enact decisions at Finance Committee around the request for cash support from Welsh Government.	HT	December 2018	Assurance was provided to the Finance Committee on 20th December 2018 on the request for additional cash support, and this request has been submitted to Welsh Government.
PM(18)208	**INTEGRATED PERFORMANCE ASSURANCE REPORT – MONTH 7 2018/19:** • To prepare a report for BPPAC examining in more detail Therapies waiting lists and fragilities;	AS	December 2018	During discussion of the IPAR at the BPPAC meeting on 18th December 2018, the Assistant Director of Therapies and Health Science was able to provide clarity on the 14 week therapy waiting time figures being reported, and an assurance of an anticipated zero position by 31st March 2019, assuming the therapy

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
	• To prepare a report for QSEAC around A&E waits, to include information regarding how the UHB is implementing learning from Delivery Unit escalation events.	JT	February 2019	staffing position holds. BPPAC was content with the update and the Chair undertook to provide this assurance to the Board via the BPPAC Update Report. Forward planned for QSEAC meeting on 5th February 2019.
PM(18)215	**STRATEGIC EQUALITY PLAN ANNUAL REPORT 2017/18:** • To discuss the workforce detail to ensure this is considered as part of equality reporting via the Workforce & OD Sub-Committee.	LG/KD	January 2019	Completed. LG and KD have discussed. Relevant data is processed for the Workforce & OD Sub-Committee, as appropriate. Information from this Sub-Committee is triangulated with any relevant matters arising in Board committees (e.g. QSEAC) through the Director of Workforce & OD.
PM(18)216	**TRANSFORMING MENTAL HEALTH SERVICES UPDATE:** • To discuss queries regarding the Llanelli Crisis Drop-in with Professor Gammon.	JT	January 2019	Separate briefing on pilot schemes has been prepared for Professor Gammon.

Amendments made to Scheme of Delegation January 2019

Scheme of Delegation – Amendments made following Board 29th November 2018

Delegated Matter	Change made	Justification
Acute Care Alliances leadership and Coordination	Removed from the Scheme	Acute Care Alliances has ceased, with Karen Miles leading on ARCH and Dr Phil Kloer chairing the Service Transformation Group jointly with the Medical Director in ABMU.
Human Tissue Act 2004 – Licence Holder	Amended delegation from the Medical Director to the Director of Therapies and Health Science. Operational responsibility remains unchanged.	Realignment of Executive Director portfolios.
Accountable Officer for Controlled Drugs	Amended category from Estates to Medicine Management. Amended title delegated operational responsibility.	Cut and paste error made in the development of the document. Historic delegation which has been amended.
Information Management & Technology Strategy c) Development and revision of Information Sharing Protocols	Amended delegation from the Medical Director to the Director of Planning, Performance and Commissioning. Operational responsibility remains unchanged.	Overarching responsibility for the Information Management & Technology Strategy is held by Director of Planning, Performance and Commissioning. The Caldicott Standards elements will continue to be supported by the Medical Director as Caldicott Guardian.
Medical Staffing a) Support b) Development of medical staff job plans	Amended wording to aspects of the delegated matter a) Authorisation above medical and locum cap b) Job Planning Delegation remains unchanged	Amended wording provides clarity regarding the delegated matter.

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	31 January 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Report of the Chair
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mrs Bernardine Rees, OBE, Chair
SWYDDOG ADRODD: **REPORTING OFFICER:**	Joanne Wilson, Board Secretary

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation To provide an update to the Board on relevant matters undertaken by the Chair of Hywel Dda University Health Board (the UHB) since the previous Board meeting.
Cefndir / Background This overarching report highlights the key areas of activity and strategic issues engaged in by the Chair and also details topical areas of interest to the Board.
Asesiad / Assessment **Chair's Action** There may 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, supported by the Board Secretary as appropriate, may deal with these matters on behalf of the Board. There has been one such action to report since the previous meeting of the Board, the details of which are attached as Appendix 1 to this report. **Matters Arising since the Board Meeting Held on 29th November, 2018** **Board Seminar** On 13th December 2018, Board Members received a presentation from Wales Audit Office on the Draft Structured Assessment 2018 Report, followed by a detailed discussion on its contents. The Board considered its responses to the findings and recommendations from the draft report, with the final report being included on the agenda for today's meeting. The second item to feature at the Board Seminar was a presentation on the subject of Patient Experience and the Board discussed its future approach to patient experience within Hywel

Dda. Also on the agenda, in the form of a presentation, was an update on Paediatric Services. This informed the Board of the progress made by the Paediatric Task & Finish Group.

The final matter to be featured during the session was a presentation on the 3 Year Plan, incorporating the Annual Operating Plan for 2019/20. The Board was presented with the context and background to the 3 year Service Change Plan and priority pathways, together with the key (high level) considerations and services proposed for pathway redesign, focusing on Year 1 Finance and Performance as part of the 3 year plan. All of the proposals are likely to require engagement and consultation, including Impact Assessments and will also require additional planning and programme management to formulate robust business cases. A further update on the Annual Plan for 2019/20 is on the agenda for today's meeting.

Brexit
With clear instruction from the NHS Wales Director General, health organisations are continuing to prepare for the consequences of Brexit, including a potential no-deal scenario.

Hywel Dda UHB is participating in a robust planning structure at local, regional and national levels. Adopting a risk assessment approach, potential impact on Hywel Dda UHB has led to the development of contingencies to mitigate these risks. Dyfed Powys Local Resilience Forum (of which Hywel Dda UHB is a member) has led the work on assessment of wider community risks.

A series of exercises is under development to explore contingencies and preparedness to provide assurance against the potential consequences. Hywel Dda UHB will also participate in any command and control structures activated as part of the Brexit response arrangements.

Key Meetings
On behalf of the UHB, the Chair or a nominated deputy, has met with or attended the following meetings/events since the previous Board meeting:
- Meeting with Professor Julian Hopkin, Swansea University
- Wellness Project Board
- LHB/CHC Chair/CEO monthly meeting
- Rural Health & Care Wales Conference
- Team Wales
- National Primary Care Conference
- Meetings with AM's & MP's
- Duty of Candour Event
- Carmarthenshire County Council - Overview and Scrutiny Committee
- Swansea Bay City Deal Joint Committee
- Transformation Bid meeting
- Joint Regional Planning & Delivery Committee
- Swansea Bay City Deal Event
- Mid-Year Appraisal with Cabinet Secretary

Events/Visits
Bronglais Hospital – New Dyfi Ward open for business
Patients in Mid Wales have been given a boost following the reopening – and renaming – of a Bronglais Hospital ward which underwent a series of improvement works over the summer. The new Dyfi Ward (formerly Iorwerth) which historically managed patients with cardiac and

respiratory conditions, opened on Monday 10th December 2018 following its temporary closure over the summer. Following a staff ballot, the ward was renamed with two designations - Dyfi East, which now has a newly-modelled Non Invasive Ventilation (NIV) area for patients with complex respiratory conditions, and Dyfi West, which has modernised cardiac monitoring equipment for its patients. The ward staff will work as a single team and this offers opportunities for skills exchange in the management of two distinct patient groups. The ward has also been redecorated and improved with dementia-friendly colours.

South Pembrokeshire Hospital - The Jeffery Northcote Wing, Sunderland Ward
During 2018, Sunderland Ward worked hard to develop a dedicated 3 bedded unit for end of life care, with the official opening of The Jeffery Northcote Wing taking place on 19th December 2018. With the beds dedicated to patients approaching the last days to short weeks of life and the rooms also having a riser recliner chair enabling a loved one to stay overnight, the emphasis will be on comfort and making end of life care less clinical and more homely, with the reassurance that the wing is staffed by nurses and healthcare assistants who have had experience and training in end of life care. The Northcote wing has been named in memory of the late Mr Jeff Northcote, a former charge nurse on the ward who himself chose Sunderland Ward as his preferred place of death.

<u>**Celebrating Success/Awards**</u>
Double success for Hywel Dda University Health Board at MediWales Innovation Awards 2018
I am delighted to announce that we received two awards at the recent MediWales Innovation Awards. The awards were attended by guests from the NHS, government, academia and industry to celebrate the year's biggest achievements in the Welsh life sciences sector. The prestigious event was held at Cardiff's National Museum of Wales and was delivered with support from BioWales, the Welsh Government's Healthcare Technology, Strategy & Innovation Team and Health & Care Research Wales.

Our first achievement was recognised in the NHS Collaboration with Industry Award Category for our Pulmonary Rehabilitation Team, who have developed the Virtual Pulmonary Rehabilitation (VIPAR) service to connect standard lung rehabilitation services to local village halls and community independent living centres via video conferencing. They worked in partnership with Comcen and Polycom to deliver the technical needs for the system. The project has demonstrated that technology can enhance service delivery, especially in rural areas, to benefit our citizens.

The second award, Research Excellence in NHS Wales, was won by our Research and Development Team who developed the LungCAST study, which has the largest cohort in the world looking at the immediate and long-term impact of continued smoking and quitting of patients after a lung cancer diagnosis on survival, quality of life and treatment complications. We know that 85% of lung cancer diagnoses are caused by smoking, and researchers in this study believe that smoking after diagnosis may affect the course of the condition. The research could help to support patients through specialist smoking cessation advice, to improve quit rates leading to an increase in survival rates. Our dedicated service has been developed in partnership with Swansea University, Public Health Wales and the Wales Cancer Network to support quit attempts and help improve survival in patients with cancer.

Intensive Care nursing staff achieve top awards
Philippa Oldland, Carys Nicholls and Susie Henwood, ITU in Glangwili Hospital, and Rea John, ITU Withybush Hospital have been awarded top awards (1st, 2nd and two 3rd places) for their first year course work of a Critical Care Masters degree at Cardiff University. The MSc in Critical Care is an international degree which attracts students worldwide. It explores the management of critically ill patients and enables students to develop abilities in critical analysis, problem-solving, decision-making, finding and using evidence and in dealing with complex issues. It offers students the opportunities to demonstrate the development of knowledge and skills in relation to the application of evidence-based medicine and the potential enhancement of services and governance frameworks. All four members of staff will soon be commencing work on their final dissertation which requires them to examine an in-depth issue related to current practice of the critically ill patient. Our critical care team would like to wish them all a massive "congratulations and good luck for your remaining degree work."

Paediatric Palliative Care Service bid for cash boost
Hywel Dda Health Charities is bidding to bag a cash boost from the Tesco Bags of Help initiative. Our Paediatric Palliative Care Service has been shortlisted to receive a cash award from the Tesco community funding scheme, which sees grants of £4,000, £2,000 and £1,000 raised from carrier bag sales in Tesco stores. The service cares for and supports children and their families in our local community, from the point of diagnosis through to the time of death and bereavement. Our paediatric palliative care play specialist uses her expertise to help children, young people and their families to cope with illness and treatment using a range of therapeutic play based interventions. Donations received will support the therapeutic play activities provided by our play specialist both in home and community settings for our children and young people as well as their families.

Celebrating Long Term Service
Our first awards ceremony to celebrate staff who have worked in the NHS for over 40 years was held in November 2018. Those who were able to attend on the day have almost 900 years of invaluable service and knowledge between them! It was a lovely afternoon spent celebrating the dedication of some of our longest serving members of staff. From talking to people on the day it was clear that working in the NHS becomes more than a job for so many.

On behalf of the Board, we are immensely proud of every one of our award winners' commitment and achievements, all of which benefit our patients across Hywel Dda.

Employee or Team of the Month
Members of staff, patients, service users and the public are invited to nominate those who have gone above and beyond the call of duty and to highlight the excellent work being undertaken across the University Health Board. Since the Board was last updated at its November 2018 meeting, the following employees/teams have received the 'Employee or Team of the Month' award.

Employee or Team	Reason for Nomination
Bespoke Repatriation Team, Psychological Therapies Service.	Angela Lodwick, Head of Specialist Child & Adolescent Mental Health Services and Sara Rees, Head of Acute Mental Health Services, jointly nominated the team in recognition of their dedication and patient-centred focus. The team has expertly co-ordinated an innovative pilot

	project to provide a community based bespoke flexible service for patients who are currently in residential placements away from their community and local services.
Jenny Forrest, Nutrition Nurse Specialist, Withybush Hospital.	Nominated by Julie Regan, Clinical Lead Dietitian for Adult Acute Nutrition Support in recognition of her enthusiasm and passion for her role. Jenny's delivers high quality, patient-centred care, and her support and advice about nutrition has helped patients to be discharged home and she always goes that extra mile, treating staff colleagues with kindness and compassion, as well as providing training and education to clinical colleagues.
Jennifer Lynch-Wilson, Clinical Nurse Specialist for Interstitial Lung Disease (ILD) patients across the Hywel Dda UHB area.	Jennifer was nominated by Sarah Williams, Senior Nurse in Glangwili Hospital for her passion and commitment, and always putting her patients first. Since Jennifer has been in post, she has been pivotal in a number of improvements, including setting up a patient support group; establishing a telephone clinic support system and providing home visits. Jennifer has also led or been involved in a number of other developments and joint working to help make a real difference for patients with Interstitial Lung Disease in our communities. Jennifer is always willing to share her extensive knowledge and skills with others, leads by example, is an excellent role model and strives to provide the best possible care to her patients.
Joan Harding and Yvonne Gilibrand, Hotel Facilities Assistants at Yorke Street Health Care Centre, Milford Haven.	Nominated by staff at the Health Care Centre, Joan and Yvonne have been recognised for the impact their thoughtful actions have on the daily lives of those working at and visiting the centre. They have both worked there for many years and are always welcoming to new staff; work hard to ensure the centre is clean and a pleasant environment in which to work and visit. On top of their busy jobs, they always find time to get involved in the life and celebrations of the centre, attending Christmas parties, supporting fundraising events and birthday celebrations.
Diabetes Team at Meurig Williams Diabetes Centre in Llanelli.	Nominated by Santosh Rupa Datla, Prescribing Advisor at Prince Philip Hospital, the Team has been recognised for their help and support to him during his clinical diploma studies in pharmacy, specialising in diabetes, despite their busy schedule. The team provides kind, compassionate and exceptional care to their patients.

Rhodri Harries, Mental Health Charge Nurse, St Caradog Ward, Withybush.	Rhodri was nominated for the award by Staff Nurse, Joanne Collins for the huge contribution he brings to the ward, its patients and staff. Joanne praised Rhodri's approach to his work and the impact this has on staff morale, often staying late after his shift has finished to ensure that staff are supported on the ward and is a shining example of how to ensure staff feel supported and valued.
Microbiology Laboratory Team at Glangwili Hospital.	The team were nominated by Public Health Registrar, Jo McCarthy, for their outstanding dedication, working tirelessly behind the scenes to ensure specimens are processed quickly and efficiently. Jo praised how they work under sometimes difficult conditions, time pressures and all members of the team regularly go above and beyond what is expected of them to ensure results are delivered in a timely manner, helping patients to receive the best care possible.

New Year's Honours List

On behalf of the Board I would like to extend warmest congratulations to the following on being included in the Queen's New Year's Honours List:

- Michael Ponton, former Community Independent Member of the Board on being awarded the MBE for services to healthcare;
- Jennifer Ann Ladd, Emergency Nurse Practitioner, Minor Injuries Unit, Cardigan Hospital, on receiving the BEM for services to the Ceredigion and Hywel Dda UHB.

Argymhelliad / Recommendation

- The Board is asked to support the work engaged in by the Chair since the previous meeting and to note the topical areas of interest.
- The Board is asked to ratify the action undertaken by the Chair on behalf of the Board, detailed in Appendix 1.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Risk Register Reference:	Not applicable for this paper.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: [Hyperlink to HDdUHB Well-being Statement](#)	Improve efficiency and quality of services through collaboration with people, communities and partners
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working:	Please explain how each of the '5 Ways of Working' will be demonstrated
	Long term - the importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs Not Applicable
	Prevention – the importance of preventing problems occurring or getting worse Not Applicable
	Integration - the need to identify how the Health Board's well-being objectives may impact upon each of the well-being goals, on its other objectives, or on the objectives of other public bodies Not Applicable
	Collaboration – acting in collaboration with anyone else (or different parts of the organisation itself) which could help the Health Board to meet its well-being objectives Not Applicable
	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 Health Board serves Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Chairman's Diary & Correspondence
Rhestr Termau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Chairman

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No impact

Ansawdd / Gofal Claf: **Quality / Patient Care:**	Ensuring the Board and its Committees makes fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Gweithlu: **Workforce:**	No impact
Risg: **Risk:**	No impact
Cyfreithiol: **Legal:**	No impact
Enw Da: **Reputational:**	No impact
Gyfrinachedd: **Privacy:**	No impact
Cydraddoldeb: **Equality:**	No EqIA is considered necessary for a paper of this type.

Appendix 1 - Register of Chairman's Actions 2018/2019

Serial No.	Requesting Department	Details of Request	Cost, where applicable	Date Issued	Date Signed by Chair
114	Primary Care – Dental & Optometry Services	Primary Care Orthodontic Services The current orthodontic contract with a specialist practice is due to end on 31st March 2019. Using an evidence based approach, the Dental Team has calculated there is currently a contracting shortfall and to meet this increased level of activity, the replacement Health Board Orthodontic Contract will need to increase in value from £1.231m to £1.660m. The 1st April 2019 projected contract start date is to meet commitments on improved patient access and quality given by the Health Board to the Chief Dental Officer. Given the extremely tight procurement timeframes and key milestones in place, the Health Board's Finance Committee endorsed the tendering process for the replacement Orthodontics Contract at the increased value of £1.660m at its meeting on 20th December 2018.	£1.660m	20/12/2018	09/01/2019

3.6   Report of the Chief Executive / Adroddiad y Prif Weithredwr
Presenter: Steve Moore

CYFARFOD BWRDD PRIFYSGOL IECHYD **UNIVERSITY HEALTH BOARD MEETING**	

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	31 January 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Chief Executive's Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Steve Moore, Chief Executive
SWYDDOG ADRODD: **REPORTING OFFICER:**	Sian-Marie James, Head of Corporate Office

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation
The purpose of this report is to: • Update the Board on relevant matters undertaken as Chief Executive of Hywel Dda University Health Board (the UHB) since the previous Board meeting held on 29 November 2018; and   • Provide an overview of the current key issues, both at a local and national level, within NHS Wales.
Cefndir / Background
This report provides the opportunity to present items to the Board to demonstrate areas of work that are being progressed and achievements that are being made, which may not be subject to prior consideration by a Committee of the Board, or may not be directly reported to the Board through Board reports.
Asesiad / Assessment
1.   Register of Sealings   The UHB's Common Seal has been applied to legal documents and a record of the sealing of these documents has been entered into the Register kept for this purpose. The entries at **Appendix A** have been signed by the Chair and Chief Executive or the Deputy Chief Executive (in the absence of the Chief Executive) on behalf of the Board (Section 8 of the UHB's Standing Orders refers).   **2.   Consultations**   The UHB receives consultation documents from a number of external organisations. It is important that the UHB considers the impact of the proposals contained within these consultations against its own strategic plans, and ensures that an appropriate corporate response is provided to highlight any issues which could potentially impact upon the

organisation. A status report for Consultation Documents received and responded to is detailed at *Appendix B*, should any Board Member wish to contribute.

3.   Strategic Issues

The following information is to update and advise Members of recent strategic issues affecting the UHB and NHS Wales:

Update on the Joint Executive Committee Meeting
Members of the Executive Team and I meet bi-annually with the Chief Executive NHS Wales and members of his senior team as a Joint Executive Team (JET); the most recent meeting was held on 30 November 2018. This was a positive meeting that covered a wider set of areas than are discussed at Targeted Intervention meetings. Discussions focused on the UHB's financial position, which is considered to be our biggest challenge, and the need to deliver on our operational targets. Positive feedback was also given to the UHB on the Transforming Clinical Services consultation process.

Annual Plan
The UHB has a duty to comply with the requirements of the NHS Planning Framework 2018/21 (WHC/2018/040 NHS Planning Framework 2019/22) issued by Welsh Government (WG) on 12th October 2018. However, following several discussions between the UHB and WG at Planning meetings since October 2018, it was acknowledged prior to Christmas that the UHB would not be in a position to submit a 3 year Integrated Medium Term Plan (IMTP), given the current status of the Transforming Clinical Services and Turnaround Programmes. As such, subsequently, as we are developing an Annual Plan for 2019/20, it has been agreed with WG that the UHB is not required to comply with the Planning Framework timescales contained within the WHC, and it is now anticipated that the UHB will be submitting the Annual Plan later in this financial year.

Director of Public Health Annual Report
The UHB is taking a different approach to the publication of the Director of Public Health Annual Report. The 2018 and 2019 reports will be combined into one report with the first looking back on the year 2018 and the second looking forward to the journey we are embarking upon for the next 20 years in respect of the long term hopes and aspirations we have as a Board.

Llanelli Wellness Village
Attached at *Appendix C* is an update report on the Llanelli Wellness Village, reflecting the progress of the Health and Well-being work stream (chaired by Professor John Gammon). This asks the Board to discuss and endorse the Llanelli Wellness and Life Science Village as a Health and Well-Being Centre (in line with our Strategy). The scheme will not have a capital commitment for the UHB and any revenue implications will be addressed in the financial delivery plans for the year they fall due. It will, as far as possible, reduce the revenue impact but is unlikely to be revenue neutral. There is an associated £54.5m of economic benefits resulting from the scheme, which is to be welcomed.

Argymhelliad / Recommendation

The Board is invited to:

Register of Sealings: Appendix A
Endorse the Register of Sealings since the previous report on 29 November 2018; and

Consultation Documents: Appendix B
Note the status report for Consultation Documents received/responded to.

Llanelli Wellness Village: Appendix C
- **Note** the update provided by this paper.
- **Note** the remit and scope for clinical delivery, recognising the extensive clinical leadership and engagement that has fed into the development of the report.
- **Endorse** the Llanelli Wellness and Life Science Village as a Health and Well-Being Centre in line with the principles set out in this report and the Transforming Clinical Services Strategy.
- **Note** that there will be consequent service redesign and associated business planning undertaken and that business planning has commenced through issue of service templates. Service redesign and business planning will, as far as possible, reduce the revenue impact, however is unlikely to achieve a revenue neutral position.
- **Note** that, subject to a Programme Business Case detailing all of the costs and benefits, the draft revenue implications will be £27,000 per module; this will be confirmed by District Valuer in January 2019.
- **Note** that there will be associated health system economic benefits.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Risk Register Reference:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	9. To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 10. To deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: [Hyperlink to HDdUHB Well-being Statement](#)	Improve efficiency and quality of services through collaboration with people, communities and partners Support people to live active, happy and healthy lives
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working:	Please explain how each of the '5 Ways of Working' will be demonstrated
	Long term - the importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs
	Prevention – the importance of preventing problems occurring or getting worse
	Integration - the need to identify how the Health Board's well-being objectives may impact upon each of

	the well-being goals, on its other objectives, or on the objectives of other public bodies
	Collaboration – acting in collaboration with anyone else (or different parts of the organisation itself) which could help the Health Board to meet its well-being objectives
	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 Health Board serves

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Chief Executive's meetings (internal, external and NHS Wales wide), diary and correspondence
Rhestr Termau: Glossary of Terms:	Explained in the body of the Report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial requirements are identified in Appendices, where appropriate.
Ansawdd / Gofal Claf: Quality / Patient Care:	Ensuring the Board and its Sub-Committees makes fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Gweithlu: Workforce:	No specific impact
Risg: Risk:	This report provides evidence of current key issues at both a local and national level which reflect national and local objectives and development of the partnership agenda at national, regional and local levels. Ensuing that the Board is sighted on key areas of its business, and on national strategic priorities and issues, is essential to assurance processes and related risks.
Cyfreithiol: Legal:	Any issues are identified in the Appendices.
Enw Da: Reputational:	Any issues are identified in the Appendices.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	• Has EqIA screening been undertaken? No • Has a full EqIA been undertaken? No

Appendix B: Register of Sealings from 12 November 2018 – 10 January 2019

Entry Number	Details	Date of Sealing
240	Lease of the Electricity Substation Site at Bath House Farm, Cardigan between Hywel Dda University Local Health Board and Western Power Distribution (South Wales) PLC	11/12/2018
241	Deed of Covenant relating to a lease of land at Llwynhendy Health Centre, Llwynhendy Road, Llanelli, Carmarthenshire SA14 9BN between Hywel Dda University Local Health Board and Dr Beata Aurelia Brzezinska, Dr Rachel Claire Devonald, Dr Helen Sykes and Dr Mark Darbyshire	09/01/2019

Appendix B: Consultations Update Status Report up to 10 January 2019

Ref No	Name of Consultation	Consulting Organisation	Consultation Lead	Received On	CLOSING DATE	Response Sent
368	Setting the minimum unit price of alcohol	Welsh Government	Ros Jervis	04.10.2018	21.12.2018	20.12.2018
369	Endoscopy Services	National Assembly for Wales	Joe Teape, Carly Buckingham	09.10.2018	05.11.2018	25.10.2018
370	Ethnicity Pay Reporting	UK Government	Lisa Gostling, Angie Oliver	17.10.2018	11.01.2019	11.01.2019
371	Connected communities - Tackling loneliness and social isolation	Welsh Government	Ros Jervis, Jan Batty, Rhys Sinnett	25.10.2018	15.01.2019	15.01.2019
372	Action on Disability: the Right to Independent Living	Welsh Government	Sarah Jennings, Anna Bird, Jackie Hooper	05.11.2018	18.01.2019	11.01.2019
373	Proposed Indicators for the Welsh Index of Multiple Deprivation 2019	Welsh Government	Ros Jervis	08.11.2018	17.12.2018	14.12.2018
374	Pembrokeshire Bus Services	Pembrokeshire County Council	Joe Teape, Gareth Skye	20.11.2018	31.12.2018	20.12.2018
375	WHSSC consultation: CP164 Clinical Trials	Welsh Health Specialised Services Committee	Dr Phil Kloer, Dr Keir Lewis, Lisa Seale	22.11.2018	03.01.2019	20.12.2018
376	WHSSC: Gilead Axicabtagene Ciloleucel and Novartis Tisagenlecleucel	Welsh Health Specialised Services Committee	Karen Miles, Phil Kloer	28.11.2019	27.12.2018	Late response submitted & accepted by WHSSC 03.01.2019
377	Auditor General for Wales: three-year forward programme of work	Wales Audit Office	Joanne Wilson, Huw Thomas	03.12.2018	11.01.2019	11.01.2019
378	Draft additional learning needs code	Welsh Government	Alison Shakeshaft, Natalie Vanderlinden	12.12.2018	22.03.2019	

Ref No	Name of Consultation	Consulting Organisation	Consultation Lead	Received On	CLOSING DATE	Response Sent
379	Pembrokeshire County Council Local Development Plan 2 - Review	Pembrokeshire County Council	Karen Miles, Paul Williams, Rob Elliot	18.12.2018	04.02.2019	
380	Regulated services (Service providers and responsible individuals) (Wales) amendment regulations 2019	Welsh Government	Alison Shakeshaft, Lisa Gostling, Mandy Rayani, Will Oliver	22.11.2018	21.12.2018	20.12.2018
381	Code of practice on the delivery of autism services	Welsh Government	Joe Teape, Liz Carroll, Angela Lodwick, Helen Matthews	20.12.2018	01.03.2019	
382	Draft Good Practice guidance for the Welsh Public Service on working with adult perpetrators of VAWDASV	Welsh Government	Mandy Rayani, Sian Passey	03.01.2019	15.01.2019	Response completed by Sian Passey via online survey 08.01.2019
383	Shortage occupation list 2018: call for evidence	UK Government	Alison Shakeshaft, Will Oliver	03.01.2019	06.01.2019	Online response completed by Will Oliver from Therapies and Health Science perspective 04.01.2019
384	Draft national violence against women, domestic abuse and sexual violence indicators	Welsh Government	Mandy Rayani, Sian Passey,	07.01.2019	29.03.2019	
385	WHSSC PP177 Burosumab for treating X-linked hypophosphataemia in children and young people	Welsh Health Specialised Services Committee	Dr Phil Kloer, Karen Miles	07.01.2019	04.02.2019	
386	WHSSC Hyperbaric Oxygen Therapy, Commissioning Policy CP07	Welsh Health Specialised Services Committee	Dr Phil Kloer,	07.01.2019	04.02.2019	

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	31 January 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Llanelli Wellness and Life Science Village Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Karen Miles, Director of Planning, Performance and Commissioning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Sharon Burford, Project Manager Llanelli Wellness and Life Science Village

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Llanelli Wellness and Life Science Village aims to deliver health, wellbeing and economic benefits to the people of Llanelli and the region through the regeneration of development land in south Llanelli. The project proposes to deliver a cluster of new facilities comprising:

- Wellness Hub - a new sports, aquatics and wellbeing centre including a state of the art gym designed to facilitate rehabilitation and includes proposals for a hydrotherapy pool
- Community Health Hub - incubation facility for business start-up, growth and clinical research and product development, health service delivery and education skills and training. This includes a Joint Clinical Research Facility.
- Assisted Living – including a nursing home and extra care housing
- Wellness hotel and housing

The capital funding for the Village will be sourced or funded by Carmarthenshire County Council.

The project has four core service development partners, Carmarthenshire County Council, Swansea University, Hywel Dda University Health Board and Abertawe Bro Morgannwg University Health Board.

The project is being delivered through a number of work streams which reflect these key elements. The work streams have now been being brought together to facilitate cross working, pathway integration and maximise opportunities and minimise the risk of duplication. The four work streams are:

- Institute of Life Science (ILS)
- Health and Wellbeing
- Education Skills and Training
- Assisted Living
- Wellness Hub

This report is primarily based upon the work of the Health and Wellbeing work stream which is chaired by Professor John Gammon who also chairs the Education Skills and Training Work Stream. The Health and Wellbeing work stream contains clinical and managerial representatives of all service areas covering both acute and community services and the Triumvirate of Prince Philip Hospital.

This work stream has the remit to develop the strategic direction for health care in the Village and through this to identify services that could be delivered within the Village, set out in the Clinical Delivery Plan. The objective is that services provided in the Village will provide efficiency benefits for the Health Board and improved outcomes for the patient. The planning aligns with the National, Regional and Health Board strategic direction, including the Welsh Government's – Prosperity for All, Wellbeing of Future Generation Act, The Swansea Bay City Deal, A Regional Collaboration for Health (ARCH), with the Transforming Clinical Services and Transforming Mental Health plans and with the Health Board Objectives.

The Clinical Delivery Plan proposes the arrangement of services within a multidisciplinary modular infrastructure based within the Community Health Hub which is intended to incorporate training alongside clinical delivery and business development and clinical and product research. The clinical space will be of standard specification and dimensions and rented from the Authority. In addition to direct clinical delivery services other services will be delivered within other areas of the Village. Health promotion and prevention will be focussed within the Wellness Hub along with exercise referral and hydrotherapy.

A separate work stream is in operation developing an Education Skills and Training strategy for the Village. Providers represented in this work stream include Swansea University, University of Wales Trinity St David, Coleg Sir Gar and Pembrokeshire College. The work stream also contains representatives from the Health Work Stream and other training commissioners. The aim of this group is to identify skills and training opportunities for the Village. This is focused on delivering education, skills and training in a way to meet the need of the health and care sector both in terms of skills shortages and in providing a modernised multidisciplinary team approach to care. Inter- professional education will be provided on site within a clinical setting. Examples of training programmes proposed include a Health and Wellbeing Academy, Graduate Entry Medical Training, Nursing and Paramedicine. The aim is to work through universities' and colleges' business development plans and align with skills gaps, thereby reducing vacancy levels.

A significant amount of work has been undertaken with Public Health Wales to address how the health promotion and prevention agenda locally can be delivered in the Village with the aim of long term health improvements for the local population.

All plans for the Village have been prepared on the foundation of the Wellbeing of Future Generations (Wales) Act 2015. Based upon the projected build timescale, building works is due to commence Quarter 3 2019 and be completed by Quarter 3 2021. Ahead of commencement on site the following key project milestones have been set.

- Confirmation of rental rates from District Valuer – January 2019
- Completion of RIBA stage 2 (concept design) – February 2019
- Commitment to space requirements – March 2019 ahead of detailed design and build
- Commencement on site September 2019
- Completion September 2021
- Financial commitment would fall due in financial year 2021-22.

Services to be delivered in the Village would generate efficiency improvements and opportunities for a shift of care from the acute to the community sector.

This paper is intended to provide an update to Board, who are requested to discuss and endorse the Llanelli Wellness and Life Science Village as a Health and Well-Being Centre in line with the principles set out in this report and the Transforming Clinical Services Strategy.

Board are asked to note that there will be consequent service redesign and associated business planning undertaken and revenue commitment will be required. Business planning has commenced through issue of service templates. Service redesign and business planning will as far as possible reduce the revenue impact, however is unlikely to achieve a revenue neutral position. To note c £27,000 will be the cost for each clinical module required. This figure will be confirmed by District Valuer in January 2019.

The Board should note that there is no capital commitment for the Health Board, and that there will be associated £54.5m of health system economic benefits.

Cefndir / Background

1. Alignment with Hywel Dda University Health Board Strategic Planning

The clinical proposals for the Village align with and support the key policy documents of Hywel Dda University Health Board including the Transforming Clinical Services (TCS) and Transforming Mental Health Services Strategies. Within TCS the Village is identified as a Health and Well-Being Centre and meets the full scope for service delivery.

2. Aims and Operational Model

The Village aims to increase the proportion of people who are healthy at all stages of life through interventions targeted at weight, diet, physical activity, mental wellbeing and chronic conditions, thereby contributing to improved wellness, independence and ultimately, greater life expectancy. In keeping with national and local orientation away from acute and episodic care, there will be a greater emphasis on prevention, health promotion and health optimisation with community based programmes developed in order to maximise impact and reach.

Proactive, multi-sectoral action to increase the proportion of people who engage in healthy behaviours is a direct priority and ambition of the UK and Welsh Governments, the latter setting out its Healthy and Active agenda to help achieve prosperity for all. A recent study has given credence to this approach: Cancer Research UK (2018) states that around 40% of all cancers diagnosed in the UK could be preventable through the adoption of healthier lifestyles.

The Wellness Village aims to promote a shift in appropriate healthcare delivery from hospital to the community. To maximise the impact of this shift, pathways will be created which incorporate community and support structures, thereby contributing to integration, reduced isolation, reduced loneliness and poor mental health.

Four principles underpin the philosophy for clinical service delivery at the Village, which build on the key aspects of the Social Services and Well-being (Wales) Act.

Person at the Centre	• Person not patient (although the 'patient' terminology will still be appropriate for some of the medical services) • Do with, not do to the person (joint decision making)
Right skilled and knowledgably professional, individual and or sector to deliver care	• A doctor is not always the right first port of call • Self-referral may be appropriate for some services
Right environment to deliver care	• A Hospital is not always the right environment to achieve best outcomes, and where appropriate care should be delivered closer to home. • Create options in the pathway(s) (to facilitate joint decision making)
Multidisciplinary/Multisector Approach	• To manage the complexity of modern care services and people with multiple health needs • Prudent care - Improve efficiency and reduced unnecessary referrals • Ensure that the family/carers are involved in discussions where appropriate.

The Llanelli Wellness and Life Science Village will form part of the wider economic development and wellness and health improvement system. Key to this will be the links across partner organisation's strategic objectives and National and Local strategies. The proposals for health and care service delivery were developed over a period of 18 months through extensive consultation within Health Boards and across county, regional and national partnership fora, including Public Services Board, Regional Partnership Board and Carmarthenshire's Third Sector Forum.

At the time of writing the Health Board was operating 10 Strategic Objectives and the service specification accordingly aligned. These have now been superseded by the work of TCS and the work adapted to align where required, however, for governance purposes the economic analysis remains set against these objectives.

3. 5 stages of life

A bespoke 5 stages of life model was developed by the Health and Wellbeing work stream to co-ordinate partner activity and aligns with the priority areas and strategic objectives of the Health Board. The key health issues and opportunities to be addressed at the Village have been identified and mapped across each life stage, as shown in the schematic below.

LIFE STAGE 1 — EARLY YEARS *Creating a healthier future*

- **Key Issues:** physical activity; raising incidence of overweight/obesity; high sugar diet and dental carries; and poor educational attainment.
- **Opportunities:** promote wellness at a young age; affordable activities; engage with families; open/green spaces; employment and training

LIFE STAGE 2 — MAINTAINING A HEALTHY LIFESTYLE

- **Key Issues:** obesity; physical inactivity; mental health; community engagement / participation; long-term unemployment and below-average household income (locality specific)
- **Opportunities:** health prevention and promotion; nurture stronger links between health and leisure; digital healthcare; employment; time credits

LIFE STAGE 3 — CHRONIC CONDITIONS *Living with illness*

- **Key Issues:** obesity; mental health conditions; burden on healthcare services; increasing burden of chronic disease with ageing populations; survivorship
- **Opportunities:** research to guide future practice; community based, person-centred model of care; smoke-free Village; lifestyle interventions; social prescribing (NERS)

LIFE STAGE 4 — STAYING INDEPENDENT FOR LONGER

- **Key Issues:** low fruit and vegetable intake; obesity; falls; loneliness and isolation
- **Opportunities:** assisted living onsite linked with R&D (living laboratory); healthy eating; falls prevention; screening; active and inclusive activities for older people; intergenerational work; dementia friendly practices

LIFE STAGE 5 — END OF LIFE CARE

- **Key Issues:** to holistically consider end of life care needs
- **Opportunities:** improving health awareness; community based care; inclusivity; to adopt the local Health Board's Delivery Plan for end of life care

The Village will create an environment of empowerment and enablement across all life stages by supporting people to manage their own health and wellbeing. In doing so, it is aimed to minimise the number of people entering LS3 & LS5. The justification is clear: non-communicable diseases have been designated a 21st Century global healthcare challenge (WHO, 2010), with Wales having the highest rates of-life limiting illness in the UK accounting for a large proportion of unnecessary emergency admissions to hospital. As such, health promotion and prevention constitute the key operating principles of the Village.

Prevention and Health Promotion advice and workshops will form a key element within the Wellness Hub. The Wellness Hub will act as a single point of access for advice services and provide access to facilities for 3rd sector and community groups. These activities will be provided in a range of multi-purpose meeting and seminar rooms included within the Hub (LS2, 3, 4, 5).

4. Health Impact Assessment

A Health Impact Assessment (HIA) has been undertaken in partnership with Public Health Wales. The HIA has formalised the health and wellness discussions and views from many stakeholders, including members of the public. An evidence base has been compiled and recommendations proposed based on local need.

5. Research proposal

A research proposal is being drafted by Swansea University School of Human and Health Sciences to investigate and better understand public perception of, and service accessibility at, the Wellness Village. This will help generate stakeholder support for services to be delivered

onsite, across the domains of health, social care, leisure and education, and will directly address an area of risk for the Village in ensuring that services/facilities are perceived to be accessible for general use,

1. Strategic Assessment

A Clinical Delivery Strategy has been signed off by the Health and Wellbeing Work Steam. The plan envisages a modernised multidisciplinary approach to delivering care. This care is that which is evidenced at providing improved outcomes when delivered in a community rather than in an acute setting. The aim is to improve the rehabilitation of patients and improve the speed of discharge, reduce follow ups and readmissions.

Subsequently the service planning is based upon the University Health Board's Strategic Objectives and aligned with the Clinical and Mental Health Transformation Strategies. The Wellness Village is identified as one of the Health and Wellbeing Centres.

All plans for the Village have been prepared on the foundation of the Wellbeing of Future Generations (Wales) Act 2015 and are set within the National and Local Context

1.1 Assessment against National Context

Strategy/Policy	Imperative	Alignment with Llanelli LS&W Village
Prosperity For All: the national strategy - Healthy & Active strand	Delivering quality health and care services fit for the future	We will focus on treatments that produce best outcomes when delivered in a **community setting** by a multidisciplinary team placing the person at the centre of their health and care decisions. The services to be delivered cover a wide range of specialities focussing on specific elements of individual care pathways. At the centre of care will be **health promotion and prevention programmes** (information and advice services). The model of care adopted in the Village should contribute to achieving a **sustainable health system** by freeing hospital space for acutely ill patients. We will capitalise on the infrastructure created within the Village to **foster stronger working relationships between health (incl. primary care) and social care** (assisted living (care home / extra care) We will develop improved pathways between health and social care which will be demonstrated through the effective and efficient use of the step-up/step-down provision created in the Village. Treating illness We will develop a **Community Care Centre** within the Village that is responsive to local needs, ensure full integration across acute primary community care bringing community and third sector groups to work as part of an integrated framework for care. Efficiencies will be created through close collaboration between health and social care to provide seamless services for patients and their carers. Carers facilities will be at the heart of the community provision within the Wellness Hub, providing holistic support alongside other wellbeing groups.

	Promoting good health and well-being	The Wellbeing Village will provide a holistic wellness solution linked to prevailing health determinants / burdens of disease. The Wellness Hub will provide sporting facilities for beginners through to elite athletes, enabling people across all life stages to meet the recommended levels of **physical activity**. Through high profile events, endorsement and linked community benefits, the sporting offer will aim to improve aspirations of residents within the adjacent Community First area.
		Within the Wellness Hub, a healthy food court, coupled with a training kitchen and Food Education Programmes, will act as a catalyst to improve nutritional understanding and the **adoption of healthier lifestyles**. Working alongside schools will serve to embed the principles from early years.
		Equally, the adoption of rapid intervention protocols, in particular around alcohol and substance misuse, will allow the Village to play a significant role in health improvement through general signposting and hosting of support services.
		Carmarthenshire County Council occupational health service will be co-located within the Village, featuring workplace support on mental health, diabetes, healthy eating, and physical activity. Subsequently, the Village will lead an **In work scheme** - Prosiect Sir Gar – which will focus on the prevention and early identification of cardiovascular and type 2 diabetes risk by offering a vascular risk assessment by occupational health nurses and appropriate management programmes, specifically targeting individuals of working age over 40 years. It is aimed to offer this service to the wider business community onsite.
		The Village will pioneer the development of digital technology for accessing health and care services through the ILS with associated business spin-out and multi-national collaboration. This technology will be incorporated into the care home and assisted living elements of the Village for product testing. This will be linked to advanced digital monitoring and response configurations through Delta Wellness (Careline) – a LATC. The services and product development, once proven, will be rolled out across county and region and, in particular where products are developed by linked multi-nationals, the impact may be felt globally.
		Close working relationship with PHW and PMO, A comprehensive Health Impact Assessment has provided a detailed baseline from which to assess measurable benefits.
	Building healthier communities and better	The Village will leverage its unique physical location to break the generational cycle of deprivation and reduce health inequalities.

| | | environments. | Working with primary care, the Village will deliver selected Cluster services, in particular focused around health promotion, prevention, early diagnosis and rehabilitation. In addition, as appropriate, the registered patients will be offered the opportunity to take part in research and clinical trials.

We will build a state of the art care home and extra care facility. The Village aims to promote independence through later-life stage health optimisation. Joint pathways will be developed across health and social care and the use of innovative assisted living technologies will be embedded aimed at delivering proactive care at home and within local community settings.

Managing independence and delivering proactive care through remote monitoring and health promotion will reduce unplanned and emergency admissions to acute hospital. Planning elements in line with ISF.

The inclusion of a Wellbeing Skills Centre will focus on the development of a modernised, sustainable workforce geared to meet the needs of multidisciplinary care provision. It is proposed to provide a formal training base matched with a significant expansion of community based placements both within the Village and more widely through county and region. For example, amongst the training courses created will be General Entry Medical students, physiotherapists and nurses.

Training will include provision for community and third sector participants, with the potential to provide bursary placements as part of a community benefits programme with a private sector partner.

Social prescribing pathways will be prioritised, linked with the Wellness Hub development. |
|---|---|---|---|

1.2 Proposed services aligned with Hywel Dda University Health Board Objectives

The planning for health services within the Village is closely aligned with the Health Board planning process and implementation priorities. The Health and Wellbeing work stream comprises multidisciplinary professionals at all levels, with representation from all partner organisations. The proposals align with the Transforming Clinical Services Strategy and the Transforming Mental Health Strategy and are aligned to the ARCH Portfolio Delivery Plan. Appendix 1 sets out in detail the alignment of village services with strategic objectives, setting these in the context of the socio-demographic and disease prevalence parameters.

2. Financial Assessment

2.1 Capital Costs

Clinical delivery/research/education skills and training will take place within the Community Health Hub; it is proposed that this will be constructed with the £40m City Deal funding. An iterated Full Business Case has been submitted to UK and Welsh Governments to draw down investment. **Therefore no capital funding is required from the University Health Board.**

2.2 Revenue Projections

The Clinical Delivery Strategy proposes the arrangement of services within a multidisciplinary modular infrastructure which is designed to incorporate training alongside clinical delivery. The clinical space will be of standard specification and dimensions and rented from the Authority. Each module will comprise approximately 180 sq m of clinical space at a market rate of £120/sqm plus £30/sqm service charge therefore giving an annual module rental in the order of £27,000 per annum at current prices.

Based upon the projected build timescale, infrastructure/design/building works is due to commence Quarter 3 2019 and be completed by Quarter 3 2021, therefore financial commitment would fall due in financial year 2021-22. The proposal is that there would be a requirement for 4 modules plus a fifth for Community Pharmacy and the potential for a further two modules should a general practice be interested in relocation. The latter two would be subject of funding arrangements through Primary Care contracts.

Subject to a Programme Business Case detailing all of the costs and benefits, the cost for the 4 modules would therefore be c. £108,000 at current prices subject to District Valuer confirmation in January 2019.

In addition to the clinical delivery units several other areas of shared space have been suggested by members of the work stream, these would incur costs in addition to those of the modules. Some examples of additional areas are set out below.

Reception and ancillary space to be shared between units:

- Clinical Unit Reception (to be shared between clinical units)
- Ancillary areas (clean/dirty utility could be shared between clinical units)
- Patient changing area x 3 (these could be shared between 2 clinical units but there would need to be separate male and female units each unit 10 sq m
- Staff and patient toilets 20 sq m total
- Staff rest room 20 sq m
- Patient lounge 20 sq m
- 2 small meeting rooms 10 sq m

Where appropriate, rehabilitation services would be provided within the Wellness Hub including the Hydrotherapy pool, through the provision of community venues and the expansion to the referral pathways delivered through the Public Health Wales funded Exercise Referral Scheme.

2.3 Health Economic Analysis

A health economic analysis has been prepared by Swansea University Professors Ceri Phillips and Gareth Davies. This is based on the proposed impact of the Village upon the Strategic Objectives of the University Health Board and describes proposed benefits in terms of Net Present Value (NPV) over the 15 year period identified by Welsh Government as applicable to the Village development. A summary of this analysis in terms of the Health Outcomes Improvement and the Health System Benefits are summarised below:

Health Outcomes Improvement

The Village has been appraised for its net impact upon health outcomes based on further QALYs (Quality-adjusted life year) as a result of additional activities enabled by the Village. This presents a *Net Present Value* (NPV) of £40m upwards from a projected 2,000+ QALYs delivered by the initiative.

Health System Benefits

The Village will provide further benefits to the Health System through improved care and support to those within its facilities (e.g. residential/care) and within reach of its wider services. These include reduced GP visits, reduced hospital admissions and improved chronic condition hospital readmission. In addition, the expansion of clinical skills will result in greater recruitment and retention of staff, particularly with enhanced capacity during training phases, both initial and later career. Due to the high (and upward) number of locum/agency staffing this benefit can be directly related to the differential between locum and planned staff costs for the number of additional roles which would be embedded in the Village. For those potential benefits quantifiable at this time, it represents a £4m NPV over the 15-year time horizon due to training and £10.4m due to reduced GP demand, reduced chronic condition hospital admittance and improved chronic condition hospital return.

Further work is required to assess cash-releasing benefits; initial work on acute services has identified limited cash release from current acute budgets. Work on community services may identify cash-releasing benefits deriving from the relocation of their current facilities and potential changes in service provision, this work has not yet commenced.

In summary, the health economic benefits of the proposed Life Sciences & Wellness Village have a combined NPV of £54.4m over the agreed 15-year time period set by Welsh Government.

3. Public Health Wales (PHW) Additional Evaluation

A PHW evaluation has calculated that there is a £12.1K per person cost saving on health care provision for every year that a person continues to exercise after successfully completing the scheme, which equates to £750K (£12.1K X 62) in 2017/18. In addition, investment into pathways for those at high risk of falls has led to a 104% increase in referrals in the past year, with an estimated £35k saving to the health sector for each fall prevented.

Argymhelliad / Recommendation

The Board is asked to:
- Note the update provided by this paper.
- Note the remit and scope for clinical delivery, recognising the extensive clinical leadership and engagement that has fed into the development of the report.
- Endorse the Llanelli Wellness and Life Science Village as a Health and Well-Being Centre in line with the principles set out in this report and the Transforming Clinical Services Strategy.
- Note that there will be consequent service redesign and associated business planning undertaken and that business planning has commenced through issue of service templates. Service redesign and business planning will, as far as possible, reduce the revenue impact, however is unlikely to achieve a revenue neutral position.
- Note that, subject to a Programme Business Case detailing all of the costs and benefits, the draft revenue implications will be £27,000 per module; this will be confirmed by District Valuer in January 2019.
- Note that there will be associated health system economic benefits.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Risk Register Reference:	Project Risk Register and individual work stream specific risk registers in place. The risk register was most recently updated on 04/01/19 following the termination of the Collaboration Agreement. A copy can be supplied on request. Risk register update is a standing item on each work stream meeting agenda.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	1. Staying Healthy 3. Effective Care 6. Individual care 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	1. To encourage and support people to make healthier choices for themselves and their children and reduce the number of people who engage in risk taking behaviours 2. To reduce overweight and obesity within our population. 7. To improve the mental health and wellbeing of our local population through improved promotion, prevention and timely access to appropriate interventions. 9. To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Support people to live active, happy and healthy lives Develop a sustainable skilled workforce Improve efficiency and quality of services through collaboration with people, communities and partners
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working: Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide	Please explain how each of the '5 Ways of Working' will be demonstrated
	Long term – can you evidence that the long term needs of the population and organisation have been considered in this work? Located in an area of need, the Village will deliver long-term transformational social and economic benefits such as improved health, education, employment and availability of quality jobs. Through the education and R&D capabilities, we will cater to future generations of aspiring health professionals and develop new ways of working in the field of life sciences (e.g. telehealth).
	Prevention – can you evidence that this work will prevent issues or challenges within, for example, service delivery, finance, workforce, and/or population health? Through partnership working, the Village concept will help people stay healthy and lead independent lives for longer through active preventative measures.

A comprehensive Health Impact Assessment, informed by a literature/data review, stakeholder workshop and public engagement, has been undertaken which:
• assesses a broad range of health, socio-economic and environmental indicators to ensure that the Village is responsive to challenges/needs within the region,
• generates a set of evidence-based recommendations geared to informing the business/service planning process,
• sets out how best to ameliorate health inequalities, particularly in adjacent 'Communities First' areas,
• maximises positive health outcomes and mitigate against any unintended or harmful consequences,
• encourages joint working and co-ordination of action, engendering a Wellness Village where the whole is greater than the sum of its parts, and
• through application of the five stages of life model, confirms the creation of a Wellness Village that has strong co-dependencies / interrelationships between all constituent functions (for example, between health and leisure)

The findings of the HIA have been published in their totality and were recently presented at the Lancet Public Health Science conference in November 2018 (see Appendix 3). A research abstract has been also been published in The Lancet.

The Village will encourage stronger links between health and leisure, for example social prescribing (NERS). The proposals mark a departure from traditional healthcare models by providing non-acute health services within a community setting where it is in the best interests of the patient.

Integration – can you evidence that this work supports the objectives and goals of either internal or external partners?
Demographic forecasting, local/regional strategies and health requirements have and will continue to inform the business planning for the Village. For example, strategic and operational policies of public sector partners have been considered, including the Council's 13 Wellbeing Objectives, HDUHB's Strategic Objectives (noted above), Clinical Services Strategy and Transforming Mental Health Strategy. In addition, the Wellness Village is a Swansea Bay City Deal project and will help deliver key economic outputs for the region.

Collaboration – can you evidence working with internal or external partners to produce and deliver this piece of work?
Full commitment to co-production underpins the approach to the Wellness Village. Dedicated work

	streams bring together expert, specialist officers across multiple disciplines, including health, social care, leisure and education. This facilitates joint working, knowledge transfer and project progression satisfactory to all local agencies. Each work stream meets frequently and comprises representation from Hywel Dda and Abertawe Bro Morgannwg University Health Boards, ARCH, Carmarthenshire County Council, Swansea University, Trinity St David's, Higher Education Providers, Community and Third Sector Organisations.
	Involvement – can you evidence involvement of people with an interest in the service change/development and that this reflects the diversity of our population? Engagement with core partners, third sector and local stakeholders is a cornerstone of the project. There is significant, regular interface with Community First to foster inclusivity, raise awareness and encourage input of ideas. A public exhibition event was recently held at Morfa Social Club and attracted 234 people, including 23 school children. Stakeholder Mapping has been used to tailor messages to different demographic cohorts and develop a shared vision for the project that is inclusive of peoples' needs.

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Individual work areas have been evidenced; main documents include: • Assisted Living – Demand and supply projections • Health and Wellbeing – HDUHB – Strategic Objective, Annual Plan, Performance Data, Transforming Clinical Services, Transforming Mental Health. • Swansea University – Projection of impact produced by Swansea University for City Deal bid. • Institute of Life Science – Strategic Development Plan • ARCH – Portfolio Delivery Plan. Swansea University service development proposals – approved on a school by school basis
Rhestr Termau: Glossary of Terms:	Attached at Appendix 2
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Llanelli Wellness and Life Science Project Board Llanelli Wellness and Life Science Sub Groups • Health and Wellbeing Work Stream

Parties / Committees consulted prior to University Health Board:	• Wellness Hub Work Stream • Assisted Living Work Stream • Institute of Life Science Work Stream Hywel Dda University Health Board Business Planning and Performance Assurance Committee Hywel Dda Community Health Council , Service Planning Committee Carmarthenshire County Council, Council Management Team. Carmarthenshire County Council, Preliminary Executive Board Carmarthenshire County Council Executive Board Carmarthenshire County Council, Full Council Swansea University Schools of Medicine, Human and Health Science, Management team meetings.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Based upon the Clinical Delivery Strategy, the proposal is that there would be a requirement for 4 modules plus a fifth occupied by Community Pharmacy. There is the potential for a further two modules should general practice relocation be able to be negotiated. In addition to the clinical delivery units several other areas of shared space have been specified. Reception and ancillary space to be shared between units. • Clinical Unit Reception (to be shared between clinical units) • Ancillary areas (clean/dirty utility could be shared between clinical units • Patient changing area x 3 (these could be shared between 2 clinical units but there would need to be separate male and female units each unit 10 sq m • Staff and patient toilets 20 sq m total • Staff rest room 20 sq m • Patient lounge 20 sq m • 2 small meeting rooms 10 sq m Each unit with be approximately 180 sq m at a market rate of £120/sqm plus £30/sqm service change therefore giving an annual module rental of the order of £27,000 per annum, these figures will be confirmed by District Valuer and finalised January 2019.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Clinical delivery is targeted to aspects of care which are best provided in a community setting where a multidisciplinary team approach would optimise patient outcomes. The Village will provide this community setting and will enable appropriate elements of clinical pathways to be provided within a facility geared towards providing opportunities for multidisciplinary working.

	The proposal is that services will be grouped and delivered in clinical units, each unit will provide this multidisciplinary environment providing accommodation for a range of health care professionals and third sector partners which will enable a holistic and supportive approach to be taken. The health care delivered in the Village will focus on living and staying healthy and independent longer and when care is required the person will be placed at the centre of decision making. A Tele-health Unit will provide facilities to enable remote access to services and information and will act as a base for monitoring care. Potential uses include: • Provide access to specialist medical care based at another location, enabling more effective use of senior medical resources and reduce need for travel. • Provide mentoring/masterclass opportunities for clinical staff. • Promoting a safe home environment through monitoring the use of Assistive Technology, for example, to support frail elderly and those with dementia. • Supporting independence for those in homes with Assistive Technology, including video conference facilities for consultation or medical advice. Information and support to enable people to manage ongoing conditions.
Gweithlu: **Workforce:**	It is envisaged that the Village will have positive impacts on recruitment and retention, with the aim to develop a sustainable, multidisciplinary workforce through improvement of opportunities. The Village is projected to create 1,853 jobs by 2034. It is proposed to educate 1,100 students on site through formal teaching and placement opportunities spanning the education continuum, from schools to FE and HE institutions. These will cover a wide range of disciplines: human and health science, medicine, business management and tourism to name but a few. Entry-level courses/programmes and wider careers initiatives (such as Destination NHS) will ensure multiple access points/routes into the education system. It is aimed to provide aspirational but attainable opportunities for career progression. Work placements will be developed for secondary school pupils in recognition that these interventions can positively influence future career choices and provide essential

experiences and opportunities which result in significant learning and professional development. Moreover, with the proposed relocation of Heol Goffa special needs school to Delta Lakes, this will extend to supported employment opportunities to help people with disabilities achieve sustainable long-term employment. In addition, it is planned to undertake outreach sessions with schools to showcase the career opportunities that will exist both in the Village and within the wider region.

A stakeholder workshop was held in October 2018 to identify skills gaps and opportunities and inform the development of an Education, Skills and Training strategy. A collaborative endeavour, all educational institutions within the region contributed, together with the Regional Learning and Skills Partnership. Resultantly, the Strategy will be reflective of and responsive to the needs and vision of providers and commissioners across Swansea Bay City Deal area. Opportunities for joint delivery of services have been explored, whilst endeavouring to minimising duplication. Education, skills and training pathways have been developed to capitalise upon the multi-disciplinary and multi-professional environment at the Village. In doing so, consideration has been given to future workforce models/trends/challenges in order that the Village plays a leading role in equipping the workforce of the future with the skills to meet a changing, dynamic environment. Through the Regional Learning and Skills Partnership (RLSP) and Skills and Talent City Deal initiative, we will also interface with the local supply chain to identify skills and training needs.

The Strategy recognises the central role of Swansea University as the anchor of the Wellbeing Skills Centre. By 2021, the University will be targeting 520 undergraduate places to be provided at the skills centre in areas including paramedicine, osteopathy, physiotherapy, occupational therapy, computation and the later placement stages of graduate entry medicine and nursing. In addition, the Wales Academy for Visitor Economies, will be located at the village, opening opportunities for those wishing to pursue careers in the buoyant leisure and tourism industry, which exists in South West Wales. The village will also be very important to advancing several post graduate growth areas, with an initial target of 140 places rising to a steady state of 370 places by 2027. The post graduate market opportunities align to professionals wishing to specialise, with a focus on pursuing their life science and innovation interests. This will provide a pipeline of individuals wishing to develop innovations in growing markets of products that keep people well and out of hospital settings and supported with the right test environment and commercial support to move from proof

	of concept to proof of business.
	In conjunction with Communities First, Workways and Job Centre Plus, the Wellness Village will complement existing Work Ready activities by conjoining suitable initiatives with jobs and skills identified within the Village ecosystem. This will better align FE, HE, professional body, and employer expectations with Work Ready capabilities. Entry level jobs in administration, estates, hospitality and care (healthcare assistants) will be created.
Risg: **Risk:**	Project Board has delegated responsibility for management of risk to Project Management Office. Project Manager presents overview at Board with escalation between Board meetings to Senior Responsible Officer – Wendy Walters, Director of Regeneration and Policy, Carmarthenshire County Council.
Cyfreithiol: **Legal:**	No legal impact for Hywel Dda University Health Board envisaged. Contractual arrangements will need to be entered into with regard to lease of premises
Enw Da: **Reputational:**	There has been widespread local and national interest in the Village. Recent events have led to CCC terminating agreement with a private sector partner. The Village however remains on track to open September 2021. CCC will either fund or source appropriate capital funding to ensure full development is realised. Independent business planning has provided assurance of the viability. The following statement was issued by the Health Board in December in support of the Village: *"We welcome the ongoing commitment to delivering improved health and wellbeing facilities for the population of Llanelli and west Wales as well as the thorough scrutiny and assurance process which the local authority has committed to."* The subsequent independent legal review has now concluded and has fully endorsed the governance and management of the procurement process and all work undertaken to date. Through the communications strategy, a proactive approach will be maintained and regular press notices issued through the Authority's Media and Press Team in liaison with the Health Board Engagement exercises have shown considerable levels of community support for the project. At a public exhibition in October 2017, 94% of those who responded were either very supportive or supportive of the development. The remaining 6% were neither supportive nor not supportive.

	Community engagement has been led through the Communities 1st team operating across the adjacent areas. This has included a series of in-depth 1:1 interviews.

A research proposal is being formulated by Swansea University with the aim of assessing public perception and accessibility of services to be delivered at the Village.

Any service changes are in line with Health Board Transformation Strategies and therefore linked to the engagement. |
| **Gyfrinachedd: Privacy:** | Data systems used within the Village will be based on the Public Sector Broadband Aggregation (PSBA) |
| **Cydraddoldeb: Equality:** | • Has EqIA screening been undertaken? Yes

Consideration has been given to protected equality groups as part of the Health Impact Assessment in order that these demographic cohorts are given 'due regard' within the business and service planning processes for the Village. The HIA sought to establish a suitable evidence base, gathering quantitative and qualitative data about those with protected characteristics so that a robust assessment can be made about the positive and negative impacts the Village development may have on those categorised as vulnerable or disadvantaged. In the main, the Village development will bring to bear overwhelmingly positive impacts, particularly in respect of the care in the community model which is evidenced to provide better outcomes for older patients. |

Appendix 1 – Alignment with Hywel Dda Strategic Objectives

Strategic Objective 1	To encourage and support people to make healthier choices for themselves and their children and reduce the number of people who engage in risk taking behaviours.
Key indicators	20% of adults in Hywel Dda smoke - Smoking is more prevalent in the most deprived areas of Wales (28%), compared to least deprived (9%) - Almost 1 in 4 (23%) Carmarthenshire residents consume more than 14 units of alcohol a week
How will the Village intervene/ address these challenges?	Specific programmes include: - All prevention, lifestyle classes, group support and discussion meetings (e.g. Food wise for life) - Smoking cessation (LS2, LS3) - Signposting to 3rd sector community based services. (LS1 through to LS5) - Substance Misuse education. (LS2, LS3) - Liver Health (Viral Hepatitis/Alcohol/Drug Taking) support/education. (LS1, LS2, LS5) - Sexual health - Rapid intervention including schools liaison.
Strategic Objective 2	To reduce overweight and obesity in our local population.
Key indicators	- Rates of childhood obesity show an upward trend. In Hywel Dda, 3 in 10 children aged between 4-5 years are overweight/obese 61% of adults in Carmarthenshire are classed as overweight/obese. If current trends continue unabated this is forecasted to rise to 68% by 2025 46% of Welsh adults do not meet physical activity guidelines (38% in Hywel Dda). 11% of children (3–17 years) are inactive (one hour/week) - Only 1 in 5 adults eat 5 portions of fruit and veg a day - Being overweight or obese increases the risk of 13 different types of cancer, and causes around 22,800 cases of cancer in the UK every year
How will the Village intervene/ address these challenges?	Specific interventions include: - Access to new, landmark infrastructure: leisure centre, national diving centre, with associated entry level and elite training programmes - All prevention, lifestyle classes, group support and discussion meetings (e.g Food wise for life) - Consultant/acute sector referral for generic exercise therapy both within the gym and within group exercise rooms. (LS2, LS3, LS4) - Links from therapies to physical exercise programmes, psychological/physical wellbeing education linking health and wellbeing to daily living such as art therapy, dance and music therapy. (LS2, LS3, LS4, LS5) - Expansion of the Exercise Referral Scheme / Social Prescribing - Play & activity for children and young people to encourage active lifestyle. (LS1) - Promotion of cycling, walking and running, linked with adjacent MCP - Healthy food court, serving workers, patients, visitors, children and assisted living cohort - Healthy kitchen e.g. venue for teaching cooking / meal planning classes – life skills, promote healthy eating across age ranges, inc eating on a budget, families, older people and Learning Disabilities. - Dietetics-led clinic (LS1, LS2, LS3, LS4, LS5) The Wellness Hub will be a focal point for sporting/leisure activity (including NERS) and information and advice services. Within the Wellness Hub, it is

	proposed to create a Children's Adventure Zone. The activities will promote the development of play, physical literacy and confidence.
Strategic Objective 3	**To improve the prevention, detection and management of cardiovascular disease in the local population.**
Key indicators	• More than 57,000 people in Hywel Dda have high blood pressure. Over 20% of adults have high blood pressure and 9% have a heart condition • Each year, there are over 5,000 emergency admissions relating to disease of the heart and blood vessel circulation systems • All Cardiovascular Diseases Death rate (2015/16): 294.7 per 100,000 population in HDUHB, compared to a Welsh average of 281.2 • Grey et al, 2014 reported that, of male steel industry workers in South Wales, up to 81.5% of workers were either overweight or obese. Over one quarter of workers assessed had an increased 10-year CVD risk.
How will the Village intervene/ address these challenges?	Specific activities include: - Prevention and monitoring - Through therapies delivered outside the acute hospital - Links to exercise and wider wellbeing. - Cardiac and pulmonary rehabilitation.
Strategic Objective 4	**To increase survival rates for cancer through prevention, screening, earlier diagnosis, faster access to treatment and improved survivorship programmes.**
Key indicators	• 4 in 10 cancer cases (c. 135,000 each year) could be prevented if the British population adopt healthier lifestyles • 1 in 3 people in Wales will be diagnosed with cancer before the aged of 75 • There is a long-term trend of increasing numbers of new cancer cases in the population of Wales, with cancer a leading cause of death in HDUHB
How will the Village intervene/ address these challenges?	Specific programmes include: - promotion of screening services within the Wellness Hub - smoking cessation - community detoxication programmes - staff training on brief interventions (MECC) - healthy weight management
Strategic Objective 5	**To improve the early identification and management of patients with diabetes, improve long term wellbeing and reduce complications.**
Key indicators	• 5.8% (over 22,000) of people in Hywel Dda have Type 2 diabetes compared to an England and Wales average of 4.7% • By 2025, 12% of people in Carmarthenshire are estimated to have diabetes • 3,640 emergency admissions attributable to diabetes in 2015/16 • Diabetes death rates per 100,000 population in Hywel Dda are the worst in Wales (2014 – 2016 trend period)
How will the Village intervene/ address these challenges?	Specific programmes include: - Prevention and screening - HCP delivered group self-management programmes - X-PERT Prevention of Diabetes (X-POD), X-PERT Diabetes and X-PERT Insulin programmes - Weight management groups incl. FOODWISE for life programme - Dietetic led clinics within the Clinical Delivery Centre - Vascular and podiatry services - Access to hydrotherapy pool
Strategic Objective 6	**To improve the support for people with established respiratory illness, reduce acute exacerbations and the need for hospital based care**
Key indicators	• 15% of all deaths in Wales are due to respiratory disease • The frequency and number of deaths from respiratory illness in Hywel Dda is higher than the Welsh average • In 2016/17, the Mean Length of Stay for Emergency Admissions owing to respiratory disease in Hywel Dda (7.3 days) is the highest in Wales and 1.2

	days above the Welsh average
How will the Village intervene/ address these challenges?	Specific activities include: - Prevention, delivered through multi-agency approach - Rehabilitation, including pulmonary - Therapies moved from acute hospital
Strategic Objective 7	**To improve the mental health and wellbeing of our local population through improved promotion, prevention and timely access to appropriate interventions.**
Key indicators	• 1 in 4 adults in Wales experience mental health problems or illness at some point during their lifetime • Adults living in the most deprived areas were almost twice as likely to report mental health disorders than adults in the least deprived areas
How will the Village intervene/ address these challenges?	In line with the Hywel Dda Transforming Mental Health programme, the Village may house a 24/7 Community Mental Health Centre. Notwithstanding that outcome, the Village will form part of an enhanced network of integrated facilities for mental health, offering interventions such as: - Autism and Learning Disability Screening. (LS1) - Perinatal service provision. (LS1) - Access to Evidence Based psychological assessments & interventions. - Improving accessibility to psychological wellbeing initiatives as part of Tier 0 – 3 interventions. - Signposting to 3rd sector community based services – Wellness Hub. - Memory Clinic – Practice and Simulation Suite. (LS3, LS4, LS5) - Telepsychiatry – Telehealth Hub.(LS1, LS2, LS3, LS4, LS5) - Links from therapies to physical exercise programmes, psychological/physical wellbeing education linking health and wellbeing to daily living such as art therapy, dance and music therapy
Strategic Objective 8	**To improve early detection and care of frail people accessing our services including those with dementia specifically aimed at maintaining wellbeing and independence**
Key indicators	• Frail people account for 60% to 70% of hospital inpatients and a high proportion of medical admissions • About a third of all people aged over 65 fall each year, with incidence increasing by age: 50% of people older than 80 fall at least once a year • Approximately 6368 people in Hywel Dda live with dementia, but only 37% have a diagnosis. By 2021, a 31% increase in dementia is projected
How will the Village intervene/ address these challenges?	Specific interventions include: - Unit designed for frailty consulting and assessment, including functional assessment and immediate multidisciplinary feedback - Leg and Ulcer clinic - Vascular triage/lower limb ulceration/amputation prevention - Healthy feet programme - Rehabilitation and assessment venue for sensory impairment. - Acute Response Team clinics to increase team capacity and meet needs closer to home - Nursing home and extra care facilities will benefit from assistive living technologies, enabling remote monitoring and informatics - Multigenerational and community integration, including use of the natural and built environment to create a dementia supportive community - Facilities for third sector including carers' central liaison point
Strategic Objective 9	**To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.**
Key indicators	• Increased demand for services: referrals to hospital-based services have increased by around 20% - from 1.07 million in 2013/14 FY to 1.27 million in

	2015/2016 FY
	• Hywel Dda has significant workforce challenges, with high levels of nursing and medical vacancies and long standing recruitment difficulties
How will the Village intervene/ address these challenges?	- Improving efficiency through delivery of appropriate services in the community as part of a regional effort to transform healthcare arrangements, therefore enabling acute services to be focussed on acute sites and providing an improved patient experience. Selected pathways include Dermatology, MDT Vascular, MDT lymphedema, MDT stroke and neurological rehabilitation - Population health management and proactive identification and care of patients to stem the demand for hospital based care - Helping improve the use of medicines through pharmacy involvement as part of multidisciplinary clinics and through specific medicine review clinics - ILS will stimulate and advance clinical thinking and research - Provision of facilities for learning disabilities service within the community. - Improved opportunities for recruitment and retention therefore for the reduction of bank and agency costs. - Improved digital infrastructure, facilitating information sharing and collaboration with stakeholder partners
Strategic Objective 10	**To deliver, as a minimum requirement, Outcome and Delivery Framework Targets and specifically eliminate the need for unnecessary travel and waiting times**
Key indicators	• Median waiting time for RTT in HDUHB: 10.5 weeks (January 2018) • In 2016/17 Mean waiting times for knee and hip replacements in Hywel Dda were the highest in Wales, and are above the Welsh average by 76.4 days and 68.6 days respectively • Mean waiting times for cataract removal in Hywel Dda are 116 days above the Welsh average • The average variable pay spend in Hywel Dda in 2017/18 was over £4 million per month (as of January 2018). In addition, Hywel Dda also has the second highest turnover of staff in NHS Wales, standing at 6.8%. As of January 2018, gaps left trying to fill 18 out of 20 junior medical trainee roles for Carmarthenshire led to additional costs of £700,000. This makes a strong case for recruitment and retention.
How will the Village intervene/ address these challenges?	- Improved access to technology including telecare and telehealth, which will reduce the need to travel - Holistic approach to health promotion and prevention and rehabilitation should help lower demand for replacement services - Provide learning opportunities through provision of training within a multidisciplinary clinical environment. - Provision of research facilities though the Institute of Life Science to promote clinical recruitment and retention along with clinical excellence. - Reduce the re-referral rate through improved outcomes and through provision of alternative support arrangements delivered in partnership with Third Sector and with the exercise referral opportunities.

Appendix 2 – Glossary of Terms

1. Wellness Hub
The Wellness Hub will comprise reception facilities for Village Services including public information and point of orientation to all the components of the Wellness Village. The Wellness Hub will contain sports and leisure facilities along with restaurant and wider Village services.

The relationship between the Wellness Hub and the other core buildings on the Village site is critical to achieving the objectives of community integration, maintaining independence and business planning objectives.

2. Community Health Hub
This comprises three elements all of which are interrelated. The elements are the Institute of Life Science, the Wellness Education Centre and the Clinical Delivery Centre.

2.1 Institute of Life Science
The Institute of Life Science (ILS) is the key enabler of economic development and employment creation and will be based within the Community Health Hub.

The ILS in Llanelli will build on the prior success of the ILS facilities in Swansea and connect into other (existing and new) ILS infrastructure across the region. This will create a regional network of Life Science and Health research and development (R&D) facilities. The ILS in Llanelli will cater for late Technology Readiness Level R&D[1] with corresponding business start-up and incubation capability, whilst also offering larger commercially available office, laboratory and clinic space for growing indigenous companies and attracting companies new to the region.

2.2 Wellness Education Centre
The aim of the Llanelli Wellness and Life Science Village to deliver transformational economic and social benefits will be underpinned by the development of an integrated training network, consisting of both formal and placement elements. This training network will deliver skills and create a sustainable workforce across a diverse range of employment sectors.
The opportunities provided at the Village will range from post 16 skills and training through to provision of Higher education linked to on-site clinical delivery for improving recruitment and retention of senior healthcare professionals. Opportunities will be maximised at each phase of the Village development with a partnership approach to the planning of each element from construction of the site to final service configuration.

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[1] Technology Readiness Levels measure the level of produce/services development. Late TRL mean that the product can be prototyped and demonstrated in an operational environment, manufacturing issues solved and technology is available for sale. The full TRL scale is attached as annex 1.

2.3 Clinical Delivery Centre

The Llanelli Wellness and Life Science Village aims to put the person at the centre of health care with the focus on promoting healthy independent living. Prevention and health optimisation are therefore the core values for this development.

The clinical services to be delivered on site are those which are evidenced to provide best outcomes when delivered in a community setting through a multidisciplinary team approach. It is envisaged that the clinical services will include links across health, social care and the third sector as appropriate. Research, innovation, evidenced based practice, education and training will be integral to the ethos of all activities within the Community Health Hub, ensuring the distinct wellness philosophy of the development is maintained.

Care services proposed for delivery within the Clinical Delivery Centre will be delivered within a series of multifunction units

3. Assisted Living

The term assisted Living covers a number of elements

3.1 Nursing Care
To meet the definition of nursing care a patient needs to be assessed to determine the level of care required. There are two levels of care both of which could be met within the facility at Delta Lakes.

 a. NHS continuing healthcare is the name given to a package of care that is arranged and funded solely by the NHS for individuals who are not in hospital and have been assessed as having a "primary health need", i.e. the main or primary need for care must be related to health need. Need but be substantial and ongoing. If this care is delivered in a care home as well as healthcare and personal care, the NHS pay all care home fees.

 b. A person assessed as not eligible for NHS continuing healthcare may be eligible for NHS-funded nursing care if they have been assessed as needing care from a registered nurse and live in a registered care home providing nursing care. Services provided by a registered nurse can include planning, supervising and monitoring nursing and healthcare tasks, as well as direct nursing care.

3.2 Residential Care
Residential care facilities provide room, board, housekeeping, supervision and personal care assistance with basic activity like personal hygiene, dressing, eating and walking. The level of care and supervision is for people who are unable to live by themselves but who do not need 24 hour nursing care. They

are considered non-medical facilities and are not required to have nurses, certified nursing staff or doctors on staff.

3.3 Extra Care Housing

Extra care housing can be defined as housing with care where occupants have specific tenure rights to occupy self-contained dwellings and where they have agreements that cover the provision of care, support, domestic, social, community or other services. Unlike people living in residential care homes, extra care residents are not obliged as a rule to obtain their care services from a specific provider, though other services eg. some domestic services, costs for communal areas including a catering kitchen, might be built into the charges residents pay.

4 Outdoor Recreation Area

Free to access outdoor space to promote healthy living

5 Eco Park

Green space with enhanced brownfield habitat with historic interpretation of former heritage

Application of the 'Five stages of life model' to support Health Impact Assessments: a case study of the Llanelli Wellness Village

Reynolds, RC., Jones, C., Lloyd, L., Nichols, C., Davies, L.

Introduction

The Village

The Llanelli Wellness and Life Science Village is a 'once in generation' economic development opportunity, with allied aspirations to improve population health and break the generational cycle of deprivation. A £200m investment, the Wellness Village will provide a range of business acceleration, R&D, education, skills and training, health and wellbeing facilities set in an attractive lakeside landscape. The Wellness Village will be the first of its kind in Wales and is projected to create 1,853 jobs and £467m of GVA.

Health Impact Assessment (HIA)

It is widely acknowledged that the health of a population is profoundly influenced by activities, circumstances, decision-making and structural drivers outside of the health sector (Dahlgren and Whitehead, 1991). As such, the utilisation of Health Impact Assessments as an evaluative and policy shaping tool has gained traction. Indeed, they are a requirement for public bodies in Wales following the implementation of the Public Health (Wales) Act 2017 – a demonstrable commitment to the *Health in All Policies* approach.

HIAs are a useful instrument for systematically appraising a range of evidence in order to bring to bear safeguards and enhancements in population health. As the WHO defines, they "map the full range of health consequences of any proposal, whether these are negative or positive… allow[ing] health to be considered early in the process of policy development" (2002: 2). However, HIA methodologies are heterogeneous and there is no 'gold standard' (Birley, 2011).

Objectives

At the formative stage of the project – the 'screening' and 'scoping' phases of a HIA (WHO, 2014) – stakeholders set the terms of reference for the HIA exercise. It would:

- assess a broad range of health, socio-economic and environmental indicators to ensure that the Village is responsive to challenges/needs within the region,
- generate a set of evidence-based recommendations geared to informing the business/service planning process,
- aim to ameliorate health inequalities, particularly in adjacent 'Communities First' areas,
- maximise positive health outcomes and mitigate against any unintended or harmful consequences,
- encourage joint working and co-ordination of action, engendering a Wellness Village where the whole is greater than the sum of its parts, and
- through application of the five stages of life model, create a Wellness Village that has strong co-dependencies / interrelationships between all constituent functions (for example, between health and leisure).

Llynnoedd **Delta** Lakes
Pentref Llesiant | Wellness Village

Methodology

The Health Impact Assessment was a six month, collaborative undertaking between Carmarthenshire County Council and Public Health Wales.

A bespoke five Stages of Life model anchored the HIA methodology, setting the broad strategic and operational foci of the exercise. Co-produced by project stakeholders, the five stages of life model considers a range of life courses which transcend conventional age models and encourages a more holistic approach to HIAs:

- **LIFE STAGE 1** EARLY YEARS *Creating a healthier future*
- **LIFE STAGE 2** MAINTANING A HEALTHY LIFESTYLE
- **LIFE STAGE 3** CHRONIC CONDITIONS *Living with illness*
- **LIFE STAGE 4** STAYING INDEPENDENT FOR LONGER
- **LIFE STAGE 5** END OF LIFE CARE

A tri-phase mixed methods approach was employed:

Literature and Data Review: A comprehensive desktop study was undertaken, with quantitative and qualitative data gathered on the wider determinants of health for each of the five Life Stages. This included targeted literature reviews wherein inter alia, the search terms 'obesity', 'chronic conditions' and 'mental health' were entered into Google Scholar. Data on each domain were obtained from sources such as StatsWales, ONS and Public Health Observatory and disaggregated to the lowest geographical level.

Stakeholder Workshop: Professionals across a number of domains – health, social care, leisure, education – attended a stakeholder workshop to contribute their expert views. The workshop comprised rotating round table discussions, with 20 minutes spent on each life stage. Data was collated and refined via a thematic analysis approach.

Public Engagement: A public exhibition was held in October 2017 that attracted 234 delegates, including local residents, schoolchildren and organisations/ businesses. Opportunities and risks identified through consultation were fed into the HIA report.

Findings

LIFE STAGE 1 EARLY YEARS *Creating a healthier future*
- **Key Issues:** physical activity; raising incidence of overweight/obesity; high sugar diet and dental carries; and poor educational attainment.
- **Opportunities:** promote wellness at a young age; affordable activities; engage with families; open/green spaces; employment and training

LIFE STAGE 2 MAINTANING A HEALTHY LIFESTYLE
- **Key Issues:** obesity; physical inactivity; mental health; community engagement / participation; long-term unemployment and below-average household income (locality specific)
- **Opportunities:** health prevention and promotion; nurture stronger links between health and leisure; digital healthcare; employment; time credits

LIFE STAGE 3 CHRONIC CONDITIONS *Living with illness*
- **Key Issues:** obesity; mental health conditions; burden on healthcare services; increasing burden of chronic disease with ageing populations; survivorship
- **Opportunities:** research to guide future practice; community based, person-centred model of care; smoke-free Village; lifestyle interventions; social prescribing (NERS)

LIFE STAGE 4 STAYING INDEPENDENT FOR LONGER
- **Key Issues:** low fruit and vegetable intake; obesity; falls; loneliness and isolation
- **Opportunities:** assisted living onsite linked with R&D (living laboratory); healthy eating; falls prevention; screening; active and inclusive activities for older people; intergenerational work; dementia friendly practices

LIFE STAGE 5 END OF LIFE CARE
- **Key Issues:** to holistically consider end of life care needs
- **Opportunities:** improving health awareness; community based care; inclusivity; to adopt the local Health Board's Delivery Plan for end of life care

Conclusion

Application of the life course model to the Wellness Village HIA fostered a more proactive and coherent approach to health, looking at life and wellbeing as an integrated continuum rather than through a series of disparate life stages.

It facilitated better examination of the relationships between health and wider social, economic and environmental contexts across demographic cohorts, supporting the paradigm shift from disease management to health promotion and prevention.

Framing the HIA through the lens of the five stages of life model had a direct impact on decision making and business/service planning. In response to the findings, proactive interventions targeted at weight, diet, physical activity and mental wellbeing will be put in place to increase the proportion of people who are healthy at all stages of life, thereby contributing to improved wellness, independence and ultimately, greater life expectancy.

Moreover, there will be a focus on intergenerational activities. In closing, the model increased the credibility of the HIA and, as a framework, is readily transferable to other projects.

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World Health Organisation (2014). Health Impact Assessments: Opportunities not to be missed. Copenhagen: WHO.

Enw'r Pwyllgor: Name of Committee:	Audit & Risk Assurance Committee (ARAC)
Cadeirydd y Pwyllgor: Chair of Committee:	Mr Mike Lewis, Independent Member, on behalf of Mr Paul Newman, Independent Member
Cyfnod Adrodd: Reporting Period:	Meeting held on 11th December 2018
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor: **Key Decisions and Matters Considered by the Committee:**	

In accordance with the guidance provided in the NHS Wales Audit Committee Handbook, the Board should look to their Audit Committee to review and report on the relevance and rigour of the governance processes in place and the assurances provided to the Board. Hywel Dda University Health Board's (HDdUHB's) Audit & Risk Assurance Committee's primary role is, as such, to ensure the system of assurance is valid and suitable for the Board's requirements and to support the Board by seeking and providing assurance that controls are in place and are working as designed, and to challenge poor sources of assurance.

This report summarises the work of the Audit & Risk Assurance Committee (ARAC) at its meeting held on 11th December 2018, in monitoring, reviewing and reporting to the Board on the processes of governance, and facilitating and supporting the attainment of effective processes. At its meeting on 11th December 2018, the Committee critically reviewed governance and assurance processes for a number of service/business areas, with the following highlighted:

- **Targeted Intervention** – the Committee was provided with an update from the Joint Executive Team meeting held with Welsh Government (WG), with the accompanying letter from Welsh Government (WG) having been circulated to Independent Members and Executive Directors. It was suggested that in the main this had been a more positive meeting, although the UHB's continuing financial challenges were the main area of discussion.

- **Financial Assurance Report** – the Committee received the Financial Assurance report. Whilst breaches of the No PO, No Pay policy have increased, they are tending to be lower value and this issue is being addressed via targeted training. There is an ongoing audit around Single Tender Actions (STAs); the trend is a reduction in both numbers and STA amount. The Committee discussed requests to approve the writing-off of a number of historical debts which the debt recovery agency has been unable to recover, and the general process around this, including new controls being put in place. In relation to pharmacy wastage losses, further information around national benchmarking will be sought, to provide context. There would also be further analysis in terms of the causes and drivers for the position in terms of overpayments and recoveries. In respect of debts outstanding for in excess of 90 days, the Committee heard that referral to a credit agency does not tend to be the course of action in the case of debts owed by other public bodies. The Finance team had been tasked with examining this matter further, and it is hoped that a reduction will be evident by the next meeting. The Committee approved the losses and debtors write-offs noted within the report.

- **Post Payment Verification Update** – representatives from the Post Payment Verification (PPV) Team provided an update and overview of the team's work,

highlighting that during the previous year, processes had been reviewed and more proactive work with contractors undertaken. Strong links exist with the Primary Care Team, community pharmacies and bodies such as the British Medical Association. The PPV Team also liaise closely with local Counter Fraud teams. New protocols are being written and published on the relevant websites, so that contractors are aware of requirements. The Committee heard that the percentage of erroneous claims has dropped over recent years. It was noted that there are no trends of differences between managed and non-managed practices. In response to a query regarding whether underpayments as well as overpayments are analysed, Members heard that this was the case, although under-claiming is much less common.

- **Wales Audit Office Update Report** – Members received the Wales Audit Office (WAO) Update Report, providing an update on current and planned performance audit work. It was suggested that the UHB may wish to refer the WAO report on Management of Follow-up Outpatient Appointments to the Quality, Safety & Experience Assurance Committee (QSEAC) for consideration. In relation to the Integrated Care Fund review, it was emphasised that succession planning/exit strategies/ mainstreaming of projects has been recognised as both a key issue, and challenge. This issue has been the topic of regular reports to the local Regional Partnership Board, and has been incorporated into the Transformation Fund bid submitted by that body.

- **WAO Structured Assessment 2016 and 2017** – a report updating the Committee on progress with WAO recommendations was received, with Members reminded that progress on 2016 and 2017 recommendations will be incorporated into this year's Structured Assessment. It was noted that, with regard to SA2016 R12, this is being obstructed by issues at the NHS Wales Informatics Service (NWIS), and the UHB is therefore unable to close this recommendation. The Committee expressed concerns around the continued slippage in implementation, and it was suggested that a letter expressing the Committee's concerns could be drafted.

- **WAO Public Health Review Report** – the Committee discussed the Public Health Review Closure Report, noting progress made in delivery against the recommendations contained within the WAO report. Members heard HDdUHB will lose almost £77k in Public Health resources and expressed concern that this is counter-intuitive at a time when the organisation is taking steps to promote population health as part of its health and care strategy. It was, however, emphasised that this is not solely a Public Health issue; prevention and early intervention will involve mainstream workforce and resources, as well as those specific to Public Health. There was dissatisfaction around the method utilised for calculating the HDdUHB allocation, and why, if increases in allocation are to be phased, decreases cannot also be phased. Whilst recognising that there is nothing to prevent HDdUHB choosing to invest separately in Public Health as a Health Board, it was agreed that the Director of Finance and Director of Public Health would compose a letter expressing concern regarding the UHB's allocation. Members were advised that the new Auditor General Wales' intention is to follow up this review in the New Year.

- **WAO Review of Primary Care** – Members heard that the aim of this was to review progress made against the national Primary Care Plan. Common themes include challenges in finances and reallocating resources, sustainability issues, recruitment and retention challenges, issues around new ways of working and the need to raise public

awareness of alternatives to seeing a GP. Positives include alignment with the national plan, examples of new ways of working, and strong Cluster development. A statement around difficulties caused by the format of accounts was noted, although it was suggested that budgets are clear and that no significant change to accounting systems is required; however, it may be necessary to examine the reporting processes. In terms of the report overall, it was felt that there were no surprises and that the UHB is generally in a good place with regards to Primary Care. The report was welcomed as particularly timely in view of the newly agreed health and care strategy. HDdUHB needs to look inwards and invest in Primary Care and community services, to meet public expectations. It was suggested that responsible officers should not be restricted to Primary Care staff; the Director of Finance and other Executive Directors should also be involved to ensure collective leadership. It was agreed that there would be a further review by ARAC to update on progress and improvements and share experiences, timed to coincide with the national WAO Primary Care report being published in April 2019.

- **Internal Audit (IA) Progress Report** – the Committee reviewed the Internal Audit Progress Report 2017/18, noting developments since the previous meeting. As this was his final meeting, the Committee took the opportunity to recognise Mr John Bennett's contribution to both the organisation and, in particular, to ARAC. It was emphasised that Mr Bennett's work has benefitted not only the Health Board, but also patient care and experience. The Committee thanked Mr Bennett and wished him a happy retirement.

- **Radiology Directorate Updated Management Response** – an updated management response was presented to the Committee. Concerns were expressed regarding the content and tone of the management response, and it was agreed that this should be fed back to the author. There were also concerns regarding the cultural message being sent by certain aspects of on-call practices. Members were assured that the directorate management is aware of the need to address this issue. It was agreed that there should be a further update on progress at the April 2019 meeting. It was further agreed that there should be a wider review of on-call arrangements and payments throughout the organisation, during Quarter 1 of the 2019/20 Internal Audit plan.

- **Women & Children's Phase 2 Updated Management Response** – an updated management response was presented to the Committee. A level of concern remained regarding the incomplete actions, and the lack of clarity around certain of the timescales. It was agreed that the latter require further clarification. Noting recent concerns in the media regarding Interserve, there was an enquiry around whether the situation is being monitored proactively to facilitate any necessary action, and assurances received that this was the case. There are inherent risks in dealing with private sector companies, and it was suggested that this might offer an opportunity to devise a Code of Best Practice around supply chain partners across Wales.

- **Procurement and Disposal of IT Assets Follow-up Report** – Members were advised that of the 3 recommendations, 2 had been completed and 1 was partially complete, with progress on the latter to be monitored via the Audit Tracker. The Committee agreed that the management response provided was unsatisfactory, as it fails to provide assurance, and that it should be flagged to Board as such. An updated management response would be requested and the lead officer requested to attend the next meeting. There was also concern that the management response does not meet IA Charter criteria and that the

process should be more firmly embedded, in view of recent measures taken to raise awareness of the Charter and its requirements.

- **IM&T Directorate Report** – the Committee heard that there had been one main area of concern, relating to the on-call aspect of payroll, with it suggested that this provides further justification for a wider review of on-call arrangements across the organisation. All other areas had been rated as Reasonable Assurance. In discussing the report, it was suggested that the rating awarded to Asset Management was at odds with the findings of the previous report, and was contradicted by a statement in the report around Asset Management. Concern was also expressed regarding the management response to one of the findings around European Working Time Directive (EWTD) compliance. It was noted that findings around Payslip Testing had identified inconsistencies between overtime on-call claimed and paid, and that this is a matter of concern warranting further investigation, as there should be controls in place to prevent such issues occurring. Following discussion regarding protocol, it was agreed that the report needs to be revisited in terms of the assurance rating awarded for Asset Management and whether this impacts upon the overall assurance rating. It was further agreed that an updated management response should be requested.

- **Royal College of Physicians Medical Records Keeping Standards Report** – Members were advised that 80 sets of notes had been sampled. The report was positive overall, although there were areas for improvement. Members heard that the Medical Director is intending to write to all medical staff reminding them of their responsibilities in terms of records keeping. Noting several areas where standards had not been complied with, it was agreed that this report should be referred for further discussion to the Information Governance Sub-Committee and discussed with the Chair and Lead Executive of QSEAC in relation to quality and safety implications.

- **NHS Wales Shared Services Partnership (NWSSP) Briefing Papers** – the Committee received, for information, briefing papers on Carbon Reduction Commitment and Sustainability Reporting.

- **Quality, Safety & Experience Assurance Committee (QSEAC) Assurance Report around the Discharge of their Terms of Reference** – the Committee received a report detailing QSEAC activities during 2017/18. It was highlighted in particular that, QSEAC has been on a 'journey' during the last 12 months and that development of the Committee is still a work in progress. With regard to Structured Assessment findings around quality and safety, there is an absolute awareness and acceptance of the required focus on improvements, and the findings are not a surprise. It is hoped that progress is already being made in this regard. The Committee was assured that the Quality, Safety & Experience Assurance Committee is operating in accordance with its Terms of Reference and discharging its duties effectively on behalf of the Board, whilst recognising that further development work is both required and planned.

- **Audit Tracker** – the UHB Central Tracker, which tracks progress against audits and inspections undertaken within the UHB, was presented. Whilst noting that the organisation is in a better place than previously, it was agreed that focus must be maintained.

- **Scrutiny of Outstanding Improvement Plans: Ophthalmology** – the Committee received an update on progress with improvement plans relating to the Healthcare Inspectorate Wales (HIW) Thematic Review of Ophthalmology 2015/16 and Delivery Unit (DU) Assurance Review of Ophthalmology 2016. It was recognised that this is an area where the organisation has experienced challenges; there are demands in terms of both new patients and a backlog of follow-ups/existing patients. HDdUHB is not the only Health Board in this position, and national work is taking place. Various issues have exacerbated the position, although Members were pleased to hear that the situation is changing. In respect of the two specific reviews which are the brief of the report, the HIW report is fairly specific and process oriented and the majority of recommendations have been actioned and rated Green. The DU review presents more challenges, and focuses more on observations than specific recommendations for action. The Committee were advised that the advent of national Eye Care Measures has superseded many of the recommendations contained therein. Welsh Government is realistic with regard to the Health Board's position in terms of compliance. An Eye Care Sustainability Fund has been established, with Health Boards invited to submit bids. A response to HDdUHB's bid is awaited. The revenue costs of the services outlined in the bid are at least £0.5m per year, and the UHB was relatively confident that it will receive an amount in the region of this which will allow funding of services until 2020. Beyond this, the organisation would need to source ongoing costs elsewhere. The UHB will probably only get a sense of the sustainability of proposed processes towards the end of next year. It was suggested that the plan presented is probably the strongest the UHB has proposed; and the Committee noted that it is jointly supported by both hospital and community-based eye care teams.

  Members' attention was drawn to the section of the report which outlines patient impact. Whilst, as previously stated, HDdUHB is not alone in these challenges; this does not lessen the impact for individual patients and their families. It was important to recognise, however, that there is an increased optimism about the future of eye care services and that the enthusiasm among the team should be welcomed and grasped. Concern was expressed regarding mention of two separate IT systems, neither of which appear in the organisation's digital strategy, and that developments required for these may potentially distract from work on other systems required for the new health and care strategy. It was also noted that, in terms of patient impact, half of the patient incidents are in the most serious (Level 4) category and it was suggested that contingencies to protect patients should be considered. It was emphasised that the UHB have no option but to make these improvements. Should its bid not be supported by Welsh Government, this work will need to be prioritised clinically, which potentially could have financial consequences. There was a reasonable level of confidence, however, that the bid will be supported. With regard to concerns around IT systems, it was noted that representatives from the IT department have been involved and have attended meetings of the Eye Care Liaison Group. The IT department is aware of the systems in question, and they should be included in the digital strategy. Members were assured that the organisation is learning from incidents reported, and that this learning is very much embedded in the plan proposed. QSEAC is examining this topic from a patient safety viewpoint.

  Noting that there are a number of current vacancies and that the UHB is continuing to employ locums, it was queried why these resources were not being used towards the cost of the proposals. Assurance was also requested that the issue of personalities and culture is being considered to ensure the success of plans. In response to the first query,

it was explained that despite a move to more services based in the community, there remains a need for hospital based staff for certain treatments and procedures. There will not be an underspend in the Ophthalmology budget, as there is a significant overspend on drugs to treat wet Age-related Macular Degeneration (wAMD).With regard to the second comment, Members were advised that what is presented is testament to and the product of the current Clinical Lead's work, liaison and leadership. It was agreed that monitoring the delivery of the plan outlined sits with the Business Planning & Performance Assurance Committee (BPPAC), and that this should be considered at its February or April 2019 meeting. The Committee concluded by noting that the issues identified in the two reviews have been outstanding for some time, and that there is a risk in simply stating that they have been superseded. Whilst the Committee supported the plans being proposed, the organisation must not lose sight of the findings and recommendations made by these two reviews. It was agreed that there should be a link made back to the HIW and DU review recommendations.

- **Counter Fraud Update** – an update was presented, with Members noting that, whilst general awareness around fraud is improving, it is important to reinforce the message that fraud is unacceptable. The Counter Fraud service is taking various approaches to achieve this, including face to face contact with staff and use of tools such as the new Twitter account. Members' attention was drawn to the fact that the UHB's Counter Fraud Policy is being reviewed and will be presented to the February 2019 ARAC meeting.

- **Audit Committee Work Programme** – The Committee noted the work programme for the financial year 2018/2019.

Materion y Mae Angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu Cyfer: Matters Requiring Board Level Consideration or Approval:

- To note concerns regarding lack of assurance provided by management responses to IA Reports on the Procurement and Disposal of IT Assets and the IM&T Directorate;
  - The Committee requested that revised management responses be provided to the next ARAC meeting; however it was agreed that it should be flagged to Board that the Committee had deemed the management responses to the above IA reports unacceptable.

Risgiau Allweddol a Materion Pryder: Key Risks and Issues/Matters of Concern:

- Concerns around the impact of NWIS capacity issues on implementation of Structured Assessment recommendations;
  - It was suggested that a letter expressing the Committee's concerns could be drafted.
- Concerns around the reduction in Public Health resources proposed in the Public Health Wales Review Closure Report;
  - It was agreed that the Director of Finance and Director of Public Health would compose a letter expressing concern regarding the UHB's allocation. The outcome of the follow up to this review would also be monitored.
- Concerns regarding the content and tone of the Radiology Directorate IA Report Updated Management Response;
  - It was agreed that this should be fed back to the author and advice on preparing management responses offered. It was agreed a further review of progress made against the management response be scheduled for April 2019.

- Disquiet regarding the cultural message being sent by certain aspects of on-call practices, both in Radiology specifically and in more general terms;
  - Members were assured that the Radiology directorate management is aware of the need to address this issue and it was agreed that there should be an update on progress at the April 2019 meeting.
  - It was further agreed that there should be a wider Internal Audit review of on-call arrangements and payments throughout the organisation.
- Concerns regarding the lack of clarity around certain of the timescales in the Women & Children's Phase 2 Updated Management Response;
  - The Committee requested further clarification regarding timescales.
- Risks in dealing with private sector companies for capital projects;
  - It was suggested that it may be appropriate to consider devising a national Code of Best Practice around supply chain partners. NWSSP and the Director of Finance will take this forward.
- Disquiet regarding the overall assurance rating for the IA Report on the IM&T Directorate;
  - The Committee requested that this be reviewed and internal audit review the file and associated rating.
- To note discussions and planned actions around improvement plans relating to the Healthcare Inspectorate Wales (HIW) Thematic Review of Ophthalmology 2015/16 and Delivery Unit (DU) Assurance Review of Ophthalmology 2016.

Busnes Cynlluniedig y Pwyllgor ar Gyfer y Cyfnod Adrodd Nesaf: **Planned Committee Business for the Next Reporting Period:**
Adrodd yn y Dyfodol: **Future Reporting:**
In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.
Dyddiad y Cyfarfod Nesaf: **Date of Next Meeting:**
19th February 2019

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	31 January 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Auditor General for Wales – Annual Audit Report 2018 and Structured Assessment 2018
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Steve Moore, Chief Executive Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Joanne Wilson, Board Secretary

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Annual Audit Report, at Appendix 1, to Board Members sets out the key findings from the audit work undertaken at Hywel Dda University Health Board (UHB) by the Wales Audit Office between January 2018 and December 2018. The work undertaken allows the Auditor General for Wales to discharge his responsibilities under the Public Audit (Wales) Act 2004 in respect of the audit of the accounts and the UHB's arrangements to secure efficiency, effectiveness and economy in its use of resources.

The structured assessment 2018 report, at Appendix 2, examines the UHB's arrangements that support good governance and the efficient, effective and economic use of resources. Structured assessment work in 2018 follows similar themes to previous years' work, although this year's scope has been broadened to include commentary on arrangements to procurement, asset management and improving efficiency and productivity. The report groups the findings under three themes – the Health Board's governance arrangements, its approach to strategic planning and the wider arrangements that support the efficient, effective and economical use of resources. It also summarises the progress made in addressing the previous year's structured assessment recommendations.

Cefndir / Background

The audit work undertaken has focused on strategic priorities in addition to the significant financial and operational risks facing the UHB which are relevant to the Auditor General's audit responsibilities.

The report on Structured Assessment 2018, which in the main informs the content of the Annual Audit Report, was considered and discussed in depth at the feedback session held on 13th December 2018. The Annual Audit Report now being presented to the Board is therefore reflective of any amendments that were agreed to the Structured Assessment report, and it is concurred that the report presents a fair and balanced view of the organisation, recognising both the positive aspects identified and those areas where further progress is required.

The Audit and Risk Assurance Committee will receive the management response to the Structured Assessment 2018 report at its meeting on 19th February 2019.

Asesiad / Assessment

Annual Audit Report 2018 (Appendix 1)
The overall conclusions from the Annual Audit Report are as follows:

Audit of accounts
- An unqualified opinion on the accuracy and proper preparation of the 2017-18 financial statements of the Health Board;
- No material weaknesses were identified in the Health Board's internal controls relevant to the audit of the accounts;
- A qualified audit opinion on the regularity of the financial transactions within the Health Board's financial statements and a substantive report is placed alongside this opinion to highlight its failure to meet its statutory financial duties.

Arrangements for securing efficiency, effectiveness and economy in the use of resources
- While the Health Board has generally good governance arrangements, the Board has recognised that quality and safety governance arrangements still have room for improvement, and that the current organisational structure needs to be revisited to support delivery of its new strategy;
- The Health Board is to be commended for its engagement and ambitious approach to longer-term strategic planning but needs to develop joined up and streamlined planning and delivery arrangements and ensure there is sufficient capacity to drive through the necessary change;
- The management of workforce is improving, and the Health Board is strengthening arrangements for financial management and accountability, but significant financial challenges remain, and it needs to address asset management risks and to increase its focus on improving the efficiency of services;
- The WAO reviews of primary care services, maternity services, district nursing, operating theatres and a range of information governance aspects, as well as regional partnership working has found some positive aspects of securing efficient, effective and economical use of resources, but challenges remain, and several previous recommendations are outstanding.
- The Health Board has now made effective use of the National Fraud Initiative to detect fraud and overpayments although this required a reminder from the WAO for action to be undertaken to review the data matches released in 2017.

Structured Assessment 2018 (Appendix 2)
The overall conclusion from Structured Assessment was:

> "This year's Structured Assessment work has demonstrated that the Health Board continues to strengthen governance and management arrangements, but there is recognition that there remain some weaknesses in quality and safety governance arrangements, more needs to be done to streamline the organisational structure to support implementation of the new strategy, and the efficiency of both resources and assets in the short to medium-term could be further improved."

The reasons for reaching this conclusion are summarised below:

Governance
WAO examined the Health Board's governance arrangements, specifically the way in which the Board and its committees conduct their business and the extent to which organisational

structures are supporting good governance and clear accountabilities. WAO found that *while the Health Board has generally good governance arrangements, the Board has recognised that quality and safety governance arrangements still have room for improvement, and that the current organisational structure needs to be revisited to support delivery of its new strategy*.

> Conducting business effectively
> WAO looked at how the Board organises itself to support the effective conduct of business and found that *while there are generally good arrangements to support board and committee effectiveness, there are weaknesses in its quality and safety governance arrangements which the Health Board recognises and is addressing*.

> Managing risks to achieving strategic priorities
> WAO looked at the Board's approach to assuring itself that risks to achieving priorities are well managed and found that *there is a well-developed Board Assurance Framework in place which is being refreshed as new strategic objectives are developed*.

> Embedding a sound system of assurance
> WAO also examined whether the Health Board has an effective system of internal control to support board assurance and found that *some aspects of governance are stable and well-organised, but others need to be further developed particularly in relation to quality and safety arrangements*.

> Ensuring organisational design supports effective governance
> WAO looked at how the Health Board organises itself to deliver strategic objectives collectively while ensuring clear lines of accountability for delivery and found that *the current organisational structure needs to be revisited to support strategic ambition, which has also been recognised by the Board*.

Strategic planning
WAO examined how the Board sets strategic objectives for the organisation, and how it plans for the short, medium and long-term. It also assessed how well the Health Board plans how it will achieve its objectives, using funding, people and other resources that it has, or can make available. WAO also asked if plans are sufficiently joined up, both externally and internally and if they are well informed. Finally, WAO wanted to know if the Health Board is monitoring progress with these plans effectively.

WAO found that *the Health Board is to be commended for its engagement and ambitious approach to longer-term strategic planning but needs to develop joined up and streamlined planning and delivery arrangements and ensure there is sufficient capacity to drive through the necessary change*.

> Setting the strategic direction
> WAO looked at how the Board goes about setting its priorities in engagement with key stakeholders and whether agreed objectives are clearly defined in strategic plans and found that *the longer-term strategic approach and partnership planning is progressing well.*

> Developing strategic plans
> WAO considered the Health Board's approach to developing its annual and medium-term plans, and whether the approach is underpinned by appropriate analyses of costs, resources and potential savings and found that *there are ambitious plans to develop an IMTP for 2019-22 but the planning process is not sufficiently joined up.*

- ➢ Monitoring delivery of the strategic plan
  WAO looked at whether progress with implementing strategic plans and supporting strategic change programmes is effectively monitored and found that arrangements for monitoring delivery against plan could be strengthened and capacity to deliver significant change is a challenge.

Wider arrangements that support the efficient, effective and economical use of resources

WAO examined if the Health Board is procuring goods and services well and found that *the management of workforce is improving, and the Health Board is strengthening arrangements for financial management and accountability, but significant financial challenges remain, and it needs to address asset management risks and to increase its focus on improving the efficiency of services.*

- ➢ Managing the workforce
  The workforce is the Health Board's biggest asset, not least because pay represents such a significant proportion of expenditure. It is important that the workforce is well managed and productive because staff are critical for day-to-day service delivery and for delivering efficiency savings and quality improvements. WAO found *the Health Board is managing its workforce effectively, but vacancies continue to present challenges and there is a need to put in place a learning and development plan for the workforce.*

- ➢ Managing the finances
  WAO considered financial and budget management, financial controls, and operational support and processes and found that *financial management and accountability has improved, but significant challenges remain.*

- ➢ Improving performance, efficiency and productivity
  WAO looked at what the organisation is doing to improve performance, efficiency and productivity. We found that *some performance metrics are improving, but the Health Board needs to increase its focus on improving efficiency and embedding value-based healthcare.*

- ➢ Managing the estate and other physical assets
  WAO considered how the estate and physical assets are managed and found that some of *the Health Board's assets are deteriorating and it needs to risk assess and prioritise action to replace them.*

Five recommendations are contained within the Structured Assessment report 2018. A detailed management response is currently being prepared which will be submitted and discussed at the February 2019 Audit and Risk and Assurance Committee meeting, on behalf of the Board.

Argymhelliad / Recommendation

The Board is requested to:
- Support the content of the Annual Audit Report and Structured Assessment 2018 Report, reflecting the amendments agreed at the feedback session on 13th December 2018, and take an assurance that it presents a fair and balanced view of the organisation recognising both the positive aspects identified and those areas where further progress is required.
- Accept the recommendations contained within Structured Assessment Report 2018 and request a detailed management response be prepared and submitted to the Audit and Risk Assurance Committee on 19th February 2019.

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): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The Annual Audit Report is informed by a number of individual reports issued during the year and Structured Assessment. WAO based structured assessment work on interviews, observations at Board, Committee and Management Groups, together with reviews of relevant documents and performance and finance data.
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:	Board Seminar Session 13th December 2018

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts however the Annual Audit Report issued a qualified opinion on the regularity of the financial transactions within the Health Board's financial statements and place a substantive report alongside this opinion to highlight its failure to meet its statutory financial duties. The Structured Assessment 2018 report does highlight that the Health Board faces significant financial pressures and the approach to planning and delivering savings, while strengthening, is not yet helping it to recover its deficit financial position.

Ansawdd / Gofal Claf: **Quality / Patient Care:**	No direct impacts however the Structured Assessment 2018 report found that quality and safety arrangements need to be developed further.
Gweithlu: **Workforce:**	No direct impacts however the Structured Assessment 2018 report found that the current organisational structure needs to be revisited to support strategic ambition.
Risg: **Risk:**	No direct impacts however the Structured Assessment 2018 did conclude the management of workforce is improving, and the Health Board is strengthening arrangements for financial management and accountability, but significant financial challenges remain, it needs to address asset management risks and to increase its focus on improving the efficiency of services.
Cyfreithiol: **Legal:**	No direct impacts.
Enw Da: **Reputational:**	The Health Board could suffer reputational damage if it fails to respond appropriately and implement the recommendations within the report.
Gyfrinachedd: **Privacy:**	No direct impacts.
Cydraddoldeb: **Equality:**	• Has EqIA screening been undertaken? No • Has a full EqIA been undertaken? No

Structured Assessment 2018 – **Hywel Dda University Health Board**

Contents

The Health Board continues to strengthen governance and management arrangements, but there is recognition that there remain some weaknesses in quality and safety governance arrangements, more needs to be done to streamline the organisational structure to support implementation of the new strategy, and the efficiency of both resources and assets in the short to medium-term could be further improved.

About this report

1   This report sets out the findings from the Auditor General's 2018 structured assessment work at Hywel Dda University Health Board (the Health Board). The work has been undertaken to help discharge the Auditor General's statutory requirement, under section 61 of the Public Audit (Wales) Act 2014, to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency and effectiveness in their use of resources.

2   Our 2018 structured assessment work has included interviews with officers and Independent Members, interviews with each of the directorate management teams, observations at board and committee meetings and reviews of relevant documents, performance and financial data. We also conducted a survey of board members across all health boards and NHS trusts. Twenty-one[1] of the 30 board members invited to take part at the Health Board responded.

3   This year's structured assessment work follows similar themes to previous years' work, although we have broadened the scope to include commentary on arrangements relating to procurement, asset management and improving efficiency and productivity. The report groups our findings under three themes – the Health Board's governance arrangements, its approach to strategic planning and the wider arrangements that support the efficient, effective and economical use of resources. The report concludes with our recommendations.

4   Appendix 1 summarises the action that has been taken to address previous year's structured assessment recommendations. Appendix 2 sets out the Health Board's response to the recommendations arising from our 2018 work.

Background

5   The Health Board is currently escalated to targeted intervention status under the NHS Wales Escalation and Intervention Framework. This reflects significant and on-going challenges in respect of the organisation's financial position, its ability to meet the requirements of an approvable Integrated Medium-Term Plan (IMTP) and concerns around specific aspects of its performance, most notably in relation to unscheduled care and referral to treatment times.

6   At the end of 2017-18, the Health Board reported a financial deficit of £69.6 million, against an agreed deficit total of £58.9 million. A growing year-on-year cumulative deficit stood at £150 million at the end of March 2018, accounting for more than 40% of the total deficit across Wales. For 2018-19, the Welsh Government has recognised the demographic and scale challenges that the Health Board faces and has allocated recurring funding of £27 million, with an agreed deficit total for the year of £35.5 million.

7   The Health Board was unable to meet the requirements of an approvable IMTP for 2018-21 and is currently working to a one-year operational plan. The Health Board also undertook a substantial

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[1] Of the 21 members responding, 10 were executive officers, 8 were independent members and 3 were associate directors.

engagement exercise to develop options to inform its health and care strategy[2], and during 2018, it consulted on the proposed options. The outcome of the consultation was considered at the Board meeting in September 2018, and a preferred option agreed. This has formed the basis of the Health Board's ten-year clinical strategy, the first three-years of which are set out in more detail to inform the annual IMTP process. The first draft of the strategy was approved at the Board meeting in November.

8   By the end of March, the Health Board failed to meet key waiting targets set by the Welsh Government for time spent in A&E, ambulance handover times, referral to treatment targets and therapy waits, although some of these measures were showing signs of improving. Cancer and stroke performance was some of the best in Wales, except for thrombolysis compliance. There were also no diagnostic breaches and there were signs of improvement in relation to infection control, although healthcare acquired infection targets were not met.

9   During the last 12 months, there has been some turnover at the Board level both in respect of executives and Independent Members. The Director of Therapies and Health Science formally took up post in January, completing the executive team. However, the Director of Finance stood down in September, and the post was filled on an interim arrangement for three months, until permanent appointment in December. Two experienced Independent Members completed their terms in April 2018. Two new Independent Members were appointed to the Board, with an additional Associate Member appointed specifically to chair the Board's Finance Committee.

10   Our 2017 structured assessment acknowledged that the Health Board was facing financial challenges and although there had been several improvements in strategic planning, stakeholder engagement and informatics, increasing maturity at an operational level was required to support its governance and performance arrangements.

11   This report provides a commentary on key aspects of progress and issues arising since our last structured assessment review. This report should therefore be read with consideration to our previous review, which can be found at the following link http://www.audit.wales/publication/hywel-dda-university-health-board-structured-assessment-2017

Main conclusion

12   This year's Structured Assessment work has demonstrated that the Health Board continues to strengthen governance and management arrangements, but there is recognition that there remain some weaknesses in quality and safety governance arrangements, more needs to be done to streamline the organisational structure to support implementation of the new strategy, and the efficiency of both resources and assets in the short to medium-term could be further improved.

13   The findings which underpin these conclusions are considered in more detail in the following sections. The Health Board has made progress against previous recommendations but in many areas, further work is needed to address them in full. This is highlighted throughout the report and cross-referenced with a summary of overall progress against recommendations in Appendix 1.

[2] A healthier Mid and West Wales: Our future generations living well

Governance

14   As in previous years, our structured assessment work has examined the Health Board's governance arrangements. We comment on the way in which the Board and its committees conduct their business, and the extent to which organisational structures are supporting good governance and clear accountabilities. We also looked at the information that the Board and its committees receive to help it oversee and challenge performance and monitor the achievement of organisational objectives. We have drawn upon results from our survey of board members to help understand where things are working well, and where there is scope to strengthen arrangements.

15   We found that **while the Health Board has generally good governance arrangements, the Board has recognised that quality and safety governance arrangements still have room for improvement, and that the current organisational structure needs to be revisited to support delivery of its new strategy**.

Conducting business effectively

16   We looked at how the Board organises itself to support the effective conduct of business. We found that **while there are generally good arrangements to support board and committee effectiveness, there are weaknesses in its quality and safety governance arrangements which the Health Board recognises and is addressing**.

17   The Board continues to be generally well-run with the quality of Board-level scrutiny and challenge good. The Board has a full complement of Independent Members with a good range of knowledge, skills and experience, and the Chair continues to make good use of the variable contractual terms available to her when making appointments. A comprehensive programme of development for Independent Members is in place, making good use of both internal and external resources, and there are effective arrangements to support handover as Independent Members leave, new members are appointed, and new chairs of committees are put in place. A programme of organisational development is currently in place to develop the Independent Members, as well as strengthen the Board as a whole, supported by regular six-monthly reviews on an individual basis. Independent Members were complementary of the training and development opportunities in place although scope to make use of visits to departments and wards to develop their knowledge was highlighted. This has been identified through recent appraisals and plans are in place to address this, including the inclusion of Independent Members in the Chair's Employee of the Month visits.

18   Board agendas are well structured, with a clear focus on governance items, strategic issues and performance. There is also clarity between items for noting and those that require Board decision, but agendas can be long, with meetings generally running for a full day to allow sufficient time to consider all agenda items. The volume of papers is also substantial, with papers often running to 1,000 pages. This is largely due to background information being included following requests from Independent Members to have access to the detail. Board papers are available seven days before the meeting, in line with the Health Board's Standing Orders but the volume of papers can be challenging with only half of the Independent Members responding to the Board member survey identifying that they have sufficient time to prepare within their contracted time. The quality and appropriateness of information provided was also raised as an issue in the Board member survey with 15 out of 21 (71%) members responding that they were confident:

- in the quality and accuracy of information presented to the Board (83% across Wales);
- that the Board receives sufficient information to inform decision making (86% across Wales);
- that the information supports effective scrutiny (78% across Wales).

19   The Board continues to rotate its meetings across its catchment areas to enable wider engagement with its public. Since April 2018 it has been making more use of web-casting to enable board discussions to be accessible to members of the public who are unable to attend. The Board is proactive in seeking questions from the public, with an agenda item now included in all Board meetings to publicly respond to those questions. Discussions that take place during the private sessions are limited to only those that are of a sensitive nature and there is an overall positive view from the Board member survey that the Board is conducted in an open and transparent way.

20   There is an improving focus on primary and community care, with regular papers which consider the primary and community services of the area in which the Board meeting is being held. The routine focus on performance however is largely dominated by acute operational delivery and the Health Board's financial position, both of which are key areas of focus as part of targeted intervention. Board agendas however lack a routine focus on the quality and safety of services provided, although specific areas of concern have been included as they arise, such as the fragility of services. Feedback from the Board member survey identified that while the Health Board places quality and safety at the top of its priorities, only 13 of the 21 (62%) members agreed that the agendas sufficiently focused on patient experience and the quality and safety of services. This compares with 81% across Wales. This has been recognised by the Board and work is underway to increase the level and range of information provided to the Board on quality and safety, including patient experience, although the pace of this work is slow.

21   Of the Board's committees[3], we have reviewed the three main committees: the Audit and Risk Assurance Committee (ARAC), the Business Planning and Performance Assurance Committee (BPPAC) and the Quality, Safety and Experience Assurance Committee (QSEAC). The current chairs of the Board's committees are effective in their roles and cross representation is enabling good flows of assurance, issues and risks between committees and up to the Board. Chairs are given sufficient time to present matters on the Board agendas, and a tracker is in place to monitor progress against actions referred between committees. There is an ongoing review cycle of committees using annual self-assessments, as well as self-reflection at the end of each meeting although this is not yet included on all committee agendas. Regular reviews also take place of the committee structures to ensure that they are fit for purpose. An Associate Member to chair the finance sub-committee, and the establishment of it as a committee of the Board in September 2018, were because of these reviews (see paragraph 81).

22   The ARAC and BPPAC committees function generally well although there is recognition that the QSEAC needs to further improve. Work has taken place to revisit and refine the QSEAC supporting structures, but agendas remain long, duplication exists between sub-groups and many issues discussed are best placed at an operational level. A further review of the supporting structures is due

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[3] The Board has eight committees. We have reviewed the three main committees, as well as the Finance Committee which became a committee in September 2018. The remaining committees are the Charitable Funds Committee, Mental Health Legislation Assurance Committee, Primary Care Applications Committee, and the University Partnership Board.

to take place in early 2019. The focus of the QSEAC agendas is also limited to a handful of key quality and safety priorities and information does not yet include a sufficient range of quality and safety measures. Papers presented provide a good understanding of the issues and actions being taken to address the quality and safety priorities, but on occasions, Independent Members are unable to take assurance from the information presented to them. We are undertaking a separate review to consider the QSEAC structures and the wider Health Board arrangements to manage quality, safety and experience. This work is due to be reported in January. The other committees have been streamlined over the last 12 months, with the ARAC and the BPPAC increasingly managing within a shorter agenda, whilst maintaining a good balance of agenda items and allowing sufficient time for scrutiny and challenge.

Managing risks to achieving strategic priorities

23   We looked at the Board's approach to assuring itself that risks to achieving priorities are well managed. We found that **there is a well-developed Board Assurance Framework in place which is being refreshed as new strategic objectives are developed.**

24   The Health Board has historically had a well-developed Board Assurance Framework. This is currently being refreshed to take account of revisions to its strategic objectives following the Board's decision in September and the subsequent development of the Health Board's health and care strategy. The Board Assurance Framework clearly sets out the risks to delivering against the strategic objectives, set out in the 2018-19 one-year operational plan. Over time the presentation of the Board Assurance Framework has improved to aid the reader in understanding the controls in place, the different sources of assurances using the three lines of defence model, where gaps exist and the performance indicators that are used to measure progress. Underpinning the Board Assurance Framework is a comprehensive Regulatory and Review Body Assurance Framework which focuses attention on high risk areas both in terms of likelihood and the impact on non-compliance with regulations and legislation. This includes, for example, the Human Tissue Authority.

25   The Board Assurance Framework is supported by a well-documented Corporate Risk Register, which has been updated following a Board development session in August 2018. The Board Assurance Framework now also includes the Board's risk appetite, which had previously been a gap. The Board Assurance Framework and Corporate Risk Register have been aligned to the Board and its committees and are used to inform their respective work plans. The Board Assurance Framework is reviewed on an annual basis. The Corporate Risk Register is reviewed twice a year.

26   Last year, we identified the need for the Health Board to further embed its revised risk management framework (**Recommendation 9, 2017**). The Head of Assurance and Risk has been working closely with all directorates over the last 12 months to improve the identification and recording of risks, which is evident in the improved quality of directorate risk registers. The Corporate Risk Register is also now routinely considered monthly by the Executive Team, and the management of risks at a directorate level are now also considered as part of the regular performance reviews. The Health Board could benefit from undertaking some work to group together consistent risks across directorates to identify risks that should be escalated more clearly.

27   Findings from the Board member survey indicate a general satisfaction with the Board Assurance Framework and supporting risk management arrangements. Information presented to the Board and its committees to effectively scrutinise actions however is an area for improvement, which may reflect

the need to review the Board Assurance Framework on a more regular basis. Only 12 out of 21 (57%) members responding agreed that the information presented to the Board allows members to effectively scrutinise actions taken to mitigate risks, compared to 77% across Wales.

Embedding a sound system of assurance

28   We also examined whether the Health Board has an effective system of internal control to support board assurance. We found that **some aspects of governance are stable and well-organised, but others need to be further developed particularly in relation to quality and safety arrangements.**

29   Our work has identified that Standing Orders are up-to-date, with a comprehensive interactive Scheme of Delegation approved by the Board in November, which we have identified as good practice. The Standing Financial Instructions follow the 2014 all-Wales model and will be updated in line with ongoing national work, although all specific Health Board references are up-to-date.

30   Arrangements for declaring, registering and handling interests, gifts, hospitality, honoraria and sponsorship are in place and reviewed annually by ARAC. Following previous WAO work to review arrangements, the Health Board has adopted an on-line system to capture declarations. The register of Board member declarations is available via the Health Board's website, and in addition, all members are asked to declare interests at the start of every Board and committee meeting. The Health Board recognises that compliance by wider staff groups however is low. Work is continuing to improve awareness and completion of the register during 2018-19 through a range of annual communication campaigns, for example through pay slips.

31   The Health Board has a comprehensive Internal Audit programme of work in place, with sufficient resources for delivery, and effective approaches for reporting assurances or concerns. However, the way in which Internal Audit provide their assurance ratings can be perceived as being ambiguous at times by ARAC members, with some significant issues raised in reports yet an overall assurance rating of reasonable or substantial assurance, and vice versa. A new Head of Internal Audit took up post in December 2018. There are also plans in place to have a detailed discussion on the Internal Audit assurance rating process in February 2019, to minimise any future concerns over the ratings given to reports.

32   The Health Board has implemented a new Quality Improvement Framework, but this is still in its infancy. Our work on the Health Board's quality and safety arrangements (paragraph 22) has examined the arrangements at directorate level, and these have been found to be highly variable. There is early development work on a quality and safety dashboard which will be underpinned by directorate-based dashboards. The high-level dashboard was reported at the QSEAC in October as an early draft, with a more fully populated version to the December committee meeting. The dashboard however has not yet been reported to the Board and directorate-based dashboards are still being developed. Patient safety walkabouts are now embedded following their introduction in January 2018 which has enabled Independent Members and executive officers to undertake visits to specific departments and clinical areas. These visits demonstrate the increasing focus by Independent Members on the need to triangulate sources of assurance and feedback to date has suggested that the visits have proved useful in providing triangulation for Board members on the key quality and safety challenges that the Health Board faces.

33   Capacity to deliver the current clinical audit programme is an issue with a risk assessed approach having to be applied against participation in national clinical audits, along with a low uptake of local

audits. The clinical audit plan is regularly reviewed by the ARAC and concerns have been raised around capacity, as well as the commitment to clinical audit from operational teams. If the Health Board is to improve its focus on the quality and safety of the services it provides, capacity to support the full implementation of clinical audit needs to be addressed.

34   Performance during 2018-19 against a few of the Health Board's quality and safety indicators are below Welsh Government targets. Rates of healthcare associated infections (HCAI) are some of the highest in Wales, although rates are reducing. Except for mental health, Delayed Transfers of Care (DTOC) performance is deteriorating while there is an improvement in the number of healthcare acquired pressure ulcers. *Putting Things Right* processes and complaints response arrangements are improving, and although the Health Board is not yet compliant with the Welsh Government's timeliness of responses target, discussions through ARAC are providing assurance that the quality of responses and the way in which they are handled is improving. This has resulted in a reduction in the number of cases being referred to the Public Ombudsman for Wales.

35   Last year we identified the need for the Health Board to continue to improve its Integrated Performance Assurance Report (IPAR) to the Board (**Recommendation 11, 2017**). Performance reporting arrangements have since been improved with the IPAR developed into an interactive tool which ensures the key areas of underperformance are more prominent. The report includes both key deliverable targets as well as a suite of locally developed targets. Performance reporting arrangements are continually being improved and there is a recognition that more measures, which focus on patient experience and outcomes, are needed, to provide a more holistic review of performance, cost and quality. This is reflected in the findings from the Board member survey, which also identified gaps in understanding on productivity and efficiency (Exhibit 1).

Exhibit 1: Percentage of board members responding to the survey who agreed that the information received gives them a good understanding about how well the organisation performs

Aspects of performance	Health Board (%)	Wales average (%)
Operational delivery	86	86
Service quality	67	80
Financial performance	90	97
Workforce productivity	24	40
Service efficiency	38	52
Care outcomes	24	47
Patient experience	29	64

Source: Wales Audit Office Board Member Survey 2018

36   Since our 2017 work, the Health Board's performance management arrangements have also improved (**Recommendation 10, 2017**). Quarterly performance reviews with each directorate, chaired by the Chief Executive, are now in place. These cover performance, workforce, quality and safety, and risk and finance. Depending on the directorate's financial position, finance discussions may be limited as more detailed discussions take place through the separate turnaround holding to account meetings.

To date, there has not been an explicit focus within the performance reviews on delivery against plans, but elements of planning are covered through the wider discussion on performance delivery. This is because the current operational plan is largely focused on delivering key performance targets, with wider oversight and assurance provided through the planning sub-committee of BPPAC. Although executive officers are involved in the performance reviews, some officers are considered essential (or core). Up until recently, attendance by the Medical Director has been limited, although attendance by other executive officers has been good. Medical representation from the directorates has also been limited, which we refer to later in paragraph 46.

37   Performance reviews are undertaken quarterly due to the number of directorates. However, in addition to the performance reviews, directorates are required to attend fortnightly or monthly turnaround meetings, as well as IMTP meetings which have recently been introduced. There are also review meetings with the Director of Operations and holding to account meetings chaired by the Chief Executive if the financial position warrants escalation. All meetings are held within the Health Board's main headquarters in Carmarthen except for the turnaround meetings which are held across the Health Board. Our work has identified that the operational teams spend a considerable amount of time in meetings, and that duplication of discussions can be a challenge. Some of these meetings are now also running into the evening which is not conducive to a positive work life balance for staff. Operational teams also reported that a separation of different aspects of performance into separate meetings is not always helpful and can lead to tensions between agreed actions, for example, the need to contain costs whilst meeting key deliverable performance targets. There is scope to amalgamate some of these meetings so that all aspects of performance are considered in a comprehensive way. This should enable performance to be reviewed on a more frequent basis, however we recognise the benefit that having a separate turnaround process is currently providing the health board, to maintain grip on its financial position. The Chief Executive has requested a review of the operational meetings that are taking place to look at ways to streamline the number of meetings and to free up some of the time spent in meetings.

38   The Health Board has a robust process for tracking recommendations by all regulators, not just those identified by External and Internal Audit, which we have identified as good practice. The tracker is regularly reported to the ARAC and executive officers are held to account for the pace of delivery, with detailed progress updates reported back to ARAC at regular intervals. This process however is resource intensive for the corporate governance team to maintain the tracker. The ARAC has recently approved an escalation process for late or non-delivery of recommendations which will help focus attention on addressing recommendations, with progress monitoring now delegated to the performance reviews. This process should be more manageable for the governance team but is reliant on robust governance arrangements at an operational level, and time on the quarterly performance review agenda to allow monitoring discussions to take place.

39   During the year, information governance arrangements have been further strengthened but still require more work. The Health Board has an effective Information Governance sub-committee in place but during the year lost the Information Governance Manager recruited in 2017, with a three-month gap before a replacement started. The Health Board has been taking a proactive approach to preparing and responding to the requirements of the General Data Protection Regulations (GDPR). An information asset register is now in place, and compliance with the mandated Information Governance training is improving but is still short of the 85% target at 71%. During the year, the Health Board had an external cybersecurity assessment. The overall assessment was broadly positive of the

arrangements in place but did identify several improvement actions. These actions are reliant on additional resources being made available which, at the time of our work, was yet to be agreed.

Ensuring organisational design supports effective governance

40   We looked at how the Health Board organises itself to deliver strategic objectives collectively while ensuring clear lines of accountability for delivery. We found that **the current organisational structure needs to be revisited to support strategic ambition, which has also been recognised by the Board.**

41   Last year, we highlighted scope for the executive team to work more collectively together. As part of the Health Board's organisational development programme during 2018, work focusing on the executive team prompted the development of a new Executive Performance Review framework. This includes the development of new objectives for each member of the executive team. These objectives have provided clarity to executive roles and responsibilities, are directly linked to objectives in the 2018-19 operational plan and should help promote better joint working. Executive officers have shared these with their direct reports, and the totality of the objectives and how they interrelate have also been shared across the executive team and the Board.

42   The executive objectives have encouraged wider involvement in operational issues, than has previously been the case. Whilst this is evident in part, our interviews with the directorates commented that it remains largely the Director of Operations who supports operational delivery. They also highlighted that the executive team more generally are not as visible as they could be with some not able to name several of the executives (**Recommendation 8, 2017**). The wider involvement of the executive team in the performance reviews is helping address this gap, but as these meetings are held in headquarters, visibility is limited to operational management teams.

43   Cross organisational working and clear lines of accountability are also problematic. In 2017, we recommended that the Health Board revisit its organisational structure, particularly in relation to primary care and community services, as the structure did not promote integrated working and effective management of operational issues (**Recommendation 7, 2017**). Since our work last year, the post of Director of Primary, Community and Long-Term Care has been filled on a substantive basis, and two County Director roles were filled following the retirement of the previous post holders. The two new County Directors have been appointed on an interim basis to allow time to reflect any changes needed to support the implementation of the health and care strategy. All County Directors are now responsible for many aspects of primary care, including the GP cluster leads, which has helped realign the focus on primary and community care. The third County Director post is substantive, and responsibilities also include oversight of the Bronglais Hospital Directorate. The County Directors report to the Director of Primary, Community and Long-Term Care but County Directors expressed some confusion as to who they were accountable to. This was because individual performance appraisals had been undertaken by the Director of Operations, and during the year they were being held to account for delivery also by the Director of Operations.

44   Over the year, elements of scheduled care have moved to the hospital directorate structure with the hospital directorates now responsible for the ward staff and the beds. The medical staff, support functions and service delivery managers remain under the management of the Scheduled Care Directorate. It is recognised that the changes have helped to ensure a whole system focus, and improved line management of ward staff. However, this split arrangement has presented challenges to

managing bed flow and can cause delays in dealing with concerns if they relate to a combination of issues that must be dealt with by both directorates. It is recognised however that these issues are inherent in any structural arrangement and are best solved through close working and good communication.

45   The Health Board's overall organisational structure is a combination of county, hospital and health board wide directorates which risks the creation of tensions. Although increasingly, the hospital and county directorate are coming together, for example, in holding to account meetings. The hospital directorates are a key component of the current organisational structure, which include elements of scheduled care, resulting in acute services having a greater profile. Radiology services is also included under the management of the Glangwili Hospital Directorate, which is currently placing workload pressures on the general manager. Up until recently, therapies had also been included in the hospital directorate structure, but this is now overseen by the Director of Therapies, pending the decision to create a new therapies directorate. The Board has recognised that if it is to implement its strategic vision, primary and community services need to be much more prominent in the organisational structure.

46   The Health Board has also implemented an organisational structure which is designed to be clinically led. There is currently no medical leadership in the county directorate teams, although there are GP cluster leads below the directorate level. The GP cluster leads and the medical leads for the other directorates however are not as involved as they could be in day-to-day management. Their management time, over recent months, has largely been taken up with involvement in the Transforming Clinical Services (TCS) consultation process (referred to further in paragraph 52). Very few clinical directors however attend the performance reviews for example, although some are present at holding to account meetings. There is recognition that the medical members of the management teams do not have the capacity to support as much as the general managers and lead nurses do, due to their own clinical workloads and the need to maintain the provision of otherwise fragile clinical services. Their capacity however is also hampered by a misalignment between clinical commitments and when management meetings take place. Since our 2017 structured assessment work, the Health Board set up a Clinical Executive Team, with the aim to bring the executive officers and medical leads together on a regular basis. Time pressures from their involvement in the TCS process meant that medical staff struggled to attend the Clinical Executive Team meetings, and consequently the meetings were paused. Medical leads are now members of the new Health Strategy Committee. When considering the scope to align meetings, the Health Board should also consider the potential to have 'management days' and aligning the job plans of medical leads to ensure that they are able to contribute.

47   Previously, we highlighted concerns about the configuration of corporate services to support operational delivery. When we reported in 2017, the finance department was embarking on an organisational change process (OCP) to develop a business partnering model to align with the directorates. This process is nearing a conclusion but has required a substantial shift in resources to implement the model (**Recommendation 2, 2017**). We recommended that lessons needed to be learnt from the finance OCP and applied to other corporate directorates (**Recommendation 6, 2017**). Although the OCP in the finance department is only just coming to an end, the Health Board has used the OCP to reflect on changes needed elsewhere in the corporate structures which will start to take shape in early 2019. Our interviews with the directorates identified that corporate support to enable the directorates deliver is a challenge and they would welcome the business partnering model to be

applied to other service areas, although there is recognition that there are named contacts for the workforce directorate. Capacity to implement a business partnering model is however a challenge as some of the corporate functions are lean. This is particularly the case for informatics, which the directorates feel is detached from the operational teams more so than other corporate functions.

Strategic planning

48   Our work examined how the Board sets strategic objectives for the organisation, and how it plans for the short, medium and long-term. We assessed how well the Health Board plans how it will achieve its objectives, using funding, people and other resources that it has, or can make available. We also asked if plans are sufficiently joined up, both externally and internally and if they are well informed. Finally, we wanted to know if the Health Board is monitoring progress with these plans effectively.

49   We found that **the Health Board is to be commended for its engagement and ambitious approach to longer-term strategic planning but needs to develop joined up and streamlined planning and delivery arrangements and ensure there is sufficient capacity to drive through the necessary change.**

Setting the strategic direction

50   We looked at how the Board goes about setting its priorities in engagement with key stakeholders and whether agreed objectives are clearly defined in strategic plans. We found that **the longer-term strategic approach and partnership planning is progressing well.**

51   Significant work has been undertaken by the Health Board to engage and consult on its TCS programme over the last 18 months, culminating in the Board deciding in September 2018 on the preferred option for its scheduled and unscheduled care services. Over 140 consultation events were held over the summer across a wide range of localities and community groups, including Health Board staff. This work followed the process previously used for Transforming Mental Health Care Services which has been recognised as best practice.

52   There has been strong medical leadership in TCS, with the Medical Director responsible for developing the Health Board's clinical strategy. The clinical directors and lead clinicians have also been at the forefront of the consultation exercise, with positive involvement also from a wider range of other healthcare professionals. The findings from our board member survey were overwhelmingly positive in relation to effective engagement when developing and setting strategic objectives, particularly with the clinical leaders.

53   The decision at the September Board meeting has now enabled the development of a 10-year clinical strategy to commence. An outline strategy was presented to, and approved by, the November Board meeting, which will form the basis of the three-year IMTP for 2019-22 (**Recommendation 4, 2017**).

54   The Health Board plays an active role in the Regional Partnership Board (RPB). Our ongoing Integrated Care Fund work has identified that there is generally good partnership working across West Wales. The RPB has been a key stakeholder in the engagement and subsequent consultation of TCS, and through the Transformation Fund, has agreed to submit a bid which will go some way toward supporting the implementation of the health and care strategy. The Health Board also has strong partnership working with its Public Service Boards and with its neighbouring health boards. This is through the joint regional planning arrangements with Abertawe Bro Morgannwg University Health

Board, which has included joint Board meetings, and with Powys Teaching Health Board through the Mid Wales Health and Social Care Committee. A Regional Collaboration for Health (ARCH) and the Mid Wales Healthcare Collaborative both also form a key part of the health and care strategy.

55   Alongside the clinical strategy, the Director of Public Health is making good progress with developing a 20-year population health vision. The vision has three key goals which replace the Health Board's previous ten strategic objectives, which were population health focused but disease specific. The new goals are centred around 'starting and developing well', 'living and working well', and 'ageing and growing older well'. The Director is a key member of the West Wales Public Service Boards and the strategic direction is aligned with the Wellbeing of Future Generations (Wales) Act 2015. The high-level vision is included in the health and care strategy, which was approved by the Board in November.

Developing strategic plans

56   We considered the Health Board's approach to developing its annual and medium-term plans, and whether the approach is underpinned by appropriate analyses of costs, resources and potential savings. We found that **there are ambitious plans to develop an IMTP for 2019-22 but the planning process is not sufficiently joined up.**

57   Last year, the Health Board recognised that without a clear vision for TCS it was unlikely to get an approved IMTP and agreed with the Welsh Government to submit a one-year operational plan. The plan was submitted in line with the Welsh Government timescales but following a need to revise its plans for delivering against the RTT priorities, it was not formally signed off until July. The operational plan was supported by detailed workforce, financial, IT and capital plans.

58   Given the agreement by the Board on its health and care strategy, the Health Board is aiming to submit its first IMTP to the Welsh Government for approval for 2019-22. Timescales are ambitious but considerable work is underway to make sure that the draft IMTP is ready for consideration by the Board before submission to the Welsh Government. Several workshops have already taken place, and a series of check and challenge meetings have been set up with each of the directorates to consider and challenge the development of their plans. Each directorate will have three meetings between October and March, all of which are chaired by the Chief Executive. The meetings will help shape the first three-years of the 10-year clinical strategy and plans will be challenged with the three strategic goals of the 20-year population health vision in mind.

59   Each of the directorates are required to complete a series of templates which will facilitate the development of the IMTP. These include the need to consider delivery against key performance targets, and finance and turnaround improvement requirements. They also include maximising low value opportunities, recognition of cost pressures alongside saving requirements, quality and safety improvement, management of risk, digital and capital requirements, and workforce needs and opportunities. Fundamentally, they also need to include the service shifts required over the next three years to implement the health and care strategy.

60   The mechanisms that the Health Board is putting in place to develop its three-year plan are comprehensive and robust. However more needs to be done to enable the plans coming up through the directorates to be co-ordinated, and for the corporate services to be on hand to support the directorates to develop their plans. While the directorates are being asked to identify areas that need to be integrated into the plans of other directorates, the Health Board's planning capacity to proactively

co-ordinate plans is limited. As mentioned in paragraph 47, the finance business partnering model is only just being embedded with several other corporate functions not having the capacity or configuration to provide a business partnering model currently. It is therefore important that the relevant directors (or their assistant directors) are involved in the check and challenge process.

Monitoring delivery of the strategic plan

61 Finally, we looked at whether progress with implementing strategic plans and supporting strategic change programmes is effectively monitored. We found that **arrangements for monitoring delivery against plan could be strengthened and capacity to deliver significant change is a challenge**.

62 Progress against the key actions set out in the one-year operational plan is reported through the BPPAC in the quarterly update report. This makes use of RAG ratings to identify whether delivery against each of the actions is on track. This report is currently being refreshed into an Integrated Planning Assurance Report, using the basis of the now well-established Integrated Performance Assurance Report. Although delivery against the plan is reported to the Board, our board member survey identified that only 16 out of the 21 (76%) members responding agreed that information to the Board gives a good understanding about how well the Health Board is performing in relation to delivery of the plan. This compares with 89% across Wales. With the move to three, 10 and 20-year strategies, the Health Board needs to make sure that the Board is fully sighted of progress with implementation, which the Integrated Planning Assurance Report should address.

63 Planning however is not currently a formal part of the performance reviews with the directorates. Due to the nature of the operational plan, current discussions are focused on the plans directorates have in place to meet key performance deliverables by the year-end. As the Health Board moves to more transformational changes as part of its new health and care strategy, a more focused discussion on delivery against plan will need to be included within the performance reviews with the directorates.

64 Capacity to deliver significant strategic change has been an issue for the Health Board. Both the implementation of Transforming Mental Health Care Services, and Transforming Women and Children's Services, are largely reliant on the relevant operational teams to deliver the change on top of the routine business, as well as additional capital and revenue funding being available. Programme management capacity has been made available but the recent update to the Board on TMHS identified that this capacity is limited. The Health Board has recognised that it will need additional capacity if it is to deliver against its intended timescale for implementation of its health and care strategy. A request for additional capacity has been submitted to the Welsh Government and discussed through Joint Executive Team and Targeted Intervention meetings, but at the time of fieldwork, funding had not been made available.

Wider arrangements that support the efficient, effective and economical use of resources

65 Efficient, effective and economical use of resources largely depends on the arrangements the organisation has for managing its workforce, its finances and other physical assets. In this section we comment on those arrangements, and on the action that the Health Board is taking to maximise efficiency and productivity. We also examine if the Health Board is procuring goods and services well.

66   We found that **the management of workforce is improving, and the Health Board is strengthening arrangements for financial management and accountability, but significant financial challenges remain, and it needs to address asset management risks and to increase its focus on improving the efficiency of services**.

Managing the workforce

67   The workforce is the Health Board's biggest asset, not least because pay represents such a significant proportion of expenditure. It is important that the workforce is well managed and productive because staff are critical for day-to-day service delivery and for delivering efficiency savings and quality improvements. We found that t**he Health Board is managing its workforce effectively, but vacancies continue to present challenges and there is a need to put in place a learning and development plan for the workforce**.

68   The following table shows how the Health Board is performing in relation to some key measures compared with the Wales average.

Exhibit 2: Performance against key workforce measures at July 2018[4]

Workforce measures	Health board	Wales average
Sickness absence	5.1%	5.3%
Turnover	8.6%	6.9%
Vacancy	2.1%	2.6%
Appraisals	70%	67%
Statutory and mandatory training	72%	73%

Source: NHS Wales Workforce Dashboard, Health Education and Improvement Wales

69   Exhibit 2 shows that the Health Board's performance compares better than the all-Wales average across three of the five measures. Sickness absence rates are some of the lowest in Wales, with good scrutiny of sickness and the associated costs at the workforce sub-committee of QEASC. Compliance with appraisal rates is improving, with the compliance for medical staff the best in Wales, and overall the vacancy rate is lower than the all-Wales average. However, the Health Board continues to have some hard to fill medical posts, and turnover rates are high, particularly for medical staff, although this is largely due to retirement.

70   Compliance with statutory and mandatory training is just below the all-Wales average, but compliance amongst the medical staff is significantly low at just 15%. The Health Board's own workforce figures also identify that while most consultants have job plans, compliance with up-to-date job plans is low at

[4] Sickness: rolling 12-month average at July 2018; Turnover: 12-month period July 2017 to June 2018; Vacancy: based on advertised vacancies during July 2018; Appraisal: preceding 12 months at July 2018; Statutory and mandatory training: at July 2018

just 21%. Gaps in both medical and nursing staffing levels, has meant that the Health Board has had to rely on the use of temporary staff. Although agency and temporary staff costs are reducing, the Health Board still has one of the highest agency spend across Wales. Project managers are in place to continue to drive reductions in medical and nursing variable spend as part of the Health Board's financial savings plan and turnaround process.

71   The Health Board has seen an overall increase in staff numbers due to some very proactive recruitment campaigns using the 'Train Work Live' initiative. This has started to address some of the Health Board's shortfalls in staffing levels, but challenges remain. The Health Board has generated several innovative initiatives to attract candidates or to develop their own workforce, such as the creation of the Apprentice Academy and Bevan Clinical Fellowship, as well as the 'Grow our Own' campaign. It is also modernising its workforce using advanced practitioners and other such roles, but funding for posts can be an issue as well as a lack of suitable candidates on the labour market. As the Health Board moves to implement its 10-year clinical strategy, it will need to overcome these challenges if it is to reconfigure services and upskill its primary and community workforce.

72   The Health Board has taken a pragmatic approach to responding to the requirements of the Nurse Staffing (Wales) Act 2016. Work undertaken has identified that it needs 165.6 whole time equivalents to meet the requirements at a cost of £4.9 million, but it recognises that an accelerated focus on recruiting the quantum of staff needed would destabilise other care sectors, as well as have financial consequences. Instead a phased risk-based implementation plan has been adopted focusing on high-risk clinical areas first. This approach has been supported by the Welsh Government.

73   Staff engagement, recognition and wellbeing is generally positive in the Health Board. Bi-monthly pulse surveys take place to capture staff views, and the patient safety walkabouts provide opportunities for staff to raise concerns directly with Board members. The Chair's Employee of the Month award is also now well-established. The Health Board has a good working relationship with the Partnership Forum and there is a strong staff member on the Board.

74   Although the response rate to the 2018 NHS staff survey was low at 26%, the findings indicate an improvement in engagement, particularly in relation to the case for change. Some areas previously identified in the 2016 staff survey remain an issue, for example, bullying and harassment. Learning and development also compares less favourable to the all-Wales position, despite some improvements. Our work has found that the Health Board lacks an organisational wide learning and development plan to identify how it can more broadly develop its staff. A pilot is currently taking place with one directorate to start to take this forward, but up to this point, learning and development needs are largely addressed at a directorate level based on short-term gaps and performance appraisal and development reviews (PADR).

75   Over the last year, the Health Board has put in place a substantive programme of organisational development following receipt of funding from the Welsh Government. The programme has not only focused on the Board but a wide range of staff groups, including all the operational management teams and medical leaders (**Recommendation 5, 2017**). Progress with implementing the medical leadership organisational development programme however has been slow, and while there were early plans to refresh the assistant medical director structure, appointments have only recently taken place.

Managing the finances

76   We considered financial and budget management, financial controls, and operational support and processes. We found that **financial management and accountability has improved, but significant challenges remain.**

77   The Health Board's financial position remains a significant and long-term challenge. For the year 2017-18, the Health Board reported a £69.6 million deficit against the revenue resource limit. During 2018-19 the Welsh Government awarded the Health Board an additional £27m (recurring) funding because of the unique set of challenges it faces in relation to its demography and scale that contribute to the continuing financial position. Consequently, for 2018-19 the Health Board has an agreed deficit total of £35.5 million after taking planned savings into account. At month seven the Health Board was still predicting a year-end deficit of £35.5 million, although an adverse variance of £0.9 million was reported.

78   Our annual accounts work has consistently identified that the Health Board has adequate budgetary financial management and control arrangements. The controls are designed to ensure clear lines of delegated budgetary responsibility, ensure accuracy of operational financial reporting, and drive compliance with required financial standards and legislation. However, we are not yet confident that there is sufficient financial accountability and irrespective of the control arrangements in place, the Health Board continues to overspend against its allocation.

79   During the year, the finance team has undergone significant change, shifting from a traditional finance structure to a business partnering model to support budget holders. This should help improve financial accountability and delivery across the Health Board, alongside the continuing turnaround process which has provided much needed rigour to achieve savings. The Health Board's savings target for 2018-19 totals £30.7 million. This is an ambitious but not unrealistic target, compared to last year's target of £28.6 million, of which £25.1 million were delivered. The turnaround programme has strengthened the internal processes to be able to achieve its savings target, with fortnightly holding to account meetings with directorates, 60-day cycle meetings to identify new areas of efficiencies, and a new escalation process with the Chief Executive for directorates that are failing to deliver.

80   Compared to previous years, the Health Board had clearer savings plans in place earlier in the financial year for 2018-19, but unplanned cost growth driven by demand for unscheduled and scheduled care, and care packages during the year remains a challenge. This growth places greater pressure on saving schemes to recover the financial position and directorates have been asked to submit financial recovery plans to ensure savings targets for the year are met. At month seven, eight directorates were forecasting that they would not meet their savings target. Further work is needed to fully understand the cost drivers at a directorate level, with the current savings approaches largely reliant on schemes focussed on in-year savings rather than longer-term (**Recommendation 1, 2017**).

81   Since last year, the Finance sub-committee of BPPAC, first established at the end of 2017, has been established as a formal committee of the Board. The committee meets monthly and since July, has been chaired by an experienced Associate Member with significant NHS finance experience who was specifically appointed to this role. The information provided to the committee is improving and allows good scrutiny and challenge of areas of concern to deliver the required financial position within the year. To get the 2019-22 IMTP approved, the Health Board will need to demonstrate a viable financial plan for the next three years. As part of the development of its ten-year clinical strategy, the former Director of Finance was appointed to develop the underpinning strategic financial plan. This needs to

be done alongside the development of the IMTP to make sure that they both align. Both will need to take account of a medium to longer-term focus on recurring efficiencies through transformation of services. The Health Board needs to focus on utilising this committee to focus on driving improvement and efficiencies into the medium to long term.

82   The Health Board's procurement arrangements are largely devolved to the NHS Wales Shared Services Partnership. The Health Board makes use of the all-Wales Procurement Strategy, which is underpinned by an all-Wales business plan. There is an overarching service level agreement between the Shared Services Partnership and the Health Board, with good day-to-day relationships with the procurement service, focused on operational procurement and procurement cost reduction. A local procurement savings plan is in place, totalling £1.9 million for 2018-19. This forms part of the Health Board's turnaround process and is regularly monitored by the Director of Finance as the accountable officer. Procurement activity is also regularly reported and scrutinised through the ARAC. The focus on procurement however is largely transactional, with some signs of an early value-based approach starting to evolve. This is particularly the case for medicines management, with the procurement of drugs delegated to the pharmacy service, but value-based procurement needs to be upscaled across the organisation if it is to have any significant impact.

Improving performance, efficiency and productivity

83   We looked at what the organisation is doing to improve performance, efficiency and productivity. We found that **some performance metrics are improving, but the Health Board needs to increase its focus on improving efficiency and embedding value-based healthcare**.

84   Through the turnaround programme, the Health Board is focusing on efficiency and productivity of services. This is limited to a small number of workstreams including theatre utilisation, outpatient performance, length of stay and patient communication. The Health Board has a service improvement team in place to help to support wider improvements in efficiency, but capacity is tight, and resources have been drawn into the longer-term clinical strategy discussions and the turnaround process. Overall performance against several efficiency measures since April remain mixed with:

- improvements in elective length of stay and day case rates, but waiting times, follow-up outpatient backlogs and Did Not Attend (DNA) rates in outpatients remain an issue;

- improvements in emergency length of stay, rates of admission, bed numbers and stroke performance, but four-hour and 12-hour waits in A&E, and DTOC performance are deteriorating;

- a deterioration in diagnostic waits, and therapy waiting times are some of the worst in Wales.

85   The Health Board's IPAR makes use of benchmarking and trend data to show comparison against other NHS bodies and improvements over time. The Health Board is also an active participant in NHS Benchmarking exercises. The organisation is data-rich but its ability to use the data as intelligence to inform decision making and performance management is limited. The current informatics infrastructure is not fit for purpose, in line with the rest of Wales, and capacity within the informatics team to respond to queries from directorates is limited. Since our 2017 work, the Programme Management Office (PMO) is now at full complement. Although the project manager has been drawn into the longer-term clinical strategy discussions, the PMO hosts several data analysts who have become more available to support the directorates manage operations, such as demand and capacity planning.

86   The Health Board is at the very early stages of adopting value-based healthcare. A paper submitted to the Welsh Government to develop a joint infrastructure with Abertawe Bro Morgannwg University Health Board and Swansea University has recently been agreed, supported by funding for two-years. The Health Board is already leading value-based healthcare around the lung pathway but recognises that it currently lacks both outcome and cost data which is needed to take value-based healthcare forward across other specialties and pathways. The Health Board is however using data from the International Consortium for Health Outcomes Measurement (ICHOM) and the interim Director of Finance is starting to drive the discussion around patient level costing. Clinical engagement with value-based healthcare is also lacking, with the intention that some of the funding received from the Welsh Government will be used to roll out training. This will also be used to increase the focus on prudent healthcare, which already features as a strategic objective in the one-year operational plan.

87   As part of its developing Quality Improvement Framework, a value-based healthcare steering group has recently been set up, but this is still in its infancy. An Innovation Hub however has been set up through the organisational development programme to help drive the improvement agenda. The first hub has been established in Llanelli and there are plans for a second hub to be set up in Aberystwyth. The hubs are overseen by the organisational development team.

Managing the estate and other physical assets

88   Finally, we considered how the estate and physical assets are managed. We found that some of **the Health Board's assets are deteriorating and it needs to risk assess and prioritise action to replace them.**

89   The Health Board has a large legacy estate and asset base, and while some of this is relatively new or recently refurbished, there remains a significant backlog maintenance requirement. Although reduced, high-risk estate backlog maintenance is currently £59 million. Coupled with the out-of-life assets now totalling a further £53 million makes this a real concern. Our fieldwork identified that some parts of the current estate are unlikely to support new service models and promote efficient ways of working. Financial constraints also means that it will be difficult to bring some of the estate to the required environmental standards. A capital estates audit is currently being undertaken in partnership with Welsh Government to ascertain the extent to which some of the Health Board's current estate stock could be repurposed.

90   The Health Board has an Infrastructure Enabling plan which supports its current one-year operational plan. This sets out the estate requirements needed in the short-term and how these will be funded. Like many other health boards, availability of discretionary capital to support estate, ICT infrastructure, medical equipment and other related assets however is limited. The Health Board flexes and responds to new priorities for example where urgent and unexpected health and safety risks occur, or there is unexpected equipment failure. However, this can place financial pressure on the service with the estates department currently escalated in the turnaround process due to its inability to deliver against its savings target.

91   As part of our work, we found:

- improving reporting of estates performance within the IPAR to the BPPAC; and

- ongoing work to update and ensure corporate policies and processes for managing asset and estate are fit for purpose.

92 Although capital project and expenditure is reported into the BPPAC through the Capital, Estates and Information Management and Technology sub-committee, we found however that the information on capital expenditure could be presented more succinctly.

93 The findings from the Board member survey identified that only 5 out of 21 (24%) members responding felt confident that the way assets are managed achieves value for money. The Health Board has committed to develop an estates strategy to support its new health and care strategy recently approved by the Board, in particular the first three-years. As it moves towards consideration of a new hospital which forms part of the strategy, the Health Board will need to ensure that the design of the new build takes into account the Wellbeing of Future Generations (Wales) Act.

94 The Health Board does have a digital strategy in place but many of its IT systems are not fit for purpose, and implementation of the strategy is intrinsically linked to the wider implementation of the health and care strategy and is reliant on additional funding and staffing being made available.

Recommendations

95 Some of the areas for improvement identified in this year's Structured Assessment are already either covered by recommendations from previous years' work, or form part of ongoing improvement activity by the Health Board. The Health Board needs to maintain its focus on ensuring that our previous recommendations are addressed. In addition to previous recommendations, we do make several new recommendations which are set out in Exhibit 3. Recommendations relating specifically to areas for improvement in relation to the Health Board's quality and safety arrangements will be included in our separate report.

Exhibit 3: 2018 recommendations

2018 recommendations
Board effectiveness
R1 To enable Independent Members to make well-informed decisions and to effectively scrutinise, the Board should agree the level and quality of information that it expects to receive, using the findings from the Board member survey to inform where improvements need to be made.
R2 To improve the effectiveness of committees, the Health Board should consider including time on committee agendas to reflect on the administration and conduct of the meeting, the quality of information provided scrutiny and assurance.
Operational meetings
R3 To free up capacity for both executive and operational teams, and to enable a more joined up focus on the use of resources, the Health Board should streamline the number of holding to account or performance review meetings with operational teams by: • reviewing the frequency and timing of these meetings;   • reviewing the location of these meetings, to improve visibility of the executive team; and

2018 recommendations
• aligning these meetings with management sessions contained within job plans for clinical directors to enable them to participate fully.

Strategic planning

R4   To ensure the delivery of its health and care strategy, the Health Board should seek to resolve the outstanding request for funding from the Welsh Government to support the capacity needed to implement the strategy with the intended timescales.

Financial sustainability

R5   To support its longer term financial position, the Health Board should ensure that the Finance Committee continues to develop its role and to provide increasing scrutiny and challenge on the plans to achieve efficiency savings in the medium to long term.

Appendix 1

Progress implementing previous recommendations

Exhibit 4: actions in response to 2017 and outstanding previous recommendations

Recommendation		Action taken in response	Completed
R1	The Health Board needs to improve the identification and design of saving schemes through:		
	a. increasing the use of data and intelligence to identify opportunities for efficiency improvements reflecting them in more meaningful and realistic savings targets for different areas of the business;	The Health Board is starting to make use of data to better identify opportunities for efficiencies, including the use of cost data but this is still at the early stage. Overall targets remain a top-down approach.	Part
	b. avoiding over-reliance on in-year cost control, accountancy gains and non-recurrent savings; and	The level of non-recurrent savings planned for 2018-19 is a slight decrease on the previous year but for the Health Board to deliver its intended financial position, it is going to be reliant on in-year cost control and accountancy gains.	Part
	c. embedding the 60-day cycle process to identify where longer term and sustainable efficiencies can be achieved through service modernisation, and approaches such as value-based healthcare and productivity improvements.	The 60-day cycle continues to form part of the Health Board's turnaround process with new areas of efficiencies identified for 2018-19. The Turnaround Director post is due to end in June 2019 however, and it is unclear whether the 60-day cycle process will continue beyond then. The Health Board is however now starting to focus on embedding value-based healthcare although this is still at the early stages and will require the availability of cost and outcome data to significantly improve.	Part

Appendix 1

Recommendation		Action taken in response	Completed
R2	The Health Board needs to develop the financial management capabilities within the operational directorates and service departments by progressing with the organisational change process (OCP) for the finance department. The change will see the finance staff align with the operational structure and provide greater opportunity for them to provide support and challenge on a day-to-day basis.	The organisational change process within the finance department is nearing completion with the final posts recently filled. The new structure does promote a business planning model, which is welcomed by the operational directorates, but it will take some time to embed. During the organisational change process, the Director of Finance stood down and the newly appointed Assistant Director of Finance is currently acting as Interim Director until a substantive appointment is made. This has placed some immediate pressure on capacity as several staff are backfilling during the interim period.	Yes
R3	The Health Board needs to adopt a more proactive approach to learning and sharing good practice about savings and wider financial planning. This should include making more use of initiatives such as the Welsh Government's 'Invest to Save' schemes.	The routine turnaround meetings continue to be embedded within each of the directorates, along with the 60-day cycle to focus on areas of efficiencies. Learning and sharing is made available through the turnaround meetings on an ad hoc basis but there is no formal mechanism for sharing learning across the Health Board when developing savings plans. Although the Health Board has made use of initiatives to help save money in the long-run, such as through the Invest to Save schemes, this is limited largely due to the Health Board's short-term in year focus, rather than over a longer period to aid transformational change.	Part
R4	To enable the development of a three-year integrated medium-term plan, the Health Board needs to ensure that it has a clear outcome from its Transforming Clinical Services programme to inform the 2019-22 planning round.	The outcome of the TCS consultation exercise was considered at the September Board meeting. This has now enabled the development of a 10-year clinical strategy to commence. An outline strategy was presented to the November Board meeting, and approved, the first three years of which will now form the IMTP process for 2019-22.	Yes

Appendix 1

Recommendation		Action taken in response	Completed
R5	The Health Board needs to progress its work to develop its clinical directors at pace and provide the necessary support to its wider triumvirate teams to develop their management capabilities.	The Health Board has put in place a substantive programme of organisational development following receipt of funding from the Welsh Government. The programme has focused on a wide range of staff groups, including all the operational management teams and medical leaders. Progress in implementing the medical leadership organisational development programme however has been slow.	Part
R6	Following the implementation of the proposed planned changes to the finance department, the Health Board needs to ensure that the structures of the other corporate functions appropriately support and challenge the operational directorates.	Although the OCP in the finance department is only just coming to an end, the Health Board has used the OCP to reflect on changes needed elsewhere in the corporate structures which will start to take shape in early 2019.	Part
R7	The Health Board needs to revisit its operational structure, and the position of primary care and community services in particular, to ensure that it fully supports integrated working and effective management of operational issues	All County Directors are now responsible for many aspects of primary care, including the GP cluster leads, which has helped to realign the focus on primary and community care. Changes have also been made to the management of scheduled care, with the hospital directorates now responsible for the ward staff and the beds. The medical staff, support functions and service delivery managers remain under the management of the Scheduled Care Directorate. These changes have helped an improved whole system focus, and improved line management of ward staff, but have created other challenges in the effective management of operational issues, for example, managing bed flow.	Part
R8	To show leadership, visibility of the executive directors across the Health Board needs to extend to all directors and consideration needs	The revised executive objectives which have been put in place should help to engage some of the executive directors in operational issues, but feedback from the operational	Part

Appendix 1

Recommendation	Action taken in response	Completed
to be made to holding meetings with operational teams away from the headquarters wherever possible.	teams indicates that the visibility of some executive directors, particularly when services are under pressure, remains an issue. Wider involvement of the executive team in the performance reviews is helping address this gap, but not all directors are present, and these meetings are held in headquarters. Many other meetings are also held in headquarters, except for the routine turnaround meetings which are held across the various sites. The visibility of the executive team was highlighted as an issue in the recent staff survey, albeit that the proportion of staff who were positive was the highest in Wales.	
R9 The Health Board needs to further embed its revised risk management framework and to continue its work with its operational teams to refine the recording of risks.	The Head of Assurance and Risk has been working closely with all directorates over the last 12 months to improve the identification and recording of risks, which is evident in the improved quality of directorate risk registers. The Corporate Risk Register is also now routinely considered monthly by the Executive Team, and the management of risks at a directorate level are now also considered as part of the regular performance reviews. The Health Board would benefit from grouping together consistent or common directorate risks to enable easier identification of risks that should be escalated.	Yes
R10 The Health Board needs to strengthen its performance management framework at an operational level by: • ensuring sufficient time is allowed within the bi-monthly performance management reviews to consider all	The performance reviews continue to cover performance, workforce, quality and safety and finance, and now include consideration of risk but delivery against plan is not as explicit as it could be. Depending on the directorates financial position, finance discussions may be limited as more detailed	Part

Appendix 1

Recommendation	Action taken in response	Completed
elements of performance, including finance, workforce and delivery against plan; • ensuring that the process includes wider representation from across the directors; • ensuring that governance approaches at operational and service level are standardised and include a comprehensive review of performance; • expanding the range of performance metrics that are considered at an operational level, particularly in relation to quality and safety; • exposing the operational directorate teams to scrutiny at both the BPPAC and QSEAC on areas of underperformance.	discussions take place through the separate turnaround holding to account meetings. Since our last structured assessment, the performance reviews are now chaired by the Chief Executive on a quarterly basis. This has reduced the frequency of reviews for each directorate. The length of time available for the meeting is still not sufficient to cover everything that is needed. As well as being chaired by the Chief Executive, more executive officers are also included in the review meetings. Attendance by some directors is considered essential, although not all have been able to attend. Attendance by clinical directors from the operational teams also remains an issue. The governance arrangements at an operational level are variable and do not all include the same range of information as that needed at the performance reviews. Quality and safety arrangements still need strengthening with the development of quality and safety dashboards at an early stage. Operational directorates have not yet been exposed to scrutiny by either the BPPAC or QSEAC, although themes of underperformance are now more routinely considered.	
R11 The Health Board needs to continue to improve its integrated performance assurance report by drawing the reader's attention to areas of underperformance, expanding the range of local performance metrics that are included within the report to provide a more	The IPAR has since been developed into an interactive tool which ensures key areas of underperformance are more prominent. The report includes both key delivery targets as well as a suite of locally developed targets. The report is continually being improved and there is a recognition that	Yes

Appendix 1

Recommendation	Action taken in response	Completed
rounded view of performance, where appropriate.	more measures, which focus on patient experience and outcomes, are needed.	

Appendix 2

Health Board's response to this year's recommendations

When the relevant committee has considered this report, we will insert a shortened version of the Health Board's response in the report before we publish it on the Wales Audit Office website.

Exhibit 5: management response to 2018 recommendations

Recommendation	Management response	Completion date	Responsible officer
Board effectiveness			
R1 To enable Independent Members to make well-informed decisions and to effectively scrutinise, the Board should agree the level and quality of information that it expects to receive, using the findings from the Board member survey to inform where improvements need to be made.			
R2 To improve the effectiveness of committees, the Health Board should consider including time on committee agendas to reflect on the administration and conduct of the meeting, the quality of information provided scrutiny and assurance.			
Operational meetings			
R3 To free up capacity for both executive and operational teams, and to enable a more joined up focus on the use of resources, the Health Board should streamline the number of holding to			

Appendix 2

Recommendation	Management response	Completion date	Responsible officer
account or performance review meetings with operational teams by: • reviewing the frequency and timing of these meetings; • reviewing the location of these meetings, to improve visibility of the executive team; and • aligning these meetings with management sessions contained within job plans for clinical directors to enable them to participate fully.			
Strategic planning R4 To ensure the delivery of its health and care strategy, the Health Board should seek to resolve the outstanding request for funding from the Welsh Government to support the capacity needed to implement the strategy with the intended timescales.			
Financial sustainability R5 To support its longer term financial position, the Health Board should ensure that the Finance Committee continues to develop its role and to provide increasing scrutiny and challenge on the plans to achieve efficiency savings in the medium to long term.			

Annual Audit Report 2018 – **Hywel Dda University Health Board**

Contents

Appendices

Summary report

About this report

1   This report summarises the findings from the audit work I have undertaken at Hywel Dda University Health Board (the Health Board) during 2018. I did that work to carry out my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:

a)   examine and certify the accounts submitted to me by the Health Board, and to lay them before the National Assembly;

b)   satisfy myself that the expenditure and income to which the accounts relate have been applied to the purposes intended and in accordance with the authorities which govern it; and

c)   satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

2   I have reported my findings under the following headings:

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

3   I have issued several reports to the Health Board this year. This annual audit report is a summary of the issues presented in these more detailed reports, a list of which is included in Appendix 1.

4   Appendix 2 presents the latest estimate on the audit fee that I will need to charge to cover the actual costs of undertaking my work at the Health Board, alongside the original fee that was set out in the 2018 Audit Plan.

5   Appendix 3 sets out the significant financial audit risks highlighted in my 2018 Audit Plan and how they were addressed through the audit.

6   The Chief Executive and the Director of Finance have agreed this report is factually accurate. We will present it to the Board on January 31st. We strongly encourage the Health Board to arrange wider publication of this report. We will make the report available to the public on the Wales Audit Office website after the Board have considered it.

7   I would like to thank the Health Board's staff and members for their help and co-operation during the audit work my team has undertaken over the last 12 months.

Key messages

Audit of accounts

8   I have concluded that the Health Board's accounts were properly prepared and materially accurate, and my work did not identify any material weaknesses in the Health Board's internal controls relevant to my audit of the accounts. I have therefore issued an unqualified opinion on their preparation and accuracy.

9   The Health Board did not achieve financial balance for the three-year period ending 31 March 2018 and so I have issued a qualified opinion on the regularity of the financial transactions within its 2017-18 accounts.

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

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

11   My 2018 structured assessment work at the Health Board has found that:

- While the Health Board has generally good governance arrangements, the Board has recognised that quality and safety governance arrangements still have room for improvement, and that the current organisational structure needs to be revisited to support delivery of its new strategy.

- The Health Board is to be commended for its engagement and ambitious approach to longer-term strategic planning but needs to develop joined up and streamlined planning and delivery arrangements and ensure there is sufficient capacity to drive through the necessary change.

- The management of workforce is improving, and the Health Board is strengthening arrangements for financial management and accountability, but significant financial challenges remain, and it needs to address asset management risks and to increase its focus on improving the efficiency of services.

12   My review of primary care services, maternity services, district nursing, operating theatres and a range of information governance aspects, as well as regional partnership working has found some positive aspects of securing efficient, effective and economical use of resources, but challenges remain, and several previous recommendations are outstanding.

13   The Health Board has now made effective use of the National Fraud Initiative to detect fraud and overpayments although this required a reminder from my team for action to be undertaken to review the data matches released in 2017.

14   These findings are considered further in the following sections.

Detailed report

Audit of accounts

15   This section of the report summarises the findings from my audit of the Health Board's financial statements for 2017-18. These statements are how the organisation shows its financial performance and sets out its net operating costs, recognised gains and losses, and cash flows. Preparing the statements is an essential element in demonstrating appropriate stewardship of public money.

16   In examining the Health Board's financial statements, I must give an opinion on:

- whether they give a true and fair view of the financial position of the Health Board and of its income and expenditure for the period in question;

- whether they are prepared in accordance with statutory and other requirements, and meet the relevant requirements for accounting presentation and disclosure;

- whether that part of the remuneration report to be audited is properly prepared;

- whether the other information provided with the financial statements (usually the annual report) is consistent with them; and

- the regularity of the expenditure and income in the financial statements.

17   In giving this opinion, I have complied with my Code of Audit Practice and the International Standards on Auditing (ISAs).

I have issued an unqualified opinion on the accuracy and proper preparation of the 2017-18 financial statements of the Health Board

I have concluded that the Health Board's accounts were properly prepared and materially accurate, and my work did not identify any material weaknesses in the Health Board's internal controls relevant to my audit of the accounts

18   The Health Board has high quality working papers and quality assurance processes over the financial statements. I received information in a timely and helpful manner and was not restricted in my work.

19   I reviewed those internal controls that I considered to be relevant to the audit to help me identify, assess and respond to the risks of material misstatement in the accounts. I did not consider them for the purposes of expressing an opinion on the operating effectiveness of internal control. My review did not identify any significant deficiencies in the Health Board's internal controls.

20   I must report issues arising from my work to those charged with governance before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead

reported these issues to the Health Board's Audit Committee on 30 May 2018. Exhibit 1 summarises the key issues set out in that report.

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

The following table summarises and provides comments on the key issues identified.

Issue	Auditors' comments
Uncorrected misstatements	None
Corrected misstatements	The amendments to the financial statements were minor by nature and there was no impact on the Health Board's net expenditure
Other significant issues	None

21 As part of my financial audit, I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the financial position of the Health Board at 31 March 2018 and the return was prepared in accordance with the Treasury's instructions.

22 My separate audit of the charitable funds financial statements is complete, and I intend issuing an unqualified audit opinion.

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

The Health Board did not achieve financial balance for the three-year period ending 31 March 2018 and so I have issued a qualified opinion on the regularity of the financial transactions within its 2017-18 accounts

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

24 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion. At the end of 2017-18, the Health Board reported a financial deficit of £69.6 million, against an agreed deficit total of £58.9 million. A growing year-on-year cumulative deficit stood at £150 million at the end of March 2018. For 2018-19, the Welsh Government has recognised the demographic and scale challenges that the Health Board faces and

has allocated recurring funding of £27 million, with an agreed deficit total for the year of £35.5 million.

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

25   I have the power to place a substantive report on the Health Board's accounts alongside my opinions where I want to highlight issues. Due to the Health Board's failure to meet its financial duties I issued a substantive report setting out the factual details: it failed its duty to achieve financial balance (as set out above) and it was unable to meet the requirements of an approvable three-year plan in place, instead it is working to a one-year operational plan.

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

26   I have a statutory requirement to satisfy myself that NHS bodies have proper arrangements in place to secure efficiency, effectiveness and economy in the use of their resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:

- assessing the effectiveness of the Health Board's governance and assurance arrangements;
- reviewing the Health Board's approach to strategic planning;
- examining the arrangements in place for managing the Health Board's finances, workforce, assets and procurement;
- specific use of resources work on primary care services, maternity services, district nursing, operating theatres and aspects of information governance, as well as regional partnership working;
- reviewing the Health Board's arrangements for tracking progress against external audit recommendations; and
- assessing the application of data-matching as part of the National Fraud Initiative (NFI).

27   My conclusions based on this work are set out in the following paragraphs.

While the Health Board has generally good governance arrangements, the Board has recognised that quality and safety governance arrangements still have room for improvement, and that the current organisational structure needs to be revisited to support delivery of its new strategy

28   My structured assessment work examined the Health Board's governance arrangements, the way in which the Board and its sub-committees conduct their business, and the extent to which organisational structures are supporting good governance and clear accountabilities. I also looked at the information that the Board and its committees receive to help them oversee and challenge performance and monitor the achievement of organisational objectives. I found the following.

29   **While there are generally good arrangements to support board and committee effectiveness, there are weaknesses in its quality and safety governance arrangements which the Health Board recognises and is addressing.** My work found that the Board continues to be generally well-run with the quality of Board-level scrutiny and challenge good. There is a full complement of independent members with a comprehensive programme of development in place. Board agendas are well structured, with a clear focus on governance items, strategic issues and performance, although more work is needed to get the right level of information within the papers. The Board rotates its meetings and has an improving focus on primary and community care but needs to give more time to the consideration of quality and safety of services. The Board's committees generally work well although there is recognition that the Quality Safety and Experience Assurance Committee (QSEAC) needs to further improve. Work has taken place to revisit and refine the QSEAC supporting structures, but agendas remain long, duplication exists between sub-groups and many issues discussed are best placed at an operational level. A further review of the structures supporting the QSEAC is due to take place in early 2019.

30   **There is a well-developed Board Assurance Framework in place which is being refreshed as new strategic objectives are developed**. In refreshing its Board Assurance Framework (BAF), my work found that the Health Board has also developed a comprehensive Regulatory and Review Body Assurance Framework, and over time has increased the level of information included in the BAF, including the Board's risk appetite. A well-documented Corporate Risk Register is also in place, and the Health Board has been working to further embed its revised risk management framework, following concerns I raised last year.

31   **Some aspects of governance are stable and well-organised, but others need to be further developed particularly in relation to quality and safety arrangements.** My work found Standing Orders are up-to-date, with a comprehensive interactive Scheme of Delegation recently approved, which I have identified as good practice. Standing Financial Instructions are current and arrangements for declarations of interests and gifts and hospitality are robust. A

comprehensive Internal Audit programme is in place, but capacity to support the Clinical Audit programme is an issue, resulting in some audits not being undertaken. The Health Board has implemented a new Quality Improvement Framework, but this is still in its infancy. A high-level quality and safety dashboard has been developed for QSEAC, but this has not yet been reported to the Board and directorate-based dashboards are still being developed. Performance against several quality and safety indicators are below Welsh Government targets, although the Health Board's approach to handling complaints is improving. Comprehensive executive performance reviews are now in place with each of the directorates, although there is scope to streamline the number of meetings that are held. The approach to responding to the General Data Protection Regulations (GDPR) is proactive but reliant on additional resources becoming available.

32 **The current organisational structure needs to be revisited to support strategic ambition, which has also been recognised by the Board. I have previously highlighted concerns about the organisational structure.** This year, I found better joint working across the executive team, helped by the development of the new Executive Performance Review framework. Executive officers are starting to be more engaged in operational issues and performance reviews, but visibility remains an issue. The visibility of the executive team was highlighted in the recent staff survey with just 45% of staff reporting that they know who the executive team are, although this proportion of staff was the highest across Wales. Primary and community services are now better aligned through the County structure, but the Board has recognised that if it is to deliver its strategic vision, primary and community services need to be much more prominent in the organisational structure. Although the organisation structure is "clinically-led", some of the medical leads are not as engaged in the operational management of services as they could be, largely due to their limited capacity to support as well as misalignment between clinical commitments and when management meetings take place. A business partnering model has recently been implemented in the finance department with consideration being made to roll out the model across other corporate services, which is welcomed by operational directorates. A lack of capacity in some services, however, means that this is not yet possible.

33 **The Health Board has a robust process for tracking recommendations by all external review bodies, not just those identified by External and Internal Audit, which I have identified as good practice.** The tracker is regularly reported to the Audit and Risk Assurance Committee (ARAC) and executive officers are held to account for the pace of delivery, with detailed progress updates reported back to ARAC at regular intervals. The pace of delivery can however be a problem, with an escalation process for late or non-delivery of recommendations recently implemented which will help focus attention on addressing recommendations. My structured assessment work this year indicates that the Health Board is making progress against my previous recommendations but there remains more to do before these actions are completed in full. I discuss this further in paragraph 47.

The Health Board is to be commended for its engagement and ambitious approach to longer-term strategic planning but needs to develop joined up and streamlined planning and delivery arrangements and ensure there is sufficient capacity to drive through the necessary change

34   My work examined how the Board engages partners and sets the strategic direction for the organisation. I also assessed how well the Health Board plans the delivery of its objectives and how it monitors progress in delivering the plans. My findings are set out below.

35   **The longer-term strategic approach and partnership planning is progressing well.** My work found that the Health Board has undertaken a substantial engagement exercise, with strong medical leadership, to develop options for its scheduled and unscheduled care services. During 2018, it consulted on the proposed options. The consultation outcome was considered at the Board meeting in September 2018, and a preferred option agreed. This formed the basis of the Health Board's ten-year Health and Care Strategy, which was approved at the Board meeting in November. The Health Board works well with its partners and alongside the strategy, good progress is also being made with developing a 20-year population health vision.

36   **There are ambitious plans to develop an Integrated Medium-Term Plan (IMTP) for 2019-22 but the planning process is not sufficiently joined up.** My work has found that the Health Board is aiming to submit its first IMTP to the Welsh Government for approval for 2019-22. Timescales are ambitious but considerable work is underway to make sure that the draft IMTP, which forms part of the ten-year strategy, is ready for consideration by the Board before submission to the Welsh Government. Comprehensive and robust mechanisms have been put in place to develop the three-year plan, however, more needs to be done to enable the directorate plans to be co-ordinated with each other, but the Health Board's limited planning capacity is hindering its ability to do this on a proactive basis.

37   **Arrangements for monitoring delivery against plan could be strengthened and capacity to deliver significant change is a challenge.** Arrangements to monitor delivery against plan are in place through the Business Planning and Performance Assurance Committee (BPPAC) but are not currently a formal part of the performance reviews with the directorates, other than consideration of plans to meet key performance deliverables by the year-end. Capacity to deliver significant strategic change has been an issue for the Health Board. Previous transformation programmes have largely been reliant on the relevant operational teams to deliver the change on top of the routine business, as well as additional capital and revenue funding being available. The Health Board has recognised that it will need additional capacity if it is to deliver against its intended timescale for implementation of its Health and Care Strategy. A request for additional capacity has been submitted to the Welsh Government and discussed through Joint

Executive Team and Targeted Intervention meetings, but at the time of fieldwork, funding had not been made available.

The management of workforce is improving, and the Health Board is strengthening arrangements for financial management and accountability, but significant financial challenges remain, and it needs to address asset management risks and to increase its focus on improving the efficiency of services

38 My structured assessment work examined the Health Board's arrangements for managing its workforce, its finances and other physical assets to support the efficient, effective and economical use of resources. I also considered the arrangements for procuring goods and services, and the action being taken to maximise efficiency and productivity. My findings are set out below.

39 **The Health Board is managing its workforce effectively, but vacancies continue to present challenges and there is a need to put in place a learning and development plan for the workforce.** My work found that the Health Board is performing better than the rest of Wales on several workforce indicators but continues to have some hard-to-fill medical posts and is still reliant on the use of agency staff, despite these costs reducing. The Health Board has been proactive in implementing several workforce initiatives and is taking a phased approach to responding to the requirements of the Nurse Staffing (Wales) Act 2016. A comprehensive programme of organisational development is in place, however learning and development was identified as an issue in the recent NHS staff survey, and our work has found that the Health Board lacks an organisational wide learning and development plan to identify how it can more broadly develop its staff. A pilot is currently taking place with one directorate to start to take this forward, but up to this point, learning and development needs are largely addressed at a directorate level based on short-term gaps and performance appraisal and development reviews (PADR).

40 **Financial management and accountability has improved, but significant challenges remain.** My work has identified that for the year 2017-18, the Health Board reported a £69.6 million deficit against the revenue resource limit. For 2018-19, the Welsh Government has recognised the demographic and rurality challenges that the Health Board faces and has allocated recurring funding of £27 million, with an agreed deficit total for the year of £35.5 million. The cumulative three-year deficit for the period 2016-19 is predicted to be £154.7 million. At month nine, the Health Board was still forecasting a year end deficit of £35.5 million, with an adverse variance of £0.5 million. The Health Board has adequate budgetary financial management and control arrangements but there is not yet sufficient financial accountability as it continues to overspend. The new finance business partnering arrangement should help improve financial accountability and delivery across the Health Board. This is alongside the continuing turnaround process

which has provided much needed rigour to achieve savings. A Finance Committee has now been established as a sub-committee of the Board, chaired by an experienced Associate Member. The committee is providing good scrutiny and challenge on the areas of concern causing financial pressure.

41 **Some performance metrics are improving, but the Health Board needs to increase its focus on improving efficiency and embedding value-based healthcare.** My work has found that overall performance against several efficiency measures since April remain mixed with positive improvements in day case rates and stroke performance for example, but unscheduled care waits are deteriorating. Through the turnaround programme, the Health Board is focusing on efficiency and productivity of services, but this is limited to a small number of workstreams. The Health Board is still at the very early stages of adopting value-based healthcare (VBH) approaches. Two-year funding has recently become available to develop a joint VBH infrastructure with Abertawe Bro Morgannwg University Health Board and Swansea University. As part of its developing Quality Improvement Framework, a value-based healthcare steering group has recently been set up, but this is still in its infancy. An Innovation Hub however has been set up through the organisational development programme to help drive the improvement agenda.

42 **The Health Board's physical assets are deteriorating, and it needs to risk assess and prioritise action to replace them.** My work has found that the Health Board has a large legacy estate and asset base, and while some of this is relatively new or recently refurbished, there remains a significant backlog maintenance requirement. Although reduced, high-risk estate backlog maintenance is currently £59 million, along with out-of-life assets which now total a further £53 million. Some parts of the current estate are unlikely to support new service models and financial constraints also means that it is difficult to bring some of the estate to the required environmental standards. A capital estates audit is currently being undertaken in partnership with Welsh Government to ascertain the extent to which some of the Health Board's current estate stock could be repurposed. The Health Board has set out the estate requirements needed in the short-term and how these will be funded, but availability of discretionary capital is limited. The Health Board flexes and responds as necessary to meet new requirements, however, this can place financial pressure on the service with the estates department currently escalated in the turnaround process due to its inability to deliver against its savings target. An estates strategy to support the new clinical strategy is currently being drafted.

My performance audit work has identified some areas of good practice and positive progress in addressing previous issues that I have raised, but challenges remain both in primary care and in the regional partnership arrangements, and several recommendations are outstanding from my previous work

The Health Board has ambitious plans for primary care and is taking steps towards implementing key aspects of the national vision. However, financial pressures are making it difficult to redirect funds to primary care, workforce challenges are threatening the sustainability of services and national performance levels are generally worse than the rest of Wales

43   My work found that the Health Board has an ambitious plan for primary care that aligns with the national plan although there is scope to improve consultation and there is a lack of detailed financial planning. All clusters have plans that support the Health Board's vision, although cluster maturity varies, and cluster leads highlighted scope to improve the support provided to them by the Health Board.

44   Determining the resource consumption within primary care services is complex given the varied nature of the services provided and the different funding streams. As such, it is not possible to easily assess the total investment in primary care. The Health Board can point to some specific examples of shifting resources towards primary care but has not quantified the total resource shifted and financial difficulties are complicating efforts to redirect funds to primary care. The Health Board closely monitors cluster spending and whilst most cluster leads felt they had enough financial autonomy, some felt the level of monitoring slowed decision making. There has been increasing investment in primary care premises improvement grants and the Health Board has recognised the need for a primary care estates strategy, which will form part of the Health and Care Strategy.

45   The Health Board has mapped its primary care workforce and whilst there are gaps in the data, analysis suggests a shortfall in GPs and nurses, an ageing workforce and increased list sizes. The primary care workforce plan sets out future staffing requirements in each locality, but this needs to be updated to reflect the Health Board's new Health and Care Strategy. The budget for the Primary Care Support Unit has been increased and the number of GP practices directly managed by the Health Board has increased from two to three. Progress has been made with implementing multi-professional primary care teams but there are some barriers to their further development including funding issues, delayed processes and limited evaluation of successful schemes.

46   Members of the Board and Executive Team are experienced in leading primary care and while primary care has increased in profile, at the time of fieldwork it was seen as a lower priority than secondary care across the Health Board. Primary care performance and risks are reviewed at various levels, but monitoring is

hampered by a lack of data on some key aspects of primary care. Many aspects of the Health Board's primary care performance against national targets are worse than the Welsh average. GPs provide leadership to most clusters and these leads gave positive views about the Health Board's oversight, although there are concerns about the time available to lead the clusters.

The Health Board has made good progress in addressing recommendations from my previous work, but a number remain outstanding, some of which are reliant on national guidance and improvements in IT systems

47   My work has found that the Health Board is making progress in addressing recommendations from my previous audit work. Of the outstanding recommendations as at December 2018, 119 actions were complete, 22 were in progress and within timescales, and 38 were overdue.

48   During the last 12 months, I have also undertaken detailed follow-up audit work to assess the progress that the Health Board has made in addressing concerns and recommendations arising from previous audit work on a range of service areas. The findings from this follow-up work are summarised in Exhibit 2.

Exhibit 2: progress in implementing audit recommendations in specific service areas

Area of follow-up work	Conclusions and key audit findings
Maternity services	The Health Board has substantially addressed the operational and strategic challenges posed by its maternity service which now has strong leadership, although Caesarean Section rates remain high.
District nursing	The Health Board has written a clear service specification for its district nursing service and has a greater understanding of demand, deployment and performance, although it is awaiting national guidance before it can fully address some issues.
Operating theatres	Management arrangements are stronger, and the Health Board has made some progress in monitoring staffing levels and skill mix, but theatres IT systems are not fit for purpose, so it is hard to get useful activity and performance data.
Follow-up Information Backup, Disaster Recovery and Business Continuity, and Data Quality	Historically, the Health Board has addressed recommendations slowly, but over the last 12 months, it has implemented the majority of recommendations, and work is underway to complete the remainder.

My emerging findings on the Integrated Care Fund are showing that whilst the Fund is having some positive impacts, there are also several challenges that the Regional Partnership Board needs to manage

49   I have completed the fieldwork for my cross-sector Integrated Care Fund review. I intend to prepare a national summary report early in 2019, setting out my all-Wales findings. My audit team has presented local findings to Regional Partnership Boards. The key messages for the West Wales Regional Partnership Board (RPB) are:

- The Integrated Care Fund (the fund) has had a positive impact in bringing organisations together across West Wales but there is scope to further clarify and improve links between the RPB and the Public Service Boards on an ongoing and regular basis, and to review whether there is sufficient housing, financial and carer representation on the RPB and its sub-groups.

- There is currently limited regional use of the fund, with the allocation being distributed further to a county level. This has been the arrangement since the introduction of the fund, however the county allocation is not always viewed as fair. The RPB is taking steps to move to a more regional approach through the ICF forum, although members recognise that this will take time to embed. Due to the annual nature of the fund, the region also recognises that it has not always used the fund strategically to develop services based on need, with scope to strengthen aspects of project management for the projects supported by the fund.

- Decisions surrounding the use of the fund are largely delegated to the sub-groups of the RPB, but the level of understanding within partner organisations of the work of the partnerships and its sub-groups, including what the fund is being used for and its impact, needs to improve.

- There is general agreement that the fund is supporting the right projects and having a positive impact on service users, but like other RPBs across Wales, very few projects are being mainstreamed into core services. The region is attempting to demonstrate outcomes more clearly, through the development of a regional outcomes framework which will start to bring together some common approaches to measuring impact across the three counties, although this is still in the early stages.

The Health Board has now made effective use of the National Fraud Initiative to detect fraud and overpayments although this required a reminder from my team for action to be undertaken

50   The National Fraud Initiative (NFI) is a biennial data-matching exercise that helps detect fraud and overpayments by matching data across organisations and systems to help public bodies identify potentially fraudulent or erroneous claims and transactions. It is a highly effective tool in detecting and preventing fraud and

overpayments and helping organisations to strengthen their anti-fraud and corruption arrangements.

51   The Health Board received the outcomes from the 2016 data matching exercise in January 2017 but due to turnover of staff in the Local Counter Fraud Team at that time, limited progress was made in reviewing the recommended matches during 2017. Plans were put in place to complete the work in early 2018, but our work in November 2018 identified that the matches had still not been reviewed. Once the Health Board was reminded of the need to look at the matches, proactive action was taken by the Director of Finance and all high-risk matches have now been reviewed and appropriate investigation work undertaken.

52   In October 2018, participating bodies submitted data for the next data matching exercise. The outcomes of this exercise will be available early in 2019. The Health Board will need to make sure that a clear plan of action is in place to review the matches once they are issued, to ensure that it is making effective use of NFI in a timelier manner than has previously been the case.

Appendix 1

Reports issued since my last annual audit report

Exhibit 3: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2018.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	June 2018
Opinion on the Financial Statements	June 2018
Performance audit reports	
Follow-up Information Backup, Disaster Recovery and Business Continuity, and Data Quality – Assessment of Progress	April 2018
District Nursing – Assessment of Progress	June 2018
Review of Operating Theatres – Assessment of Progress	August 2018
Maternity Services – Assessment of Progress	August 2018
Review of Primary Care Services	December 2018
Structured Assessment 2018	January 2019
Other reports	
2018 Audit Plan	February 2018

Exhibit 4: performance audit work still underway

There are also several 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
Review of Operational Quality Governance Arrangements	February 2019
Clinical Coding Follow-Up	March 2019
Orthopaedics Follow-Up	September 2019

Appendix 2

Audit fee

The 2018 Audit Plan set out the proposed audit fee of £396,355 (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 outline.

Appendix 3

Significant financial audit risks

Exhibit 5: significant audit risks

My 2018 Audit Plan set out the significant financial audit risks for 2018. The table below lists these risks and sets out how they were addressed as part of the audit.

Significant audit risk	Proposed audit response	Work done and outcome
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].	My audit team will: • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for biases; • evaluate the rationale for any significant transactions outside the normal course of business.	My audit team: • tested material journals and no unusual items were identified. • reviewed material accounting estimates and all were assessed as reasonable. • did not identify any transactions outside the normal course of business
There is a significant risk that the Health Board will fail to achieve its forecast out-turn. The month 9 position showed a year-to-date deficit of £52.8 million and forecast a year-end deficit of £69.6 million. This combined with the outturns for 2015-16 and 2016-17, predicts a three-year deficit of £150.4 million. Should the Health Board fail to meet its revenue allocation, I will qualify my regularity opinion and may choose to place a substantive report on the financial statements explaining the failure and the circumstances under which it arose.	My audit team will focus its testing on areas of the financial statements which could contain reporting bias.	My audit team's testing did not indicate any reporting bias.

Significant audit risk	Proposed audit response	Work done and outcome
The current financial pressures on the Health Board increase the risk that management judgements and estimates could be biased in an effort to achieve the resource limit.		
In 2017-18 the Health Board is required to revalue its land and buildings as part of the five-year revaluation programme. Given the value of these assets held by the Health Board is some £239 million they are material to the financial statements. In addition, the District Valuer will be using a revised valuation approach. There is a risk that the revaluation is not correctly reflected in the financial statements and the financial statements could be materially misstated.	My audit team will audit the revaluation of land and buildings and ensure the correct accounting treatment.	My audit team tested revaluations of land and buildings. No material misstatements were identified.

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1. Contents

Living Well

Our shared vision is a mid and west Wales where individuals, communities and the environments they live, play and work in are adaptive, connected and mutually supportive. This means people are resilient and resourceful and enabled to live joyful, healthy and purposeful lives with a strong sense of belonging

Promoting healthy behaviour
Smoking cessation, healthy mind, physical activity, heathy diet, sensible drinking

Social & green prescribing
Whole life approach; non-clinical, community-based support; connecting to green spaces/blue seas for physical and mental well-being; holistic programmes aimed at social determinants of health and well-being

Wellness Services

Integration with Social Care

Promoting independence
Self-care; fuel poverty, telecare, equipment & adaptions; falls prevention and condition management

Welfare
Debt advice, housing support, homelessness prevention and welfare advice

Critical / Specialist Care

Secondary Care

Focus on the early years
Healthy pregnancy, mental & emotional wellbeing, parenting support, first 1000 days

Protection & safety
Substance misuse, sexual health, violence prevention, oral health

Primary and Community Care

Education & employment
Employment support, occupational health & wellbeing, education & learning, volunteering

Community development & resilience
Arts, language, culture, leisure and the environment all supporting networks that promote interdependence

"Safe, Sustainable, Accessible and Kind"

2. Foreword

Welcome to our ***Framework for Health & Wellbeing: Our future generations living well***, which aims to set us on our way and help us create the movement for change we are going to need in order to achieve our long-term ambitions.

Over the last 12 months we have really begun to understand the health needs of our local population, the challenges of the here and now and the reasons we need to change and do something different. We learnt, from talking to our staff, local people and our partners their views on the case for change we presented to Board last Spring, about what matters to them all in terms of the health and wellbeing of the people we serve. We know that we are living longer but not always in good health, and that there are many challenges in delivering sustainable care that helps people stay well for longer. We need to change and do something different.

It is important to note that good health and wellbeing has more to do with having a good start in life, social connections, education, safe housing and good employment than health care services – we recognise that to achieve our goal of safe, sustainable, accessible and kind healthcare services we must go way beyond what happens in our hospitals – we must play a meaningful part in what happens in our communities.

So it is important to broaden our horizons and look to the future – and we've done just that with our first ever health and care strategy – having a shared vision, three new strategic goals and ambitious outcomes for the long-term.

We are not starting from scratch, many of the building blocks for success are already in place, it's also a time of huge opportunity both from a national policy and legislative perspective and the strength of our community spirit and diversity and richness of our local assets.

We worked closely with others to produce this framework. It builds upon and responds to what we heard from our public, staff and stakeholders during engagement and consultation and from our ongoing conversations with our staff and partners when we have invited them to check and challenge our thinking.

We made a commitment to listen to you and moving forward, we will continuously engage and build trust with the people in our communities as part of our pledge to continuous engagement. This will include developing the breadth and depth of our understanding of what people care about and what matters most to them in terms of living well, to co-produce meaningful approaches to health and wellbeing.

So what are we trying to achieve? We are hoping this framework is helpful to everyone – the public, staff and partners – in the delivery of the health and wellbeing agenda. It will establish a climate that enables and promotes new ways of working, and create a movement for change that:
• Shifts the way we behave, have conversations and connect with people
• Enables us to know we have made a difference (and how we measure this)
• Empowers and enables our communities to create health
• Creates and grows an environment of energy, hope and aspiration

There are many realistic achievements we can expect over the years, including getting the population health basics right with some evidence-based priority interventions, developing our approach to assets based community development whilst we help grow an evidence base of what works.

This Health and Wellbeing framework sets out our approach and how we aim to take advantage of the opportunities provided by our strategy ***A Healthier Mid and West Wales – Our Future Generations Living Well***, in order to take on the challenges we face in the here and now whilst laying the foundations for change in our healthcare services we need to make for a brighter, healthier and more joyful future for all. I hope you enjoy it.

Ros Jervis, Director of Public Health

3. Our journey so far

We are on an exciting long term journey toward better health and wellbeing for all. It has been informed by our health needs assessment and the wellbeing plans of our Public Services Boards, as well as a population health group which was established to gather information about the state of health and wellbeing in Hywel Dda. Our journey started with our recognition that, as a health board, we can not continue as we are if we are to successfully empower people to live well within their own communities. We now truly understand our health needs and the challenges of the here and now. For example, we know that:

- We are living longer but do not always have the best start in life, which can have a lasting impact on our health and life chances
- We are spending longer in good health but the number of years spent living with poor health is also increasing
- We may be living with health conditions that can be prevented or delayed, or in social circumstances that limit our abilities to look after ourselves and the people around us
- Difficult circumstances can impact on the mental and emotional wellbeing of local people and can result in health harming behaviours for some
- Smoking is the risk factor which has contributed most to the current burden of disease, but being overweight and obese contributes most to years lived with a disability
- An ageing population means more people are living with long term conditions and many living with more than one
- We have a healthcare system that has been designed largely to diagnose and treat people, with a relatively small contribution toward tackling the causes of ill-health

We took this learning to consultation with the public, our staff and stakeholders. During this time, we heard a great deal of support for a population health approach to health and wellbeing, including a greater focus on prevention and early intervention and on maximising community and individual resources, or assets. The outcome of the consultation culminated in our first ever health and care strategy and board approval of a social model of health and wellbeing - a model which moves away from a medical focus only on the physiological causes of ill-health to acknowledge the broader influences on health and wellbeing.

Inspired by what we heard from local people and as our thinking has developed, we have had important conversations with our staff and external partners to test our ideas, including a workshop and a number of 'check and challenge' sessions. One key output of these discussions has been our 'wellbeing lens', which has been co-produced with staff and partners to shape the conversations we have and the decisions we make, in order to put the health and wellbeing agenda at the heart of what we do. We have begun up-skilling our staff in adopting an assets based approach. Also, we have considered the many good things about our health system and local success stories that we should all be very proud of, as examples of good practice to help shape the journey ahead.

Every step of the way, we have been supported by the decisions of our board. Most recently, this includes the board's commitments to a social model for health and continuous engagement with our communities, and its approval of a health and wellbeing-inspired vision for the future and associated strategic goals focused on living well at all stages of life.

November 2018
Vision
Strategic goals

October – November 2018
Wellbeing lens

September 2018
Social model of health
Continuous engagement

August 2018
Early engagement on framework

April – July 2018
Population health
case for change

June – September 2017
Prevention
Community services
Care closer to home
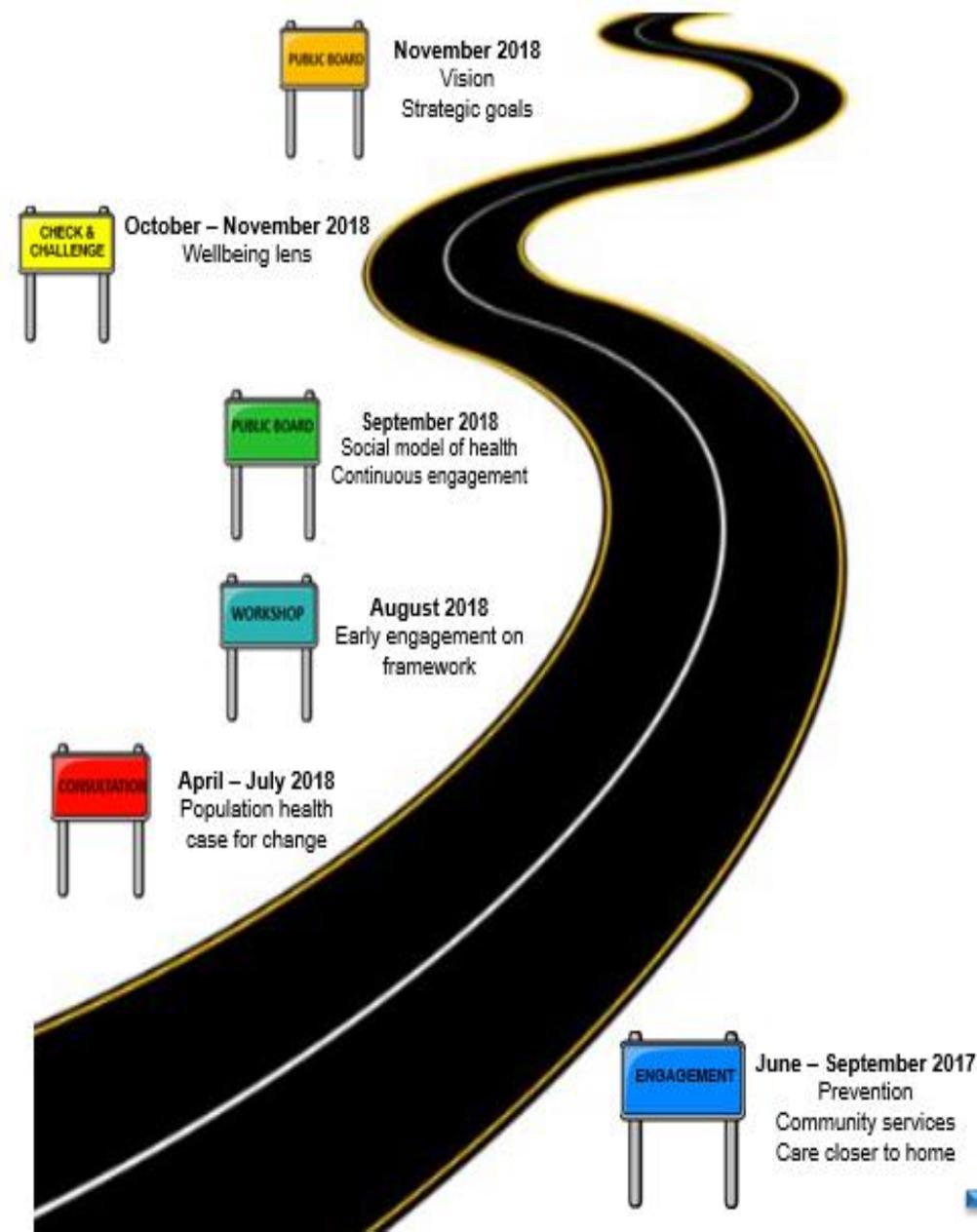
4. Our role….in improving the public's health

Health is one of the top things people say matter to their wellbeing and, as a health board, we play a key part in health and wellbeing. But the influences on health and wellbeing are broad, and include the start we have in life, the environment, where we live, and our income, education, social connections, relationships and health behaviours. These are known as the wider determinants of health.

Our services have a very important role to play particularly when we are ill and in need of treatment and care, but this may have as little as 10% influence on our overall health. The wider determinants have a greater influence on our health and wellbeing, so we will have a relatively limited impact if we act alone as a health board. Our strategy places people and communities at the heart of everything we do. It makes a commitment that we will work closely and collectively with others across all sectors and services and our population - the 'whole system' - in order to maximise the positive impact that our health services can make on the health and wellbeing of local people. We will be developing this framework further with our partners and local people, learning how we best create health and wellbeing together.

We have created unprecedented opportunities for care services to become more person and community centred. Our contributory role will be big, bold and brave. It will take us into a new era as we develop exciting relationships, not only with our partners but with our population and the wider health and social care workforce. We commit to a new approach of engaging and listening and most importantly empowering and enabling communities to create health.

We also committed to making a transformational shift in the way we provide our healthcare services, putting a preventative approach into all that we do – and try to at least get the population health basics right. This shift in both mind-set and practice needs to start now. Our leadership role will include creating the environment in which our staff feel empowered to have different conversations, believe they have the influence to create change, develop new connections and build strong relationships with our communities. Alongside this we will make a tangible shift towards mainstream investment in prevention, early detection and early intervention.

Our role will include taking decisive and persuasive action. Our movement for change needs to start now –let's just work together and make a start.

Working across the whole system

Healthcare services working alone can have as little as 10% influence on our health
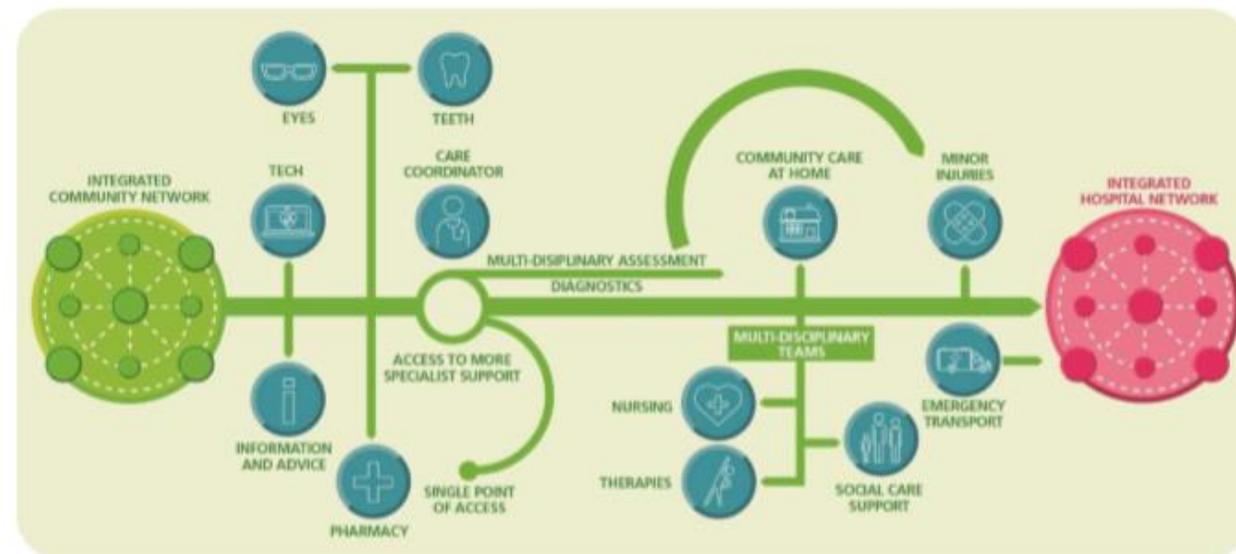
"We cannot solve our problems with the same thinking we used when we created them" Albert Einstein

5. Our building blocks

There are several enablers, or building blocks, to success. We are in a fortunate position to have many of these already in place which we will strengthen. Where they are missing, we will develop them to make our dreams for the future a reality.

Assets

Our communities and the people in them have many strengths, or 'assets'. Used with purpose, assets help to protect and promote health and wellbeing and prevent illness, even when people are faced with challenging life circumstances. We will work with our communities in ways that are empowering, engaging and meaningful, so people can create for themselves the conditions for community assets to thrive and increasing their control over their health and wellbeing.

People's skills, knowledge & sense of purpose

People's connections & social relationships

Community land, buildings & facilities

Community spirit & shared experiences

Continuous engagement

We have much to learn from people in our communities, who have a vast understanding of how health and wellbeing is impacted and can be improved locally. Building on our commitment to continuous engagement, we will have ongoing learning conversations in our communities, building mutual trust and understanding of what matters most to people in terms of living well to co-create effective local solutions to health and wellbeing.

Our staff and wider workforce

Our staff is our greatest resource. They 'make every contact count' to prevent ill-health or signpost to relevant services or opportunities. We will empower our staff to work in different ways alongside the wider workforce, and to maintain healthy behaviours and lead by example.

"Be the change you want to see in the world", Mahatma Ghandi

Behaviour change

Our behaviours can have a protective or damaging effect on health and wellbeing; for example, whether we smoke or get enough physical activity. We will support people to develop the capability, opportunity and motivation to change damaging behaviours. This will include helping people to take control over their lives and assume a more active role in their health and wellbeing.

Evidence

Knowing what works to better people's lives will help to guide efforts at improving health and wellbeing. We are building an evidence base which will enable informed decisions, including how to effectively target people who might specifically benefit from early interventions or other relevant services. We will further develop this evidence base over time, focusing on what local people tell us about their health and wellbeing.

Partnerships

We already have several local and regional partnership arrangements in place, not least through the pooling of budgets and the establishment of a Regional Partnership Board and Public Services Boards, that enable us to come together in a joint pursuit of better health and wellbeing. Guided by our joint priorities, we will join up our efforts for maximum impact and enable all the partners to get on with what they do best.

National legislation and our plans

We are fully committed to delivering on the expectations set out in Welsh Government legislation about bettering health and wellbeing, including *A Healthier Wales,* the *Well-being of Future Generations (Wales) Act 2015,* and the *Social Services and Well-being (Wales) Act 2014.* We will also ensure clear alignment between the ambitions of this framework and the plans we develop for how we operate as a health board. This will include our plans for:
-   Building a workforce with the skills and capacity to deliver a social model for health and wellbeing
-   Continuously engaging with people in ways that value their contributions and meet their preferences
-   Harnessing digital technology to help people learn more about health and wellbeing and access opportunities to enable them to live well
-   Investing money in resourcing a social model that maximises health and wellbeing outcomes

Working differently and learning from others

We are already working differently in many ways, for example introducing initiatives such as time-banking in primary care and up-skilling our staff in adopting an assets based approach. We will continue to apply our learning, not only from our own experiences but also those of other health boards and agencies taking bold new approaches to health and wellbeing.

6. Our dreams for the future

Our vision for the future has been agreed by our Board and was developed from the wellbeing plans of the three Public Services Boards covering Hywel Dda (in Carmarthenshire, Ceredigion and Pembrokeshire) (shown in green).

In addition to agreeing this inspiring vision, our Board members have described their dreams for the future for the people who live and work in Hywel Dda (shown in quotations). We will build upon and extend this early work by continuously engaging with people in our communities about what matters to them, and applying our learning to develop meaningful approaches to health and wellbeing.

" There are no visible boundaries between health, social care, third sector, etc. "

" Sense of community and belonging for residents across the generations "

" People can co-design their care as experts in their own lives "

" Timely access to advice and support in the local community…. [and] care delivered in the home wherever possible "

Our shared vision is a mid and west Wales where individuals, communities and the environments they live, play and work in are adaptive, connected and mutually supportive.
This means people are resilient and resourceful and enabled to live joyful, healthy and purposeful lives with a strong sense of belonging.

" All people will feel valuable and respected "

" Carers will feel empowered and supported "

" Effective support and advice to use our skills and those of people around us "

" Working in partnership with the community "

" Sense of community and belonging for residents across the generations "

" People can live their lives to the fullest and achieve their full potential "

" End of life care for all age groups which ensures that patient and family wishes are met "

" Timely access to advice and support in the local community…. [and] care delivered in the home wherever possible "

" A beautiful and safe place which nurtures our children, adults and older people "

"Dreaming, after all, is a form of planning", Gloria Steinhem

7. Our opportunity

The commitment of our Board to being a population health led organisation provides many opportunities to make this framework a success. Population health is mainly concerned with avoidable differences in health between different parts of the population, and the contributions made by the wider determinants of health and wellbeing. It provides an unprecedented opportunity to focus on a new way of doing things by empowering people to be more in control of their health and better able to make the most of local opportunities to live well.

This framework represents our aspiration for current and future generations to live well in their communities throughout their lives. It is about not only adding years to life, but adding life to years. We have set three new strategic goals focused on people living well - or *living life to the full* - across the life course: starting and developing well; living and working well; and growing older well. Each has a set of long-term outcomes that reflect what success looks like and help us show we have made a difference.

Our opportunity to fulfil our vision and dreams for the future are supported by a policy and legislation landscape in Wales that is re-framing how we address health and wellbeing, including:

- *A Healthier Wales: Our Plan for Health and Social Care (2018):* National plan to bring health and social care services together, so they are designed and delivered around people with an emphasis on keeping them healthy and well

- *Well-being of Future Generations (Wales) Act 2015:* National legislation to improve the social, economic, environmental and cultural wellbeing of Wales and to deliver sustainable services for future generations

- *Social Services and Well-being (Wales) Act 2014:* National legislation to promote the wellbeing of those who need support, or carers who need care and support

We have heard from members of the public, our staff and stakeholders that they are ready for new ways of working. The need to change may have been generated by the policies above, but the appetite to make it work is born from recognition that there is a better way. We can learn from others who are on a similar journey. We are confident in our ability to create our movement for change.

Strategic goals and outcomes:

Growing Older Well

Every older person will be supported to sustain health and wellbeing across older age, living as well and independently as possible within supportive social networks.

- I feel positive about my health and live an independent, healthy life where I feel valued
- I live my life to the full and have opportunities to participate and contribute to my community
- If I have specific needs they are understood and I am enabled to make choices

Living and Working Well

Every adult will live and work in resilient communities that empower personal and collective responsibility for health and wellbeing.

- I am supported and I contribute to creating the environment that enables me to look after myself, others and take responsibility for my independence
- My life counts, has purpose and I live a meaningful life with opportunity
- My community is connected, inclusive and supports life-long learning through the promotion of understanding and respect between generations

Starting and Developing Well

Every child will have the best start in life through to working age, supporting positive behaviours and outcomes across the life-course.

- I am happy and confident, feel safe and that I belong and have help if I need it
- I am listened to and understood enabling me to reach my full potential
- I have meaningful opportunities and feel empowered to influence decisions about my life

Living life to the full

"Martin Luther King said that he had a dream, he didn't say that he had an action plan" Steve Moore, CEO, Hywel Dda UHB

8. Our movement for change

Putting 'living well' at the heart of what we do will entail a fundamental movement for change. Traditionally, our health and care system has focused mainly on responding to illness and disease or their symptoms – it diagnoses and treats, and so does things **TO** people and **FOR** people. Rarely, solutions to health and wellbeing are co-produced **WITH** people. To date, not enough has been done to build strong, resilient communities to enable health and wellbeing to be created **BY** people.

As a health board we can help to achieve this by creating a movement for change in thinking and behaviour. It will change how we work, deliver services, talk with others about health and wellbeing, work with partners, think about performance and targets, and measure success. This movement for change will move us toward operating as a pro-active population health system that works with partners including the public to empower current and future generations to create better health and wellbeing. It will be a new and ambitious measure of performance.

Our movement for change will directly respond to what matters most to local people in their own communities (not just geographical communities, but also communities such as our health and social care workforce or our schools). The long term health and wellbeing outcomes identified (section 7) will be developed further as we have learning conversations with local people about what they care about in relation to wellbeing or 'living well'.

"Very great change starts from very small conversations, held among people who care" Margaret J Wheatley

These conversations will be about implementing an assets based approach and moving away from TO and FOR and toward WITH and BY. They will enable us to learn what people care most about to take action on, opening up the space around the social determinants of health and moving away from a focus only on service provision. We will apply this learning in supporting people to get connected up enough to mobilise their resource to get that action started.

This is a very different way of working. To make this happen, we are going to have to use a number of techniques and tools to develop an approach to how we are going to have effective learning conversations with lots and lots of people. We will be clear that we are there to listen and be curious. We hope that people will feel heard and that they are supported to explore what is important to them around health and wellbeing. Not only is this vital as we use our wellbeing lens (coming up next), but it is also crucial in generating a movement for health creation in our communities. This is our commitment to continuous engagement.

"There is no power for change greater than a community discovering what it cares about" Margaret J Wheatley

8. Our movement for change… using our wellbeing lens

To provide a catalyst for this movement for change, we have developed a wellbeing lens. One part of the lens focuses on how we make changes by working together across the whole system; the other part offers support for teams and possibly individual services which might need a helping hand to understand their contribution and the influence they have to promote wellbeing. Both tools aim to encourage a different conversation, shifting it from illness towards wellbeing.

'Mobilising the whole system' applies the lens to planning, service delivery and project development. It is designed for multi-disciplinary groups to encourage a shift from TO and FOR to WITH and BY and working as a whole system.
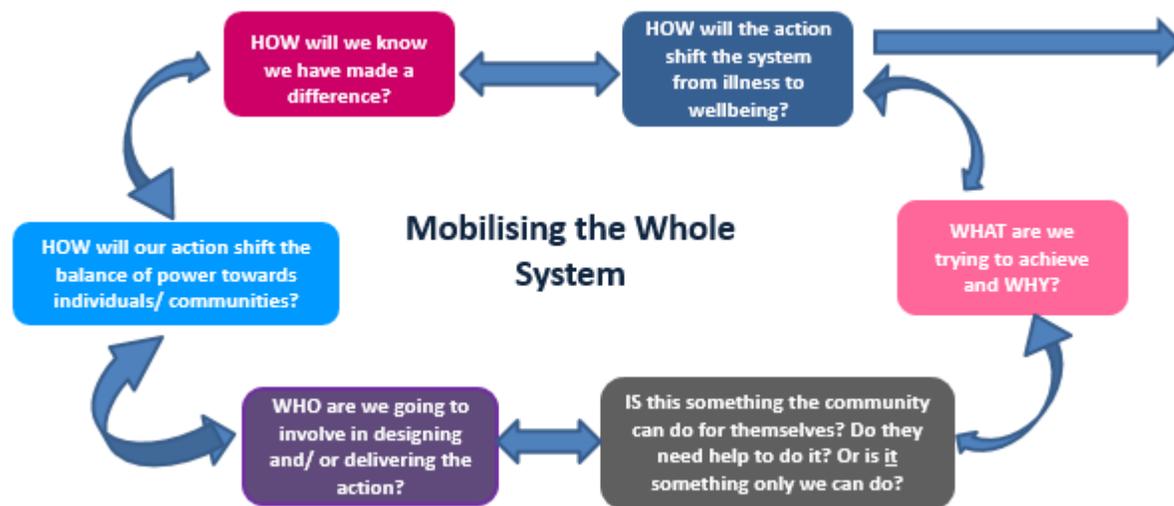
Feedback from staff and partners on the tools has been very positive, including:

*"Using the lens kept our focus on utilising the assets available to us and maximising our impact by working **with** the community, not just delivering interventions **to** the community."*

Continued from

'Mobilising teams and services' uses the asset based approach Appreciative Inquiry. It helps teams reflect on their own practice and how they might make a first step towards working on wellbeing and strengths and to collaborate better with others.
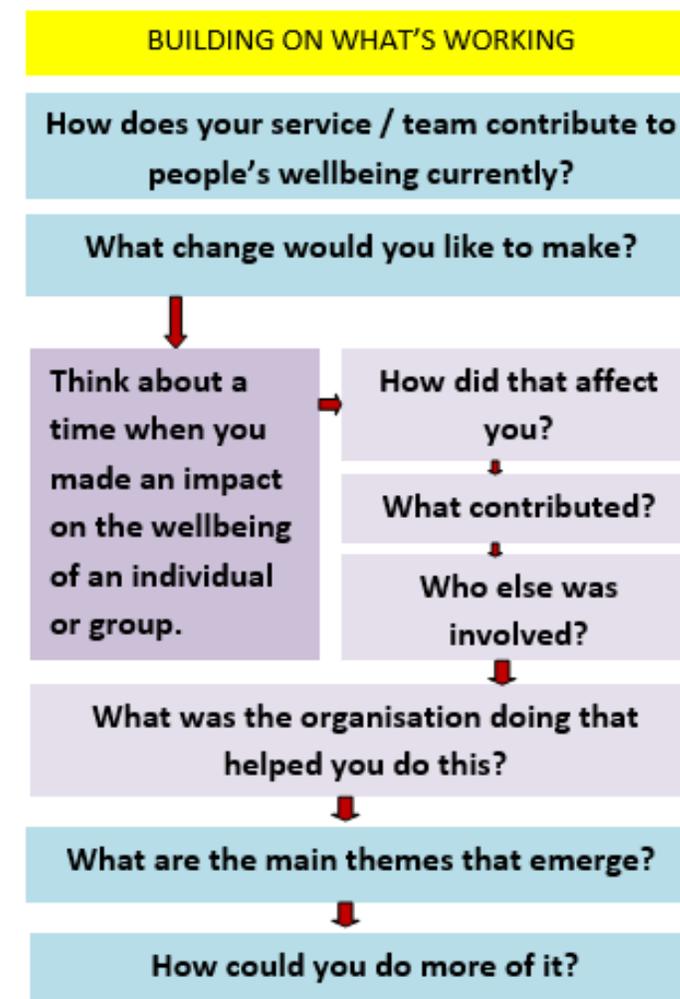
"Sometimes questions are more important than answers" Nancy Willard

9. Our journey ahead

Population health and its improvement is a key part of what we do. However, this has been and remains, mainly in the provision of health care services to resolve problems once they have occurred. This framework makes clear that population health should run through all areas of our day to day business and that population health is everybody's business, not just those working in Public Health.

To assist in this task over the journey we have ahead of us, we are developing an evidence base – a third tool for assisting our movement for change in addition to the tools described in section 8. This evidence base is designed to identify key population risks through the life course and when changes in behaviour occur, e.g. people stop taking physical activity, become overweight or take up smoking. A better understanding of this will enable the targeting of resources to prevent behaviour changes in a timely manner, proportionate to need and inequality in health. We are currently developing the evidence around tobacco control, overweight and obesity and alcohol misuse, and we will grow this evidence base further in other key areas of health and wellbeing.

An example using tobacco control can be found at this link:
http://www.wales.nhs.uk/sitesplus/documents/862/TOBACCO CONTROL COMPENDIUM.pdf

We have also identified a number of key impactful areas of progress over three time horizons: 3 years, 10 years and 20 years:

"You have got to think about big things whilst doing small things, so that all the small things go in the right direction"

Alvin Toffler

"The greatest danger for most of us is not that our aim is too high and we miss it, but that it is too low and we reach it"

Michelangelo

TOBACCO CONTROL:
Evidence Compendium

3 years

- Evidence adoption of assets based approach across whole system through different conversations
- Engaging with the public, our staff and stakeholders to develop this framework further, learning how we best create health and wellbeing together
- Widespread use of three tools across health, social care and partnerships to embed this way of working into every conversation, plan, and process
- Evidence of how this new way of working has supported improvements on key issues such as our priority interventions.
- Priority interventions – maternal weight and smoking cessation in pregnancy, early years including vaccinations and immunisations, emotional resilience of children and young people, focus on reducing smoking prevalence and clinical and behaviour risk management in primary care

10 years

- Health and care services will be integrated in communities that create health and wellbeing
- Investment in prevention will have increased community capacity and resilience, improved access to alternatives to prescriptions, and given communities tools to support independence and positive life choices
- Social Return on Investment analysis will demonstrate benefits of shifting funding from acute care to prevention
- Integrated wellness services are at the heart of our communities

20 years

- Evidence of achieving the long term outcomes of each of the 3 strategic goals, for example:
- Starting and developing well – children report feeling listened to and enabled to reach their potential
- Living and working well – residents across Hywel Dda say they live in an inclusive, connected community which is based on principles of respect and valuing each other
- Growing older well – older people feel positive about their health and their ability to live independent, valued lives

10. Our call to action

This framework gives us a strong call to action, so we can live well in our communities now and into the future.

Our call to action involves us:

✓ Beginning now; active participation in making it happen

✓ Adopting a shared language across the whole system, enabled by our tools and creating the time and space for our staff to use them

✓ Implementing our ambitions, starting with the first three years

✓ Focusing on longer term outcomes and being up for the long haul

✓ Moving away from the way we have always done things, like the shift from diagnosis and treatment toward the prevention of ill-health

✓ Moving to new ways of measuring whether we have made a difference

✓ Standing by those 'who have a go' and managing the uncertainty in our new ways of working

✓ Recognising and modelling the behaviours that make it happen

✓ Starting small but aiming big

✓ Being big, bold and brave

Knowing we have made a difference to wellbeing in our communities will need us to use techniques that support our movement for change across the whole system, and encourage our staff to use their initiative rather than feeding the beast of performance management metrics. One technique is the Most Significant Change (MSC) evaluation technique, where the learning comes from the process of hearing people's stories as much as from the 'what has happened.'

"Whatever you can do, or dream you can, begin it. Boldness has genius, power and magic in it" Johann Wolfgang von Goethe

Moving from 'doing TO' people, to 'done BY' people

- Starts with deficiencies and needs
- Treats the illness and symptoms
- 'Fixes' people
- People are consumers of health services
- Implements programmes as the answer

- Starts with strengths and potentials
- Promotes wellbeing and positive health
- Empowers people to develop their potential
- People are co-producers of health outcomes
- Sees people as the answer

Evidence base — Wellbeing Lens — Continuous engagement

Our Movement for Change

We have had excellent feedback from participants learning about the MSC process, including the following quotes:

'*We need to change the whole system, the whole structure, because otherwise we'll keep getting pulled back into this provision way of working which doesn't help.*'

'*I think we're just going to have to let go. Trust life and these things are organic and they're going to take on lives of their own.*'

"Can we stop talking about it, let's get out there and make it happen!" Ros Jervis, Director of Public Health, Hywel Dda UHB

Glossary

Appreciative Inquiry: A 5 step process used for organisational change. It is a way of thinking and can be applied to any system where change is desired. It assumes that the nature of the questions you ask influences the types of answers you get, and that asking only positive questions encourages people to value and build on what is working.

Assets: The many positive aspects of communities, including but not limited to its people, organisations, partnerships, facilities, and collective experiences.

Community: A community that is either place-based, defined by geographical boundaries, or a place where people share a common identity or affinity – e.g. a school, workplace, faith or religious group. Both forms of community have a vital contribution to make to health and wellbeing.

Health: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Population health system: Population health (and system) is an approach aimed at improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population. It includes actions to: reduce the occurrence of ill health, deliver appropriate health and care services; address the wider determinants of health; and reduce health inequalities. It requires working with communities and partner agencies. (Definition adapted from Buck, *et al.* 2018.)

Public health: The science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society (Buck *et al.,* 2018).

Social model: A model of health that looks beyond their health status and takes into consideration a person's social, environmental and economic conditions.

Staff: The healthcare staff employed by Hywel Dda University Health Board

Wellbeing: An integration of mental health (mind) and physical health (body) resulting in more holistic approaches to prevention and health promotion.

Workforce: The wider health and social care workforce including those not employed by Hywel Dda University Health Board.

References

Buck, D.; Bayliss, A.; Dougall D., and Robertson, R. (2018). A vision for population health: towards a healthier future. Available at: https://www.kingsfund.org.uk/sites/default/files/2018-11/A%20vision%20for%20population%20health%20online%20version.pdf

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	31 January 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Health and Wellbeing Framework - *Our Future Generations: Living Well*
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Ros Jervis, Director of Public Health
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rebecca Hill, Principal Project Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA **SBAR REPORT**

Sefyllfa / Situation

The document presented today for the Board's approval is the Hywel Dda University Health Board (HDdUHB) Health and Wellbeing Framework - *Our Future Generations: Living Well*. This builds upon and supplements HDdUHB's Health and Care Strategy, *A Healthier Mid and West Wales*, approved by Board on 29th November 2018, and designed to help us focus on our long-term ambitions to deliver better health and wellbeing for all.

The framework's implementation will be fundamental to the success of the strategy, as it signals the shift in mind-set and culture needed in order to put prevention and early intervention at the heart of everything we do, to secure a sustainable future and better health and wellbeing for all. This framework will help drive and align our short and medium term planning to deliver our vision for the future.

Cefndir / Background

HDdUHB plans, secures and delivers care to a population of approximately 384,000 people in Carmarthenshire, Pembrokeshire and Ceredigion (a geographic area roughly a quarter of the total land mass of Wales), and also provides services for part of the populations of Powys and South Gwynedd.

Information gathered through 'Our Big NHS Change' consultation process (April-July 2017) and the Design Phase of the Transforming Clinical Services (TCS) programme was used to develop the technical document 'Understanding the needs of our local population', and was used throughout the 12-week consultation process to provide the key issues, challenges and opportunities for health and wellbeing in Hywel Dda.

This proved vital as we considered our longer term hopes and aspirations for population health and wellbeing across Hywel Dda and helped drive our 20 year view. A shared vision, three new strategic goals and a number of long term aspirational outcomes have become a fundamental part of our health and care strategy.

Figure 1: Our re-framed strategic goals and associated long-term outcomes

Living and Working Well

Every adult will live and work in resilient communities that empower personal and collective responsibility for health and wellbeing.

- I am supported and I contribute to creating the environment that enables me to look after myself, others and take responsibility for my independence
- My life counts, has purpose and I live a meaningful life with opportunity
- My community is connected, inclusive and supports life-long learning through the promotion of understanding and respect between generations

Growing Older Well

Every older person will be supported to sustain health and wellbeing across older age, living as well and independently as possible within supportive social networks.

- I feel positive about my health and live an independent, healthy life where I feel valued
- I live my life to the full and have opportunities to participate and contribute to my community
- If I have specific needs they are understood and I am enabled to make choices

Starting and Developing Well

Every child will have the best start in life through to working age, supporting positive behaviours and outcomes across the life-course.

- I am happy and confident, feel safe and that I belong and have help if I need it
- I am listened to and understood enabling me to reach my full potential
- I have meaningful opportunities and feel empowered to influence decisions about my life

Living life to the full

Asesiad / Assessment

Improved health and wellbeing is a cornerstone of the strategy, signalling a move away from a reactive care system that responds to illness and toward a pro-active population health system that promotes staying well.

Our health and care strategy is based on the implementation of an integrated social model of health and wellbeing. A social model recognises that there are a host of influences on our health and wellbeing, including those that are individual, interpersonal, organisational, social, environmental, political and economic. It moves us beyond the focus on biology, physiology and anatomy that is characteristic of a medical model for health. The adoption of a social model requires us and our partners to think differently about health and wellbeing and to come together to contribute toward keeping people well in their own communities, recognising people as key partners in securing better health and wellbeing.

Our wellbeing framework is written in recognition that to achieve our goal of *safe, sustainable, accessible and kind* health and care services, we must go way beyond what happens in our hospitals – we must play a meaningful part in what happens in our communities, to create the right conditions for the wellbeing of current and future generations.

For accessibility and ease of use, the framework has been developed in an electronic section-per-tab format. It covers eight main sections, as follows:

Our journey so far

We are on an exciting long term journey to better health and wellbeing for all. This section describes the significant progress we have made so far. Our Board is already committed to being a population health led organisation that promotes good health, prevents illness and better manages disease. The development of our framework has been assisted by the recent decisions of our Board, namely to approve:

- ➢ The implementation of a social model for health
- ➢ The continuous engagement of staff and partners and the people living in our communities to understand 'what matters to them'
- ➢ A health and wellbeing-inspired vision for the future
- ➢ The adoption of three new strategic goals focused on living well at all stages of life

Our role

Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. It does so by seeking to maximise population health benefit which may involve individually relatively small health improvements but for a large number of people. In order to reach these objectives, a population health approach looks at and acts upon the broad range of factors and conditions that have a strong influence on our health. It also seeks to reorient services towards prevention and strengthen partnership working between all those with a role in influencing health and wellbeing (people themselves, health services, local authorities, voluntary organisations, etc.).

A population health approach recognises that while access to healthcare services plays an important role in keeping people well and treating people when they are ill, a wide range of other factors (e.g. our behaviours, housing, education and employment) have a far greater impact on population health. Therefore providing more healthcare will not necessarily translate into better health.

This section reminds us of the commitments given by the health and care strategy as we:

- ➢ Work closely and collectively with others to maximise the positive impact we can make on the health and wellbeing of local people, and
- ➢ Begin work to transform the way we provide our health and care services placing prevention and early intervention at the heart of everything we do.

Our building blocks

Many of the enablers (or building blocks) for success in implementing the framework are already in place, and others require development. This sections describes the key building blocks, which include:

- ➢ Making the most of existing community assets
- ➢ Continuous engagement with people and communities
- ➢ Empowering our workforce
- ➢ Supporting behaviour change and self-management
- ➢ Building our evidence base on local health and wellbeing
- ➢ Strengthening partnership working
- ➢ Aligning HDdUHB plans with national legislation and driving the art of the possible
- ➢ Working differently and learning from others

Our vision and dreams for the future

Our vision for the future is one where current and future generations can 'live well' in their own communities, be they place-based and defined by geographical boundaries, or places where people share a common identity or affinity – for example, a school, workplace, or faith or religious group. All forms of community have a vital contribution to make to our health and wellbeing as they support strong relationships and social connection. This section sets out our co-created vision that has developed from the three Public Services Boards' wellbeing plans, as follows:

"Our shared vision is a mid and west Wales where individuals, communities and the environments they live, play and work in are adaptive, connected and mutually supportive. This means people are resilient and resourceful and enabled to live joyful, healthy and purposeful lives with a strong sense of belonging."

We recognise that the sentiments of our vision need to be adopted across the organisation for the population health agenda to become part of everyone's day to day practice.

This section also presents the hopes and dreams articulated by our Board members – they clearly align with our vision of the future, and focus on the empowerment and support of people in their communities and better integration of care.

Our opportunity
Our health and care strategy provides such opportunity for change – recognising that to shift our focus toward population health management required a move to aspirational goal setting with an emphasis on keeping people well. The three new strategic goals are framed according to three main life phases – 1. Starting and developing well, 2. Living and working well, and 3. Growing older well – each goal emphasising the importance of establishing optimum health and wellbeing throughout life. Having also a set of long term outcomes for each of the life phases sets strong and clear intentions regarding the impact that we wish to make.

Our movement for change
Traditionally, our health and care system has focused mainly on diagnosing and treating illness and disease or their symptoms. In this section we describe our movement for change, focusing on adopting a wellbeing lens, based on an asset based approach, to enable shifting our care system from doing things **TO** and **FOR** people and toward addressing health and wellbeing **WITH** people and building strong, resilient communities that enable health and wellbeing to be created **BY** people. We have developed two tools; one for the whole system and the other for individual services and teams. Both tools are designed to encourage a different conversation, shifting it from a focus on illness toward a focus on wellbeing.

Our journey ahead
We have much to achieve over the long journey ahead of us. In this section, we describe how we will continue to develop the evidence base to inform our understanding of health and wellbeing and how they operate in different communities. We have already begun working on a collection (or 'compendium') of information about tobacco control, and have plans to extend this work to grow this evidence base further in other key areas of health and wellbeing including issues such as overweight, obesity and alcohol misuse.

As part of the Board's commitment to continuous engagement we plan to have a large number of 'wellbeing conversations' with local people (hoping to reach 1000's of our residents) to ask them what matters most to them and their communities in terms of health and wellbeing. This will help us focus on the things that we care about, that promote our wellbeing and will inform how we provide support and deliver wellbeing services over the coming years.

We have taken the step of identifying priority ambitions over three time horizons: 3 years (our short to medium term planning timeframe) 10 years and 20 years. We are also keen to explore new ways in which we will measure wellbeing, assess the impact of care delivery and understand whether and how we are making a difference or not.

Our call to action
Our call to action is clear. In this section we describe how we need to start now to make our vision and dreams for the future a reality, starting with our key ambitions for the first three

years. We will be assisted in this task by the tools we describe in 'Our movement for change', by thinking long term, working in different ways and being brave. Our call to action takes us back again to our movement for change, as it will essentially be about shifting from illness to wellbeing, and the development and use of measures of wellbeing that supplement our performance targets and metrics.

This framework reaffirms our commitment to be a population health organisation. Fundamental to the success of the framework will be a transformational shift in the culture of the organisation so that the prevention agenda is no longer seen as a separate 'add-on' or 'nice to do' if we have the necessary resources, but as an essential part of everyone's day to day practice in order to secure a sustainable future.

Argymhelliad / Recommendation

The Board is asked to approve the HDdUHB Health and Wellbeing Framework.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Risk Register Reference:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working: Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide	Please explain how each of the '5 Ways of Working' will be demonstrated
	Long term – can you evidence that the long term needs of the population and organisation have been considered in this work? The wellbeing framework is a response to providing a long term solution to the challenges that the Health Board faces.
	Prevention – can you evidence that this work will prevent issues or challenges within, for example, service delivery, finance, workforce, and/or population health? Prevention is a key component of a population health approach and a guiding principle of the wellbeing framework.

	Integration – can you evidence that this work supports the objectives and goals of either internal or external partners? The wellbeing framework takes a multi-partner approach to creating better wellbeing for all.
	Collaboration – can you evidence working with internal or external partners to produce and deliver this piece of work? A collaborative approach has been taken to the development of the framework, including a multi-agency workshop and a series of 'check and challenge' sessions with staff and partners. Implementation of the framework will also require a collaborative approach.
	Involvement – can you evidence involvement of people with an interest in the service change/development and that this reflects the diversity of our population? The development of the framework has been informed by the involvement of staff and partners. Likewise, implementation of the framework will require the involvement of public, staff and partners, most notably via continuous engagement including a wellbeing survey of local residents.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The development of the framework has been informed by an extensive evidence base, including health needs assessment, the wellbeing plans of our Public Services Boards, and the outputs of the population health group.
Rhestr Termau: Glossary of Terms:	Terms are explained within the framework
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Health Strategy Committee Board Seminar

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Anticipating a small amount of capacity and funding from the Transformation Fund to support continuous engagement activity
Ansawdd / Gofal Claf: Quality / Patient Care:	Anticipating improvement in quality and patient care in line with prevention and early intervention
Gweithlu: Workforce:	Potential positive impact on staff skill sets with focus on prevention and early intervention and 'making every contact count'
Risg: Risk:	This health and wellbeing framework is fundamental to the success of the health and care strategy, and if it is not adopted it may slow the adoption of the new strategic goals

Cyfreithiol: **Legal:**	This framework supports the implementation of the Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2014
Enw Da: **Reputational:**	This framework supports the organisational ambition to be a population health led organisation
Gyfrinachedd: **Privacy:**	Any information collected from our wellbeing conversations will not be held as personally identifiable information
Cydraddoldeb: **Equality:**	Please see Continuous Engagement framework

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	31 January 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Hywel Dda Community Health Council (CHC) and Hywel Dda University Health Board (HDdUHB): A Framework for Continuous Engagement and Consultation
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Jennings, Director of Partnerships and Corporate Services
SWYDDOG ADRODD: **REPORTING OFFICER:**	Nicola O'Sullivan, Head of Engagement

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation

Hywel Dda Community Health Council (CHC) and Hywel Dda University Health Board (Health Board) have worked closely to support continuous engagement and where necessary formal engagement and consultation with patients, the public, staff and stakeholders around potential service changes.

Legislation and guidance has been in place since 2006 and has emphasised the duty and importance of ensuring the voice of the population served is included in the planning, development and decision making of NHS organisations. Over a number of years, terminology has evolved from involvement, to engagement, to continuous engagement and more recently co-production. This is underpinned by a commitment to developing seamless services through the integration of health and social care.

The CHC and Health Board have worked together to develop a framework. This has been designed to ensure a coherent, consistent approach towards co-production and service change around health (and in the future social care, or any other integrated service with other public sector partners) that is fit for the future and takes into account the duties of both the CHC and Health Board.

Cefndir / Background

The National Health Services (Wales) Act 2006 Section 183 placed the duty of involvement and consultation on Health Boards.

The Welsh Government issued a Ministerial Letter EH/ML/016/11 Guidance for Engagement and Consultation on Changes to Health Services providing a specific context and approach for changes to health services in Wales. The guidance outlined the need for a new approach to change based on based on continuous engagement rather than perfunctory involvement around specific proposals. It was expected that continuous engagement would be the norm with many service changes being taken forward as a result of effective engagement and widespread agreement. CHCs and Health Boards were expected to work together to agree a local framework around changes to health service. This was not developed at the time.

More recently there has been an acknowledgement an agreed local framework would provide greater clarity for both the CHC and the Health Board around service changes. However, in the interim period additional legislation has further influenced the engagement and co-production agenda.

This has included the Social Services and Wellbeing (Wales) Act 2014 which provides a legislative framework for care and support. The principles particularly relevant to continuous engagement and changes to health services are "Putting people at the centre of their care and support and giving them a voice in terms of the support they receive" and "involving people in the design and delivery of services"

The Well-being of Future Generations Act (Wales) 2015 requires public bodies to work both independently and together to achieve the seven well-being goals. The Act requires all public bodies to demonstrate that they are working towards these goals by using the five ways of working:

- Looking to the long term
- Focusing on preventing problems from happening in the first place
- Working collaboratively with others to delivery services
- Taking an integrated approach around common and shared objectives
- Involving people in making decisions.

Continuous engagement and involving the population in developing actions to achieve these goals will be essential if the aim of improving health and wellbeing is to be realised.

The Welsh Government White Paper Consultation Document Services Fit for the Future 2018 emphasised the need to support people to live the lives they want to lead with a meaningful say in what happens to them as individuals and the services they use. Co-production is considered to be the only way to achieve sustainability in health and social care services and this can only be achieved through an open and transparent approach.

It was agreed the framework should still aim to provide greater clarity for both the CHC and the Health Board around service changes while taking into account the strategic direction for the future.

Asesiad / Assessment

The framework for continuous engagement and consultation provides the context to the development of the framework and outlines the Health Board's commitment to continuous engagement and the mechanisms to deliver this in the future. The Health Board's Framework for Continuous Engagement outlines the vision, principles, benefits of the approach, how it can be delivered and monitored so we can demonstrate it is working:

Hywel Dda UHB's
Framework for Continuous Engagement

Our Vision:
"working together every step of the way"
Our commitment is to involve staff, stakeholders, patients, carers and citizens when we are designing, developing, reviewing or changing services

Our Purpose:
- Embedding continuous engagement into project and programme management structures
- Ensuring stakeholders are visible, active and influential throughout projects and programmes of work
- Delivering meaningful engagement with the right people e.g. seldom heard voices, staff etc. at the right time to inform and influence services together with our Diversity and Inclusion Team
- Working closely with the Patient Experience Team to ensure the lived experience influences the work of the Health Board
- Supporting the organisation to deliver continuous engagement:
  - within the seven localities, covering local issues including local services, primary care and capital projects
  - when developing service pathways across the organisation or wider
  - as part of the development of a new hospital
- Developing robust systems and processes to support engagement within the Health Board and with our public services partners wherever possible including:
  - Developing effective engagement plans
  - Facilitating the Stakeholder Reference Group
  - Developing a robust structure for locality engagement
  - Providing effective and innovative digital and non digital engagement opportunities
  - Implementation of an online engagement system and a stakeholder management system
- Providing expert advice around engagement and consultation

Our Principles:
- *Putting people at the heart of everything we do* – designing or creating services that work better and are built on the principle those who receive / deliver services are in the best place to help design them
- *Working together to be the best we can be* – improving services to meet needs and give better outcomes and making better use of resources
- *Striving to deliver* excellence - delivering excellent engagement where people are listened to, influence and co-design health, care and wellbeing services. Including embedding our strategic duties around WFGA, Healthier Wales, SSWBA, Equalities

Our Measures of Success:
- People will recognise their own voice and contribution
- People will feel they are working together with their clinicians to develop and deliver better services
- Continuous engagement will be embedded across all levels of the organisation
- Continuous engagement / conversations take place on different themes, services etc. at different levels and stages across the organisation
- People understand "This is the way we work at Hywel Dda"

The continuous engagement mechanisms, together with a clear outline of any additional engagement or communication and agreement with the CHC will be sufficient for the majority of service changes.

There will be, on occasion, a need for a further level of engagement or potentially consultation on some service changes; these are often described as a 'substantial change' to services. This is a decision the CHC will need to make in conjunction with the Health Board and it is essential that service areas provide both the CHC and the Health Board's engagement team with early notification of potential service change. It is important to recognise that time must be allowed to enable the discussions and decisions to be taken through the CHC governance structure.

The CHC must have sufficient information to consider the potential service change and completion of the Service Change Proforma will provide information for the CHC to consider and identify services where additional engagement or information may be required. The pro-forma includes examples of issues to be considered by services and the level of detail will be proportionate to the service change.

The process for deciding whether a service change is considered to be substantial will need to take place based on the information provided within the service change pro-forma. The Decision Tree is an excellent single page summary of the Welsh Government Guidance and explains the process in more detail. In a small number of instances, the service change will be considered to be substantial and then a process for formal engagement and consultation will need to be agreed with the CHC and undertaken.

A Timeline for Engagement and Consultation, developed by the Consultation Institute, summarises the process and steps that must be followed where formal engagement and consultation is required. This must be developed in conjunction with the CHC and the Health Board's Engagement and Equalities teams as expert advice is required to deliver a good quality, legally compliant formal engagement and consultation process.

Once approved, the framework will be rolled out across the Health Board and CHC through staff meetings and training sessions as and when required.

Delivery of Continuous Engagement / Co-production
In practice, delivering a model of continuous engagement or co-design across health, care and wellbeing to the high standard we have delivered previously will require significant additional resource. This approach has been included within the Transformational proposal by the West Wales Regional Partnership Board and has included the following key elements:

- A dedicated person within each locality to support and enable continuous engagement around health, social care and wellbeing and ensure appropriate engagement methods are used that best fit each project, service, pathway or issue. This resource will support integrated locality teams with communication, achieving inclusion and ensuring requirements around preferred language choice are met
- A Citizens Panel for West Wales
- Online engagement tools, enabling wider conversations with particular geographic or service communities on specific issues
- A stakeholder management system to ensure the widest range of views and opinions are obtained and qualitative data is analysed in a timely and informative way. The delivery of this would be through a specialist capacity at a regional level and through engagement officers working across each locality.

Work is ongoing with the RPB and our public sector partners to deliver a regional approach to continuous engagement including a shared stakeholder management system and an electronic engagement system. Within this approach there is an expectation of maximizing engagement opportunities and working closely with our communities and seldom heard groups in a targeted and efficient way, to prevent engagement and consultation fatigue.

Next Steps

Continuous engagement events will take place during February and March 2019 based on where engagement is specific, focused, meaningful and can genuinely influence e.g. Cross Hands, Amman Valley.

The next cycle of locality events will take place after the three year plan has been agreed, work is ongoing to schedule the events for April / May 2019, these will focus on the strategy and the key areas of work within year one of the plan in addition to any local issues to be considered.

Argymhelliad / Recommendation

The Board is asked to:

- Approve Hywel Dda Community Health Council and Hywel Dda University Health Board's Framework for Continuous Engagement and Consultation including the following appendices:
  Appendix 1 - Hywel Dda Health Board's Continuous Engagement Framework
  Appendix 2 - Primary Care Framework
  Appendix 3 - Changes to Services Proforma
  Appendix 4 - Timeline for Engagement and Consultation

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Risk Register Reference:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	9. To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working:	Please explain how each of the '5 Ways of Working' will be demonstrated **Long term – can you evidence that the long term needs of the population and organisation have been considered in this work?** Through collaboration and partnership working with our patients, staff, communities, stakeholders and partners.

[Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide](#)	**Prevention – can you evidence that this work will prevent issues or challenges within, for example, service delivery, finance, workforce, and/or population health?** This is a focus for the emerging health strategy and continuous engagement or co-production is central to this. Co-production is considered to be central to achieving sustainability in health and social care services.
	Integration – can you evidence that this work supports the objectives and goals of either internal or external partners? The joint framework provides clarity for the CHC and the Health Board around service change and provides opportunities for further integration with our partners as we co-produce the services of the future.
	Collaboration – can you evidence working with internal or external partners to produce and deliver this piece of work? The joint framework has been developed with the CHC and is based on the learning from the co-production approach of Transforming Clinical Services and Transforming Mental Health Services Programmes.
	Involvement – can you evidence involvement of people with an interest in the service change/development and that this reflects the diversity of our population? The joint framework has this at the heart of its work and the pro-forma specifically will ensure in the future when services are changed they will be able to evidence this or have a plan for additional engagement with our local population.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	National Health Services (Wales) Act) 2006 Thu Guidance for Engagement and Consultation on Changes to Health Services EH/ML/016/11 Social Services and Wellbeing (Wales) Act 2014 Well-being of Future Generations (Wales) Act 2015 Welsh Government White Paper Consultation Document Services Fit for the Future (2018)
Rhestr Termau: Glossary of Terms:	Provided within the paper.
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)	
Ariannol / Gwerth am Arian: **Financial / Service:**	HDdUHB staff time to support engagement activities and plan development as part of their existing duties and responsibilities. Additional resource will be required to deliver continuous engagement on a locality basis. Where formal consultation has to take place, additional resource to deliver this will be required.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Co-production takes place at different levels, from people making joint decisions about their own individual / personal care to influencing and shaping the strategic or corporate decision making processes. In order to achieve this, there needs to be continuous involvement and engagement with the public. At all levels there needs to be continuous engagement and engagement with the public. The goal is for inclusive continuous engagement to become the norm, reflecting the public voice and improving patient outcomes.
Gweithlu: **Workforce:**	All staff have a role to play in continuous engagement and co-production.
Risg: **Risk:**	The Health Board has committed to developing our future services through a process of continuous engagement and this will require additional resource. Not all staff fully understand the process that needs to be followed when there are likely to be service changes. There is a need for the CHC and Health Board to work closely, provide training to key staff and ensure the approach is commensurate to the service changes being proposed.
Cyfreithiol: **Legal:**	The Health Board to must follow the process and guidance around service changes and take into account the potential impacts of the change on staff, patients, carers and the public. Failure to adhere to this approach could result in legal challenge either through failure to following the process or the lack of knowledge of impact of the decision on patients, carers, staff and communities. Failure to identify and address an equality impact on people with protected characteristics could result in significant risk to the organisation.
Enw Da: **Reputational:**	The Health Board has committed to continuously engaging with its patients, staff, communities and stakeholders in an open and transparent manner. The framework outlines the process clearly.
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	The focus of equality runs throughout the framework and continuous engagement approach.

Hywel Dda CHC and

Hywel Dda University Health Board

Framework for Continuous Engagement and Consultation

1. INTRODUCTION

Hywel Dda Community Health Council (CHC) and Hywel Dda University Health Board (Health Board) have worked closely to support continuous engagement and where necessary formal engagement and consultation with patients, the public, staff and stakeholders around potential service changes.

Legislation and guidance has been in place since 2006 and has emphasised the duty and importance of ensuring the voice of the population served is included in the planning, development and decision making of NHS organisations. Over a number of years, terminology has evolved from involvement, to engagement, to continuous engagement and more recently co-production. This is underpinned by a commitment to developing seamless services through the integration of health and social care.

This framework is designed to ensure a coherent consistent approach towards co-production and service change around health (and in the future social care, or any other integrated service with other public sector partners) that is fit for the future and takes into account the duties of both the CHC and Health Board.

2. BACKGROUND

The legislation and guidance influencing this framework is briefly outlined below.

2.1 National Health Services (Wales) Act 2006

The Act places the duty around public involvement and consultation on Local Health Boards: Section 183 Public involvement and consultation:-

(1) Each Local Health Board must make arrangements with a view to securing, as respects health services for which it is responsible, that persons to whom those services are being or may be provided are, directly or through representatives, involved in and consulted on –
   (a) the planning of the provision of those services
   (b) the development and consideration of proposals for changes in the way those services are provided, and
   (c) decisions to be made by the Local Health board affecting the operation of those service

2.2 CHC Regulations

Community Health Councils have a particular role regarding NHS planning which is set out in Welsh Government Regulations 2010, (amended 2015). The Regulations state:

"It is the duty of each relevant Local Health Board and NHS Trust in Wales (in this regulation referred to as "relevant Welsh NHS body") in respect of health services for which it is responsible, to involve a Council in –

a. the planning of the provision of those services;
b. the development and consideration of proposals for changes in the way those services are provided; and
c. decisions to be made by that body affecting the operation of those services; and it is incumbent upon each relevant Welsh NHS body to consult a Council at the inception and throughout any such planning, development, consideration or decision-making process in accordance with any guidance which may be issued by the Welsh Ministers."

2.3 The Guidance for Engagement and Consultation on Changes to Health Services

The guidance when issued outlined the need for a new approach to change based on continuous engagement rather than perfunctory involvement around specific proposals. It was expected continuous engagement would be the norm with many service changes being taken forward as a result of effective engagement and widespread agreement.

Changes to health services covers primary, secondary care as well as community services, mental health and learning disability services.

All engagement and consultation activities need to be designed to ensure all local interests are addressed and considered. Activities must take into account the organisational responsibilities for equality and diversity and the Welsh language.

Formal consultations should only take place after a period of formal engagement and only take place when necessary.

2.4 The Social Services and Wellbeing (Wales) Act 2014

The Social Services and Well-being (Wales) Act 2014 provides a legislative framework for care and support based on the principles of:

- Supporting people to achieve their own wellbeing
- Putting people at the centre of their care and support and giving them a voice in terms of the support they receive
- Involving people in the design and delivery of services
- Developing services that help prevent, delay or reduce the need for care and support
- Promoting not for profit delivery models
- Collaboration across agencies in the provision of care and support
- Promoting the integration of key services including services for older people with complex needs, children with complex needs, people with a learning disability and carers, including young carers

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

The Act requires public bodies to public bodies to work both independently and together to achieve the seven well-being goals:

1. **A prosperous Wales** – where everyone has jobs and there is no poverty
2. **A resilient Wales** – where we're prepared for things like floods
3. **A healthier Wales** – where everyone is healthier and are able to see the doctor when they need to
4. **A more equal Wales** - where everyone has an equal chance whatever their background
5. **A Wales of cohesive communities** – where communities can live happily together
6. **A Wales of vibrant culture and thriving Welsh language** – where we have lots of opportunities to do different things and where lots of people can speak Welsh
7. **A globally responsible Wales** – where we look after the environment and think about other people around the world

The Act requires all public bodies to demonstrate that they are working towards these goals by using the five ways of working:

− Looking to the long term
− Focusing on preventing problems from happening in the first place
− Working collaboratively with others to delivery services
− Taking an integrated approach around common and shared objectives
− Involving people in making decisions.

Continuous engagement and involving the population in developing actions to achieve these goals will be essential if the aim of improving health and wellbeing is to be realised.

2.6 Welsh Government White Paper Consultation Document Services Fit for the Future (2018)

This White Paper focuses on supporting people to live the lives they want to lead with a meaningful say in what happens to them as individuals and in the services they use. Co-production is considered to be central to achieving sustainability in health and social care services but only be achieved through an open and transparent approach.

Co-production takes place at different levels, from people making joint decisions about their own individual / personal care to influencing and shaping the strategic or corporate decision making processes. In order to achieve this, there needs to be continuous involvement and engagement with the public. At all levels there needs to be continuous engagement and engagement with the public. The goal is for inclusive continuous engagement to become the norm, reflecting the public voice and improving patient outcomes.

2.7 A Healthier Wales: Our Plan for Health and Social Care - Welsh Government June 2018

The plan sets out a long-term future vision of a 'whole system approach to health and social care' which is focused on health and wellbeing, and on preventing illness. Integral to this are the following proposed whole system values:

Co-ordinating health and social care services seamlessly, wrapping around the needs and preferences of the individual, so it makes no difference who is providing individual services.

Measuring the health and wellbeing outcomes which matter to people, and using that information to support improvement and better collaborative decision making.

Proactively supporting people throughout the whole of their lives, and through the whole of Wales, making an extra effort to reach those most in need to help reduce health and wellbeing inequalities that exist.
Promoting the distinctive values and culture of the Welsh whole system approach with pride, making the case for how different choices are delivering more equitable outcomes and making Wales a better place in which to live and work.

3. OUR APPROACH TO CONTINUOUS ENGAGEMENT

Over the past few years, the Health Board has worked closely with the CHC to develop and implement a robust continuous engagement or co-production approach to transformational service change. This has been evident in the Transforming Mental Health Services and Transforming Clinical Services Programmes.

As a Health Board, we have learnt a great deal from this work and our commitment is to continue this approach by "working together every step of the way" with our stakeholders, patients, carers, citizens and partners when designing, developing, reviewing or changing services. On this basis, we have developed the Health Board's Framework for Continuous Engagement (Appendix 1), this outlines the vision, principles, benefits of the approach, how it can be delivered and monitored so we can demonstrate it is working.

The benefits of a continuous engagement approach mean patients, carers, service users, citizens and partners work together to design services that better meet the individual and community needs. This approach improves services and means that resources can be more efficiently focused.

Recognising the richness and diversity in experiences amongst our population, our approach to continuous engagement must be flexible and accessible for people with protected characteristics and whose first language is not Welsh or English. We will sometimes need to listen and have conversations particular communities about specific services or around what is important to them. We will need to make it easier for people to have these conversations with us.

When considering changes which have an impact on communities, we will base this engagement on our seven localities. This will support working in an integrated way across not only health and social care but with public health, other public sector organisations, the third sector, housing, education and many other services.

For changes involving the re-design of service pathways, our engagement will be prioritised according to those areas we have outlined in our strategy and ongoing planning approach, which are aligned to our future community and hospital models that we are developing in collaboration with our partners.

We will also continue to engage on the impact of potential changes that relate to action being taken now to work in more efficient and productive ways.

This work will be underpinned by having conversations with the whole population, asking what 'wellness' and 'wellbeing' means to them and what support services and networks they would like to see developed in their community to enable and promote health and wellbeing.

Many lessons have been learnt, we will continue to build this and we are committed to delivering an ambitious, flexible and integrated approach to continuous engagement. To achieve this we will work with our public sector partners across the Hywel Dda region, including the West Wales Care Partnership and Public Service Boards to update existing engagement mechanisms. This will enable us to address the integrated health, social care and wellbeing engagement requirements from both a strategic and a local level. Key enablers to support the continuous engagement process will include:

(i)   Stakeholder Reference Group

The Stakeholder Reference Group (SRG) meets on a quarterly basis and is a statutory advisory group to the Health Board, reporting directly to the Board on a quarterly basis. Its membership consists of a range of bodies and groups operating within the communities served by the Health Board.

Its activities include:
- Early engagement and involvement in setting the Health Board's strategic direction
- Advising the Health Board on specific service improvement proposals before consultation
- Feedback to the Health Board on the impact of its operations on the communities it serves
- Wider engagement activities such as workshops, world café events etc.
- Acting as a reference group for social care and wellbeing on behalf of the West Wales Care Partnership
- Development of a specific Equalities Reference Group, as a sub group of the Stakeholder Reference Group

There is a broad representation of organisations and groups at SRG and the CHC is an important partner within this structure.

(ii)   Siarad Iechyd / Talking Health

Siarad Iechyd / Talking Health is the Health Board's involvement and engagement scheme. Becoming a member provides local people with the opportunity to find out more about health services. Members of Siarad Iechyd/Talking Health:

- Receive information about the health board hot off the press
- Receive regular updates through a dedicated newsletter
- Are able to help plan, develop, review and re-design new and existing services
- Participate in engagement activities including completing surveys, commenting on information through a readers' panel, participating in meetings, focus groups, events etc.

Siarad Iechyd / Talking Health currently has around 1,000 members across the three counties and approximately one third of members have identified themselves as unpaid carers.

Siarad Iechyd / Talking Health will be refreshed and updated to include the opportunities to take a wider well-being and social care agenda on behalf of both the health board and other strategic partnerships, for example the West Wales Care Partnership (RPB). The partners in the RPB have already committed to a joint approach on this, including the development of an innovative approach to a citizens assembly and many other tools to debate key issues.

(iii)   Online Engagement Systems

Online engagement is currently limited to a number of social media platforms including Facebook, Twitter etc. and we are looking to build our expertise through the use of a system that offers a more efficient and effective way to manage this. This work is in its infancy and provides an opportunity for us to work together with the West Wales Care Partnership and other partners to review potential systems and identify the most effective system to meet our needs and provide an accessible online engagement system for our population.

(iv)   Stakeholder Management System

An effective stakeholder management system would ensure far greater efficiency of process and in addition, offer a mechanism for analysing the feedback and generating reports based on the feedback received throughout our continuous engagement process.

(v)   Locality Engagement / Service Pathway Engagement

Our approach will be to deliver continuous engagement around health, social care and wellbeing within our seven localities on a previously unprecedented scale.

Our work will involve utilising many engagement opportunities and methods as we continue to strive to be leaders in continuous engagement. These will range from informal conversations and engagement in communities to developing representative focus groups

and panels or citizens assemblies. These could be aligned to locality based or service specific areas of focus and will include primary care. This means that we will be talking to those people with lived experiences, including those who traditionally experience barriers and exclusion, adding a depth to our conversations but also helping to avoid engagement and consultation fatigue.

The vast majority of primary care service changes will be addressed through the localities and continuous engagement structures. Some primary care changes to services must be delivered within a short timescale and a specific approach has been agreed for this. The Primary Care Framework (Appendix 2) outlines the standardised approach, agreed with the CHC and can be enacted quickly. This will enable effective and timely engagement and communications with patients, the public and stakeholders throughout the process, supporting the decision making process.

For the Health Board the main service areas for continuous engagement will include:
- Locality based service development
- Hospital based service development
- Service pathway changes
- Capital projects
- Service and quality improvement programmes
- New hospital development

The continuous engagement methods will ensure feedback is used to inform and influence service improvement and development across health and social care. These mechanisms, with a clear outline of any additional engagement or communications and agreement from the CHC will be sufficient for the majority of services changes.

4. **DEFINING CHANGES TO SERVICES**

There will be, on occasion a need for a further level of engagement or potentially consultation on some service changes; these are often described as a 'substantial change' to services. This is a decision the CHC will need to make in conjunction with the Health Board and it is essential service areas provide both the CHC and the Health Board's engagement team with early notification of potential service change. It is important to recognise that time must be allowed to enable the discussions and decisions to be taken through the CHC governance structure. Like most meetings where decisions are to be taken, CHC members should be given a week to read papers and allowances need to be made for the arrangement of extraordinary meetings if service change proposals cannot fit within planned CHC meeting schedules.

The CHC must have sufficient information to consider the potential service change and the completion of the Service Change Proforma (Appendix 3) will provide information for the

CHC to consider and identify for services where additional engagement or information may be required.

4.1 Considering substantial changes to services

The process for deciding whether a service change is considered to be substantial will need to take place based on the information provided within the service change proforma. This will help the CHC consider whether the change should be subject to a formal consultation and criteria for consideration may include:

- Changes in accessibility
- Impact on the wider community
- Patients / carers affected
- Impact on protected groups (positive / negative / disproportionate)
- Changes in methods of delivery
- Impact on other service delivery
- Impact on different communities
- Local feeling about the changes
- Whether or not the change to service is controversial.

The Decision Tree on the next page explains the process in more detail. If a service change is considered to be substantial then a process for formal engagement and consultation will need to be agreed and undertaken:

Decision Tree to deal with service change and help determine whether formal consultation is required

A need to change services arises. Is it an urgent and / or unforeseen need?

No → | **Yes** →

Is the change urgently required for clinical or patient safety issues?
E.g. infection on ward, unsafe staffing levels

No →

Work with the CHC to identify if it a 'substantial variation' or controversial?
To be determined with the CHC
No standard definition of substantial. It is a judgement call based on a number of criteria and conscious of the potential to compromise the HBs ability to maintain a full service for the whole population it serves.
Criteria may include:
- Changes in accessibility
- Impact on the wider community
- Patients / carers affected
- Impact on protected groups (positive / negative / disproportionate)
- Changes in methods of delivery
- Impact on other service delivery
- Impact on different communities
- Local feeling about the changes

Yes

Work with the CHC to confirm it is acceptable to proceed without consultation under 27(5) of CHC Regulations 2010?
Work with CHC to agree, formally notify CHC of this.

Yes

No → Formal consultation under Section 183 NHS Act Wales 2006 and EH/ML/016/11 not required.
First stage of continuous and effective engagement sufficient and maintained.

Yes

Work with the CHC to confirm if it a temporary change
Can only classify as temporary if there is a plan and date to reinstate service.
It needs to be for a reasonable time period i.e. months rather than years.

Yes → Temporary changes are often not seen as substantial variations but this must be agreed with the CHC.
If agreed, formal consultation section 183 NHS Act Wales 2006 and EH/ML/016/11 not required.
Continuous and effective engagement applies.

No

Discussion with the CHC under Section 183 NHS Wales Act 2006 / Section 5 EH/ML/016/11 to identify if formal consultation is required
Where it appears likely that a formal consultation is required, this will be a two stage process.
The first stage is for NHS organisations to undertake extensive discussion with key stakeholders as outlined in para 32 of EH/ML/016/11 to explore and refine issues. Not all changes will proceed to formal consultation as most issues should be dealt with through continuous and effective engagement and every effort made to reach agreement resulting from this process.
The first stage must be properly conducted before moving to formal consultation.

No → Formal consultation under Section 183 NHS Act Wales 2006 and EH/ML/016/11 not required.
First stage of continuous and effective engagement sufficient and maintained.

Yes

CHC Decision to Proceed to formal consultation (second stage)
Discuss and agree ongoing arrangements with the CHC.
Formal consultation for a minimum of 6 weeks.

→ **If the CHC is not satisfied that engagement or consultation on any proposal has been adequate as outlined in paragraph 51 of EH/ML/016/11 it may report to the Welsh Ministers in writing.**
It is important that the power of referral should not be used lightly. Local resolution must be sought wherever possible.

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Based on Surrey and Sussex Strategic Health Authority chart / decision tree used to help determine whether consultation is required in the event of unforeseen or urgent need to vary services

Where formal engagement and consultation are required, a two stage process will take place:

Stage 1 - The Health Board will undertake extensive discussion with all key stakeholders to explore the issues in a discussion paper, consider the feedback and use to develop and refine consultation options and questions.

The Health Board will only proceed to stage 2 when it is satisfied stage 1 has been properly conducted.

Stage 2 - Following stage 1, a formal consultation period can take place for a minimum of six weeks, which should be sufficient in most cases if the issues have already been fully explored during the first stage and if the CHC agrees.

The Timeline for Engagement and Consultation (Appendix 4) summarises the process and steps that must be followed where formal engagement and consultation is required. This must be developed in conjunction with the CHC and the Health Board's Engagement and Equalities teams as expert advice is required to deliver a high quality, legally compliant consultation.

5.   URGENT SERVICE CHANGE

Special arrangements apply when the Health Board believes a decision has to be taken on an issue immediately in the interests of the health services or because of a risk to the safety or welfare of patients or staff.

In these circumstances, the Health Board may not be able to engage or consult but has to notify the CHC immediately of the decision taken and the reason why no consultation has taken place.

To follow good practice:
- The Health Board must make every attempt to inform all relevant interests of the new arrangements prior to the change
- The Health Board must provide information to the CHC about how the patients and carers have been informed about the change to the service and what arrangements have been put in place to meet their needs
- The service provider must initially lead all discussion and action.

The Health Board should take urgent steps to bring the change process in line with the requirements that normally apply and put in place a comprehensive engagement and / or consultation process.

6.   REVIEW OF THE FRAMEWORK

The implementation of the framework will be monitored over the coming year and a review date of January 2020 has been agreed by the Health Board and CHC.

Hywel Dda UHBs

Framework for Continuous Engagement

Our Vision:

"working together every step of the way"

Our commitment is to involve staff, stakeholders, patients, carers and citizens when we are designing, developing, reviewing or changing services

Our Purpose:

- Embedding continuous engagement into project and programme management structures
- Ensuring stakeholders are visible, active and influential throughout projects and programmes of work
- Delivering meaningful engagement with the right people e.g. seldom heard voices, staff etc. at the right time to inform and influence services together with our Diversity and Inclusion Team
- Working closely with the Patient Experience Team to ensure the lived experience influences the work of the health board
- Supporting the organisation to deliver continuous engagement:
  - within the seven localities, covering local issues including local services, primary care and capital projects
  - when developing service pathways across the organisation or wider
  - as part of the development of a new hospital
- Developing robust systems and processes to support engagement within the Health Board and with our public services partners wherever possible including:
  - Developing effective engagement plans
  - Facilitating the Stakeholder Reference Group
  - Developing a robust structure for locality engagement
  - Providing effective and innovative digital and non digital engagement opportunities
  - Implementation of an online engagement system and a stakeholder management system
- Providing expert advice around engagement and consultation

Version Final 17.01.19

Our Principles:

- *Putting people at the heart of everything we do* – designing or creating services that work better and are built on the principle those who receive / deliver services are in the best place to help design them
- *Working together to be the best we can be* – improving services to meet needs and give better outcomes and making better use of resources
- *Striving to deliver* excellence - delivering excellent engagement where people are listened to, influence and co-design health, care and wellbeing services. Including embedding our strategic duties around WFGA, Healthier Wales, SSWBA,

Our Measures of Success:

- People will recognise their own voice and contribution
- People will feel they are working together with their clinicians to develop and deliver better services
- Continuous engagement will be embedded across all levels of the organisation
- Continuous engagement / conversations take place on different themes, services etc. at different levels and stages across the organisation
- People understand "This is the way we work at Hywel Dda"

Primary Care Framework – When a GMS Contractor gives notice to return their GMS contract	
Steps of the process	**Comments**
Notice of contract termination given	
If notice is given by practice, formal acknowledgement given by the HB	
Communication to CHC and internal Health Board communication list advising of notice of contract termination	
Development of communications and engagement plan with the Primary Care Team, Communications Team, Engagement Team and the CHC	
GMS Team to prepare a SBAR on the individual situation	
Refer to WG Guidance on Practice Vacancies	
Members of GMS Team to meet with practice to discuss the situation and the future	Part of an ongoing discussion throughout the process
Practice advised to invite LMC to meetings and keep them informed of the progress	
Health Board to seek legal advice on situation and contractual matters as and when required	
Letters sent to patients	CHC to respond with amendments to draft letter within agreed timeframe
Press release	CHC to respond with amendments to draft letter within agreed timeframe

Agreed engagement and communications activities delivered	Communications and engagement plan to be monitored and reviewed throughout the process

⬇

GMS Team to prepare a report for the Health Board Vacant Practice Panel to identify the preferred option (WHC Guidance) CHC and LMC invited to Panel in an advisory capacity only	The CHC will be looking for the following information to be included and progress on - the impact of the change - issues identified - how these will be addressed - how the views have been considered and influenced the decision making process

⬇

Primary Care Applications Committee (PCAC) Determination on future of practice / patients made by Health Board panel	CHC representation at PCAC.

⬇

Practice notified of outcome, preparation for
  a) Redistribution of patients to neighbouring practices (dispersal)
  b) APMS (if available)
  c) Formal tender process for new provider / contract (GMS)
  d) Managed practice	

⬇

Patients notified of update	

⬇

Media statement and further communications updates to patients, local practices and other stakeholders	

⬇

Follow up face to face engagement event as a reassurance / check to monitor the change from a patient / public perspective	

Note:

If at any time the practice withdraws its notice, the panel will still convene and consider request to accept (it is not automatic)

.

Changes to Services Pro-forma

This pro-forma is intended as a tool to help Hywel Dda Health Board and Hywel Dda CHC to decide whether a change to service is a "substantial variation/development" or is controversial.

The information will be used to inform the focus of communications and engagement activity and the Equality Impact Assessment EQIA screening / full EQIA if required.

For advice, guidance and support on completing this document please contact:

Engagement Team:

Hyweldda.engagement@wales.nhs.uk Tel 01554 899 056

Equalities Team:

Jackie.c.hooper@wales.nhs.uk or Rhian.evansad7e@wales.nhs.uk Tel 01554 756 567 extension 3868

Hywel Dda Community Health Council

office.hdd@waleschc.org.uk Tel 01646 697610

Once completed please share the proforma with the CHC and the Engagement Team

Changes to Services Pro Forma	
Lead manager and contact details	
Description of the variation	
Reasons for service variation / case for change	
What engagement has already taken place with service users/patients / carers / partners / staff ?	Include details of engagement carried out and proposed activity.
Impact of Change For each section below, please identify what action is being taken to address and alleviate the impact of any changes	
Changes in accessibility	Examples of issues to consider: - Is something to be relocated? - Are hours of operation changing?

	- What are the levels of inconvenience for people? - Are there transport issues? - Is there an impact on a person's health, or ability to lead a full life?
Impact on the wider community	Examples of issues to consider: What are the effects of the proposal on: - The transport infrastructure? - Community safety? - The local economy? - Environment? - Regeneration?
Patients/carers affected	Examples of issues to consider: - How many patients/carers will be affected by the proposal? - What is the proportion of the population in the area covered by the change? - Has a small population group been significantly affected by the change (changes affecting small numbers can be substantial).
Equality issues	Examples of issues to consider: - Will the proposal affect some groups (staff, or public) differently from the general population e.g. disabled people, older people, children, Gypsies, Roma, Travellers etc.? - Has an EQIA process begun e.g. screening or full EQIA? - Are some groups adversely affected? - What is the action plan to mitigate this? - Are there opportunities to create improvements for / have a positive impact on particular groups? - What is the action plan to enhance this?
Changes in methods of delivery	Examples of issues to consider: - Has the environment changed where the service is delivered? - Is there a change in the practitioner delivering the service? - Have there been any changes to the levels of comfort, convenience, speed of recovery?
Impact on other service delivery	Examples of issues to consider: - Are other services directly or indirectly affected by the variation (e.g. social care services)? - Does this affect the sustainability or availability of other services?
Impact on geographical communities	Examples of issues to consider: - Does the proposal affect some communities more than others?
Local feeling about the proposal	Examples of issues to consider: - Is the proposal viewed as unacceptable by the community or sections of the community? - How controversial are the changes?

Name of person completing this pro-forma and	It is advisable to include: - Name - Role - Contact details email address / telephone number
Date	

The Consultation Institute

Case for Change

EA | HIA | TA | EqIA (IIA)

Prep work

Risk analysis - 5 categories (r).
Smart intelligence gathering (c).
Multi-level stakeholder mapping.

Engage service users, stake-holders, staff, etc

Issues paper.
Well scoped, robust, solutions driven plan. Engagement exploring potential solutions and impacts.
Risk investigation.

Evaluate learning

Outputs Feed-back

Robust, precise, credible. Accurate reports, careful interpretation.

Option develop-ment

Clinically led.
Representative working groups.
Evidence driven modelling.
Collection of rationales.

Option appraisal

Robust process that stands up to scrutiny.
Representative involvement.
Collection of rationales.

Consult or not

Options decision

Well articulated rationale for decisions.

Impact analyse options

Prepare for consult-ation

Sufficient time to plan and prepare.
Well scoped.
Updated risk analysis.
Stakeholder mapping influenced and intelligence informed, engagement plan and comms plan.
Pyramid of information.

EA | HIA | TA | EqIA (IIA)

Conduct consult-ation

Objective narrative, explaining what is open to influence, inviting consultees to 'test' the options.
Balanced SWOR based articulation of options.
Well thought out, purposeful questions that reflect being open to influence.
Good supporting pyramid of information.
Well organised and delivered events.
Opportunities for debate and influencing.
Excellent information capture from events and questionnaires – views, rationale, evidence.

Evaluate outputs

Deliver feedback

Robust, precise, credible. Accurate reports, careful interpretation.
Independent. Objective.

Make decision

Feedback and learning debate with stakeholders.
Rationale for decisions.

EA = Equality Analysis | HIA = Health Inequality Analysis | TA = Transport Analysis | IIA = Integrated Impacts Analysis | (r) = regularly updated | (c) = continuous

5.3   Procurement of Laboratory Information Network Cymru (LINC)/ Caffael Rhwydwaith Gwybodaeth Labordai Cymru (LINC)
Presenters: Karen Miles/Joe Teape
        LINC OBC SBAR January 2019
        LINC OBC Cover Report V1.0
        LINC Outline Business Case V0.17
        LINC OBC Executive Summary V0.3

**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	31 January 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Procurement of Laboratory Information Network Cymru (LINC)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Karen Miles, Director of Planning, Performance, Informatics and Commissioning Joe Teape, Deputy Chief Executive / Director of Operations
SWYDDOG ADRODD: **REPORTING OFFICER:**	Anthony Tracey, Assistant Director of Informatics Dylan Jones, Blood Sciences Service Manager Richard Smart, Head of Clinical Systems and Informatics Projects

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation

The purpose of this paper is to present to the Board the Outline Business Case (OBC) for the procurement of a new Laboratory Information Network Cymru (LINC) system for pathology services across Wales as the current system contract expires in June 2020.

The attached OBC seeks approval to invest in an end-to-end technical solution and services for Pathology across Wales, at the heart of which is the procurement of a new laboratory information management system (LIMS) service.

In summary:

- The current LIMS is due to expire in 2020.
- An outline business case has been considered by Chief Executives and the National Informatics Management Board (NIMB) during the latter part of 2018, and it was requested that each Health Board provide Board assurance and approval for the implementation of LINC within their organisation, via the inclusion within their Integrated Medium Term Plan (IMTP) and a letter of support to Welsh Government.
- Current cost of LIMS for Hywel Dda is £483k. The costs for LINC could be circa £587k, for the revenue option, and £488k for the revenue and capital option. Both would mean an additional cost pressure to the Health Board of £104k, and £5k respectively.

Cefndir / Background

The attached OBC makes the case for investment in an electronic solution and services for Pathology across Wales, at the heart of which is the procurement of a new laboratory information management system (LIMS) service. This investment is required as the contract with InterSystems for the current LIMS, TrakCare Lab (TCL), expires in June 2020.

LINC is an enabling programme to support the delivery of a modern, high quality Pathology service as part of a wider transformation set out in the Pathology Statement of Intent. A key driver is the need to standardise as far as possible to deliver a sustainable service. Electronic test requesting (ETR) is critical to deliver key benefits including financial savings.

At an all Wales level, on a revenue only basis, the overall estimated cost is £42 million and £4.8 million per annum. Alternatively, with a minimum of £8 million capital, the revenue cost is £37 million and £4 million per annum. The combined cost of the three current LIMS (TrakCare Lab (TCL), Telepath and Masterlab) is £4.2 million so, excluding benefits, the new Pathology solution will be £0.6 million per annum more or £0.2 million per annum less depending on the funding model. It is estimated that a potential £4 million per annum can be realised in benefits that, with capital monies, would cover the cost of the new LIMS.

The current TCL system (also known as WLIMS1) was procured in 2010 as a single, national system on a seven year contract, extendable for up to three years until June 2020. There is no available legal basis to further extend this contract. A TCL system licence was procured, with NWIS responsible for the system hardware and hosting arrangements in NHS Wales data centres.

A LINC Programme Board has been in place since December 2017, managed on behalf of NHS Wales through the NHS Wales Health Collaborative, with representation from all Health Boards running Pathology services, Public Health Wales, the Welsh Blood Service, Point of Care Testing, All Wales Medical Genetics Service, Strategic Programmes, NWIS, National Pathology Network, Directors of Therapies and Health Sciences, Laboratory Services Sub-Committee and Associate Directors of Informatics. Adrian Thomas, Executive Director of Therapies and Health Sciences, Betsi Cadwaladr University Health Board is the Senior Responsible Owner and Judith Bates is the Programme Director.

Asesiad / Assessment

The OBC scope is for an end-to-end electronic solution and services that seeks to modernise and transform Pathology as a high quality, sustainable service. Building on the lessons learned from WLIMS1, this scope is broader than the replacement of the current LIMS licence and includes:

- Procurement of a new LIMS service, where the supplier is responsible for the hosting arrangements, potentially using cloud services, and not within the NHS Wales Data Centres;
- Standardisation of Pathology services as far as possible;
- Electronic test requesting (ETR) from acute and primary care services;
- A national quality management system and team;
- Improved business intelligence;
- Enhanced NWIS management of the LIMS as a national application.

The OBC considers an extensive longlist and evaluates three shortlisted options: (1) business as usual, (2) implementing the latest InterSystems solution (TCL Enterprise) without a procurement, and (3) procuring a new LIMS service. Option 3, to procure a new LIMS offers the best value for money.

Anticipated Benefits
Workshops have been held to assess the benefits that can be delivered from the proposed investment. These include financial benefits (cash releasing), economic benefits (non-cash releasing) and quantitative benefits.

Financial savings will arise from electronic test requesting (ETR) and the implementation of a simpler, more standardised LIMS that eliminates inefficient workarounds in place with the current LIMS:

- Economic savings will be made from improved demand management (e.g. reduced unnecessary repeated requests) and business intelligence, enhanced operational, service and document management, improved cross-site working, minimal system down-time, improved environment and interface management and easier sample tracking;
- Qualitative benefits will arise from improved patient care, pathways and outcomes with faster turnaround times, better audit facilities, reduced transcription errors and fewer clinical incidents.

Potential financial benefits are estimated as 3% of the total costs of Pathology Services, which equates to approximately £4 million per annum. A Benefits Project will be established to put in place robust mechanisms to assess and realise benefits and these will be included in the full business case.

Progress to Date
During 2018, significant supplier and stakeholder engagement has taken place, including:

- Programme Director providing monthly updates to and attendance at the NHS Wales Collaborative Executive Group (CEG);
- Market soundings following a Prior Information Notice and supplier engagement day in February;
- Engagement with the service and NWIS including ~40 workshops
- To develop the outline business case;
- To develop the requirements for the new LIMS service;
- To develop the Pathology requirements for ETR and complete a gap analysis with the Welsh Clinical Portal.
- Presentations to the Welsh Clinical Informatics Council, Associate Directors of Informatics, Directors of Planning and Deputy Directors of Finance;
- A monthly newsletter widely circulated to keep the service up-to-date with progress.

Risks and Issues
The key risks and issues faced by the LINC Programme are:

- Requirement to upgrade current LIMS
- Programme timeframe
- The apportionment of costs
- Programme costs
- Treatment of capital
- National Informatics Management Board (NIMB) feedback

Requirement to upgrade current LIMS
There is a requirement to maintain the current LIMS for up to three years after the contract with InterSystems expires and until the new LIMS is fully deployed. The technical platform supporting the current LIMS (Microsoft Windows Server 2008) is end of life in 2020 and requires a system upgrade from TCL 2011 to TCL 2016 at an estimated cost of £2.5 million.

In addition, due to the delay in the implementation of blood transfusion, there is a requirement for the Health Board to upgrade the original Telepath LIMS for this service. This is because, at the end March 2019, Telepath is also end-of-life, with significant risk of failure without investment in hardware. Given the investment being made, £370,000 (ex. VAT) capital spend over the 3 yrs, the Health Board will not migrate to TCL 2011 and will stay with Telepath until either TCL 2016 is

implemented and can demonstrate stability or wait until the new LIMS is available. Dual running of both LIMS will incur additional revenue costs, £70,000 per annum, until we migrate to TCL 2016 or new LIMS is fully developed.

Programme timeframe.
The programme timeframe is estimated to be five years from March 2019 to March 2024. Extensive work has been undertaken and scrutinised in the development of the OBC. A delay in the sign off of this OBC will delay the procurement and the programme as a whole and add to the risks. In recognition of the importance of this programme, the NHS Wales Collaborative Leadership Forum has advised that it does not wish the timescale to be delayed and OBC approval is therefore essential to allow the programme to proceed.

The apportionment of costs
The CEG approved, in principle, the costs presented in the OBC and approved the costs of the programme at their meeting on 23 October 2018. They requested that an approach to the apportionment of costs to be agreed with the Directors of Finance (DoFs). An options paper has been submitted to the Deputy DoFs in the first instance. For the purpose of costing in the OBC, a working assumption of organisations' financial allocations has been used for the apportionment of costs. Public Health Wales are not currently included in the apportionment of costs but have indicated they should make a contribution, which will reduce the costs to Health Board. Programme costs

The cost of the programme over the five years is estimated at £6 million. This does not include the cost that will be incurred by the Pathology service to support the programme. The CEG agreed at their meeting on 18 December 2018 that these costs should be estimated and included in the programme costs. This cost is currently being evaluated.

Treatment of capital monies
The OBC does not currently include the treatment of capital monies, which is awaiting specialist financial advice from NWIS finance team. The OBC includes both revenue only and capital / revenue cost options. However, International Financial Reporting Standard (IFRS) 16 regulation in relation to a managed service, would imply that a capital approach will be required. Financial advice is awaited as to the extent to which the costs can be capitalised and so a minimum of £8 million capital has been included, to be requested from Welsh Government.

National Informatics Management Board (NIMB) feedback
The LINC OBC was considered at the NIMB meeting held on 11 December 2018. NIMB did not approve the OBC but did not wish to delay its progress. It will be taken to the Welsh Government scrutiny panel and to all Health Boards / Trusts for consideration in January 2019. NIMB requested two main changes to the document:

1) to remove the option to deliver electronic test requesting (ETR) either via the Welsh Clinical Portal or by procuring a separate tool and to decide on the way forward in the OBC rather than as proposed, in the full business case (FBC), and
2) to provide a more robust benefits analysis despite the difficulty of obtaining accurate baseline information and the delay this could cause.

The CEG, at their meeting on 18 December 2018, disagreed with the recommendation to decide on the option for ETR in the OBC as this would impact the confidence of the Pathology service in the LINC Programme. They preferred to retain both options and for a decision to be made in the FBC. They further accepted that the benefits realisation is work in progress that can also be enhanced in the FBC.

Local Issues

Pathology and Local IT resource will be required to support the programme through pre procurement, procurement, validation and implementation of the new system. It should be noted that this precious staffing resource will also be required to support existing and future projects including, procurement and implementation of new haematology and coagulation analysers across the Health Board, continued support for WCP and GPTR and upgrade to TCL 2016. There is a risk that the increased demand on staff will delay the programme progression. In the latter stages of the programme there may also be a requirement to participate in major redevelopment projects associated with Transforming Clinical Services and ARCH, resulting in additional demands on the Pathology and IT services.

Financial Implications

The estimated whole life costs of the preferred option to procure a new LIMS is £42 million revenue only or £37 million revenue plus £8 million capital to be requested from the Welsh Government. In addition, the costs of the programme are £6 million.

The annual running costs of the new service is estimated at £4.8 million (revenue only option) or £4 million (revenue/capital option). This compares to the annual running costs of the current LIMS (TCL, Telepath and Masterlab) of £4.2 million. The new LIMS will therefore incur an additional cost per annum of £0.6 million or a saving of £0.2 million across Wales.

If realised, total potential savings of £4 million per annum have been estimated, which would release £3.4 million savings (revenue only model) or £4.2 million (capital and revenue model).

The whole life costs and costs per annum for each Health Board are summarised in Table 1. The per annum costs also show per Health Board:

- The costs of the current LIMS (TCL, Telepath and Masterlab)
- The potential savings as a consequence of the investment.

Table 1: Whole life and per annum costs of the Pathology solution and LINC Programme

Health Board / Trust	Revenue Only £k						
	Whole Life Costs (2019/20 - 2026/7)			Per Annum Costs of Pathology Solution £k			
	Pathology Solution	LINC Programme	Total Cost	New Annual Cost	Costs of Current LIMS'	Potential Savings	Additional Costs / Savings
ABM UHB	7,249	1,037	8,286	830	859	716	-745
Aneurin Bevan UHB	7,916	1,133	9,049	906	688	784	-566
Betsi Cadwaladr UHB	9,374	1,341	10,716	1,073	765	928	-620
Cardiff and Vale UHB	5,833	835	6,667	668	803	579	-714
Cwm Taf UHB	4,333	620	4,953	496	386	429	-319
Hywel Dda UHB	5,125	733	5,858	587	483	506	-402
Velindre NHST	0	0	0	0	220	0	-220
Powys Teaching HB	1,833	262	2,095	210		59	151
Grand Total (Revenue only)	**41,663**	**5,961**	**47,624**	**4,768**	**4,205**	**4,000**	**-3,436**

Health Board / Trust	Capital and Revenue £k						
	Whole Life Costs (2019/20 - 2026/7)			Per Annum Costs of Pathology Solution			
	Pathology Solution	LINC Programme	Total Cost	New Annual Cost	Costs of Current LIMS'	Potential Savings	Additional Costs / Savings
ABM UHB	6,483	1,037	7,521	690	859	716	-884
Aneurin Bevan UHB	7,080	1,133	8,213	754	688	784	-718
Betsi Cadwaladr UHB	8,384	1,341	9,726	893	765	928	-800
Cardiff and Vale UHB	5,217	835	6,051	556	803	579	-826
Cwm Taf UHB	3,875	620	4,495	413	386	429	-403
Hywel Dda UHB	4,583	733	5,317	488	483	506	-501
Velindre NHST	0	0	0	0	220	0	-220
Powys Teaching HB	1,640	262	1,902	175		59	116
Grand Total (Revenue)	**37,263**	**5,961**	**43,224**	**3,968**	**4,205**	**4,000**	**-4,236**
Welsh Government							
Grand Total (Capital)	**8,000**		**8,000.00**				

Argymhelliad / Recommendation

The Board is requested to:
a) **NOTE** the contents of the above report.
b) **APPROVE** the LINC OBC, which will allow the procurement to proceed at a national level, subject to:
   - the expectation that there will be no bottom-line cost pressures in the longer term;
   - that benefits, as stated, are secured;
   - that the Executive Team will track progress and update the Board accordingly.
c) **INCLUDE** the estimated costs of the OBC and the LINC Programme in their IMTP plans. The costs for LINC could be circa £587k, for the revenue option, and £488k for the revenue and capital option. Both would mean an additional cost pressure to the Health Board of £104k, and £5k respectively.
d) **NOTE** that the increase in costs will be a cost pressure on the Health Board's Pathology Department, and will be added to the current NHS Wales Informatics Service (NWIS) Service Level Agreement (SLA) with Hywel Dda.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Risk Register Reference:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3. Effective Care 2. Safe Care All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	10. To deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: [Hyperlink to HDdUHB Well-being Statement](#)	Improve Population Health through prevention and early intervention Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working:	Please explain how each of the '5 Ways of Working' will be demonstrated
	Long term The LINC Programme of work is a long term programme providing a replacement Laboratory information systems to support the pathology teams based within the hospitals.
	Prevention Pathology is the study of disease. It bridges science and medicine and underpins every aspect of patient care, from diagnostic testing and treatment advice to the use of cutting-edge technologies and the prevention of disease without a robust system then pathology will not be able to

	undertake their prevention role
	Integration The development of modern, Information System has a key role to play in delivering a number of key strategies. Key linkages are: • To support the Quadruple Aims through improved processes and reporting services; seamless integration with other systems and services, and enabling initiatives like Laboratory Anywhere, Choose Wisely and Design for Demand; • The new LIMS to be seamlessly integrated with systems to ensure the flow of the right information to the right place at the right time and for patients to see their results presented in a meaningful way; • Staff will be trained in the new LIMS, which should support the smooth running of the service and improve staff morale; • The new LIMS will incorporate new technologies like mobile working, smartphone apps, artificial intelligence and machine learning.
	Collaboration The Laboratory Information Network Cymru (LINC) Programme, part of the NHS Wales Health Collaborative (NHSWHC) is leading the procurement and implementation of the new LIMS, and the wider change programme associated with this OBC. LINC is an enabling programme to support the delivery of a modern, sustainable Pathology service as part of a wider transformation plan set out in the Pathology Statement of Intent.
	Involvement All Health Boards have been included within the drafting of the business case and more specifically staff from pathology and informatics have been directly involved in the development of the outline business case

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Information utilised from the LINC Programme Board
Rhestr Termau: Glossary of Terms:	ARCH – A Regional Collaboration for Health GPTR - GP Test Requesting & Results Reporting ICT – Information Communications and Technology LIMS - Laboratory Information Management System (LIMS) LINC - Laboratory Information Network Cymru (LINC) NWIS - NHS Wales Informatics Service SMB - Service Management Board PSBA – Public Sector Broadband Aggregation

	POCT – Point of Care Testing WTAIL – Welsh Transplantation and Immunogenetics Laboratory MHRA - Medicines and Healthcare products Regulatory Agency OJEU - Official Journal of the European Union WCP - Welsh Clinical Portal WG – Welsh Government HB – Health Board NPEx - National Pathology Exchange CEG - NHS Wales Collaborative Executive Group OBC – Outline Business Case PHW – Public Health Wales WBS – Welsh Blood Service
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team All Wales LINC Programme Board NHS Wales Collaborative Executive Group
Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	The financial impact to the proposal is included within the main body of the document, and included within the Outline Business Case – Economic Section
Ansawdd / Gofal Claf: **Quality / Patient Care:**	The Health Board will not be able to operate without a Laboratory Management Information System, and therefore will greatly affect patient care. Further information is contained within the Outline Business Case in the Management Section
Gweithlu: **Workforce:**	The Workforce will not be directly affected by the introduction of a new Laboratory Management Information System, there will be possibilities of different and improved ways of working due to improved technology available. Further information is contained within the Outline Business Case in the Management Section
Risg: **Risk:**	There is a significant risk if the Laboratory Management Information System is not replaced within the contract timescales. Further information is contained within the Outline Business Case in the Strategic Section
Cyfreithiol: **Legal:**	The legal ramifications of not implementing a Laboratory Management Information System have been considered by the LINC Project Board are included within the Outline Business Case. Further information is contained within the Outline Business Case in the Economic Section
Enw Da: **Reputational:**	The inability to provide a service will have an effect on the reputation of the Health Board. Further information is contained within the Outline Business Section
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	None to note

Laboratory Information Network Cymru (LINC) Programme LINC Outline Business Case (OBC)

Author: Judith Bates, Programme Director, LINC Programme

Date: 8 January 2018	**Version:** 1.0

This is a core report to support reporting of the OBC to boards by health boards/trusts. Health boards/trusts will need to add any local issues, as relevant – Separate SBAR provided.

Purpose and Summary of Document:

This OBC makes the case for investment in an electronic solution and services for Pathology across Wales, at the heart of which is the procurement of a new laboratory information management system (LIMS) service. This investment is required as the contract with InterSystems for the current LIMS, TrakCare Lab (TCL), expires in June 2020.

LINC is an enabling programme to support the delivery of a modern, high quality Pathology service as part of a wider transformation set out in the Pathology Statement of Intent. A key driver is the need to standardise as far as possible to deliver a sustainable service. Electronic test requesting (ETR) is critical to deliver key benefits including financial savings.

On a revenue only basis, the overall estimated cost is £42 million and £4.8 million per annum. Alternatively, with a minimum of £8 million capital, the revenue cost is £37 million and £4 million per annum. The combined cost of the three current LIMS (TrakCare Lab (TCL), Telepath and Masterlab) is £4.2 million so, excluding benefits, the new Pathology solution will be £0.6 million per annum more or £0.2 million per annum less depending on the funding model.

It is estimated that a potential £4 million per annum can be realised in benefits that, with capital monies, would cover the cost of the new LIMS.

1   Introduction

This OBC seeks approval to invest in an end-to-end technical solution and services for Pathology across Wales at the heart of which is the procurement of a new laboratory information management system (LIMS) service.

This paper sets out the OBC background and scope, anticipated benefits, progress to date, strategic risks and issues, any local issues and financial implications. It asks each Health Board/Trust to support the LINC OBC.

2   Background

The current TCL system (also known as WLIMS1) was procured in 2010 as a single, national system on a seven year contract, extendable for up to three years until June 2020. There is no available legal basis to further extend this contract. A TCL system licence was procured, with NWIS responsible for the system hardware and hosting arrangements in NHS data centres.

A LINC Programme Board has been in place since December 2017, managed on behalf of NHS Wales through the NHS Wales Health Collaborative, with representation from all health boards running Pathology services, Public Health Wales, the Welsh Blood Service, Point of Care Testing, All Wales Medical Genetics Service, Strategic Programmes, NWIS, National Pathology Network, Directors of Therapies and Health Sciences, Laboratory Services Sub-Committee and Associate Directors of Informatics. Adrian Thomas, Executive Director of Therapies and Health Sciences, Betsi Cadwaladr University Health Board is the Senior Responsible Owner and Judith Bates is the Programme Director.

3   OBC Scope

The OBC scope is for an end-to-end electronic solution and services that seeks to modernise and transform Pathology as a high quality, sustainable service. Building on the lessons learned from WLIMS1, this scope is broader than the replacement of the current LIMS licence and includes:

- Procurement of a new LIMS service, where the supplier is responsible for the hosting arrangements, potentially using cloud services;
- Standardisation of Pathology services as far as possible;
- Electronic test requesting (ETR) from acute and primary care services;
- A national quality management system and team;
- Improved business intelligence;

- Enhanced NWIS management of the LIMS as a national application.

The OBC considers an extensive longlist and evaluates three shortlisted options: (1) business as usual, (2) implementing the latest InterSystems solution (TCL Enterprise) without a procurement, and (3) procuring a new LIMS service. Option 3, to procure a new LIMS offers the best value for money.

4 Anticipated Benefits

Workshops have been held to assess the benefits that can be delivered from the proposed investment. These include financial benefits (cash releasing), economic benefits (non-cash releasing) and quantitative benefits.

- *Financial savings* will arise from electronic test requesting (ETR) and the implementation of a simpler, more standardised LIMS that eliminates inefficient workarounds in place with the current LIMS;
- *Economic savings* will be made from improved demand management (e.g. reduced unnecessary repeated requests) and business intelligence, enhanced operational, service and document management, improved cross-site working, minimal system down-time, improved environment and interface management and easier sample tracking;
- *Qualitative benefits* will arise from improved patient care, pathways and outcomes with faster turnaround times, better audit facilities, reduced transcription errors and fewer clinical incidents.

Potential financial benefits are estimated as 3% of the total costs of Pathology Services, which equates to approximately £4 million per annum.

A Benefits Project will be established to put in place robust mechanisms to assess and realise benefits and these will be included in the full business case.

5 Progress to Date

During 2018, significant supplier and stakeholder engagement has taken place, including:

- Programme Director providing monthly updates to and attendance at the NHS Wales Collaborative Executive Group (CEG);
- Market soundings following a Prior Information Notice and supplier engagement day in February;
- Engagement with the service and NWIS including ~40 workshops
  - To develop the outline business case;
  - To develop the requirements for the new LIMS service;

      o To develop the Pathology requirements for ETR and complete a gap analysis with the Welsh Clinical Portal.

- Presentations to the Welsh Clinical Informatics Council, Associate Directors of Informatics, Directors of Planning and Deputy Directors of Finance;
- A monthly newsletter widely circulated to keep the service up-to-date with progress.

6 Risks and Issues

The key risks and issues faced by the LINC Programme are:

- Requirement to upgrade current LIMS
- Programme timeframe
- The apportionment of costs
- Programme costs
- Treatment of capital
- National Informatics Management Board (NIMB) feedback

Requirement to upgrade current LIMS

There is a requirement to maintain the current LIMS for up to three years after the contract with InterSystems expires and until the new LIMS is fully deployed. The technical platform supporting the current LIMS (Microsoft Windows Server 2008) is end of life in 2020 and requires a system upgrade from TCL 2011 to TCL 2016 at an estimated cost of £2.5 million.

In addition, due to the delay in the implementation of blood transfusion, there may be a requirement for some health boards to upgrade their original Telepath LIMS for this service. This is because, at the end March 2019, Telepath is also end-of-life, with significant risk of failure without investment in hardware. Given the investment being made, health boards that need to make this investment may not wish to migrate to TCL and stay with Telepath until the new LIMS is available. Therefore costs may be incurred to maintain dual running of both LIMS until the new LIMS is fully deployed.

Programme timeframe

The programme timeframe is estimated to be five years from March 2019 to March 2024. Extensive work has been undertaken and scrutinised in the development of the OBC. A delay in the sign off of this OBC will delay the procurement and the programme as a whole and add to the risks. In recognition of the importance of this programme, the NHS Wales Collaborative Leadership Forum has advised that it does not wish the timescale to be delayed and OBC approval is therefore essential to allow the programme to proceed.

The apportionment of costs

The CEG approved, in principle, the costs presented in the OBC and approved the costs of the programme at their meeting on 23 October 2018. They requested that an approach to the apportionment of costs to be agreed with the Directors of Finance (DoFs). An options paper has been submitted to the Deputy DoFs in the first instance. For the purpose of costing in the OBC, a working assumption of organisations' financial allocations has been used for the apportionment of costs. Public Health Wales are not currently included in the apportionment of costs but have indicated they should make a contribution, which will reduce the costs to health boards.

Programme costs

The cost of the programme over the five years is estimated at £6 million. This does not include the cost that will be incurred by the Pathology service to support the programme. The CEG agreed at their meeting on 18 December 2018 that these costs should be estimated and included in the programme costs. This cost is currently being evaluated.

Treatment of capital monies

The OBC does not currently include the treatment of capital monies, which is awaiting specialist financial advice from NWIS finance team. The OBC includes both revenue only and capital / revenue cost options. However, International Financial Reporting Standard (IFRS) 16 regulation in relation to a managed service, would imply that a capital approach will be required. Financial advice is awaited as to the extent to which the costs can be capitalised and so a minimum of £8 million capital has been included, to be requested from Welsh Government.

NIMB feedback

The LINC OBC was considered at the NIMB meeting held on 11 December 2018. NIMB did not approve the OBC but did not wish to delay its progress. It will be taken to the Welsh Government scrutiny panel and to all Health Boards / Trusts for consideration in January 2019. NIMB requested two main changes to the document:

(1) to remove the option to deliver electronic test requesting (ETR) either via the Welsh Clinical Portal or by procuring a separate tool and to decide on the way forward in the OBC rather than as proposed, in the full business case (FBC), and

(2) to provide a more robust benefits analysis despite the difficulty of obtaining accurate baseline information and the delay this could cause.

The CEG, at their meeting on 18 December 2018, disagreed with the recommendation to decide on the option for ETR in the OBC as this would

impact the confidence of the Pathology service in the LINC Programme. They preferred to retain both options and for a decision to be made in the FBC. They further accepted that the benefits realisation is work in progress that can also be enhanced in the FBC.

7 Local Issues

Detailed within the attached SBAR.

8 Financial Implications

The estimated whole life costs of the preferred option to procure a new LIMS is £42 million revenue only or £37 million revenue plus £8 million capital to be requested from the Welsh Government. In addition, the costs of the programme are £6 million.

The annual running costs of the new service is estimated at £4.8 million (revenue only option) or £4 million (revenue/capital option). This compares to the annual running costs of the current LIMS (TCL, Telepath and Masterlab) of £4.2 million. The new LIMS will therefore incur an additional cost per annum of £0.6 million or a saving of £0.2 million across Wales.

If realised, total potential savings of £4 million per annum have been estimated, which would release £3.4 million savings (revenue only model) or £4.2 million (capital and revenue model).

The whole life costs and costs per annum for each health board are summarised in Table 1. The per annum costs also show per health board:

- The costs of the current LIMS (TCL, Telepath and Masterlab)
- The potential savings as a consequence of the investment.

9 Summary and Recommendation

The LINC OBC makes the case for investment in an end-to-end technical solution and service for Pathology across Wales. It will contribute towards the development of a modern, high quality, sustainable Pathology service. At the heart of this, the option to procure a new LIMS service is a legal requirement that has demonstrated the best value for money. There are risks associated with any delay in the programme.

Health Boards are therefore asked to:

(1)   approve the LINC OBC, which will allow the procurement to proceed;

(2)   include the estimated costs of the OBC and the LINC Programme in their IMTP plans.

(3)   Additional recommendations local to Hywel dda are contained within the attached SBAR.

Table 1: Whole life and per annum costs of the Pathology solution and LINC Programme

Health Board / Trust	Revenue Only £k						
	Whole Life Costs (2019/20 – 2026/7)			Per Annum Costs of Pathology Solution £k			
	Pathology Solution	LINC Programme	Total Cost	New Annual Cost	Costs of Current LIMS'	Potential Savings	Additional Costs / Savings
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Grand Total (Revenue only)	**41,663**	**5,961**	**47,624**	**4,768**	**4,205**	**4,000**	**-3,436**

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Grand Total (Revenue)	**37,263**	**5,961**	**43,224**	**3,968**	**4,205**	**4,000**	**-4,236**
Welsh Government							
Grand Total (Capital)	**8,000**		**8,000.00**				

Laboratory Information Network Cymru (LINC) Programme

Outline Business Case
Version 0.17

Document Control

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V0.1	Mike Flanagan, Brent Varley, NWIS	10-Apr-2018
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V0.3	Mike Flanagan, NWIS	30-May-2018
V0.4	LINC Programme Board, Mike Flanagan	11-Jun-2018
	Rob Tovey, NHSWHC	12-Jun-2018
	Brent Varley, NWIS	13-Jun-2018
	Dan Phillips, Velindre NHST	13-Jun-2018
	Hugh Morgan, NWIS	11-Jul-2018
V0.5	Hugh Morgan, Mike Flanagan, Brent Varley, NWIS	31-Jul-2018
	Michelle Sell, Julie Francis, Noel Bevan	1-Aug-2018
V0.6	Mike Flanagan, Hugh Morgan, Brent Varley NWIS	20-Aug-2018
	Kevin Williams BCU	
V0.7	Judith Bates (reviewed by Kevin Williams)	23-Aug-2018
V0.8	LINC Programme Board + Circulation list	12-Sep-2018
	IPAD	
	Hugh Morgan, NWID	
	Rob Orford, Peter Jones, Ian Gunney WG	
V0.9	LINC Programme Board + Circulation list	12-Sep-2018
V0.10	LINC Programme Board + circulation list	30-Oct-2018
	Dan Phillips, Director of Informatics Planning Development, Velindre NHST	31-Oct- 2018
	Welsh Government	31-Oct- 2018
	Rob Orford, Chief Scientific Adviser (Health)	

	Peter Jones, Deputy Director Digital Health and Care, Ian Gunney, Deputy Head NHS Capital, Estates & Facilities **NWIS** Mike Flanagan, Director of Finance and Business Assurance Hugh Morgan, Head of Business Assurance Mark Cox, Head of Management Accounting Brent Varley, National Diagnostic IT Prog. Lead	31-Oct-2018
V0.11	National Pathology Network Mike Flanagan, Director of Finance and Business Assurance Hugh Morgan, Head of Business Assurance Mark Cox, Head of Management Accounting Brent Varley, National Diagnostic IT Prog. Lead	12-Nov-2018
V0.12	LINC PB NHS Wales Collaborative Executive Group National Pathology Network IPAD Subgroup Mike Flanagan, Director of Finance and Business Assurance Hugh Morgan, Head of Business Assurance	5-Nov-2018
V0.13	IPAD Subgroup Directors of Therapies and Health Sciences Adrian Thomas, LINC SRO Mike Flanagan, Director of Finance and Business Assurance Hugh Morgan, Head of Business Assurance Brent Varley, National Diagnostics IT Prog. Lead Rob Tovey, Assistant Director of Finance, NHSWHC	5-Nov-2018
V0.14	Adrian Thomas, LINC SRO Mike Flanagan, Director of Finance and Business Assurance Hugh Morgan, Head of Business Assurance Brent Varley, National Diagnostics IT Prog. Lead Rob Tovey, Assistant Director of Finance, NHSWHC	25-Nov-2018
V0.15	National Informatics Programme Board LINC Programme Board NWIS Business Assurance	3-Dec-2018
V0.16	National Informatics Management Board	6-Dec-2018

Document History:

Amended by	Version	Status	Date	Purpose of Change
Judith Bates	0.1	Draft	4-04-18	Create draft of first two cases
Judith Bates	0.2	Draft	29-05-18	Create first full draft and update economic case after meeting with NWIS DoF
Judith Bates	0.3	Draft	30-05-18	Revise longlist after feedback from NWIS DoF
Judith Bates	0.4	Draft	09-06-18	Revise document after feedback from NWIS DoF
Judith Bates	0.5	Draft	29-07-18	Revise to take account of feedback and economic case to required format
Judith Bates	0.6	Draft	14-08-18	Revise economic case to take account of feedback and workshop held on 17 August. Revise commercial case based on feedback from NWIS Commercial services.
Kevin Williams	0.7	Draft	22-08-18	Review commercial case, complete tables, update investment outcomes and update shortlist criteria.
Judith Bates	0.8	Draft	12-09-18	Redraft as advised by NWIS
Judith Bates	0.9	Draft	30-10-18	Revised following feedback from Welsh Government and IPAD
Judith Bates	0.10	Draft	31-10-18	Add executive summary
Judith Bates	0.11	Draft	2-11-18	Add additional lessons learned, feedback from Mike Redman, costs of BAU & upgrade plus revised NPC
Judith Bates	0.12	Draft	9-11-18	Revise financial analysis in Economic Case, add Financial Case. Plus feedback from Julie Francis on the Commercial Case and Brent Varley on the OBC
Judith Bates	0.13	Draft	15-11-18	Amend cost savings and NPC, reference to downtime & Citrix and add a lesson learned.
Judith Bates	0.14	Draft	25-11-18	Amend following feedback from CEG, NHS Business Assurance, DOTHs & Dan Phillips
Judith Bates	0.15	Draft	3-12-18	Amend following feedback from NHS Business Assurance, PHW, WBS & Frances Duffy
Judith Bates	0.16	Draft	6-16-18	Amend for IPAD Subgroup feedback
Judith Bates	0.17	Draft	12-16-18	Amend executive summary to take account of NIMB feedback and minor changes

Contents

1. Executive Summary

1.1. Introduction and Overview

This OBC seeks approval to invest in an end-to-end technical solution for Pathology services at the heart of which is the procurement of a new laboratory information management system (LIMS) service for Wales. This investment is required as the contract with InterSystems for the current LIMS, TrakCare Lab (TCL), expires in June 2020.

The Laboratory Information Network Cymru (LINC) Programme, part of the NHS Wales Health Collaborative (NHSWHC) is leading the procurement and implementation of the new LIMS, and the wider change programme associated with this OBC. LINC is an enabling programme to support the delivery of a modern, sustainable Pathology service as part of a wider transformation plan set out in the Pathology Statement of Intent.

The strategic case makes the case for change addressing current challenges, such as staffing, future service and technical developments and the scope in terms of the disciplines covered, functional and technical requirements. A key driver is the need to further standardise services as far as possible to deliver a sustainable service. Electronic test requesting is critical to deliver key benefits including financial savings.

A long list has been assessed, from which a short list of three options has been derived:

- Option 1: Business as usual - to upgrade to TCL 2016
- Option 2: Do Minimum - to take TCL Enterprise
- Option 3: Preferred - to procure a new LIMS service

In addition to the new LIMS service, the scope of the OBC includes a national quality team and quality management system and improved management of the LIMS by NWIS as a national application.

The OBC costs are evaluated over eight years from 2019/20 to 2026/27, the first year covering the procurement via competitive dialogue and design work. A master services agreement contract form is proposed for seven years, extendable on an annual basis for a further seven years.

On a revenue only basis, the overall cost is £42 million and £4.8 million per annum. With a minimum of £8 million capital, the revenue cost is £37 million and £4 million per annum. The combined cost of the three current LIMS (WLIMS1, Telepath and Masterlab) is £4.2 million so, excluding benefits, the new Pathology solution will be £0.6 million per annum more or £0.2 million per annum less depending on the funding model.

It is estimated that a potential £4 million per annum can be realised in benefits that would cover the cost of the new LIMS, with capital monies

1.2. Strategic Case

The strategic context

Pathology is the study of disease and is involved in 70% of all diagnosis made in the NHS, underpins all clinical services, is a key component in the delivery of prudent health services to the population of Wales and an enabler to other Welsh Government health delivery plans including cancer and stroke services.

Pathology comprises a wide variety of disciplines and the main disciplines comprise *National Services* (PHW Microbiology and Screening Services, Welsh Blood Service, All Wales Medical Genetics Service and Welsh Point-of-care Testing) and *Local Laboratory Services*, comprising Andrology, Blood Sciences (including Blood transfusion), Cellular Pathology and Microbiology (not provided by PHW).

Pathology services undertook around 30 million authorised test sets during 2017/8. The service is under increasing pressure from growth in demand and the development of new technologies. Pathology services cost around £118 million, at least 1.9% of the total health care budget. In March 2017, it was estimated that there were 2,026 FTE staff in healthcare science and 200 FTE medical staff, of which 133 were consultants. One of the key issues faced by the service is recruitment and retention of skilled staff.

There is no single Pathology service across Wales and, although some services are provided nationally, most sit under the responsibility of the six University Health Boards (UHBs) and Public Health Wales (PHW).

The Pathology service is undergoing change in relation to boundary changes, implementation of the Carter recommendations to create hub and spoke services, reconfiguration of services in the West as part of the Arch initiative, the new Grange University Hospital due to open in Cwmbran in 2021 and piloting Digital Cellular Pathology in Glan Clwyd Hospital.

Business strategies

The development of an end-to-end technology solution for pathology services will contribute to the delivery of *A healthier Wales; our plan for health and social care* and the new LIMS will be a national application as part of Informed health and care: a digital health strategy for Wales. The solution will be a key deliverable towards the *Pathology Statement of Intent*, a national plan to modernise Pathology services across Wales, currently being finalised for sign off by Welsh Government.

The case for change

The current LIMS (known as WLIMS1) is InterSystems TCL 2011, which was procured in 2010 as a single, national system intended to replace 13

standalone systems. Significant progress has been made but further work remains to complete implementation. The contract includes an upgrade TCL 2016 but in 2017, the NHS and InterSystems jointly decided against this upgrade. However, TCL 2011 is not supportable after January 2020 because the Microsoft operating system is end of life. Consequently, the upgrade will have to go ahead as the delay in the re-procurement means that it is not possible to deploy a new solution by June 2020. Many lessons have been learned from WLIMS and being taken into account within LINC.

Standardisation is critical to underpin the transformation of the Pathology service to be more sustainable in terms of delivering a high quality service, creating capacity to cope with increasing demand at the same time as reducing costs. The service has agreed the definition of standardisation and warranted variation (e.g. because of using different equipment) as a basis for taking forward standardisation as far as possible.

Electronic test requesting (ETR) is also critical to deliver benefits and underpin service transformation. The current ETR service is provided by the Welsh Clinical Portal (WCP), but does not currently meet the needs of the Pathology service as a whole. A Pathology ETR requirement has been defined and the current and planned WCP capability is being assessed to determine the gap. If the WCP cannot be developed to meet Pathology requirements, then the procurement of a separate system with the LIMS has been included as an option. Substantial financial savings can be realised if paper requests no longer have to be manually booked in and scanned.

LINC has multiple and complex stakeholders with different levels of interest in the LINC programme. Key stakeholders have been engaged in the development of this OBC through events, meetings and email. More than thirty workshops have been held or are planned during 2018 to contribute to this business case and / or develop the requirements for the new service.

The spending objectives for the LINC Programme have evolved throughout 2018. They provide the basis for this OBC:

SO1   To improve patient care, patient safety and patient outcomes;

SO2   To enable the transformation of healthcare services to be leaner, standardised, more sustainable and provide long-term stability;

SO3   To deliver a seamless, end-to-end electronic solution for Pathology services;

SO4   To contribute to the more prudent use of Pathology resources through demand management, predictive costing and minimised financial risk;

SO5   To meet current and future service requirements.

1.3. Economic Case

In accordance with national guidance, this section of the OBC documents the wide range of options that have been considered to deliver the spending objectives and recommend a preferred option for investment. The OBC covers eight years from 2019/20 – 2026/7, the first year for procurement.

The long list

A wide range of options have been generated that identifies and analyses choices for scope (SCO), service solution (SSO), technical solution (TSO), configuration (CON), service delivery (SDO) and implementation (IMP). Discussions at the LINC Programme Board and various workshops has generated and reviewed the long list options.

Scope Options

The scope includes systems and services that collectively deliver an end-to-end technical solution to support the modernisation of Pathology services, including:

- A solution that support all Pathology disciplines and sub-disciplines
- Core and discipline specific functionality
- Business intelligence
- Pathology, quality, informatics and validation standards
- Business change including training and development
- Documentation
- Additional systems including vein-to-vein blood tracking with remote issue, scanning, dictation and voice recognition, business intelligence, a national quality management system, NPEx to manage referrals in and out of Wales and an optional ETR system
- Legacy data migration and repository
- Technical requirements, including integration services
- Capacity to support future service and technical developments

The scope excludes:

- New systems for Medical Genetics, Point-of-care-testing, Bowel screening, Downs screening and WTAIL;
- All local hardware including peripherals, networks, fridges, blood transfusion kiosks and other local equipment;
- Local costs of deployment such as backfill for training;
- Wide area networking as the service will use the All Wales Public Sector Broadband Aggregation (PSBA);

The scope is considered in relation to four options: Business as usual, Do minimum, Intermediate and Maximum.

Table 1 provides a summary of the long listing evaluation for all options.

Table 1: LINC Long List of Options: Summary of Inclusions and Exclusions

Category	Title	Conclusion
Scoping Options		
SCO1	Business as usual	Discounted
SCO2	Do Minimum	Discounted
SCO3	Intermediate	Preferred
SCO4	Maximum	Possible
Service Solution Options		
SSO1	Local LIMS for each health board	Discounted
SSO2	Best of breed LIMS per main discipline	Discounted
SSO3	Separate Cellular Pathology LIMS	Possible
SSO4	Single, national LIMS	Preferred
Technical Solution Options		
TSO1	Supplier cloud hosted solution	Preferred
TSO2	National data centre – supplier hosted	Possible
TSO3	National data centre – NWIS hosted	Discounted
TSO4	Local data centres – Health Boards	Discounted
Configuration Options		
CON1	In-house configuration (NWIS)	Possible
CON2	Supplier configuration	Preferred
Service Delivery Options		
SMO1	In-house system delivery	Discounted
SMO2	NHS service management	Discounted
SMO3	Supplier partial service management	Preferred
SMO4	Supplier total service management	Possible
Implementation Options		
IMP1	All disciplines phased by site	Discounted
IMP2	All disciplines phased by HB	Preferred
IMP3	Phased by discipline by HB	Possible
IMP4	Phased nationally by discipline	Discounted
IMP5	Big bang	Discounted

The Shortlist

Following the longlisting exercise, three shortlisted options have been generated:

- *Option 1: Business as usual* option, for benchmarking purposes. This option is to upgrade to TCL 2016. It is rejected as TCL 2016 is end of life by 2025 and Wales will be in the same position as now;
- *Option 2: Do minimum option*, to put in place a new contract with InterSystems without going out to procurement to take their latest product, TCL Enterprise (TCLE). This option is likely to incur legal challenge if no procurement is undertaken;
- *Option 3: Preferred approach* to go out to procurement for a new LIMS service.

Net Present Costs (NPC)

Overall costs over the life of the contract covered by the OBC (seven years from 2020/21 to 2026/7) has been combined with the financial value of the benefits and the costs of the risks to calculate the NPC for each option.

Only financial benefits have been considered with more work to be completed for the full business case, which will also add the value of economic benefits. Financial benefits are estimated at £4m per annum (3% of the costs of the Pathology service), which are considered in relation to:

- Electronic test requesting (1%);
- Improved business intelligence and demand management (1%);
- Improved patient pathways and outcomes (1%).

The NPC presented in Table 2 shows that, although Option 3 is marginally the most expensive, it has the least net present cost.

Table 2: Net Present Cost

Financial Details	Option 1: BAU	Option 2: Do Minimum	Option 3: Preferred Approach
	£k	£k	£k
Financial cost total	26,875	42,916	44,478
Optimism Bias @ 20%	0	8,583	8,896
Total including optimism bias	26,875	51,499	53,374
Quantification of benefits	-6,222	-12,444	-18,667
Risk Quantification	22,719	14,400	2,424
Total – Pre-Discounting	43,371	53,455	37,131
Net Present Cost	40,105	51,447	35,713

In conclusion, option 3, to procure a new LIMS service is recommended as the way forward. The rest of the OBC takes forward this recommendation.

1.4. Commercial Case

The contract will provide a managed service for a single, national LIMS service with one supplier responsible for the national application and associated tools in partnership with NWIS for integration services to national applications and local, clinical downstream systems.

As NHS Wales organisations are public sector bodies; all NHS Wales procurements must comply with Standing Orders and the Public Contracts Regulations 2015 (PCR2015).

Velindre NHS Trust is the host of the NHS Wales Informatics Service and will be the Contracting Authority for the purposes of this procurement.

Procurement strategy

The principle aim of the procurement is to procure a LIMS service to replace the existing legacy solution/s. In line with the infrastructure strategy of NHS Wales, the solution will be hosted either in an NHS Wales data centre or an accredited data centre and delivered across NHS Wales' network infrastructure (currently provided by the Welsh Government's PSBA network).

The procurement approach envisages a single supplier provided solution with the chosen supplier taking prime contractor responsibility for the range of infrastructure, systems and services that comprise the LIMS service.

The length of contract will be tailored to give best value for money but the option will be explored during the procurement for a 14 years contract offering a minimum of seven years with the option to extend on an annual basis for another seven years.

The contract form of Agreement will be a Master Services Agreement, based on an amended form of the IT Services Contract having regard to the Crown Commercial Services and other best practice guidance of IM&T procurement. Each health board will "call off" their requirements from the Master Services Agreement and via this process will execute their own distinct local contracts "Deployment Orders" with the contractor.

The NWIS Head of Commercial Services will lead the procurement supported by a Procurement Team comprising suitably qualified and competent resources, including legal and commercial advisers.

Subject to the Welsh Government signing off this OBC, it is intended to publish the OJEU notice in March 2019. It is anticipated that the implementation under the proposed contract will start in 2020, taking into account the migration/exit off the legacy solutions and in accordance with the LINC programme plan.

1.5. Financial Case

The primary purpose of the financial case is to set out the financial implications of the preferred option to ensure that the solution is affordable.

Apportionment of Costs

The NHSW Collaborative Executive Group has requested that a different approach to WLIMS1 apportionment of costs be agreed and a paper has been submitted to the Deputy DoFs for consideration. For the purposes of the OBC, a working assumption has been made that the apportionment will be based on the annual allocation to health boards and NHS trusts, in accordance with the WHC (2017) 053 Health Board 2018-9 Allocations.

Financial expenditure

Tables 3-5 present the costs per organisation based on the revenue apportionment by allocation for revenue only and for capital and revenue. Given the latest guidance in IFRS16, a capital/revenue model is most likely. The overall cost over the life of the OBC is £42 million revenue only or £37 million revenue + £8 million capital from the Welsh Government. In addition, there is the £6 million cost of the LINC Programme. The NHSW CEG has approved the revenue costs, which comprise:

- Current LIMS (dual running) - £11m
- New LIMS service - £22m (rev only) or 18m rev+ £8m capital
- National quality management system and quality team - £3m
- NWIS technical services and support costs - £5m

The annual cost of the new Pathology solution overall is estimated as £4.8m (revenue only) or £4m (with capital funding), compared to the costs of the three current LIMS (TCL, Masterlab and Telepath), which is £4.2m.

Potential savings of 3% of Pathology costs have been estimated, which equates to £4 million per annum, that could cover all or most of the cost of the new Pathology solution.

There is a potential impact on the balance sheet if a capital / revenue approach is taken and capital assets have been purchased.

Overall affordability and balance sheet treatment

The most expensive years are 2020/21 and 2022/23, where between £5m - £8m additional revenue funds are required per annum (unless some implementation costs can be converted to capital monies).

As part of the sign off for this OBC, each health board and trust will be required to provide a letter supporting the programme and costs signed by their Chief Executive and Director of Finance.

Table 3: LINC OBC whole life costs plus per annum costs per organisation

Health Board / Trust	Revenue Only £k						
	Whole Life Costs (2019/20 - 2026/7)			Per Annum Costs of Pathology Solution £k			
	Pathology Solution	LINC Programme	Total Cost	New Annual Cost	Costs of Current LIMS'	Potential Savings	Additional Costs / Savings
ABM UHB	7,249	1,037	8,286	830	859	716	-745
Aneurin Bevan UHB	7,916	1,133	9,049	906	688	784	-566
Betsi Cadwaladr UHB	9,374	1,341	10,716	1,073	765	928	-620
Cardiff and Vale UHB	5,833	835	6,667	668	803	579	-714
Cwm Taf UHB	4,333	620	4,953	496	386	429	-319
Hywel Dda UHB	5,125	733	5,858	587	483	506	-402
Velindre NHST	0	0	0	0	220	0	-220
Powys Teaching HB	1,833	262	2,095	210		59	151
Grand Total (Revenue only)	**41,663**	**5,961**	**47,624**	**4,768**	**4,205**	**4,000**	**-3,436**

Health Board / Trust	Capital and Revenue £k						
	Whole Life Costs (2019/20 - 2026/7)			Per Annum Costs of Pathology Solution			
	Pathology Solution	LINC Programme	Total Cost	New Annual Cost	Costs of Current LIMS'	Potential Savings	Additional Costs / Savings
ABM UHB	6,483	1,037	7,521	690	859	716	-884
Aneurin Bevan UHB	7,080	1,133	8,213	754	688	784	-718
Betsi Cadwaladr UHB	8,384	1,341	9,726	893	765	928	-800
Cardiff and Vale UHB	5,217	835	6,051	556	803	579	-826
Cwm Taf UHB	3,875	620	4,495	413	386	429	-403
Hywel Dda UHB	4,583	733	5,317	488	483	506	-501
Velindre NHST	0	0	0	0	220	0	-220
Powys Teaching HB	1,640	262	1,902	175		59	116
Grand Total (Revenue)	**37,263**	**5,961**	**43,224**	**3,968**	**4,205**	**4,000**	**-4,236**
Welsh Government							
Grand Total (Capital)	**8,000**		**8,000.00**				

Table 4: LINC OBC Costs per Annum by Organisation (Revenue only)

Health Board	% Cost per HB	Apr 19 - Mar 20 £k	Apr 20 - Mar 21 £k	Apr 21 - Mar 22 £k	Apr 22 - Mar 23 £k	Apr 23 - Mar 24 £k	Apr 24 - Mar 25 £k	Apr 25 - Mar 26 £k	Apr 26 - Mar 27 £k	Total Cost £k
Total Costs of the Pathology solution including dual running costs - capital & revenue (based on a working assumption of apportionment by allocation)										
ABM UHB	17.4%	136	855	1,478	1,332	955	830	831	832	7,249
Aneurin Bevan UHB	19.0%	149	933	1,614	1,455	1,043	906	907	908	7,916
Betsi Cadwaladr UHB	22.5%	177	1,105	1,911	1,723	1,235	1,073	1,074	1,076	9,374
Cardiff and Vale UHB	14.0%	110	688	1,189	1,072	769	668	668	669	5,833
Cwm Taf UHB	10.4%	82	511	883	796	571	496	497	497	4,333
Hywel Dda UHB	12.3%	97	604	1,045	942	675	587	587	588	5,125
Velindre NHST	0.0%	0	0	0	0	0	0	0	0	0
Powys Teaching HB	4.4%	35	216	374	337	242	210	210	210	1,833
Total Path Solution Costs	**100.0%**	**786**	**4,912**	**8,495**	**7,658**	**5,491**	**4,768**	**4,774**	**4,780**	**41,664**
LINC Programme Costs per HB / Trust										
ABM UHB	17.4%	265	232	236	222	83	0	0	0	1,037
Aneurin Bevan UHB	19.0%	289	253	258	243	90	0	0	0	1,133
Betsi Cadwaladr UHB	22.5%	342	300	305	287	107	0	0	0	1,341
Cardiff and Vale UHB	14.0%	213	186	190	179	67	0	0	0	835
Cwm Taf UHB	10.4%	158	138	141	133	49	0	0	0	620
Hywel Dda UHB	12.3%	187	164	167	157	58	0	0	0	733
Velindre NHST	0.0%	0	0	0	0	0	0	0	0	0
Powys Teaching HB	4.4%	67	59	60	56	21	0	0	0	262
Total Programme Costs	**100.0%**	**1,522**	**1,332**	**1,356**	**1,277**	**475**	**0**	**0**	**0**	**5,961**
Combined Cost Current LIMS, Pathology Solution and Programme										
ABM UHB		401	1,086	1,714	1,555	1,038	830	831	832	8,286
Aneurin Bevan UHB		438	1,186	1,872	1,698	1,134	906	907	908	9,049
Betsi Cadwaladr UHB		519	1,405	2,216	2,010	1,342	1,073	1,074	1,076	10,716
Cardiff and Vale UHB		323	874	1,379	1,251	835	668	668	669	6,667
Cwm Taf UHB		240	649	1,024	929	620	496	497	497	4,953
Hywel Dda UHB		284	768	1,212	1,099	734	587	587	588	5,858
Velindre NHST		0	0	0	0	0	0	0	0	0
Powys Teaching HB		102	275	433	393	263	210	210	210	2,095
Grand Total (Revenue only)		**2,307**	**6,244**	**9,851**	**8,934**	**5,966**	**4,768**	**4,774**	**4,780**	**47,624**

Table 5: LINC OBC Costs per Annum by Organisation (Capital & Revenue)

Health Board	% Cost per HB	Apr 19 - Mar 20 £k	Apr 20 - Mar 21 £k	Apr 21 - Mar 22 £k	Apr 22 - Mar 23 £k	Apr 23 - Mar 24 £k	Apr 24 - Mar 25 £k	Apr 25 - Mar 26 £k	Apr 26 - Mar 27 £k	Total Cost £k
Total Costs of the Pathology solution including dual running costs - capital & revenue (based on a working assumption of apportionment by allocation)										
ABM UHB	17.4%	136	855	1,409	1,193	816	690	692	693	6,483
Aneurin Bevan UHB	19.0%	149	933	1,538	1,303	891	754	755	756	7,080
Betsi Cadwaladr UHB	22.5%	177	1,105	1,821	1,543	1,055	893	894	896	8,384
Cardiff and Vale UHB	14.0%	110	688	1,133	960	657	556	556	557	5,217
Cwm Taf UHB	10.4%	82	511	842	713	488	413	413	414	3,875
Hywel Dda UHB	12.3%	97	604	996	843	577	488	489	490	4,583
Velindre NHST	0.0%	0	0	0	0	0	0	0	0	0
Powys Teaching HB	4.4%	35	216	356	302	206	175	175	175	1,640
Total Path Solution Costs	**100.0%**	**786**	**4,912**	**8,095**	**6,858**	**4,691**	**3,968**	**3,974**	**3,980**	**37,264**
LINC Programme Costs per HB / Trust										
ABM UHB	17.4%	265	232	236	222	83	0	0	0	1,037
Aneurin Bevan UHB	19.0%	289	253	258	243	90	0	0	0	1,133
Betsi Cadwaladr UHB	22.5%	342	300	305	287	107	0	0	0	1,341
Cardiff and Vale UHB	14.0%	213	186	190	179	67	0	0	0	835
Cwm Taf UHB	10.4%	158	138	141	133	49	0	0	0	620
Hywel Dda UHB	12.3%	187	164	167	157	58	0	0	0	733
Velindre NHST	0.0%	0	0	0	0	0	0	0	0	0
Powys Teaching HB	4.4%	67	59	60	56	21	0	0	0	262
Total Programme Costs	**100.0%**	**1,522**	**1,332**	**1,356**	**1,277**	**475**	**0**	**0**	**0**	**5,961**
Combined Cost Current LIMS, Pathology Solution and Programme										
ABM UHB		401	1,086	1,644	1,415	899	690	692	693	7,521
Aneurin Bevan UHB		438	1,186	1,796	1,546	982	754	755	756	8,213
Betsi Cadwaladr UHB		519	1,405	2,126	1,830	1,162	893	894	896	9,726
Cardiff and Vale UHB		323	874	1,323	1,139	723	556	556	557	6,051
Cwm Taf UHB		240	649	983	846	537	413	413	414	4,495
Hywel Dda UHB		284	768	1,162	1,001	635	488	489	490	5,317
Velindre NHST		0	0	0	0	0	0	0	0	0
Powys Teaching HB		102	275	416	358	227	175	175	175	1,902
Total (Revenue)		**2,307**	**6,244**	**9,451**	**8,134**	**5,166**	**3,968**	**3,974**	**3,980**	**43,224**
Capital										
Capital from Welsh Government			8,000							8,000
Total (Capital)		**0**	**8,000**	**0**	**0**	**0**	**0**	**0**	**0**	**8,000**
Grand Total (Capital & Revenue)		**2,307**	**14,244**	**9,451**	**8,134**	**5,166**	**3,968**	**3,974**	**3,980**	**51,224**

1.6. Management Case

Programme governance

The LINC Programme sits within the portfolio of the NHS Wales Health Collaborative. The LINC Programme Board was established in December 2017 with membership from each HB and professional bodies, and is chaired by Adrian Thomas, Executive Director of Therapies and Health Sciences for Betsi Cadwaladr UHB, the LINC Senior Responsible Owner.

The LINC Programme reports to the NHSW CEG and seeks professional advice from the National Pathology Network, Standing Specialist Advisory Groups (SSAGs), Standardisation Groups and the Pathology service directly. NWIS, Pathology IT Managers and the Associate Directors of Informatics provide technical advice and informatics assurance.

Risk and issue management is in place. Benefits realisation and stakeholder management strategies are being developed.

National Programme Team

Judith Bates is the LINC Programme Director leading a national programme team comprising the *LINC programme management office*, *National Pathology team* of subject matter experts, *NWIS programme resources* and *specialists advisers* (e.g. legal, commercial and NHS) for the procurement.

Programme Timescale and Costs

The timescale for the programme from April 2019 - March 2024 will cover four tranches of work:

- Procurement until March 2020
- Development, testing, validation until Sept 2021
- Deployment until Sept 2023
- Benefits realisation and handover to operations by March 2024

The cost of the programme including non-pay and 10% contingency is £6 million, which has been approved by the NHSW CEG.

Operational Governance

A service management board will be responsible for the day-to-day management of the new LIMS service and report to a national contract management board. Both Boards will be facilitated by NWIS and chaired by the NHS. Given the use of a Master Services Agreement, there will be a relationship between the national CMB and local HB/PHW contract and service management boards for the new LIMS to ensure good communications and contract management.

Post project evaluation arrangements

Gateway Reviews are being planned for the end of each tranche of the programme staring with tranche 2 to assure the delivery strategy.

A post implementation review (PIR) and post evaluation review (PER) will be conducted between March and September 2023.

Recommendation

It is recommended that this LINC Outline Business Case be reviewed by NHS Wales Health Boards and Trusts.

Signed:

Date: 13 December 2018

Adrian Thomas

Senior Responsible Owner Project

LINC Programme

2. Introduction

This OBC seeks approval to invest more in an end-to-end technical solution for Pathology services at the heart of which is the procurement of a new laboratory information management system (LIMS) service for Wales. This investment is required as the contract with InterSystems for the current LIMS system, TrakCare Lab (TCL), expires in June 2020. The investment will fund an enabling programme supporting a wider transformation plan to deliver a modern, sustainable Pathology service.

2.1. Structure and content of the document

This OBC has been prepared using the agreed standards and format for business cases, as set out in the Welsh Government Better Business Cases website. The approved format is the Five Case Model, which comprises the following key components:

- The **strategic case** section. This sets out the strategic context and provides a compelling case for change in terms of the existing and future business needs of the Pathology service;

- The **economic case** section. This demonstrates that the organisation has selected the choice for investment which best meets the existing and future needs of the service and optimises value for money (VFM);

- The **commercial case** section. This outlines the content and structure of the proposed deal;

- The **financial case** section. This confirms funding arrangements and affordability and explains any impact on the balance sheet of the organisation;

- The **management case** section. This demonstrates that the scheme is achievable and can be delivered successfully to cost, time and quality.

2.2. Point of Contact

For more information about this LINC OBC, please contact:

Judith Bates
Programme Director
LINC Programme
NHS Wales Health Collaborative
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Mobile: 07815 511647

3. The Strategic Case

3.1. The Strategic Context

Pathology Overview

Pathology is the study of disease. It bridges science and medicine and underpins every aspect of patient care, from diagnostic testing and treatment advice to the use of cutting-edge technologies and the prevention of disease. Pathologists and healthcare scientists work with a range of healthcare professionals in different settings to diagnose, treat and prevent illness.

Pathology is involved in 70% of diagnoses and underpins all clinical services and 95% of clinical pathways within secondary care. A key component in the delivery of prudent health services, Pathology is an enabler to other Welsh Government health strategies including cancer and stroke services.

Pathology comprises a wide variety of disciplines and those in scope are:

- **National Services**, comprising:

  - **Screening services**, including Antenatal Serum and Newborn Blood Spot provided by Blood Sciences at CAV UHB; and Cervical Cytology provided by Public Health Wales (PHW)**;**
  - **Microbiology Services,** including Bacteriology, Food, Water & Environmental Microbiology, Infection Genomics, Mycology, Parasitology and Virology provided by PHW;
  - **Welsh Blood Service**, collects, processes and tests blood and provides blood products to hospitals in Wales;
  - **All Wales Medical Genetics Service;**
  - **Point of Care Testing (POCT).**

- **Local Laboratory Services**, comprising:

  - **Andrology**;
  - **Blood Sciences**, including Blood Transfusion, Clinical Biochemistry, Haematology, Immunology and Toxicology;
  - **Cellular Pathology** including Diagnostic Cytology, Histopathology and Mortuary services;
  - **Microbiology Services** provided by local health boards.

Pathology services undertook around 30 million authorised test sets during 2017/8, as detailed in Appendix 1. Pathology services cost around 1.9% of the total health care budget, a total of £118 million based on 2018/9 allocations. However, consensus suggests the total spend is higher.

In March 2017, there were an estimated 2,026 FTE staff in Healthcare Science and 200 FTE medical staff, of which 133 were consultants. One of

the key issues faced by the Pathology service is the recruitment and retention of skilled staff (around 26% of Consultant Histopathology posts are vacant) and the lack of accurate workforce information.

The service is under increasing pressure as more effective clinical pathways are changing the balance of care. Increasing numbers of older people with chronic health conditions, increasing cancer incidence, improved technology, new techniques and workforce pressures have all increased demand for Pathology services by around 5% per annum for Blood Sciences and 2% per annum for Microbiology where requests are becoming more complex linked to antibiotic resistant and an aging population. Complexity of Cellular Pathology tests has also dramatically increased and demand has grown arising from the development of other areas, such as genetic and genomic testing and take up of Point of Care Testing.

Organisational Overview

There is no single Pathology service across Wales and, although much is delivered through the six University Health Boards (UHB), Microbiology is substantially delivered through a national network by Public Health Wales.

Pathology laboratories are located in 20 locations across Wales, as shown in Figure 1.

- ***Abertawe Bro Morgannwg UHB:*** Morriston Hospital, Neath Port Talbot Hospital, Princess of Wales Hospital and Singleton Hospital;
- ***Aneurin Bevan UHB:*** Royal Gwent Hospital, Nevill Hall Hospital and Ysbyty Ystrad Fawr;
- **Betsi Cadwaladr UHB**: Ysbyty Glan Clwyd, Wrexham Maelor Hospital and Ysbyty Gwynedd;
- ***Cardiff and Vale UHB:*** University Hospital of Wales and Llandough Hospital;
- ***Cwm Taf UHB:*** Prince Charles Hospital and Royal Glamorgan Hospital;
- ***Hywel Dda UHB:*** Bronglais General Hospital, Glangwili General Hospital, Withybush Hospital and Prince Philip Hospital;
- ***Velindre NHS Trust, Public Health Wales Microbiology Services:*** Bronglais Hospital, Glan Clwyd Hospital, Glangwili General Hospital, Llandough Hospital, Morriston Hospital , University Hospital of Wales and Ysbyty Gwynedd Hospital
- ***Velindre NHS Trust, Public Health Wales Screening Services***: Cervical Screening Wales, Llantrisant
- ***Velindre NHS Trust*** Welsh Blood Service*.*

There has been some progress to consolidate Pathology services into three regions, in line with the Carter Report (2008), especially in the North. Progress is being made to develop Histopathology services into the three regions. A pilot in Digital Cellular Pathology in the North has created the
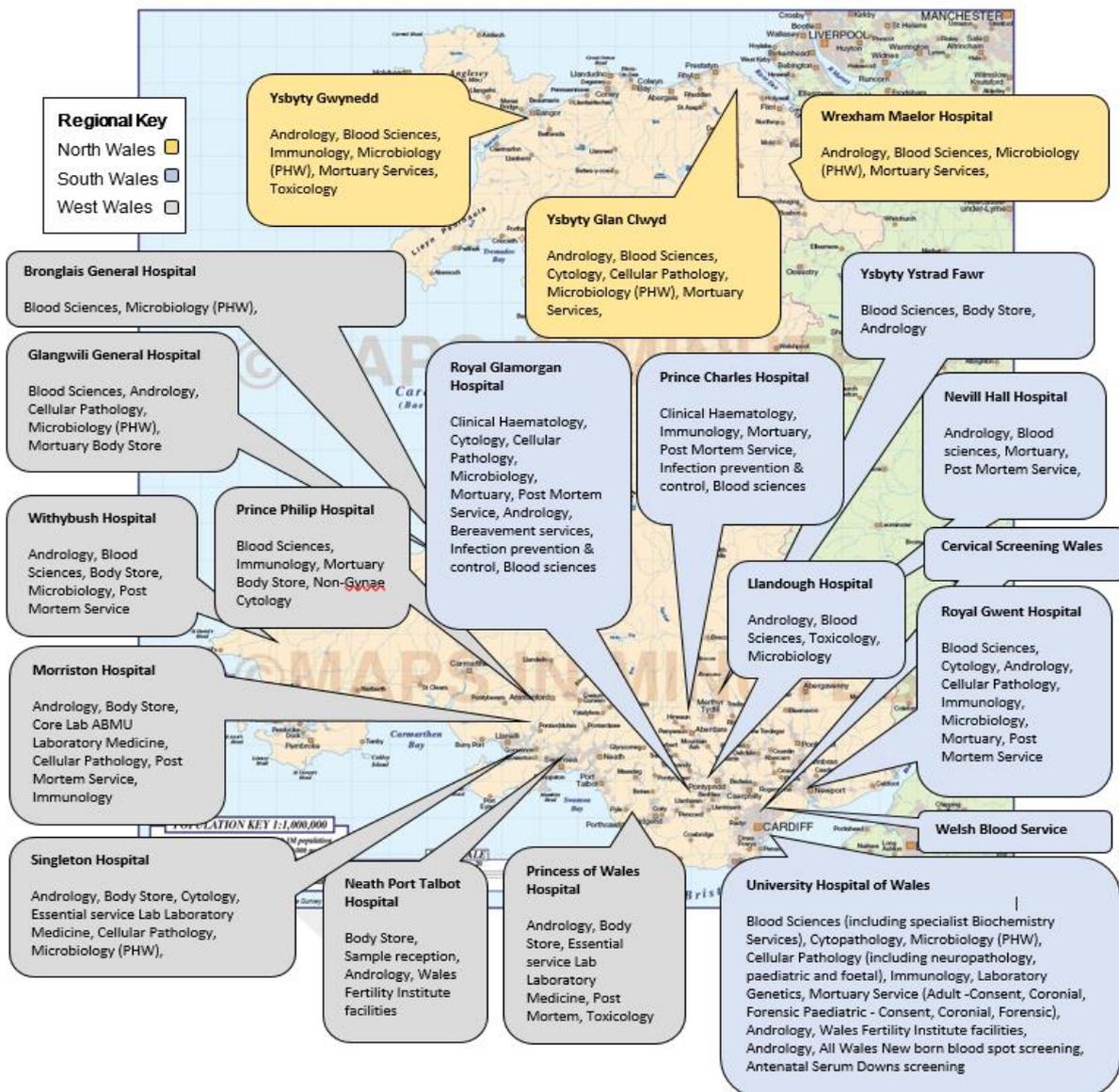
Figure 1: Map of Pathology Services across Wales

capacity for reporting on digital images for a wider area. Abertawe Bro Morgannwg (ABM) University Hospital Board (UHB) has created a Pathology hub at Morriston Hospital for the majority of blood sciences tests with satellite services for urgent tests at the other hospitals. Restructuring is taking place with the management of the Princess of Wales Hospital being transferred to CWM Taf UHB. Aneurin Bevin UHB is building a new hospital, the Grange University Hospital that will have Pathology services on site transferred from Nevill Hall Hospital and the Royal Gwent Hospital. A Regional Collaboration for Health (Arch) Project, is a partnership between ABM and Hywel Dda University Health Boards and Swansea University to deliver service transformation across South West Wales, including the centralisation of Pathology services at Morriston Hospital. The Public Health Wales Microbiology network has consolidated many investigations to a regional or national model of delivery, and is undergoing a further transformational change.

Business Strategies

A number of national strategies inform this investment:

- *A healthier Wales: Our plan for health and social care* (2018)
- *Informed health and care: a digital health strategy for Wales* (2015)
- *The Pathology Statement of Intent* (2018)

A Healthier Wales: Our plan for health and social care

The vision is that everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible. A transformation programme is being developed to maximise value for patients by achieving best outcome for lowest cost based on the principles of the *quadruple aim* and *prudent* health care.

Making better use of digital, data, and communication technologies will help us to raise the quality and value of health and social care services, so that they are cost-effective, sustainable and meet increasing expectations of technology in people's day-to-day lives.

The development of modern, sustainable Pathology services has a key role to play in delivering this plan. Key linkages are:

- to support the Quadruple Aims through improved processes and reporting services; seamless integration with other systems and services, and enabling initiatives like *Laboratory Anywhere*, *Choose Wisely* and *Design for Demand;*
- The new LIMS to be seamlessly integrated with systems to ensure the flow of the right information to the right place at the right time and for patients to see their results presented in a meaningful way;
- Staff will be trained in the new LIMS, which should support the smooth running of the service and improve staff morale;
- The new LIMS will incorporate new technologies like mobile working, smartphone apps, artificial intelligence and machine learning.

Informed health and care: a digital health strategy for Wales

The development of digital services underpins the development of health and care, including Pathology services. The digital health and social care strategy for Wales[1] recognises that improving access to information and introducing new ways of delivering care with digital technologies must be at the heart of service plans and vision for prudent / value based healthcare. The new LIMS will be a national application integrated into the wider national technical platform as set out in Appendix 2, and comprising:

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[1] *Informed health and care: A digital health and social care strategy for Wales* 2015, Welsh Government

- Public sector broadband aggregation (PSBA) service;
- Welsh Clinical Portal (WCP);
- GP Test Requesting (GPTR);
- Welsh Results and Reports Service (WRRS)
- Welsh Reference Data Service (WRDS);
- eMaster Patient Index (eMPI);
- My Heath Online (MHOL);
- The Welsh Image Archiving Service storing digital images;
- Fiorano integration services.

The new LIMS will also integrate with other national Pathology systems, including:

- Tarian Health Protection system;
- The new Phlebotomy module of the WCP;
- The Point of Care Testing system – POCcelerator;
- The Medical Genetics system – Soft Genomics;
- The Welsh Transplantation and Immunogenetics Laboratory;
- In the future, digital microscopy and digital cellular pathology.

The Pathology Statement of Intent

Plans for the development modern, sustainable Pathology services are set out in the *Pathology Statement of Intent*[2], which has been circulated for consultation and is now being finalised for sign off by the Welsh Government. The statement sets out eight key areas, which are listed in Appendix 3 along with their relationship to LINC.

3.2. The Case for Change

Existing Arrangements

The current LIMS, InterSystems TCL2011, was procured in 2010 as a single, national system intended to replace 13 standalone systems: 11 Telepath LIMS (now owned by DXC) and two Clinisys Masterlab LIMS. The contract with InterSystems expires in June 2020. Initially for seven years, the contract was extended for a further three years, after which there is no contractual basis for a further extension. NWIS (via Velindre NHST) are the contracting authority and take overall responsibility for managing the contract. InterSystems provide the licence for the use of TCL but NWIS are responsible for the hardware and software environment hosted in the NHS Wales data centres and for the service management of TCL.

TCL is now in use across most services although Cellular Pathology is not yet live in Cardiff and Vale UHB and Mortuary services are yet to be fully deployed. Blood Transfusion will be deployed by mid-2019. Some HBs are

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[2] *Pathology statement of intent* Draft February 2018, Director Strategic Programmes, NHS Wales Health Collaborative

exploring the costs of maintaining their current systems for Blood Transfusion in the event of any issues in transferring to TCL.

TCL is a national application that is integrated into the *Once for Wales* technical platform and national architecture. The infrastructure has not been stable during 2018 resulting in the loss of availability of the application for up to six hours on 14 occasions during 2018 (two planned). An upgrade of the servers has now improved performance including the time to login. The hardware refresh will be completed in early 2019.

A National Pathology IT Project Board (NPPB) governs the implementation of WLIMS1, supported by the NWIS ICT Programmes division. Appendix 4 presents the overall governance framework, which includes the management of other pathology and diagnostic projects.

A LIMS Service Management Board (LIMS SMB) oversees the service management of the live service and a Change Advisory Board considers requests for change. There has been no budget for changes, which has made some change requests difficult to deliver and dependent on end of year monies being made available. NWIS provides first line support via ServicePoint and second line support via the LIMS application support team. PHW has its own Pathology IT Manager to support the LIMS for Microbiology and Screening services. Third line support is available from InterSystems.

A Clinical Strategy Group assures design decisions meet the requirements of the service and patient safety supported by the Standing Specialist Advisory Groups for each of the main disciplines.

The contract did include an upgrade to a later version (TCL2016) but not to the latest version. TCL Enterprise (TCLE), which is a completely different solution on a different technical platform. In 2017, the SMB along with the WLIMS1 Senior Responsible Owner and InterSystems decided against an upgrade based on the lack of perceived benefits, lack of take up by other clients, timescale for deployment and lack of NHS Wales' capacity. However, it appears that TCL 2011 is not supportable after January 2020 because the Microsoft operating system (Windows Server 20012 R2) is end of life and no longer supported by Microsoft.

It has been confirmed that an upgrade to TCL 2016 is required to maintain TCL until the new LIMS is fully deployed. NWIS has initiated discussions with InterSystems to explore the implications of continuing to support TCL 2011 after the end of their contract for up to five years. InterSystems has advised that TCL 2016 will be end of life in 2025 and, if the new LIMS is not deployed by then, Wales will have to implement TCLE.

A joint subgroup across the WLIMS1, LINC and the LIMS SMB has been set up at the request of the LINC Programme Board. The subgroup is considering the costs, risks and benefits of upgrading to TCL 2016 versus

staying with TCL 2011 or taking TCLE. At their meeting on 11 December, they recommended an upgrade to TCL 2016.

The total cost of the WLIMS1 as set out in the full business case[3] for the ten years 2010/11 – 2020/21 for hardware, software, maintenance and support was anticipated to be £31m, comprised:

- £12m capital;
- £19m revenue (£7m revenue and £12m capital charges)

The current annual costs of the existing service is £4.2m, which includes £3.7m for WLIMS1 (significantly more than estimated in the FBC) as set out in Table 6 plus £540k per annum for Telepath and Masterlab. These costs do not take account of the additional costs that NWIS and the service have had to contribute to develop, implement and continue to maintain the WLIMS1 service.

Table 6: Current annual cost of WLIMS1 charged out to HBs.

Current LIMS Costs per annum	Annual Cost £k
WLIMS1 (InterSystems Trakcare)	
InterSystems - Trak Care Technical Assistance & Software Updates	1,728.00
3rd Party Validation Services	40.00
Hosting - Environment & Support	315.30
Infrastructure - 3rd Party Maintenance	829.50
National Service Desk/Service Management	92.30
Technical Support - Analysts/Development/Integration & Test	659.80
Total (WLIMS1)	**3,664.90**

Lessons Learned and Benefits Realised

There are many lessons to be learned from WLIMS1 and a lessons learned log has been created and listed in Appendix 5. This log lists the issues faced by WLIMS1, the lessons for LINC and the way in which each lesson is being applied to the LINC Programme. The lessons have been categorised so as to make it easier to identify within LINC where they need to be addressed and include strategic fit, governance, communications, procurement, development and testing, implementation, operational fit, business intelligence, technical issues, resources and application support.

Many staff have made comments that help to illustrate the lessons that need to be learned.

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[3] Full Business Case: All Wales Laboratory Information Management System (LIMS), March 2010, Final Version (2.7)
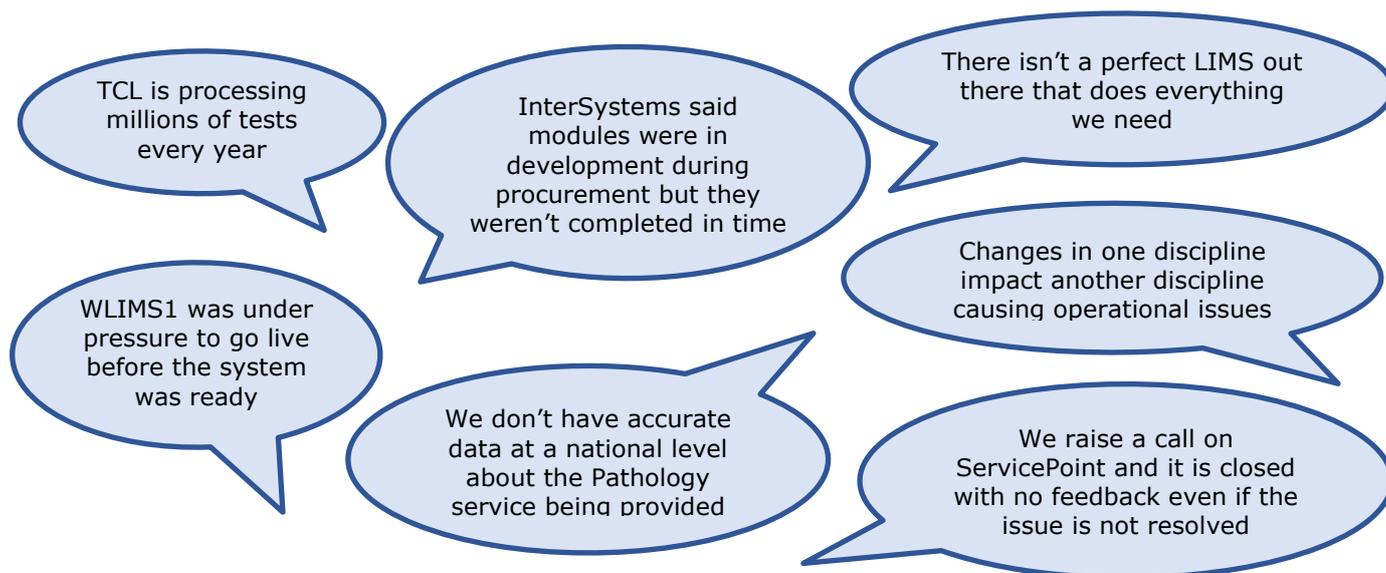
Despite the challenges faced by WLIMS1, Table 7 shows some of the improvements that have been achieved. It also sets out the vision for how the investment proposed in this OBC could build on the progress to date and deliver further service improvements, in particular in relation to the standardisation of services.

Table 7: Historical and Potential Future Improvements in Pathology

Pre 2010 Multiple Systems	2010 – 2022 TCL Vision	2022 – 2036 LINC Vision
Multiple laboratory systems independently run	Migrate to single laboratory platform centrally hosted and managed	Maintain benefits of single LIMS platform with improved service management
Limited standardisation	High level of test standardisation	Increase standardisation of workflows and outputs
Limited comparability of results across sites	High level of comparability across results across Wales	Improvements and further standardisation in clinical reporting outputs
Reduced functionality	Improved functionality	Improved functionality and performance
Limited electronic requesting	Improved use of electronic requesting	Full use of electronic requesting
Lack of comparability of business intelligence	Improvements in business intelligence	Fully integrated business intelligence and extended reporting outputs

Standardisation of Services

Standardisation is critical to underpin the development of a sustainable Pathology service. Significant progress has been made to standardise the configuration of tests and workflows as part of the implementation of InterSystems TCL but further work remains to complete this. Figure 2 provides an indication of relative standardisation although the figures are not absolute. Microbiology has made most progress but initially underestimated the level of resources that were required to maintain standardisation, as new tests, methods, equipment and pathogens emerge as the service evolves. Cellular Pathology has made the least progress towards standardisation due to the extent to which the service is clinically led and the high number of vacancies for consultant Histopathologists.

A Standardisation and Design Project is being created to run alongside the Procurement Project, so that this work can be completed in readiness for when the new LIMS supplier has been chosen. Combined with the implementation of a more standard LIMS, this will deliver a standardised approach across Wales. Business change will prepare local services for the proposed changes and address any issues raised up front.
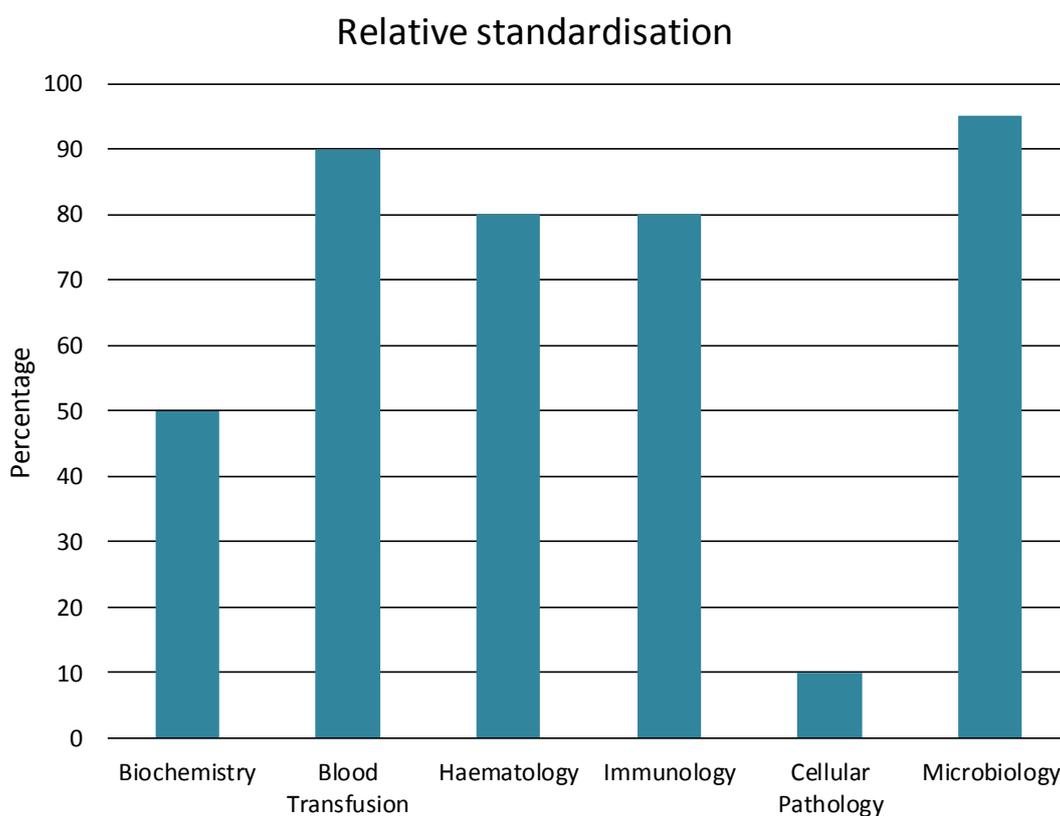
Figure 2: Relative standardisation achieved per discipline

3.3. Business Needs

Stakeholder Engagement

LINC has multiple and complex stakeholders with different levels of interest in the LINC programme. Some are *shareholders*, for whom Pathology is providing a clinical service that impact on the quality of care and risk to patients. A stakeholder analysis will be undertaken to differentiate the different stakeholders and their level of interest and develop a stakeholder engagement strategy to design appropriate communications, consultation and active engagement in LINC. Overall, the stakeholders, shown in Appendix 7 include:

- The **Pathology service** including all the staff working in Pathology;
- **Service users**, including patients and carers;
- **Service customers,** who request Pathology tests (in Wales, the UK and internationally) and who receive test results. For Microbiology, this is wider including environmental services with samples for food and water as well veterinary services.
- The **wider community** including the general public, media, community health councils and government;
- **Suppliers** of goods and services both internal (NWIS, local ICT services and the PSBA service run by Welsh Government) and external (pathology systems, equipment and consumables):
- **All Wales Directors groups**:
- **Other national IT programmes;**
- **Governance bodies** including corporate, commercial, operational, clinical, professional and programme governance; informatics strategy and business case assurance and regulatory bodies:

Key stakeholders have been engaged in the development of this business case and consulted on the development of the LINC Programme through events, workshops, meetings and email correspondence, including:

- Representatives of the Pathology service are members of the LINC Programme Board and a vehicle for consultation;
- The LINC Programme Board meetings monthly and consulted at all stages and on all programme risks and issues and papers will that inform the OBC;
- A monthly update and requested papers are submitted to the NHSW CEG;
- Meetings have been held with Directors, the Pathology service and NWIS, which has informed the scope and requirements of the OBC. In particular the NWIS Director of Finance and Business Assurance and his team along with the NWIS National Pathology IT Diagnostic Lead is advising on the development of this OBC and will assist with the completion of the financial aspects of the OBC;

- A supplier engagement event was held in February as part of the market research following the publication of a Prior Information Notice in January 2018;
- Presentations have been held or planned to all of the All Wales Groups and the LSSC and feedback incorporated into the OBC;
- Thirty workshops have been held or planned, as listed in Appendix 8, on the business case and development of requirements with a wide range of participants from the Pathology service, health boards and trusts and NWIS;
- The SSAGs are a vehicle for consultation on all documentation and feedback incorporated into revised versions. The Cellular Pathology SSAG is not currently active so an email group has been created to consult with this discipline incorporating the original SSAG members;
- LINC is represented on the Laboratory Services Sub Committee, National Pathology Network, WLIMS1 Programme Board, and the WLIMS1 Service Management Board

End-to-end Pathology solution

Potentially, the safest and most efficient technical solution for Pathology is one that supports the whole end-to-end process providing a truly paperless service. This is the best solution to support the delivery of the Pathology Statement of Intent and the development of a modern, sustainable Pathology service, which meets the requirements of its users.

To appreciate the complexity of such a solution requires an understanding of the nature and variety of the samples received and the end-to-end processes that they follow, laboratory quality management requirements and the way in which the data collected is used for secondary purposes (business intelligence).

Electronic test requesting

There are potentially thousands of Pathology tests that could be requested. Some are very common, such as a full blood count, whereas others are very rare and may be very expensive to analyse requiring specialist skills and equipment.

Most tests are currently ordered using paper request forms. This is not ideal because of potential mistakes in handwriting, which has to be interpreted by administrative staff in the laboratory reception, who have to manually enter the request into the LIMS. Nor can they control what tests are requested, which has to be checked by laboratory staff. Other mistakes include the wrong labels on test tubes. One A&E made three such errors in one hour, and the samples had to be rejected and the patients re-bled.

Electronic test requesting (ETR) is potentially much safer because the requester, patient and test(s) requested are all chosen electronically.

Benefits include demand management to restrict available tests and show if the patient has recently had the test to avoid unnecessary requests. In Wales, ETR is offered via the WCP for secondary care and the GPTR for primary care. Take up of the WCP is improving, as shown in Figure 3 but GPTR take up remains low overall. A new version of the GPTR has just been launched and being implemented by the GP clinical systems suppliers. It is hoped that this will improve take up. In Wrexham, where the GPs are using a separate product, Sunquest ICE, the take up is 98%.

ETR will not only improve demand management and clinical incidents but will also reduce the need for administrative reception staff. It is not just the time for booking in, but all paper requests and any other paper documentation related to a patient or a request has to be scanned in to attach an electronic version to the patient record. This is time consuming and the scanning solution in WLIMS1 has been problematic to get up and running.

Take up of the WCP is variable and depends on factors such as access to computers and printers on the wards to make requests. Even where take up seems high, the WCP does not provide ETR for all Pathology disciplines. The Pathology service feels that ETR was promised with WLIMS1 but has not been fully developed to meet the needs of the service. They are sceptical that this will be available via the WCP for the new LIMS. On 29 March 2018, the Microbiology SSAG wrote to the LINC Programme to say that they did not consider the test requesting via the WCP to be fit for purpose and requested the purchase of an alternative requesting solution as part of the LINC procurement of a new LIMS.
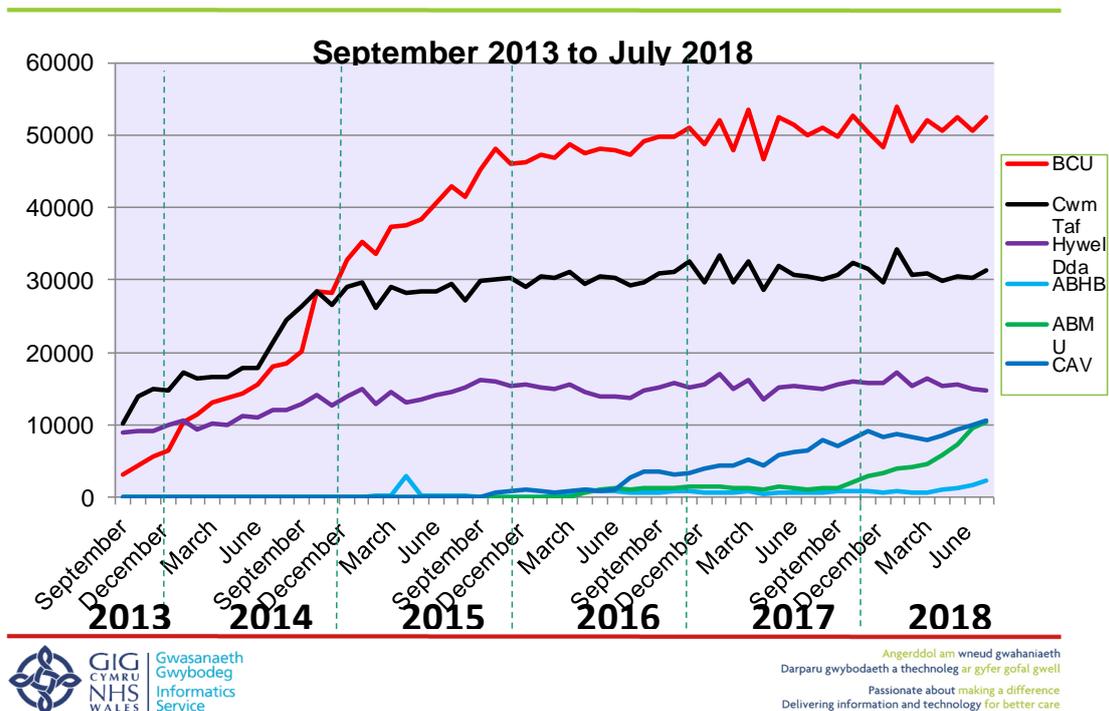
Figure 3: Take up of Pathology electronic test requesting via the WCP

In order to facilitate discussion between NWIS and the Pathology service, a conference was organised on 3 September for NWIS to share its plans for the WCP. LINC has drawn up an ETR requirement for Pathology and NWIS has reviewed this in relation to what the WCP can do or is planned in future releases and what is not yet planned; 'the gap'. An initial joint LINC-NWIS workshop was held on 24 October to go through the requirement and a further all day event planned on 14 December to complete this. NWIS has stated that from April next year they can devote the resources needed to develop the WCP for Pathology. The Pathology service remains to be convinced that NWIS has the capacity to develop the WCP to meet their requirements.

Consequently, the ETR requirement is included in the scope of the procurement as an optional extra and funding for a separate ETR solution or to meet the costs of developing the WCP has been included in the preferred option and approved, in principle, by the NHS Wales CEG at their meeting on 23 October 2018. It should be noted that NIMB has requested that a decision be made as part of this OBC as to which option will be taken and a further version of the OBC will be developed to reflect this once a decision has been made.

Pathology samples

Pathology can receive samples in many shapes and forms, including blood, urine, faeces, other body fluids, organs and tissues, as well as food and water as shown in Figure 4. Requesters may be doctors, nurses, pharmacists and a variety of other health care workers in the NHS, private hospitals and prisons, as well as environmental health and veterinary practices.

Blood may be collected by clinicians directly, but more likely by a phlebotomist, nurse or health care assistant. NWIS are currently developing a phlebotomy module of the WCP that will be integrated to the new LIMS and provide better information to the phlebotomists and to the Pathology service. This module will be tested in ABM UHB early in 2019.

Point of Care Testing

A growing service is Point of Care Testing (POCT), where the patient is bled and using a hand held device allowing them to have the result immediately. NHS Wales is in the process of implementing an All Wales POCT solution, POCcelerator. To provide Pathology clinicians and lab based POCT Co-ordinators with a full picture of pathology tests, there needs to be a feed into the new LIMS.

Figure 4: Range of sample types from different sources and requesters

Pathology process

Once a sample is taken there is an end-to-end process that it follows to get to the lab, be tested and for the results to go back to the requester, as shown in Figure 5. In addition, for Blood Transfusion a further step allows blood products to be issued to patients after testing has been completed to ensure the patient has been matched to the correct type of blood.
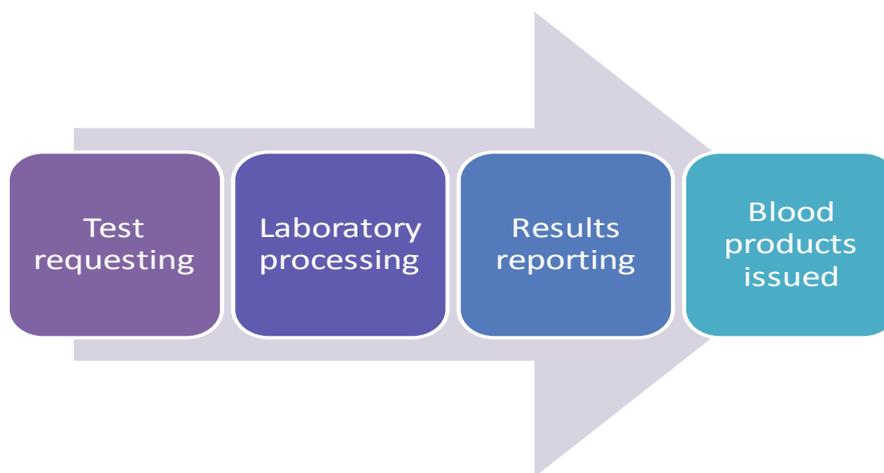
Figure 5: End-to-end Pathology process

Laboratory Processing

Once the sample has been enrolled into the laboratory (i.e. the request has been entered into the LIMS and the sample received), the laboratory has a number of processes to follow to analyse the sample and report on the results as set out in Figure 6.

Testing may be carried out using automated equipment. Other testing may take time such as TB culture tests for Microbiology that take six weeks for a culture to grow to determine the result. Consequently when a set of tests are ordered at the same time, the results of some may be ready before others and interim results reported, which may have to be amended once all the results are available. Cellular Pathology tests take time to prepare cutting sections from an organ or tissue and preparing it into a slide that can be read via a Microscope to interpret the results.

Technical validation assures that the accuracy and precision of results. Clinical validation is undertaken by clinical staff, who consider the results in the light of the clinical information provided on the request form, such as medication, testing for a known disease or monitoring a chronic disease. Quality control is used to ensure that the analysers are consistently reporting accurate results. A full audit trail is require to ensure that any changes to a patient record at any point can be traced, which is essential to track errors not only in results reporting but also to ensure that results are reported against the correct patient or sample. WLIMS1 has a poor audit capability, which has been raised as a critical issue for the service.
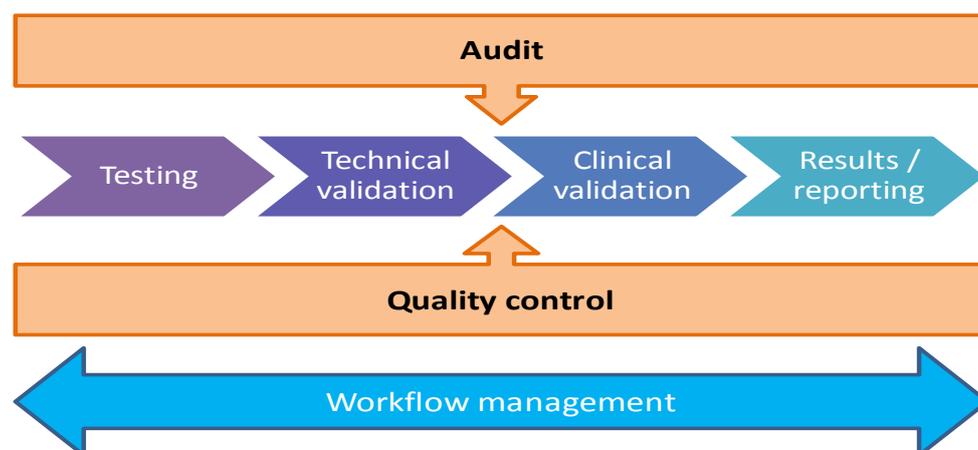
Figure 6: Pathology laboratory processes

Not all tests need to be clinically validated. For example, blood tests within a normal range can be published without further review. This is essential, as it would not be feasible to validate the millions of blood tests analysed every year. At the moment, where clinical validation is required, the results are sent to a validation queue ready for clinicians to review and report on the results. Considerable variation exists across Wales in terms of validation with the same tests being clinically validated in some places but not in others, especially larger sites with high volume.

Not all tests are analysed where they are received. Some locations may only have a reception to receive the samples and enrol them onto the LIMS. Some laboratories may only have the equipment to analyse certain tests or

be a 'hot' lab. So some tests received are sent to other laboratories for analysis. They may be sent to a laboratory in Wales, in which case they are managed via the LIMS as 'sendaways'. Other very specialist tests may be sent to laboratories outside of Wales and these are sent with paper requests, which can be generated from the LIMS as a packing slip. Specialist tests may also come into Wales especially to Cardiff and Vale UHB, such as for Medical Genetics. The management of these incoming and outgoing tests on paper causes significant issues, from delays and lost results to loss of potential income. The NHSW CEG has approved the inclusion of NPEx in the OBC at their meeting held on 21 August 2018. NPEx is a tool developed by the NHS in England to manage inter-laboratory referrals.

Workflow management is key to ensuring that all samples have been processed within the required time and outstanding work lists help the laboratory to keep track of the status of all the samples received. Within Blood Sciences, this could be hundreds, if not thousands, every day.

Sample tracking is also critical so that laboratory staff can know where a sample is at any point in time. WLIMS1 sample tracking does not meet the requirement and this will be a key improvement in the new LIMS.

For Blood Transfusion, sample tracking is taken further to include the tracking of the blood product issued to the patient. 'Vein-to-vein' reflects the need to track the sample taken from the patient to match their blood to the actual blood product sent to the local fridge for that patient and then transfused into the patient. WLIMS1 includes a separate blood tracking system, Haemonetics, but as Blood Transfusion has yet to go live, this tool has not been used, unless already in use locally. This version of Haemonetics tracks blood to the local fridge but not to the patient. For the new LIMS, the service has requested a full vein-to-vein solution with remote issue, which will require training and support of NHS staff beyond the Pathology service.

Results Reporting

When the result has been clinically validated, the result may be reported directly, such as blood tests results; or may require the clinician to write a report documenting their findings and making recommendations to the requesting clinician. In this case, the clinician will dictate a report that will be typed up by their medical secretary. The new LIMS will require dictation and voice recognition to be an integral part of the service.

Once the result has been verified or reported, it is either then printed and posted, or more commonly, sent electronically. Within the NHS, results are sent to the Welsh Results Reporting Service (WRRS), which allows users of the WCP to view diagnostic reports and requests for their patients, regardless of where they are produced. NWIS are working hard to roll out

the WCP for results reporting so there should be significant coverage by the time the new LIMS is ready to deploy. Results to GPs are sent via the GP links to their clinical system, irrespective of where the test was ordered or processed.

In addition to sending results to the requesting clinician, WLIMS1 also have interfaces to more than 60 downstream, clinical systems across Wales to report results, as shown in Appendix 2. Now that the WRRS is more widespread, it is planned to review the systems that require an interface to receive the result or whether the service could view the results via the WCP.

Whenever WLIMS1 falls over, it is the resetting of all these interfaces to the downstream clinical systems that takes the time for the system to come back online. It is therefore proposed that for the new LIMS, the supplier will produce a single extract that NWIS will integrate to required downstream systems reducing the cost of managing direct interfaces. Additional integration staff will be appointed to manage these interfaces but the overall costs will be less that the current arrangements.

Quality Management System

Every process and procedure within the laboratory is documented in a standard operating procedure (SOP). Each laboratory may have hundreds or thousands of these SOPs, which have to be updated if analysers change or new guidance is issued. The laboratory has a responsibility to make sure that all their procedures meet legal, accreditation and validation requirements and have to be regularly reviewed. Evidence has to be provided to maintain accreditation, which is becoming increasingly more stringent. This includes the training records of staff to make sure they are competent to perform the analysis and validation undertaken. Many laboratories, but not all, have a quality management system (QMS), most commonly Q-Pulse, the de facto Pathology QMS. Some are using SharePoint to manage documentation but finding it increasingly difficult to manage their documentation to the standard required. There has never been a national QMS, which makes standardisation difficult to maintain, as there is no central management of standard SOPs, other than for Microbiology. The NHSW CEG has approved the procurement of a national QMS supported by a national quality management team. This team will not only maintain standardised SOPs but also LIMS system and training documentation. It is planned to ensure a more standardised implementation with system documentation maintained so that testers sitting with the national quality management team can support local sites with their user acceptance testing. This team will also have a Validation Officer that can support accreditation and validation, significantly reducing the cost incurred in validating WLIMS1.

Business intelligence

Business intelligence (BI) is critical to plan, manage and deliver a safe, efficient, sustainable Pathology service and for secondary uses such as epidemiology. One of the important business benefits identified in the business case for WLIMS1 was to have the ability to collect and compare data consistently, accurately and comparably across all health boards and hospital sites within Wales. Previously this was not possible due to the lack of standardisation of tests and test sets, differing definitions of "units of measure" and multiple methods of collecting, analysing and presenting the data. An all Wales LIMS would be significantly more standardised with common test sets containing the same test items, with data collected using a standard data collection tool provided by the supplier.

InterSystems BI solution is DeepSee Business Intelligence, did not meet expectations. The lack of good BI remains an issue to the extent that it has been difficult to plan services nationally and inform the Pathology Statement of Intent. A much more detailed specification has been developed for the requirement for the new LIMS. Figure 7 presents a potential model for the delivery of BI for the new LIMS.

NHS Wales has now identified the development of a National Data Resource (NDR) to harness the power of big data that can be used for strategic planning and research. This could meet some of the BI requirement for Pathology although timescales for development have yet to be confirmed.

No national resource was funded to support the development of the WLIMS1 BI capability, so two informatics analysts are proposed for the new LIMS, so that BI can be developed to meet the needs of the service from day one, and ensure a standardised approach to BI. In addition, as part of the Pathology Statement of Intent, NHS Wales will revisit the current Pathology informatics arrangements across Wales and develop a new configuration that best meets the needs of Pathology services.
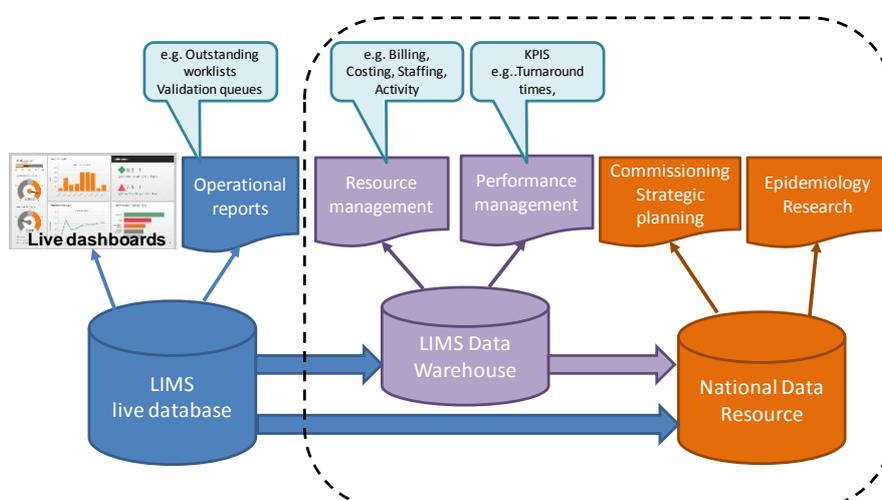
Figure 7: New LIMS business intelligence model

Potential business scope and key service requirements

This section describes the potential scope for the project in relation to the above business needs. The scope is about more than the LIMS, and includes systems and services that collectively delivery an end-to-end technical solution to support the modernisation of Pathology services. The potential scope is set out in [Appendix 6](#) and includes:

- Pathology disciplines and sub-disciplines
- Core functionality
- Discipline specific functionality
- Integration requirements
- Additional systems / tools
- Business intelligence
- Standards
- Business change
- Documentation

A key requirement is that the new LIMS system must be modular in design, so that changes in one discipline do not impact another discipline and that each discipline is in control of its own change programme, unless absolutely critical to the whole system. For example, adding a new test or changing comments in a test report should be straight forward and quick to achieve and not dependent upon having to retest the system for other disciplines.

Additional systems and tools to the LIMS include:

- Optional electronic test requesting system, if the WCP cannot be developed to meet the needs of the Pathology service;
- A blood tracking system supporting the delivery of a vein-to-vein solution with remote issue;
- Scanning system to support scanning any paper documentation to attach to the patient record;
- Dictation and voice recognition to support clinical reporting of results;
- Business intelligence tool to support the production of business intelligence for the Pathology service;
- All Wales quality management system (QMS) and quality team to maintain and assure the quality of an all Wales standardised service, including the quality of documentation, data and information required for accreditation and validation. The NHSW CEG approved the inclusion of a QMS in the LINC OBC at its meeting held on 26 June 2018;
- NPEx, a tool to manage test referrals into, and out of Wales, and for specialist services, such as medical genetics. The tool improves data quality and completeness, including image management and the turnaround of results reporting and potential for income generation.

The NHSW CEG approved the inclusion of NPEX in the LINC OBC at its meeting held on 21 August 2018;

- Legacy data system that will be developed using the All Wales National Data Repository (NDR), which will store all historic data, provide a data viewer to look up and extract records and provide the ability to transfer historic data into the live LIMS as required.

The scope excludes:

- Systems for Medical Genetics and Point of Care Testing, where separate solutions have been purchased and are currently being implemented (SCC Soft Genetics and Siemens POCcelerator);
- A new solution for the Welsh Transplantation and Immunogenetics Laboratory (WTAIL) has also been excluded. Steiner is currently developing the WTAIL solution under the terms of the same InterSystems contract as TCL. It was planned to include WTAIL in the scope of this OBC but with a separate procurement but costings are not available, so will have to be considered separately;
- All local hardware including PCs, printers, local network infrastructure, fridges and Blood Transfusion kiosks; Pathology analysers and other equipment;
- Wide area networking to each site, as it is assumed that the supplier will use the PSBA service. If the supplier chooses to use their own data centre, they will have to provide a connection to this service;
- Systems for Bowel Screening and Downs Screening, although these could be offered as optional extras in the Maximum option.

It is essential that with a potential 14 year contract, the supplier can demonstrate how they can develop their LIMS service within the terms of the agreed contract to support service transformation and new technical developments, such as digital microscopy, digital cellular pathology, artificial intelligence and machine learning. The aim is to avoid significant additional costs to the service to take advantage of new developments.

Spending Objectives

The spending objectives for the LINC Programme have evolved throughout 2018 during discussions in workshops, presentations and board meetings:

SO1   To improve patient care, patient safety and patient outcomes;

SO2   To enable the transformation of healthcare services to be leaner, standardised, more sustainable and provide long-term stability;

SO3   To deliver a seamless, end-to-end technical solution for Pathology services;

SO4   To contribute to the more prudent use of Pathology resources through demand management, predictive costing and minimised financial risk;

SO5   To meet current and future service requirements.

Main Benefits Criteria

This section describes the main outcomes and benefits associated with the implementation of the potential scope in relation to business needs.

Satisfying the potential scope for this investment will deliver high-level strategic and operational benefits. These are set out in relation to the spending objectives and programme outcomes. More detail is provided in the Economic Case, where benefits are linked to strategic benefits.

Key benefits will be realised as a result of:

- Further standardisation that will avoid the need for manual workarounds delivering:
  - Reduced overheads and administrative costs
  - Easier training
  - Staff able to work anywhere
  - Common tests can be analysed anywhere
  - Reconfiguration of services easier to achieve
- Electronic requesting, which can deliver
  - Reduction in reception staffing levels
  - Automated booking in and sample sorting, speeding up the testing process reducing turnaround times
  - Reduced need for centrifuging samples as more analysis can be completed within the sample shelf-life
- Service management arrangements that allow agile support and maintenance of the system

Appendix 9 sets out the benefits in relation to the spending objectives.

3.4. Risks

The main business and service risks associated with the potential scope for this project are shown in Appendix 10 together with their mitigation.

A key risk that the service has identified is that no resources have been included in this OBC to cover the local costs of supporting the programme and deployment, such as for time to support the procurement and backfill to release staff for training. Even though a different approach is being taken with the system being configured by the supplier, a more standardised system being implemented and a central team of subject matter experts to provide support to local services, local staff will need to be involved and resources provided to cover this.

3.5. Constraints

The project is subject to the following constraints:

- Lack of resources to release staff from NWIS and the service to support the procurement, development, testing and training and to take forward the work on standardisation of workflows;
- Gaining the commitment of the whole service to the benefits of standardisation;
- The requirement for the new LIMS to work within the All Wales national architecture;
- The limited financial resources available to the NHS for a new system, to support the procurement and further standardisation.

3.6. Dependencies

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

- An agreement with InterSystems to support TCL 2016 after their contract expires in June 2020;
- The development of the WCP to deliver electronic requesting to meet Pathology requirements in time for deployment if the new LIMS;
- The development of the NDR as a legacy solution for Pathology data;
- Re-procurement of the eMPI service for which the contract also expires in 2020;
- The approval of Welsh Government, NIMB, Health Boards/Trusts/PHW and professional bodies to this OBC.

4. The Economic Case

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector), this section of the OBC documents the wide range of options that have been considered in response to the potential scope identified within the Strategic Case.

4.1. Critical Success Factors

The key Critical Success Factors (CSFs) for the programme are set out in Table 8, have been derived from the core CSFs contained within the OBC guidance. These CSFs are used alongside the investment objectives to evaluate the long-list of possible options.

Table 8: LINC Programme Critical Success Factors

ID	Critical Success Factors
CSF1	**Business Needs:** How well the option satisfies the existing and future business needs of NHS Wales
CSF2	**Strategic Fit:** How well the option provides fit and synergy with other key elements of the national and local strategies relevant to Pathology services
CSF3	**Benefits Optimisation**: How well the option optimises the business outcomes and potential benefits (both qualitative and quantitative, direct and indirect to NHS Wales), and assists to improve overall VFM (economy, efficiency and effectiveness
CSF4	**Potential Achievability**: How likely is this option to be achievable having regard to the ability of stakeholders to innovate, adapt, introduce, support and manage the required level of change, including the management of associated risks; the need for supporting skills (capacity and capability) and engender acceptance by staff and patients.
CSF5	**Supply Side Capacity and Capability**: The ability of the marketplace and it potential suppliers to deliver the required services and deliverables.
CSF6	**Potential Affordability:** The ability of the relevant stakeholders – both national and local – to fund the required level of expenditure viz., the capital and revenue consequences associated with the proposed investment.

4.2. Longlist of Options

This section documents the wide range of options considered that have been generated using the options framework that identifies and analyses choices for scope, service solution, technical solution, configuration, service delivery and implementation.

Funding options are not assessed as the latest financial guidance IFRS16 makes it clear that expenditure on an asset delivered as a managed service,

where the client controls the use of the asset should be treated as capital. A capital / revenue only option is therefore presented.

Up to five options within each category are evaluated and one will be identified as the *preferred* option. Others may be a *possible* option or *discounted*.

The longlist has come about following consultation with the key stakeholders and the LINC Programme Board and specifically reviewed at an OBC workshop held on 17 August 2018 and a technical workshop (joint NWIS and Pathology IT Leads) on 7 September.

4.3. Evaluation of Longlist Options

Scope Options amend

The scoping options are set out in [Appendix 6](#) and comprise.

- **SCO1: Business as Usual Scope** – The level of functionality that will be provided by InterSystems TCL 2016;
- **SCO2: Minimum Scope** – The level of functionality anticipated to be provided by InterSystems TCLE;
- **SCO3: Intermediate Scope** – This scope involves procuring a new LIMS service that would deliver the requirements requested by the NHS Wales Pathology stakeholders, support the standardisation of services, statutory compliance, emerging, more stringent quality standards and provide a platform for future development;
- **SCO4: Maximum Scope** – This scope involves procuring a state of the art Pathology service that would meet all current and know future requirements as requested by the NHS Wales Pathology stakeholders.

Evaluation of Scope Options

Each scope option is described in more detail in Table 9, which also provides an evaluation of the advantages and disadvantages of each and a comparison against spending objectives and critical success factors to determine whether the option is preferred, possible or discounted.

Overall Conclusion: Scope Options

In summary, the preferred scope is Option 3: procure a new LIMS service that provides intermediate functionality, which will meet the current requirements of the Pathology stakeholders in NHS Wales. Option 1 is carried forward as the BAU benchmarking option, Option 2 is possible and Option 4 is discounted. However, it is essential that the supplier can demonstrate how they can develop their LIMS service within the terms of the agreed contract to support service transformation and new technical developments to allow the service to take advantage of new developments.

Table 9: Review of the Longlist Options for Scope (SCO)

Scope Options	SCO1: Business as usual	SCO2: Minimum	SCO3: Intermediate	SCO4: Maximum
Description	Scope determined by capability offered by InterSystems TCL Version L2016.	To improve the scope to capability offered by InterSystems TCL Enterprise	To procure a new solution that meets current requirements, supports standardisation of services, statutory compliance, emerging more stringent quality standards and provide a platform for future development.	To procure a state of the art solution that meets all current and known future requirements to support all Pathology services.
Advantages (Strengths and opportunities)	Very little change in operational capability to TCL 2011, most improvements relating to DeepSee business intelligence. Known, familiar service; Easy to continue with current arrangements; Minimal training requirements.	Modern web based system with much improved functionality.	Meets functionality requirements as requested by the service; Meets current and emerging quality standards; Provide potential to meet future requirements e.g. mobilisation; Full end-to-end solution including phlebotomy and electronic requesting; Enables transformation of Pathology services to be more sustainable from a service and financial perspective.	As per Intermediate, plus: Delivers capability to support future requirements such as AI and machine learning; On-site supplier provided training.
Disadvantages (Weaknesses and threats)	Not compatible with future objectives / services; Ignores known developments; Does not meet future requirements e.g. mobilisation;	Unclear to what extent InterSystems will meet all requirements given agreement reached without procurement. Formal procurement advice is risk of legal challenge as no procurement.	Requirements may not be fully available in current LIMS solutions; More complex to integrate with current systems e.g. WRRS; May be more expensive, increased cost.	Requirements may not be fully available in current LIMS solutions; Cost, may not provide value for money; Supplier ability to deliver;

Scope Options	SCO1: Business as usual	SCO2: Minimum	SCO3: Intermediate	SCO4: Maximum
	No development opportunities Technical platform not supported after 2025; Formal procurement advice is risk of legal challenge as no procurement.			Lack of clarity on delivery options for the future; Culture change may be too challenging to deliver
Match to Spending Objectives (SOs) and Critical Success Factors (CSFs) (Yes, No, Partial)				
SO1: Patient care, safety & outcomes	No	Partial	Yes	Yes
SO2: Enable service transformation	No	Yes	Yes	Yes
SO3: Deliver end-to-end solution	No	Partial	Yes	Yes
SO4: More prudent use of resources	No	Partial	Yes	Partial
SO5: Meet current & future reqts	No	Partial	Partial	Yes
CSF1: Business needs	No	Partial	Yes	Yes
CSF2: Strategic fit	No	Partial	Yes	Yes
CSF3: Benefits optimisation	No	Yes	Yes	Yes
CSF4: Potential achievability	Yes	Yes	Yes	Partial
CSF5: Supply side capacity&capability	Partial	Yes	Yes	Yes
CSF6: Potential affordability	Yes	Yes	Yes	Partial
Conclusion	**Carried forward (benchmark)**	**Discounted**	**Preferred**	**Possible**

Service Solution Options

The service solution options are listed below and Table 10 provides a review of these options:

- ***SSO1: Local LIMS*** - each Health Board separately procures and manages its own LIMS;
- ***SSO2: Best of breed LIMS*** – Separate national systems are procured for each major discipline: Blood Sciences, Cellular Pathology and Microbiology;
- ***SSO3: Separate Cellular Pathology LIMS*** – a system is procured for Cellular Pathology including digital services separately to a combined, national system for Blood Science and Microbiology;
- ***SSO4: Single, national LIMS*** – a single, national LIMS is procured for all Pathology disciplines across Wales.

A consequence of the experience with TCL has been the request to consider *best of breed* options for services such as Cellular Pathology and Blood Transfusion. Consequently, a Prior Information Notice was published in OJEU in January 2018 to give suppliers the heads up that a procurement is planned and to test the market in particular to see what best of breed systems were available. Sixteen suppliers responded and invited to a Supplier Engagement day on 6 February; ten suppliers attended and six gave presentations on their system and described how they would work with Wales. Five suppliers were offering best of breed although, they were either too focused (Mortuary services or New Born Spot Screening), with two offering Cellular Pathology and one offering Blood Transfusion. Feedback from the supplier day indicated that there remained a split in views on whether to continue to explore *best of breed* solutions versus a single, full LIMS for Wales[4]. A paper[5] was prepared for the April meeting of the LINC Programme Board, which considered the issues relating to these options and the Board decided that the right approach was to continue to build on a single, national LIMS. The NHSW CEG ratified this decision at their meeting on 18 September 2018.

Subsequently, the option for Microbiology to buy its own system was raised at the National Pathology Network meeting in September and again at the LINC Programme Board in October. In various workshops held during the year and at the LINC Programme Board in August and September, it has been requested that the option for separate LIMS for each health board be considered as a shortlisted option. Both of these options had already been rejected and the NHSW CEG unanimously decided in favour of a single, national LIMS at their meeting held on 18 September 2018. In discussion with Ian Gunney and Peter Jones at Welsh Government on 17 September

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[4] WLIMS2 Supplier Engagement Day Report V0.4, 7Mar2018, LINC Programme, NHSWHC
[5] LINC Programme Challenges and Approach V0.2, 9Apr2018, LINC Programme, NHSWHC

about the OBC, they requested that that the rationale for a single, national LIMS be reinstated in the longlist.

Evaluation of Service Solution Options

Each service solution option is described in more detail in Table 10, which also provides an evaluation of the advantages and disadvantages of each and a comparison against spending objectives and critical success factors to determine whether the option is preferred, possible or discounted.

Overall Conclusion: Service Solution Options

In summary, the preferred service solution is Option 4: a single, national LIMS. Option 3 is shown as Possible and the others are rejected.

Table 10: Review of the Long List Options for Service Solutions

Service Solution Options	SSO1: Local LIMS for each Health Board	SSO2: Best of breed LIMS	SSO3: Separate Cellular Pathology LIMS	SSO4: Single, national LIMS
Description	Each Health Board separately procures, implements and manages its own LIMS.	Separate national systems are procured for each major discipline: Blood Sciences, Cellular Pathology and Microbiology.	A system is procured for Cellular Pathology including digital services separately to a combined, national system for Blood Science and Microbiology.	A single, national LIMS is procured for all Pathology disciplines across Wales.
Advantages (Strengths and opportunities)	Each health board is in control of its own LIMS as it used to be with the Telepath and Masterlab systems	Each discipline would have its own dedicated LIMS chosen as the best of breed for their service.	Cellular Pathology would have a combined LIMS and Digital Cellular Pathology solution. Blood Sciences and Microbiology would have their own national solution	A single national system would be implemented once with a single hosting arrangement, have one set of interfaces to national applications and have one service management arrangement in place.
Disadvantages (Weaknesses and threats)	There may be multiple suppliers providing these systems across Wales with six separate data centres. The interfaces would have to be developed, implemented, tested and maintained to the national applications for six separate LIMS systems. There would be six separate service management arrangements, which may vary for each health board. Legacy data would have to be delivered separately for each LIMS. It would be difficult to produce consistent, comparable,	The market soundings earlier this year did not provide evidence of any supplier offering a viable best of breed option. There is no evidence that a best of breed option would provide any additional benefit over and above a single, national LIMS and the costs of three	Digital Cellular Pathology tends to be an additional toolset separate to the LIMS and the market place did not offer a combined solution that was currently live in the UK as part of the market soundings earlier this year.	It has proven difficult to implement a national system, which is still not yet fully deployed in all disciplines. A different approach would need to be taken to business change and standardisation and approach to implementation to

Service Solution Options	SSO1: Local LIMS for each Health Board	SSO2: Best of breed LIMS	SSO3: Separate Cellular Pathology LIMS	SSO4: Single, national LIMS
	national data for Pathology services and to implement or maintain a standardised service across Wales. In addition, it would be much more difficult to move work around Wales or reconfigure services. Overall, this option would be costly to procure, implement and maintain; and not provide value for money.	separate LIMS would be more significant, as per option one.	This would also be more complex and costly to procure, implement and maintain as per options one and two.	develop, test and enable local services to take up the new service.
SO1: Patient care, safety & outcomes	No	Partial	Partial	Yes
SO2: Enable service transformation	No	Partial	Partial	Yes
SO3: Deliver end-to-end solution	No	Partial	Partial	Yes
SO4: More prudent use of resources	No	No	No	Yes
SO5: Meet current & future reqts	No	Partial	Partial	Yes
CSF1: Business needs	Partial	Partial	Partial	Yes
CSF2: Strategic fit	No	Partial	Partial	Yes
CSF3: Benefits optimisation	No	No	Partial	Yes
CSF4: Potential achievability	Partial	Partial	Partial	Partial
CSF5: Supply side capacity&capability	No	No	No	Yes
CSF6: Potential affordability	No	No	Partial	No
Conclusion	**Discounted**	**Discounted**	**Possible**	**Preferred**

Technical Solution Options

The technical solution options are listed below and describe how the technical platform for the LIMS service will be delivered:

- **TSO1: Supplier cloud hosted solution** – the supplier hosts a technical solution using cloud services, subject to meeting NHS Wales information governance and security requirements, e.g. or Infrastructure as a Service (IaaS), Software as a Service (SaaS) or Platform as a Service (PaaS);
- **TSO2: National data centre (supplier hosted)** – the supplier hosts a dedicated technical solution in the NHS Wales data centres;
- **TSO3: National data centre (NWIS hosted)** – NWIS hosts a dedicated technical solution in the NHS Wales data centres
- **TSO4: Local data centres (health boards)** – a dedicated technical solution is hosted in local data centres managed by health boards or regional services.

Evaluation of Technical Solution Options

Each technical solution option is described in more detail in Table 11, which also provides an evaluation of the advantages and disadvantages of each and a comparison against spending objectives and critical success factors to determine whether the option is preferred, possible or discounted.

Overall Conclusion: Technical Solution Options

In summary, the preferred technical solution is Option 1: a supplier hosted solution. Option 3 is carried forward as the BAU option for benchmarking purposes. Option 2 is possible and Option 4 is discounted.

Table 11: Review of the Longlist Options for Technical Solutions (TSO)

Technical Solution Options	TSO1: Supplier cloud hosted	TSO2: National data centre – Supplier hosted	TSO3: National data centre - NWIS hosted	TSO4: Local data centres – Health Boards
Description	Solution technical platform implemented and managed by the supplier utilising cloud services from Infrastructure as a service (IaaS), Software as a Service (SaaS) or Platform as a Service (PaaS).	Solution technical platform implemented and managed by the supplier from an NHS Wales Data Centre – the successful supplier would manage the software and hardware environment, but the solution would be housed within the NHS Wales national data centres. NHS Wales role would be limited to providing access to premises, data centre services and charging arrangements for its use with no service delivery.	Solution technical platform implemented and managed by NWIS from an NHS Wales Data Centre. This is the current model for WLIMS1.	Solution technical platform implemented and managed by the supplier, utilizing one or more local health board data centres.
Advantages (Strengths and opportunities)	Fewer NHS staff resources and responsibilities Responsibility for contract performance lies with the supplier. Supplier responsible for the whole environment; Management of operational issues less complex; Technology refresh managed by provider as part of a service;	Potential cost, compared to TSO1; Reduce governance risk; Data is held by NHS Wales and service is provided from the NHS Wales network; Supplier responsible for end-to-end service with NHSW only providing the data centre(s)	NHS understanding of the system; The data is held by NHS Wales and service is provided from the NHS Wales network; National data centres are connected directly to the PSBA network;	Local data centres are connected directly to the PSBA network.

Technical Solution Options	TSO1: Supplier cloud hosted	TSO2: National data centre – Supplier hosted	TSO3: National data centre - NWIS hosted	TSO4: Local data centres – Health Boards
	Capital costs reduced as this option would be revenue funded.	infrastructure (racks, networking etc.); National data centres are connected directly to the PSBA network.	Supplier would manage the software environment.	
Disadvantages (Weaknesses and threats)	Potential cost; Data would not be directly within NHS control although this would be controlled via the contract and service levels; Risks around service provision including potential loss of service and data from a technical perspective; Supplier would need to provide a connection to the PSBA[6] network from their data centre. Suppliers would have to comply with national standards for information governance and security such as the National Cyber and Security Centre Health and Social Care cloud Security - Good Practice Guide.	Supplier would need access to the national data centers; Access issues e.g. firewall, integration. Supplier may be constrained by the capacity available in the national data centers; Service may be impacted by NWIS work in the data centers. Potential supplier / NWIS conflict.	NHS resource heavy; Supplier would need access to the national data centers; Supplier may be constrained by the capacity available in the national data centers; NWIS required to manage the hardware environment with potential conflict with supplier over management of the software environment and where the boundaries between these responsibilities are divided, especially when incidents arise.	HBs unlikely to agree to their local data centres being used for a national system; LIMS is held in a single database, so it would not be technically feasible to host the software in disparate data centres. Separate HB instances to provide resilience within a national solution would still be managed via a single technical solution

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[6] Public sector broadband aggregation (PSBA) – the national network for the NHS, public sector and education services across Wales.

Technical Solution Options	TSO1: Supplier cloud hosted	TSO2: National data centre – Supplier hosted	TSO3: National data centre - NWIS hosted	TSO4: Local data centres – Health Boards
SO1: Patient care, safety & outcomes	Partial	Partial	Partial	No
SO2: Enable service transformation	Partial	Partial	Partial	No
SO3: Deliver end-to-end solution	Partial	Partial	Partial	No
SO4: More prudent use of resources	Partial	Partial	Partial	No
SO5: Meet current & future reqts	Partial	Partial	Partial	No
CSF1: Business needs	Yes	Yes	Yes	No
CSF2: Strategic fit	Yes	Yes	Yes	No
CSF3: Benefits optimisation	Partial	Partial	Partial	No
CSF4: Potential achievability	Yes	Partial	Partial	No
CSF5: Supply side capacity&capability	Yes	Partial	Partial	No
CSF6: Potential affordability	Partial	Partial	Partial	No
Conclusion	**Preferred**	**Possible**	**Carried Forward (benchmark)**	**Discounted**

Configuration Options

There are two configuration options as listed below.

- ***CON1: In-house Configuration (NWIS)*** – NWIS to configure the application as part of the development of the solution;
- ***CON2: Supplier Configuration*** – The supplier to configure the application as part of the development of the solution.

Evaluation of Configuration Options

Each configuration option is described in more detail in Table 12, which also provides an evaluation of the advantages and disadvantages of each and a comparison against spending objectives and critical success factors to determine whether the option is preferred, possible or discounted.

Overall Conclusion: Configuration Options

In summary, the preferred option for configuration is Option 2: supplier configuration. Option 1 is carried forward as the BAU benchmarking option.

Table 12: Review of the Longlist Configuration Options

Configuration Options	CON1: In-house configuration (NWIS)	CON2: Supplier configuration
Description	NWIS application team to configure the application and other tailoring as part of the development of the solution to meet the Pathology service requirements.	The supplier to complete the entire configuration and other tailoring as part of the development of the solution to meet the Pathology service requirements.
Advantages (Strengths and opportunities)	Application team in place and have experience and knowledge of local requirements	Supplier has experience of the solution and how best to design and develop and efficient system to meet Pathology service requirements.
Disadvantages (Weaknesses and threats)	Limited resources and current team unable to complete all the changes required and in a constant cycle of development. Consequently current staff unable to take on any other development work due to configuration demands	Supplier does not have in depth knowledge of how the Pathology service works in Wales. May be more expensive.
Match to Spending Objectives (SOs) and Critical Success Factors (CSFs) (Yes, No, Partial)		
SO1: Patient care, safety and outcomes	Partial	Partial
SO2: Enable service transformation	Yes	Partial
SO3: Deliver end-to-end solution	Partial	Partial
SO4: More prudent use of resources	Partial	Yes
SO5: Meet current and future requirements	Partial	Yes
CSF1: Business needs	Yes	Partial
CSF2: Strategic fit	Partial	Yes
CSF3: Benefits optimisation	Partial	Yes
CSF4: Potential achievability	Yes	Yes
CSF5: Supply side capacity & capability	Partial	Yes
CSF6: Potential affordability	Yes	Partial
Conclusion	**Carried forward (benchmark)**	**Preferred**

Service Delivery Options

The service delivery options are listed below and describe who will deliver the service solution, comprising a number of separate components as presented in Figure 11.

- ***SDO1: In-house system delivery*** – The NHS is responsible for the development of the LIMS system and its management in terms of updates, environment, integration & configuration and implementation;
- ***SDO2: NHS service management*** - the current service management model for WLIMS1, with most service management components provided by NWIS, only application development and third line support provided by InterSystems;
- ***SDO3: Supplier partial service management*** – some of the service management components, such as application management, being shared between the supplier and NHS Wales and second line support (in addition to ongoing development);
- ***SDO4: Supplier total service management*** – all of the service management components provided by the supplier with only NHS contract management governance processes in place to manage the supplier's performance against the contract.

Service management governance (ITIL), contract management & change management	First line support (helpdesk)
Application management and ongoing development	Second / third line support

Service Management
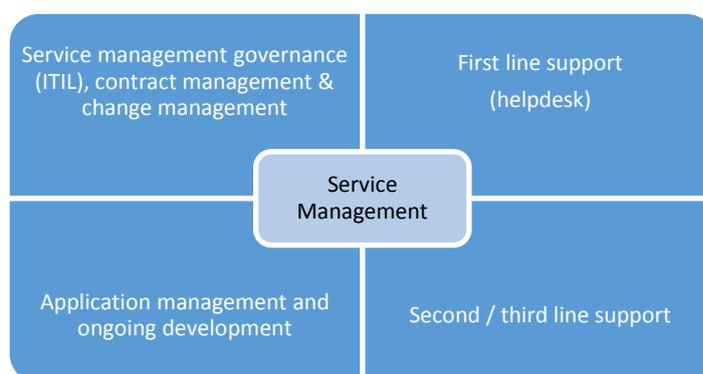
Figure 11: Service Management Components

Evaluation of Service Delivery Options

Each service delivery option is described in more detail in Table 13, which also provides an evaluation of the advantages and disadvantages of each and a comparison against spending objectives and critical success factors to determine whether the option is preferred, possible or discounted.

Overall Conclusion: Service Delivery Options

In summary, the preferred option for service delivery is Option 3: Supplier partial service management. Option 2 is carried forward as the BAU option for benchmarking purposes. Option 4 is possible and Option 1 is discounted.

Table 13: Review of the Longlist Options for Service Delivery (SDO)

Service Delivery Options	SDO1: In-house service delivery	SDO2: NHS service management	SDO3: Supplier partial service management	SDO4: Supplier total service management
Description	The NHS is responsible for the development of the LIMS system and all service management including updates, environment, integration, configuration and implementation.	The NHS procures a system licence but then takes responsibility for managing the system, its configuration, integration and environment and support. The supplier provides LIMS updates to the NHS to apply. This is the current model for WLIMS1	NHS procures a service, which the supplier initially develops and configures but ongoing service management is divided between the supplier and the NHS.	The NHS procures a service totally supported by the supplier with no in-house service management only contract management.
Advantages (Strengths and opportunities)	NHS has total control of the development and management of the solution.	NHS controls the management of the solution.	NHS can choose what services to manage and which the supplier will manage. This option is potentially more responsive to change.	NHS has no responsibilities and all services are provided by the supplier directly to the service; The quality of the service is managed by the service levels in the contract, with financial incentives to meet the required standards.
Disadvantages (Weaknesses and threats)	The NHS could not develop a Pathology solution, as it is far too complex and would take an inordinate amount of resources and time; This solution is not feasible.	Conflict between NWIS, the service and the supplier arise because of difficulties in managing the supplier relationship, especially when incidents arise.	The NHS will need to resource the skills required to manage the services being provided by the NHS. Local resources will be required in each HB.	This is likely to be more expensive and dependent on the quality of the supplier's service management. The NHS would have no direct control over the system.

Service Delivery Options	SDO1: In-house service delivery	SDO2: NHS service management	SDO3: Supplier partial service management	SDO4: Supplier total service management
Match to Spending Objectives (SOs) and Critical Success Factors (CSFs) (Yes, No, Partial)				
SO1: Patient care, safety and outcomes	No	Partial	Partial	Partial
SO2: Enable service transformation	No	Partial	Partial	Partial
SO3: Deliver end-to-end solution	No	No	Partial	Partial
SO4: More prudent use of resources	No	Partial	Partial	Partial
SO5: Meet current and future requirements	No	No	Yes	Partial
CSF1: Business needs	No	No	Yes	Yes
CSF2: Strategic fit	No	No	Partial	Partial
CSF3: Benefits optimisation	No	No	Partial	Partial
CSF4: Potential achievability	No	Partial	Yes	Yes
CSF5: Supply side capacity & capability	No	No	Yes	Partial
CSF6: Potential affordability	No	No	Yes	Partial
Conclusion	**Discounted**	**Carried forward (benchmark)**	**Preferred**	**Possible**

Implementation Options

The implementation options examine the various approaches to implementation once the chosen system has been designed, developed and tested for Wales including integration with the national technical platform and signed off as ready to deploy in all disciplines as listed below:

- **IMP1: All disciplines phased by site** – all disciplines deployed one laboratory at a time;
- **IMP2: All disciplines phased by health board** – all disciplines deployed one health board but phasing designed to best meet the needs of the HB;
- **IMP3: Phased by discipline per health board** – service rolled out one discipline at a time phased by health board followed by the next discipline;
- **IMP4: Phased by discipline nationally** – one discipline rolled out across all health boards at the same time;
- **IMP5: Big bang approach** – all disciplines rolled out across all health boards at the same time.

Evaluation of Implementation Options

Each implementation option is described in more detail in Table 14, which also provides an evaluation of the advantages and disadvantages of each and a comparison against spending objectives and critical success factors to determine whether the option is preferred, possible or discounted.

Overall Conclusion: Implementation Options

In summary, the preferred option for implementation is Option 2: phased by health board, which is also the BAU option for benchmarking purposes. Option 3 is possible but will take a long time to deliver and require more resources as evidenced by the roll out of WLIMS1. Options 1, 4 and 5 have been discounted.

Table 14: Review of the Longlist Options for Implementation

Implementation Options	IMP1: All disciplines phased by site	IMP2: All disciplines phased by HB	IMP3: Phased by discipline by HB	IMP4: Phased nationally by discipline	IMP5: Big bang
Description	Implement all disciplines for all laboratories on a single site at a time.	Implement all disciplines for all laboratories a single HB at a time	Implement one major discipline in one HB at a time	Deploy one discipline at a time nationally, so sites at the same time.	Deploy all disciplines for all laboratories across Wales at the same time.
Advantages (Strengths and opportunities)	Resources could be concentrated on one site; Laboratories can go live at each site and issues addressed before moving onto the next site; If problems encountered rollback would be simpler.	Laboratories can go live within each health board and issues addressed before moving onto the next health board; Standardised reporting at one HB achievable on the same day; Processes same for all HB services; Implementation team can be concentrated at one HB; Path towards national implementation would be shorter.	This would enable concentration of resources on one discipline; If a problem with one discipline, it would not affect the others; This model was tested with WLIMS1 implementation. Health Boards do not have to provide such a high level of IT support at the same time.	A problem in one discipline would not affect another discipline. HBs would not have to provide IT support to all disciplines at the same time. Only 6 discipline implementations Workflow within disciplines across other Welsh laboratory sites would not be significantly disrupted.	Standardised system delivered on the same day; Can refer samples between HBs immediately and manual interim arrangements not required; Dual running is not required once the new LIMS goes live; All requesting and results are to and from the same system reducing interim management of interfaces.
Disadvantages (Weaknesses and threats)	HBs working as hub and spokes would not be able to transfer work or function; Patient safety issues; With ~ 30 sites, would take a very long implementation	Referred work affected between HBs but could use NPEX as an interim solution; Problems with implementation would affect the whole HB – A problem with one	~30 implementat^{n} phases, so it would take longer and cost more in terms of supplier and programme team resources; Unable to refer work between	The Model would has not been tested. The supplier may have resource implications to support all sites at one time. There would be patient safety implications if a	High risk strategy, could affect all Pathology services nationally; Resource implications to support all sites at the same time; Patient safety compromised if

Implementation Options	IMP1: All disciplines phased by site	IMP2: All disciplines phased by HB	IMP3: Phased by discipline by HB	IMP4: Phased nationally by discipline	IMP5: Big bang
	phase to achieve a national system; Most laboratories across a HB are interdependent and would have to go live at the same time.	discipline would affect all disciplines; Each HB needs resources to go live across all disciplines on all its sites including IT support.	HBs. Could use NPEX as an interim solution; May affect cross-discipline working and interdependencies	whole discipline across Wales failed, roll back to existing LIMS and back up of data would be compromised.	implementation fails- roll back and back up compromised.
Match to Spending Objectives (SOs) and Critical Success Factors (CSFs) (Yes, No, Partial)					
SO1: Patient care, safety & outcomes	No	Yes	Yes	No	No
SO2: Enable service transformation	No	Partial	No	No	No
SO3: Deliver end-to-end solution	No	Partial	Partial	Partial	Yes
SO4: More prudent use of resources	No	Partial	Partial	Partial	Partial
SO5: Meet current & future reqts	No	Yes	Partial	Partial	Yes
CSF1: Business needs	No	Partial	Partial	Partial	Partial
CSF2: Strategic fit	No	Partial	Partial	Partial	Partial
CSF3: Benefits optimisation	No	Partial	Partial	Partial	Partial
CSF4: Potential achievability	No	Yes	Partial	No	No
CSF5: Supply side capacity&capability	Yes	Yes	Partial	No	No
CSF6: Potential affordability	Yes	Yes	Partial	Partial	No
Conclusion	**Discounted**	**Preferred (benchmark)**	**Possible**	**Discounted**	**Discounted**

4.4. The Long List of Options: Summary of Inclusions and Exclusions

The long list has appraised a wide range of possible options, summarised as summarised in Table 15.

Table 15: LINC Long List of Options: Summary of Inclusions and Exclusions

Category	Title	Conclusion
Scoping Options		
SCO1	Business as usual	Discounted
SCO2	Do Minimum	Discounted
SCO3	Intermediate	Preferred
SCO4	Maximum	Possible
Service Solution Options		
SSO1	Local LIMS for each health board	Discounted
SSO2	Best of breed LIMS per main discipline	Discounted
SSO3	Separate Cellular Pathology LIMS	Possible
SSO4	Single, national LIMS	Preferred
Technical Solution Options		
TSO1	Supplier cloud hosted solution	Preferred
TSO2	National data centre – supplier hosted	Possible
TSO3	National data centre – NWIS hosted	Discounted
TSO4	Local data centres – Health Boards	Discounted
Configuration Options		
CON1	In-house configuration (NWIS)	Possible
CON2	Supplier configuration	Preferred
Service Delivery Options		
SMO1	In-house system delivery	Discounted
SMO2	NHS service management	Discounted
SMO3	Supplier partial service management	Preferred
SMO4	Supplier total service management	Possible
Implementation Options		
IMP1	All disciplines phased by site	Discounted
IMP2	All disciplines phased by HB	Preferred
IMP3	Phased by discipline by HB	Possible
IMP4	Phased nationally by discipline	Discounted
IMP5	Big bang	Discounted

4.5. Short-Listed Options

The summary of the long-list using the options framework has been used to map option choices into a summary of the shortlist as shown in Table 16.

Table 16: LINC Long List of Options mapped to the Shortlist

Longlist of Options		Shortlist of Options		
		1. BAU	**2. Do minimum**	**3. Preferred approach**
Scope Options (SCO)				
SCO1	Business as usual	BAU		
SCO2	Do minimum		Upgrade	
SCO3	Intermediate			Intermediate
Service Solution Options (SSO)				
SSO4	Single, national system	BAU	BAU	BAU
Technical Solution Options (TSO)				
TSO1	Supplier hosted solution			Supplier hosted
TSO2	National data centre – supplier hosted		NDC Supplier hosted	
TSO3	National data centre – NWIS hosted	NDC NWIS hosted		
Configuration Options (CON)				
CON1	In-house configuration (NWIS)	Not applicable		
CON2	Supplier configuration		Supplier config.	Supplier config.
Service Delivery Options (SMO)				
SMO1	NHS service management	NHS service management		
SMO3	Supplier partial management		Supplier partial SM	Supplier partial SM
Implementation Options (IMP)				
IMP2	Phased by health board	Not applicable		Phased by HB
IMP3	Phased by discipline per HB		Phased by discipline per HB	

The shortlisted options comprise:

- A **business as usual** option, to upgrade to InterSystems TCL 2016, for benchmarking purposes;
- A *do minimum* option, to agreement a new contract with InterSystems for TCL Enterprise without a procurement;
- A *preferred approach* using the preferred longlist options across all categories.

Option 1 – Business as Usual

This option, to upgrade to TCL 2016, provides the benchmark for value for money and is predicated upon the following parameters:

- ***Scope:*** Option 1 of the scope options in terms of the capability of TCL 2016. The upgrade will be kept to a minimum to keep costs as low as possible and implement as quickly as possible;
- **Solution:** Upgrade to TCL 2016 and use this version until 2027;
- ***Service delivery:*** The same as at present with NWIS hosting the service and InterSystems providing software updates and third line support. There will be no changes to the method of integration to clinical, downstream systems;
- ***Implementation:*** The upgrade is anticipated to take 18 months from January 2019 to June 2020. Most of the work during 2019/20 will be behind the scenes with go live across the whole service at the same time between April and June 2020;
- ***Funding*:** The costs of the upgrade are unknown at this stage, but a notional capital cost of £2.5m has been assumed. This is deemed to be a sunk cost to the LINC Programme. NWIS will take the lead on securing funding and delivering the upgrade as part of the management of WLIMS1. WLIMS1 apportionment method will continue. However, the costs payable to InterSystems may increase after the current contract expires in June 2020.

It has been suggested that given the cost and effort required to undertake the upgrade, that the service should get some benefit by using the system for some time before replacing with a new LIMS and therefore delaying the procurement. However, delaying the procurement is not recommended because:

- It is already known that there will be minimal operational benefits from the upgrade. For example, there is no evidence to suggest that there will be an improvement in poor functionality such as document scanning and voice recognition;
- The current complex configuration will just be copied over with no opportunity to streamline the improve standardisation;
- Although there is an improvement in business intelligence capability with DeepSee 2, InterSystems proposal is to just copy across the current reporting, so there would be no immediate benefits;
- The upgraded solution will be required until the new LIMS is fully deployed anyway, which is anticipated to be for a minimum of three years until March 2023 if the deployment is completed to time;
- The health boards are under considerable financial pressure to deliver efficiency savings. The new LIMS is an enabler to deliver an efficient solution that will deliver financial benefits. A delay in the procurement will delay the realisation of these financial benefits;
- TCL 2016 is also an old system now and InterSystems has stated that it will not be supported after 2025, so if there is a delay in deployment of the new LIMS, NHS Wales could be in the same position as it is now with TCL 2011;

- Delay in the procurement will compromise the transformation of Pathology services as set out in the Pathology Statement of Intent.

In terms of providing a viable option for the business case, this option is risky because it does not involve going out to procurement and the service is at risk of challenge. Moreover, the solution does not provide a modern platform to support the delivery of the spending objectives and the development of a modern, sustainable Pathology service.

Option 2 – Do Minimum Option

This option is to negotiate a new contract with InterSystems to take TCLE without a procurement:

- **Scope:** Option 2 of the scope options subject to clarification with InterSystems about what can be delivered by TCLE. It is not currently live in the UK, so the scope has not been assessed;
- **Solution:** Implement TCLE after taking the TCL 2016 upgrade;
- **Service delivery:** InterSystems take over the hosting of the service in an NHS data centre but, otherwise the same application support arrangements remain;
- **Implementation:** Upgrade to TCL2016 by June 2020, then InterSystems has indicated that TCLE will go live by the end 2023;
- **Funding:** Indicative costs for the option have been assessed and will require capital and revenue funding.

In addition to proving a compliant, supported solution, the upgrade should improve performance and stability. However, like option 1, this option is risky because it does not involve going out to procurement and the service is at risk of challenge. NHS Wales is also a hostage to fortune as InterSystems offering will not have been tested against the market. Although the cost of the core LIMS may look cheaper, the incremental costs of the wider LIMS solution including other tools may easily result in the overall costs being greater than a procured solution.

Option 3 – The preferred approach

This option using the preferred longlist options across all categories considered:

- **Scope:** Option 3 of the scope options providing intermediate scope;
- **Solution:** The procurement of a new LIMS service;
- **Service delivery:** Hosting provided by the new LIMS supplier combined with partial service management but with more support from the LIMS supplier than presently provided;
- **Implementation:** The service would be developed, tested and validated for the whole of Wales and then deployed in across Wales one health board at a time;

- ***Funding*:** The costs are based on a capital / revenue model in accordance with IRFS16 definition of assets in a managed service. The costs of the preferred option were considered and approved in principle by the NHSW CEG at its meeting on 23 October 2018.

4.6. Economic Appraisal

This section provides an explanation of the general approach taken with regard to the identification and calculation of the costs and benefits shown within the economic appraisals. They cover the seven-year contract period of 2020/21 to 2026/7.

4.7. Estimating Benefits

Benefits, set out in Table 17 have been developed through a series of workshops during 2018:

- A business case workshop on 23 January reviewed the WLIMS1 benefits and proposed additional benefits for the new LIMS;
- Discipline specific workshops identified further potential benefits;
- A benefits workshop on 27 June refined the benefits and how they will be measured, baselined and whether they are Financial (cash releasing), Economic (financial non-cash releasing) or Qualitative;
- A workshop on 17 August evaluated the outcomes arising from the spending objectives in relation to following strategic benefits;
  - Patient safety increased
  - Positive patient outcome increased
  - Convenience of care increased
  - Patient confidence increased
  - Legal / policy compliance increased
  - Health system efficiency increased
  - Overall health system costs decreased
- A workshop on 8 October to financially quantify the benefits.

The financial quantification of benefits has proven difficult due to the lack of comparative data available. It was therefore decided to assess the potential financial benefits based on possible savings in the overall cost of the pathology service. This seemed like a realistic approach as, in England, the aim is to reduce the cost of pathology services from 1.9% to 1.6% of the overall NHS budget. As an enabling programme, LINC could not deliver all of these savings but could contribute to them.

Although, the total cost of the Pathology service is not readily available, 1.9% of the total allocation of £6,185 million revenue monies to Welsh Health Boards and Trusts in 2018/9 is equates to £118m. The NHS Wales Collaborative Executive Group at its meeting on 20 November 2018 asked that the financial benefits be considered in three levels:

- Benefits from electronic test requesting (reduced administrative costs);
- Benefits from improve demand management and business intelligence (reduced number of repeat requests);
- Benefits from the wider improvement in clinical pathways and patient outcomes (such as diagnosing cancer at an earlier stage reducing the cost of treatment and improving patient outcomes).

For the purpose of this OBC therefore, the financial benefits have been estimated as 3% of the cost of the Pathology Service, which equates to £4 million per annum, equally divided across each benefit level. This level of saving is considered achievable. For example, electronic test requesting will reduce the number of administrative staff required to book in tests manually and to scan paper requests into the patient record. Keele benchmarking data for each health board in Wales[7] during 2016/7 identifies that £4.7m is being spent on '*Other Staff*', the bulk of which are the administrative staff in Pathology. One Health Board alone has identified a potential saving of £436k per annum; the cost of halving the number of band 2 two administrative staff (from 40 to 20 staff).

A benefits realisation strategy will be developed to better define and deliver the benefits identified. The possibility of working with the academic sector develop robust mechanisms for defining and realizing benefits will be explored, especially in relation to wider clinical pathways. A LINC Benefits Project will be established to take this work forward and an improved assessment of benefits will be included in the LINC Full Business Case.

In terms of each of the shortlisted options, the extent to which they could deliver these benefits has been explored:

- **Option 1 Business as Usual**: This could deliver up to 1% of the savings identified due to electronic test requesting, given that the upgrade proposed by InterSystems includes no change in the solution per se.
- **Option 2 Do Minimum**: Based on the scope of the recent proposal from InterSystems in relation to the option to taking TCLE, this will not match the Intermediate scope proposed in the preferred option. It is therefore estimated that a possible 2% of the savings could be achieved by this option.
- **Option 3 Preferred Approach**: It was considered that the preferred approach had the potential to deliver all 3% of the potential savings.

It should be noted that NIMB has requested that the benefits work be evaluated more thoroughly for inclusion in the next version of the OBC.

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[7] HBs not submitting benchmarking data to Keele completed the Keele template to provide the data for the analysis of the apportionment of costs for the new LIMS service.

Table 17: LINC Benefits

Benefit ID	Benefit Description	How Measured	Comment	Benefit Type	Data Source (tbc)	Target (tbc)
Patient safety increased						
B1	Improved clinical safety	Clinical incidents reduced	Reduction in in the number of incidents where patient outcomes have been compromised that involve wholly or in part pathology investigations e.g. Delays in treatment. There is a potential financial risk if HB are sued for a clincial incident.	Qualitative	Datix incidents	Halve
B2	Improved service performance	Turnaround times measured according to national definition	Reduce breaches in targets e.g. ED waiting times.	Qualitative	Current TATs	95% within time
B3	Reduced transcription errors	Proportion of tests ordered electronically	Reduce errors due to manual booking in from handwritten forms. Dependent electronic requesting	Qualitative	Datix incidents	Zero
B4	Safer LIMS environment	Automated environment synchronisation	WLIMS1 environments no longer manually synchronised reducing errors.	Ecomomic	Manual	Time saved
Positive patient outcome increased						
B5	Paperless reporting	Time saved in costs on administration, transport, paper & ink	Paperless reporting requires that assurance that all results are reviewed and appropriate action taken. Would be delivered by development in the WCP	Qualitative & Financial	Audit	All results have auditable actions logged on the system.
Convenience of care increased						
B6	Mobile access to results	Measure number of requesters that can access results from any location.	Dependent on WCP being available on tablets or phones.	Economic	Not available	Mobile access working for those that require it.
B7	Vein-to-vein blood tracking solution	Reduction in nursing time	Two nurses are currently needed to check blood before being transfused, but with a vein-to-vein solution, only one nurse is required,	Economic	Audit	Saved nursing time
B8	Improved clinical decision making	Enhanced patient notepad functionality		Qualitative	User survey	Improved user satisfaction

Benefit ID	Benefit Description	How Measured	Comment	Benefit Type	Data Source (tbc)	Target (tbc)
Patient confidence increased						
B9	Improved service quality	Reduced repeat requests	Currently there are 1200 repeat requests per week in C&V UHB alone. This will be delivered via improved demand management.	Economic	Audit needed	Halve
B10	Improved sample traceability	Fewer incidents from missing samples	Full end-to-end traceability of samples via phlebotomy module, electonic requesting and LIMS audit capability.	Qualitative	Datix QMS	Zero
Legal / policy compliance increased						
B11	Reduction in validation costs	Reduced number of tetst assessments to meet validation requirements	Validation required for MHRA	Financial	Audit of WLIMS1	Halve
B12	Improved document management	Duplicated controlled documents, documents past review date.	Requires enterprise QMS to be in place, but will allow central management of standardised documentation.	Qualitative	Qpulse documents	Halve
B13	Automated testing	Time taken to make configuration changes	No workarounds whilst change is being implemented.	Qualitative	Service Point records	Define standards
Health system efficiency increased						
B14	Mobile access to results	Reduced calls to the labs for results	Dependent on WCP being available on tablets	Economic	Needs audit	Halve
B15	Time saved in scanning forms	Number of forms scanned per agreed time period	A quicker process for scanning forms would release staff time from one to several hours per day per staff member per site.This could release sizeable savings across Wales.	Economic	Needs audit	Halve
B16	Improved cross site working	Ability to validate and report on samples analysed from any site	Currently unable to do this, without being given access to another user site by permission and changing the site logged into on the system.	Economic	Not available	Can do
B17	Improved efficiency	Reduced login time	Currently have to login in twice and can take 20 mins or more	Economic	Needs audit	<1 minute
B18	Increased availability of the system	Hours downtime per quarter	Down time to consider any issue with system that has implicate workflow e.g unable to book in samples.	Economic	WLIMS1 baseline data	100%

Benefit ID	Benefit Description	How Measured	Comment	Benefit Type	Data Source (tbc)	Target (tbc)
			Patient confidence increased			
			Overall health system costs decreased			
B19	Sustainable pathology service	Overall costs of pathology service	The target in England is 1.6%. This OBC can contribute to but not deliver the whole target.	Financial	1.90%	1.80%
B20	Improved income from referrals	Number and value of referrals outside Wales	Use of NPEx for referrals in and out of Wales and internally for specialist services, like Medical Genetics.	Financial	Needs audit	Generate income
B21	Minimal downtime	Less overtime paid per month	WLIMS1 significant downtime being experienced in a month	Financial	HBs estimate of overtime paid	No overtime paid
B22	Reduction in integration costs to downstream systems	Reduced number of direct connections to downstream systems	Need to put in place a different approach to integration and review business need for integration to inidivual downstream systems and, where possible, use WCP instead.	Financial	Cost per interface	2 interfaces per HB
B23	Automated sample tracking	% samples tracked online	Dependant on available data that can be sent from analyser middleware	Financial	Audit	0.25 WTE per lab
B24	Reduced manual booking in of samples	Reduction of reception staff.	Significant benefits in efficiency and data quality. Taken to the limit can include auto receipting of samples using analyser pre analytical equipment.	Financial	Current costs	Halve current costs (WTE) of staff used to book in samples using manual methods.

4.8. Estimating Costs

In accordance with the business case guidance, these figures exclude VAT, capital charges and inflation, other than staffing costs where increments have been included for costs based on mid-point of the banding scales and 1% annual pay rises. The costs are presented using a capital / revenue funding model and relevant notes are listed in Appendix 11.

Option 1 Costs

The costs of Option1: Business as usual is presented in Table 18 and acts as a benchmark for the other options. The costs cover the period June 2020 – March 27 from the end of the current contract with InterSystems. This totals £24.4 million revenue plus £2.5 million capital for the upgrade, a total of £26.9 million. This represents the cost of the maintaining TCL 2016 from the end of the current contract for the life of the OBC. It does not allow for any increase in InterSystems charges and assumes that all health boards are live with all TCL modules and not continuing to maintain Telepath or Masterlab.

Option 2 Costs

The estimated costs of Option 2: Do minimum, to negotiate an agreement with InterSystems to take TCLE without a procurement is £32.7 million plus £11 million capital a total of £43.7 million. These costs are detailed in Table 19, which includes:

- o The dual running costs of the current solution for three years from June 2020 until June 2023;
- o The costs of TCLE including the costs of InterSystems taking over the management of the hosting arrangements from NWIS, based on indicative costs included in the recent proposal to NWIS;
- o Integration services;
- o Legacy data (considered to be lower in this option as InterSystems has already developed a legacy database);
- o Scanning, dictation and voice recognition;
- o Blood tracking with remote issue
- o Using NPEx to manage referrals in and out of Wales
- o Electronic test requesting as an optional extra;
- o NWIS support costs;
- o National quality management team and system.

Options 3 Costs

The costs of Option 3, the preferred approach to procure a new LIMS is £37.3 million revenue and £8 million capital, a total of £45.3 million. These costs are presented in Table 20 and include the same as Option 2, other than the cost of the new LIMS service, which is based on market soundings carried out in January 2018.

Table 18: Costs of Option 1: Business as usual (TCL 2016)

Notes Ref	Resource	Grade	Apr 19 - Mar 20 £k	Apr 20 - Mar 21 £k	Apr 21 - Mar 22 £k	Apr 22 - Mar 23 £k	Apr 23 - Mar 24 £k	Apr 24 - Mar 25 £k	Apr 25 - Mar 26 £k	Apr 26 - Mar 27 £k	Total Cost £k
1	**TCL 2016 costs wef June 2020**										
2	TrakCare technical assistance & software updates			1,296	1,667	1,667	1,667	1,667	1,667	1,667	11,301
3	Third party validation services			30	40	40	40	40	40	40	270
3	NWIS Hosting environment and support			236	315	315	315	315	315	315	2,128
3	Infrastructure - third party maintenance			622	830	830	830	830	830	830	5,599
3	National service desk / service management			69	92	92	92	92	92	92	623
3	NWIS Technical Support (analysts/development/integration & test)			495	660	660	660	660	660	660	4,454
	Total Option 1 (BAU) Revenue			**2,749**	**3,604**	**3,604**	**3,604**	**3,604**	**3,604**	**3,604**	**24,375**
4	**Upgrade to TCL 2016**										
	Capital cost of upgrade			2,500							2,500
	Grand Total (Option 1 BAU) Capital and Revenue		**0**	**5,249**	**3,604**	**3,604**	**3,604**	**3,604**	**3,604**	**3,604**	**26,875**

Table 19: Costs of Option 2: Do Minimum (TCLE)

Notes Ref	Option 2: Do Minimum Resources	Grade	Apr 19 - Mar 20 £k	Apr 20 - Mar 21 £k	Apr 21 - Mar 22 £k	Apr 22 - Mar 23 £k	Apr 23 - Mar 24 £k	Apr 24 - Mar 25 £k	Apr 25 - Mar 26 £k	Apr 26 - Mar 27 £k	Total Cost £k
1	**Pathology Solution**										
2	**TCL 2016 dual running costs wef June 2020**										
3	TrakCare technical assistance & software updates			1,296	1,728	1,728	432				**5,184**
4	Third party validation services			30	40	40	10				**120**
4	NWIS Hosting environment and support			236	315	315	79				**946**
4	Infrastructure - third party maintenance			622	830	830	207				**2,489**
	National service desk / service management			69	92	92	23				277
	NWIS Technical Support (analysts/development/integration & test)			495	660	660	165				1,979
	Total (TCL 2016 dual running costs)		**0**	**2,749**	**3,665**	**3,665**	**916**	**0**	**0**	**0**	**10,995**
5	**TCLE - InterSystems hosted service in NHS data centre**										
6	InterSystems hosting costs				775	1,550	1,550	1,550	1,550	1,550	**8,525**
7	Integration costs			500	1,000						**1,500**
8	Legacy data			250	750						**1,000**
9	Scanning system				23	45	45	45	45	45	**248**
110	Voice recognition				10	20	20	20	20	20	**110**
11	Blood tracking				12	24	24	24	24	24	**132**
12	NPEx (for sendaways)			45	15	30	30	30	30	30	**210**
13	Electronic test requesting			500	88	175	175	175	175	175	**1,463**
	Total (TCLE - InterSystems hosted service in NHS data centre)		**0**	**1,295**	**2,672**	**1,844**	**1,844**	**1,844**	**1,844**	**1,844**	**13,187**
14	**NWIS Support Costs**										
15	Change management		50	50	100	100					**300**
16	Change budget for new LIMS						100	100	100	100	**400**
17	National service desk / service management						69	92	92	92	**346**
18	NWIS Technical Support (analysts/development/integration & test)						495	660	660	660	**2,474**
19	Senior Support and Business Analyst (NODi)	6 (M-P)	39	41	42	43	46	47	47	48	**353**
20	Principal Support & Business Analyst (Integration)	7 (M-P)	48	50	52	54	55	55	56	57	**427**
21	Senior Software Developer (Integration)	6 (M-P)	39	41	42	43	46	47	47	48	**353**
22	Technical Architect (Applications Design)	8b (M-P)	69	73	76	76	77	78	79	80	**607**
	Total (NWIS Support Costs)		**246**	**254**	**311**	**318**	**889**	**1,079**	**1,081**	**1,084**	**5,261**
23	**National Quality Management Team & System**										
24	Quality management system		220	37	37	37	37	37	37	37	**479**
25	Quality Manager / Validation Lead	8a (Top)	63	64	64	65	66	66	67	68	**523**
25	Validation Officer	7 (M-P)	48	50	52	54	55	55	56	57	**427**
25	QMS Configuration Librarian	6 (M-P)	39	41	42	43	46	47	47	48	**353**
25	Administrative Support Officer	4 (M-P)	27	28	28	29	30	30	30	31	**234**
26	UAT Tester x 2	6 (M-P)	39	41	42	43	46	47	47	48	**353**
27	Informatics Manager	8a (Top)	63	64	64	65	66	66	67	68	**523**
27	Informatics Officer	6 (M-P)	39	41	42	43	46	47	47	48	**353**
	Total (National Quality Management Team & System)		**540**	**364**	**372**	**381**	**392**	**395**	**399**	**403**	**3,245**
	Total Option 2 (Do Minimum) Revenue		**786**	**4,662**	**7,020**	**6,208**	**4,041**	**3,318**	**3,324**	**3,330**	**32,689**
	Capital										
28	InterSystems implementation costs as capital			4,200	6,813						11,013
	Total Option 2 (Do Minimum) Capital		**0**	**4,200**	**6,813**	**0**	**0**	**0**	**0**	**0**	**11,013**
	Grand Total Option 2 (Do Minimum) Capital & Revenue		**786**	**8,862**	**13,833**	**6,208**	**4,041**	**3,318**	**3,324**	**3,330**	**43,702**

Table 20: Costs of Option 3 – Preferred Option

Notes Ref	Resource	Grade	Apr 19 - Mar 20 £k	Apr 20 - Mar 21 £k	Apr 21 - Mar 22 £k	Apr 22 - Mar 23 £k	Apr 23 - Mar 24 £k	Apr 24 - Mar 25 £k	Apr 25 - Mar 26 £k	Apr 26 - Mar 27 £k	Total Cost £k
1	**Pathology Solution**										
2	**TCL 2016 dual running wef June 2020**										
3	TrakCare technical assistance & software updates			1,296	1,728	1,728	432				**5,184**
4	Third party validation services			30	40	40	10				**120**
4	NWIS Hosting environment and support			236	315	315	79				**946**
4	Infrastructure - third party maintenance			622	830	830	207				**2,489**
4	National service desk / service management			69	92	92	23				277
4	NWIS Technical Support (analysts/development/integration & test)			495	660	660	165				1,979
	Total (TCL 2016 dual running costs)		**0**	**2,749**	**3,665**	**3,665**	**916**	**0**	**0**	**0**	**10,995**
5	**New LIMS Service supplier hosted in NHS data centre**										
6	New LIMS (VAT recoverable)				1,100	2,200	2,200	2,200	2,200	2,200	12,100
7	Integration costs			500	1,000						1,500
8	Legacy data			500	1,500						2,000
9	Scanning system				23	45	45	45	45	45	248
110	Voice recognition				10	20	20	20	20	20	110
11	Blood tracking				12	24	24	24	24	24	132
12	NPEx (for sendaways)			45	15	30	30	30	30	30	210
13	Electronic test requesting			500	88	175	175	175	175	175	1,463
	Total (New LIMS Service supplier hosted in NHS data centre)		**0**	**1,545**	**3,747**	**2,494**	**2,494**	**2,494**	**2,494**	**2,494**	**17,762**
14	**NWIS Support Costs**										
15	Change management		50	50	100	100					**300**
16	Change budget for new LIMS						100	100	100	100	**400**
17	National service desk / service management						69	92	92	92	**346**
18	NWIS Technical Support (analysts/development/integration & test)						495	660	660	660	**2,474**
19	Senior Support and Business Analyst (NODi)	6 (M-P)	39	41	42	43	46	47	47	48	**353**
20	Principal Support & Business Analyst (Integration)	7 (M-P)	48	50	52	54	55	55	56	57	**427**
21	Senior Software Developer (Integration)	6 (M-P)	39	41	42	43	46	47	47	48	**353**
22	Technical Architect (Applications Design)	8b (M-P)	69	73	76	76	77	78	79	80	**607**
	Total (NWIS Support Costs)		**246**	**254**	**311**	**318**	**889**	**1,079**	**1,081**	**1,084**	**5,261**
23	**National Quality Management Team & System**										
24	Quality management system		220	37	37	37	37	37	37	37	**479**
25	Quality Manager / Validation Lead	8a (Top)	63	64	64	65	66	66	67	68	**523**
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25	Administrative Support Officer	4 (M-P)	27	28	28	29	30	30	30	31	**234**
26	UAT Tester x 2	6 (M-P)	39	41	42	43	46	47	47	48	**353**
27	Informatics Manager	8a (Top)	63	64	64	65	66	66	67	68	**523**
27	Informatics Officer	6 (M-P)	39	41	42	43	46	47	47	48	**353**
	Total (National Quality Management Team & System)		**540**	**364**	**372**	**381**	**392**	**395**	**399**	**403**	**3,245**
	Grand Total Option 3 (Preferred Approach) Revenue		**786**	**4,912**	**8,095**	**6,858**	**4,691**	**3,968**	**3,974**	**3,980**	**37,264**
	Capital										
28	Hosting costs as capital			8,000							8,000
	Total Option 2 (Do Minimum) Capital		**0**	**8,000**	**0**	**0**	**0**	**0**	**0**	**0**	**8,000**
	Grand Total Option 2 (Do Minimum) Capital & Revenue		**786**	**12,912**	**8,095**	**6,858**	**4,691**	**3,968**	**3,974**	**3,980**	**45,264**

4.9. Quantifiable Risks

A workshop was held on 12 October to financially quantify the risks of each shortlisted option, based on:

- ***Option 1: Business as usual***
  - Supplier sues for breach of contract as no procurement undertaken;
  - Supplier unable to deliver a fit for purpose solution within required timescales;
  - Each health board implementation takes longer than planned
  - System continues to have unplanned downtime;
  - Inadequate funding;
  - System no longer supported and have to take TCLE (as indicated will be the case by InterSystems after 2025).
- ***Option 2: Do Minimum***
  - Supplier sues for breach of contract as no procurement undertaken;
  - Supplier unable to deliver a fit for purpose solution within required timescales;
  - Each health board implementation takes longer than planned
  - System continues to have unplanned downtime;
  - Inadequate funding;
  - Supplier costs are higher than indicated, because TCL is £1 million more per annum than anticipated in the WLIMS1 full business case and differential between recent indicative figures and original market soundings.
- ***Option 3: Preferred Approach***
  - Supplier unable to deliver a fit for purpose solution within required timescales;
  - Each health board implementation takes longer than planned
  - System continues to have unplanned downtime;
  - Inadequate funding.
  - Supplier issues, potential re-procurement of system;
  - Supplier costs are higher than indicated but lower risk if a consequence of a procurement.

Risk Summary and Analysis

The risk evaluation is presented in Table 21 and the overall summary in Table 22. This demonstrates that the preferred approach is the least risk financially.

LINC Risk
Evaluation 3Dec2018

Table 21: LINC risk evaluation

Table 22: Financial quantification of the risks

	Quantifiable Risks		
	Option 1	**Option 2**	**Option 3**
	Business As Usual	**Upgrade to 2016**	**Commercial Procurement**
Estimated Financial Impact	£22,718,750	£14,400,000	£2,424,000
Rank (1ˢᵗ = lowest risk)	3rd	2nd	1st

4.10. Net Present Cost (NPC) Findings and Analysis

The NPC of each option has been calculated to establish the preferred option on an economic basis taking into account financial costs (excluding inter-governmental transfers such as VAT and depreciation), quantification of cash and non-cash releasing benefits, quantification of risks and discounting. The calculations are shown in Appendix 12.

The overall position in terms of the NPC is set out in Table 23. This shows that although option 3 is the most expensive, taking account of benefits and risks, it has the least NPC.

Table 23: LINC OBC net present cost

Financial Details	Option 1: BAU	Option 2: Do Minimum	Option 3: Preferred Approach
	£k	**£k**	**£k**
Financial cost total	26,875	42,916	44,478
Optimism Bias @ 20%	0	8,583	8,896
Total including optimism bias	**26,875**	**51,499**	**53,374**
Quantification of benefits	-6,222	-12,444	-18,667
Risk Quantification	22,719	14,400	2,424
Total – Pre-Discounting	43,371	53,455	37,131
Net Present Cost	**40,105**	**51,447**	**35,713**

4.11. The Preferred Option: Summary of Overall Findings

Because of this economic appraisal, Options 1 and 2 are rejected and option 3 is the preferred option.

The remainder of this OBC is based on option 3, the preferred approach to procure a new LIMS service.

5. The Commercial Case

The commercial case considers the commercial feasibility of the preferred option.

5.1. Procurement Scope

Based on an assessment of the current solutions available in this market, the procurement approach envisages a single supplier-provided solution with that supplier taking prime contract responsibility for in-scope aspects of the requirement. A service requirement is therefore under consideration whose key components would include:

- Provision, ongoing development, upgrade and maintenance of an All Wales Laboratory Information Management application;
- Development and testing of the solution by the Supplier, including system configuration;
- Deployment of the solution in NHS Wales clinical and laboratory environments and any other hosting locations;
- Seamless end-to-end solution covering electronic requesting and reporting;
- Supplier managed hardware and software environments:
  - In NHS data centres or accredited data centre;
  - Using Welsh PSBA;
- Business intelligence and reporting tools.

The successfully procured solution will include the following core disciplines, broken down into more detail in the Pathology Overview**Error! Reference source not found.**:

- Andrology
- Blood Sciences
- Cellular Pathology
- Microbiology
- Screening services (Ante-natal, Cervical and New born blood spot)

The new LIMS will be a national application integrated with the national technical architecture to provide a seamless solution from requesting to reporting results.

The contract will be a managed service with one supplier responsible for the national application in partnership with NWIS for integration services.

5.2. Procurement Regulations

As NHS Wales organisations are public sector bodies; all NHS Wales procurements must comply with Standing Orders and the Public Contracts Regulations 2015 (PCR2015).

Velindre NHS Trust is the host of the NHS Wales Informatics Service and will be the Contracting Authority for the purposes of this procurement.

Approval to proceed with any contract will be governed by the authorisation of a Full Business Case by the Welsh Government.

5.3. Procurement Strategy

Purpose of the Procurement Strategy

The purpose of the LINC Procurement Strategy is to set down in a formalised manner the key aspects of the scope of the procurement of the LIMS solution, including the route to market in accordance with Procurement regulations, the contractual form and the governance required to be established to ensure that a robust contract is developed. The strategy will enable the procurement to be planned and run in advance of final approval via a Full Business Case (FBC) so that all key issues have been considered and, where appropriate, decisions made on such key aspects. FBC approval will be managed in parallel with the final stages of the procurement so that it is obtained prior to the award of contract.

The Procurement Strategy will form an important part of the audit trail for this procurement as it sets out the strategic objectives of the procuring body in advance of the commencement of the formal process. The strategy was signed off at the LINC Programme Board.

Objectives of the Procurement

The principle aim of the procurement is to procure a LIMS to replace the existing Legacy solution/s.

The objectives of the procurement are that the new LIMS will:

- Meet the identified functional characteristics and requirements
- Meet the investment objectives as set out in the business case
- Provide additional functional capabilities over the contract term (future proof the solution)
- Be interoperable with other national infrastructure, systems and services
- Provide value for money
- Meet national information and business strategies in accordance with Welsh Government strategies for health.

- Be implemented in a fully supported manner within the required timescale for migration off the existing legacy solution

Single Supplier versus Multiple Supplier

Based on an assessment of the current solutions available in this market, the procurement approach envisages a single supplier-provided solution with that supplier taking prime contract responsibility for in-scope aspects of the requirement.

In line with the infrastructure strategy of NHS Wales, the solution will be hosted in either an NHS Wales data centre and delivered across NHS Wales' network infrastructure (currently provided by the Welsh Government's PSBA network) or an accredited datacentre. Solution delivery therefore has a 'multi-supplier environment' characteristic and it is thought efficient to procure the solution from a single prime supplier in order to achieve:

- A full end-end solution i.e. a managed service;
- Flexibility in bringing about business change-driven requirements for the solution and its development;
- Clear responsibility for integration and end-to-end delivery of the solution. This approach removes the risk of "boundary disputes" with other contractors.

Contract Duration

The length of contract for the Laboratory Information Solution Procurement will be tailored to give best value for money for the project. The appropriate length will need to:

- Allow for adequate flexibility for the Authority during the investment life;
- Attract a sufficient range of bidders for the project;
- Enable a viable return on any investment;
- Ensure continuity of support as a minimum to achieve the potential; short to medium term aims of the Programme.

The OJEU will indicate a maximum length of contract of 14 years a minimum of 7 years (initially with options to extend on a year-by-year basis up to a maximum contact term of 14 years). Value for money will be tested on various options, which will be explored during the procurement phase. The subsequent contract will include benchmarking provisions to ensure that the Authority is able to secure benchmarking services from an independent contractor to assess that value for money is being achieved under the LIMS contract.

Contracting Approach

The contract form of Agreement will be a Master Services Agreement, based on an amended form of the IT Services Contract having regard to the Crown Commercial Services and other best practice guidance of IM&T procurement.

Advice will be sought on the construction of the draft contract using the NHS Wales Informatics Service commercial, legal and technical advisers. Each health board will "call off" their requirements from the Master Services Agreement and via this process will execute their own distinct local contracts "Deployment Orders" with the Contractor.

Procurement Route

The value of the procurement will exceed current EU thresholds of approximately £118,000.00 ex VAT, and therefore the procurement must comply with the Public Contracts Regulations 2015, including the requirement to place an advertisement in the Official Journal of the European Union. There are a number of procurement routes and procedures open to NHS Wales for procuring its clinical IT solutions, each is dependent upon the complexity of what is being procured. They are as set out below:

- Procurement under an existing Framework Agreement
- Open Procedure (OJEU)
- Restricted (OJEU)
- Competitive Dialogue Procedure (OJEU)

Following an evaluation of these alternative routes, undertaken by the Commercial Lead for this procurement, the LINC Programme Board has agreed that this requirement is procured under the Public Procurement Directives 2015 Competitive Dialogue Procedure. This procedure, according to the Public Contracts Regulations 2015, should be used in the case of particularly complex contracts, where purchasers may be well aware of their needs but not know in advance, what the best technical, legal or financial solution for satisfying those needs is.

The LINC Programme is keen to explore a range of technical solutions, in conjunction with suppliers, including the introduction of new and potentially innovative solutions, as well as ensuring that the most appropriate commercial deal is secured, and therefore considers the Competitive Dialogue appropriate for this requirement.

Procurement Approach

The following is an outline of the basic procurement approach, which will be developed further in a more detailed Procurement Plan:

1) **Supplier engagement/ Market assessment** has been undertaken to validate the proposed approach and ensure an adequate level of interest, capability and capacity to deliver the requirements. Whilst a preliminary engagement has been undertaken, further presentation days will be required closer to the commencement of the formal procurement process. This approach will be supported through advertisements on national platforms and via the use of Social Media. Such events will be managed formally in line with the spirit of procurement regulations.

2) **Procurement training and awareness sessions** for key staff on an ongoing basis throughout the Competitive Dialogue process is a requirement. Initial briefing sessions will set the scene for ongoing training allowing the procurement team to ascertain the level of experience of this type of procurement and the amount of additional training that will be required. The Procurement team will augment such training with ongoing advice and attendance at key supplier meetings during the competitive procurement process.

3) **Contract Notice** – Issue of a Contract Notice to be placed in the OJEU under the Competitive Dialogue Procedure.

4) **Prequalification** – screening of responses to the Pre-Qualification Questionnaire will be undertaken with pre-qualification information to be received from candidates within 35 days of the issue of the Notice (in accordance with the statutory timescale of 30 days for the Notice). Assessment of pre-qualification information (to include details of previous relevant experience as well as financial and technical capability and capacity questions).

5) **An Invitation to Participate in Dialogue (ITPD)** will be issued to long-listed suppliers. The ITPD will require supplier responses to the Specification, initial pricing, Contract Terms and Conditions and Draft Contract Schedules and adherence to the Commercial Principles governing the procurement.

6) **ITPD Evaluation**. ITPD responses will be evaluated to arrive at a shorter list of suppliers. Reference checks will be included during this period. From this exercise, a final list of providers (anticipated to be four suppliers) will be invited to participate in the detailed dialogue process to develop a common set of contract schedules.

7) **Detailed Dialogue**. A second stage of dialogue with providers passing the first stage of the ITPD stage will be conducted to finalise draft contracts to an appropriate level and identify the commercial terms on which the solution would be provided. The draft contracts will be based on an amended version of the CCS standard form IM&T contract. It is anticipated that three suppliers will be taken forward to the Invitation to Submit Final Tenders Stage to maintain competition in the process and ensure that the Authority's options are not restricted prematurely.

8) **Trial Invitation to Submit Final Tender** will be issued in order to assess the readiness of suppliers to proceed to the final ISFT stage.

Submissions will not be formally evaluated but will be reviewed to ensure completeness and appropriate understanding of the Authority's requirements.

9) **Invitation to Submit Final Tender** is the stage at which bidders will provide their final tender and solutions.

10)   **Final Tenders** will be evaluated and a most favoured tender selected based on the most economically advantageous tender.

Subject to fine-tuning and minor refinements concerning the final tender submission, if required, and approval of the Final Business Case, a contract will be awarded to the supplier with the most economically advantageous tender, executed, and come into force following the ten-day standstill period. The Award Notice will be placed within 48 days of the award decision.

Selection and Evaluation

Selection and evaluation criteria will guide the evaluation at the three stages of the procurement:

1) PQQ responses;
2) Invitation to Participate in Dialogue (IPD) responses (Dialogue Stage);
3) Final Tenders (at the end of the Detailed Dialogue Stage)

In accordance with PCR 2015, all key documents for the procurement will be issued at the start of the procurement i.e. when the OJEU Advert is issued to the market.

Contract Award

On conclusion of the ISFT phase and final evaluation of the ISFT responses, a recommendation will be made on the most economically advantageous tender. This recommendation will be recorded in a final evaluation report, which will set out the basis for the award decision and will require to be signed via the agreed governance process

Any award will be subject to a mandatory 10-day standstill period. Final award will also be subject to approval by the LINC Programme Board, the NHSW CEG, the CIO (Health)/Director of NWIS and the Velindre Trust Board. Full Business Case Approval and Notification will be required from the Welsh Government Cabinet Secretary for Sport, Health and Wellbeing.

Suppliers will be allowed an opportunity for a full debrief following the formal decision being ratified and approved.

Following the completion of the formal award process a Contract Award Notice will be placed in OJEU (Official Journal of the European Union).

Risk Transfer

Project risks have already been documented as part of the preparation stage of the project. (See Project Risk register). Risk transfer as part of the contract will need to be identified as part of the dialogue process.

Resources

The Head of Commercial Services, NHS Wales Informatics Service supported by appropriately experienced members of the Commercial Services team, will manage the procurement and specialist advisers sourced through external consultancy organisations if required.

With a procurement of this complexity, a Procurement Team will be created comprising suitably qualified and competent resources. NWIS Commercial Services has provided an estimate of costs for the external specialist advisers, which has been included in the costs for the economic analysis. It is likely that specific individuals will be involved across multiple activities and/or may undertake more than one role in order to ensure consistency and assist in securing an appropriately robust outcome. The combined staff and consultancy team will cover the following roles for the procurement:

a) **NWIS Procurement Team:** comprising four full time staff, including administrative support for the procurement;
b) **LINC Programme National Team:** comprising the Programme Director, Programme Manager, Senior Project Support Officer and Discipline Specific Subject Matter Experts. A full time Project Manager will be appointed to manage the Procurement Project and deliver the planned outputs as expected within quality, time and budget constraints;
c) **Legal Advisers:** NWIS will utilise its current legal services provider, Blake Morgan LLP to provide the required legal advice;
d) **Commercial Advisor**: This resource will be secured under a new contract via a competitive procurement process;
e) **Laboratory Information Solution Subject Matter Experts:** Laboratory Scientists, who understand the requirements for the new LIMS and are experienced with the procurement of WLIMS1 and the InterSystems TCL will provide SME expertise;
f) **Financial Expert:** A financial expert will be needed to assist with the financial modelling required for this project.

Specialist teams will be created, as required at key stages during the procurement process, to provide the specific skills and expertise required to support the procurement, including:

• **Requirements definition teams**: to specify the service and technical requirements to be delivered by the new LIMS service

utilising Pathology subject matter experts, NWIS technical experts and IT experts from across NHS Wales;

- **Supplier evaluation team**: to screen the PQQ responses, score responses against the IPD and evaluate the final Tenders;
- **Dialogue team**: to negotiate the draft Contracts including representation from the Evaluation Team, commercial, legal and technical advisers.

Timescale

Subject to the Welsh Government signing off this OBC, it is intended to publish the OJEU notice in March 2019. It is anticipated that the design and development of the new service under the proposed contract will start in 2020, taking into account the migration/exit off the legacy solutions and in accordance with the LINC programme plan. The aim will be to complete the implementation by the end of March 2023, subject to detailed negotiations with the chosen commercial supplier and the commitment of the local HBs. Further details are provided in the Management Case.

6. Financial Case

6.1. Introduction

The primary purpose of the financial case is to set out the financial implications of the preferred option, as set out in the Economic Case, to ensure that the solution is affordable.

6.2. Apportionment of Costs

The NHSW Collaborative Executive Group has requested that a different approach to WLIMS1 apportionment of costs be agreed with the DoFs for the LINC Programme. A paper was prepared and submitted to the Deputy DoFs for their meeting on 19 September 2018. The Deputy DoFs did not make a recommendation on the basis that they wished to see the full costs of the preferred option and are discussing this again at their meeting on 20 December.

For the purposes of the OBC, a working assumption has been made that the apportionment will be based on the annual allocation to health boards and NHS trusts. Based on the information provided in the WHC (2017) 053 Health board 2018-9 Allocations, the apportionment is presented in Table 24.

Table 24: Percentage allocation by health board and NHS trust

	2018/9	
	Total Revenue Resource Limit £m	Percentage Total Revenue Resource Allocation
Abertawe Bro Morgannwg UHB	1,073.228	17.4%
Aneurin Bevan UHB	1,175.837	19.0%
Betsi Cadwaladr UHB	1,391.509	22.5%
Cardiff and Vale UHB	868.527	14.0%
Cwm Taf UHB	643.137	10.4%
Hywel Dda UHB	758.962	12.3%
Powys Teaching HB	273.478	4.4%
Total	6,184.678	100.0%

6.3. Scope of the OBC Costs

The scope of the LINC OBC is set out in the Strategic Case: Potential business scope and key service requirements. In summary, this includes:

- Dual running of the upgraded TCL 2016 from June 2020 – June 2023;
- The procurement of a new LIMS service, which also includes additional tools including document scanning, dictation and voice recognition, blood tracking with remote issue, NPEX for referrals in and out of wales and, optionally, electronic test requesting.

- A national quality management team and quality management system (QMS);
- NWIS costs including technical, service management, application support and business change services.

The scope excludes:

- LINC Programme costs for 2018/9, for which a budget has been agreed;
- The replacement of Welsh Blood Service WTAIL system;
- Local pathology and ICT service resources to support the LINC programme, such as backfill for staff training;
- Any local infrastructure, peripherals and laboratory equipment;

The costs of maintaining Telepath and Masterlab has been show in the current costs but excluded from the dual running costs on the basis that all HBs have agreed to fully migrate to TCL. However, some HBs may choose to continue to use their current LIMS for Blood Transfusion if issues arise in migrating to TCL.

In accordance with the guidance, no VAT or inflation has been included in the figures. Staff costs are based on the NHS agenda for change pay scales 2018/9 and have allowed for increments (as appropriate) and a 1% annual cost of living increase.

Revenue only costs have not been considered in the light of the recent financial guidance. IFRS16 has clarified the definition of a service contract where the client controls the use of the identified asset, in this case a supplier-hosted service. As NHS Wales intends to secure economic benefits in the form of savings and direct the use of the asset to support current and future Pathology services, expenditure should be classified as capital. It may be that more of the cost could be classified as capital than that currently shown.

6.4. Impact on the Health Boards and Trusts Income and Expenditure Account

In summary, the costs of the preferred option for the Pathology solution are and set out per health board in Table 25 and broken down per annum in Table 26:

- Total cost over the eight years of the life of the OBC from 2019/20 – 2026/27 = £41.6 million (revenue only) or £37.2 million revenue plus £8 million capital from Welsh Government
- Per annum cost around £4.8 million (revenue only) or £4 million (with a capital injection) following deployment.

The cost of the current systems is £4.2 million, comprising TCL (£3.7 million) and Telepath & Masterlab (£0.5 million).

Table 25: Whole Life Costs and Per Annum Costs of the Preferred Option

Health Board / Trust	Capital and Revenue £k						
	Whole Life Costs (2019/20 - 2026/7)			Per Annum Costs of Pathology Solution			
	Pathology Solution	LINC Programme	Total Cost	New Annual Cost	Costs of Current LIMS'	Potential Savings	Additional Costs / Savings
ABM UHB	6,483	1,037	7,521	690	859	716	-884
Aneurin Bevan UHB	7,080	1,133	8,213	754	688	784	-718
Betsi Cadwaladr UHB	8,384	1,341	9,726	893	765	928	-800
Cardiff and Vale UHB	5,217	835	6,051	556	803	579	-826
Cwm Taf UHB	3,875	620	4,495	413	386	429	-403
Hywel Dda UHB	4,583	733	5,317	488	483	506	-501
Velindre NHST	0	0	0	0	220	0	-220
Powys Teaching HB	1,640	262	1,902	175		59	116
Grand Total	**37,263**	**5,961**	**43,224**	**3,968**	**4,205**	**4,000**	**-4,236**

NHS Wales CEG approved an earlier version of the costs of the preferred option at its meeting held on 23 October 2018 based on a revenue only model.

6.5. Overall Affordability

The annual running costs of the new solution for Pathology services is estimated at £4 million per annum, which is more than TCL but less than the current overall costs. However, the potential to realise savings of up to £4 million per annum could cover the cost of the new LIMS service, once the new service is deployed and benefits have been realised.

Ignoring potential savings, some organisations will see a saving just compared to the current costs of the solution, but this is dependent on the decision relating to apportionment. All organisations will see a reduction of costs once the potential savings are taken into account but this is dependent on the extent to which they have already transformed their services and, for example, reduced administrative overheads as far as possible. Velindre shows a potential saving but is essentially the cost of WTAIL for which ongoing costs will continue.

The treatment of capital and the impact on the balance sheet has yet to be assessed and will be included in the next version of this OBC

The most expensive years are 2020/21 and 2022/23, where between £6m - £10m (revenue only) or £5m - £8m (with capital injection) additional revenue funds are required per annum due to dual running costs and one off costs of development. This could be reduced if development costs can be converted to capital monies, plus the costs of the programme. For 2019/20, £790k is required and programme costs.

As part of the sign off for this OBC, each health board and trust will be required to provide a letter supporting the programme and costs signed by their Chief Executive and Director of Finance.

Table 26: Costs of preferred option per health board / trust (Revenue only)

Notes Ref	Resource	Grade	Apr 19 - Mar 20 £k	Apr 20 - Mar 21 £k	Apr 21 - Mar 22 £k	Apr 22 - Mar 23 £k	Apr 23 - Mar 24 £k	Apr 24 - Mar 25 £k	Apr 25 - Mar 26 £k	Apr 26 - Mar 27 £k	Total Cost £k
1	**Pathology Solution**										
2	**TCL 2016 dual running wef June 2020**										
3	TrakCare technical assistance & software updates			1,296	1,728	1,728	432				**5,184**
4	Third party validation services			30	40	40	10				**120**
4	NWIS Hosting environment and support			236	315	315	79				**946**
4	Infrastructure - third party maintenance			622	830	830	207				**2,489**
4	National service desk / service management			69	92	92	23				277
4	NWIS Technical Support (analysts/development/integration & test)			495	660	660	165				1,979
	Total (TCL 2016 dual running costs)		**0**	**2,749**	**3,665**	**3,665**	**916**	**0**	**0**	**0**	**10,995**
5	**New LIMS Service supplier hosted in NHS data centre**										
6	New LIMS (VAT recoverable)				1,500	3,000	3,000	3,000	3,000	3,000	16,500
7	Integration costs			500	1,000						1,500
8	Legacy data			500	1,500						2,000
9	Scanning system				23	45	45	45	45	45	248
10	Voice recognition				10	20	20	20	20	20	110
11	Blood tracking				12	24	24	24	24	24	132
12	NPEx (for sendaways)			45	15	30	30	30	30	30	210
13	Electronic test requesting			500	88	175	175	175	175	175	1,463
	Total (New LIMS Service supplier hosted in NHS data centre)		**0**	**1,545**	**4,147**	**3,294**	**3,294**	**3,294**	**3,294**	**3,294**	**22,162**
14	**NWIS Support Costs**										
15	Change management		50	50	100	100					**300**
16	Change budget for new LIMS						100	100	100	100	**400**
17	National service desk / service management						69	92	92	92	**346**
18	NWIS Technical Support (analysts/development/integration & test)						495	660	660	660	**2,474**
19	Senior Support and Business Analyst (NODi)	6 (M-P)	39	41	42	43	46	47	47	48	**353**
20	Principal Support & Business Analyst (Integration)	7 (M-P)	48	50	52	54	55	55	56	57	**427**
21	Senior Software Developer (Integration)	6 (M-P)	39	41	42	43	46	47	47	48	**353**
22	Technical Architect (Applications Design)	8b (M-P)	69	73	76	76	77	78	79	80	**607**
	Total (NWIS Support Costs)		**246**	**254**	**311**	**318**	**889**	**1,079**	**1,081**	**1,084**	**5,261**
23	**National Quality Management Team & System**										
24	Quality management system		220	37	37	37	37	37	37	37	**479**
25	Quality Manager / Validation Lead	8a (Top)	63	64	64	65	66	66	67	68	**523**
25	Validation Officer	7 (M-P)	48	50	52	54	55	55	56	57	**427**
25	QMS Configuration Librarian	6 (M-P)	39	41	42	43	46	47	47	48	**353**
25	Administrative Support Officer	4 (M-P)	27	28	28	29	30	30	30	31	**234**
26	UAT Tester x 2	6 (M-P)	39	41	42	43	46	47	47	48	**353**
27	Informatics Manager	8a (Top)	63	64	64	65	66	66	67	68	**523**
27	Informatics Officer	6 (M-P)	39	41	42	43	46	47	47	48	**353**
	Total (National Quality Management Team & System)		**540**	**364**	**372**	**381**	**392**	**395**	**399**	**403**	**3,245**
	Grand Total Option 3 (Preferred Approach) Revenue		**786**	**4,912**	**8,495**	**7,658**	**5,491**	**4,768**	**4,774**	**4,780**	**41,664**

Table 27: Costs of preferred option per health board / trust (Capital & Revenue)

Notes Ref	Resource	Grade	Apr 19 - Mar 20 £k	Apr 20 - Mar 21 £k	Apr 21 - Mar 22 £k	Apr 22 - Mar 23 £k	Apr 23 - Mar 24 £k	Apr 24 - Mar 25 £k	Apr 25 - Mar 26 £k	Apr 26 - Mar 27 £k	Total Cost £k
1	**Pathology Solution**										
2	**TCL 2016 dual running wef June 2020**										
3	TrakCare technical assistance & software updates			1,296	1,728	1,728	432				**5,184**
4	Third party validation services			30	40	40	10				**120**
4	NWIS Hosting environment and support			236	315	315	79				**946**
4	Infrastructure - third party maintenance			622	830	830	207				**2,489**
4	National service desk / service management			69	92	92	23				277
4	NWIS Technical Support (analysts/development/integration & test)			495	660	660	165				1,979
	Total (TCL 2016 dual running costs)		**0**	**2,749**	**3,665**	**3,665**	**916**	**0**	**0**	**0**	**10,995**
5	**New LIMS Service supplier hosted in NHS data centre**										
6	New LIMS (VAT recoverable)				1,100	2,200	2,200	2,200	2,200	2,200	12,100
7	Integration costs			500	1,000						1,500
8	Legacy data			500	1,500						2,000
9	Scanning system				23	45	45	45	45	45	248
10	Voice recognition				10	20	20	20	20	20	110
11	Blood tracking				12	24	24	24	24	24	132
12	NPEx (for sendaways)			45	15	30	30	30	30	30	210
13	Electronic test requesting			500	88	175	175	175	175	175	1,463
	Total (New LIMS Service supplier hosted in NHS data centre)		**0**	**1,545**	**3,747**	**2,494**	**2,494**	**2,494**	**2,494**	**2,494**	**17,762**
14	**NWIS Support Costs**										
15	Change management		50	50	100	100					**300**
16	Change budget for new LIMS						100	100	100	100	**400**
17	National service desk / service management						69	92	92	92	**346**
18	NWIS Technical Support (analysts/development/integration & test)						495	660	660	660	**2,474**
19	Senior Support and Business Analyst (NODi)	6 (M-P)	39	41	42	43	46	47	47	48	**353**
20	Principal Support & Business Analyst (Integration)	7 (M-P)	48	50	52	54	55	55	56	57	**427**
21	Senior Software Developer (Integration)	6 (M-P)	39	41	42	43	46	47	47	48	**353**
22	Technical Architect (Applications Design)	8b (M-P)	69	73	76	76	77	78	79	80	**607**
	Total (NWIS Support Costs)		**246**	**254**	**311**	**318**	**889**	**1,079**	**1,081**	**1,084**	**5,261**
23	**National Quality Management Team & System**										
24	Quality management system		220	37	37	37	37	37	37	37	**479**
25	Quality Manager / Validation Lead	8a (Top)	63	64	64	65	66	66	67	68	**523**
25	Validation Officer	7 (M-P)	48	50	52	54	55	55	56	57	**427**
25	QMS Configuration Librarian	6 (M-P)	39	41	42	43	46	47	47	48	**353**
25	Administrative Support Officer	4 (M-P)	27	28	28	29	30	30	30	31	**234**
26	UAT Tester x 2	6 (M-P)	39	41	42	43	46	47	47	48	**353**
27	Informatics Manager	8a (Top)	63	64	64	65	66	66	67	68	**523**
27	Informatics Officer	6 (M-P)	39	41	42	43	46	47	47	48	**353**
	Total (National Quality Management Team & System)		**540**	**364**	**372**	**381**	**392**	**395**	**399**	**403**	**3,245**
	Grand Total Option 3 (Preferred Approach) Revenue		**786**	**4,912**	**8,095**	**6,858**	**4,691**	**3,968**	**3,974**	**3,980**	**37,264**
	Capital										
28	Hosting costs as capital			8,000							8,000
	Total Option 2 (Do Minimum) Capital		**0**	**8,000**	**0**	**0**	**0**	**0**	**0**	**0**	**8,000**
	Grand Total Option 2 (Do Minimum) Capital & Revenue		**786**	**12,912**	**8,095**	**6,858**	**4,691**	**3,968**	**3,974**	**3,980**	**45,264**

7. The Management Case

7.1. Introduction

The management case addresses the *achievability* of the proposed investment and the actions required to ensure successful delivery in accordance with best practice.

7.2. Programme Management Arrangements

The LINC Programme sits within the portfolio of the NHS Wales Health Collaborative. The Programme is managed in accordance with the OGC Managing Successful Programmes and PRINCE2 standards.

The LINC Programme Board is well established and has been meeting monthly since December 2017. The membership is made up of representatives from each HB and key Pathology organisations and groups as presented in Appendix 13. Adrian Thomas, Executive Director of Therapies and Health Sciences for Betsi Cadwaladr UHB is the LINC Senior Responsible Owner and chairs the Board. Judith Bates is The LINC Programme Director supported by a Programme Management Office (PMO).

NHSW CEG approved the proposed programme governance, presented in Figure 8, at their meeting on 23 October 2018. Roles and responsibilities of each organisation are listed in Appendix 14 and their specific role in relation to LINC is detailed below:
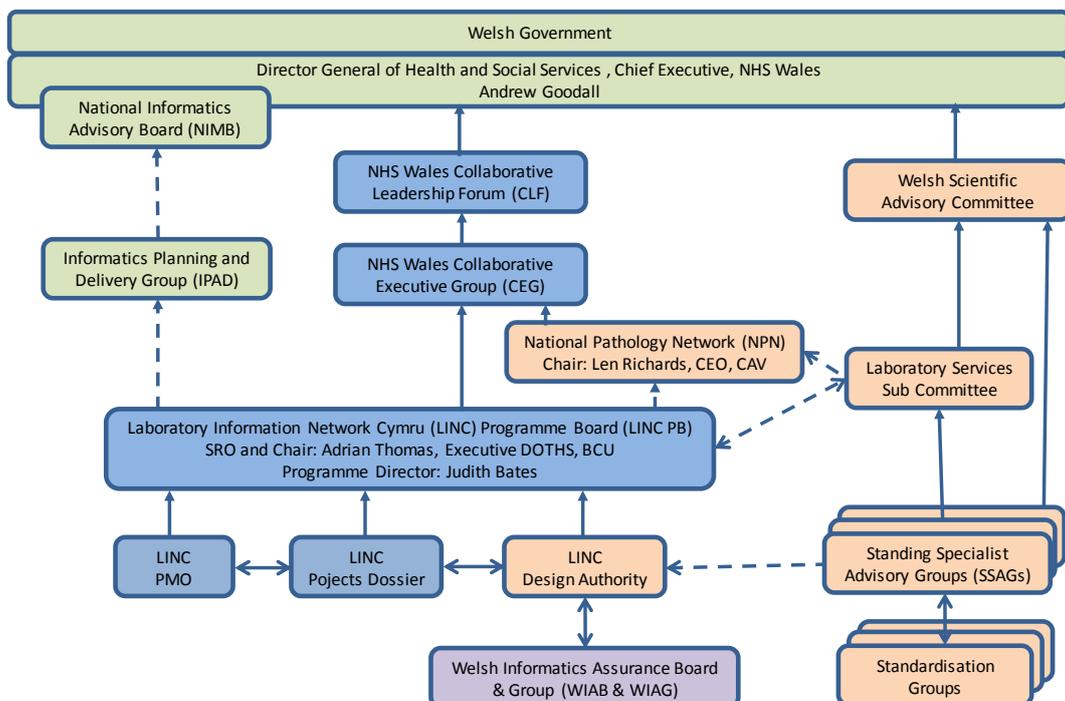
Figure 8: LINC programme governance

LINC programme governance comprises several strands:

- Corporate governance (shaded blue)
- Business case assurance process (shaded green)
- Pathology service and professional assurance (shaded orange)
- Informatics assurance (shaded purple)

Corporate governance and funding

The LINC Programme Board reports to the CEG to secure corporate approval of health boards / trusts / PHW to the programme approach and to requests for revenue funding and provides a monthly update to the CEG.

Business case assurance process

Welsh Government has agreed that a Strategic Outline Case (SOC) is not required for LINC, as it is driven by the need to re-procure a new LIMS. LINC has produced this Outline Business Case (OBC) and, following the procurement, will produce a Full Business Case (FBC). A robust business case assurance process is in place to assure that the OBC had made the case for investment in public monies. It has been reviewed or is planned to be considered by the following groups:

- Advice and assurance from NHS Wales Informatics Service Business Assurance (Mike Flanagan, Hugh Morgan, Gail Medcraft and Brent Varley) throughout the OBC development by email and in meetings;
- IPAD reviewed version 0.8 at its meeting on 19 October;
- Informal feedback on version 0.8 at meetings held with Peter Jones and Ian Gunney on 17 September and with Frances Duffy and Rob Orford on 22 November;
- IPAD Subgroup reviewed version 0.13 at its meeting on 27 November;
- NIMB considered version 0.16 at its meeting on 11 December and has asked that a decision be taken on the approach to delivering ETR and that benefits be better evaluated as part of the OBC;
- Welsh Government has offered support by taking the OBC to their scrutiny panel early in 2019. In the meantime work has already started on benefits evaluation and discussions planned with NWIS to assess their capacity to develop the WCP for ETR.;
- The aim is still to achieve Ministerial sign off by the end of February 2019.

In addition, the business case is going through a corporate assurance process, including:

- Review by the LINC Programme Board throughout OBC development;
- Funding model considered and approved by NHS Wales Collaborative Executive Group at its meeting on 18 September;
- Apportionment of costs considered by the Deputy DoFs at their meeting on 19 September, to be finalised on 20 December;

- Financial costs of the preferred option sent to the DoFs and deputy DoFs on 15 November to include in IMTP planning;
- Review via the Health Boards / Trusts / PHW internal business case assurance process during December
- Approval by each Health Board in January 2019;
- Signed letter of approval from each health board / trust / PHW CEO, Director of Finance and Director responsible for Pathology services to commit to the programme and funding by the end of February 2019.

The business case is also going through a professional assurance process including:

- Version 0.10 was sent to the SSAGs for review on 31 October;
- Version 0.11 was sent to the National Pathology Network and discussed at their meeting on 30 November;
- The Laboratory Services Subcommittee will receive the OBC at its quarterly meeting on 18 January 2019.

Pathology service and professional assurance

The National Pathology Network is responsible for the implementation of the Pathology Statement of Intent, of which LINC is a key element. The LINC SRO and the LINC Programme Director are members of the NPN.

The LINC Programme Director is also a member of and provide regular updates to the LSSC.

LINC documentation is sent out to SSAG leads to secure feedback from their SSAG. For the Cellular Pathology SSAG, which is does not currently have a lead, a circulation list has been created to share documentation and seek feedback. SSAGs are invited to and promote workshops and events.

In addition, presentations have been made to a range of All Wales groups and bodies, including ADIs, Deputy DOFs, Directors of Planning and the Welsh Clinical Informatics Council.

Informatics assurance

NHS Wales has an informatics assurance process in place via WIAB and WIAG. A well-documented assurance process is in place and will be applied at all stages of the LINC Programme and work closely alongside the LINC Design Authority to assure that the new services and systems are safe.

7.3. Proposed LINC Operational Governance

One of the key questions asked of LINC is '*who owns the new LIMS system'*. This has been widely discussed and the proposed operational governance discussed by the NHSW CEG at its meeting on 23 October. The interim arrangements are presented in Figure 9. This will be updated

following the national review of governance arrangements. Roles and responsibilities of each organisation are listed in Appendix 14 and their specific role in relation to LINC is detailed below:
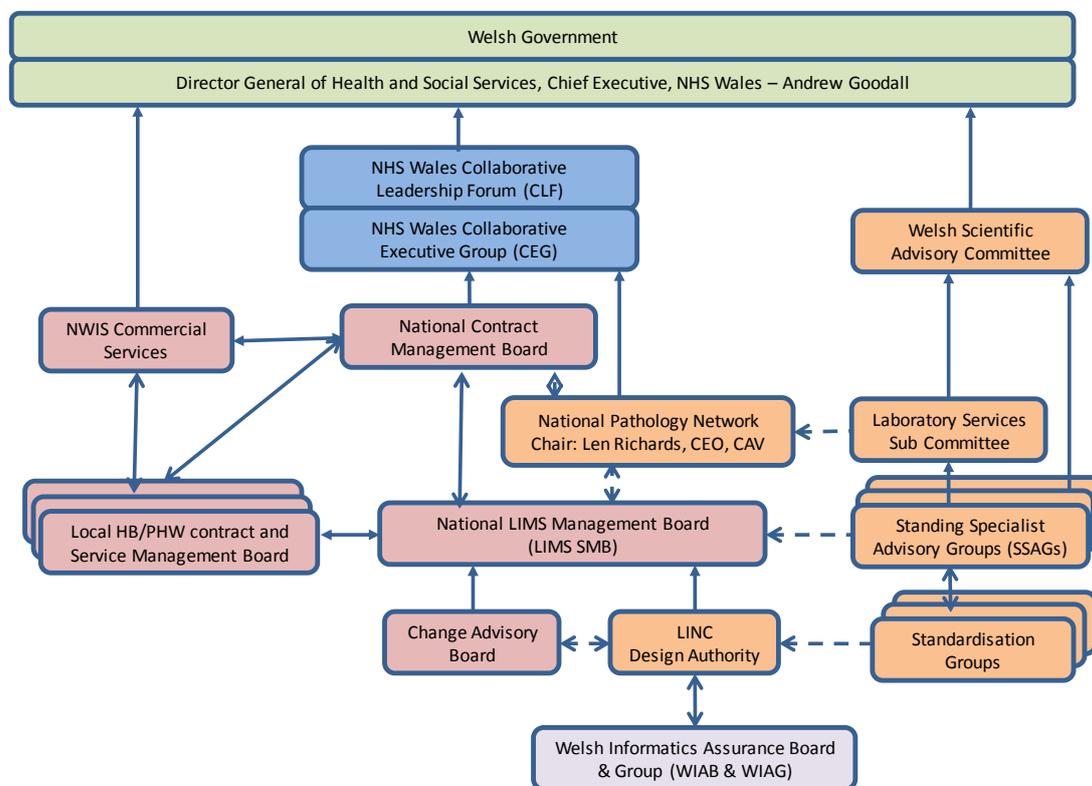
Figure 9: LINC operational governance

It has been agreed that the contract form will be a Master Services Agreement providing a national framework agreement with a single supplier. NWIS will be the contracting authority and will facilitate a national contract management board (CMB) and service management board (SMB) both chaired by the NHS. The SMB Chair will be a member of the NPN.

Each health board / PHW will have its own deployment order with the supplier and put in place a local Contract and Service Management Board to manage the relationship with the supplier and link to the national CMB.

The national LIMS SMB will monitor service levels provided by the LIMS supplier in accordance with Schedule 2.2 service levels and compliance against the wider national contract schedules for the live LIMS service. It will also monitor service levels for the internal service provided by NWIS and in accordance with an agreed service level agreement (SLA).

All health boards / PHW providing Pathology services and holding a deployment order as part of an MSA will have a place on the SMB. The NHSW CEG will approve the Chair of the SMB, which will report to the CMB and each HB Contract and Service Management Board on performance of the service. Local Contract and Service Management Boards can also escalate issues to the national LIMS SMB as required.

The national contract management board (CMB) will deal with issues escalated by the local C&SMB and the national LIMS SMB. The NHSW CEG will approve the Chair of the CMB, which will report by exception to the NHSW CEG. The mechanism for representation of the local C&SMB on the national CMB will need to be agreed but collectively they will resolve contractual issues supported by NWIS commercial services.

The Change Advisory Board (CAB) reviews and approves any changes to the LIMS. This has been a challenge for WLIMS1 has there has been no budget allocated to support this work. Consequently, it has depended on superfluous end of year monies. A change budget has therefore been included in the OBC to ensure funding is available for changes in future. Each main discipline should be able to request and manage changes specific to its own discipline to allow agile system maintenance and configuration without compromise to other disciplines.

7.4. LINC Workstreams

The LINC Programme is being delivered through four workstreams as set out below:

- **Clinical workstream**: to engage the Pathology and wider NHS service in defining the requirements, take forward standardisation to eliminate all unwarranted variation in service and design the standard solution, and the deployment of the developed solution;
- **Commercial workstream**: to deliver the business case, manage the procurement of the new service and the chosen supplier;
- **Technical workstream**: to define and deliver the technical requirements to design and deliver a seamless end-to-end solution from electronic requesting to results reporting, develop the new standard solution at national level, migrate the data and the local ICT develops required to be in place to deploy the new solution;
- **Programme Governance workstream**: to ensure the LINC Programme is professionally managed and assured.

Some activities within each workstream are best delivered by a project. A Projects Dossier has been defined as presented in Figure 10. WTAIL will also need to come on board once their business case is completed.

7.5. High Level Programme Plan

The programme will be delivered in tranches over four – five years from 2018/19 to 2023/24 as set out in Table 28, subject to OBC approval and sign off. This timescale is very tight with some contingency built in. The NHS needs to commit to delivering this plan or accepting a longer timescale, for which the costs of the programme and dual running of the systems will add to the overall costs of implementation.
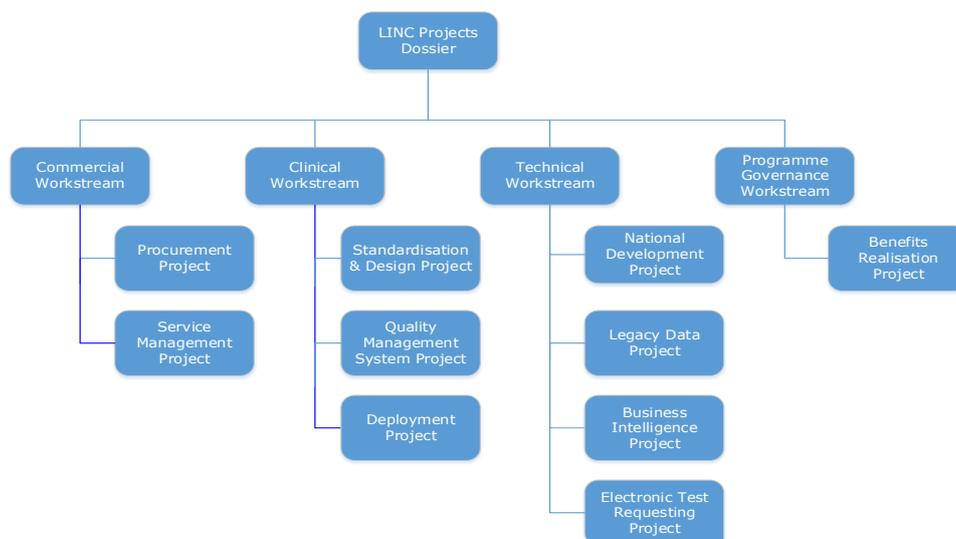
Figure 10: LINC Projects Dossier

Table 28: LINC Programme Tranches

Tranche	Scope	Key Milestones	Timeframe
0	Pre-Procurement	• OBC developed & signed off • Procurement planned and draft schedules completed • Gateway review 2	Jan 2018 – February 2019
1	Procurement Standardisation & Design work National QMS & team Integration work designed Benefits realisation planned	• OJEU notice published • Contract in place • Standardised design • National QMS implemented • Integration designed • Benefits realisation • FBC signed off • Gateway review 3	March 2019 – Mar 2020
2	Develop, test and validate the service for Wales	• End-to-end Pathology solution designed, developed and tested including electronic test requesting • User acceptance testing • Clinical assurance sign off • Validation / accreditation • Gateway review 4	Apr 2020 – Sep 2021
3	Deployment	• Go live in CAV UHB • Go live in remaining UHBs	Oct 2021 – Mar 2022 Apr 2022 – Jun 2023
4	Benefits realisation	• Benefits realisation • Gateway Review 5 • Programme Closure	Jul 2023 – Mar 2024

7.6. Resource Requirements

Programme Team

The LINC programme team comprises:

- The Programme Management Office (PMO)
- The Pathology Team
- NWIS Programme Resources
- Procurement Advice

The Programme Management Office (PMO)

The Programme Director is supported by the PMO, comprising seven staff to plan, coordinate and manage the programme on a day-to-day basis. The Programme Manager will manage the PMO staff.

LINC Pathology Team

The LINC Pathology Team will comprise subject matter experts (SME) and analysts in each of the main disciplines to collectively support the work on standardisation and business change, as well as procurement, development, testing, training and deployment of the new LIMS, including:

NWIS Programme Resources

NWIS are dedicating some staff to the programme as follows:

- LIMS Service Manager to act as the subject matter expert for service management to coordinate NWIS resources for the programme;
- Head of Procurement to act be the procurement lead for the programme;
- A contractor (special adviser) who specialises in the new integration service product, Fiorano to support the development of the new interfaces and transfer skills to new staff.
- Testing services team to support the testing of the new solution
- Business change team to support the business change required to enable service integration.

Procurement Advice

The Procurement Team will include 'special advisers' for commercial and legal adviser plus two advisers from the Pathology service.

Special advisers will be used in a timely and cost-effective manner in accordance with the Treasury Guidance: Use of Special Advisers. This has been limited to advice for legal and commercial services as set out in the Commercial Case.

Funding agreements for the NHS advisers will be put into place to cover their time or backfill their post.

Programme Costs

The costs of the programme is presented in Table 29, which includes the costs of the staff listed above plus non-pay and 10% contingency with effect from 2019/20. These costs exclude 2018/9, for which a budget has been agreed with the NHSW CEG to be apportioned on the same basis as WLIMS1 national costs.

Notes associated with the assumptions underpinning each of these costs are provided in Appendix 15. In summary, the LINC Programme costs total £6 million over 5 years, comprising

- Programme management office £1.9 million
- Pathology team £2.4 million
- NWIS programme resources £687k
- Procurement costs £226k
- Non-pay & contingency £767k

7.7. Outline Arrangements for the Programme

Outline arrangements for change and contract management

The strategy, framework and plan for dealing with change and associated contract management is as follows:

- A LINC Procurement Project will manage the procurement and completion of all contract documentation, including any changes requested;
- A Contract Management Board, chaired by the NHS and facilitated by NWIS will manage the contract and any contract changes will be managed in accordance with contract schedule 8.2 change control;
- A LIMS Service Management Board (SMB) will monitor the service, supported by a LIMS Change Advisory Board to control changes to the live service.
- All documentation will be configured and managed to provide an audit trail of any changes made.

Outline arrangements for benefits

The strategy, framework and plan for dealing with the management and delivery of benefits will be developed and include a benefits register that will identify how each benefit will be assessed and who will be responsible for delivering each benefit. A Benefits Project will be set up and run throughout the life of the programme. A draft benefit temple for a benefit profile is listed in Appendix 16.

Table 29: LINC Programme Costs

Notes Ref	Resource	Grade	Apr 19 – Mar 20 £k	Apr 20 – Mar 21 £k	Apr 21 – Mar 22 £k	Apr 22 – Mar 23 £k	Apr 23 – Mar 24 £k	Total Cost £k
1	**LINC Programme**							
2	**Programme Management Office (PMO)**							
3	Programme Director	8d (Actual)	97	102	108	109	110	**525**
4	Programme Manager	8a (Actual)	54	56	58	61	62	**290**
5	Senior Project Manager	7 (M-P)	48	50	52	54	55	**260**
5	Project Manager	6 (M-P)	39	41	42	43	46	**212**
6	Programme Officer / Planner	6 (M-P)	39	41	42	43	46	**212**
6	SPSO (Procurement & Technical Projects)	4 (M-P)	27	28	28	29	30	**143**
7	Senior Project Support Officer (PMO)	4 (Actual)	25	26	26	27	28	**133**
8	SPSO (Standardisation and Deployment Projects)	4 (Actual)	26	27	28	28	29	**140**
		Total (PMO)	**356**	**370**	**384**	**396**	**407**	**1,913**
9	**Pathology Team**							
9	Standardisation leads 2 sessions per week x 5	9 (Top)	129	131	132	133		525
9	Blood Sciences SME	8a (Top)	63	64	64	65		256
9	Biochemistry Analyst	7 (M-P)	48	50	52	54		205
9	Haematology Analyst	7 (M-P)	48	50	52	54		205
9	Immunology Analyst	7 (M-P)	48	50	52	54		205
9	Blood Transfusion Analyst	7 (M-P)	48	50	52	54		205
9	Cellular Pathology SME	8a (Top)	63	64	64	65		256
9	Cytology Screening SME	8a (Top)	63	64	64	65		256
9	Microbiology SME	8a (Top)	63	64	64	65		256
	Total (Pathology StandardisationTeam)		**575**	**586**	**597**	**611**		**2,369**
10	**NWIS Programme Resources**							
11	LIMS Service Manager (backfill)	7 (M-P)	48	50	52	54		205
12	Procurement Lead (backfill)	8c (M-P)	77					77
13	Senior Software Developer (Integration)	Contractor		55				55
14	Testing services	SLA		50	50			100
15	Business change	SLA	50	50	100	50		250
	Total (NWIS Short Term Resources)		**176**	**205**	**202**	**104**		**687**
16	**Procurement Project (Additional resource requirements)**							
17	Legal Adviser	Contract	96					**96**
18	Commercial Adviser	Contract	96					**96**
19	Service Adviser (Kevin Williams)	Backfill	26					**26**
20	Service Adviser (Mike Redman)	Backfill	8					**8**
	Total (Procurement Project Additional Resources)		**226**					**226**
21	Non-Pay Costs			50	50	50	50	25	225
22	Contingency @ 10%			138	121	123	116	43	542
	Grand Total (LINC Programme Costs)		**1,522**	**1,332**	**1,356**	**1,277**	**475**	**5,961**

Outline arrangements for risk management

The strategy, framework and plan for dealing with the management of risk are as follows:

- Risks can be raised by anyone on the programme and added to the risk register;
- The risk register has been designed in accordance with good practice guidelines within PRINCE2 and NHS Wales Health Collaborative standards;
- The risks are reviewed at least once a month by the PMO and the LINC Programme Board;
- The LINC Programme Manager will escalate any risks that cannot be managed by the PMO and require urgent action to the LINC Programme Director. If required, she will in turn escalate to the LINC SRO and jointly decide on the appropriate action;
- The LINC Programme Director in liaison with the LINC SRO will escalate any risks that cannot be dealt with at the level of the LINC Programme Board to the National Pathology Network for professional advice and to the NHSW CEG for corporate decision, having first consulted with the service via the LINC Programme Board and / or appropriate service networks.

A copy of the programme risk register is attached at Appendix 17 and the guidance in Appendix 18.

Outline arrangements for post project evaluation

The outline arrangements for post implementation review (PIR) and project evaluation review (PER) have been established in accordance with best practice and are as follows.

Post implementation review (PIR)

These reviews ascertain whether the anticipated benefits have been delivered and are timed to take place between March and September 2023.

Project evaluation reviews (PERs)

PERs appraise how well the project was managed and delivered compared with expectations and are timed to take place between March and September 2023.

Gateway review arrangements

Gateway reviews are planned for at the end of each tranche of the programme, starting with the gateway review 2 to assure the delivery strategy.

Contingency plans

In the event that this programme fails, the following arrangements are in place for continued delivery of the required services and outputs. The aim will to be to ensure business continuity, managed by:

- Ensure the continuity of the current LIMS system until the new LIMS has been developed, tested and fully deployed;
- A regular 'health check' to ensure the new LIMS has the capacity to maintain a service past the anticipated replacement date;
- Review the contractual issues as an option as the programme progresses;
- Explore the opportunities to contract with another supplier within the procurement.

Laboratory Information Network Cymru (LINC) Programme

Outline Business Case
Appendices
Version 0.17 Draft

Appendix 1: Pathology Tests

Discipline	Activity	Year	ABM UHB	AB UHB	BC UHB	CAV UHB	CT UHB	HD UHB	PHW	Total	Source
Andrology	Auth Test Sets	2017/8	1,142	1,719	1,474	1,101	419	704		6,559	TrakCare
Blood Sciences	Auth Test Sets	2017/8	5,388,203	5,692,385	6,063,215	4,840,657	2,491,488	3,775,297		28,251,245	TrakCare
Cellular Pathology	Auth Test Sets	2017/8	39,713	17,250	45,665	67	1,654	25,976		130,325	TrakCare
Cervical Cytology	Auth Test Sets	2017/8							96,137		TrakCare
Microbiology	Auth Test Sets	2017/8	442,884	392,176	419,029	549,935	285,036	216,412		2,305,472	TrakCare
Sub-Total			**5,871,942**	**6,103,530**	**6,529,383**	**5,391,760**	**2,778,597**	**4,018,389**	**96,137**	**30,693,601**	
Cellular Pathology	Episodes	2017/	38,832	30,567		40,999	22,095	227		132,720	Telepath
Blood Products & Components	Total Tests	2016/7	33,977	21,522	34,441					89,940	Keele data
Blood Bank	Total Tests	2016/7	110,043	118,685	153,200					381,928	Keele data
Histopathology	No. of slides	2017	215,584		132,017					347,601	
Mortuary	Post Mortems	2017	935		1,350					2,285	Keele data
Cervical Cytology	Specimens	2017			35,198					35,198	Keele data
Cervical Cytology	Samples	2017/8	42500	25500	29000				45000	142000	Trakcare
Diagnostic Cytology	Specimens	2017	2,983		3,164					6,147	Keele data

N.B. Data for all organisations not yet all-available.

Appendix 2: The new LIMS as a component of the national technical platform
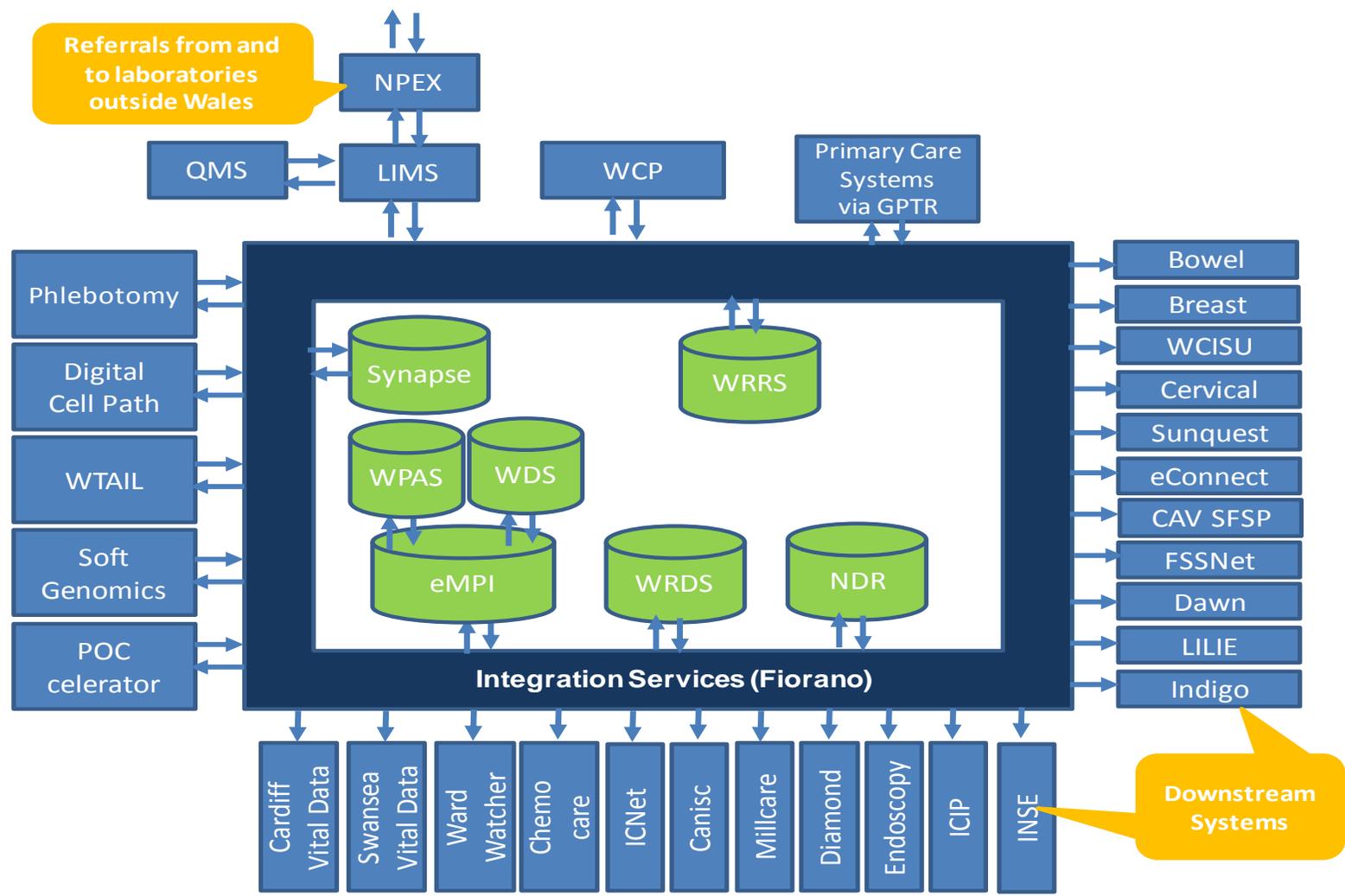
Appendix 3: Pathology Statement of Intent: Key areas and relationship to LINC

Ref	Priority	Key features	Relationship to LINC
1	Public involvement & engagement	NHSW to develop meaningful linkages with the public to facilitate co-production of Pathology services.	LINC aims to improve patient care, safety and outcomes, for which measurable benefits have been developed.
2	Workforce development	NHSW will support a prudent, cross discipline and flexible skill-mix approach to future workforce models HEIW[8] will support the development of targeted strategies for workforce development	The new end-to-end technical solution will automate processes and support changing roles and associated access controls
3	Equipment	WG will support the development of a prioritised and sustainable capital replacement programme NHSW will co-ordinate planning and adoption of new Pathology technologies taking account of regional working & workforce issues	To fully integrate to other technologies Standardisation of equipment as far as possible will reduce costs and simplify maintenance of the new LIMS
4	Quality and Safety	WG will support the introduction of a Regulated National Quality Framework to ensure: • A fully accredited Pathology service for NHS Wales • Patient safety will remain a priority • Evidence based standardised practice • Unwarranted variation evidenced and acted upon • Patient feedback mechanisms are developed • Errors / sample losses and waste are minimised	A single quality management system for Wales with single standard operating procedures (SOPs) will make the design, development and maintenance of the new LIMS easier and more cost effective; minimise variation of practice and facilitate validation of services
5	Services	WG & NHSW will direct regional Pathology planning to improve service efficiency and effectiveness, including	The new solution will enable the redesign of Pathology services and the delivery of

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[8] Health Education and Improvement Wales

Ref	Priority	Key features	Relationship to LINC
		• Service reconfiguration based on regions • A formal structured network for POCT services • The adoption of the "Choose Wisely" campaign • Ensure services are "designed for demand" • WG and NHS wales to include Pathology in service planning	the 'Choose Wisely' and 'Designed for Demand' initiatives.
6	Informatics & information	NHSW to review Pathology informatics arrangements to best meet service and clinical needs. NHSW will develop new performance indicators to improve the quality and consistency of services.	Informatics support for the new LIMS and enhanced business intelligence will be a key feature of the end-to-end technical solution via the new LIMS and the National Data Resource (NDR).
7	Research & information	NHSW will develop the relationship with academia to improve innovation and improvement outcomes. WG will develop collaborative working to exploit opportunities in innovation and technology. NHSW will develop a strategic plan to seize research and innovation opportunities.	The new solution will support developments in innovation and technology such as artificial intelligence and machine learning and Digital Cellular Pathology.
8	Regional working & governance	NPN accountable to NHSW Chief Executives Service specification developed to support development of Pathology services Laboratory Services Subcommittee and SSAGs to support service development	The new solution will support the development of Pathology services LINC to work with NPN to define ownership of new LIMS and relationship to NPN going forward. LSSC and SSAGs are key stakeholders in the LINC Programme

Appendix 4: WLIMS1 Governance Model
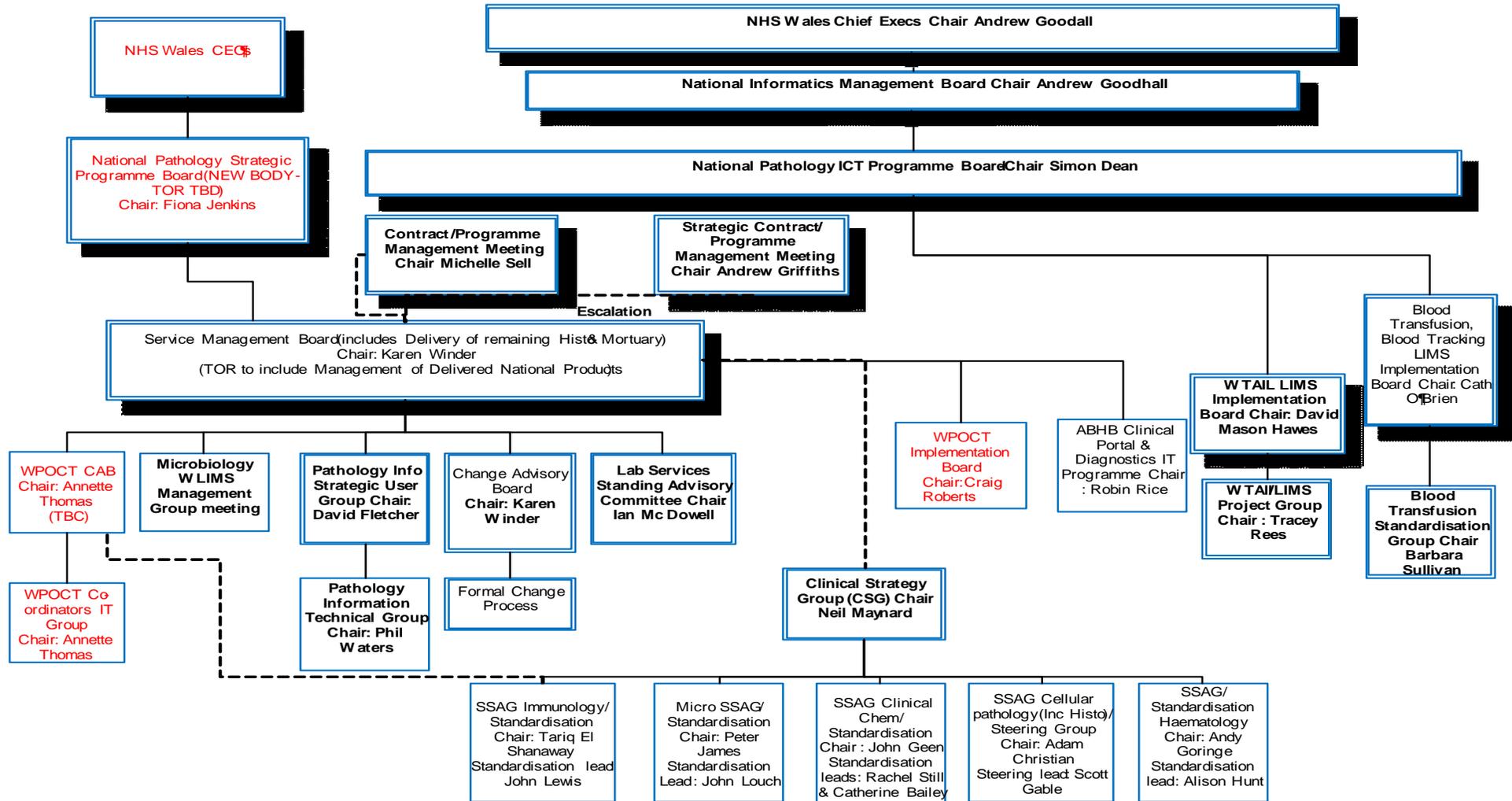
Appendix 5: Lessons Learned from WLIMS1

Ref	Category	Title	WLIMS1 Issue	Lessons Learned	Applied to LINC Programme
1	Strategic fit	IO1: A fully supported networked LIMS available for implementation by January 2011	Implementation took far longer than planned	The new LIMS will be developed and tested once for Wales and be the same solution subject only to agreed warranted variation. It will then be deployed as is to local sites.	Programme approach and plan
2	Strategic fit	IO2: To support improved clinical data and management information flows to meet NHS Wales' needs	It has not been possible to share workload across sites	Information governence to be addressed so that the system can be configured to allow tests to be processed, validated and reported at different sites	Information governance
3	Strategic fit	IO3: To improve the functionality and flexibility of the Pathology IT system to meet current and future strategic service needs	The system has proven to be less efficient to use with more screens and workarounds and only one version has been implemented.	Increased standardisation resulting in a simpler design and build that's easier to use, maintain and keep up-to-date.	Standardisation and Design Project
4	Governance	Programme governance	WLIMS1 progamme governance not sufficient to ensure service commitment to the programme.	Whole system responsibility to be clarified for LINC.	Programme governance clearly defined via the Collaborative Executive Group.
5	Governance	Programme governance	LINC SRO accountability	Clarify SRO accountability	LINC SRO to be a member of the National Pathology Network and individual accountability to be aligned to the revised Welsh Government governance arrangements that will impact NPN
6	Governance	LIMS ownership	Who owns the LIMS as no single pathology service	National Pathology Network (NPN) does not have the authority to take ownership. It is prpposed that LIMS ownership sistes with the Collaborative Executive Group with professional advice from the NPN.	Proprosals shared with LINC Programme Board, National Pathology Network and Colaborative Executive Group.
7	Governance	Contract management	NWIS contracting authority with little service input. InterSystems see NWIS, and not the Pathology service, as the customer	Use a master services agreement and review membership of the contract management board.	Procurement strategy includes using a Master Services Agreement. Organisational governance arrangements to include the chair of the LIMS Service Management Board.
8	Governance	Contract management	No visibility of InterSystems performance against the contract and plans for delivering against the requirements matrix	Progress reported via LIMS Service Management Board	Terms of reference and design of contract management reporting to the SMB and the service.
9	Governance	Service management	Service feel ill-informed in relation to WLIMS1 live service	Review communications mechanisms to the service for the Contract Management oard, WLIMS1 Service Maagement Board and Change Advisory Board.	Review terms of reference of the WLIMS1 Contract Management oard, WLIMS1 Service Maagement Board and Change Advisory Board and consult with the service about communications.

Re	Category	Title	WLIMS1 Issue	Lessons Learned	Applied to LINC Programme
10	Governance	Change management	Small changes can take a long time to implement in the live service.	Put an SLA in place with supplier and the LINC SMB in relation to turnaround times for changes.	Agree the turnaround times for changes to be completed and have monitiring processes to report on progress.
11	Communications	Communications to primary care	Asking GPs to reduce workload during go live	Ensure GPs aware of change and can plan to reduce workload during go live	Include in stakeholde enegagement strategy and communications plan
12	Communications	Communications to secondary care	This went well with Go LIVE comms - global emails and letters going out to consultanats and GPs and contact made to nurses and specialist teams.	Plan go live comms with local comms team to maximise distribution of information.	Include in stakeholde enegagement strategy and communications plan
13	Communications	Communications to all lab staff	Difficult to get the same message to all lab staff	Need to ensure method of cascading information wihtin the lab	Include in stakeholde enegagement strategy and communications plan
14	Communications	Communications of changes	Insufficient communications of changes during implementation	Ensure changes are notified so that staff know what to expect	Deployment communications plan
15	Procurement	Requirements specification	Requirements were well specified mostly but weak in some areas like business intelligence and audit	Ensure requirements well specified and widely reviewed and approved by the service with a separate section on business intelligence and audit	Ensure requirements well specified and widely reviewed and approved by the service with a separate section on business intelligence and audit
16	Procurement	Requirements specification	Requirements not sufficiently future proofed in terms of size and capacity and deal with business change and technological developments	Ensure requirements and the contract cover the need to support future requirements	Requirements and contract to explicitly cover future requirements
17	Procurement	Procurement process	Supplier demonstrated really good system but provided a vanilla product for Wales NHS to configure with a new, inexperienced supplier team	Ensure that supplier can deliver what has been demonstrated and the the solution will not need development to deliver what has been demonstrated	Ensure that supplier can deliver what has been demonstrated and the the solution will not need development to deliver what has been demonstrated
18	Procurement	Procurement process	Underestimation of the complexity and the effort required to develop WLIMS1 to meet the needs of the service.	To procure a solution that has a proven track record and met national accreditation and validation requirements	(1) to ensure the the requirements include the need to for a working solution; (2) to ensure that the procurement process requires suppleirrs to demonstrate current and not potential capability; (3) to ensure that payment milestones are related to delivery.
19	Procurement	Need to communicate with other systems	WLIMS1 cannot communicate with other systems. For example, inability to communicate with NHS England means that Welsh laboratories are at a significant disadvantage when competing for sendaway (income generating) work.	Include NPEx (or similar) in required specification.	NPEx has been included in the requirements specification for the new LIMS.
20	Procurement	Be wary of suppliers who state a requirement is under development	InterSystems stated that Blood Transfusion, full-featured BI and a working Mortuary module were all under development but WLIMS1 was delivered without these modules being completed.	Careful scoring of supplier responses that state 'under development'	Evaluation criteria to take note of supplier responses 'under development'.

Ref	Category	Title	WLIMS1 Issue	Lessons Learned	Applied to LINC Programme
21	Development & testing	Testing	The service does not have the capacity to support testing causing delays in the development, roll out and maintenance of WLIMS1.	Ensure system documentation is minatained and employ testers to support user acceptance testing.	Two testers included in the OBC costs, approved by the CEG.
22	Development & testing	Data migration	Data migration did not progress as originall planned and has proven to be time consuming and problemmatic.	To have a clear plan for data migration taking account of the issues experienced with WLIMS1 and to explore the potential to use the national data resource, if this will be ready in time.	Draw up a plan for data migration and explore the potentyial to use the national data resource.
23	Development & testing	Validation	Validation has been time consuming anf costly, using external consultancy.	Put in place national post as part of the quality management team to develop in-house expertise in validation.	Validation post part of the proposed national quality management team and approved by the CEG to inlcude in the OBC
24	Development & testing	Development of new requirements	Missing requirements needed development in early stages.	Clearly map out all new requirements and ensure a plan in place to show by when they will be delivered agains the requirements traceability matrix.	Contract to include plan for delivery of requirements.
25	Implementation	Business change	Staff say they didn't know what they were going to get until they got it and changes were not well communicated, combined with significant varation and workarounds at a local level.	To put in place a business change programme from the outset to promote standardisation, respond to local queries and keep all staff up-to-date with progress as well as manage expectations.	Fuding has been requested to suport business change in the LINC Programme
26	Implementation	Implementation planning	Implementation plan did not take account of the complexities of the roll out	To ensure the implementation plan sufficiently detailed and interpdependencies well defined, taking account of lessons from WLIMS1.	Robust implementation planning
27	Implementation	Training	There was not enough training provided and no training has been offered for new staff or in relation to upgrades. There is no longer a training environment and training materials are not kept up-to-date. The responsibility for traning sat with the supplier but has not been fully delivered or supported throughout the contract.	Training requirements need to be recognised, supported and resourced. A train the trainer approach to be adopted from the outset.	The contract with the supplier to include a train the train approach, ensuring the supplier provides annd continues to support a traning database and system documentation to support training maintenance of training materials. The national pathology team will suport training for the programme and the responsibility will sit with the national application team going forward.
28	Implementation	Training	For Cellular Pathology, learning the new LIMS was only achieved by visting the live sites and not from the trainer.	The standard of training needs to be improved but also the value of visiting live sites to be recoognised and resourced.	Training strategy, plans and resources to ensure training is the required standard. The opportunity to learn from live sites included in the depoyment planning.
29	Implementation	Health Board readiness for implementation	HBs not fully prepared for implementation causng delays.	Ensure HBs are ready for implementation.	(1) Communications and engagement in place with each HB to ensure good planing for implementation; (2) Rediness checklist and good communications during implemention to ensure HB is ready.

Re	Category	Title	WLIMS1 Issue	Lessons Learned	Applied to LINC Programme
30	Implementation	Roll out	Delays in deployment caused by delays in LIMS development and rectification of issues raised by the supplier, compounded by the lack of service availability for revised timelines to support deployment	Will not go deploy until solution developed, tested and validated across all disciplines for all Wales. Then deploy fully at one site across all disclines before moving to the next site.	(1) Stronger procurement (2) Requirements better scoped (3) Use of a MSA contract form (4) Robust planning and communications
31	Implementation	Incident logging	Mechanism for incident logging not clear to staff	Make sure there is a clear and easy mechnism for incident logging and follow up shared with all staff	Deployment planning chamge management and
32	Operational fit	Electronic test requesting	No budget for changes to the LIMS once live	Include a budget for changes to the live services into the OBC	Annual budget available to support changes requested by the service.
33	Operational fit	Laboratory processes	WLIMS1 does not fully support efficient running of the lab or meet all the original requirements.	To ensure the requirements are specified to meet service requirements and the supplier is held to account for delivery against a requirements traceability matrix.	(1) Wide consultation and engagement to develop requirements. (2) Strong contract management to hold the supplier to account for requirements.
34	Operational fit	Laboratory equipment	It takes a long time and costs a lot to get each new analyser integrated to the LIMS	To include turnaround times and negotiate reduced costs to connect analysers as part of the contract.	(1) Service levels to include turnaround times for analyser interfaces (2) Costs to be included in the contract.
35	Operational fit	Quality management	The lack of a national quality management system makes standardistion hard to deliver and maintain.	To put in place a national quality management system (QMS) like Q-Pulse to support standardisation.	The procurement of a national QMS and a team to support this system has been approved by the CEG to include in this OBC.
36	Operational fit	Sendaways	Sendaways managed manually causing errors and delays and reducing potential income from offering a service outside Wales.	To use NPEx to manage sendaways and referrals into Wales	The use of NPEx has been approved by the CEG to include in this OBC.
37	Operational fit	Combined reporting across different disciplines	The need for combined reporting for Haematology, and for Cellular Pathology, was specified at the start of the WLIMS1 project but never delivered.	The company was never forced to provide this functionality. Four years past "go-live", there is still no functional combined reporting mechanism, beyond what can be configured locally.	The absolute need for Combined reporting across different disciplines MUST be identified upfront as a key specification requirement for LINC, and tendering companies MUST show how this will be delivered. Delivery of this functionality should be included in the KPI.
38	Business intelligence	TrackCare BI - DeepSee	Supplier demonstrated huge potential but service left to develop BI solution for themselves	Ensure clarity about what supplier will provide in terms of solution and experienced resources.	Stronger procurement and detailed BI requirements specified in advance.
39	Business intelligence	TrackCare BI - DeepSee	DeepSee not working before go live or post go live	Ensure BI solution developed, tested and signed off prior to go live	Contract with supplier clearly includes requirement for BI to be working before any milestone payments are made.
40	Business intelligence	TrackCare BI - DeepSee	A lack of resource and expertise within the service to help to develop the product;	Have staff dedicated to developing and supporting BI tool in conjunction with the supplier and not going live until BI working.	Two staff included in the OBC

Re	Category	Title	WLIMS1 Issue	Lessons Learned	Applied to LINC Programme
41	Business intelligence	TrackCare BI - DeepSee	Keele Benchmarking returns and feedback from the service reveals that different methods of collecting data has resulted in continued inconsistencies and lack of comparability of data, despite having a national LIMS.	Require a national solution to BI	(1) Stronger procurement (2) Requirements better scoped (3) Detailed, standardised design ready at the outset for solution development
42	Technical	National technical platform	NWIS hosting the technical platform has experienced difficulties in supplier relationship over where the boundaries lie in responsibilty for hardware and software	Supplier to host and be responsible for the whole technical environment	Procure a managed service based on service levels where the supplier can host the solution in an NHS data centre, or a data centre of their choice, using cloud services if preferred.
43	Technical	Unplanned downtime	Significant unplanned downtime has been experienced during 2018 causing service issues and overtime costs.	Supplier to guarantee no unplanned downtime and to demomstrate reliability of their service before any milestone payment is made.	Contract with supplier clearly includes requirement for no unplanned downtime and for this to be proven during development and testing before any milestone payments are made.
44	Technical	Planned downtime	Planned downtime for updates and patches causing issues with business continuity.	No planned downtime required for routine patches and minimal downtime for annual upgrades.	Contract with supplier clearly includes requirement for minimal planned downtime and for this to be proven during development and testing before any milestone payments are made.
45	Technical	Integration to downstream systems	WLIMS1 is integrated to more than inidividual 60 downstream systems. This causes significant issues when the system goes down and takes a long timt to restore and allow the system to go live.	(1) The new LIMS to generate a single data extract and NWIS to manage the integration to downstream systems (2) To reduce the number of interfaces to those systems with a workflow dependent on the result. Otherwise results probided via the WCP.	(1) Requirements to specify a single downstream system (2) Additional NWIS staff to support integration, potentially saving money on current costs of integration (3) To develop intefraces during the upgrade to TCL2016 so that the new integration service is up and running in time for the new LIMS potenitialy reducing time for development and testing.
46	Technical	Local HB technical environment	Local ICT environments not ready for deployment of WLIMS1, in part due to lack of communications with local ICT services and, in part, due to local HBs not procuring the required periperhals to support WLIMS1.	Local ICT infrastructure and periperhals are excluded from the LINC OBC, so clear communications and local plans required to ensure the local infrastructure is develivreed and tested ready for local deployment.	Ensuring the Collaborative Executive Group and the Associate Directors of Informatics are kept informed of progress with LINC, what is expected of local HBs and plans in place to deliver.
47	Technical	Technical architecture of the solution too interdependent across the disciplines.	Technical changes made to one discipline impact on other disciplines causing service issues.	The new solution must be able to separate the different disciplines so that changes made to the system for oine discipline do not impact another discipline.	(1) Technical requirements to specify this (2) Supplier to demonstrate how this will be achieved (3) Requirement to be included in the contract

Re	Category	Title	WLIMS1 Issue	Lessons Learned	Applied to LINC Programme
48	Technical	Incorrect reference ranges	applied to Folate test results by the Laboratory at Royal Glamorgan Hospital since the go-live of the Wales Laboratory Information Management Systems (WLIMS) on 25th November 2013,	Any future go-live of modules must include a redundant check of the test items, analysers and reference ranges where applicable	(1) Technical requirements to specify this (2) Testing requirements to specify this
49	Resources	National resources	Key national resources were requested but not provided to support data quality, quality management, informatics, business change, testing and training causing delays, additional costs, lack of development of a national BI solution and system complexity.	To ensure the right level of national support is in place to support the development and deployment of the new solution	Required staffing has been included in the LINC OBC.
50	Resources	Local resources	No funding was provided for local resources to support the development and testing of WLIMS1 resulting in a lack of consistency of staff involved, delays in development and implementation and an inconsistent approach to the solution design.	Staffing is even more stretched now due to move to on call arrangements and resource constraints impacting staffine levels, so a different approach is proposed, based on a national team of subject matter expects and analysts to support the bulk of the work, whihc will be more standardised but in consultation with local services.	Funding for a national pathology team has been included in the LINC OBC and a paper on standardisation and warranted variation agreed as a basis for moving forward with standrdisation.
51	Application Support	Changes (even small changes) to the live service have taken too long to deliver	Microbiology was the first main service to go live but then found it took too long to get small changes made such as two years for a comment in a report to be changed impacting patient safety. Since other services have gone live this difficulty has been replicated across specialities across Wales. Changes which used to occur in less than an hour can now take months (sometimes years).	Adequately resourced application support has to be in place for the live service from day one. The culture from the support provider needs to change - "requests for change" should perhaps be renamed "required changes" and are important for service safety, efficiency and quality improvement.	(1) Service level agreement in place for application support for the NHS team as well as the supplier. (2) Need to agree where responsiblities lie for changes between the NHS and supplier.
52	Application support	ServicePoint is not fit for purpose	Putting a request for change on ServicePoint does not mean that it will be actioned, nor is there necessarily any feedback if the call is not actioned. Calls are closed even when they haven't been resolved.	There needs to be a cultural change to recognise that requests put through service point are important for the safe, effective delivery of pathology services. Users of Servicepoint (or equivalent) should receive feedback and calls should not be closed inappropriately.	Review the first line of support provided for the live LIMS service to meet the needs of pathology.
53	Application support	Lack of engagement from NWIS	NWIS application support team do not have the capacity to meet with all the standardisation groups. Improvements in service safety, efficiency and quality are hindered.	The application support team needs to have the capacity to attend the discipline specific standardisation meetings.	Additional SME support for standardisation work to be provided by the LINC Programme

Appendix 6: New LIMS Scoping Options

Business as Usual	Minimum	Intermediate	Maximum
Disciplines:	**Disciplines:**	**Disciplines:**	**Disciplines:**
Andrology			
Blood Sciences:	**Blood Sciences**	**Blood Sciences**	**Blood Sciences**
Haematology	Phlebotomy	Full vein-to-vein blood tracking	
Biochemistry/Toxicology			
Immunology			
Laboratory Blood Transfusion			
Cellular Pathology:	**Cellular Pathology:**	**Cellular Pathology**	**Cellular Pathology:**
Diagnostic Cytology			
Histopathology			
Mortuary			
Microbiology:	**Microbiology:**	**Microbiology:**	**Microbiology:**
Bacteriology			
Food, Water & Environ Services			
Infection Genomics			
Mycology			
Parasitology			
Virology			
Screening Services:	**Screening Services:**	**Screening Services:**	**Screening Services:**
Antenatal Serum			Bowel Cancer Screening
Cervical Screening			Downs Syndrome Screening
New Born Blood Spot Screening			

Business as Usual	Minimum	Intermediate	Maximum
Core Functionality:	**Core Functionality:**	**Core Functionality:**	**Core Functionality:**
Limited electronic requesting	Reagent module	Electronic requesting in full for all disciplines	Artificial intelligence
Patient demographics	Enhanced specimen tracking	Image management	Machine learning
Request registration	Enhanced stock control	Mobile working	
Testing	Enhanced electronic requesting		
Results entry			
Scientific validation			
Clinical validation			
Quality management			
Referrals inside Wales			
Referrals outside Wales			
Results enquiry			
Results reporting			
Access controls			
Coding & classification			
Configuration			
Data validation			
Results viewed capability			
Remote validation			
Rules based functionality			
Search facilities			
Legacy data			
Specimen tracking			
Stock control			

Business as Usual	Minimum	Intermediate	Maximum
Discipline Specific Functionality:	**Discipline Specific Functionality:**	**Discipline Specific Functionality:**	**Discipline Specific Functionality:**
Blood Sciences Remote issue Batch products Blood fating	**Blood Sciences** Enhanced blood tracking	**Blood Sciences** Full vein-to-vein blood tracking with remote issue	**Blood Sciences** Digital Microscopy
Cellular Pathology Mortuary	**Cellular Pathology** Post mortem Standard data sets	**Cellular Pathology**	**Cellular Pathology** Digital Cellular Pathology
Microbiology	**Microbiology** Non-human testing	**Microbiology** System driven workflows	**Microbiology**
Screening	**Screening**	**Screening**	**Screening**
Integration:	**Integration:**	**Integration:**	**Integration:**
National Applications: Enterprise master patient index Electronic test requesting (ETR) GP links and test requesting Point of care testing Welsh clinical portal Welsh reference data service Welsh results & reporting service	**National Applications:** Enhanced ETR	**National Applications:** Clinical data repository Fully developed ETR Synapse (image repository)	**National Applications:** National data resource (NDR)
Pathology Applications: Blood tracking WTAIL	**Pathology Applications:** Medical genetics Phlebotomy NPEx QMS	**Pathology Applications:** Digital Cellular Pathology	**Pathology Applications:**

Business as Usual	Minimum	Intermediate	Maximum
Downstream Systems:	**Downstream Systems:**	**Downstream Systems:**	**Downstream Systems:**
Direct interfaces to downstream systems	Single extract from LIMS to NWIS integration services to replace all direct interfaces to downstream systems		Artificial intelligence systems
Additional Systems	**Additional Systems**	**Additional Systems**	**Additional Systems**
Blood tracking system (vein to vein with remote issue)	Dictation and voice recognition Scanning NPEx Quality management system Legacy data system		
Business Intelligence:	**Business Intelligence:**	**Business Intelligence:**	**Business Intelligence:**
Limited audit capability Benchmarking extracts National data extracts Limited billing	Some improvement in business intelligence functionality such as enhanced billing	Billing (full functionality) Costing Epidemiology data Full audit capability Outbreak data Real time reporting Real time dashboards Turnaround times Performance management Ad hoc research	Artificial intelligence
Standards:	**Standards:**	**Standards:**	**Standards:**
Andrology: PVSA for Andrology WHO guidelines **Blood Transfusion:**	GPDR Current GMP GAMP5 Human Tissue Act 2004	SNOMED CT fully standardised HL72.5 / FHIR integration standards W3C Web standards	

Business as Usual	Minimum	Intermediate	Maximum
BSQR BT requirements MHRA BT requirements **Generic:** ISO90001 QMS Read codes mapped to SNOMED Clinical Terms	ISO/IEC 20000 ITSM ISO27001: 2013 ISMS MHRA CE marking Improve SNOMED CT standardisation UKAS ISO15189:2012	ISO13485: Medical devices ISO9241-11:2018 Ergonomics of human-system interaction	
Business Change:	**Business Change:**	**Business Change:**	**Business Change:**
Standardisation continues at current rate No business change No additional validation support Initial deployment training Initial training materials Training database for deployment	Standardisation work completed as part of the LINC Programme Minimal business change run by the LINC PMO Validation support in programme team Train the trainer (TTT) training Training materials maintained by NHS Training database maintained by Supplier	Standardisation work completed as part of a LINC Project Plus some external support for business change Validation support in programme team Train the trainer (TTT) training Training materials maintained by Supplier Training database maintained by Supplier	Standardisation work completed as part of a LINC Project Plus significant external support for business change Plus external validation support Permanent on-site supplier provided training Training database maintained by Supplier
Documentation:	**Documentation:**	**Documentation:**	**Documentation:**
Full system documentation Release notes	Electronic repository of the system documentation provided by the supplier, including e.g.: • Hardware validation • Software validation • Change control • System documentation • Risk assessments		

Appendix 7: LINC Stakeholders

Appendix 8: LINC Workshops and Events 2018

Date	Time	Workshop Name	Location
23 Jan	11.30-15.30	Business Case Workshop	Mawr Room, River House
30 Jan	11.00-15.00	Requirements Planning Workshop	Mawr Room, River House
6 Feb	9.00-17.00	Supplier Day	Holiday Inn, Cardiff Central
16 Feb	9.30-13.30	Technical Workshop	Hafren Room, NWIS
27 Feb	12.30-17.00	Core Requirements	Mawr Room, River House
7 Mar	14.00-17.00	Business Intelligence & Reporting	Mawr Room, River House
15 Mar	19.30-16.00	Antenatal, Cervical & Newborn Bloodspot Screening Requirements	3/6 , 3rd floor No.2 CQ
23 Apr	10.00-13.00	Andrology Requirements	Mawr Room, River House
23 Apr	14.00-17.00	Blood Transfusion Requirements	Mawr Room, River House
24 Apr	10.00-13.00	Cellular Pathology Requirements	Mawr Room, River House
24 Apr	14.00-17.00	Clinical Biochemistry Requirements	Mawr Room, River House
25 Apr	14.00-17.00	Haematology Requirements	Mawr Room, River House
26 Apr	10.00-13.00	Microbiology Requirements	Mawr Room, River House
27 Apr	10.00-13.00	Immunology Requirements	Mawr Room, River House
3 May	12.30 - 15.30	Quality workshop	Mawr Room, River House
12 June	13.30 – 16.30	Andrology Requirements	Mawr Room, River House
13 June	12.30 – 15.30	Blood Transfusion Requirements	Mawr Room, River House
18 June	12.30 – 15.30	Cellular Pathology Requirements	Mawr Room, River House
20 June	10.30 – 13.30	Clinical Biochemistry Requirements	Mawr Room, River House
21 June	12.30 – 15.30	Haematology Requirements	Mawr Room, River House
26 June	12.30 – 15.30	Microbiology Requirements	Mawr Room, River House
27 June	12.30 – 15.30	Benefits Realisation Workshop	Mawr Room, River House
16 July	12.30 – 15.30	Security and Role Based Access Controls	Mawr Room, River House
23 July	12.30 – 15.30	Schedule 2.2 Service Management	Mawr Room, River House

Date	Time	Workshop Name	Location
17 Aug	10:30 – 13:30	OBC Economic Case	Canolig Room, River House
3 Sep	10:30 – 15:30	LINC-NWIS Joint Conference	Life Sciences Hub, Cardiff Bay
7 Sep	10:00 – 13:00	Technical Workshop	Yr Hen Llyfrgell, Cardiff Central
25 Sep	10:30 – 12:30	Feedback from Informal Site Visits	Mawr Room, River House
27 Sep	10:30 – 13:30	Schedule 2.2 Service Levels	Mawr Room, River House
8 Oct	11:30 – 14:30	Financially Quantify the Benefits	Bach Room, River House
12 Oct	12:30 – 14:30	Financially Quantify the Risks	Bach Room, River House
24 Oct	12:30 – 15:30	Electronic Requesting and the WCP Gap Analysis	Innovation Area, NWIS Cardiff offices
14 Nov	13:00 – 16:00	Technical Workshop	Taf Room, NWIS Cardiff offices
28 Nov	11:00 – 13:00	BI Reporting	Bach Room, River House
3 Dec	9:30 – 12:30	Mortuary & Histopathology Requirements	Bach Room, River House
10 Dec	10:30 – 16:30	Electronic Requesting and the WCP Gap Analysis	Life Sciences Hub, Cardiff Bay
14 Dec	10:30 – 16:30	Overall Requirements	Life Sciences Hub, Cardiff Bay

Appendix 9: Benefits mapped to spending objectives

Spending objectives	Main benefits criteria by stakeholder group (source of data)
SO1: To improve patient care, patient safety and patient outcomes	**Patients** *Economic (Non cash releasing (£s))* • Automated LIMS environment synchronisation (staff time saved) • Repeated tests halved (WLIMS1 audit) *Qualitative* • Clinical incidents halved (Datix) • 95% turnaround times within standard (BI systems) • Zero transcription errors via electronic requests (Datix) • Auditable action in WCP against viewed results (baseline survey required) • Zero incidents of missing samples (Datix, QMS)
SO2 To enable the transformation of healthcare services to be leaner, standardised, more sustainable and provide long-term stability	**Service Management** *Economic* • Ability to validate and report on samples analysed from any site (Currently unable to do this) *Qualitative* • Halve the number of duplicated controlled documents & documents past review (QMS systems)
SO3 To deliver a seamless, end-to-end technical solution for Pathology services	**Service Management, Operations & Laboratory Staff** *Financial* • Generate income from referrals (use of NPEx) • Halve integration costs to downstream systems (cost analysis) *Economic* • Reduced system downtime, availability to meet required standard (Hours per quarter) *Qualitative* • Configuration changes delivered within defined turnaround times (Service Point records)
S04 To contribute to the more prudent use of Pathology resources through demand management, predictive costing and minimised financial risk	**Service Management, Operations & Laboratory Staff** *Financial* • Reduce overall costs of Pathology service by 1% • 0.25WTE BMS per lab tracking samples (% tracked online) • Halve WTE sample reception staff booking in samples (Staffing figures) *Economic* • Halve the WLIMS1 costs of validation (WLIMS1 costs) • Reduced calls for blood availability (WCP development) • Reduced calls to the labs for test results (WCP on tablets) • Halve number of forms scanned (Audit) • Reduced overtime costs (Survey)
SO5 To meet current and future service requirements	**Clinicians** *Economic* *Qualitative* • Mobile access to results (Take up of mobile working) • Improved clinical decision making (notepad functionality)

Appendix 10: LINC Programme main risks and their mitigation

Main risk	Counter Measure
Design Risks	
Design	To take forward standardisation, develop the design as far as possible during the procurement, and complete the design with the supplier for the chosen solution once the procurement is completed.
	To ensure that the design of the integration requirements have been completed, assured and approved.
	To design and run the LINC Programme in accordance with Managing Successful Programmes (MSP) and PRINCE2 and ensure appropriate governance, programme and projects controls are in place including risk, issue and change management.
Development Risks	
Supplier	To assure the supplier has the record of accomplishment and can evidence the required competencies, methods and approach as part of the procurement process and build incentives into the contract for delivery.
	NWIS does not have the technical capacity to support the development work so backfill costs have been included for technical, infrastructure and service management. The application support team are fully committed to TCL2011 but their expertise is required for the new LIMS design, so discussions will need to take place to enable their contribution.
Specification	To assure that the requirement is fully developed and approved by the Pathology stakeholders (including the service and NWIS) through workshops, consultation and formal approval mechanisms. In particular to build in standardisation to the design.
	Also to ensure that the integration if fully specified and approved by all technical parties including NWIS, ADIs, Pathology IT Managers and the supplier.
	To ensure full end-to-end, regression and volume testing are planned for and undertaken.
Timescale	To assure the timescale is robust but also include key milestones and contingency, allowing for design, development, testing and validation prior to implementation.
Change management	To build in change management into the LINC Programme to create the capacity for change, provide training and support and address resistance to change. In particular to build the support for standardisation.
	To ensure changes can be made within each discipline without dependency or conflict with other pathology services.

Main risk	Counter Measure
Project management	To design and run the Development Project in accordance with PRINCE2, with clear product definitions, plans, roles and responsibilities, governance and project controls to manage risks, issues and change.
Implementation Risks	
Supplier	To assure that the supplier has the right capacity, method and approach to support implementation as part of the procurement process and build incentives into the contract for delivery.
Timescale	To ensure detailed planning of the implementation process with preparation milestones, training and cutover plans and ensure that local services are prepared and their organisation committed to delivering within the agreed timescale. To assure business continuity of the current LIMS until the new LIMS is ready to deploy.
Specification & data transfer	To ensure that all legacy data agreed to go into the live system has been successfully migrated, that all interfaces are live and that data flows are working as planned with tests for data integrity. To ensure that the technical specification for legacy data is fully defined, that the legacy data solution is fully populated and data accessible and transferable to the live LIMS as specified.
Cost risks	To develop and assure detailed plans that will identify all cost requirements and cost pressures. To include payment milestones into the supplier contract, which along with the use of a Master Services Agreement contract form will commit the supplier and health boards to deliver agreed outputs and meet agreed deadlines to minimise impact on costs.
Change management	To design a change management strategy to build into the LINC Programme to minimise resistance to change, have mechanisms to avoid prevarication, support decision making and provide the necessary leadership to ensure local and national resources are available when required. Combined with governance processes for managing change requests. To ensure changes can be made within each discipline without dependency or conflict with other pathology services.
Project management	To design and run the Deployment Project in accordance with PRINCE2, with clear product definitions, plans, roles and responsibilities, governance and project controls to manage risks, issues and change.
Training and user	To develop a training strategy, undertake a training needs analysis, develop training materials and then plan and deliver training in flexible ways to meet the needs of the service. The service does not have the capacity to support the LINC Programme especially if an interim upgrade to TCL2016 is required, which may affect programme timescales.

Main risk	Counter Measure
Operational risks	
Supplier	To assure that the supplier has the capacity and capability to support the development, testing and delivery of an All Wales Pathology LIMS service and to engage with end users during the procurement process with well-defined governance mechanisms and escalation procedures. InterSystems may not agree to support TCL2011 after their contract expires in June 2020. Informal discussions are underway to agree a way forward.
Availability	To assure the business continuity plans and technical architecture design, delivery and testing to ensure it can deliver the availability required to provide a stable service.
Performance	Put in place a contract and schedule 2.2 on service management to clearly define the supplier's responsibilities and have the governance mechanism in place to monitor supplier performance, combined with financial incentives to deliver and other good practice mechanisms to address an issue with supplier performance.
Operating cost	To ensure that all costs are known up front through thorough review of anticipated costs with a wide range of stakeholders and mechanisms in place to manage change and costs. InterSystems have indicated that they will wish to increase their costs to continue to support TCL after the end of the contract, so this risk has to be tolerated dependent on the outcome of the discussions. Early engagement with HBs and / or the Welsh Government is essential in case they do not agree to the resources required at a national or local level to deliver the programme causing delays and consequent additional costs.
Project management	To ensure well defined processes and procedures in place to close down the deployment project and handover to operations
Termination risks	
Termination risks	To ensure that termination risks are addressed as part of the procurement process and contract schedules.

Appendix 11: Notes of the Pathology Solution Costs

Notes Ref	Notes
1	**Pathology Solution** includes dual running costs of the current LIMS until the new LIMS is fully deployed; the costs of the new LIMS plus other tools including the QMS and NPEx; and the proposed additional support services for the new LIMS
2	**Dual Running Costs:** This includes the cost of the InterSystems and NWIS support services for the current LIMS plus third party hardware support costs. No uplift has been applied so same costs for the contract period.
3	Dual running costs of InterSystems TrakCare: Assumes costs of current LIMS continued. No costs included for an upgrade. Also assumes required for 2.5 years although up to five years is being negotiated.
4	NWIS dual running costs: Cost of proving application, technical, integration and testing suppport services, the service desk and service management costs.
5	**New Pathology solution**: Costs of the new LIMS and associated tools. Some of these (Blood tracking, NPEx) may be included in the new contract with the supplier but initial market soundings diod not include these tools.
6	Market soundings has indicated £30m over 10 years revenue only or £22m over 10 years revenue plus £8m capital. Excludes integration costs. Assumes inital payment once system developed, tested, validated and signed off ready for deployment during 2021/22.
7	Notional estimate of integration costs to national applications, create a single data extract for integration with downstream systems and laboratory equipment. Needs to cover InterSystems and NWIS costs.
8	Notional estimate of legacy data costs. InterSystems quoting £250k per extract. Assumed one plus delta per HB/PHW = 8 overall
9	Notional costs for a scanning system system, using annual maintenance costs for BCU rounded up for each HB. Assume this will be provided via the chosen supplier. Will be included in supplier service.
10	Notional costs for voice recognition. Will be included in supplier service.
11	Notional costs for a blood tracking system, using annual maintenance costs for Cwm Taf rounded up for each HB. Assume this will be provided via the chosen supplier and may be able to novate current licence to new supplier. Will be included in supplier service.
12	Crude estimated costs of an electronic requesting solution for primary and secondary care either to develop WCP to meet pathology ETR requirements or to procure a separate to ETR tool.
13	Costs of a quality management system being hosted via NWIS using an NHS data centre. This includes the costs based on a quotation from Ideagen of a Q-Pulse licence and implementation and estimated NWIS hosting costs.
14	Costs based on NPEx quote from December 2017 to Brent Varley. Will include this in the requiremnts for the LIMS supplier to provide as part of the whole solution. Will be included in supplier service.
15	Annual budget for changes to the new LIMS system, after go live.
16	**Proposed Additional LIMS Support Services Costs** These are posts over and above the current establishment to support the new LIMS based on lessons learned from WLIMS1.
17	Band 6 Senior Support and Business Analyst for integration services. The National Operational databased and Information (NODi) Team are fully stretched at the moment, supporting current and upcoming Test Result and document feeds, including the current LIMS system. There will be no resource available to support the new LIMS and in particular the complex number of message flows to be transitioned to the new environment. NODi look after the WRRS, WCRS and WRDS. THis post would look after the LIMS components of these systems. Vacant so mid-point assumed wef April 2019.

Notes Ref	Notes
18	Principal Support & Business Analyst. The Integration Team requires a band 7 to assist with the coordination between the development of the new implementation and the User Acceptance Testing of the new LIMS, while providing continuity of service to the current environments. The significant number of message flows to be migrated will require a considerable amount of coordination, and I would expect this role to take the lead on this, under the guidance of the Senior Product Specialist. Vacant so mid-point assumed wef April 2019.
19	Senior Software Developer. A band 6 development is required as the Integration Team currently has only one active developer. We have 6 active flows for LIMS which are extremely complex and the expectation is that the additional flows will have the same impact to develop. We would require a dedicated developer for this work so that this does not leave the team with no capacity to develop other system flows or carry out essential system upgrades. Due to the complexity of FIORANO it requires a substantial amount of time to train an individual up to develop and support the service. We are unlikely to find contract resource with these skills, and hence the recommendation for a permanent resource. Vacant so mid-point assumed wef April 2019.
20	NWIS application architect required dedicated to LIMS. Vacant, so mid-point assumed wef April 2019
21	Quality Management Team to support the development and implementation of a national quality management system to facilitate and maintain a standardisaed approach across Wales and manage system documentation. All posts assumed wef April 2019 Quality Manager / Validation Lead vacant but have assumed top of the scale as experience essential. Validation Officer required to facilitate standardisation and prepare for validation (mid-point assumed) Configuration Librarian to manage QMS documentation (mid-point assumed) Administrative support office for the team (mid-point assumed)
22	Two UAT testers to be part of the Quality team to suport the laboratories in testing new releases, patches and updates to suport validation requirements
23	Informatics roles to maintain and develop operational reports, real time dashboards and business intelligence for the new LIMS Experienced 8a top of the scale supported by a band 6 (mid-point assumed) wef April 2019.
24	**Capital Monies** Typical value of capital monies identified as part of the market soundings exercise.

Appendix 12: Net Present Cost Calculations

Table 30: Net Present Cost Option 1 Business as usual

Net present costs of Option 1 BAU: Upgrade to TCL 2016	Apr 20 - Mar 21 £k Year 1	Apr 21 - Mar 22 £k Year 2	Apr 22 - Mar 23 £k Year 3	Apr 23 - Mar 24 £k Year 4	Apr 24 - Mar 25 £k Year 5	Apr 25 - Mar 26 £k Year 6	Apr 26 - Mar 27 £k Year 7	Total Cost £k
Upgrade to TCL 2016	2,500	0	0	0	0	0	0	2,500
Total Capital (excluding optimism bias)	**2,500**	**0**	**0**	**0**	**0**	**0**	**0**	**2,500**
Optimism Bias @ 20%	0	0	0	0	0	0	0	500
Total Capital (including optimism bias)	**2,500**	**0**	**0**	**0**	**0**	**0**	**0**	**3,000**
TCL 2016	2,749	3,604	3,604	3,604	3,604	3,604	3,604	24,375
Total Revenue (excluding optimism bias)	**2,749**	**3,604**	**3,604**	**3,604**	**3,604**	**3,604**	**3,604**	**24,375**
Optimism Bias @ 20%	0	0	0	0	0	0	0	4,875
Total Revenue (including optimism bias)	**2,749**	**3,604**	**3,604**	**3,604**	**3,604**	**3,604**	**3,604**	**29,250**
Total annual costs excluding optimism bias	**5,249**	**3,604**	**3,604**	**3,604**	**3,604**	**3,604**	**3,604**	**26,875**
Total annual costs including optimism bias	**5,249**	**3,604**	**3,604**	**3,604**	**3,604**	**3,604**	**3,604**	**26,875**
Deduct: calculation of benefits	0	-222	-667	-1,333	-1,333	-1,333	-1,333	-6,222
Add: Risk quantification	13,130	50	50	50	50	866	1,273	15,469
Total	**18,379**	**3,432**	**2,988**	**2,321**	**2,321**	**3,137**	**3,544**	**36,121**
Discounting	1.00	0.97	0.93	0.90	0.87	0.84	0.81	
Net Present Cost	**18,379**	**3,316**	**2,789**	**2,093**	**2,023**	**2,641**	**2,883**	**34,124**

Table 31: Net Present Cost Option 2 Do minimum

Net present costs of Option 2 Do Minimum	Apr 20 - Mar 21 £k Year 1	Apr 21 - Mar 22 £k Year 2	Apr 22 - Mar 23 £k Year 3	Apr 23 - Mar 24 £k Year 4	Apr 24 - Mar 25 £k Year 5	Apr 25 - Mar 26 £k Year 6	Apr 26 - Mar 27 £k Year 7	Total Cost £k
No capital costs	4,200	6,813	0	0	0	0	0	11,013
Total Capital (excluding optimism bias)	**4,200**	**6,813**	**0**	**0**	**0**	**0**	**0**	**11,013**
Optimism Bias @ 20%	840	1,363	0	0	0	0	0	2,203
Total Capital (including optimism bias)	**5,040**	**8,176**	**0**	**0**	**0**	**0**	**0**	**13,216**
Current LIMS dual running wef June 2020	2,749	3,665	3,665	916	0	0	0	10,995
TCLE in NHS data centre	1,295	2,672	1,844	1,844	1,844	1,844	1,844	13,187
NWIS support costs	254	311	318	889	1,079	1,081	1,084	5,015
National quality management team and system	364	372	381	392	395	399	403	2,706
Total Revenue (excluding optimism bias)	**4,662**	**7,020**	**6,208**	**4,041**	**3,318**	**3,324**	**3,330**	**31,903**
Optimism Bias @ 20%	932	1,404	1,242	808	664	665	666	6,381
Total Revenue (including optimism bias)	**5,594**	**8,424**	**7,449**	**4,849**	**3,982**	**3,989**	**3,996**	**38,284**
Total annual costs excluding optimism bias	**8,862**	**13,833**	**6,208**	**4,041**	**3,318**	**3,324**	**3,330**	**42,916**
Total annual costs including optimism bias	**10,634**	**16,600**	**7,449**	**4,849**	**3,982**	**3,989**	**3,996**	**51,499**
Deduct: calculation of benefits	0	-444	-1,333	-2,667	-2,667	-2,667	-2,667	-12,444
Add: Risk quantification	11,950	950	360	360	260	260	260	14,400
Total	**22,584**	**17,105**	**6,476**	**2,542**	**1,575**	**1,582**	**1,589**	**53,455**
Discounting	1.00	0.97	0.93	0.90	0.87	0.84	0.81	
Net Present Cost	**22,584**	**16,527**	**6,045**	**2,293**	**1,373**	**1,332**	**1,293**	**51,447**

Table 32: Net Present Costs Option 3 Preferred option

Net present costs of Option 3 Preferred Option	Apr 20 - Mar 21 £k Year 1	Apr 21 - Mar 22 £k Year 2	Apr 22 - Mar 23 £k Year 3	Apr 23 - Mar 24 £k Year 4	Apr 24 - Mar 25 £k Year 5	Apr 25 - Mar 26 £k Year 6	Apr 26 - Mar 27 £k Year 7	Total Cost £k
	8,000	0	0	0	0	0	0	8,000
Total Capital (excluding optimism bias)	**8,000**	**0**	**0**	**0**	**0**	**0**	**0**	**8,000**
Optimism Bias @ 20%	1,600	0	0	0	0	0	0	1,600
Total Capital (including optimism bias)	**9,600**	**0**	**0**	**0**	**0**	**0**	**0**	**9,600**
Current LIMS dual running wef June 2020	2,749	3,665	3,665	916	0	0	0	10,995
New LIMS Service	1,545	3,747	2,494	2,494	2,494	2,494	2,494	17,762
NWIS support costs	254	311	318	889	1,079	1,081	1,084	5,015
National quality management team and system	364	372	381	392	395	399	403	2,706
Total Revenue (excluding optimism bias)	**4,912**	**8,095**	**6,858**	**4,691**	**3,968**	**3,974**	**3,980**	**36,478**
Optimism Bias @ 20%	982	1,619	1,372	938	794	795	796	7,296
Total Revenue (including optimism bias)	**5,894**	**9,714**	**8,229**	**5,629**	**4,762**	**4,769**	**4,776**	**43,774**
Total annual costs excluding optimism bias	**12,912**	**8,095**	**6,858**	**4,691**	**3,968**	**3,974**	**3,980**	**44,478**
Total annual costs including optimism bias	**15,494**	**9,714**	**8,229**	**5,629**	**4,762**	**4,769**	**4,776**	**53,374**
Deduct: calculation of benefits	0	-667	-2,000	-4,000	-4,000	-4,000	-4,000	-18,667
Add: Risk quantification	420	470	570	429	335	100	100	2,424
Total	**15,914**	**9,517**	**6,799**	**2,058**	**1,097**	**869**	**876**	**37,131**
Discounting	1.00	0.97	0.93	0.90	0.87	0.84	0.81	
Net Present Cost	**15,914**	**9,195**	**6,347**	**1,856**	**956**	**732**	**713**	**35,713**

Appendix 13: LINC Programme Board Membership

Name	Representing
Adrian Thomas	Senior Responsible Owner
Judith Bates	Programme Director
Melanie Barker	Senior Programme Manager, Pathology PMO, NHWSHC
Jane Long	Senior Project Support Officer, Pathology PMO, NHSWHC
Jane Fitzpatrick	Director Strategic Programmes, NHSWHC
Andar Gunneberg	Abertawe Bro Morgannwg University Health Board Representative
Rachel Still	Abertawe Bro Morgannwg University Health Board Deputy
Craig Roberts	Aneurin Bevin University Health Board Representative
Michael Redman	Aneurin Bevin University Health Board Deputy
Rachael Surridge	Betsi Cadwaladr University Health Board Representative
Pearl Huey	Betsi Cadwaladr University Health Board Deputy
Matthew Temby	Cardiff & Vale University Health Board Representative
Carol Evans	Cardiff & Vale University Health Board Deputy
Esther Youd	Cwm Taf University Health Board Representative
Paul Seddon	Cwm Taf University Health Board Deputy
Andrea Stiens	Hywel Dda University Health Board Representative
Dylan Jones	Hywel Dda University Health Board Deputy
Ruth Young	All Wales Medical Genetics Service Representative
Rachel Butler	All Wales Medical Genetics Service Deputy
Robin Howe	Public Health Wales Representative - Microbiology
Annette Thomas	Point of Care Testing Representative
(various)	Point of Care Testing Deputy
David Heyburn	Public Health Wales Deputy - Microbiology
Helen Clayton	Public Health Wales Representative - Screening
Guy Stevens	Public Health Wales Deputy – Screening
David Mason Hawes	Welsh Blood Service Representative
Emyr Adlam	Welsh Blood Service Deputy
Declined	Nominated Powys Teaching Health Board Representative
Declined	Nominated Welsh Ambulance Trust Representative
Michelle Sell	NHS Wales Informatics Service Representative
Elizabeth Waites	NHS Wales Informatics Service Deputy
Carol Evans	Laboratory Services Sub Committee Representative
Tariq El-Shanawany	Laboratory Services Sub Committee Deputy
Rob Tovey	Deputy Directors of Finance Representative
Karen Winder	Directors of Informatics Representative
Anthony Tracey	Directors of Informatics Deputy
Clive Morgan	Directors of Therapies and Healthcare Sciences Representative
Michael Redman	Directors of Therapies and Healthcare Sciences Deputy
Fiona Jenkins	National Pathology Programme Board Chair

Appendix 14: Organisational Roles and Responsibilities

Welsh Government

The Welsh Government is the devolved Government for Wales with responsibility for the economy, education, health and the Welsh NHS, business, public services and the environment of Wales. It provides capital and revenue funding subject to approved business cases.

Director General of Health and Social Services, Chief Executive, NHS Wales – Andrew Goodall

Dr Goodall will head the Welsh Government's Department for Health and Social Services, and will be responsible and accountable to the Minister for Health and Social Services and Deputy Minister for Social Services for all health, public health and social care policy in Wales. In addition, he will also serve as Chief Executive of NHS Wales.

National Informatics Advisory Board (NIMB)

NHS Informatics Management Board (NIMB) The Informatics Service's direction is overseen by the NIMB, which is chaired by Chief Executive of the NHS in Wales – Dr. Andrew Goodall. The board oversees the delivery and operation of national information and technology programmes and services.

Informatics Planning and Delivery Group (IPAD)

IPAD reports directly to NIMB, will advise NIMB on IM&T-related business cases.

Welsh Scientific Advisory Committee (WSAC)

Part of the Welsh Government Directorate of Public health, WSAC advises the Welsh Government on matters relating to health sciences and the health scientist profession

Laboratory Services Sub Committee (LSSC)

A subcommittee of WSAC, providing expert scientific and professional advice to Ministers of the Welsh Government through the Welsh Scientific Advisory Committee on laboratory and clinical Pathology services. In addition, advising on policy matters and the education and training of staff involved the provision of cost-effective, quality laboratory and clinical Pathology services in Wales.

Standing Specialist Advisory Groups (SSAGs)

SSAGs for Biochemistry, Cellular Pathology, Haematology Immunology and Microbiology report to the LSSC. SSAGs for Point of Care Testing (POCT) and Genetics will report directly to WSAC.

Standardisation Groups

Reporting to each SSAG, standardisation groups consider and agree on the standardisation and warranted variation for their discipline across Wales.

NHS Wales Collaborative Leadership Forum (CLF)

The CLF is a quarterly meeting of the Chairs and CEOs of the Health Boards, Trusts and national services, such as Public Health Wales (PHW) and Health Education and Improvement Wales (HEIW) to consider all Wales issues and initiatives.

NHS Wales Collaborative Executive Group (CEG)

Reporting to the CLF, the CEG is a monthly meeting of the CEOs of the Health Boards, Trusts and national services, such as Public Health Wales (PHW) and Health Education and Improvement Wales (HEIW) to agree and oversee all Wales programmes. The NHS Wales Health Collaborative (NHSWHC) is the body set up to run and deliver these programmes on behalf of the CEG. This includes collective corporate accountability for the LINC Programme.

National Pathology Network (NPN)

Reporting to the CEG, the NPN acts in lieu of a national Pathology service to develop a modern, sustainable Pathology service providing high quality, safe and prudent services to the NHS contributing to the national strategy of *A healthier Wales: Our plan for health and social care.* The NPN provides a voice for the Pathology service at a national level and will have overall responsibility for the Pathology Statement of Intent. This includes professional oversight of the LINC programme, which is a key component of the PSOI.

LINC Programme Board (LPB)

The LPB is responsible for managing a portfolio of programmes and projects to deliver an end-to-end technical solution to support Pathology services including the procurement and implementation of a new, national laboratory information management system (LIMS) for Wales. These programmes and projects are being designed and managed in accordance with the managing successful programmes (MSP) and PRINCE2 project management methodologies.

The membership of the LPB includes representatives of:

- Associate Directors of Informatics (ADIs)
- Deputy Directors of Finance (DDoFs)

- Directors of Therapies and Health Sciences (DOTHS)
- Each Health Board and PHW
- LSSC
- NHSWHC Strategic Programmes
- NWIS
- POCT, Welsh Blood Service (WBS) and Medical Genetics

LINC Design Authority (LDA)

The LDA, currently being set up, will maintain a consistent, coherent and complete perspective of the programme design, defining the programme critical interfaces, such that business operations can be changed and benefits secured in a coordinated manner across Wales. The LDA is accountable for ensuring the integrity of the programme; focusing inwardly on the internal consistency of the programme; and outwardly on its coherence with Health Board (HB) corporate and operational requirements and, other national programmes and external requirements such standards, validation and accreditation.

The proposed membership of the LDA includes the following with the aim to cover all health boards and services as part of the membership:

- Clinical leads for each main discipline
- SSAG chairs
- LINC Programme Director
- NWIS key personnel including: LIMS Service Manager, LIMS Technical Architect, National Diagnostic IT Programme Manager
- Plus representatives of: ADIs, Pathology Clinical Directors, Pathology IT Managers, Pathology Quality Managers and Pathology Service Managers.

Welsh Informatics Assurance Board (WIAB)

The WIAB provides independent advice and support to the Clinical Chief Information Officer for Wales, Rhidian Hurle on all aspects of quality assurance related to the delivery of national informatics services. The board has the authority to exercise clinical, managerial and technical judgement to ensure that health informatics services are safe and ready to be used by NHS Wales and Welsh social care services. It has a scrutiny role to ensure that the national informatics services provided to NHS organisations, from whatever source, are safe and have been appropriately assured.

Welsh Informatics Assurance Group (WIAG)

The WIAG provides quality assurance to WIAB on all aspects of assurance related to the delivery of national informatics services. WIAG has the authority to exercise clinical, managerial and technical judgement to ensure

that national informatics services are safe and ready to be used by NHS and Social Care services in Wales once approved by the WIAB.

National LIMS Service Management Board (SMB)

The LIMS SMB is hosted by NWIS as part of the IT service management arrangements and will provide governance in accordance with ISO 20000.

National Contract Management Board (CMB)

The national CMB, chaired and led by the NHS, will directly manage the contract with the supplier, agree any contractual change notices (CCNs) and ensure compliance against the contract. The supplier will be held to account against a requirements traceability matrix to ensure delivery of The Authority's Requirements (Schedule 2.1) against an agreed delivery plan.

LIMS Change Advisory Board (CAB)

The purpose of the LIMS CAB is to review and approve changes to the LIMS and to consider the impact of any changes in relation to other national and local applications. Clinical changes will be managed via the SSAGs and standardisations groups in conjunction with the LDA.

Appendix 15: Notes for the LINC Programme Costs

Notes Ref	Notes of Programme Costs
1	**Costs of the LINC Programme:** comprising the LINC PMO, Standardisation team, NWIS programme costs, Additional procurement costs, non-pay costs and contingency. Staffing costs based on NHS employers AfC 25% on-costs per increment for Mid-Point (M-P) or Top of the scale. Plus an annual 1% cost of living increase assumed.
2	**LINC PMO** assumes costs from staff take-on until September 2023. Initially three year appointments, it is assumed contracts will be extended until the end of the programme.
3	Programme Director actual salary costs. Currently on a three year contract due to end November 2020
4	Programme Manager actual salary costs. Currently on a three year contract due to end July 2021
5	Senior Project Manager and Project Manager posts, currently out to advert on three year contracts. Mid-point assumed wef December 2018.
6	Programme Officer / Planner for the programme and SPSO for the Procurement & Technical Projects Mid-point assumed wef April 2019.
7	SPSO (PMO) actual salary costs. Currently on a three year contract due to end August 2021
8	SPSO actual salary costs, currently based in ABM supporting Biochemistry standardisation and funded via LINC Programme
9	**Pathology Standardisation Team** Vacant but top of the scale estimated as it is assumed these will be secondments from the service wef April 2019 for four years. Assumed all posts will be full-time except for the standardisation leads which will be 2 sessions per week x 5 (2 for Biochemistry)
10	**NWIS Programme Costs** These are short term costs for NWIS to provide staff of services to the programme
11	Band 7 backfill for LIMS Service Manager to be relased to work full time on the LIMS Programme wef November 2018
12	Band 8c backfill for NWIS Procurement Lead to be relased to work full-time on the procurement wef November 2018
13	Band 6 Senior Software Developer contractor for NWIS integration services. Assumed top of the scale plus 20% agency fees. Depending on the precise detail of the requirement, it is anticipated that this could be a significant piece of work, which would see the NODi service used as a hub for test result and document dissemination. A dedicated resource will be required to ensure delivery of such a complex piece of work.
14	Potential to use the busines schange service being explored, notional costs included
16	**Procurement Project Additional Resource Requirements** Costs of providing legal and commercial advice and Service representation on the procurement project
17	Quote for legal adviser = £96k
18	Quote for commercial adviser assumed to be the same
19	On secondment 2 days a week @ £288.90 per day = £26,001 (45 weeks) Expenses to be covered by non-pay budget
20	On secondment 2 days a month. Top band 8d assumed @£330 per day = £7,920 Expenses to be covered by non-pay budget
21	Notional estimate of non-pay costs
22	10% contingency assumed of total LINC Progamme costs incuding non-pay

Appendix 16: Draft benefit profile template

Benefit Profile		
Item:	BP/18/001	Category
Title:		

Description:	

Programme Objectives Supported	
Observable Outcomes	

KPIs in business operations that will be affected by this benefit:

Immediately after realisation	
In the future	

Current/Baseline Performance levels	
Anticipated Trajectory	Improvement / Detrioriation *(Delete as appropriate)*
Benefit realisation and business change costs	

Capabilities required for benefit realisation	
Related projects	
Outcomes required for benefit realisation	
Business change required for benefit realisation	

Risks	
Issues	
Dependencies	

Owner	
Attribution	

Measurement	

Appendix 17: LINC Risk Register

Ref	Date Raised	Raised By	Risk Description (including Impact)	Current Overall Rating	Since last review	Owner	Risk Status	Date Reviewed	Reviewer	Mitigation	Proposed Mitigation	Closure/ Transfer Date	Related Risks & Issues	Update Sep-18	Update Oct-18	Update Nov-18
4	27/12/2017	Judith Bates	Failure to complete implementation of WLIMS1 impacting LINC implementation plan and WLIMS1 resources to support LINC	H	⟷	Simon Dean	Open	22/11/2018	PMO	Tolerate	To monitor progress with WLIMS1 implementation			TCL2011 BT implementation has been delayed due to instability of the technical platform, so this remains an ongoing risk	BT implementation has been delayed and won't necessarily be completed by the end of March. This risk will be expanded to include upgrade to TCL2016. This risk is linked to risk 20	No change
7	27/12/2017	Judith Bates	Lack of capacity of Pathology, NWIS and HB ICT staff to work on the Programme due to lack of resources to backfill or lack of operational capacity	H	⟷	Adrian Thomas	Open	22/11/2018	PMO	Treat - Contingent	To identify resource requirements in the Resource Management Strategy for the attention of the CEOs			NWIS has identified resource requirements and the LINC Programme Resource requirements have been drafted. CEG has approved funding for the rest of 2018/9, so probability has been reduced to medium	A mapping exercise is required to look at resource requirements. This is will be undertaken by the joint LINC-WLIMS1-SMB sub-group	There is a meeting planned between KT and Allison Roblin to discsuss resource mapping.
16	17/04/2018	Judith Bates	The appetite may not be there to support the culture change required to deliver further standardisation	H	⟷	Adrian Thomas	Open	22/11/2018	PMO	Treat - Contingent	Prepare a paper for NIMB adressing this risk			Biochemistry and Haematology SSAGs did not agree on the wording in the paper of standardisation & warranted variation, but revised wording has now been agreed and paper on the Oct LPB meeting for sign off.	The NHSW CEG has approved a National Pathology Team as part of the LINC Programme to take forward the work on standardisation. The LPB were given more time to comment on the paper but no comments received.	No change
21	18/09/2018	LPB	Delay in HBs sending letters of commitment to the LINC OBC may delay the programme	M/H	⟷	Adrian Thomas	Open	22/11/2018	PMO	Treat - Contingent	Judith Bates to raise the risk with the CEG		Risk 22	Risk raised	LPB agreed to reduce this risk to medium/high as the procurement process has been delayed.	No change
23	06/11/2018	LPB	Health Boards/Trusts/ PHW may not agree to fund LINC	H		Adrian Thomas	Open	22/11/2018	PMO	Treat - Contingent	Ensure potential savings cover any additional costs in the OBC					OBC updated to show savings

Appendix 18: Risk Guidance

Item	Definition
RISK	A risk is one or more uncertain event(s) that, should it occur, will have an effect on the achievement of objectives. It consists of the probability of a perceived threat or opportunity occurring and the magnitude of its impact on objectives.
ISSUE	An issue is any relevant event that has happened, that was not planned, and requires management action. They can be anything to do with the project such as a concern, query, request for change or suggestion.

Mitigation	
Treat - Contingent	Lessen the likelihood before the risk materialises
Treat - Containment	Actions to be put in place after the risk has happened to reduce the impact
Transfer	Moved to third party
Tolerate	Accept but monitor
Terminate	Do things differently and remove the risk

Risk Matrix		Low	Low/Medium	Medium	Medium/High	High
Impact	Impact if the risk materialises	2	4	6	8	10
Probability	Probability that the risk materialises	2	4	6	8	10

The overall rating is (impact) x (probability). The overall rating is **High** if >60, **Medium** if between 35 and 60, and **Low** if <35

Overall Rating Matrix		Impact				
		Low	Low/Medium	Medium	Medium/High	High
Probability	**Low**	4	8	12	16	20
	Low/Medium	8	16	24	32	40
	Medium	12	24	36	48	60
	Medium/High	16	32	48	64	80
	High	20	40	60	80	100

Issue Scoring	
Scoring	Guidance
Critical	A show stopper that impacts the whole programme or the critical path and requires immediate remedial action
High	A serious issue that impacts one or more workstreams and / or the critical path
Medium	A moderate issue that impacts one or more projects within a workstream that may impact the critical path
Low	A minor issue within a project that does not impact other projects or workstreams

Movement		
Category	Movement	Input Value
Improvement	↑	#
No Change	↔	1
Worsened	↓	$

Appendix 19: Glossary of Terms

Acronym	Full Title
A&E	Accident & Emergency
ABA	Association of Biomedical Andrologists
ABMULHB	Abertawe Bro Morgannwg University Health Board
ABUHB	Aneurin Bevan University Health Board
ACB	Association of Clinical Biochemistry
ADIs	Associate Directors of Informatics
AI	Artificial intelligence
AWMGS	All Wales Medical Genetics Service
BAU	Business As Usual
BCUHB	Betsi Cadwaladr University Health Board
BI	Business Intelligence
BMA	British Medical Association
BSQR	Blood Safety and Quality Regulations
C&SMB	Contract & Service Management Board
CAB	Change Advisory Board
CANISC	Cancer Network Information System Cymru
CAV SFSP	Cardiff and Vale Secure File Sharing Portal
CDR	Clinical Data Repository
CEO	Chief Executive Officer
CMB	Contract Management Board
CSF	Critical Success Factor
CTUHB	Cwm Taf University Health Board
CVUHB	Cardiff and Vale University Health Board
DATIX	Patient Safety Software
DAWN	Anti-coagulation downstream system
DCP	Digital Cellular Pathology
DDoFs	Deputy Directors of Finance
DIAMOND	Downstream System
DoFs	Directors of Finance
DoTHS	Directors of Therapies and Health Sciences
Downstream system	A local clinical system electronically updated with Pathology results

Acronym	Full Title
DXC	Owner of TCL
eMPI	Enterprise Master Patient Index
ETR	Electronic Test Requesting
FBC	Full Business Case
FHIR	Fast Healthcare Interoperability Resources
FSS NET	Food Surveillance System
FTE	Full Time Equivalent
GMC	General Medical Council
GP	General Practitioner
GPTR	GP Test Requesting
HB	Health Board
HDUHB	Hywel Dda University Health Board
HL72.5	Protocol for Electronic Data Exchange in Healthcare
HTA	Human Tissue Authority
ICIP	Intensive Care System
ICnet	Infection control downstream system
ICT	Information Communication Technology
IM&T	Information Management & Technology
INDIGO	Locum Provider
INSF	National Service Framework
IPAD	Informatics Planning and Delivery group
ISFT	Invite to Submit Final Tender
ISMS	Information Security Management System
ITIL	IT Management Service
ITPD	Invitation to Participate in Dialogue
IUVO	Healthcare Messaging Service
KPI	Key Performance Indicator
LDA	LINC Design Authority
LILIE	Sexual health downstream system
LIMS	Laboratory Information Management Systems
LINC	Laboratory Information Network Cymru
LLP	Limited Liability Partnership
LPB	LINC Programme Board

Acronym	Full Title
LSSC	Laboratory Services Sub Committee
MHOL	My Health Online
MHRA	Medicines and Healthcare Products Regulatory Agency
Millcare	Sexual health downstream system
MSA	Master Services Agreement
NDR	National Data Resource - planned big data capability for Wales
NHS	National Health Service
NHSW	NHS Wales
NHSW	NHS Wales
NHSW CEG	NHS Wales Collaborative Executive Group
NHSW CLF	NHS Wales Collaborative Leadership Forum
NHSWHC	NHS Wales Health Collaborative
NIMB	National Informatics Management Board
NPEx	National Pathology Exchange
NPN	National Pathology Network
NPPB	National Pathology Programme Board
NWIS	NHS Wales Informatics Service
NWSSP	NHS Wales Shared Service Partnership
OBC	Outline Business Case
OGC	Project Management Service
OJEU	Official Journal of the European Community
PACS	Picture Archiving and Communications System
PBM	Programme Board Meeting
PCR2015	Public Contracts Regulation 2015
PER	Post Evaluation Review
PHW	Public Health Wales
PIN	Prior Information Notice
PIR	Post Implementation Review
PMO	Programme Management Office
POCcelerator	Point of Care Testing system
POCT	Point of Care Testing
PQQ	Pre-Qualification Questionnaire
PRINCE2	Project Management Service

Acronym	Full Title
PSBA	Public Sector Broadband Aggregation
PSOI	Pathology Statement of Intent
PTHB	Powys Teaching Health Board
QMS	Quality Management Service
Q-PULSE	Quality Management Software
RCN	Royal College of Nursing
RCP	Royal College of Pathology
SIR	Synapse image repository
SLA	Service Level Agreement
SMART	Specific, Measurable, Achievable, Realistic, Time-based
SMB	Service Management Board
SME	Subject Matter Expert
SME	Subject Matter Expert
SNOMED	Healthcare Standards Service
SOC	Strategic Outline Case
Soft genomics	Medical genetic system currently being implemented
SOP	Standard Operating Procedures
SPSO	Senior Project Support Officer
SRO	Senior Responsible Owner
SSAG	Standing Specialist Advisory Group
Sunquest ICE	Order communications system used in Wrexham, North Wales
Synapse	Database store for radiology images from Welsh PACs
TB	Tuberculosis
TCL	InterSystems TCLab - TCL2011 is the current LIMS
TCLE	InterSystems TCLab Enterprise
TTT	Train The Trainer
UHB	University Health Board
UKAS	UK Accreditation Service
VAT	Value Added Tax
VFM	Value for Money
WBS	Welsh Blood Service
WCIC	Welsh Clinical Informatics Council
WCISU	Welsh Cancer Intelligence and Surveillance Unit

Acronym	Full Title
WCP	Welsh Clinical Portal
WDS	Welsh Demographics Service
WG	Welsh Government
WIAB	Welsh Informatics Assurance Board
WIAG	Welsh Informatics Assurance Group
WLIMS1	Welsh Laboratory Information Management System One
WMIC	Welsh Medicines Information Centre
WPH	Welsh Pathology Handbook
WPOCT	Welsh Point of Care Testing
WPOCT	Welsh Point of Care Testing system, POCcelerator
WRDS	Welsh Reference Data Service
WRRS	Welsh Results and Reporting Service
WSAC	Welsh Scientific Advisory Committee
WTAIL	Welsh Transplantation and Immunogenetics Laboratory
WTE	Whole Time Equivalent

Laboratory Information Network Cymru (LINC) Programme

Outline Business Case Executive Summary

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Contents

1. Executive Summary

1.1. Introduction and Overview

This OBC seeks approval to invest in an end-to-end technical solution for Pathology services at the heart of which is the procurement of a new laboratory information management system (LIMS) service for Wales. This investment is required as the contract with InterSystems for the current LIMS, TrakCare Lab (TCL), expires in June 2020.

The Laboratory Information Network Cymru (LINC) Programme, part of the NHS Wales Health Collaborative (NHSWHC) is leading the procurement and implementation of the new LIMS, and the wider change programme associated with this OBC. LINC is an enabling programme to support the delivery of a modern, sustainable Pathology service as part of a wider transformation plan set out in the Pathology Statement of Intent.

The strategic case makes the case for change addressing current challenges, such as staffing, future service and technical developments and the scope in terms of the disciplines covered, functional and technical requirements. A key driver is the need to further standardise services as far as possible to deliver a sustainable service. Electronic test requesting is critical to deliver key benefits including financial savings.

A long list has been assessed, from which a short list of three options has been derived:

- Option 1: Business as usual - to upgrade to TCL 2016
- Option 2: Do Minimum - to take TCL Enterprise
- Option 3: Preferred - to procure a new LIMS service

In addition to the new LIMS service, the scope of the OBC includes a national quality team and quality management system and improved management of the LIMS by NWIS as a national application.

The OBC costs are evaluated over eight years from 2019/20 to 2026/27, the first year covering the procurement via competitive dialogue and design work. A master services agreement contract form is proposed for seven years, extendable on an annual basis for a further seven years.

On a revenue only basis, the overall cost is £42 million and £4.8 million per annum. With a minimum of £8 million capital, the revenue cost is £37 million and £4 million per annum. The combined cost of the three current LIMS (WLIMS1, Telepath and Masterlab) is £4.2 million so, excluding benefits, the new Pathology solution will be £0.6 million per annum more or £0.2 million per annum less depending on the funding model.

It is estimated that a potential £4 million per annum can be realised in benefits that would cover the cost of the new LIMS, with capital monies

1.2. Strategic Case

The strategic context

Pathology is the study of disease and is involved in 70% of all diagnosis made in the NHS, underpins all clinical services, is a key component in the delivery of prudent health services to the population of Wales and an enabler to other Welsh Government health delivery plans including cancer and stroke services.

Pathology comprises a wide variety of disciplines and the main disciplines comprise *National Services* (PHW Microbiology and Screening Services, Welsh Blood Service, All Wales Medical Genetics Service and Welsh Point-of-care Testing) and *Local Laboratory Services*, comprising Andrology, Blood Sciences (including Blood transfusion), Cellular Pathology and Microbiology (not provided by PHW).

Pathology services undertook around 30 million authorised test sets during 2017/8. The service is under increasing pressure from growth in demand and the development of new technologies. Pathology services cost around £118 million, at least 1.9% of the total health care budget. In March 2017, it was estimated that there were 2,026 FTE staff in healthcare science and 200 FTE medical staff, of which 133 were consultants. One of the key issues faced by the service is recruitment and retention of skilled staff.

There is no single Pathology service across Wales and, although some services are provided nationally, most sit under the responsibility of the six University Health Boards (UHBs) and Public Health Wales (PHW).

The Pathology service is undergoing change in relation to boundary changes, implementation of the Carter recommendations to create hub and spoke services, reconfiguration of services in the West as part of the Arch initiative, the new Grange University Hospital due to open in Cwmbran in 2021 and piloting Digital Cellular Pathology in Glan Clwyd Hospital.

Business strategies

The development of an end-to-end technology solution for pathology services will contribute to the delivery of *A healthier Wales; our plan for health and social care* and the new LIMS will be a national application as part of Informed health and care: a digital health strategy for Wales. The solution will be a key deliverable towards the *Pathology Statement of Intent*, a national plan to modernise Pathology services across Wales, currently being finalised for sign off by Welsh Government.

The case for change

The current LIMS (known as WLIMS1) is InterSystems TCL 2011, which was procured in 2010 as a single, national system intended to replace 13

standalone systems. Significant progress has been made but further work remains to complete implementation. The contract includes an upgrade TCL 2016 but in 2017, the NHS and InterSystems jointly decided against this upgrade. However, TCL 2011 is not supportable after January 2020 because the Microsoft operating system is end of life. Consequently, the upgrade will have to go ahead as the delay in the re-procurement means that it is not possible to deploy a new solution by June 2020. Many lessons have been learned from WLIMS and being taken into account within LINC.

Standardisation is critical to underpin the transformation of the Pathology service to be more sustainable in terms of delivering a high quality service, creating capacity to cope with increasing demand at the same time as reducing costs. The service has agreed the definition of standardisation and warranted variation (e.g. because of using different equipment) as a basis for taking forward standardisation as far as possible.

Electronic test requesting (ETR) is also critical to deliver benefits and underpin service transformation. The current ETR service is provided by the Welsh Clinical Portal (WCP), but does not currently meet the needs of the Pathology service as a whole. A Pathology ETR requirement has been defined and the current and planned WCP capability is being assessed to determine the gap. If the WCP cannot be developed to meet Pathology requirements, then the procurement of a separate system with the LIMS has been included as an option. Substantial financial savings can be realised if paper requests no longer have to be manually booked in and scanned.

LINC has multiple and complex stakeholders with different levels of interest in the LINC programme. Key stakeholders have been engaged in the development of this OBC through events, meetings and email. More than thirty workshops have been held or are planned during 2018 to contribute to this business case and / or develop the requirements for the new service.

The spending objectives for the LINC Programme have evolved throughout 2018. They provide the basis for this OBC:

SO1   To improve patient care, patient safety and patient outcomes;

SO2   To enable the transformation of healthcare services to be leaner, standardised, more sustainable and provide long-term stability;

SO3   To deliver a seamless, end-to-end electronic solution for Pathology services;

SO4   To contribute to the more prudent use of Pathology resources through demand management, predictive costing and minimised financial risk;

SO5   To meet current and future service requirements.

1.3. Economic Case

In accordance with national guidance, this section of the OBC documents the wide range of options that have been considered to deliver the spending objectives and recommend a preferred option for investment. The OBC covers eight years from 2019/20 – 2026/7, the first year for procurement.

The long list

A wide range of options have been generated that identifies and analyses choices for scope (SCO), service solution (SSO), technical solution (TSO), configuration (CON), service delivery (SDO) and implementation (IMP). Discussions at the LINC Programme Board and various workshops has generated and reviewed the long list options.

Scope Options

The scope includes systems and services that collectively deliver an end-to-end technical solution to support the modernisation of Pathology services, including:

- A solution that support all Pathology disciplines and sub-disciplines
- Core and discipline specific functionality
- Business intelligence
- Pathology, quality, informatics and validation standards
- Business change including training and development
- Documentation
- Additional systems including vein-to-vein blood tracking with remote issue, scanning, dictation and voice recognition, business intelligence, a national quality management system, NPEx to manage referrals in and out of Wales and an optional ETR system
- Legacy data migration and repository
- Technical requirements, including integration services
- Capacity to support future service and technical developments

The scope excludes:

- New systems for Medical Genetics, Point-of-care-testing, Bowel screening, Downs screening and WTAIL;
- All local hardware including peripherals, networks, fridges, blood transfusion kiosks and other local equipment;
- Local costs of deployment such as backfill for training;
- Wide area networking as the service will use the All Wales Public Sector Broadband Aggregation (PSBA);

The scope is considered in relation to four options: Business as usual, Do minimum, Intermediate and Maximum.

Table 1 provides a summary of the long listing evaluation for all options.

Table 1: LINC Long List of Options: Summary of Inclusions and Exclusions

Category	Title	Conclusion
Scoping Options		
SCO1	Business as usual	Discounted
SCO2	Do Minimum	Discounted
SCO3	Intermediate	Preferred
SCO4	Maximum	Possible
Service Solution Options		
SSO1	Local LIMS for each health board	Discounted
SSO2	Best of breed LIMS per main discipline	Discounted
SSO3	Separate Cellular Pathology LIMS	Possible
SSO4	Single, national LIMS	Preferred
Technical Solution Options		
TSO1	Supplier cloud hosted solution	Preferred
TSO2	National data centre – supplier hosted	Possible
TSO3	National data centre – NWIS hosted	Discounted
TSO4	Local data centres – Health Boards	Discounted
Configuration Options		
CON1	In-house configuration (NWIS)	Possible
CON2	Supplier configuration	Preferred
Service Delivery Options		
SMO1	In-house system delivery	Discounted
SMO2	NHS service management	Discounted
SMO3	Supplier partial service management	Preferred
SMO4	Supplier total service management	Possible
Implementation Options		
IMP1	All disciplines phased by site	Discounted
IMP2	All disciplines phased by HB	Preferred
IMP3	Phased by discipline by HB	Possible
IMP4	Phased nationally by discipline	Discounted
IMP5	Big bang	Discounted

The Shortlist

Following the longlisting exercise, three shortlisted options have been generated:

- *Option 1: Business as usual* option, for benchmarking purposes. This option is to upgrade to TCL 2016. It is rejected as TCL 2016 is end of life by 2025 and Wales will be in the same position as now;
- *Option 2: Do minimum option*, to put in place a new contract with InterSystems without going out to procurement to take their latest product, TCL Enterprise (TCLE). This option is likely to incur legal challenge if no procurement is undertaken;
- *Option 3: Preferred approach* to go out to procurement for a new LIMS service.

Net Present Costs (NPC)

Overall costs over the life of the contract covered by the OBC (seven years from 2020/21 to 2026/7) has been combined with the financial value of the benefits and the costs of the risks to calculate the NPC for each option.

Only financial benefits have been considered with more work to be completed for the full business case, which will also add the value of economic benefits. Financial benefits are estimated at £4m per annum (3% of the costs of the Pathology service), which are considered in relation to:

- Electronic test requesting (1%);
- Improved business intelligence and demand management (1%);
- Improved patient pathways and outcomes (1%).

The NPC presented in Table 2 shows that, although Option 3 is marginally the most expensive, it has the least net present cost.

Table 2: Net Present Cost

Financial Details	Option 1: BAU	Option 2: Do Minimum	Option 3: Preferred Approach
	£k	£k	£k
Financial cost total	26,875	42,916	44,478
Optimism Bias @ 20%	0	8,583	8,896
Total including optimism bias	26,875	51,499	53,374
Quantification of benefits	-6,222	-12,444	-18,667
Risk Quantification	22,719	14,400	2,424
Total – Pre-Discounting	43,371	53,455	37,131
Net Present Cost	40,105	51,447	35,713

In conclusion, option 3, to procure a new LIMS service is recommended as the way forward. The rest of the OBC takes forward this recommendation.

1.4. Commercial Case

The contract will provide a managed service for a single, national LIMS service with one supplier responsible for the national application and associated tools in partnership with NWIS for integration services to national applications and local, clinical downstream systems.

As NHS Wales organisations are public sector bodies; all NHS Wales procurements must comply with Standing Orders and the Public Contracts Regulations 2015 (PCR2015).

Velindre NHS Trust is the host of the NHS Wales Informatics Service and will be the Contracting Authority for the purposes of this procurement.

Procurement strategy

The principle aim of the procurement is to procure a LIMS service to replace the existing legacy solution/s. In line with the infrastructure strategy of NHS Wales, the solution will be hosted either in an NHS Wales data centre or an accredited data centre and delivered across NHS Wales' network infrastructure (currently provided by the Welsh Government's PSBA network).

The procurement approach envisages a single supplier provided solution with the chosen supplier taking prime contractor responsibility for the range of infrastructure, systems and services that comprise the LIMS service.

The length of contract will be tailored to give best value for money but the option will be explored during the procurement for a 14 years contract offering a minimum of seven years with the option to extend on an annual basis for another seven years.

The contract form of Agreement will be a Master Services Agreement, based on an amended form of the IT Services Contract having regard to the Crown Commercial Services and other best practice guidance of IM&T procurement. Each health board will "call off" their requirements from the Master Services Agreement and via this process will execute their own distinct local contracts "Deployment Orders" with the contractor.

The NWIS Head of Commercial Services will lead the procurement supported by a Procurement Team comprising suitably qualified and competent resources, including legal and commercial advisers.

Subject to the Welsh Government signing off this OBC, it is intended to publish the OJEU notice in March 2019. It is anticipated that the implementation under the proposed contract will start in 2020, taking into account the migration/exit off the legacy solutions and in accordance with the LINC programme plan.

1.5. Financial Case

The primary purpose of the financial case is to set out the financial implications of the preferred option to ensure that the solution is affordable.

Apportionment of Costs

The NHSW Collaborative Executive Group has requested that a different approach to WLIMS1 apportionment of costs be agreed and a paper has been submitted to the Deputy DoFs for consideration. For the purposes of the OBC, a working assumption has been made that the apportionment will be based on the annual allocation to health boards and NHS trusts, in accordance with the WHC (2017) 053 Health Board 2018-9 Allocations.

Financial expenditure

Tables 3-5 present the costs per organisation based on the revenue apportionment by allocation for revenue only and for capital and revenue. Given the latest guidance in IFRS16, a capital/revenue model is most likely. The overall cost over the life of the OBC is £42 million revenue only or £37 million revenue + £8 million capital from the Welsh Government. In addition, there is the £6 million cost of the LINC Programme. The NHSW CEG has approved the revenue costs, which comprise:

- Current LIMS (dual running) - £11m
- New LIMS service - £22m (rev only) or 18m rev+ £8m capital
- National quality management system and quality team - £3m
- NWIS technical services and support costs - £5m

The annual cost of the new Pathology solution overall is estimated as £4.8m (revenue only) or £4m (with capital funding), compared to the costs of the three current LIMS (TCL, Masterlab and Telepath), which is £4.2m.

Potential savings of 3% of Pathology costs have been estimated, which equates to £4 million per annum, that could cover all or most of the cost of the new Pathology solution.

There is a potential impact on the balance sheet if a capital / revenue approach is taken and capital assets have been purchased.

Overall affordability and balance sheet treatment

The most expensive years are 2020/21 and 2022/23, where between £5m - £8m additional revenue funds are required per annum (unless some implementation costs can be converted to capital monies).

As part of the sign off for this OBC, each health board and trust will be required to provide a letter supporting the programme and costs signed by their Chief Executive and Director of Finance.

Table 3: LINC OBC whole life costs plus per annum costs per organisation

Health Board / Trust	Revenue Only £k						
	Whole Life Costs (2019/20 - 2026/7)			Per Annum Costs of Pathology Solution £k			
	Pathology Solution	LINC Programme	Total Cost	New Annual Cost	Costs of Current LIMS'	Potential Savings	Additional Costs / Savings
ABM UHB	7,249	1,037	8,286	830	859	716	-745
Aneurin Bevan UHB	7,916	1,133	9,049	906	688	784	-566
Betsi Cadwaladr UHB	9,374	1,341	10,716	1,073	765	928	-620
Cardiff and Vale UHB	5,833	835	6,667	668	803	579	-714
Cwm Taf UHB	4,333	620	4,953	496	386	429	-319
Hywel Dda UHB	5,125	733	5,858	587	483	506	-402
Velindre NHST	0	0	0	0	220	0	-220
Powys Teaching HB	1,833	262	2,095	210		59	151
Grand Total (Revenue only)	**41,663**	**5,961**	**47,624**	**4,768**	**4,205**	**4,000**	**-3,436**

Health Board / Trust	Capital and Revenue £k						
	Whole Life Costs (2019/20 - 2026/7)			Per Annum Costs of Pathology Solution			
	Pathology Solution	LINC Programme	Total Cost	New Annual Cost	Costs of Current LIMS'	Potential Savings	Additional Costs / Savings
ABM UHB	6,483	1,037	7,521	690	859	716	-884
Aneurin Bevan UHB	7,080	1,133	8,213	754	688	784	-718
Betsi Cadwaladr UHB	8,384	1,341	9,726	893	765	928	-800
Cardiff and Vale UHB	5,217	835	6,051	556	803	579	-826
Cwm Taf UHB	3,875	620	4,495	413	386	429	-403
Hywel Dda UHB	4,583	733	5,317	488	483	506	-501
Velindre NHST	0	0	0	0	220	0	-220
Powys Teaching HB	1,640	262	1,902	175		59	116
Grand Total (Revenue)	**37,263**	**5,961**	**43,224**	**3,968**	**4,205**	**4,000**	**-4,236**
Welsh Government							
Grand Total (Capital)	**8,000**		**8,000.00**				

Table 4: LINC OBC Costs per Annum by Organisation (Revenue only)

Health Board	% Cost per HB	Apr 19 - Mar 20 £k	Apr 20 - Mar 21 £k	Apr 21 - Mar 22 £k	Apr 22 - Mar 23 £k	Apr 23 - Mar 24 £k	Apr 24 - Mar 25 £k	Apr 25 - Mar 26 £k	Apr 26 - Mar 27 £k	Total Cost £k
Total Costs of the Pathology solution including dual running costs - capital & revenue (based on a working assumption of apportionment by allocation)										
ABM UHB	17.4%	136	855	1,478	1,332	955	830	831	832	7,249
Aneurin Bevan UHB	19.0%	149	933	1,614	1,455	1,043	906	907	908	7,916
Betsi Cadwaladr UHB	22.5%	177	1,105	1,911	1,723	1,235	1,073	1,074	1,076	9,374
Cardiff and Vale UHB	14.0%	110	688	1,189	1,072	769	668	668	669	5,833
Cwm Taf UHB	10.4%	82	511	883	796	571	496	497	497	4,333
Hywel Dda UHB	12.3%	97	604	1,045	942	675	587	587	588	5,125
Velindre NHST	0.0%	0	0	0	0	0	0	0	0	0
Powys Teaching HB	4.4%	35	216	374	337	242	210	210	210	1,833
Total Path Solution Costs	**100.0%**	**786**	**4,912**	**8,495**	**7,658**	**5,491**	**4,768**	**4,774**	**4,780**	**41,664**
LINC Programme Costs per HB / Trust										
ABM UHB	17.4%	265	232	236	222	83	0	0	0	1,037
Aneurin Bevan UHB	19.0%	289	253	258	243	90	0	0	0	1,133
Betsi Cadwaladr UHB	22.5%	342	300	305	287	107	0	0	0	1,341
Cardiff and Vale UHB	14.0%	213	186	190	179	67	0	0	0	835
Cwm Taf UHB	10.4%	158	138	141	133	49	0	0	0	620
Hywel Dda UHB	12.3%	187	164	167	157	58	0	0	0	733
Velindre NHST	0.0%	0	0	0	0	0	0	0	0	0
Powys Teaching HB	4.4%	67	59	60	56	21	0	0	0	262
Total Programme Costs	**100.0%**	**1,522**	**1,332**	**1,356**	**1,277**	**475**	**0**	**0**	**0**	**5,961**
Combined Cost Current LIMS, Pathology Solution and Programme										
ABM UHB		401	1,086	1,714	1,555	1,038	830	831	832	8,286
Aneurin Bevan UHB		438	1,186	1,872	1,698	1,134	906	907	908	9,049
Betsi Cadwaladr UHB		519	1,405	2,216	2,010	1,342	1,073	1,074	1,076	10,716
Cardiff and Vale UHB		323	874	1,379	1,251	835	668	668	669	6,667
Cwm Taf UHB		240	649	1,024	929	620	496	497	497	4,953
Hywel Dda UHB		284	768	1,212	1,099	734	587	587	588	5,858
Velindre NHST		0	0	0	0	0	0	0	0	0
Powys Teaching HB		102	275	433	393	263	210	210	210	2,095
Grand Total (Revenue only)		**2,307**	**6,244**	**9,851**	**8,934**	**5,966**	**4,768**	**4,774**	**4,780**	**47,624**

Table 5: LINC OBC Costs per Annum by Organisation (Capital & Revenue)

Health Board	% Cost per HB	Apr 19 - Mar 20 £k	Apr 20 - Mar 21 £k	Apr 21 - Mar 22 £k	Apr 22 - Mar 23 £k	Apr 23 - Mar 24 £k	Apr 24 - Mar 25 £k	Apr 25 - Mar 26 £k	Apr 26 - Mar 27 £k	Total Cost £k
Total Costs of the Pathology solution including dual running costs - capital & revenue (based on a working assumption of apportionment by allocation)										
ABM UHB	17.4%	136	855	1,409	1,193	816	690	692	693	6,483
Aneurin Bevan UHB	19.0%	149	933	1,538	1,303	891	754	755	756	7,080
Betsi Cadwaladr UHB	22.5%	177	1,105	1,821	1,543	1,055	893	894	896	8,384
Cardiff and Vale UHB	14.0%	110	688	1,133	960	657	556	556	557	5,217
Cwm Taf UHB	10.4%	82	511	842	713	488	413	413	414	3,875
Hywel Dda UHB	12.3%	97	604	996	843	577	488	489	490	4,583
Velindre NHST	0.0%	0	0	0	0	0	0	0	0	0
Powys Teaching HB	4.4%	35	216	356	302	206	175	175	175	1,640
Total Path Solution Costs	**100.0%**	**786**	**4,912**	**8,095**	**6,858**	**4,691**	**3,968**	**3,974**	**3,980**	**37,264**
LINC Programme Costs per HB / Trust										
ABM UHB	17.4%	265	232	236	222	83	0	0	0	1,037
Aneurin Bevan UHB	19.0%	289	253	258	243	90	0	0	0	1,133
Betsi Cadwaladr UHB	22.5%	342	300	305	287	107	0	0	0	1,341
Cardiff and Vale UHB	14.0%	213	186	190	179	67	0	0	0	835
Cwm Taf UHB	10.4%	158	138	141	133	49	0	0	0	620
Hywel Dda UHB	12.3%	187	164	167	157	58	0	0	0	733
Velindre NHST	0.0%	0	0	0	0	0	0	0	0	0
Powys Teaching HB	4.4%	67	59	60	56	21	0	0	0	262
Total Programme Costs	**100.0%**	**1,522**	**1,332**	**1,356**	**1,277**	**475**	**0**	**0**	**0**	**5,961**
Combined Cost Current LIMS, Pathology Solution and Programme										
ABM UHB		401	1,086	1,644	1,415	899	690	692	693	7,521
Aneurin Bevan UHB		438	1,186	1,796	1,546	982	754	755	756	8,213
Betsi Cadwaladr UHB		519	1,405	2,126	1,830	1,162	893	894	896	9,726
Cardiff and Vale UHB		323	874	1,323	1,139	723	556	556	557	6,051
Cwm Taf UHB		240	649	983	846	537	413	413	414	4,495
Hywel Dda UHB		284	768	1,162	1,001	635	488	489	490	5,317
Velindre NHST		0	0	0	0	0	0	0	0	0
Powys Teaching HB		102	275	416	358	227	175	175	175	1,902
Total (Revenue)		**2,307**	**6,244**	**9,451**	**8,134**	**5,166**	**3,968**	**3,974**	**3,980**	**43,224**
Capital										
Capital from Welsh Government			8,000							8,000
Total (Capital)		**0**	**8,000**	**0**	**0**	**0**	**0**	**0**	**0**	**8,000**
Grand Total (Capital & Revenue)		**2,307**	**14,244**	**9,451**	**8,134**	**5,166**	**3,968**	**3,974**	**3,980**	**51,224**

1.6. Management Case

Programme governance

The LINC Programme sits within the portfolio of the NHS Wales Health Collaborative. The LINC Programme Board was established in December 2017 with membership from each HB and professional bodies, and is chaired by Adrian Thomas, Executive Director of Therapies and Health Sciences for Betsi Cadwaladr UHB, the LINC Senior Responsible Owner.

The LINC Programme reports to the NHSW CEG and seeks professional advice from the National Pathology Network, Standing Specialist Advisory Groups (SSAGs), Standardisation Groups and the Pathology service directly. NWIS, Pathology IT Managers and the Associate Directors of Informatics provide technical advice and informatics assurance.

Risk and issue management is in place. Benefits realisation and stakeholder management strategies are being developed.

National Programme Team

Judith Bates is the LINC Programme Director leading a national programme team comprising the *LINC programme management office*, *National Pathology team* of subject matter experts, *NWIS programme resources* and *specialists advisers* (e.g. legal, commercial and NHS) for the procurement.

Programme Timescale and Costs

The timescale for the programme from April 2019 - March 2024 will cover four tranches of work:

- Procurement until March 2020
- Development, testing, validation until Sept 2021
- Deployment until Sept 2023
- Benefits realisation and handover to operations by March 2024

The cost of the programme including non-pay and 10% contingency is £6 million, which has been approved by the NHSW CEG.

Operational Governance

A service management board will be responsible for the day-to-day management of the new LIMS service and report to a national contract management board. Both Boards will be facilitated by NWIS and chaired by the NHS. Given the use of a Master Services Agreement, there will be a relationship between the national CMB and local HB/PHW contract and service management boards for the new LIMS to ensure good communications and contract management.

Post project evaluation arrangements

Gateway Reviews are being planned for the end of each tranche of the programme staring with tranche 2 to assure the delivery strategy.

A post implementation review (PIR) and post evaluation review (PER) will be conducted between March and September 2023.

Recommendation

It is recommended that this LINC Outline Business Case be reviewed by NHS Wales Health Boards and Trusts.

Signed:

Date: 13 December 2018

Adrian Thomas

Senior Responsible Owner Project

LINC Programme

5.4   Laundry Business Case / Achos Busnes Y Golchdy
Presenter: Huw Thomas
          All Wales Laundry Briefing Paper SBAR January 2019
          Laundry OBC
          Laundry OBC Executive Summary

CYFARFOD BWRDD PRIFYSGOL IECHYD **UNIVERSITY HEALTH BOARD MEETING**	

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	31 January 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	NHS Wales Laundry Production Units Service Review
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Director of Finance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rob Elliott, Director of Estates, Facilities and Capital Management

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

1. An All Wales Update of Laundry Production Units (LPUs) was commissioned by Welsh Government (WG) in November 2016.

This review was facilitated by NHS Wales Shared Services Partnership Committee (NWSSP) and a Project Board was set up in December 2016 with representation from all five in-house LPUs, WG, Trade Unions, NWSSP project team members and Director of Specialist Estates Services. NWSSP is acting as the Senior Responsible Owner for the project.

The scope of the review was to evaluate the 5 existing LPUs against the New Standard BS EN 14065 (June 2016).

The current five NHS Wales LPUs are:

- Ysbyty Glan Clwyd Laundry Services – Betsi Cadwaladr University Health Board
- Glangwili General Hospital Laundry Service – Hywel Dda University Health Board
- Llansamlet Laundry Service – Abertawe Bro Morgannwg University Health Board
- Church Village (old East Glamorgan Hospital) Laundry Service –Cwm Taf University Health Board
- Llanfrechfa Grange 'Green Vale' Laundry Service – Aneurin Bevan University Health Board

Cefndir / Background

The LPU based at Glangwili General Hospital (GGH) processes approximately 90,000 pieces of linen per week for the whole of Hywel Dda University Health Board and like the majority of NHS Production Laundries, capital investment has in the main been limited, due to other competing priorities.

The Laundry service at GGH, together with the other LPUs in Wales, does not comply with the new standard BS EN 14065 (June 2016). It is apparent that none of the five LPUs in Wales is currently compliant with the new standard BS EN 14065, without additional capital investment.

There are 37 members of staff, equivalent to 35.09WTE, currently employed within the Hywel Dda University Health Board Laundry Service. This includes three sewing room staff, three drivers and a maintenance engineer based at GGH and also one laundry assistant based at Prince Philip Hospital (PPH). In addition to the above, there are five members of staff who regularly undertake work within the LPU on bank contracts.

Asesiad / Assessment

Since December 2016 when the Project Group was established, numerous meetings and workshops have been held to formulate a list of options. A full appraisal has been completed on a wide range of Options which has now concluded as part of the Outline Business Case (OBC) process.

Key Recommendations

The outcome of this work concluded that the following option would be presented for further development at the Full Business Case (FBC) Stage:

Option 3 (3 Units) with centralisation of management arrangements by April 19.

Option 3 – 3 LPUs
Option 3 results in the lowest overall Net Present Value (NPV) and it delivers the second highest level of financial benefits by reducing costs to 26.5p per item (£1.9m p.a.) while offering the lowest risk level and minimal disruption.

This is because moving to one new facility and expanding one of the other two facilities provides opportunities to improve productivity, quality and working conditions. At the same time it offers a high level of system resilience since having three LPUs located across Wales allows for robust contingency arrangements, a relatively low risk of equipment failure and minimal logistics risks.

It is recommended that this is carried forward to the FBC as the preferred option to be explored in further detail. The FBC will focus on selecting the most appropriate location and delivery arrangements for the three LPUs.

Health Board Management Review

The Health Board has considered all of the recommendations within the OBC and has provided formal feedback to the Shared Services Committee as follows:

Preferred Option – The Health Board supports the move to a 3 site solution. We will however require further confirmation of the exact revenue savings to this Health Board in line with that set out for all Welsh Health Boards.

Management Arrangements – The preferred option currently recommends a move to a single management arrangement in Wales. Several Health Boards, including ourselves query the necessity of this. A further piece of work is being undertaken by Jan Williams OBE, Chair, Public Health Wales and a workshop is planned for 30th Jan 2019 to progress this. The aim of the workshop is to assess the options for the future management arrangements of NHS Laundry Production Units. This process will:

1. Identify assessment criteria - Key components of optimum model e.g. costs, standards, operational resilience etc.

2. Determine potential models - Compare centralised and decentralised models and establish main advantages and disadvantages.
3. Assess potential models - Assess options for NHS Wales laundries against assessment criteria.
4. Conclusions - Review results of assessment

<u>Utilities and Energy Costs</u> – If there is a single management arrangement for Laundry services discussion will be needed regarding these costs and future maintenance of laundry equipment.

Staff Briefings

Regular staff briefings have been held with all Laundry staff based on standard reports presented by the NWSSP Project Group. It was explained that whilst the likely outcome of the process was to reduce the current 5 laundry sites in Wales down to 3, no decision had been made currently on which sites would be retained. This will be determined as part of the FBC and we would continue to brief staff as this work developed. These briefings will take the form of face to face meetings where we can fully outline the position and respond to any questions that may be raised.

It was also explained at the above briefings that should GGH no longer retain a laundry function there would be a range of opportunities for staff in the future.

Clearly the Health Board would need a number of staff to be retained in Laundry functions to support laundry logistics within the hospital site. In addition, the Health Board would be able to offer alternative employment to those displaced from the Laundry function into a range of other support functions within the hospital teams.

<u>Potential Benefits of any New Arrangement</u>

<u>Quality Improvements:</u>

As noted earlier in this report, none of the current 5 LPUs currently comply with BS EN 14065 (June 2016).

The key driver for this review of Laundry service is to drive up quality standards within the NHS Wales Laundry Services. This will mean full compliance with the above standard and to improve the safety of Laundry service and the patient experience.

<u>Financial Benefits:</u>

As noted earlier in this report, the OBC has identified potential revenue savings across the Welsh NHS of £1.9 per annum. This will be based on a number of assumptions at OBC stage which will be further proven at FBC. At this point we will need to assess the financial benefits to this Health Board as part of this overall strategic change in Laundry Services.

The appraisal of the above improvements will need to be undertaken as the FBC develops and the specific organisational and managerial options become further apparent. It will be important that the Health Board is able to satisfy itself on any potential quality and financial benefits whilst also fully understanding any operational risk which forms part of any future recommendation.

Argymhelliad / Recommendation

The Board is asked to:

- **ENDORSE** the recommendation of the Project Board to Shared Services Committee (Note: There is further work being undertaken on proposed management arrangements and we will report on this separately);
- **APPROVE** the preferred option outlined within the OBC (attached);
- **APPROVE** the progression of this project to a FBC stage subject to Welsh Government approval.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Risk Register Reference:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): [Hyperlink to NHS Wales Health & Care Standards](#)	2.1 Managing Risk and Promoting Health and Safety
Amcanion Strategol y BIP: UHB Strategic Objectives: [Hyperlink to HDdUHB Strategic Objectives](#)	9. To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: [Hyperlink to HDdUHB Well-being Statement](#)	Improve efficiency and quality of services through collaboration with people, communities and partners
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working: [Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide](#)	Please explain how each of the '5 Ways of Working' will be demonstrated
	The Health Board will have a long term need for high quality Laundry Services at best value
	The proposed arrangement will deliver fully compliant Laundry facilities which will improve standards around Infection Control, Service Delivery and Financial Efficiencies.
	Laundry Services are not a core service of the Health Board. Working corporately on an All Wales basis will bring improvements in efficiency and value for money for the Health Board.
	Health Board part of a wider stakeholder group in developing the production of the OBC.
	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	OBC document attached
Rhestr Termau: Glossary of Terms:	LPU – Laundry Production Unit
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	NHS Wales Shared Services Partnership

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	1. Reduction in revenue costs (including maintenance and utilities) 2. Reduction in capital investment and associated risks 3. Provide optimal value for money 4. Make best use of all available resources as this review will align with Prudent Healthcare 5. At present it is difficult to achieve best value in terms of productivity and cost per item. This is due to the ageing equipment and facilities. 6. Market intelligence and benchmarking information suggests potential financial savings could be in the region of £1.9m
Ansawdd / Gofal Claf: Quality / Patient Care:	Quality of linen service delivered to patients should be improved when compared with current service.
Gweithlu: Workforce:	Risk in terms of staff retention and the ability to redeploy circa 40 members of staff into suitable alternative employment. Regular briefing provided to staff to ensure any concerns are dealt with.
Risg: Risk:	Not applicable at this stage.
Cyfreithiol: Legal:	Not applicable at this stage.
Enw Da: Reputational:	Not applicable at this stage.
Gyfrinachedd: Privacy:	Not applicable at this stage.
Cydraddoldeb: Equality:	This document has not undergone any equality impact assessment

NHS Wales Laundry Production Units Service Review

Outline Business Case

Final Draft

22 October 2018

Contents

Glossary

Abbreviation	Description
BS EN 14065	*BS EN 14065: Textiles. Laundry processed textiles. Biocontamination control system* – Management system for assuring the microbiological quality of processed linen
CRB	Cash Releasing Benefit
CSF	Critical Success Factor
FBC	Full Business Case
LPU	Laundry Production Unit
NWSSP	NHS Wales Shared Service Partnership
OBC	Outline Business Case
QB	Quantifiable Benefit
Qual	Qualitative Benefit
'The review'	NHS Wales Laundry Production Units Service Review
SES	Specialist Estate Services
VFM	Value for Money
WG	Welsh Government

EXECUTIVE SUMMARY

Introduction

The purpose of the Outline Business Case (OBC) is to review the existing Laundry Production Units service in NHS Wales against best practice guidance, specifically *BS EN 14065 Textiles, Laundry Processed Textiles, Biocontamination Control System* (BS EN 14065), and determine the optimal solution for the delivery of the future service model.

The availability of clean, good quality and decontaminated linen is a fundamental requirement of high quality and safe patient care. There are currently five Laundry Production Units (LPUs) operated by individual Health Boards across NHS Wales. Between them they launder over 32 million items, including 5 million microfibre items, each year incurring operating costs of £10.1m; an average of £0.31 per item (£0.37 per item excluding microfibre).

The introduction of new European Standard BS EN 14065 in Wales 2016, which set out a system for assuring the microbiological quality of processed linen, combined with the need to provide a resilient, sustainable and affordable service, prompted NHS Wales Shared Services Partnership Committee to commission a review of the existing service.

The first stage of the review is in the format of an OBC, using the Five Case model approach as set out in Welsh Government's *Better Business Cases* guidance. A short summary of each of the five cases explored in this business case is provided below.

The Strategic Case

Stakeholder overview

The LPU Service Review (the review) is led by NHS Wales Shared Services Partnership Committee but affects a range of stakeholders; in particular, the workforce within the five existing LPUs and the Health Boards that manage them.

- **Llansamlet Laundry Service** (Abertawe Bro Morgannwg University Health Board);
- **Llanfrechfa Grange 'Green Vale' Laundry Service** (Aneurin Bevan University Health Board).
- **Ysbyty Glan Clwyd Laundry Services** (Betsi Cadwaladwr University Health Board);
- **Church Village Laundry Service** (Cwm Taf University Health Board); and
- **Glangwili General Hospital Laundry Service** (Hywel Dda University Health Board);

The review also affects all NHS Wales Health Boards and patients, since frontline services rely on a regular supply of clean, safe and decontaminated linen that represents value for money to provide sustainable clinical services.

Strategic context

As well as responding directly to the introduction of BS EN 14065 and related policies, the review supports the delivery of the business strategy and aims that are set out in the NHS Wales Planning Framework 2018/21, since its key priority of high quality underpinning all aspects of NHS Wales is central to the review.

This focus on quality and improvement supports NHS Wales in achieving the 'Quadruple Aim' of improved population health and experience, quality and accessibility, higher value and a sustainable workforce. It seeks to achieve this through considering local, regional and national needs and looking at ways in which we can work in collaborative and collective ways. This will ensure we can identify and deliver the necessary improvements to support Health Boards in

delivering frontline services that are safe, effective, patient-centred, timely, efficient and equitable. For the LPU service this means:

- Improving quality, safety and patient experience with the provision of a resilient service that is able to deliver a regular supply of high quality, decontaminated linen;

- Protecting and improving population health by reducing the risk of healthcare acquired infections and improving the health and wellbeing of the workforce with fit for purpose facilities and safe working practices;

- Ensuring that services are sustainable into the future by providing adequate capacity and contingency arrangements to meet current and future demand, addressing backlog maintenance issues, and providing optimal value for money;

- Improving governance and assurance with the introduction of a best practice assurance system; and

- Reducing the cost of care by through reducing variation, improving productivity, and making the best use of available resources.

In this way, the review aligns directly with *Prosperity for All*, prudent healthcare principles and the *Well-being of Future Generations (Wales) Act 2015*, as well as addressing a number of local drivers.

Furthermore, the *Parliamentary Review of Health and Social Care in Wales* suggests quicker progress could be made on achieving the Quadruple Aim in Wales through greater co-ordination at a national level and recommends revisiting and exploring the merits of consolidating specialist service hosting and governance arrangements at a national rather than local level.

Of particular relevance is the pressing need in North Wales to address a number of urgent issues, in relation to the North Wales Linen Services Review. In response, a *North Wales Linen Service Options Appraisal* was undertaken by Betsi Cadwaladwr University Health Board last year. This recommends that the development of an off-site LPU is required at the earliest opportunity to mitigate the significant business continuity and health and safety risks posed by the poor condition of LPU facilities in North Wales and the urgent need to release space for clinical services on the Ysbyty Glan Clwyd site.

Case for Change

Continuing with business as usual is not an option if LPUs are to comply with BS EN 14065 and provide a high quality, safe and sustainable service that supports the delivery of clinical services across NHS Wales. Key stakeholders agreed five spending objectives that articulate what the future service model needs to achieve in order to do so.

Spending objectives

- **SO1:** To minimise risks to patients, staff and organisations by complying with the latest standards on decontamination of linen

- **SO2:** To provide effective support to clinical services by delivering the highest quality linen service

- **SO3:** To deliver an equitable service across NHS Wales and minimise variation between sites

- **SO4:** To provide the highest quality service that offers the best value for money in terms of cost per unit

- **SO5:** To provide appropriate level of capacity to meet changing demand and mitigate the risk of service failure

There are a number of problems with existing arrangements that prevent NHS Wales from addressing the business needs associated with these spending objectives. Predominately this is because of two key factors:

- The poor condition of existing facilities; and

- Limited collaboration to date between the five existing LPUs.

Impact of failing to address the poor condition of existing facilities

A condition survey has identified investment requirements of £13.8m over the next ten years to address issues with statutory compliance, physical condition, and function, space, quality, and environment. Continuing with business as usual in relation to facilities creates the following problems:

- Deficiencies in the physical estate prevent compliance with latest standards, in particular BS EN 14065, increasing the risk of healthcare acquired infections; and

- Ageing equipment increases the risk of service failures resulting in additional costs and potentially impacting on the Health Boards' ability to deliver services.

Impact of failing to collaborate effectively

There is little evidence of collaboration between organisations to date. It is likely that this is at least partly a result of operating with locally managed LPUs. In common with the wider findings outlined in the Parliamentary Review, failure to collaborate effectively has limited progress in standardising the service and improving performance. As a consequence:

- There are limited opportunities to improve the quality of the service and develop the workforce under current working arrangements;

- Different ways of working have emerged, resulting in variations in the service model across NHS Wales including varying degrees of productivity and a range of costs to deliver laundry services;

- Health Boards across NHS Wales do not receive equitable value for money since organisations compete with one another, customers are allocated according to organisational rather than geographical arrangements, and there is little evidence of transparency in costing models;

- There are challenges in achieving best practice levels of productivity and cost per item, which is compounded by the limitations of ageing equipment and facilities, which prevents NHS Wales from driving out potential financial savings which market intelligence and benchmarking information suggests could be in the region of £2.0m p.a.;

A summary of these problems and the resulting impact is illustrated in the case for change diagram overleaf.

Case for change overview

Age and condition of buildings and equipment		Ability to collaborate effectively		

Business needs

Comply with latest standards for the decontamination of linen	Provide appropriate capacity to meet changing demand	Deliver the highest quality linen service	Deliver an equitable service and minimise variation	Deliver best value for money

Problems with existing arrangements

Deficiencies in physical estate: • Physical layout • No separation of clean and dirty areas • Inadequate ventilation systems • Poor standard of existing equipment	**Ageing equipment:** • Increased risk of breakdowns • Service failures take longer to resolve due to difficulties in sourcing parts	**Limited opportunities to make improvements:** • Reduce infection control risks • Introduce a well regulated audit system • Develop the workforce • Measure customer satisfaction	**Each LPU individually managed resulting in variations:** • Service model • Plant and equipment • Processes • Working practices • Terms and conditions • Products and patient experience	**Not in line with industry best practice** • Productivity 102 items per operator hour (versus 160 -180 industry best practice) • Cost per unit £0.31 (versus £0.25 industry best practice)

Impact of continuing with existing arrangements

Increased risk of healthcare acquired infections	Increased risk of system failure, impacting on Health Boards' ability to deliver clinical services	Increased risk of healthcare acquired infections	Productivity ranges from 85 to 134 items per operator hour	Unable to deliver financial benefits of up to £2.0m p.a.
Poor working conditions impacting on health and wellbeing of workforce	Increased maintenance time and cost	Increased risk to clinical system resilience due to availability of linen	Average cost ranges from £0.26 to £0.37 per item	Service becomes unsustainable as demand increases
Capital investment of £13.8m required, impacting on overall system sustainability	Direct impact on patient experience and clinical outcomes	Impact on development of workforce skills	Inequitable service model across NHS Wales and lack of transparency in costs	Does not contribute to sustainability of overall system in NHS Wales

The optimal solution for the future service model should address these business needs. In doing so it will achieve the spending objectives and deliver a range of outcomes and benefits. Stakeholders identified a range of benefits to consider in the development and assessment of options and these are outlined in the table below.

Main outcomes and benefits

Outcome	Benefit
Modern fit for purpose facilities	Improved system resilience due to reduced likelihood of plant failure
	Reduced maintenance time and costs
	Better working conditions improving health and wellbeing of workforce
Compliance with standards	Improved system resilience due to better decontamination of linen
	Reduced risk of healthcare acquired infections
	Skilled and sustainable workforce
Improved productivity	Better able to respond to changing demand
	Reduced operating costs
Improved utilisation of assets	Estate released to reduce overheads or provide space for the delivery of core clinical services
Review of management arrangements	Centralised management arrangements will release Health Boards to focus on core business
	Centralised management arrangements will enable more effective collaboration leading to improved standardisation
	Centralised management arrangements will enable the delivery of all other benefits

In addition, the optimal solution should minimise risks as much as possible. Stakeholders identified a range of risks to consider in the development and assessment of options and these are outlined in the table below.

Main risks

Risk category	Risk
Resilience	Increased frequency of system failures due to equipment breakdown
	Increased duration of system failures due to scarcity of parts
	Insufficient back up capacity available in the event of an elongated system failure
	Risk of linen shortage at HB level due to logistical failures
Capacity and demand	Demand increases at a higher level than anticipated
	Service unable to respond to short term fluctuations in demand
Workforce	Workforce unable to adapt new ways of working
	Loss of experience, knowledge and skills
	Unable to redeploy staff appropriately
	Impact on workforce of redeployment leading to reduced morale
	Impact on local economy of reduced local employment
Operational	Failure to meet required levels of quality
	Failure to meet local requirements due to loss of HB ownership

Risk category	Risk
	Failure to deal with logistical challenges of Welsh geography (North and South deliveries)
Reputational and policy	Failure to secure support of all HBs
	Failure to identify and address the impact on local economies
Implementation	Failure to ensure business continuity, impacting on clinical services
	Failure to collaborate leading to slower pace in delivery of benefits
Funding and finance	Failure to secure adequate capital funding
	Implementation costs higher than estimated
	Recurring revenue costs are underestimated

The Economic Case

Developing and assessing the long list of options

Stakeholders built on the options framework outlined in the Welsh Government business case guidance to identify and filter a broad range of options. This was expanded to include specific dimensions that stakeholders determined were relevant to this project.

Option framework dimensions

1. **Scope:** What is included in the potential coverage of the project

2. **Solution:** How the preferred scope will be delivered

3. **Service delivery:** Who will deliver the preferred scope and solution

4. **Configuration of units:** An additional dimension included to consider the optimal number of LPUs required to deliver future services.

5. **Management arrangements:** An additional dimension included to consider optimal management arrangements required to deliver future services.

Options for implementation and funding were not assessed as were considered to be dependent on the final options.

Stakeholders identified options within each of these dimensions and each option was assessed in turn in relation to:

- Advantages and disadvantages of the option;

- How well the option meets the agreed spending objectives for the project; and

- How well the option meets the critical success factors outlined below.

Critical success factors

- Strategic fit

- Value for money

- Potential achievability

- Supply side capacity and capability

- Potential affordability

Based on the assessment, stakeholders agreed which options should be carried forward to the shortlist to explore further and discounted any options that were not considered to be feasible. The results of the appraisal of the long list is provided in the table overleaf.

Results of long list appraisal

1. Scope				
Do Nothing	**Intermediate options**			**Do maximum**
1A Continue to deliver current scope of services	1B Deliver core services only	1C Deliver core and desirable services		1D Deliver core, desirable and optional services
Carry forward	**Discount**	**Discount**		**Discount**
For purposes of economic appraisal. Explore at FBC	Immaterial difference to current arrangements	Immaterial difference to current arrangements		Immaterial difference to current arrangements

2. Service Solution					
Do Nothing	**Intermediate options**				**Do maximum**
2A Continue to deliver from 5 existing units – no investment	2B Continue to deliver from 5 existing units – invest to comply with new standards	2C Deliver services from optimum configuration – existing units	2D Deliver services from optimum configuration – hybrid of existing and new units	2E Deliver services from optimum configuration – new units	2F Outsourcing / co-sourcing solution
Discount	**Carry forward**	**Carry forward as single option**			**Discount**
Would not comply with latest standards	Baseline Do Minimum option	Potential number of configurations considered in category 4 of the options framework (below)			Not feasible (see 3C & 3D)

3. Service Delivery				
Do Nothing	**Intermediate options**			**Do maximum**
3A Services continue to be delivered by current providers	3B Services delivered by other NHS Wales providers	3C Services delivered by other public sector providers		3D Services delivered by external private providers
Carry forward as single option		**Discount**		**Discount**
Services continue to be delivered by NHS Wales workforce		Limited suitable providers available		Not aligned with WG strategic direction

4. Configuration of Units					
Do Nothing	**Intermediate options**				**Do maximum**
4A Continue to deliver from 5 units	4B Deliver from 4 units	4C Deliver from 3 units	4D Deliver from 2 units		4E Deliver from 1 central unit
Carry forward	**Carry forward**	**Carry forward**	**Carry forward**		**Carry forward**
Do Minimum option	Explore potential value for money	Explore potential value for money	Explore potential value for money		Explore potential value for money

5. Management arrangements			
Do Nothing	**Intermediate options**		**Do maximum**
5A Continue with current configuration and local management	5B New configuration and local management arrangements		5C New configuration and centralised management arrangements
Discount	**Discount**		**Carry forward**
Do Nothing re configuration has already been discounted from solution option	Creates challenges in delivering equitable, standardised service across Wales		Offers best opportunity to deliver future service model in line with Parliamentary Review

Identifying the preferred way forward

Based on the results of the initial assessment of options, it is recommended that the following shortlist of options is taken forward to the economic appraisal to test value for money.

Shortlist of options

- **Option 1 – 5 LPUs:** Continue to deliver laundry services from 5 existing NHS Wales LPUs under centralised management arrangements

- **Option 2 – 4 LPUs:** Reconfigure to deliver laundry services from 4 NHS Wales LPUs under centralised management arrangements

- **Option 3 – 3 LPUs:** Reconfigure to deliver laundry services from 3 NHS Wales LPUs under centralised management arrangements

- **Option 4 – 2 LPUs:** Reconfigure to deliver laundry services from 2 NHS Wales LPUs under centralised management arrangements

- **Option 5 – 1 LPU:** Reconfigure to deliver laundry services from 1 central NHS Wales LPUs under centralised management arrangements

Preparing the economic appraisal

All options are assumed to incorporate an optimum hybrid of existing and new facilities to provide appropriate capacity levels and comply with latest statutory guidance. The estates solution in each case depends on the location of the LPUs included.

The location of LPUs for the preferred option will be explored in detail as part of the development of the Full Business Case (FBC) and will involve a rigorous selection process that assesses criteria such as geographical factors, capacity, the condition of facilities, suitability for expansion and ability to achieve productivity targets.

The OBC identifies the preferred option by evaluating value for money in an economic appraisal using reasonable assumptions about the most feasible configurations. The worst-case scenario in terms of scale of investment for each option has therefore been adopted.

The estates solution also has a significant impact on the potential for productivity improvement offered by each option. This is shown in the table below along with the estates assumptions.

Estates requirements and productivity assumptions

	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Estates solution	Make 5 existing units compliant	Replace 1 unit and make 3 existing units compliant	Replace 1 unit and make 2 existing units compliant, expanding one to add 1 new production line	Replace 1 unit and make 1 existing unit compliant, expanding it to add 2 new production lines	Develop 1 centrally located purpose built unit
Productivity (based on number of items per operator hour)	102 items per hour (baseline)	New = 180 items per hour *(industry best practice)* Existing = 144 items per hour *(90% of NHS best practice as no new lines)*	New = 180 items per hour *(industry best practice)* Existing = 160 items per hour *(NHS best practice)*	New = 180 items per hour *(industry best practice)* Existing = 160 items per hour *(NHS best practice)*	180 items per hour *(industry best practice)*

Indicative costs and benefits have been estimated using available benchmarking and industry data as well as local expertise.

The results of this suggest that, depending on the option selected, there are potential financial benefits of between £1.5m to £2.4m p.a. This will reduce the average cost per item from £0.31 to between £0.24 and £0.26. The level of financial benefits deliverable by each option is shown in the table below.

Annual financial benefits (£'000)

	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Reduced maintenance needs	0	59	158	257	356
Energy efficiencies	0	137	137	137	646
Improved productivity	0	1,268	1,481	1,481	1,694
Reduced non-production pay	0	205	464	680	961
Financial benefits	**0**	**1,669**	**2,240**	**2,555**	**3,657**
Additional distribution needs	0	(36)	(127)	(620)	(1,297)
Financial disbenefits	**0**	**(36)**	**(127)**	**(620)**	**(1,297)**
Annual net financial benefits	**0**	**1,634**	**2,113**	**1,935**	**2,360**
Resulting average cost per item	**£0.314**	**£0.263**	**£0.248**	**£0.253**	**£0.240**
Rank	**5**	**4**	**2**	**3**	**1**

The indicative costs, benefits, and risks have been incorporated into a discounted cash flow for each of the options. Given the scale of the project, the discounted cash flow has been

prepared over a 15-year period, using a discount rate of 3.5% in line with the requirements of HM Treasury.

Results of economic appraisal (£'000)

Inputs into cash flow (undiscounted):

	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Initial capital investment	2,591	5,705	7,167	8,629	9,654
Lifecycle costs	11,246	8,199	5,854	3,509	0
Total capital costs	13,837	13,904	13,021	12,138	9,654
Transitional costs	48	256	395	514	917
One-off revenue costs	48	256	395	514	917
Baseline revenue costs	161,063	161,063	161,063	161,063	161,063
Financial benefits	0	-24,504	-31,694	-29,027	-35,400
Recurring revenue costs	161,063	136,558	129,369	132,036	125,663
Expected value of risk (expressed in monetary equivalent terms)*	48,683	41,003	54,083	60,304	62,112
Quantified risks	48,683	41,003	54,083	60,304	62,112
Total costs, benefits and risks (15 years)	**223,632**	**191,722**	**196,867**	**204,993**	**198,346**

*Related detail on calculation of expected value of risk is included in Section 7.6, esp Fig 7-17

Cash flow results (undiscounted):

Costs including risks	223,632	216,226	228,561	234,019	233,745
Net financial benefits	0	(24,504)	(31,694)	(29,027)	(35,400)
Net Present Value (NPV)	**223,632**	**191,722**	**196,867**	**204,993**	**198,346**
Rank based on NPV	**5**	**1**	**2**	**4**	**3**
Benefit Cost Ratio (BCR)	**0.00%**	**11.33%**	**13.87%**	**12.40%**	**15.14%**
Rank based on BCR	**5**	**4**	**2**	**3**	**1**

Cash flow results (discounted):

Costs including risks	176,142	171,165	181,330	186,065	186,098
Net financial benefits	0	(18,815)	(24,335)	(22,287)	(27,181)
Discounted Net Present Value (NPV)	**176,142**	**152,350**	**156,995**	**163,778**	**158,917**
Rank based on NPV	**5**	**1**	**2**	**4**	**3**
Discounted Benefit Cost Ratio (BCR)	**0.00%**	**10.99%**	**13.42%**	**11.98%**	**14.61%**
Rank based on BCR	**5**	**4**	**2**	**3**	**1**

Identifying the preferred option

The selection of the preferred option is determined by considering a range of factors including investment requirements, ongoing running costs, cost benefit analysis and risks. The table below provides an overview of these factors for each option.

Results of options appraisal

	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Initial capital investment	£2.6m	£5.7m	£7.2m	£8.6m	£9.7m
Transitional revenue costs	-	£0.3m	£0.4m	£0.5m	£0.9m
Lifecycle costs	£11.2m	£8.2m	£5.8m	£3.5m	-
Overall investment required	**£13.8m**	**£14.2m**	**£13.4m**	**£12.6m**	**£10.6m**
Rank – Investment	4	5	3	2	1
Average cost per item	**31.4p**	**26.3p**	**24.8p**	**25.3p**	**24.0p**
Annual financial benefits	-	**£1.6m**	**£2.1m**	**£1.9m**	**£2.4m**
Rank – Ongoing costs	5	4	2	3	1
Benefit Cost Ratio	**0.0%**	**11.0%**	**13.4%**	**12.0%**	**14.6%**
Rank - BCR	5	4	2	3	1
Expected risk value over 15 years	**£48.7m**	**£41.0m**	**£54.1m**	**£60.3m**	**£62.1m**
Rank – Risks	2	1	3	4	5
Discounted Net Present Value over 15 years	**£176.1m**	**£152.4m**	**£157.0m**	**£163.8m**	**£158.9m**
Rank – NPV	5	1	2	4	3
Overall ranking	5	3	1	4	2

The results of the options appraisal suggest that the options should be ranked in relation to the value for money each offers as outlined in the table below.

Ranking of options

Rank	Option	Overview	Recommendation
1	Option 3	Results in the second lowest overall NPV (total value of costs, benefits, and risks over a 15-year period). Delivers the second highest level of financial benefits by reducing costs to 24.8p per item (£2.1m p.a.) while offering a medium level of risk and minimising disruption. Moving to one new facility and expanding one of the other two facilities provides opportunities to improve productivity, quality and working conditions. It offers a high level of system resilience since having three LPUs located across Wales allows for robust contingency arrangements, a relatively low risk of equipment failure and minimal logistics risks.	Carry to the FBC as the preferred option to be explore the most appropriate locations for the three LPUs.
2	Option 5	Despite providing the greatest opportunity for maximising benefits with the lowest overall investment, this ranks third in relation to NPV, because the risks of moving to a single site	Discount at this stage.

Rank	Option	Overview	Recommendation
		solution are so significant and involve a high level of disruption. Provides opportunities to improve productivity to such an extent it will reduce the cost to 24.0p per item (£2.4m p.a.) in line with industry best practice. However, operating from a single site increases logistics risks and allows for limited contingency arrangements. This reduces the likelihood of achieving financial benefits.	
3	Option 2	Results in the lowest NPV because, despite the highest level of investment and limited benefits, it has been assessed as offering the lowest level of risk. Although it begins to mitigate system resilience risks associated with ageing equipment, introducing one new facility and continuing to operate from three existing facilities offers minimal opportunities to improve productivity and quality and so does not deliver sufficient benefits.	Discount at this stage.
4	Option 4	Limited investment requirements, but it ranks second lowest in relation to NPV, because the benefits it offers are lower than Options 3 and 5 and has a high level of risk. This is because although moving to one new facility and expanding one other facility provides opportunities to improve productivity, quality and working conditions, this is offset by the significant stepped change in increased transport requirements and the related costs and risks of this.	Discount at this stage.
5	Option 1	Not a feasible option since it results in the highest NPV overall, delivering no benefits and presenting the highest risk, while still requiring significant levels of investment. This is because continuing to operate in existing facilities limits opportunities to improve productivity and quality while not addressing the system resilience risks associated with ageing equipment.	Carry forward to FBC as the Do Minimum option to provide a baseline against which to test the value for money of the preferred option in greater detail, while recognising it is not a feasible option.

Conclusion

Following a robust options appraisal process that considered a range of factors it is clear that continuing with existing arrangements is not a feasible option since although investment of £13.8m will ensure the service is compliant with latest standards, it will deliver no benefits and continues to present significant risks.

The results of the options appraisal demonstrate that moving towards more ambitious solutions is likely to require similar or lower levels of investment while presenting opportunities to reduce operating costs from £0.31 per item to between £0.24 and £0.26 per item, equating to an annual saving of between £1.6m and £2.4m (between 15% and 27% overall).

However, this needs to be balanced with the degree of risk and potential level of disruption to the workforce and local economies each of the options presents.

On this basis, it is recommended that Option 3 (delivering future services from 3 LPUs across Wales under centralised management arrangements) is carried forward to the FBC as the 'Preferred' option since it offers best value for money by delivering financial benefits of around £2.1m p.a. while offering medium level of risks and disruption.

The key features of the preferred option are:

- Reduction from 5 to 3 LPUs with further work to be undertaken at FBC stage to determine the most appropriate locations to ensure the best use is made of existing assets while providing resilience and sufficient capacity to meet demand.

- Standardisation of service model with productivity improvements to between 160-180 items per operator hour resulting from the re-engineering of plant production flows and the procurement of plant and equipment with greater throughput per hour.

- Creation of a centralised management function, through the transferring of services to Shared Services, in order to improve collaboration and ensure delivery of benefits, while releasing NHS Wales Health Boards to focus on core functions and provides a potential model which may be considered for other operational support services.

The shortlist of options to be carried forward to the FBC to test the value for money of the preferred option in further detail therefore comprise the following:

Shortlist of options to carry forward to FBC

- **Do Minimum (as a baseline only):** Continue to deliver services from five LPUs investing in existing facilities to ensure they are compliant with latest standards and moving to centralised management arrangements (Option 1).

- **Preferred:** Deliver services from three LPUs that are compliant with latest standards and make the best use of assets while providing sufficient capacity to meet demand, providing modern fit-for-purpose facilities in the most appropriate locations under centralised management arrangements (Option 3).

The diagram overleaf summarises the results of the option appraisal.

Options appraisal summary

	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Overall investment	£13.8m	£14.2m	£13.4m	£12.6m	£10.6m
Cost per item	31.4p	26.3p	24.8p	25.3p	24.0p
Financial benefits	Nil	£1.6m p.a.	£2.1m p.a.	£1.9m p.a.	£2.4m p.a.
Benefit Cost Ratio	0.0%	11.0%	13.4%	12.0%	14.6%
Expected Risk Value	£48.7m	£41.0m	£54.1m	£60.3m	£62.1m
Discounted Net Present Value (15 years)	(5) £176.1m	(1) £152.4m	(2) £157.0m	(4) £163.8m	(3) £158.9m
	No benefits and highest risk but still requires high investment. *(Use purely as baseline to test VFM of preferred)*	Highest investment but best NPV as lowest risk. However minimal benefits as limited opportunities to improve performance	Best value for money as balances opportunities to improve performance and deliver benefits with medium risks	Increased opportunities to improve performance offset by stepped change in logistics increasing costs and risks	Offers best opportunity to improve performance and deliver benefits with minimal investment but creates significant risks
	Do Minimum (Baseline)	**Discount**	**Preferred Option**	**Discount**	**Discount**

The Commercial Case

Commercial arrangements

Delivering the preferred option to provide future services from three LPUs will require the following key steps to be undertaken at FBC stage. These are outlined below.

- **Select LPU locations:** A robust selection process should be undertaken to identify the locations of the three LPUs that are required under the future operating model with consideration for geography, transport, capacity, condition of facilities, ability to expand and achieve productivity targets, and the impact on the workforce and local economy.

- **Key outputs and activities:** Once the locations are identified, it will be possible to determine the key outputs and activities required to deliver the three LPUs. This is likely to include refurbishment activities to address issues raised in the condition survey and the design, build, and equipping of expanded and new facilities where required to provide appropriate capacity and achieve productivity targets;

- **Procurement strategy:** Identify the appropriate procurement strategy to deliver the key outputs and activities; and

- **Commercial arrangements:** Agree commercial and contractual arrangements to deliver the resulting deal.

The Financial Case

Financial analysis

Delivering the preferred option to provide future services from three LPUs under centralised management arrangements is estimated to have the financial impacts described below.

Initial capital costs of 8.6m

The preferred option is estimated to require initial capital investment of £8.6m including VAT for which capital funding is sought from Welsh Government.

These costs are based on the following configuration:

- Development of one new LPU in the north;

- Upgrade of one LPU in the south; and

- Upgrading and extending one LPU in the south to accommodate an additional production line and increase capacity.

This should have the impact of:

- Increasing the productivity to between 160 to 180 units per hour

- Increasing the capital required (renting a unit, retro fitting the existing equipment and procuring a new line

- Reducing the lifecycle costs

- Reducing the risk factor

It should be noted that there is a degree of uncertainty associated with this since requirements and costs may vary depending on the results of the location selection process:

- Sensitivity testing suggests that initial capital costs could be reduced by up to £3.7m if existing facilities are used for all three LPUs. However, it is likely any savings would be negated by increased lifecycle and transport costs and a reduction in productivity benefits.

- VAT liability could be reduced depending on the final configuration and requirements.

Non-recurring revenue costs of £0.4m

The preferred option is expected to incur non-recurring revenue costs of £0.4m to cover double running costs during the transitional period and potential costs of staff redeployment.

Annual financial benefits of £2.1m p.a.

The preferred option is expected to deliver cash releasing benefits of £2.1m p.a. reducing the average cost per item from £0.314 to £0.248 (21.0% saving).

Under current arrangements each of the Health Boards incurs LPU costs at different average cost per item. Further work is required at FBC stage to determine how future costs and financial benefits should be allocated to each of the Health Boards on an equitable basis.

The Management Case

Management arrangements

A detailed project plan will be developed as part of the FBC incorporating the strategy, framework and plans for successful delivery of the preferred option. This will include management arrangements, change management plans, benefits realisation and risk management arrangements and plans for post-project evaluation.

A high level plan with indicative timescales is provided below.

Implementation plan

Stage	Milestone	Duration	Completion date
OBC	SSP Committee OBC approval	1 month	Nov-18
Pre-FBC	Transfer management of LPUs to Shared Services Partnership	5 months	Apr-19
Pre-FBC	FBC mobilisation / Appoint Project Team	1 month	Dec-18
Pre-FBC	Tender for Specialist Consultants	2 months	Feb-19
OBC	Welsh Government OBC approval	4 months	Mar-19
FBC	Appoint Specialist Consultants	1 month	Mar-19
FBC	Location selection process (including detailed transport analysis and assessment of key risks)	2 months	May-19
FBC	Design process (develop service model and facilities specification)	4 months	Sep-19
FBC	Procurement process (determine firm costs and contractual arrangements)	4 months	Jan-19
FBC	Prepare detailed implementation plans and finalise FBC	1 month	Feb-20
FBC	Shared Services Partnership Committee FBC approval	1 month	Mar-20
FBC	Welsh Government FBC approval	3 month	Jun-20

FBC	FBC approval	1 month	Jul-20
Implementation	Implement plans outlined in FBC	12 months	Jul-21
Implementation	Parallel running of existing and new arrangements	5 months	Dec-21

Recommendation

Based on the results of the options appraisal, it is recommended that the preferred option is taken forward to the FBC to be explored in further detail.

The preferred option includes:

- Reconfiguring from five to three LPUs and locating them according to the results of a comprehensive site selection process.

- Investing in the replacement, upgrading, and extending of the three facilities to meet current standards and provide appropriate levels of resilience and sufficient capacity to meet demand.

- Standardisation of the service model, delivering productivity improvements to between 160-180 items per operator hour resulting from the re-engineering of plant production flows and the procurement of plant and equipment with greater throughput per hour.

- Creation of a centralised management function, through the transferring of services to Shared Services, in order to improve collaboration and ensure delivery of benefits, while releasing NHS Wales Health Boards to focus on core functions and providing a potential model which may be considered for other operational support services.

This recognised that there a need for further work is required at FBC to identify the most appropriate locations for the three LPUs and there is a need for a transitional period that ensures there is no financial disadvantage to any Health Board through the new organisational and management arrangements.

1   INTRODUCTION

1.1   Purpose

1.1.1   The purpose of the Outline Business Case (OBC) is to review existing Laundry Production Units in NHS Wales against best practice guidance, specifically *BS EN 14065 Textiles, Laundry Processed Textiles, Biocontamination Control System*, and determine the optimal solution for the delivery of the future service model.

1.1.2   This introductory section of the OBC provides an overview of:

- The context of the proposed investment;
- The governance arrangements for the project;
- Stakeholder workshops; and
- The structure and the content of the OBC.

1.2   Context of proposed investment

1.2.1   Laundry services are currently delivered to NHS Wales from five Laundry Production Units (LPUs), operated by individual Health Boards as follows:

- Ysbyty Glan Clwyd Laundry Services: Betsi Cadwaladwr University Health Board;
- Glangwili General Hospital Laundry Service: Hywel Dda University Health Board;
- Llansamlet Laundry Service: Abertawe Bro Morgannwg University Health Board;
- Church Village (old East Glamorgan Hospital) Laundry Service: Cwm Taf University Health Board;
- Llanfrechfa Grange 'Green Vale' Laundry Service: Aneurin Bevan University Health Board.

1.2.2   By the nature of their business, industrial or large scale laundry services are revenue and capital intensive and require significant labour resources combined with high levels of maintenance to ensure the reliable provision of clean and safe linen. This is particularly true where laundering services are provided to hospitals; laundry may be very heavily soiled or infected with pathogens and accordingly will require more intensive and careful laundering than used-laundry typically produced by hotels, for example.

1.2.3   The availability of clean, good quality and decontaminated linen within NHS Wales is a fundamental requirement of high quality patient care which directly contributes to a safe and comfortable setting in which patients can receive treatment and recuperate. A low quality, unreliable laundry service contributes to a poor patient experience which undoubtedly taints perceptions of other aspects of NHS services. Linen shortages also negatively impact on the availability of beds in hospitals and may cause procedures to be postponed. Ensuring a regular supply of clean, safe, decontaminated linen is clearly fundamental to the successful functioning of NHS Wales services.

1.2.4   The LPUs currently process over 32 million items across NHS Wales each year, including over 27 million linen items and over 5 million microfibre items, with operating costs of £10.1m p.a. based on 2017/18 actual outturn. Providing clean linen to patients and other service users costs on average £0.31 per item, including microfibre, processed by the LPUs. Clearly such significant expenditure on an

important service warrants careful management from both a strategic and operational perspective.

1.2.5 In 2016, a new British and European standard, *BS EN 14065 Textiles, Laundry Processed Textiles, Biocontamination Control System* (BS EN 14065) was introduced to provide management systems for the microbiological quality of laundry. Subsequently, *Welsh Health Technical Memorandum 01-04* (WHTM01-4) was published to provide NHS Wales organisations with guidance on all aspects of the decontamination of linen for health and social care settings in line with BS EN 14065.

1.2.6 The publication of new standards prompted a series of site visits to Laundry Production Units by Special Estate Services (SES) which identified areas of non-compliance against recently published Best Practice Guidance. Key issues were identified including concerns related to

- System resilience risks;
- Growing demand;
- Hygiene and infection control; and
- Increasing costs

1.2.7 Following the site visits, SES recommended to the Welsh Government that machinery at the highest risk be replaced as a short-term measure to increase the reliability of the service. Ministers approved emergency capital funding of £1 million to address the most immediate concerns.

1.2.8 As a result of this, the Shared Services Partnership Committee approved the development of an NHS Wales LPU Service Review project at its meeting on 17 May 2016 to review the existing NHS Wales LPUs against best practice guidance. The review comprises two stages:

- Stage 1 – Outline Business Case; and
- Stage 2 – Full Business Case.

1.2.9 The review specifically considers the implications of achieving best practice in respect of:

- Providing a skilled, sustainable workforce;
- Developing fit-for-purpose facilities;
- Delivering a sustainable and affordable service;
- Providing effective support to clinical and non-clinical services; and
- Independent versus collaborative management arrangements.

1.2.10 This document sets out the Outline Business Case (OBC) which:

- Explores the case for change in terms of the gap between existing arrangements and current standards;
- Sets out the robust option appraisal undertaken to identify a preferred option in terms of a future model of service that will address the gap and deliver optimum public value for money;
- Assesses alternative procurement routes available to deliver the preferred option;
- Determines the overall capital and revenue requirements and assesses affordability; and

- Sets out the project management arrangements to deliver the final solution.

1.3 Project governance

1.3.1 The Shared Services Partnership Committee is the project sponsor and oversees the work.

1.3.2 The Shared Services Partnership Committee is comprised of the chief officers of each Health Board and NHS Trust in Wales (or their nominated representative), the Director of the Shared Services, together with a chair who is to be appointed by the Committee in accordance with the Shared Services Partnership Committee Standing Orders. This is to ensure that the views of all NHS organisations are taken into account when making decisions in respect of shared services activities.

1.3.3 As part of the governance arrangements, committee members:

- Receive regular progress reports from the Senior Responsible Owner;

- Represent the views of their respective organisations and act as a conduit through which local issues can be identified to the project team;

- Disseminate any relevant information to local forums and/or key individuals within their organisations; and

- Where necessary, promote the project outcomes locally or nationally.

1.3.4 An NHS Wales LPU Service Review Project Group was established to drive forward stage 1 of the project which:

- Is chaired by the Senior Responsible Owner;

- Involves the Project Director and representatives from all NHS Wales' organisations and the Welsh Government laundry and decontamination and infection prevention leads and staff side, and will support the Senior Responsible Owner to help ensure the project meets its objectives and delivers the projected benefits; and

- Oversees the appointment and management of external consultants to undertake the review.

1.3.5 Key roles within the Group include:

- Senior Responsible Owner;

- Project Director;

- Project Manager.

1.3.6 The Project Director provides monthly reports to the Senior Responsible Owner, who briefs the Review Project Group.

1.3.7 Governance arrangements are outlined in the diagram below.

Figure 1-1 Governance arrangements

Laundry Services Review Project Structure
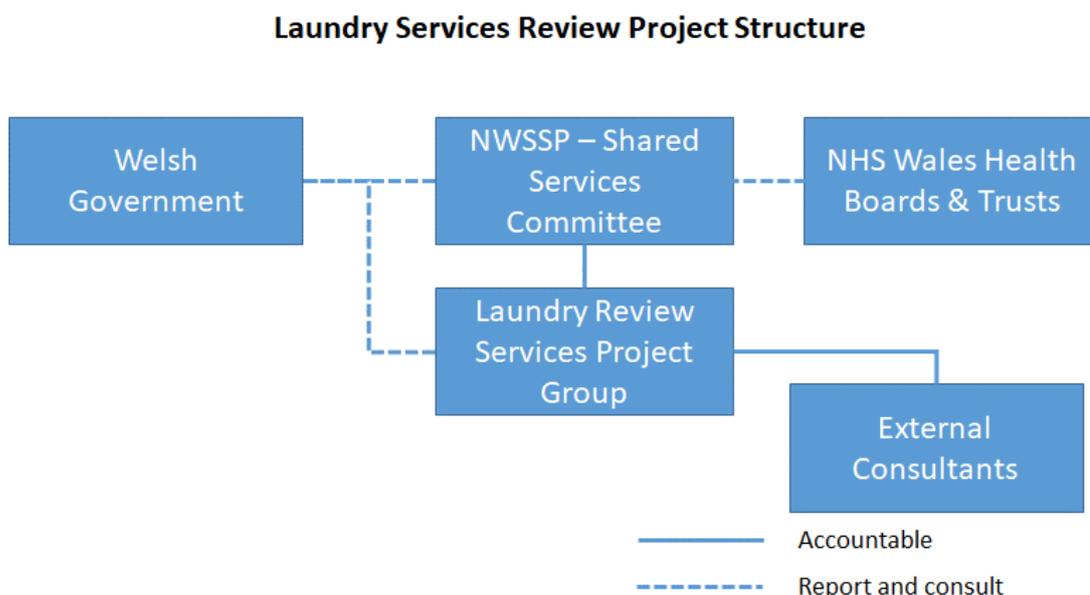
1.4 Stakeholder workshops

1.4.1 A series of stakeholder workshops were undertaken to assess key objectives, analyse findings and identify and appraise options. An overview of the workshops is provided in the table in the table below and a copy of the outputs is provided in Appendix A1.

Figure 1-2 Stakeholder Workshops

Workshop	Attendees	Purpose	Date
Workshop 1: Case for change	Stakeholder Group	Validated outcome of site assessments and data collection. Agreed SMART spending objectives. Determined business needs. Established project scope. Identified benefits, risks, constraints and dependencies.	1 March 17
Workshop 2: Identifying and assessing the options	Stakeholder Group	Agreed critical success factors. Identified long list of options using options framework. Assess long list against critical success factors and spending objectives. Determined shortlist of options including preferred way forward.	23 March 17
Workshop 3: Benefits and Risks of Options	Stakeholder Group	Refined the options by considering potential configurations of the future model. Assessed the advantages and disadvantages of each. Undertook preliminary benefits appraisal.	3 May 17
Workshop 4: Economic	Independent Panel (Health	Validated the work undertaken to date and the initial assumptions and outputs used in the economic appraisal.	7 Sep 17

	Board Exec Directors)		
Appraisal Review			
Workshop 5: Risk assessment	Stakeholder Group	Validated risks and quantified them using a multi-point probability approach.	6 Sep 18
Workshop 6: Management arrangements	Stakeholder Group	Identified and assessed the options for management arrangements of the future service model.	2 Oct 18

1.5 Structure and content of OBC

1.5.1 This Outline Business Case (OBC) follows the Five Case Model in line with Welsh Government best practice guidance as set out in *Better Business Cases: Guide to Developing the Project Business Case*. The structure of the OBC is outlined in the table below.

Figure 1-3 Structure of the Outline Business Case

Case	Section	Purpose	
Strategic Case	2	**Strategic Context**	Provides an overview of current services and explains how the project is strategically placed to contribute to the delivery of organisational goals.
	3	**Case for Change**	Establishes the case for change by outlining the spending objectives, existing arrangements and business needs.
	4	**Potential Scope**	Identifies the potential scope of the project in terms of the operational capabilities and service changes required to satisfy the identified business needs.
	5	**Benefits and Risks**	Identifies the benefits, risks, constraints and dependencies for the project.
Economic Case	6	**Options Identification**	Explores the preferred way forward by agreeing critical success factors (CSFs), determining the long list of options, and undertaking a SWOT analysis to identify a shortlist of options.
	7	**Economic Appraisal**	Appraises the economic costs, benefits and risks for the shortlisted options.
	8	**Preferred Option**	Identifies the preferred option by reviewing the outputs of the economic appraisal, as well as consideration for the benefits and risks of each of the three shortlisted options to determine which option offers the best value for money.
Commercial Case	9	**Commercial Arrangements**	Outlines the procurement strategy and the contractual arrangements for development of the deal that is required to deliver the preferred solution for the project.
Financial Case	10	**Financial Appraisal**	Sets out the forecast financial implications of the preferred option.
Management Case	11	**Management Arrangements**	Sets out the arrangements put in place to manage the project to successful delivery.

STRATEGIC CASE

2 STRATEGIC CONTEXT

2.1 Introduction

2.1.1 This section of the OBC outlines the strategic context for the NHS Wales Laundry Production Units Services Review by providing an overview of stakeholders and explaining how the review is strategically placed to assess the delivery of organisational goals by:

- Providing a stakeholder overview;

- Describing the latest relevant guidance driving the review;

- Outlining how the project is essential to achieving the overall business strategies and aims of NHS Wales; and

- Describing how the project aligns with other relevant strategies.

2.2 Organisation overview

2.2.1 The diagram below shows the main stakeholders affected by the review in relation to the level of influence on and interest in the project.

Figure 2-1 Stakeholder map

2.2.2 The review is being led by NHS Wales Shared Service Partnership (NWSPP), an independent organisation owned by NHS Wales, supporting the statutory bodies of NHS Wales through the provision of a comprehensive range of high quality, customer focused support functions and services.

2.2.3 NWSSP supports NHS Wales by creating dedicated shared services with a primary focus on operating within best practice guidelines and with a customer care ethos centred on high quality service. It is led by a Managing Director and Senior Management Team accountable to the Shared Services Partnership Committee composed of NHS organisational representatives.

2.2.4 There are currently five Laundry Production Units (LPUs) managed by Local Health Boards that deliver services to NHS Wales. The table below lists the LPUs and

provides an overview of current management arrangements for and key customers of each.

Figure 2-2 Health Boards serviced by LPUs

Health Board	Laundry Production Unit	Delivering services to
Abertawe Bro Morgannwg University Health Board	**Llansamlet Laundry Service**	• Abertawe Bro Morgannwg UHB • Cardiff and Vale UHB • Aneurin Bevan Ystradgynlais Hospital • External organisations
Aneurin Bevan University Health Board	**Llanfrechfa Grange 'Green Vale'**	• Aneurin Bevan UHB • Cardiff and Vale UHB • Powys Teaching Health Board • Welsh Ambulance Services Trust • Velindre NHS Trust • External organisations
Betsi Cadwaladwr University Health Board	**Ysbyty Glan Clwyd**	• Betsi Cadwaladwr UHB • Welsh Ambulance Services Trust (local)
Cwm Taf University Health Board	**Church Village**	• Cwm Taf UHB • Abertawe Bro Morgannwg UHB • Vale Healthcare • Welsh Ambulance Services Trust (local)
Hywel Dda University Health Board	**Glangwili General Hospital Laundry**	• Hywel Dda UHB • Welsh Ambulance Services Trust (local) • External organisations

2.3   Best practice guidance (BS EN 14065)

2.3.1   The main strategic driver for the review is the recent launch of best practice guidance, specifically:

- *BS EN 14065 Textiles – Laundry Processed Textiles – Biocontamination Control System*, (BS EN 14065) which was introduced to provide management systems for the microbiological quality of laundry; and

- *Welsh Health Technical Memorandum 01-04* (WHTM01-4) which was subsequently published to provide NHS Wales organisations with guidance on all aspects of the decontamination of linen for health and social care settings in line with BS EN 14065.

2.3.2   In particular, BS EN 14065 highlights the requirement for a management system to monitor microbiological quality when processing textiles to avoid microbiological contamination. The Welsh Government has expressed that it is essential that these

standards are adopted both in the commercial setting and within the NHS to maintain the highest possible standards.

2.3.3　The new guidance supports the notion of an improvement in decontamination protocol and overall production quality. WHTM 01-04 proposes a progressive increase in quality through the implementation of various decontamination policies.

2.4　NHS Wales business strategy and aims

2.4.1　The NHS Wales Planning Framework 2018/21 sets high quality as a key priority which underpins all aspects of services, settings and contacts with the NHS in Wales. It states the need for health organisations to focus on the populations for which they are responsible, with an emphasis on prevention and early intervention, reducing health inequalities and working with wider partners to deliver the best possible services for citizens in Wales.

2.4.2　The review of LPUs aligns with the need for organisations to ensure that 'robust system-wide quality assurance arrangements in place, coupled with clear quality improvement programmes to drive continuous improvement'. It will achieve this by focusing on developing the collective capacity and capability for improvement across the service.

2.4.3　The review's focus on quality and improvement aims to supports NHS Wales in achieving the 'Quadruple Aim' of improved population health and wellbeing, quality and accessible care, higher value, and sustainable workforce.

2.4.4　The review aims to achieve this through considering local, regional and national needs and looking at ways in which we can work in collaborative and collective ways to achieve the improvements required to support the Health Boards to deliver frontline services that are safe, effective, patient-centred, timely, efficient and equitable.

2.4.5　The review embraces the principles of prudent healthcare that are set out in *Prudent Healthcare: Securing Health and Well-being for Future Generations* to address the challenges faced by rising costs and increasing demand, get greater value for healthcare systems for patients by delivering healthcare that fits the needs and circumstances of patients and avoids wasteful care.

Figure 2-3 The four principles of prudent healthcare

2.4.6　Specifically for the LPU service, this means reducing variation and costs, while providing a safe and high quality service with the appropriate capacity to meet changing demand, which will allow clinical teams to provide the right care in the right place at the right time, as well as reducing the risk of hospital acquired infections.

2.4.7　In addition, the review aligns with the *Well-being of Future Generations (Wales) Act 2015* that sets out a range of overarching well-being goals and sustainable

development principles to ensure that all public bodies act in a manner that the needs of the future generations are not compromised by the needs of the present.

Figure 2-4 Overview of Well-being goals

2.4.8   Specifically for the LPU service, this means contributing to improving the social, economic, environmental and cultural well-being of Wales by helping to contribute to the creation of:

- A prosperous Wales by supporting the economy through the development of a skilled and sustainable workforce and investing in services and facilities in a way that provides optimum public value;

- A resilient Wales by providing a sustainable service with the capacity to meet the current and future needs of the population;

- A healthier Wales by reducing the risk of healthcare acquired infections, enabling Health Boards to deliver high quality and safe clinical services, and improving the health and wellbeing of the workforce;

- A more equal Wales by supporting Health Boards to improve access to services in the right place at the right time and investing in the workforce to provide appropriate training and development; and

- A globally responsible Wales that aims to minimise environmental impact.

2.4.9   In addition to this, the review supports *Prosperity for All* the recently published national strategy seeking to deliver Welsh Government's key priorities. The main aim

of this is to drive integration and collaboration across the Welsh public sector, putting people at the heart of improved service delivery.

2.4.10 Specifically for the LPU service, this means contributing to the following key themes in the Programme for Government as set out in the table below.

Figure 2-5 Alignment with Programme for Government key themes

Key themes	The Review will support this by:
Prosperous and secure	• Enabling the workforce to fulfil their ambitions and enhance their wellbeing through secure and sustainable employment by delivering best value for money and contributing to the sustainability of the system.
Healthy and active	• Providing better working conditions that will improve the health and wellbeing of the workforce. • Reducing the risk of healthcare acquired infections.
Ambitious and learning	• Contributing to a prosperous Wales by developing the workforce to create highly skilled and adaptable people.
United and connected	• Supporting the overall economy by providing best value for public money.

2.4.11 The review aligns with all of the priority areas of the strategy, specifically in terms of developing skills which will improve individuals' employability.

2.5 Other strategic drivers

2.5.1 There are various other strategic drivers and policies relevant to this project. The table below outlines the alignment between these strategies and the NHS Wales LPU Service Review.

Figure 2-6 Alignment with other relevant strategic drivers

Key driver	The review will support this by:

Infection control	• Adhering to Infection Prevention and Control Policy; Welsh Healthcare Association Infection Programme 2015 (WHAIP), which describes:
	   ○ The preventative measures to avoid cross-contamination;
	   ○ The importance of maintaining a controlled environment;
	   ○ The importance of isolating contamination;
	   ○ A controlled ventilation system throughout high risk areas of microbacterial spread; and
	   ○ Helping to align practice, monitoring, quality improvement and scrutiny.
	• Creating and maintaining an environment with a low cross-contamination risk (i.e. separation between clean and dirty areas, controlled ventilation throughout facilities).

Standardisation/ reduction in variation	• Standardising all laundry production services in alignment with Best Practice Guidance Framework (WHTM 01 – 04). • Working in a uniform manner, as a team, to achieve maximum efficiency. • Reducing inappropriate variation using an evidence based approach to achieve standardisation of service.

Key driver	The review will support this by:
Sustainability in development	• Reviewing and developing a laundry model which is both cost efficient and sustainable for the local and national services. • Meeting the Health Board's duties to the sustainability and development principles.
Enhanced communication	• Communication between LPUs to build on NHS Wales overall developmental goals. • Building on the foundations of pre-existing relationships.
Parliamentary Review of Health and Social Care in Wales	• The Review found that progress on achieving the Quadruple Aim in Wales has been slow and that quicker progress will require a 'stronger central guiding hand' (quoting the view of the Organisation for Economic Co-Operation and Development). • It concludes that some significant necessary national assets such as specialised services, commissioning and NWIS could be hosted at national rather than local level in support of the above. • "Meaningful progress will require…a wider and more creative combination of national support; incentives; benchmarking (both nationally and internationally); regulation; accountability and transparency." • "There needs to be more coordination at national level…with greater focus of time and consolidated technical expertise at national level than is currently the case." • "Specialist service hosting and governance arrangements need to be revisited, and the merits of consolidating these in one national location – the national executive of NHS Wales – assessed, looking at the bundle of operational and commissioning functions that need a different national home/system such as NWIS, NHS Wales Shared Services Partnership (NWSSP), specialised services and EASC." • A move to centralised management arrangements is in line with the recommendations of the Parliamentary Review.

2.6 Centralised management arrangements

2.6.1 Currently, LPU services are managed by individual Health Boards. However, the recommendations outlined within the Parliamentary Review and learning from other shared services initiatives suggest options for centralising management arrangements should be explored in relation to the future service model to ensure the full benefits can be realised in a timely manner.

2.6.2 Centralised management is one of six forms of shared service model identified in relevant literature, the others being collaboration, corporate consolidation, lead provider arrangements, strategic partnerships/joint ventures, and outsourcing (European Services Strategy Unit, May 2007).

2.6.3 There are a range of findings that state there are 'clear financial benefits' to shared services (Public Policy institute for Wales, Sept 2017) derived from economies of scale, increased standardisation, increased reliability, removal of duplication, increased collaboration and embedding good practice or dealing with bad practice.

There are various case studies that report savings from shared service transformations (e.g. IES, July 2010).

2.6.4   However, it should also be considered that some findings are more cautious and have found benefits have been overstated (e.g. National Audit Office, May 2016). One research paper on shared services in local government by the University of Oxford (July 2017) claims that statistically there is no evidence that organisations that have pursued shared services spend proportionately any less on the shared functions than those who have not moved to a shared service model. Another paper (Public Policy institute for Wales, Sept 2017) highlights the potential risks of escalating costs when moving to shared services due to:

- Replacing existing practices that are deeply embedded.

- Transaction costs might be increased as time and resources are required to document existing costs and best means of replacement.

- Service quality can be reduced and decisions can take longer across collaborating organisations, which can lead to greater costs over time.

- Collaboration can lead to some functions being duplicated, and costs multiplied.

- The time and resources spent on sharing services can mean that other ways of reducing costs can be lost or ignored.

2.6.5   A summary of the key learning for successful implementation of shared service models is provided in the table below.

Figure 2-7 Key learning for shared service models

Key learning from the literature on successful implementation of shared service models:

1. **Take a long term view**
   a. Avoid short term focus on efficiency and savings
   b. Must be good operational and service reasons as well as financial
2. **Effective leadership and governance**
   a. Appoint a Senior Responsible Owner
   b. Hold the programme and suppliers to account
   c. Manage the tensions between customers, programme and suppliers
3. **Effective communication and involvement**
   a. Build trust through early and continued involvement of staff, trade unions and other stakeholders
4. **Good planning and design**
   a. Rigorous evaluation of options and development of an integrated business case – so constituent parts are clear on their role in delivering the benefits
   b. Be clear on how standardised processes will be implemented
5. **Effective programme management**
   a. Identify, manage and respond to risks
6. **Timing**
   a. Seize the opportunity at the right time
   b. Go at the right pace to take people with you

2.7   Benchmarking information

2.7.1   Productivity and best practice in the form of units per hour and costs per item have been considered within the development of this case. These have been used to develop and baseline the potential opportunities together with providing a target

reference point for either the re-provision or redevelopment of the laundry production units within Wales.

2.7.2 The privately-operated laundry production unit referenced is achieving a throughput of 180 items per hour whilst the best in class NHS operated unit identified achieves 160 units per hour. This case therefore tests the re-provision through any purpose-built unit should be baselined against 180 units per hour whilst any redeveloped sites achieving 160 units per hour. In respect of the cost per item, the research has identified a cost of £0.25 per item should be utilised as the reference point for both the re-provision and redevelopment of the production units.

2.8 North Wales Linen Service Options Appraisal

2.8.1 Of particular relevance to this business case is the North Wales review of its laundry production service that was undertaken by Betsi Cadwaladwr University Health Board during 2017 in parallel with this review.

2.8.2 The North Wales situation shares many of the drivers for change that are outlined above. In addition, the poor condition of the existing LPU facilities in North Wales and the pressing need to release space on the Ysbyty Glan Clwyd site is significantly increasing business continuity and health and safety risks for Betsi Cadwaladwr University Health Board. There is therefore an urgent need to take immediate action.

2.8.3 Having considered a range of options, the North Wales Linen Service Options Appraisal recommends that a new off-site LPU is developed to allow Betsi Cadwaladwr University Health Board to mitigate these risks and realise the benefits of compliance with latest best practice standards at the earliest opportunity.

2.9 Conclusion

2.9.1 The NHS Wales Laundry Production Units Service Review is required to respond to the changing strategic context and key policy drivers in Wales; inparticular the introduction of new decontamination best practice guidance.

2.9.2 To align with key strategic drivers, future services must deliver:

- Compliance with BS EN 14065;

- A continual supply of clean, good quality and decontaminated linen within NHS Wales, providing a safe and comfortable patient setting as well as reducing the risk of healthcare acquired infections;

- A high quality, resilient and sustainable healthcare service which is not hindered by a lack of linen resources and therefore the availability of beds;

- Laundry Production Units which are set in a controlled clean environment that is hygienic and safe for the workforce;

- An efficient service that delivers best value for money;

- Centralised management arrangements that will enable effective collaboration and provide opportunities to deliver a consistent standard approach across Wales; and

- Minimal disruption to the workforce and services.

3 CASE FOR CHANGE

3.1 Introduction

3.1.1 This section of the OBC establishes the case for change that is driving the NHS Wales Laundry Production Units Services Review providing a clear understanding of:

- The spending objectives (what the project is seeking to achieve);

- Existing arrangements (what is currently happening); and

- Business needs (what is required to close the gap between existing arrangements and where they need to be in the future).

3.2 Spending objectives

3.2.1 Spending objectives describe what a project is seeking to achieve and provide a basis for post-project evaluation.

3.2.2 Stakeholders at Workshop 1 built on the work outlined in the PID, identifying key priorities for the project and developing five spending objectives that respond to them. The spending objectives were refined at subsequent workshops and were validated by the independent panel.

3.2.3 The final spending objectives, mapped to the key priorities they address, are provided in the table below.

Figure 3-1 Spending objectives

| Ref	Spending objective	Key priorities
SO1	To minimise risks to patients, staff and organisations by complying with the latest standards on decontamination of linen	• Compliance • Reduction in risk • Fit for purpose facilities
SO2	To provide effective support to clinical services by delivering the highest quality linen service	• Customer satisfaction • Quality
SO3	To deliver an equitable service across NHS Wales and minimise variation between sites	• Equity • Standardisation
SO4	To provide the highest quality service that offers the best value for money in terms of cost per unit	• Affordable service • Best value for money
SO5	To provide appropriate level of capacity to meet changing demand and mitigate the risk of service failure	• Sustainability (costs, environment, continuity) • Meet changing demand • Resilience

3.3 Existing arrangements

3.3.1 There are currently five Laundry Production Units (LPUs) within NHS Wales, managed by individual Health Boards.

Figure 3-2 Current LPUs

NHS Wales Health Board	Laundry Production Unit
Abertawe Bro Morgannwg University Health Board	Llansamlet Laundry Service
Aneurin Bevan University Health Board	Llanfrechfa Grange 'Green Vale'
Betsi Cadwaladwr University Health Board	Ysbyty Glan Clwyd
Cwm Taf University Health Board	Church Village
Hywel Dda University Health Board	Glangwili General Hospital Laundry

3.3.2 Between them, the five LPUs process over 32 million items including over 5 million microfibre items each year, of which the majority (99.4%) is for NHS Wales Health Boards, with a small amount (0.6%) processed for external customers. The table below shows activity levels at each LPU for 2017/18 including microfibre items.

Figure 3-3 Current activity levels 2017/18

2017/18 Activity Levels

	Llansamlet (ABMU)	Llanfrechfa Grange (Aneurin Bevan)	Ysbyty Glan Clywd (BCUHB)	Church Village (Cwm Taf)	Glangwili (Hywel Dda)
External activity	199	35,388	0	88,383	55,959
NHS Wales activity	4,649,145	10,648,290	6,827,516	5,127,456	4,662,529
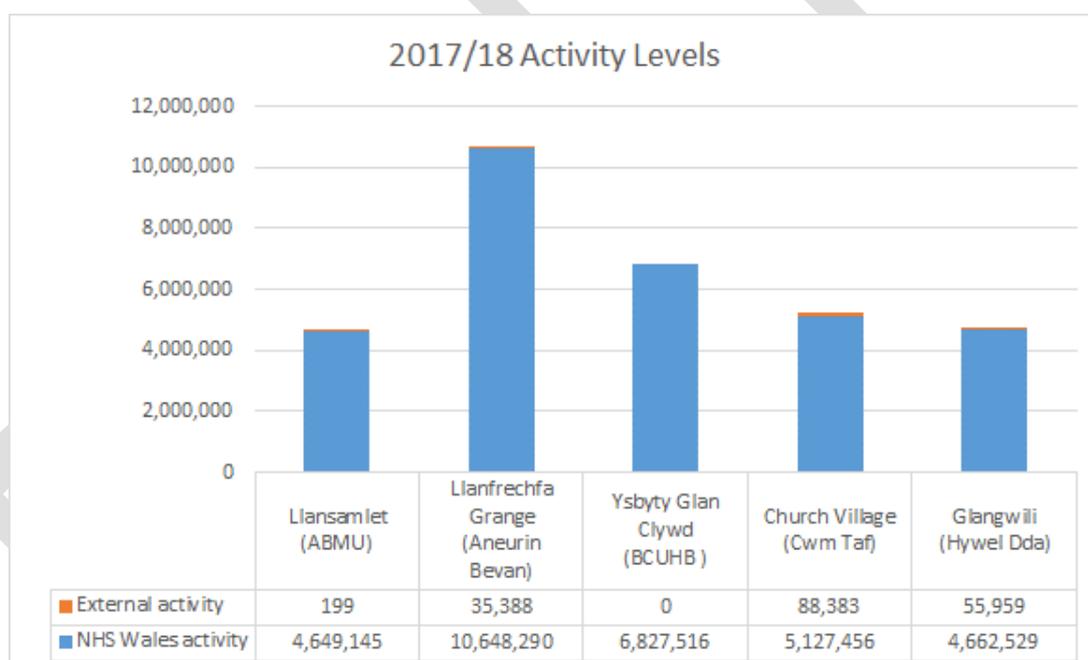
3.3.3 The LPUs predominately provide services across Wales to all NHS organisations including acute hospitals, community hospitals, specialist run units such as mental health facilities and the Welsh Ambulance service.

3.3.4 Each of the LPUs operates with its own service model which is largely dependent on its plant and equipment and the individual needs of its customers. However, in the main it involves processes for washing and finishing of linen such as bedding, towels, and theatre scrubs, as well as the collection and delivery of items to and from distribution points on designated days and times.

3.3.5 The range of services provided to customers differs slightly between LPUs:

- **Distribution points:** Most LPUs collect from and deliver to the 'front door' of hospitals, beyond which hospital staff such as porters manage the distribution to

ward level. However, there are some cases within the current service model of LPUs delivering directly to ward level.

- **Microfibre items:** Arrangements for washing microfibre mops and cloths vary across NHS Wales, with some sites sending the items to LPUs to be processed and some sites washing them locally.

- **Specialist services:** Some LPUs provide specialist services locally which includes patients' personal clothing, sewing room services, dry cleaning and private ironing services, wheelchair maintenance, and distribution of non-linen related goods within the laundry vehicles.

3.3.6　The main differences in the service model by LPU are shown in the table below.

Figure 3-4 Services provided by the LPUs

	Llansamlet (ABMU)	Llanfrechfa Grange (Aneurin Bevan)	Ysbyty Glan Clywd (BCUHB)	Church Village (Cwm Taf)	Glangwili (Hywel Dda)
Items processed for other LHBs (% of total activity)	4.4%	83.6%	1.8%	26.8%	0.3%
Items processed for non NHS organisations (% of total activity)	0.0%	0.3%	0.0%	1.7%	1.2%
Microfibre items processed (% of total activity)	0.1%	13.8%	24.3%	0.0%	40.4%
Sewing room	Y	N	Y	Y	Y
Dry cleaning	Y	N	N	N	N
Other services provided	N/A	N/A	Wheelchair maintenance	Private ironing	Delivery of large and urgent items

3.3.7　The LPUs operate from old buildings using ageing equipment and have had minimal investment in recent years. The washers and dryers require intensive maintenance due to their age and this is provided locally by dedicated teams who are supported by specialist maintenance service contracts.

3.3.8　Based on the data available from laundry and finance leads at the time of writing this report, current operating costs are £10.1m p.a. to run the five LPUs based on actual expenditure incurred in 2017/18.

Figure 3-5 Annual recurring revenue costs 2017/18 (£'000)

	Llansamlet (ABMU)	Llanfrechfa Grange (Aneurin Bevan)	Ysbyty Glan Clywd (BCUHB)	Church Village (Cwm Taf)	Glangwili (Hywel Dda)	Total
Pay costs	1,002	1,675	1,318	866	998	5,859
Non pay costs	739	1,142	831	982	513	4,208

|	Llansamlet (ABMU)	Llanfrechfa Grange (Aneurin Bevan)	Ysbyty Glan Clywd (BCUHB)	Church Village (Cwm Taf)	Glangwili (Hywel Dda)	Total
Total	1,741	2,817	2,149	1,848	1,511	10,066

3.3.9   This equates to £0.31 per item overall, including microfibre items, although averages range from £0.26 to £0.37 across the five LPUs. The average costs for each LPU are shown in the chart below.

Figure 3-6 Average cost per item 2017/18 (including microfibre)

3.3.10   It should be noted that these averages are calculated including the microfibre items processed by LPUs. The cost of processing microfibre items is likely to be significantly less than other linen items and so could be considered to distort the averages. The table below shows the average cost per item if microfibre activity is excluded which ranges from £0.31 to £0.54 per item, an overall average of £0.37 per linen item.

Figure 3-7 Average cost per item 2017/18 (excluding microfibre)

2017/18 Average cost per item

	Llansamlet (ABMU)	Llanfrechfa Grange (Aneurin Bevan)	Ysbyty Glan Clywd (BCUHB)	Church Village (Cwm Taf)	Glangwili (Hywel Dda)
Transport costs	£0.02	£0.01	£0.02	£0.03	£0.02
Overheads	£0.01	£0.01	£0.00	£0.00	£0.01
Utilities costs	£0.05	£0.04	£0.08	£0.08	£0.06
Direct laundry processing costs	£0.08	£0.06	£0.06	£0.07	£0.10
Pay costs	£0.22	£0.18	£0.26	£0.17	£0.36
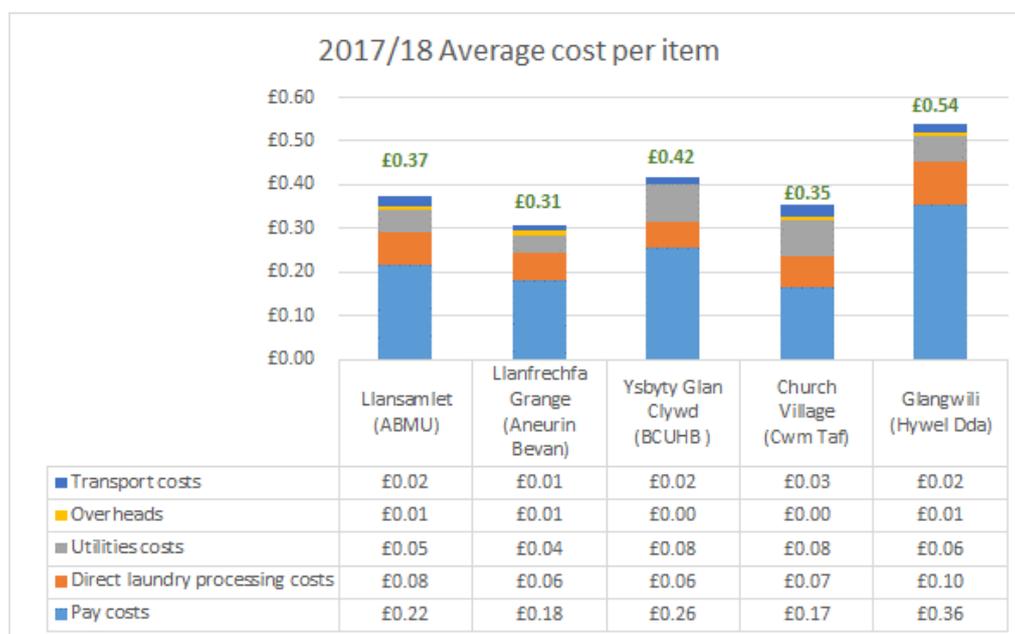
3.3.11   It should also be noted that the operating costs used here differ to the overall service costs reported at Health Board, rather than LPU, level in the EFPMS system.

3.3.12   The table below provides an analysis of the activity undertaken by each LPU on behalf of the Health Boards during 2017/18.

Figure 3-8 Analysis of Health Board activity undertaken by each LPU

	Llansamlet (ABMU)	Llanfrechfa Grange (Aneurin Bevan)	Ysbyty Glan Clywd (BCUHB)	Church Village (Cwm Taf)	Glangwili (Hywel Dda)	Total
Abertawe Bro Morgannwg University Health Board	4,443,494			1,383,337		5,826,831
Aneurin Bevan University Health Board	53,858	5,928,074				5,981,932
Betsi Cadwaladwr University Health Board			6,707,516			6,707,516
Cardiff and Vale University Health Board	151,793	4,209,620				4,361,413
Cwm Taf University Health Board				3,729,066		3,729,066
Hywel Dda University Health Board					4,650,074	4,650,074
Powys Teaching Health Board		339,512				339,512
Velindre NHS Trust		146,874				146,874
Welsh Ambulance Service Trust		24,210	120,000	15,053	12,455	171,718
External organisations	199	35,388		88,383	55,959	179,929
Total activity	**4,649,344**	**10,683,678**	**6,827,516**	**5,215,839**	**4,718,488**	**32,094,865**

3.3.13   The table below shows the direct LPU cost associated with this activity, based on the appropriate LPU's average cost per item. This is compared to the costs reported in the EFPMS system by each Health Board and shows an overall variance of £1.8m

between operating costs (LPU-specific processing costs) and service costs (overall costs incurred by Health Boards.

Figure 3-9 LPU processing costs compared to EFPMS data 2017/18

	No of items processed by LPUs	LPU Processing costs	LPU cost per item	No of items recorded in EFPMS	Total cost recorded in EFPMS	Total cost per item in EFPMS
Abertawe Bro Morgannwg University Health Board	5,826,831	£2,154,245	£0.37	6,375,178	£2,485,421	£0.39
Aneurin Bevan University Health Board	5,981,932	£1,583,502	£0.26	6,221,537	£2,413,278	£0.39
Betsi Cadwaladwr University Health Board	6,707,516	£2,111,027	£0.31	4,900,850	£1,674,013	£0.34
Cardiff and Vale University Health Board	4,361,413	£1,166,994	£0.27	4,349,380	£2,268,201	£0.52
Cwm Taf University Health Board	3,729,066	£1,321,212	£0.35	3,642,145	£1,439,117	£0.40
Hywel Dda University Health Board	4,650,074	£1,489,054	£0.32	4,448,636	£1,317,621	£0.30
Powys Teaching Health Board	339,512	£89,535	£0.26	406,034	£145,616	£0.36
Velindre NHS Trust	146,874	£38,733	£0.26	139,477	£62,305	£0.45
Welsh Ambulance Service Trust	171,718	£53,473	£0.31	3	£86,740	
NHS Wales total	**31,914,936**	**£10,007,774**	**£0.31**	**30,483,240**	**£11,892,312**	**£0.39**
External organisations	179,929	£58,640	£0.33			
Total	**32,094,865**	**£10,066,415**	**£0.31**	**30,483,240**	**£11,892,312**	**£0.39**
Variance				**-1,611,625**	**£1,825,897**	**£0.08**

3.3.14 Work has been undertaken, by Health Board finance teams, to validate the £1.8m variance. It was agreed that the LPU processing costs provided by Laundry/Finance leads (in Figure 3-7) provide the most accurate reflection of the current LPU service.

3.3.15 This is because in addition to LPU processing costs, the EFPMS data includes

- The cost of linen services outside of the scope of the LPU service, for instance local Health Boards arrangements for microfibre washing, repairs and local distribution; and

- Mark ups related to the various charging mechanisms currently in place between the Health Boards.

3.3.16 Therefore, for the purposes of the OBC, the baseline operating costs equating to £10.1m is used.

3.3.17 However, it is recommended that further work is undertaken at FBC stage ascertain whether the £1.8m gap includes any additional service costs that should be within the scope of the LPU service review.

3.4   Business needs

3.4.1 Business needs are the improvements and changes that are required to achieve the agreed spending objectives. The diagram below summarises the overarching case for change by showing the main business needs, specifically focusing on why it is not possible to achieve the agreed spending objectives under the existing arrangements.

Figure 3-10 Case for change

	Age and condition of buildings and equipment		Ability to collaborate effectively		
Business needs	**Comply with latest standards for the decontamination of linen**	**Provide appropriate capacity to meet changing demand**	**Deliver the highest quality linen service**	**Deliver an equitable service and minimise variation**	**Deliver best value for money**
Problems with existing arrangements	**Deficiencies in physical estate:** • Physical layout • No separation of clean and dirty areas • Inadequate ventilation systems • Poor standard of existing equipment	**Ageing equipment:** • Increased risk of breakdowns • Service failures take longer to resolve due to difficulties in sourcing parts	**Limited opportunities to make improvements:** • Reduce infection control risks • Introduce a well regulated audit system • Develop the workforce • Measure customer satisfaction	**Each LPU individually managed resulting in variations:** • Service model • Plant and equipment • Processes • Working practices • Terms and conditions • Products and patient experience	**Not in line with industry best practice** • Productivity 102 items per operator hour (versus 160 -180 industry best practice) • Cost per unit £0.31 (versus £0.25 industry best practice)
Impact of continuing with existing arrangements	**Increased risk of healthcare acquired infections** **Poor working conditions impacting on health and wellbeing of workforce** **Capital investment of £13.8m required, impacting on overall system sustainability**	**Increased risk of system failure, impacting on Health Boards' ability to deliver clinical services** **Increased maintenance time and cost** **Direct impact on patient experience and clinical outcomes**	**Increased risk of healthcare acquired infections** **Increased risk to clinical system resilience due to availability of linen** **Impact on development of workforce skills**	**Productivity ranges from 85 to 134 items per operator hour** **Average cost ranges from £0.26 to £0.37 per item** **Inequitable service model across NHS Wales and lack of transparency in costs**	**Unable to deliver financial benefits of up to £2.0m p.a.** **Service becomes unsustainable as demand increases** **Does not contribute to sustainability of overall system in NHS Wales**

3.4.2   This is explored in further detail in relation to each of the spending objectives below.

Spending Objective 1: To minimise risk to patients, staff and organisation by complying with the latest standards on decontamination of linen

3.4.3   The main driver for change is the introduction of new guidance for the decontamination of linen which includes:

- *BS EN 14065 Textiles – Laundry – Processed Textiles – Biocontamination Control System*, (BS EN 14065) which was introduced to provide management systems for the microbiological quality of laundry; and

- *Welsh Health Technical Memorandum 01-04* (WHTM01-4) which was subsequently published to provide NHS Wales organisations with guidance on all aspects of the decontamination of linen for health and social care settings in line with BS EN 14065.

3.4.4   An initial review of the sites established that currently none of the LPUs are compliant with the standards and guidance set out in BS EN 14065 and WHTM01-04. The detailed results of this assessment are provided in Appendix B1 but, in summary, some common issues emerged in terms of key challenges in complying with new standards. The main issues are summarised in the table below.

Figure 3-11 Overview of review findings

Key compliance area	Common findings
Area separation	• None of the LPUs currently have adequate floor to ceiling physical barriers in place to separate clean and dirty areas.
Disinfection processes	• Current decontamination processes are controlled using time and temperature parameters, which is not in line with latest standards that refer to chemical disinfection in a number of areas.
Safe storage of linen	• Standardisation is needed in the control of disinfection of trolleys and cages.
Record keeping	• While operational procedures are deemed to be of reasonable standard, there is a lack of adequate documentation, in particular relating to the need for 　　o　Fully documented policies and procedures; and 　　o　Detailed risk assessment and hazard analysis. • There is a lack of consistency in relation to training records, making it difficult to ascertain that all staff members are up to date with relevant training.
Exposure to infected linen	• The handling of infected linen is predominately controlled using water-soluble red alginate bags in line with standards. However, LPUs are still at risk of exposure to infected linen when customers do not follow this process.

3.4.5   Clearly a number of these issues can be addressed by changing working practices and these will be considered in relation to the other spending objectives.

3.4.6   However, the main issues preventing LPUs from complying with BS EN 14065 and other regulatory standards relate to deficiencies with the physical estate, which include:

- Physical layout, specifically lack of separation between soiled and clean linen;

- Inadequate or substandard ventilation systems resulting in the possibility of achieving either negative air pressure in the soiled linen area, or positive air flow from the clean textiles area through the soiled textiles area with ventilation directly to the outside;
- Poor standard of existing equipment; and
- Generally dilapidated condition of buildings.

3.4.7 This inability to comply with regulatory standards increases infection control risks as well as significantly impacting on the health and wellbeing of the workforce due to poor working conditions.

3.4.8 These issues can only be addressed with significant capital investment. The scale of this was assessed as part of a survey of the condition of LPUs which was undertaken by Nifes in August 2017. The detailed report is available in Appendix B2 but overall it is estimated that investment in the region of £13.8m is required over the next ten years is required. This includes £2.6m of immediate investment to address the areas of highest risk. The table below outlines investment requirements for each of the LPUs.

Figure 3-12 Capital investment requirements to achieve compliance (£'000)

	Llansamlet (ABMU)	Llanfrechfa Grange (Aneurin Bevan)	Ysbyty Glan Clywd (BCUHB)	Church Village (Cwm Taf)	Glangwili (Hywel Dda)	Total
BS EN 14065	341	314	307	227	471	1,661
6 facet statutory	42	11	290	36	43	423
Statutory compliance	383	326	598	264	514	2,084
High risk backlog (Immediate)	96	258	334	210	283	1,181
Impending backlog (Years 1-5)	3,684	1,758	1,397	1,402	1,094	9,335
Future costs (Years 6-10)	0	320	78	535	18	950
Physical condition	3,780	2,336	1,808	2,147	1,394	11,465
Functional suitability	3	5	205	8	8	229
Quality of the environment	1	0	11	20	27	60
Function, space, quality, environment	4	5	216	28	35	289
Total	4,167	2,667	2,622	2,439	1,943	13,837

	Llansamlet (ABMU)	Llanfrechfa Grange (Aneurin Bevan)	Ysbyty Glan Clywd (BCUHB)	Church Village (Cwm Taf)	Glangwili (Hywel Dda)	Total
Initial investment (risk adjusted backlog)	398	524	757	334	579	2,591
Additional investment (Years 1 -10)	3,769	2,142	1,865	2,105	1,364	11,246
Total	4,167	2,667	2,622	2,439	1,943	13,837

Spending Objective 2: To provide effective support to clinical services by delivering the highest quality linen service

3.4.9 In the main, the five LPUs provide a high-quality service across NHS Wales, delivering clean and decontaminated linen as and when required according to the specific needs of customers. This ensures that Health Boards:

- Have adequate linen stocks enabling them to continue to deliver services; and

- Are supported in reducing the risk of healthcare acquired infections.

3.4.10 Continuing with the status quo operating under local management arrangements limits opportunities to improve service levels, whereas redesigning the service to enable it to comply with the latest standards and collaborate more effectively is likely to offer a range of opportunities to do so. Recent reviews of the service have highlighted a number of these as summarised in the table below.

Figure 3-13 Opportunities to improve quality

Opportunity	Details
Reduce infection control risks	• Complying with the latest best practice guidance on decontamination will further reduce risks associated with healthcare acquired infections.
Introduce well-regulated audit system	• The review of the existing LPUs highlighted inconsistencies in record keeping and documentation supporting processes. • To achieve an overall increase in service quality and directly align with the latest standards, there is a need for a well-regulated audit system to manage and accurately document activity. • A documenting system would allow the regulation of biocontamination, stock control and overall quality.
Develop the workforce	• In addition, the LPU workforce would be required to receive training in line with the new standards. • This would also provide the workforce with personal developmental opportunities.
Measure customer satisfaction	• Currently there appears to be a lack of customer (ward and patient) feedback with regards to quality of linen. • A mechanism for feedback needs to be established to ensure that customers are satisfied with laundry services. This would further support of equity of service between LPUs.

Spending Objective 3: To deliver an equitable service across NHS Wales and minimise variation between sites

3.4.11 While the five LPUs deliver relatively similar services across NHS Wales, they are all independently managed. This naturally results in variations including:

- Minor service model differences outlined in paragraphs 3.3.5 and 3.3.6;

- Differences in plant and equipment utilised;

- Inconsistencies in laundry production processes and protocols (although these are largely related to plant and equipment); and

- Differing working practices in relation to shift patterns and operating hours.

3.4.12   It is reasonable to assume that such variations are likely to impact on the productivity of the LPUs. Productivity can be measured in terms of numbers of linen items processed per operator per hour (including microfibre items). Currently, the average rate across NHS Wales is 102 items per operator hour, but this ranges from 85 to 134 depending on the LPU, as shown in the chart below.

Figure 3-14 Productivity levels per LPU

Items per operator production hour

	Llansamlet (ABMU)	Llanfrechfa Grange (Aneurin Bevan)	Ysbyty Glan Clywd (BCUHB)	Church Village (Cwm Taf)	Glangwili (Hywel Dda)
Items per operator production hour	84	134	98	89	106
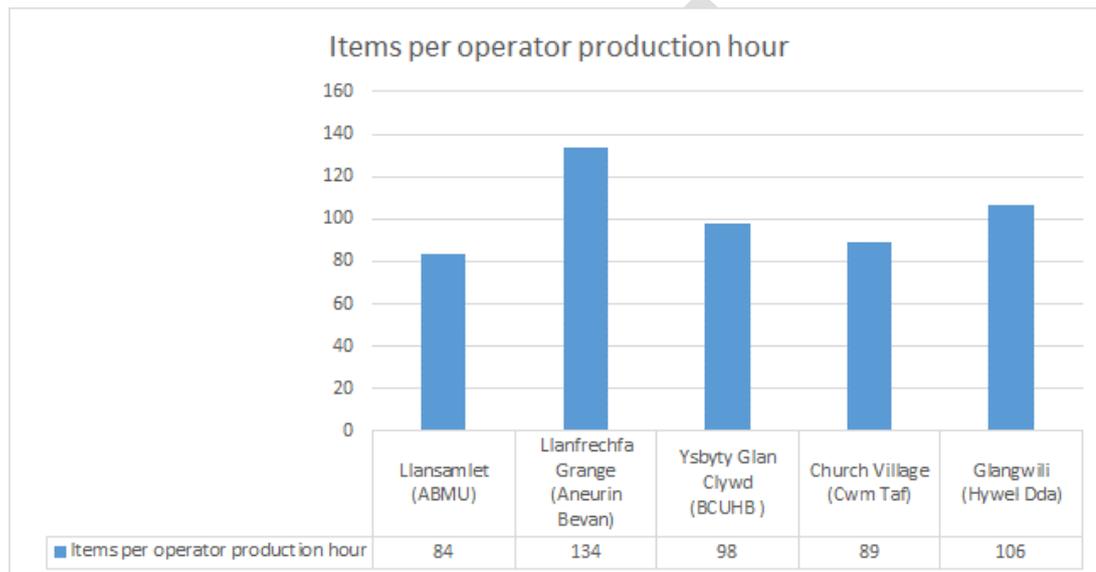
3.4.13   This directly impacts on the variations in the average cost per item at LPUs which currently ranges from £0.26 to £0.37 per item including microfibre.

3.4.14   In addition, the cost charged to Health Boards appears to vary across NHS Wales (as outlined in Figure 3-9), suggesting that Health Boards do not receive equitable value for money. This has emerged because, partly as a symptom of being independently managed, the LPUs have not effectively collaborated to date. As a result of this, organisations compete with one another, customers are allocated according to organisational rather than geographical arrangements, and there is little evidence of transparency in costing models.

3.4.15   Continuing with existing arrangements with independent management arrangements creates challenges in standardising practice and minimising variations across NHS Wales which will limit the ability to

- Ensure best practice is being followed in all LPUs;

- Ensure that all Health Boards receive an equitable service and value for money; and

- Address variations in productivity and ultimately average price per unit.

Spending Objective 4: To provide the highest quality service that offers the best value for money in terms of cost per unit

3.4.16 Large scale laundry services are capital investment heavy and require significant labour and maintenance resources. At current operating cost of £10.1m per year, an average of £0.31 per item including microfibre, any increase in demand is likely to result in significant financial pressures in the future. Sustainability of the service is reliant on delivering value for money.

3.4.17 As well as driving out variations between NHS Wales LPUs, improving productivity and reducing costs in line with industry best practice is necessary to provide a sustainable and efficient laundry service, although it is important to recognise that this should not be to the detriment of quality and may be hindered by the use of current plant and equipment.

3.4.18 A benchmarking exercise using intelligence gathered from external organisations suggests that:

- Best practice productivity levels range from 160 items per operator hour for other NHS providers to 180 items per operator hour for private providers; and

- The current average price per item charged by external providers is around £0.29 per item for a similar product mix which includes a profit margin of around 12-15%; indicating a best practice comparable cost per item estimated to be in the region of £0.25 per item.

3.4.19 This indicates that, provided there is appropriate investment in facilities and the workforce to re-engineer plant and production flows and provide plant and equipment with greater throughput per hour, moving towards best practice in NHS Wales could achieve significant benefits, including:

- Productivity improvements from an average of 102 items per operator hour up to a level of between 160 (56% improvement) in line with NHS best practice and 180 (76% improvement) in line with industry best practice; and

- Cost savings of up to £0.06 (19%) per item which equates to £2.0m p.a.

Spending Objective 5: To provide appropriate level of capacity to meet changing demand and mitigate the risk of service failure

3.4.20 A significant proportion of laundry equipment is of an advanced age. Replacement parts are difficult to source and in some cases not available at all since they have been discontinued, which means that they are being sourced from other machines.

3.4.21 Clearly this increases the risk of major breakdowns which threatens the ability of the LPUs to continue to deliver efficient and effective services. Any reduction in the availability of linen represents a significant system resilience risk impacting on Health Boards' ability to deliver clinical services due to reduced availability of hospital beds leading to potential delays in treatment.

3.4.22 In addition to this, it is worth noting that, in the main, LPUs appear to be operating below their potential optimum capacity creating over capacity in the system. Any ability to increase utilisation, however, is constrained by the need to invest.

3.5 Conclusion

In order to achieve the stated spending objectives for the service, continuing with the status quo is not a feasible option as the service will not be able to continue to ensure the provision of a high quality, safe and sustainable laundry production service that supports the delivery of clinical services across NHS Wales.

4 POTENTIAL SCOPE

4.1 Introduction

4.1.1 This section of the OBC identifies the potential scope of the NHS Wales Laundry Production Units Service Review in terms of the key service requirements that should be considered in designing the future service model and developing options.

4.2 Scope of review

4.2.1 The review is concerned with the strategic direction of laundry production services for NHS Wales, in particular determining the optimal solution that will ensure compliance with best practice.

4.2.2 Areas that are excluded from this project are:

- Laundry processes external to the five major LPUs; and

- Non-NHS Wales laundries.

4.2.3 It is critical that in redesigning the service, the resilience of the service is not undermined and that Health Boards continue to have access to adequate linen stocks at the time and place they are required. Any reduction in the availability of linen presents a risk to system resilience in terms of reduced availability of hospital beds and possible postponement of treatment.

4.3 Potential scope of services

4.3.1 Stakeholders considered the potential scope of services to be provided under the future service model based on the following continuum of need:

- **Core:** Essential services that must be delivered.

- **Desirable:** Additional services which could be delivered if they provide value for money.

- **Optional:** Additional services which could be delivered if they are affordable or low cost.

4.3.2 The resulting assessment is provided in the table below.

Figure 4-1 Potential scope of future service model

	Core (Essential)	Desirable (Should provide value for money)	Optional (Should be affordable / low cost)
NHS Wales	X		
Bed linen	X		
Gowns	X		
Scrubs	X		
Towels	X		
Transport (to be sub categorised)	X		
Microfibre *	X		
Curtains	X		
Mops *	X		
Patient clothing *	X		
Mattresses		X	
Manual handling equipment	X		
Sewing room (repair services) *	X		
Staff uniforms	?	?	?
Income generation (private hospitals, private ironing) - current and opportunities for additional income		X	
Transport of goods to other Health Boards			X

Indicates core services that may have different local arrangements e.g. need to be delivered but not necessarily from the laundry production unit.

4.3.3 This potential scope was considered in detail in Section 6 as part of developing the options. However, it was agreed that since the differences between core, desirable and optional are minimal and have little impact on the cost of delivering services, the economic appraisal should assume that the current scope of services continues to be delivered.

4.3.4 Income generation in particular was found to be misleading as although there may be opportunities to deliver more external activity, from stakeholders' experience this was considered to be minimal with little appetite from Local Authorities and other private customers. In any case, it was felt that expanding the scope in this way would be detrimental to the service model, causing challenges meeting the new guidelines and would be likely to impact on productivity.

4.3.5 Once the preferred option has been identified, the detailed service model required to deliver that solution will be developed in detail at FBC stage.

5 BENEFITS AND RISKS

5.1 Introduction

5.1.1 This section of the OBC identifies the benefits, risks, constraints and dependencies that should be considered in the NHS Wales Laundry Production Units Service Review, when developing and assessing the options for the optimal solution.

5.2 Benefits

5.2.1 The optimal solution should address the business needs and achieve the spending objectives identified as part of the review in order to deliver a range of benefits including:

- **Cash releasing benefits (CRB):** those that can be monetised and include improved economy (i.e. reduction in costs);

- **Non cash releasing benefits (non CRB):** those that can be monetised and include improved efficiency (i.e. staff time released to focus on more value added tasks);

- **Quantifiable benefits (QB):** those that can be measured but not monetised (i.e. patient experience); and

- **Qualitative benefits (Qual):** those that cannot be measured or monetised.

5.2.2 The table below provides an overview of the main outcomes and benefits arising from achieving the spending objectives.

Figure 5-1 Main benefits

Outcome	Benefit	Class	Measure	SO1 Compliance	SO2 Quality	SO3 Equity	SO4 VFM	SO5 Resilience
Modern fit for purpose facilities	Improved system resilience due to reduced likelihood of plant failure	Quantifiable	Number of HB linen shortages incidents		✓			✓
	Reduced maintenance requirements	Cash releasing	Reduced maintenance costs				✓	
	Better working conditions improving health and wellbeing of workforce	Quantifiable	Number of incidents Sickness absence levels Staff satisfaction	✓	✓			
	Energy efficiencies	Cash releasing	Utilities costs				✓	
Compliance with standards	Improved system resilience due to better decontamination of linen	Quantifiable	Number of customer returns Customer satisfaction	✓	✓			
	Reduced risk of healthcare acquired infections	Quantifiable	Number of HAI incidents	✓	✓			
	Skilled and sustainable workforce	Quantifiable	Training records Recruitment and retention rates	✓				

Outcome	Benefit	Class	Measure	Spending objectives				
				SO1 Compliance	SO2 Quality	SO3 Equity	SO4 VFM	SO5 Resilience
Improved productivity	Better able to respond to changing demand	Quantifiable	Items per operator per production hour			✓	✓	✓
	Improved productivity leading to reduction in operator pay costs	Cash releasing	Operator pay costs			✓	✓	✓
Improved utilisation of assets	Reduction in non-production staff pay costs	Cash releasing	Non-production pay costs				✓	
	Estate released to reduce overheads or provide space for the delivery of core clinical services	Qualitative	Not measurable				✓	
Review of management arrangements	Centralised management arrangements will release Health Boards to focus on core business	Qualitative	Not measurable				✓	
	Centralised management arrangements will enable more effective collaboration leading to improved standardisation	Qualitative	Not measurable	✓	✓	✓	✓	✓
	Centralised management arrangements will enable the delivery of all other benefits	Qualitative	Not measurable	✓	✓	✓	✓	✓

5.3 Risks

5.3.1 Risk is the possibility of a negative event occurring that adversely impacts on the success of the future service model.

5.3.2 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.

5.3.3 The main risks identified are listed in the table below.

Figure 5-2 Main risks

Risk category	Risk	Mitigation	Likely impact
Resilience	Increased frequency of system failures due to equipment breakdown	On-site maintenance teams and increased maintenance time	Increased maintenance costs
	Increased duration of system failures due to scarcity of parts	Other LPUs process items	Increased pay costs (enhancements)
	Insufficient back up capacity available in the event of an elongated system failure	Outsource to private provider	Premium rate paid to private contractor
	Risk of linen shortage at HB level due to logistical failures	Increased linen stocks	Increased production costs

Risk category	Risk	Mitigation	Likely impact
Capacity and demand	Demand increases at a higher level than anticipated	Build in flexibility to expand capacity in future	Cost of additional line and production costs
	Service unable to respond to short term fluctuations in demand	Additional shifts / Outsource to private provider	Premium rate paid to private contractor
Workforce	Workforce unable to adapt new ways of working	Robust change plan	Financial benefits will not be fully realised
	Loss of experience, knowledge and skills	Robust change plan	Reduced productivity leading to increased pay costs
	Unable to redeploy staff appropriately	Robust change plan	Redundancy costs higher than estimated
	Impact on workforce of redeployment leading to reduced morale	Communication and change plan	Increased sickness absence leading to increased pay costs
	Impact on local economy of reduced local employment	Robust change plan	Not measurable
Operational	Failure to meet required levels of quality	Compliance with latest standards; records	Cost of returns, double washing leading to increased processing costs
	Failure to meet local requirements due to loss of HB ownership	Engagement plan to understand HB needs	Decreased customer satisfaction
	Failure to deal with logistical challenges of Welsh geography (North and South deliveries)	Robust logistics plan	Increased production costs
Reputational and policy	Failure to secure support of all HBs	Communication	Financial benefits will not be fully realised
	Failure to identify and address the impact on local economies	Robust change plan	Not measurable
Implementation	Failure to ensure business continuity, impacting on clinical services	Robust implementation plan	Financial benefits will not be fully realised
	Failure to collaborate effectively impacting on pace of delivering benefits	Centralised management arrangements	Benefits will not be fully realised
Funding and finance	Failure to secure adequate capital funding	Outsource to private provider (as NHS LPUs will not be compliant)	Premium rate paid to private contractor
	Implementation costs higher than estimated	Robust change plan	Increased implementation costs
	Recurring revenue costs are underestimated	Detailed costing to be undertaken at FBC	Increased running costs

5.4 Constraints

5.4.1 Constraints relate to the parameters that the project is working within and any restrictions or factors that might impact on the delivery of a project. These typically include limits on resources and compliance issues.

5.4.2 The main constraints that should be considered in developing a solution for the future delivery of the LPU service include the following parameters:

- The need for any future service model to comply with the latest standards on decontamination;

- Logistical considerations in relation to the geography of Wales;

- The ability to provide the appropriate capacity and resilience for Health Boards to ensure business continuity; and

- The need to operate within the current cost envelope and deliver efficiency savings where possible.

5.5 Dependencies

5.5.1 Dependencies include things that must be in place to enable the project or project phases and typically include links to other projects and funding requirements that are likely to be managed elsewhere.

5.5.2 The success of the future service model relies on the following main dependencies:

- Buy in from all Health Boards and stakeholders; and

- Availability of capital funding.

5.6 Conclusion

5.6.1 Stakeholders have identified the benefits, risks, constraints and dependencies in relation to the agreed scope of the LPU Service review. These together with the key spending objectives are used to develop and assess a shortlist of options. This option development process is covered in the Economic Case.

ECONOMIC CASE

6 OPTIONS IDENTIFICATION

6.1 Introduction

6.1.1 The purpose of the Economic Case is to identify and appraise the options for the delivery of project and to recommend the option that is most likely to offer best value for money.

6.1.2 The first stage of this explores the preferred way forward by undertaking the following actions:

- Agree critical success factors (CSFs);
- Identify and evaluate the long list of options; and
- Recommend the preferred way forward in the form of a shortlist of options.

6.2 Critical Success Factors

6.2.1 Critical success factors (CSFs) are the essential attributes for successfully delivering the project and are used along with spending objectives to evaluate the options. Stakeholders developed the CSFs at Workshop 2 and these are presented below.

Figure 6-1 Critical Success Factors

Critical Success Factor	Description
Strategic Fit	• Meets agreed spending objectives, related business needs and service requirements. • Aligns with local and national strategic direction.
Value for Money	• Optimises public value in terms of the potential costs, benefits and risks.
Potential Achievability	• Is likely to be deliverable. • Matches the available skills required for successful delivery.
Supply side capacity and capability	• Matches the ability of service providers to deliver required services. • Is likely to be attractive to the supply side.
Potential Affordability	• Can be funded from available sources of finance.

6.3 The options framework

6.3.1 The options framework, outlined in the Welsh Government *Better Business Cases* guidance, provides a systematic approach to identifying and filtering a broad range of options.

6.3.2 An overview of the key dimensions within the options framework is provided in the table below.

Figure 6-2 Options framework

Dimension	Description
Scope	What to include in the future service model
Service solution	How to deliver the future service model
Service delivery	Who will deliver the future service model
Implementation	Timescales and phasing for delivering the future service model
Funding	Financing the future service model

6.3.3 The process for identifying and assessing options takes each of the key dimensions in turn and undertakes the following steps:

- Identify a wide range of realistic potential options within that dimension

- Undertake an analysis for each option to:

    1. Assess how well the option meets the project's spending objectives and critical success factors; and

    2. Identify the option's main advantages and disadvantages.

- Use the outputs of the analysis to determine whether the option will be carried forward as the preferred way forward, carried forward as a possible solution, or discounted at this stage.

6.3.4 A diagram illustrating this process is shown in the diagram below.

Figure 6-3 Process to identify and assess the long list of options
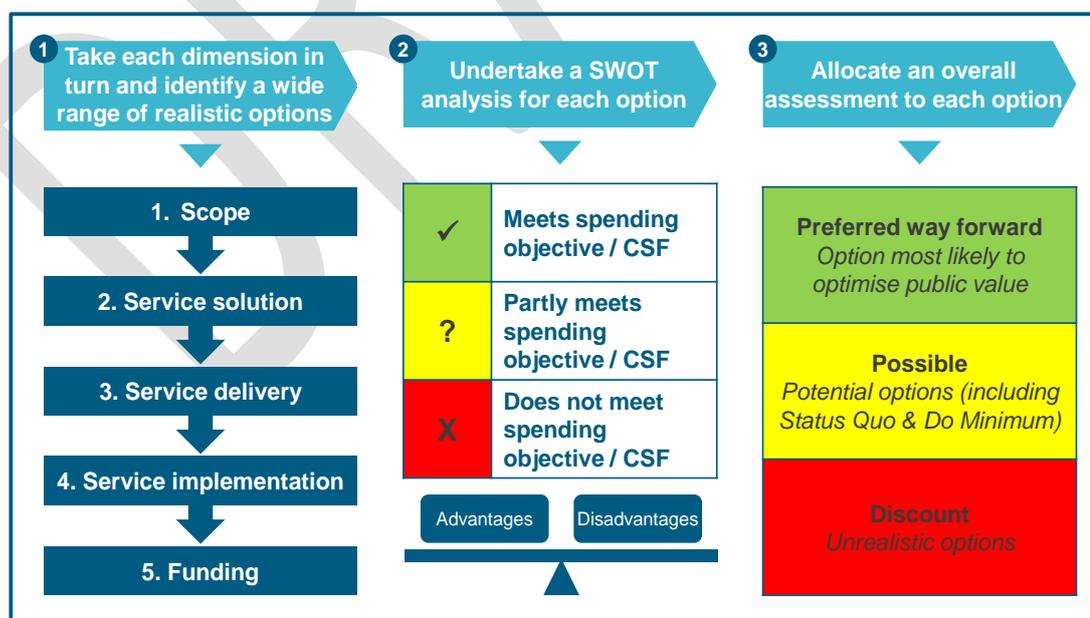
6.4 Determining the long list of options

6.4.1 Stakeholders at Workshop 2 identified a range of options within the first three dimensions of the options framework, specifically 'scope', 'service solution' and 'service delivery'.

6.4.2 Two additional dimensions were incorporated at a later stage, specifically 'configuration' and 'management arrangements' as stakeholders agreed these should be assessed separately for the purposes of the project. It was agreed that options for 'implementation' and 'funding' did not require assessment as would be determined as part of the specific options.

6.4.3 The initial long list of options that was developed is provided in the table below.

Figure 6-4 Long list of options: Scope, Service Solution, Service Delivery

Dimension		Option
Scope		
Do nothing	1A	Continue with existing arrangements (mixed operating model)
Intermediate options	1B	Deliver core* laundry services only
	1C	Deliver core* and desirable* (e.g. capacity to explore opportunities for additional income generation + dynamic mattresses) laundry services
Do maximum	1D	Deliver core*, desirable* (e.g. capacity to explore opportunities for additional income generation + dynamic mattresses) and optional* (e.g. transport of hospital goods) laundry services
Service solution		
Do nothing	2A	Do nothing - continue to deliver services from the five existing laundry units with no investment
Intermediate options	2B	Continue to deliver services from the five existing units, investing in them to a standard compliant with latest standards
	2C	Deliver laundry services from optimum number of existing units (that have been invested in to achieve compliance)
	2D	Deliver laundry services from optimum number of units (hybrid of new / existing)
	2E	Deliver from optimum number of new purpose built units
Do maximum	2F	Outsourcing / co-sourcing solution
Service delivery		
Do nothing	3A	Retain current provision
Intermediate options	3B	Delivered by another NHS Wales organisation
	3C	Other public sector organisation delivers
Do maximum	3D	External private organisation delivers

The definitions of core, desirable and optional are provided in Section 4 - Potential Scope.

6.5 Evaluating the long list of options

6.5.1 Stakeholders at Workshop 2 assessed each of the long listed options in terms of how well it is likely to meet spending objectives and critical success factors, using the criteria below.

Figure 6-5 Scoring criteria

✔	Meets the spending objective / critical success factor
?	Partly meets the spending objective / critical success factor
X	Does not meet the spending objective / critical success factor

Scope

6.5.2 The four options related to Scope - what services will be included within the future service model - were assessed by stakeholders. The results of this are shown in the table below.

Figure 6-6 Long list appraisal: Scope

Assessment criteria		Option 1A Continue with existing operating model	Option 1B Deliver core services only	Option 1C Deliver core + desirable	Option 1D Deliver core, desirable + optional	Comments
Spending objectives	SO1 Compliance	✔	✔	✔	✔	No impact on compliance
	SO2 Quality / Effective support	✔	?	✔	?	1B Betsi customers will not receive mattresses; 1D additional activities may distract from core
	SO3 Equity / Minimise variation	X	✔	?	?	1A Difficult to reduce variation; 1C and 1D Income generation may introduce further variation
	SO4 Best cost per unit	?	X	?	?	1B loss of income generation may increase unit cost but difficult to assess without further information
	SO5 Resilience	✔	✔	?	?	Currently sufficient capacity - 1C and 1D income generation will impact on available capacity
Critical success factors	A Strategic fit	✔	✔	✔	✔	All fit with strategic direction
	B Potential value for money	?	?	?	?	Unable to make assessment at this stage
	C Achievability	✔	✔	✔	✔	All achievable
	D Supply side	✔	✔	✔	✔	Internal capacity and capability to delivery any option
	E Potential affordability	?	?	?	?	Unable to make assessment at this stage
Assessment		POSSIBLE	POSSIBLE	POSSIBLE	POSSIBLE	All options possible

6.5.3 It was initially agreed that based on this assessment all options should be carried forward as possible.

6.5.4 However since, in economic terms, the difference between the four options is likely to be immaterial, it was subsequently agreed that it should be assumed that the scope of the service model remains unchanged for the purpose of the economic appraisal. However, this should be explored in further detail at FBC stage.

6.5.5 In summary, it is recommended that a single option related to the scope of the future service model is carried forward to the shortlist, specifically:

- Continue to deliver current scope of services.

Service Solution

6.5.6   Options for the Service Solution - how the future service model will be delivered - were evaluated and the results of this are shown below.

Figure 6-7 Long list appraisal: Service Solution

Assessment criteria		Option 2A Continue with 5 existing units	Option 2B Invest in 5 existing units	Option 2C Optimum number of existing units	Option 2D Optimum number of new / existing units	Option 2E Optimum number of new units	Option 2F Outsourcing / Co-sourcing	Comments
Spending objectives	SO1 Compliance	X	✔	✔	✔	✔	✔	2A will not comply with new standards
	SO2 Quality / Effective support	?	✔	✔	✔	✔	✔	2A will not support reduction in rejection rates
	SO3 Equity / Minimise variation	X	X	?	?	✔	✔	2A-2D Using existing units even with investment means challenges minimising variation will continue
	SO4 Best cost per unit	?	?	✔	✔	✔	✔	Difficult to assess at this stage but it is assumed that 2C-2F will reduce unit cost although consider transport impact
	SO5 Resilience	✔	✔	✔	✔	✔	?	2F increases risk of inability to mitigate against service failure
Critical success factors	A Strategic fit	X	X	X	✔	✔	?	2C not aligned with Betsi local strategy (LPU on hospital site) 2F Depends on preferred provider
	B Potential value for money	?	?	?	?	?	?	Unable to make assessment at this stage
	C Achievability	✔	✔	X	✔	✔	✔	2C not aligned with Betsi local strategy (LPU on hospital site)
	D Supply side	✔	✔	✔	✔	✔	?	2F Depends on preferred prvoider
	E Potential affordability	?	?	?	?	?	?	Unable to make assessment at this stage
Assessment		DISCOUNT	POSSIBLE (Baseline)	DISCOUNT	POSSIBLE	POSSIBLE	POSSIBLE	2A Discount as will not achieve compliance 2C Discount as not achievable for N Wales

6.5.7   Based on this assessment, stakeholders concluded at the workshop that four options should be carried forward as possible options and that two options should be discounted at this stage for the reasons set out below:

- **Option 2A – Do Nothing:** Stakeholders discounted this option as it would not achieve the main objective of complying with the new standards for decontamination of laundry. It was agreed that Option 2B (Investing in the five existing units to comply with new standards) would be the most appropriate baseline option.

- **Option 2C – Deliver services from optimum number of units using existing facilities only:** Stakeholders discounted this option since it was considered at least one existing unit is not suitable to be retained within an optimum future solution. This refers specifically to the work undertaken at BCUHB which has identified the unsustainable nature of the current LPU and the urgent need for an off-site solution for laundry.

6.5.8   It should be noted that at a later stage the Independent Panel Review recommended that Option 2C should not be discounted since an optimum configuration may not necessarily require the retention of a unit in North Wales.

6.5.9   In addition, work undertaken subsequent to Workshop 2 determined that Options 2C, 2D, and 2E should be combined into one overarching option. The decision about whether to utilise existing facilities or develop new units should be determined, based

on available capacity and value for money, once potential optimum configurations have been identified.

6.5.10   In addition to this, it was later concluded that Option 2F should be discounted based on the following findings:

- Welsh Government confirmed that outsourcing to an external private provider is not aligned with current strategic policy.

- There are unlikely to be suitable providers within the public sector.

- Benchmarking data suggests external providers charge an average price of £0.29 per item so it is unlikely this option would be able to deliver any significant cash releasing benefits (current average cost £0.31 per item).

6.5.11   In summary, it is recommended that the following options related to how the future service model will be delivered are carried forward to the shortlist, specifically:

- Continue to deliver services from five existing units which have been invested in to a standard compliant with the latest standards; and

- Deliver laundry services from an optimum configuration of units using the most appropriate hybrid of existing and new facilities. The next stage of the process will determine the possible configurations.

Service Delivery

6.5.12   Options for the service delivery – who will deliver the future service model - were evaluated and the results of this are shown below.

Figure 6-8 Long list appraisal: Service Delivery

Assessment criteria		Option 3A Continue with current providers	Option 3B Another NHS Wales provider	Option 3C Other public sector provider	Option 3D External private provider	Comments
Spending objectives	SO1 Compliance	✔	✔	✔	✔	All providers would have to achieve compliance
	SO2 Quality / Effective support	✔	✔	✔	✔	All providers would have to achieve agreed service levels
	SO3 Equity / Minimise variation	X	✔	✔	✔	3A Existing providers would be unable to minimise variation
	SO4 Best cost per unit	?	?	?	?	Unable to make assessment at this stage
	SO5 Resilience	✔	✔	?	?	3C and 3D Moving outside NHS Wales reduces control
Critical success factors	A Strategic fit	✔	?	?	X	3B May not be supported locally 3D Query about NHS Wales strategic direction
	B Potential value for money	?	?	?	?	Unable to make assessment at this stage
	C Achievability	✔	✔	✔	✔	All options achievable
	D Supply side	✔	✔	✔	✔	All options have sufficient capacity and capability
	E Potential affordability	?	?	?	?	Unable to make assessment at this stage
Assessment		POSSIBLE	POSSIBLE	POSSIBLE	POSSIBLE	All options possible

6.5.13   Stakeholders at the workshop agreed that, based on their initial assessment, all four options could be carried forward.

6.5.14   However, a subsequent review concluded that:

- Options 3A and 3B are so similar that they should be combined into a single option; and

- Since the outsourcing option has been discounted from the Service Solution options, Options 3C and 3D should similarly be discounted.

6.5.15 In summary, it is recommended that a single Service Delivery option is carried forward to the shortlist, specifically:

- Services continue to be delivered by NHS Wales workforce.

6.6 Results of the initial long list appraisal

6.6.1 A summary of the initial assessment at the end of Workshop 2 is provided below.

Figure 6-9 Initial long list appraisal
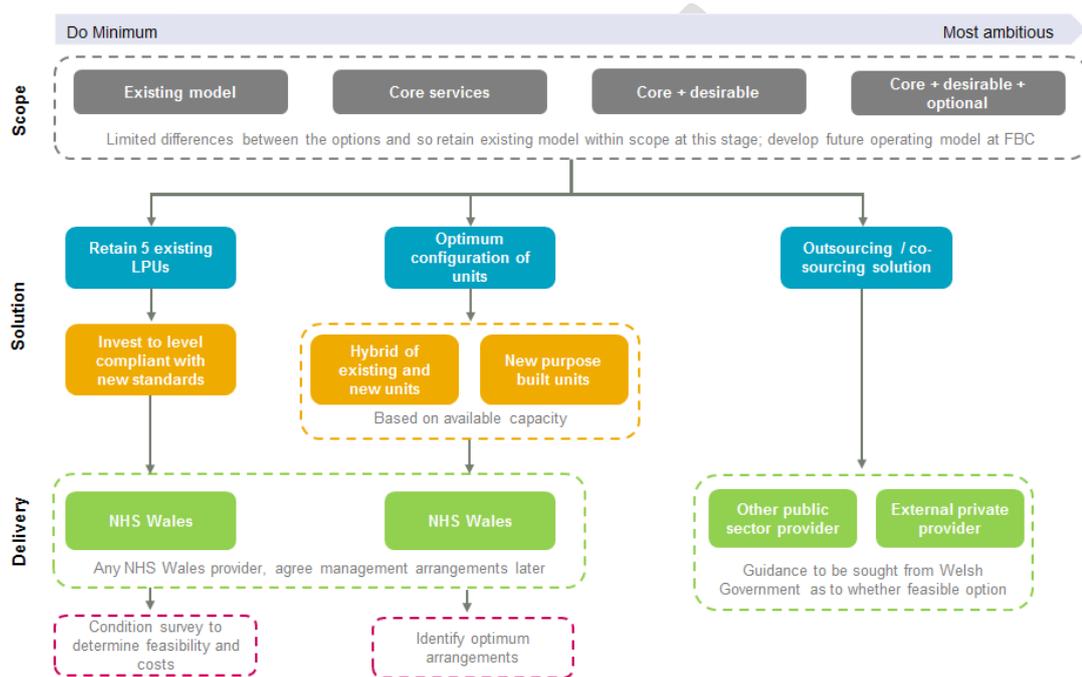
6.7 Expanding the long list

6.7.1 The long list was expanded at Workshop 3 when stakeholders identified the range of options in terms of the potential configurations of units required to deliver the future service model.

Figure 6-10 Long list of Configuration of Units

Dimension	Option	
Configuration of Units		
Do nothing	4A	Deliver services from five LPUs
Intermediate options	4B	Deliver services from four LPUs
	4C	Deliver services from three LPUs
	4D	Deliver services from two LPUs
Do maximum	4E	Deliver services from one LPU

6.7.2 After an initial assessment, stakeholders agreed there was insufficient information available at that stage to undertake a sufficiently robust appraisal and so all five

options related to the future configuration of units should be carried forward to the next stage of evaluation.

6.8 Management arrangements

6.8.1 In addition to this, Workshop 5 was used to identify the options for management arrangements and assess the advantages and disadvantages of each option. The options that were identified are shown below.

Figure 6-11 Long List of Management Arrangements Options

Dimension		Option
Scope		
Do nothing	5A	Continue with existing arrangements: Existing configuration with LPUs managed by Local Health Boards
Intermediate options	5B	Localised management arrangements: New laundry configuration with the LPUs managed by Local Health Boards
Do maximum	5C	Centralised management arrangements: New laundry configuration, managed centrally, with LPU managers reporting centrally

6.8.2　The workshop outputs provide a detailed analysis of the benefits and risks of each option in relation to the spending objectives. This was then used to complete the appraisal below. Given that configuration options have already been assessed separately, Options 5A and 5B are considered too similar, therefore have been combined into one option for appraisal purposes to avoid duplication.

Figure 6-12 Long list appraisal: Management Arrangements

Assessment criteria		Option 5B LHB management	Option 5C Centralised management	Comments
Spending objectives	SO1 Compliance	?	✓	Although possibilities of LPUs using local connections as well as working together to achieve there has been little evidence of this to date and so high risk that LPUs would continue to tackle in own way. Centralised arrangements would address the risk of fragmented funding and provide a holistic approach.
	SO2 Quality / Effective support	✓	?	While centralised management would result in greater transparency and consistent support, with customers having a collective voice, it would reduce opportunities to provide a collaborative tailored approach to LHBs.
	SO3 Equity / Minimise variation	X	✓	Current arrangements lends itself to a more tailored approach for LHBs. Centralised has potential to deliver more equitable service across Wales with standardized approach and less emphasis on local agendas and control.
	SO4 Best cost per unit	?	✓	While some potential to improve under current arrangements using strong local links, costs per unit currently vary between LHBs. Centralised more likely to address this with strong collective customer voice and one price for all across Wales. Although some risk that this would have negative impact on some individual LHBs due to loss of income streams or increased cost per unit, on balance this option offers best opportunity to reduce the cost per unit while maintaining quality.
	SO5 Resilience	?	✓	Centralised would allow for more formal arrangements for contingency arrangements and sharing of capacity (which under current arrangements has only been achieved informally). However would not address geographical issues in the North.
Critical success factors	A Strategic fit	?	✓	Local management arrangements would not align with Parliamentary Review
	B Potential value for money	?	✓	Value for money greater risk under existing arrangements as limits ability to reduce costs and deliver benefits
	C Achievability	✓	✓	
	D Supply side	✓	✓	
	E Potential affordability	✓	✓	
Assessment		DISCOUNT	PREFERRED	

6.8.3　Based on this assessment, it is recommended that Option 5A and 5B should be discounted at this stage for the reasons set out below:

- **Option 5A – Existing configuration and LHB management:** Configuration options are assessed separately and so it is concluded that options 5A and 5B are the same option and so should be combined.

- **Option 5B – New configuration and LHB management:** It is recommended that this option is discounted as although it provides opportunities for developing stronger relationships at Health Board level and delivering a tailored local approach, it creates challenges in achieving an equitable, consistent and standardised service and costs across Wales since LPUs would continue to work in different ways and be more likely to be conflicted by local requirements. It is not in line with the recommendations outlined in the Parliamentary Review.

6.8.4   Option 5C – Centralised management arrangements is carried forward to the shortlist as the preferred way forward since it affords the best opportunity to deliver spending objectives as outlined in the Parliamentary Review recommendations. The risk of negative impact on services and costs for any individual Health Board is likely to be mitigated since a shared services model already exists with representation from all Health Boards. However, there is a need for a transitional period that ensures there is no financial disadvantage to any Health Board through the new organisational and management arrangements.

6.9   Overall results of the long list appraisal

6.9.1   A summary of the final appraisal is provided in the tables below.

Figure 6-13 Results of long list assessment

1. Scope				
Do Nothing	**Intermediate options**			**Do maximum**
1A Continue to deliver current scope of services	1B Deliver core services only	1C Deliver core and desirable services		1D Deliver core, desirable and optional services
Carry forward	**Discount**	**Discount**		**Discount**
For purposes of economic appraisal. Explore at FBC	Immaterial difference to current arrangements	Immaterial difference to current arrangements		Immaterial difference to current arrangements

2. Service Solution					
Do Nothing	**Intermediate options**				**Do maximum**
2A Continue to deliver from 5 existing units – no investment	2B Continue to deliver from 5 existing units – invest to comply with new standards	2C Deliver services from optimum configuration – existing units	2D Deliver services from optimum configuration – hybrid of existing and new units	2E Deliver services from optimum configuration – new units	2F Outsourcing / co-sourcing solution
Discount	**Carry forward**	**Carry forward as single option**			**Discount**
Would not comply with latest standards	Baseline Do Minimum option	Further work required to determine potential number of configurations			Not feasible (see 3C & 3D)

3. Service Delivery				
Do Nothing	**Intermediate options**			**Do maximum**
3A Services continue to be delivered by current providers	3B Services delivered by other NHS Wales providers	3C Services delivered by other public sector providers		3D Services delivered by external private providers
Carry forward as single option		**Discount**		**Discount**
Services continue to be delivered by NHS Wales workforce		Limited suitable providers available		Not aligned with WG strategic direction

4. Configuration of Units					
Do Nothing	**Intermediate options**				**Do maximum**
4A Continue to deliver from 5 units	4B Deliver from 4 units	4C Deliver from 3 units	4D Deliver from 2 units		4E Deliver from 1 central unit
Carry forward	**Carry forward**	**Carry forward**	**Carry forward**		**Carry forward**

5. Management arrangements			
Do Nothing	**Intermediate options**		**Do maximum**
5A Continue with current configuration and local management	5B New configuration and local management arrangements		5C New configuration and centralised management arrangements
Discount	**Discount**		**Carry forward**
Do Nothing re configuration has already been discounted from solution option	Creates challenges in delivering equitable, standardised service across Wales		Offers best opportunity to deliver future service model and realise benefits

6.10 Short list of options

6.10.1 The results of the final assessment were amalgamated to create a shortlist of options. This is shown below in relation to the options framework.

Figure 6-14 Shortlist of options

	Option 1	Option 2	Option 3	Option 4	Option 5
Scope	Current scope of services	Current scope of services	Current scope of services	Current scope of services	Current scope of services
Service Solution	Invest in facilities to comply with new standards	Optimum hybrid of existing and new facilities	Optimum hybrid of existing and new facilities	Optimum hybrid of existing and new facilities	Optimum hybrid of existing and new facilities
Configuration	Deliver from 5 units	Deliver from 4 units	Deliver from 3 units	Deliver from 2 units	Deliver from 1 unit
Service Delivery	NHS Wales	NHS Wales	NHS Wales	NHS Wales	NHS Wales
Management arrangements	Centralised	Centralised	Centralised	Centralised	Centralised

6.11 Conclusion

6.11.1 Following the robust development and assessment of a long list of potential options, a shortlist of five options is carried forward to the economic appraisal to evaluate in further detail. The agreed shortlist is summarised below.

Figure 6-15 Shortlist of options

Shortlist of options	
Option 1 5 LPUs	**Continue to deliver laundry services from 5 existing NHS Wales LPUs under centralised management arrangements** (A 'do minimum' solution that invests in existing facilities to a standard compliant with latest statutory guidance)
Option 2 4 LPUs	**Reconfigure to deliver laundry services from 4 NHS Wales LPUs under centralised management arrangements** (Using optimum hybrid of existing or new facilities to provide adequate capacity and comply with latest statutory guidance)
Option 3 3 LPUs	**Reconfigure to deliver laundry services from 3 NHS Wales LPUs under centralised management arrangements** (Using optimum hybrid of existing or new facilities to provide adequate capacity and comply with latest statutory guidance)
Option 4 2 LPUs	**Reconfigure to deliver laundry services from 2 NHS Wales LPUs under centralised management arrangements** (Using optimum hybrid of existing or new facilities to provide adequate capacity and comply with latest statutory guidance)
Option 5 1 LPU	**Reconfigure to deliver laundry services from 1 central NHS Wales LPU under centralised management arrangements** (Using existing or new facilities to provide adequate capacity and comply with latest statutory guidance)

7 ECONOMIC APPRAISAL

7.1 Introduction

7.1.1 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.

7.1.2 This is achieved by undertaking the following actions in line with current Welsh Government *Better Business Case* guidance:

- Estimating the costs and benefits for each option including:

    o Capital: initial capital and ongoing lifecycle investment costs; and

    o Revenue: Ongoing running costs and one-off implementation costs

- Undertaking a benefits appraisal;

- Undertaking a risks appraisal;

- Calculating the net present value (NPV) for each option, using the Green Book discount rate, and record the discounted values and Benefit Cost Ratios (BCRs); and

- Selecting the preferred option and undertaking sensitivity analysis.

7.2 Capital costs

7.2.1 Capital costs have been estimated based on the investment requirements for each of the shortlisted options. To establish these requirements, an initial assessment was undertaken to determine the feasibility of delivering each of the five options using existing facilities. This was carried out using the results of a six-facet condition survey and an indicative analysis of potential capacity.

7.2.2 Based on the findings of this assessment, it was concluded that:

- Option 1 represents the Do Minimum solution and so it is reasonable to assume that all five existing units will be retained but facilities need to be invested in to reach a standard that is compliant with the latest statutory guidance.

- It is acknowledged that Options 2, 3, and 4 could include any geographical configuration and this will be subject to a detailed evaluation at FBC stage. For the purposes of estimating costs for the economic appraisal at this stage, it is reasonable to assume that each of these configurations is likely to include one unit in North Wales, with the remaining units provided in South Wales.

- A separate Options Appraisal undertaken by BCUHB has already recommended that the facilities in the North will need to be replaced with a new off-site facility and so the estimated costs of this are included in Options 2, 3, and 4.

- The provision of units in South Wales for Options 2, 3, and 4 is likely to be feasible using existing facilities however:

    o All facilities will need to be invested in to reach a standard that is compliant with the latest statutory guidance; and

    o Options 3 and 4 are likely to require the expansion of existing facilities to create additional capacity.

- Option 5 is likely to require the development of a new unit at a central location.

7.2.3   A summary of the capital investment requirement assumptions is provided in the table below.

Figure 7-1 Capital investment requirement assumptions

Requirement	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Make existing units compliant	All 5 existing units	3 existing South units	2 existing South units	1 existing South unit	-
Expand existing facilities	-	-	Expand 1 South unit to incorporate 1 additional production line	Expand 1 South unit to incorporate 2 additional production lines	-
Develop new unit in North Wales	-	Replace 1 existing North unit - off-site new build	Replace 1 existing North unit - off-site new build	Replace 1 existing North unit - off-site new build	-
Develop new central unit	-	-	-	-	Replace all 5 units - 1 new central unit

7.2.4   Indicative capital costs associated with these requirements were estimated based on the following key assumptions:

- Where an option involves investment in existing facilities, the estimated cost is based on forecast costs from the six-facet condition survey;

- Where an option includes a replacement unit in the North, this is based on the indicative costs for land, construction and equipping outlined in the BCUHB Option Appraisal document;

- Where an option includes the expansion of existing units, it includes indicative costs for construction (in line with the BCUHB Option Appraisal document) and the development of an additional production line (based on laundries' past experience); and

- Where an option includes the development of a new central unit, it includes indicative costs for land, construction, and equipping based on an estimated unit size based on similar LPUs.

7.2.5   A more detailed outline of cost assumptions is provided in the table below.

Figure 7-2 Capital cost assumptions

Requirement	Costing assumptions
Make existing units compliant	**Costs based on results of 6-facet survey:** - All 5 sites: £13.8m (Initial capital £2.6m to comply with BS EN 14065 and other statutory; remainder £11.2m lifecycle costs over 10 years) - Other options based on number of retained units x £2.8m average cost of South units (Initial capital £0.5m; lifecycle costs £2.3m over 10 years)

Requirement	Costing assumptions
Expand existing facilities	**Indicative costs based on initial assumptions for each additional production line required:** • No land costs • Building works based on 925m2 @ £995m2 (estimate in line with half of BCUHB new unit) • £1m cost to introduce a new production line (estimate based on laundries' previous experience)
Develop new unit in North Wales	**Costs from BCUHB Option Appraisal:** • £200k land purchase • 1850 m2 unit @ £995m2 (2013 Turner Townsend construction at 17/18 prices) • Equipment replacement £1.7m (+15-year lifecycle of £1.2m for transferred equipment) • 15% implementation fees
Develop new central unit	**Indicative costs based on initial assumptions:** • £541k land purchase (pro-rate BCUHB) • 4000 m2 unit (estimate based on similar units) @ £995m2 (2013 Turner Townsend construction at 17/18 prices) • In the absence of equipment strategy assume fully equipped unit costs £995m2 • 15% implementation fees

7.2.6   The resulting capital costs for each option have been calculated for based on the assumptions above. This shows that all but Option 2 requires less investment than the 'Do Minimum' option of £13.9m over the next 15 years.

7.2.7   The details for each option are shown in the table below comprising:

• Initial upfront capital investment required; and

• Ongoing lifecycle capital costs that it is expected will be incurred during the first 15 years of operation.

Figure 7-3 Capital costs (£'000)

	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Make existing units compliant	2,591	1,376	917	459	0
Expand existing facilities	0	0	1,921	3,841	0
Develop new facilities	0	4,329	4,329	4,329	9,654
Initial capital investment	**2,591**	**5,705**	**7,167**	**8,629**	**9,654**
Lifecycle costs 15 years	11,246	8,199	5,854	3,509	0
Total capital expenditure (15 years)	**13,837**	**13,904**	**13,021**	**12,138**	**9,654**
Rank	**5**	**4**	**3**	**2**	**1**

7.3 Recurring revenue costs

7.3.1 Indicative revenue costs have been estimated based on the following key assumptions:

- Baseline LPU operating costs for 2017/18;
- Estimated workforce requirements for each option based on available benchmarking data and local expertise;
- Productivity improvements to align with best practice in the industry;
- Estimated non-pay costs per item based on available benchmarking data and local expertise.

Baseline costs

7.3.2 It currently costs £10.1m to deliver services from the existing five NHS Wales LPUs. This is based on the figures reported by laundry production leads at 2017/18 costs that are set out in Section 3. The table below provides a summary of pay and non-pay costs.

Figure 7-4 Baseline LPU operating costs as at 2017/18 (£'000)

	WTE	Total annual revenue costs
Pay costs	**226.44**	**5,859**
Direct processing costs		1,905
Utilities		1,615
Overheads		180
Transport		507
Non-pay costs		**4,208**
Total costs	**226.44**	**10,066**

Future workforce requirements and pay costs

7.3.3 Estimated future workforce requirements for each option have been estimated based on available benchmarking data and local expertise. As well as the changes to staffing that results from moving to different configurations of LPUs, it is estimated that there is likely to be a significant change in workforce requirements as a result of productivity improvements.

7.3.4 Productivity improvement targets are based on achieving best practice, which market intelligence indicates equates to processing 160 items per operator hour for NHS laundries and 180 items per operator hour in the private industry.

7.3.5 It is anticipated that the service's ability to achieve these productivity targets is largely dependent on the scale of investment in new plant and equipment:

- Option 1: The do minimum option is unlikely to achieve any productivity improvement because the service will continue to operate with existing limitations to ways of working;

- Option 2: The new unit is expected to achieve industry best practice of 180 items per operator hour and the three existing units 80% of NHS best practice target, given the limited changes to facilities and low utilisation;

- Options 3 and 4: The new unit is expected to achieve industry best practice of 180 items per operator hour and the existing units NHS best practice of 160 items per operator hour, given the improved utilisation and expansion to accommodate new production lines; and

- Option 5 is the only option likely to achieve industry best practice of 180 items per operator hour since it is the only option based on completely new facilities.

7.3.6 The assumptions used for each option are provided in the table below.

Figure 7-5 Workforce requirements assumptions

Staff Group	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Management	Baseline	1.0 Band 8a + 1.0 Band 7 per LPU	1.0 Band 8a + 1.0 Band 7 per LPU	1.0 Band 8a + 1.0 Band 7 per LPU	1.0 Band 8a + 1.0 Band 7 per LPU
	11.5 WTE	8.0 WTE	6.0 WTE	4.0 WTE	2.0 WTE
Admin	Baseline	1.0 Band 3 + 1.0 Band 1 per LPU	1.0 Band 3 + 1.0 Band 1 per LPU	1.0 Band 3 + 1.0 Band 1 per LPU	1.0 Band 3 + 1.0 Band 1 per LPU
	7.5 WTE	8.0 WTE	6.0 WTE	4.0 WTE	2.0 WTE
Maintenance	Baseline	3.5 Band 5 per LPU	3.5 Band 5 per LPU	3.5 Band 5 per LPU	3.5 Band 5 per LPU
	15.1 WTE	14.0 WTE	10.5 WTE	7.0 WTE	3.5 WTE
Supervisors	Baseline	2.5 Band 3 per production hour	2.5 Band 3 per production hour	3.0 Band 3 per production hour (to accommodate larger teams)	3.0 Band 3 per production hour (to accommodate larger teams)
	19.0 WTE	17.6 WTE	13.2 WTE	10.6 WTE	5.2 WTE
Operators	Baseline (102 items per operator hour)	Average of 144 items per operator per hour	Average of 164 items per operator per hour	Average of 164 items per operator per hour	180 items per operator per hour
	162.2 WTE	109.4 WTE	100.4 WTE	100.4 WTE	91.4 WTE
Distribution team	Baseline	Core team + 1.0 additional (average Band 2)	Core team + 2.0 additional (average Band 2)	Core team + 6.0 additional (average Band 2)	Core team + 12.0 additional (average Band 2)
	11.2 WTE	12.2 WTE	13.2 WTE	17.2 WTE	23.2 WTE
Distribution hubs	Baseline	No hubs required	No hubs required	1 hub with 5.0 Band 2 WTE each	2 hubs with 5.0 Band 2 WTE each
	-	-	-	5.0 WTE	10.0 WTE
TOTAL	226.4 WTE	169.2 WTE	146.7 WTE	148.2 WTE	137.4 WTE

7.3.7   Future pay costs have been estimated for each option based on these staffing requirements and the following assumptions:

- 66 available production hours per week;

- All salaries calculated at mid-point on pay scale;

- 30% allowance included for on costs including pension, NI, annual leave and sickness cover; and

- 39% of operator hours (i.e. 26 of 66 total production hours) attract an enhancement rate of 20%.

Non-pay costs

7.3.8   Indicative non-pay costs have been estimated based on available benchmarking data and laundry production leads' expertise. The assumptions used for each option are provided in the table below but include the following overarching principles:

- **Direct processing costs:** Current average cost per item used for all options since costs are unlikely to change regardless of the model as all sites utilise the same procurement framework for items such as detergents;

- **Utilities:** Average costs per item expected to remain unchanged for options that include existing LPUs but new sites expected to see a reduction of 40%;

- **Overheads:** Average cost per item is assumed to remain unchanged for all options as there is insufficient information available to reliably estimate; and

- **Transport:** Estimate for additional transport requirements including trucks, drivers, fuel for three drops per week, tax, insurance, truck lease, hub warehouse lease costs, warehouse running costs, hub staff. The average of all location scenarios has been used although there is minimal difference between them.

Figure 7-6 Non pay assumptions

Cost	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Direct processing costs	Baseline	Current average	Current average	Current average	Current average
	£0.059 / item	£0.059 / item	£0.059 / item	£0.059 / item	£0.059 / item
Utilities	Baseline	Current average + 40% reduction for North Wales activity	Current average + 40% reduction for North Wales activity	Current average + 40% reduction for North Wales activity	40% reduction for all activity
	£0.050 / item	£0.046 / item	£0.046 / item	£0.046 / item	£0.030 / item
Overheads	Baseline	Current average	Current average	Current average	Current average
	£0.006 / item	£0.006 / item	£0.006 / item	£0.006 / item	£0.006 / item
Transport	Baseline	Estimate based on increased need	Estimate based on increased need	Estimate based on increased need	Estimate based on increased need
	£0.016 / item	£0.018 / item	£0.020 / item	£0.029 / item	£0.043 / item
TOTAL	£0.131 / item	£0.129 / item	£0.131 / item	£0.140 / item	£0.138 / item

Recurring revenue costs

7.3.9   The annual recurring revenue costs for each option have been calculated using the assumptions outlined above. The results of this suggest that financial benefits of between £1.6m and £2.4m p.a. are possible for any but the 'Do Minimum' option.

7.3.10   The details for each of the options are provided in the table below.

Figure 7-7 Future annual recurring revenue costs (£'000)

	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
WTE	**226.44**	**169.24**	**149.34**	**148.20**	**137.42**
Pay costs	5,859	4,293	3,743	3,626	3,274
Pay costs	**5,859**	**4,293**	**3,743**	**3,626**	**3,274**
Direct processing costs	1,905	1,905	1,905	1,905	1,905
Utilities	1,615	1,478	1,478	1,478	969
Overheads	180	180	180	180	180
Transport	507	577	647	942	1,378
Non pay costs	**4,208**	**4,140**	**4,210**	**4,506**	**4,432**
Total costs	**10,066**	**8,433**	**7,953**	**8,131**	**7,706**
Annual saving	**0**	**1,634**	**2,113**	**1,935**	**2,360**
Rank	**5**	**4**	**2**	**3**	**1**

7.3.11   Based on this, the average cost per item is expected to reduce from £0.31 per item to up to £0.24 per item. The average for each option is provided in the chart below.

Figure 7-8 Future average cost per item

	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Transport	£0.02	£0.02	£0.02	£0.03	£0.04
Overheads	£0.01	£0.01	£0.01	£0.01	£0.01
Utilities	£0.05	£0.05	£0.05	£0.05	£0.03
Direct processing costs	£0.06	£0.06	£0.06	£0.06	£0.06
Pay costs	£0.18	£0.13	£0.12	£0.11	£0.10
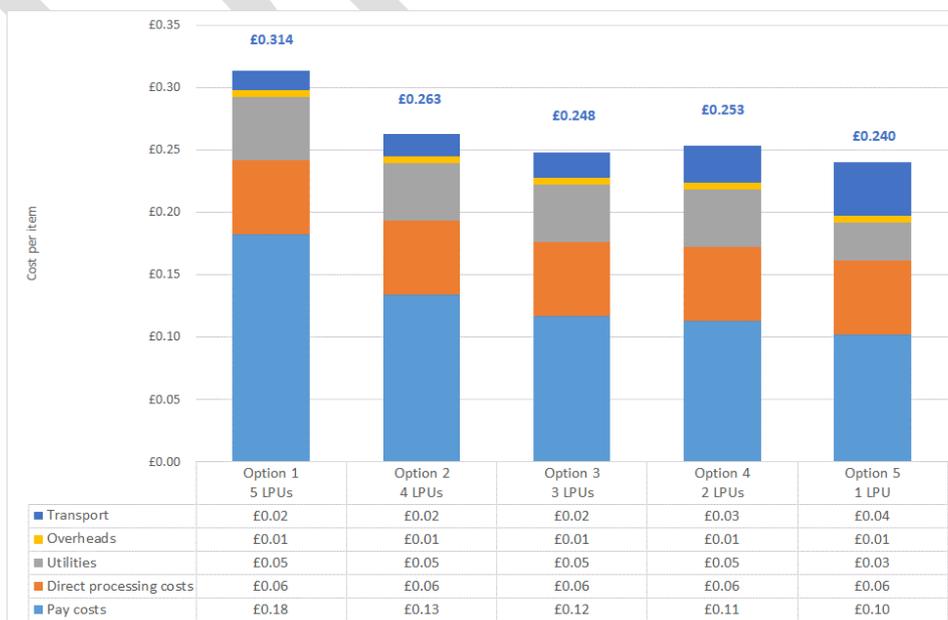
7.4 Non-recurring revenue costs

7.4.1 It is anticipated that any changes will result in transitional costs related to the implementation including the impact of:

- Double running costs; and
- The impact of redeployment expressed in terms of potential requests for voluntary early retirement payments.

7.4.2 The assumptions for this are provided in the table below.

Figure 7-9 Transitional costs assumptions

Cost	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Double running costs	Refurb 5 LPUs	Refurb 3 LPUs	Refurb 2 LPUs	Refurb 1 LPU	
	1.0 week	**1.0 week**	**1.0 week**	**1.0 week**	**-**
		Transition: 1 LPU parallel runs at 25% of usual rate	Transition: 2 LPUs parallel run at 25% of usual rate	Transition: 3 LPUs parallel run at 25% of usual rate	Transition: 5 LPUs parallel run at 25% of usual rate
	-	**1.0 month**	**1.5 months**	**2.0 months**	**3.0 months**
Re-deployment costs	None	90% of displaced staff redeployed	90% of displaced staff redeployed	90% of displaced staff redeployed	90% of displaced staff redeployed
	-	**5.72 WTE @ average salary and 15 year service**	**7.71 WTE @ average salary and 15 year service**	**7.82 WTE @ average salary and 15 year service**	**8.9 WTE @ average salary and 15 year service**

7.4.3 It should be noted that it has not been possible to estimate decommissioning costs at this stage. This will be explored further at FBC stage once the sites have been identified as this is not sufficient to affect the overall value of the business case.

7.4.4 The resulting transitional costs are provided in the table below.

Figure 7-10 Transitional costs

	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Double running costs	48	71	145	261	629
Redeployment costs	0	185	249	253	288
Transitional costs	**48**	**256**	**395**	**514**	**917**

7.5 Benefits analysis

7.5.1 An appraisal of the quantifiable and qualitative benefits has been undertaken. Every reasonable attempt has been taken to quantify benefits and where possible these have been expressed in monetary equivalent terms. The resulting analysis is separated into

- Financial benefits; and

- Non-financial benefits.

7.5.2 The financial benefits arise predominately from four key areas:

- Modern fit-for-purpose facilities reducing maintenance requirements;

- Modern fit-for-purpose facilities generating energy efficiencies;

- Improved productivity reducing operator pay costs; and

- Better utilisation of assets resulting in reduced non-production pay costs.

7.5.3 However, additional distribution requirements resulting from a move towards fewer LPUs results in significant increased costs of transport and the workforce to distribute linen and operate the hubs for the more ambitious options. The overall financial dis-benefit this creates is offset against the financial benefits to show a net financial benefit for each option.

7.5.4 An analysis of the financial benefits and dis-benefits is provided below.

Figure 7-11 Annual financial benefits (£'000)

	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Reduced maintenance requirements	0	59	158	257	356
Energy efficiencies	0	137	137	137	646
Improved productivity	0	1,268	1,481	1,481	1,694
Reduced non-production pay costs	0	205	464	680	961
Financial benefits	**0**	**1,669**	**2,240**	**2,555**	**3,657**
Additional distribution requirements	0	(36)	(127)	(620)	(1,297)
Financial dis-benefits	**0**	**(36)**	**(127)**	**(620)**	**(1,297)**
Net financial benefits	**0**	**1,634**	**2,113**	**1,935**	**2,360**
Rank	**5**	**4**	**2**	**3**	**1**

7.5.5 In addition to this there are a number of benefits that it is not possible to quantify in monetary terms at this stage. Instead an assessment has been made as to the scale of non-financial benefits each of the options is likely to deliver using the criteria below.

Figure 7-12 Scoring criteria

✔	Most likely to deliver the benefit
?	Likely to partly deliver the benefit
X	Least likely to deliver the benefit

7.5.6   The results of this assessment are provided in the table below.

Figure 7-13 Non-financial benefits assessment

	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Appropriate capacity to best utilise assets	X	?	?	✔	✔
Better able to respond to changing demand due to improved productivity	X	?	✔	✔	✔
Ability to respond to local needs	✔	✔	?	?	X
Improved standardisation	?	?	✔	✔	✔
Better working conditions improving health and wellbeing of workforce	X	?	✔	✔	✔
Development of skilled and sustainable workforce	?	?	✔	✔	✔
Estate released creating opportunities for HBs	X	?	✔	✔	✔
Summary	**Limited opportunity to improve performance**	**Medium opportunity to improve performance**	**Significant opportunity to improve performance**	**Significant opportunity to improve performance**	**Greatest opportunity to improve performance**

7.5.7   Since these non-financial benefits have not been quantified in monetary terms it is difficult to incorporate the analysis above within the economic appraisal in a meaningful way. It should also be considered that some of the factors raised here are assessed as part of the quantified risks and so care needs to be taken not to double count.

7.5.8   However, there are a number of observations that can be taken from this evaluation:

- Option 1 – Although it offers the best opportunity to provide localised services, the 'Do Minimum' option delivers very few non-financial benefits because it retains all the existing facilities which limits the service's ability to improve working conditions and transition to a more standardised, efficient operating model.

- Option 2 – Delivers some of the expected benefits since it is likely to include the development of new facilities in North Wales, however it still relies on existing facilities in South Wales and provides little opportunity to improve productivity and standardise processes.

- Options 3 and 4 – Both deliver a similar range of benefits due to development of new facilities in North Wales and the expansion of facilities in South Wales to incorporate new production lines where required. This improves working conditions in a number of areas and provides significant opportunities to improve productivity and standardise processes.

- Option 5 – Delivers the greatest level of benefits and provides the most opportunities to improve productivity and standardise processes due to the development of purpose built facilities.

7.6 Risk analysis

7.6.1 The risks for each option have been assessed and, as far as possible, quantified and expressed in monetary equivalent terms by calculating an 'expected value'.

7.6.2 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.

7.6.3 A multi-point probability analysis takes account of there being a range of possible outcomes for any risk. The risk assessment undertaken therefore uses an output probability distribution to provide a complete picture of the possible outcomes, recognising that some of these outcomes are more likely to occur than others. The resulting 'expected outcome' calculated is the average of all possible outcomes, taking into account their different probabilities.

7.6.4 The diagram below provides an overview of the risk assessment undertaken.

Figure 7-14 Risk quantification approach using multi-point probability analysis
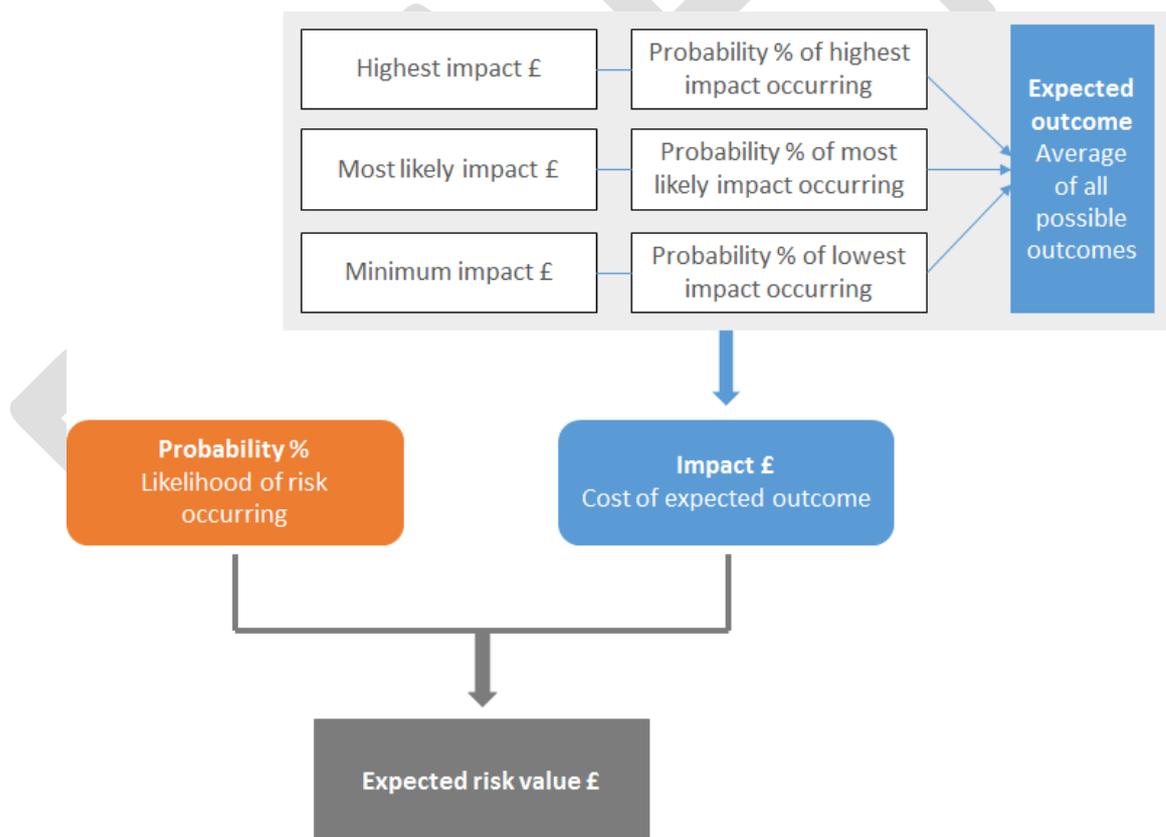
7.6.5   Attendees at Workshop 4 assessed probability in terms of the likelihood of each of the risks occurring in relation to the five options. Following the workshop, adjustments were made to the including:

- **Increased frequency of system failures due to equipment breakdown:** At Workshop 4 attendees concluded that there is an equal 25% probability of the risk occurring across all options on the basis that they all include similarly reduced amount of aged equipment. However, the economic appraisal assumptions suggest that different levels of aged equipment will be retained for each option – namely because there are no new premises in Option 1, Option 2 includes only 1 new facility, Option 3 includes 1 new facility and 1 extended facility, Option 4 includes 1 new facility and 1 extended facility, and Option 5 relates to an entirely new facility. Therefore, the assessment has been amended to reflect this.

- **Increased duration of system failures due to equipment breakdown:** For the same reason, an adjustment was made to the assessment from Workshop 4 that had concluded an equal 5% probability of the risk occurring across all options.

- **Unable to redeploy staff appropriately:** At Workshop 4 attendees concluded that although there is likely to be some redeployments in Options 1 and 2, this will be manageable due to the low numbers involved, whereas there are significant risks associated with Options 3, 4 and 5 as the numbers of LPUs reduce. However, this was subsequently amended to reflect the estimated numbers of redeployments emerging from the economic appraisal which are: Option 1 = 0; Option 2 = 57.2; Option 3 = 77.1; Option 4 = 78.2; Option 5 = 89.0. Therefore Option 1 was adjusted from 10% to 0% and Option 2 from 20% to 66% (in proportion to Option 3).

7.6.6   The table below summarises the resulting final assessment.

Figure 7-15 Likelihood of risks occurring

Risk	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Resilience					
Increased frequency of system failures due to equipment breakdown	75%	50%	40%	30%	25%
Increased duration of system failures due to scarcity of parts	50%	20%	15%	10%	5%
Insufficient back up capacity available in the event of an elongated system failure	10%	25%	60%	85%	100%
Risk of linen shortage at HB level due to logistical failures	10%	10%	10%	10%	20%
Workforce					
Workforce unable to adapt new ways of working	10%	10%	15%	10%	10%
Short term loss of experience, knowledge and skills	10%	10%	25%	70%	70%
Unable to redeploy staff appropriately	0%	66%	90%	100%	100%
Impact on local economy of reduced local employment	10%	100%	100%	100%	100%

Risk	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Operational					
Failure to meet required levels of quality	**10%**	**10%**	**10%**	**10%**	**10%**

Impact

7.6.7   At Workshop 4, attendees agreed assumptions for estimating the expected impact should the risk occur in terms of the minimum (best case scenario), most likely and maximum (worst case scenario) impact.

Figure 7-16 Likely impact should the risk occur

Risk	Likely impact	Minimum impact	Most likely impact	Maximum impact
Resilience				
Increased frequency of system failures due to equipment breakdown	Increased maintenance costs	Base on current maintenance budget	Base on current maintenance budget	Base on current maintenance budget
Increased duration of system failures due to scarcity of parts	Increased pay costs (enhancements)	Base on current maintenance budget	Base on current maintenance budget	Base on current maintenance budget
Insufficient back up capacity available in the event of an elongated system failure	Premium rate paid to private contractor	65% increased production costs for 3 Days	75% increased production costs for 1 month	100% increased production costs for 18 months
Risk of linen shortage at HB level due to logistical failures	Increased production costs	50% increased transport costs for 1 day	50% increased transport costs for 2 days	50% increased transport costs for 3 days
Workforce				
Workforce unable to adapt new ways of working	Benefits will not be fully realised	5% efficiency reduction	15% efficiency reduction	30% efficiency reduction
Loss of experience, knowledge and skills	Increased implementation costs	1% increase of start-up costs	5% increase in start-up costs	50% increase in start-up costs
Unable to redeploy staff appropriately	Redundancy costs higher than estimated	30% of staff who need to redeployed to be paid redundancy	70% of staff who need to redeployed to be paid redundancy	100% of staff who need to redeployed to be paid redundancy
Impact on local economy of reduced local employment	Reduced earnings in wider economy	Equivalent annual income of all roles redeployed and made redundant	Equivalent annual income of all roles redeployed and made redundant	Equivalent annual income of all roles redeployed and made redundant
Operational				
Failure to meet required levels of quality	Cost of returns, double washing leading to increased processing costs	Cost of 3% double washing	Cost of 4% double washing	Cost of 5% double washing

7.6.8 For each risk, it is assumed that the probability of each impact occurring is as follows:

- Minimum impact – 25% probability
- Most likely – 50% probability
- Maximum – 25% probability.

7.6.9 This is used to calculate the average expected outcome of each risk occurring.

Expected risk value

7.6.10 The expected outcome is multiplied by the probability each risk occurring. This combines to create an overall expected risk value for each option.

7.6.11 The detailed results of this assessment are provided in Appendix C1. The table below shows the expected risk value over a 15-year appraisal period for each option by category of risk.

Figure 7-17 Expected risk value £'000

	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Resilience	47,903	27,137	34,963	40,018	39,306
Workforce	283	13,464	18,750	19,923	22,464
Operational	497	403	370	363	342
Expected risk value	**48,683**	**41,003**	**54,083**	**60,304**	**62,112**
Rank	**2**	**1**	**3**	**4**	**5**

7.6.12 The results of this assessment suggest that:

- Option 2 offers the lowest degree of risk as it addresses some of the risks around aged equipment while not impacting on resilience.
- Option 5, the 'most ambitious' option, offers the highest level of risk because of the scale of change required to move to a single site and risks associated with contingency arrangements, logistics, and workforce change, as well as the uncertainties around the cost of delivering new facilities at this stage.

7.7 Results of the economic appraisal

7.7.1 The assumptions above have been incorporated into a discounted cash flow for each of the options. Given the scale of the project, the discounted cash flow has been prepared over a 15-year period, using a discount rate of 3.5% in line with the requirements of HM Treasury.

7.7.2 The key elements used in this analysis are summarised in table below.

Figure 7-18 Key assumptions used in the economic appraisal

- Costs and benefits are calculated over a 15-year appraisal period.
- Year 0 is 2017/18.
- Costs and benefits use real base year prices – all costs are expressed at 2017/18 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; and
    - Non-cash items such as depreciation and impairments.
- A discount rate of 3.5% is applied to the economic appraisal.
- Financial benefits are incorporated based on the analysis in section 7.11.
- Quantified risks are included based on the analysis provided in section 7.17.

7.7.3 The results of the economic appraisal are provided in the table below. However, more detailed workings are provided in Appendix C2 and a copy of the Generic Economic Model (GEM) in Appendix C3.

Figure 7-19 Net Present Value 15-year period (£'000)

Inputs into cash flow (undiscounted):

	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Initial capital investment	2,591	5,705	7,167	8,629	9,654
Lifecycle costs	11,246	8,199	5,854	3,509	0
Total capital costs	13,837	13,904	13,021	12,138	9,654
Transitional costs	48	256	395	514	917
One-off revenue costs	48	256	395	514	917
Baseline revenue costs	161,063	161,063	161,063	161,063	161,063
Financial benefits	0	-24,504	-31,694	-29,027	-35,400
Recurring revenue costs	161,063	136,558	129,369	132,036	125,663
Expected value of risk (expressed in monetary equivalent terms)	48,683	41,003	54,083	60,304	62,112
Quantified risks	48,683	41,003	54,083	60,304	62,112
Total costs, benefits and risks (15 years)	**223,632**	**191,722**	**196,867**	**204,993**	**198,346**

Cash flow results (undiscounted):

	Option 1	Option 2	Option 3	Option 4	Option 5
Costs including risks	223,632	216,226	228,561	234,019	233,745
Net financial benefits	0	(24,504)	(31,694)	(29,027)	(35,400)
Net Present Value (NPV)	**223,632**	**191,722**	**196,867**	**204,993**	**198,346**
Rank based on NPV	**5**	**1**	**2**	**4**	**3**
Benefit Cost Ratio (BCR)	**0.00%**	**11.33%**	**13.87%**	**12.40%**	**15.14%**
Rank based on BCR	**5**	**4**	**2**	**3**	**1**

Cash flow results (discounted):

	Option 1	Option 2	Option 3	Option 4	Option 5
Costs including risks	176,142	171,165	181,330	186,065	186,098
Net financial benefits	0	-18,815	-24,335	-22,287	-27,181
Discounted Net Present Value (NPV)	**176,142**	**152,350**	**156,995**	**163,778**	**158,917**
Rank based on NPV	**5**	**1**	**2**	**4**	**3**
Discounted Benefit Cost Ratio (BCR)	**0.00%**	**10.99%**	**13.42%**	**11.98%**	**14.61%**
Rank based on BCR	**5**	**4**	**2**	**3**	**1**

7.7.4 The Net Present Value (NPV) represents the total cost of delivering each option over the 15-year appraisal period. In relation to NPV, the results of this analysis suggest the following:

- Option 2, 4 LPUs, seems to offer the best value for money purely in NPV terms because although it does not offer the highest level of financial benefits it has the lowest level of risk resulting in the lowest NPV on both an undiscounted and discounted basis.

- This is closely followed by Option 3, 3 LPUs, which delivers a high level of financial benefits that results in the second lowest NPV on both an undiscounted and discounted basis.

- Option 1, the do minimum option, does not offer value for money because despite requiring significant investment it offers no financial benefits and represents a relatively high degree of risk on both an undiscounted and discounted basis.

7.7.5 The Benefit Cost Ratio (BCR) demonstrates the relationship between the cost and benefits of the project. In relation to BCR, this analysis suggests the following:

- Option 5, the most ambitious option, offers the best value for money in purely BCR terms as it has the highest level of benefits in relation to costs.

- This is closely followed by Option 3 which offers the second highest level of benefits in relation to costs.

- Option 1 offers the worst value for money in relation to BCR as it delivers no financial benefit in relation to its relatively high costs.

7.8 Sensitivity analysis

7.8.1 Sensitivity testing has been undertaken to test the robustness of ranking of options in particular considering the impact on the ranking of options if:

- The configuration of LPUs changes so that existing facilities are used in Options 2, 3, and 4; and

- Productivity levels can only be improved to 160 items per operator hour.

7.8.2 If the configuration of options changes so that existing facilities are upgraded for all of the LPUs included within Options 2, 3 and 4 rather than incorporating one new unit in North Wales this reduces the NPV for each of those options but does not change the ranking.

Figure 7-20 Sensitivity Test 1

	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Discounted NPV – original	176,142	152,350	156,995	163,778	158,917
Rank based on NPV	5	1	2	4	3
Discounted NPV – Test 1	176,142	151,558	156,203	162,986	158,917
Rank based on NPV	5	1	2	4	3

7.8.3 If productivity improvements do not exceed 160 items per operator hour in line with NHS best practice, this will increase the NPV for options but will not impact on the ranking.

Figure 7-21 Sensitivity Test 2

	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Discounted NPV – original	176,142	152,350	156,995	163,778	158,917
Rank based on NPV	5	1	2	4	3
Discounted NPV – Test 2	176,142	156,060	160,484	167,267	164,641
Rank based on NPV	5	1	2	4	3

7.9 Conclusion

7.9.1 A robust economic appraisal has been undertaken to evaluate the costs, benefits, and risks of each of the five shortlisted options in monetary equivalent terms. This has been prepared using indicative values based on the best information available at this time including benchmarking data, market intelligence, and local expertise, and considers the costs over a 15-year appraisal period.

7.9.2 Section 8 analyses the results of the economic appraisal along with other key factors to select the preferred option.

8 PREFERRED OPTION

8.1 Introduction

8.1.1 This section of the OBC brings together all elements of the options appraisal in order to select the preferred option for delivering NHS Wales Laundry Production Units Services.

8.2 Results of the options appraisal

8.2.1 The selection of the preferred option is undertaken by considering a range of factors including investment requirements, ongoing running costs, cost benefit analysis and risks. The table below provides an overview of these factors for each option.

Figure 8-1 Results of options appraisal

	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Initial capital investment	£2.6m	£5.7m	£7.2m	£8.6m	£9.7m
Transitional revenue costs	-	£0.3m	£0.4m	£0.5m	£0.9m
Lifecycle costs	£11.2m	£8.2m	£5.8m	£3.5m	-
Overall investment required	**£13.8m**	**£14.2m**	**£13.4m**	**£12.6m**	**£10.6m**
Rank – Investment	**4**	**5**	**3**	**2**	**1**
Average cost per item	**31.4p**	**26.3p**	**24.8p**	**25.3p**	**24.0p**
Annual financial benefits	-	**£1.6m**	**£2.1m**	**£1.9m**	**£2.4m**
Rank – Ongoing costs	**5**	**4**	**2**	**3**	**1**
Benefit Cost Ratio	**0.0%**	**11.0%**	**13.4%**	**12.0%**	**14.6%**
Rank - BCR	**5**	**4**	**2**	**3**	**1**
Expected risk value over 15 years	**£48.7m**	**£41.0m**	**£54.1m**	**£60.3m**	**£62.1m**
Rank – Risks	**2**	**1**	**3**	**4**	**5**
Discounted Net Present Value over 15 years	**£176.1m**	**£152.4m**	**£157.0m**	**£163.8m**	**£158.9m**
Rank – NPV	**5**	**1**	**2**	**4**	**3**
Overall ranking	**5**	**3**	**1**	**4**	**2**

8.3 Selecting the preferred option

8.3.1 The results of the options appraisal suggest that the options should be ranked in relation to the value for money each offers as outlined in the paragraphs below.

RANK 1: Option 3 – 3 LPUs

8.3.2 Option 3 results in the second lowest overall NPV (total value of costs, benefits, and risks over a 15-year period). It delivers the second highest level of financial benefits

by reducing costs to 24.8p per item (£2.1m p.a.) while offering a medium level of risk and minimal disruption.

8.3.3　This is because moving to one new facility in North Wales and expanding one of the other two facilities in South Wales provides opportunities to improve productivity, quality and working conditions. At the same time, it offers a high level of system resilience since having three LPUs located across Wales allows for robust contingency arrangements, provides a relatively low risk of equipment failure and minimal logistics risks. It also allows has less of an impact on local economies by retaining more jobs at a local level than a 2 or 1 site option.

8.3.4　It is recommended that this is carried forward to the FBC as the preferred option to be explored in further detail. The FBC will focus on selecting the most appropriate location and delivery arrangements for the three LPUs.

RANK 2: Option 5 – 1 LPU

8.3.5　Despite delivering the greatest benefits for the lowest overall investment, the most ambitious option ranks second in relation to NPV, because the risks of moving to a single site solution are so significant and involve a high level of disruption.

8.3.6　This option would provide opportunities to improve productivity to such an extent it will reduce the cost to 24.0p per item (£2.4m p.a.) in line with industry best practice. However, operating from a single site increases logistics risks, particularly between North and South Wales, and allows for limited contingency arrangements, which reduces the likelihood of achieving financial benefits. This has the biggest impact on local economies.

8.3.7　It is recommended that, given the high level of risk it represents, this option is discounted at this stage.

RANK 3: Option 2 – 4 LPUs

8.3.8　Option 2 results in the lowest NPV because despite requiring the highest level of investment and delivering limited benefits, it has been assessed as having the lowest level of risk since it retains significant levels of capacity and has limited impact on the workforce.

8.3.9　However, introducing one new facility in North Wales and continuing to operate from three existing facilities in South Wales with no expansion, offers minimal opportunities to improve productivity and quality or support standardisation, and so does not deliver sufficient benefits. It also does not sufficiently mitigate system resilience risks associated with ageing equipment.

8.3.10　On this basis, it is recommended that this option is discounted at this stage.

RANK 4: Option 4 – 2 LPUs

8.3.11　Although Option 4 has limited investment requirements, it ranks third in relation to NPV, because the benefits it offers are lower than Options 3 and 5 and it offers a significant level of risk.

8.3.12　This is because although moving to one new facility in North Wales and expanding one other facility in South Wales provides opportunities to improve productivity, quality and working conditions, the benefits are offset by the significant stepped change in increased transport requirements and the related costs and risks of this, as well as the higher level of disruption to all LHBs in making this change to two LPUs.

8.3.13　On this basis, it is recommended that it is discounted at this stage.

RANK 5: Option 1 – 5 LPUs

8.3.14 Option 1 is not a feasible option since it results in the highest NPV overall by delivering no benefits, while still requiring significant levels of investment.

8.3.15 This is because continuing to operate in existing facilities limits opportunities to improve productivity and quality while not addressing the system resilience risks associated with ageing equipment.

8.3.16 It is recommended, however, that this option is carried forward to FBC as the Do Minimum option to provide a baseline against which to test the value for money of the preferred option in greater detail, while recognising it is not a feasible option.

8.4 Conclusion

8.4.1 Following a robust options appraisal process that considered a range of factors it is clear that continuing with existing arrangements is not a feasible option since although investment of £13.8m will ensure the service is compliant with latest standards, it will deliver no benefits and continues to present significant risks.

8.4.2 The diagram overleaf summarises the results of the option appraisal which shows that moving towards a more ambitious solution is likely to require a similar or lower level of investment while presenting opportunities to reduce the costs from £0.31 per item to between £0.24 and £0.26 per item, equating to an annual saving of between £1.6m and £2.4m (between 15% and 27% overall).

8.4.3 However, this needs to be balanced with the degree of risk and potential level of disruption to the workforce and local economies each of the options presents.

8.4.4 On this basis, it is recommended that Option 3 (delivering future services from 3 LPUs across Wales) is carried forward to the FBC as the 'Preferred' option since it offers best value for money by delivering financial benefits of around £2.1m p.a. while offering medium level of risks and disruption. This option includes a move to centralised management arrangements which, as outlined in section 6, provides the best opportunity for delivering these benefits.

8.4.5 Further work is required at FBC to identify the most appropriate locations for the three LPUs and there is a need for a transitional period that ensures there is no financial disadvantage to any Health Board through the new organisational and management arrangements.

8.4.6 The shortlist of options to be carried forward to the FBC to test the value for money of the preferred option in further detail therefore comprise the following:

- **Do Minimum (as a baseline only):** Continue to deliver services from five LPUs investing in existing facilities to ensure they are compliant with latest standards and moving to centralised management arrangements (Option 1); and

- **Preferred:** Deliver services from three LPUs that are compliant with latest standards and make the best use of assets while providing sufficient capacity to meet demand, providing modern fit-for-purpose facilities in the most appropriate locations under centralised management arrangements (Option 3).

Figure 8-2 Options appraisal summary

	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Overall investment	£13.8m	£14.2m	£13.4m	£12.6m	£10.6m
Cost per item	31.4p	26.3p	24.8p	25.3p	24.0p
Financial benefits	Nil	£1.6m p.a.	£2.1m p.a.	£1.9m p.a.	£2.4m p.a.
Benefit Cost Ratio	0.0%	11.0%	13.4%	12.0%	14.6%
Expected Risk Value	£48.7m	£41.0m	£54.1m	£60.3m	£62.1m
Discounted Net Present Value (15 years)	(5) £176.1m	(1) £152.4m	(2) £157.0m	(4) £163.8m	(3) £158.9m
	No benefits and highest risk but still requires high investment. *(Use purely as baseline to test VFM of preferred)*	Highest investment but best NPV as lowest risk. However minimal benefits as limited opportunities to improve performance	Best value for money as balances opportunities to improve performance and deliver benefits with medium risks	Increased opportunities to improve performance offset by stepped change in logistics increasing costs and risks	Offers best opportunity to improve performance and deliver benefits with minimal investment but creates significant risks
	Do Minimum (Baseline)	**Discount**	**Preferred Option**	**Discount**	**Discount**

COMMERCIAL CASE

9 COMMERCIAL ARRANGEMENTS

9.1 Introduction

9.1.1 This section of the OBC sets out the commercial arrangements to deliver the preferred option for providing the Laundry Production Units service in the future. This includes the following:

- Selection of locations for the three LPUs required for the future operating model;

- Determining the key outputs and activities required to provide the three LPUs in the operating model;

- Identifying the appropriate procurement strategy to deliver the key outputs and activities; and

- Setting out commercial and contractual arrangements.

9.2 Selection of LPU locations

9.2.1 The preferred option involves reconfiguring the current operating model of five LPUs to develop the future operating model which will involve delivering services from three LPUs located across Wales.

9.2.2 The first action at FBC stage will be to select suitable locations for the three remaining LPUs. It is recommended that this involves a robust selection process undertaken by an independent panel and assessing locations against a wide range of selection criteria which is likely to include consideration for the following:

- Geographical factors;

- Transport requirements;

- Capacity requirements;

- Condition of plant equipment and buildings;

- Suitability for expansion;

- Ability to achieve productivity targets; and

- Impact on workforce and local economy.

9.2.3 The selection process will be underpinned by an analysis of logistics and distribution requirements as well as a detailed assessment of the key risks.

9.3 Key requirements of the selected LPUs

9.3.1 Once the exact locations have been selected it will be possible to determine the specific requirements for each of the three LPUs. This is likely to include the following elements:

- Where possible the refurbishment of existing facilities to address the issues outlined in the condition survey in Appendix B2;

- Where required the design, build and equipping of any expansion to existing facilities including the introduction of a new production line to provide the necessary capacity and achieve productivity targets; and

- Where it is not possible to utilise existing facilities, the design, build and equipping of new facilities, providing further evaluation demonstrates that this continues to offer better value for money than a refurbishment of existing facilities.

9.3.2 Once these requirements are identified it will be possible to set out in detail the key outputs and activities.

9.4 Procurement strategy

9.4.1 Once the key outputs and activities have been identified the procurement strategy and possible procurement routes will need to be determined.

9.4.2 This will include a competitive tender process for the design, build and equipping of expanded and new facilities and potentially the refurbishment of existing facilities depending on the scale.

9.4.3 The various available procurement routes are contingent on the value, market conditions, agreed funding mechanisms and legislative requirements. Potential routes that should be explored include:

- Official Journal of the European Community (OJEU) - This is the publication in which all tenders from the public sector which are valued above a certain financial threshold according to EU legislation must be published. The current limits are £4,104,394 for works contracts and £62,842 for services.

- Procurement framework – These are pre-competed agreements that may contain a number of potential suppliers. As a result it can be possible to procure in excess of OJEU limits given previous competition has been completed. In the event of multiple providers being on a framework it is likely a mini competition exercise would be undertaken.

- Competitive tender – Instigating a competitive tender process outside of a framework agreement.

9.4.4 The selected procurement approach should ensure that good competition is achieved within the market. It should also be transparent and demonstrate that value for money is achieved. It must adhere to NHS Wales and individual Health Boards' Standing Financial Instructions.

9.5 Commercial arrangements

9.5.1 Detailed commercial arrangements will be considered at FBC stage. Key considerations include:

- **Scope of works and services**: Defining in detail the scope of works to build the new facility and procure associated equipment.

- **Risk apportionment:** Identifying the categories of risk and agreeing how risks falling within each category will be apportioned between parties.

- **Payment mechanisms:** Linking the level of payment to the level of service and agreeing adjustments for sub-standard performance or service failure, ensuring that clearly defined performance standards are specified in the contract to enable subsequent effective contract management.

- **Contractual arrangements:** Including contract duration, KPIs, compliance with law and with standards (including BS EN 14065, the standards for decontamination of linen), change control, remedies on failure, dispute resolution, equipment, and building information monitoring.

- **Personnel implications:** Further work is required to identify the implications of the redeployment of staff.

- **TUPE implications:** It is anticipated that TUPE (Transfer of Undertaking and Protection of Employees) will apply in the case of the identified preferred option.

9.6 Conclusion

9.6.1 A number of considerations have been identified relating to procurement strategy and commercial arrangements. These will need to be explored and set out in detail at FBC stage.

FINANCIAL CASE

10 FINANCIAL APPRAISAL

10.1 Introduction

10.1.1 The purpose of this section is to set out the expected financial implications of the preferred option of reconfiguring the operating model to deliver services from three LPUs.

10.2 Capital costs

10.2.1 Specific capital requirements for the delivery of the preferred option will be determined once the locations of the three LPUs included in the future operating model have been selected.

10.2.2 However, an initial assessment of the feasible configurations for providing three LPUs suggests that the most likely scenario, which provides a conservative estimate of capital requirements as well as resulting in a configuration which provides adequate capacity and an ability to achieve productivity targets includes the following:

- Development of one new LPU in the north;

- Upgrade of one LPU in the south; and

- Upgrading and extending one LPU in the south to accommodate an additional production line and increase capacity.

10.2.3 This will include the elements outlined in the table below along with the assumptions used to estimate costs.

Figure 10-1 Capital requirements

Capital requirement	Costing assumptions
Development of one new purpose-built facility	The assumptions used in BCUHB's Option Appraisal for a 1850m2 unit
Refurbishment of two existing facilities to address the issues highlighted in the condition survey	The average cost per LPU as estimated in the condition survey in Appendix B2
Expansion of one of the existing facilities and introduction of a new production line	Estimated building costs for a 925m2 extension and the likely cost of a new production line

10.2.4 Based on these assumptions, it is estimated that the preferred option will require initial capital investment of £8.6m, including VAT. An analysis of this is provided in the table below.

Figure 10-2 Capital costs (£'000)

Capital requirement	Capital	VAT	TOTAL
New facility	4,329	866	5,195
Refurbishment of existing facilities	917	183	1,101
Expansion of existing facilities	1,921	384	2,305
Total	7,167	1,433	8,600

10.2.5 Clearly there is a degree of uncertainty around these costs since they may vary depending on the locations selected to provide three the LPUs.

10.2.6 Sensitivity analysis suggests that the main area of uncertainty relates to the new facility. It is possible that initial capital costs could be reduced by around £3.7m if existing facilities could be used to provide all three LPUs. However, this would only be feasible if all three LPUs were to be provided in South Wales and it is likely this would increase lifecycle costs by around £2.0m, result in additional transport costs, and reduce productivity benefits and this would negate any capital savings in value for money terms.

10.2.7 It may be possible to reduce VAT liability once the locations and specific capital requirements are determined and further advice will need to be obtained at that stage.

10.3 Non-recurring revenue costs

10.3.1 It is anticipated that the preferred option would incur one-off revenue costs of around £0.4m to cover the following transitional costs:

- Double running costs during refurbishment period and as activity is transferred from the two displaced LPUs; and

- Redeployment costs.

Figure 10-3 Non-recurring revenue costs (£'000)

Implementation requirements	One-off costs
Double running costs	145
Redeployment costs	249
Total	395

10.4 Recurring revenue costs

10.4.1 It is estimated that implementing the preferred option will reduce overall recurring revenue costs by around £2.1m p.a. (21.0% saving), resulting in an average cost per item of £0.248, as shown in the analysis below.

Figure 10-4 Recurring revenue costs (£'000)

	Baseline	Preferred Option	Impact
WTE	226.4	149.3	77.1
Pay costs	5,859	3,743	2,115
Non pay costs	4,208	4,210	(3)
Total costs	10,066	7,953	2,113
Average cost per item	£0.314	£0.248	£0.066

10.4.2 Under current arrangements each of the Health Boards incurs LPU costs at different average cost per item. Further work is required at FBC stage to determine how future

costs and financial benefits should be allocated to each of the Health Boards on an equitable basis.

10.5 Balance sheet impact and capital charges

10.5.1 It is not possible to determine the impact on balance sheet and resulting capital charges until after the location selection process is complete.

10.5.2 Again, discussions are required to determine the accounting treatment under centralised management arrangements.

10.6 Affordability

10.6.1 The level of savings identified demonstrate that the preferred solution is affordable in revenue terms.

10.6.2 However, a capital funding allocation, estimated at £8.6m, is requested from Welsh Government to deliver this scheme.

10.7 Conclusion

10.7.1 Delivering the preferred option is expected to result in the following:

- Initial capital investment of £8.6m funding from Welsh Government;

- One off revenue costs of £0.3m to be funded from the first year of revenue savings; and

- Recurring cash releasing benefits for NHS Wales of £2.1m p.a.

MANAGEMENT CASE

11 MANAGEMENT ARRANGEMENTS

11.1 Introduction

11.1.1 This section of the OBC sets out the management arrangements required to deliver the preferred option including:

- Project management arrangements;
- Change management arrangements;
- Benefits realisation plans;
- Risk management plans; and
- Project assurance and post project evaluation plans.

11.2 Project management arrangements

11.2.1 Once the process has been completed to select the locations for the three LPUs to be included in the future operating model, the strategy, framework and plans for successful project delivery will be developed in detail.

11.2.2 The implementation strategy will embrace the principles of programme and project management, adopting the following methodologies as recommended by the Cabinet Office:

- **Managing Successful Projects (MSP):** which represents proven good practice for successfully delivering transformational change and is drawn from the experiences of both public and private sectors.

- **PRINCE - Projects IN Controlled Environment Managing Successful Projects (PRINCE2):** which represents proven good practice in project management and is drawn from the experiences of both public and private sectors over many years.

11.2.3 The governance arrangements are outlined in the diagram below.

Figure 11-1 Governance arrangement

Laundry Services Review Project Structure
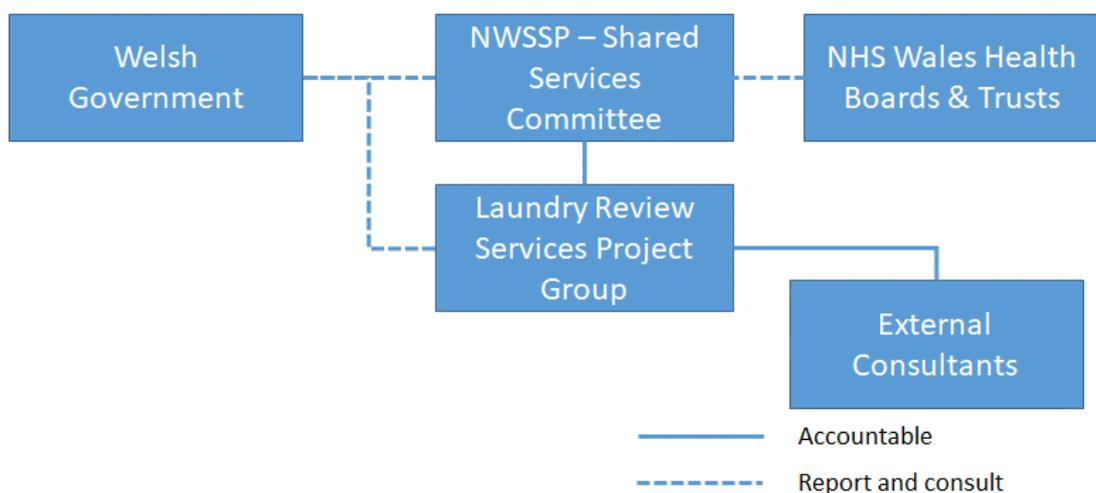
11.2.4 The reconstituted Programme Board will be established to develop the FBC and ultimately deliver the preferred option which will include the key roles and responsibilities outlined in the table below.

Figure 11-2 Key roles and responsibilities

Senior Responsible Owner
0.2 wte

Project Director
1.0 wte

Deputy Project Director
1.0 wte

Project Manager	Project Manager
1.0 wte	1.0 wte

Project Administrator
1.0 wte

11.2.5 The diagram below illustrates the Programme Board workstreams.

Figure 11-3 Workstreams

Shared Services Partnership Committee

Programme Management Team

Workforce Work Stream Lead	Finance Work Stream Lead	Transport Work Stream Lead	Operational Work Stream Lead	Estates Work Stream Lead

11.2.6 A detailed project plan will be developed to control and track the progress and delivery of the project and resulting outcomes. A high-level plan with indicative timescales is provided in the table below.

Figure 11-4 Indicative project timescales

Stage	Milestone	Duration	Completion date
OBC	SSP Committee OBC approval	1 month	Nov-18
Pre-FBC	Transfer management of LPUs to Shared Services Partnership	5 months	Apr-19
Pre-FBC	FBC mobilisation / Appoint Project Team	1 month	Dec-18
Pre-FBC	Tender for Specialist Consultants	2 months	Feb-19
OBC	Welsh Government OBC approval	4 months	Mar-19
FBC	Appoint Specialist Consultants	1 month	Mar-19
FBC	Location selection process (including detailed transport analysis and assessment of key risks)	2 months	May-19
FBC	Design process (develop service model and facilities specification)	4 months	Sep-19
FBC	Procurement process (determine firm costs and contractual arrangements)	4 months	Jan-19
FBC	Prepare detailed implementation plans and finalise FBC	1 month	Feb-20
FBC	Shared Services Partnership Committee FBC approval	1 month	Mar-20
FBC	Welsh Government FBC approval	3 month	Jun-20
FBC	FBC approval	1 month	Jul-20
Implementation	Implement plans outlined in FBC	12 months	Jul-21
Implementation	Parallel running of existing and new arrangements	5 months	Dec-21

11.3 Change management arrangements

11.3.1 The main purpose of the change management strategy is to assess the potential impact of the proposed change on the culture, systems, processes and people working within the organisation.

11.3.2 The change management strategy will be developed in line with NWSSP Project Management Procedures and in relation to the needs of the three LPUs that are selected to be included in the future operating model to deliver the preferred option.

11.3.3 The change management plans will be developed in partnership with stakeholder organisations, human resources and staff representatives and will set out the relevant

communication and organisational development and training strategies required for the implementation phase.

11.3.4   The change management plan is likely to include the key tasks outlined below.

Figure 11-5 Indicative change management plan

Area	Planned tasks
Planning phase	• Appoint key programme roles and Change Managers. Confirm responsibilities, leadership, and reporting mechanisms. • Revisit and agree philosophy and principles • Confirm stakeholders and interested parties both within and outside of service • Develop core plan in more detail, identify high level milestones for change management plan • Confirm involvement of HR, managers and other individuals/groups in the process.
Communications and stakeholder engagement	• Confirm communication lead and protocol • Develop communication routes, including face-to-face briefings, emails, and phone calls. • Formulate and agree key communications messages against high level milestones • Set up further staff and stakeholder engagement plans • Launch change programme • Ongoing communication works
Training and development	• 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 existing and new 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, mapped against high level project and change management milestones • Link training and development into communications plan
Piloting	• Testing and piloting phase
Full Implementation	• Implement changes in line with project plan ensuring actions are taken to deliver benefits and manage risks

11.4   Benefits realisation plan

11.4.1   A detailed plan will be developed to put in place the necessary arrangements to ensure that the project delivers its anticipated benefits.

11.4.2   This will include a benefits realisation strategy setting out the arrangements for planning, modelling and tracking the identified benefits as well as a framework that assigns responsibility for the realisation of the benefits throughout key phases of the project.

11.4.3   The main benefits for the preferred option are outlined in the benefits register included in Appendix D1. This register will be reviewed and updated as part of the FBC once

the location selection process has been completed and continuously throughout the project.

11.5 Risk management plan

11.5.1 A detailed plan will be developed to put in place a structured approach to identify, assess, and control the risks that emerge during the course of the project lifecycle.

11.5.2 This will include a risk management strategy setting out the arrangements for the proactive and effective management of risk including

- Mechanisms to minimise the likelihood of risks materialising with adverse effects;
- Processes to monitor risks and access reliable, up-to-date information about risks;
- Control mechanisms to mitigate the adverse consequences of risks should they materialise; and
- Assigned responsibility for the management of risks.

11.5.3 The main risks for the preferred option are outlined in the risk register included in Appendix D2. This register will be reviewed and updated as part of the FBC once the location selection process has been completed and continuously throughout the project.

11.6 Project assurance

11.6.1 Project assurance provides independent and impartial assessment that the project's spending objectives can be delivered successfully and improves the prospects of intended outcomes and benefits. It is anticipated that this project will be subject to assurance reviews as appropriate.

11.7 Post project evaluation

11.7.1 The purpose of post project evaluation (PPE) is to improve project delivery through lessons learned during the project delivery phase and to appraise whether the project has delivered its anticipated outcomes and benefits.

11.7.2 The PPE will be completed in line with NWSSP Project Management Procedures.

CAPITA

NHS Wales LPU Review OBC

Executive Summary Overview (16 November 2017)

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Strategic Case

Strategic context

Local context

BS EN 14065
Introduction of new standards for the decontamination of linen

£13.8m capital investment
BS EN 14065 compliance; statutory requirements; backlog maintenance

Variations across LPUs
- Different ways of working
- Productivity
- Cost per unit

Barriers to improvement
- Condition of facilities
- Limited collaboration to date

National context

NHS Wales Planning Framework2018/21
- Quality as a key priority

Improve outcomes
Achieve best value
Improve experience

Prosperity for All
Integration and collaboration

Prudent Healthcare
The 4 principles of prudent healthcare
For further information visit www.prudenthealthcare.org.uk

Well-being of Future Generations (Wales) Act
Well-being Goals — What we are aiming for?

Provide a resilient, sustainable service that is compliant with current standards

Existing arrangements

5 Laundry Production Units managed by Health Boards

29m items processed p.a. (excluding microfibre)

£9.7m p.a. direct processing cost (+£2m in EFPMS)

£0.33 average cost per item (industry best practice £0.25)

96 items per operator hour (industry best practice 160-180)

Spending objectives

S01	To minimise risks to patients, staff and organisations by complying with the latest standards on decontamination of linen
S02	To provide effective support to clinical services by delivering the highest quality linen service
S03	To deliver an equitable service across NHS Wales and minimise variation between sites
S04	To provide the highest quality service that offers the best value for money in terms of cost per unit
S05	To provide appropriate level of capacity to meet changing demand and mitigate the risk of service failure

Business needs

Age and condition of buildings and equipment		Ability to collaborate effectively		

Business needs

Comply with latest standards for the decontamination of linen	Provide appropriate capacity to meet changing demand	Deliver the highest quality linen service	Deliver an equitable service and minimise variation	Deliver best value for money

Problems with existing arrangements

Deficiencies in physical estate: • Physical layout • No separation of clean and dirty areas • Inadequate ventilation systems • Poor standard of existing equipment	**Ageing equipment:** • Increased risk of breakdowns • Service failures take longer to resolve due to difficulties in sourcing parts	**Limited opportunities to make improvements:** • Reduce infection control risks • Introduce a well regulated audit system • Develop the workforce • Measure customer satisfaction	**Each LPU individually managed resulting in variations:** • Service model • Plant and equipment • Processes • Working practices • Terms and conditions • Products and patient experience	**Not in line with industry best practice** • Productivity 96 items per operator hour (versus 160 -180 industry best practice) • Cost per unit £0.33 (versus £0.25 industry best practice)

Impact of continuing with existing arrangements

Increased risk of healthcare acquired infections	Increased risk of system failure, impacting on Health Boards' ability to deliver clinical services	Increased risk of healthcare acquired infections	Productivity ranges from 72 to 126 items per operator hour	Unable to deliver financial benefits of up to £2.4m p.a.
Poor working conditions impacting on health and wellbeing of workforce	Increased maintenance time and cost	Increased risk to clinical system resilience due to availability of linen	Average cost ranges from £0.29 to £0.37 per item	Service becomes unsustainable as demand increases
Capital investment of £13.8m required, impacting on overall system sustainability	Direct impact on patient experience and clinical outcomes	Impact on development of workforce skills	Inequitable service model across NHS Wales and lack of transparency in costs	Does not contribute to sustainability of overall system in NHS Wales

Economic appraisal

Shortlist of options

Option 1
5 LPUs
Continue to deliver laundry services from 5 existing NHS Wales LPUs

Option 2
4 LPUs
Reconfigure to deliver laundry services from 4 NHS Wales LPUs

Option 3
3 LPUs
Reconfigure to deliver laundry services from 3 NHS Wales LPUs

Option 4
2 LPUs
Reconfigure to deliver laundry services from 2 NHS Wales LPUs

Option 5
1 LPU
Reconfigure to deliver laundry services from 1 NHS Wales LPU

Key assumptions to estimate costs and benefits

	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Estates solution	Make 5 existing units compliant	Replace 1 unit and make 3 existing units compliant	Replace 1 unit and make 2 existing units compliant, expanding one to add 1 new production line	Replace 1 unit and make 1 existing unit compliant, expanding it to add 2 new production lines	Develop 1 centrally located purpose built unit
Productivity (Number of items per operator hour)	96 items per hour (baseline)	New unit = 180 items per hour (industry best practice) Existing unit = 144 items per hour (90% of NHS best practice as no new lines)	New unit = 180 items per hour (industry best practice) Existing unit = 160 items per hour (NHS best practice)	New unit = 180 items per hour (industry best practice) Existing unit = 160 items per hour (NHS best practice)	180 items per hour (industry best practice)

Benefits

Modern fit for purpose facilities	• Improved system resilience - fewer breakdowns • Reduced maintenance requirements • Energy efficiencies • Better working conditions – health and wellbeing of workforce
Compliance with standards	• Improved system resilience - better decontamination quality • Reduced risk of healthcare acquired infections • Skilled and sustainable workforce
Improved productivity	• Better able to respond to changing demand • Reduced direct pay costs
Improved asset utilisation	• Estate released to reduce overheads or provide space for the delivery of core clinical services • Reduced indirect pay costs
Centralised management	• Health Boards released to focus on core business • More effective collaboration leading to improved standardization • Enables delivery of all benefits

Risks

Resilience
- Frequency of system failures (equipment breakdowns)
- Duration of system failures (scarcity of parts)
- Contingency arrangements in the event of system failures
- Logistical failures

Capacity and demand
- Long term changes in future demand
- Short term fluctuations in demand

Workforce
- Adapting to new ways of working
- Retaining experience, knowledge and skills
- Redeployment of staff
- Impact on local economies

Operational
- Ensuring quality of product
- Meeting local Health Board needs
- Geographical challenges

Reputational and policy
- Support from all stakeholders
- Identify and address impact on local economies

Implementation
- Business continuity
- Collaboration

Funding and finance
- Capital funding availability
- Accuracy of costs

Results of economic appraisal (15 year appraisal period)

£000	Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
Initial capital investment	2,591	5,705	7,167	8,629	9,654
Lifecycle costs	11,246	8,199	5,854	3,509	0
Total capital costs	13,837	13,904	13,021	12,138	9,654
Transitional costs	47	305	425	533	915
Total one-off revenue costs	47	305	425	533	915
Baseline revenue costs	154,858	154,858	154,858	154,858	154,858
Financial benefits	0	(22,440)	(28,555)	(26,034)	(35,706)
Total recurring revenue costs	154,858	132,418	126,303	128,824	119,152
Expected risk value (Risk expressed in monetary equivalent terms)	49,884	41,615	34,289	36,514	47,004
Total quantified risk	49,884	41,615	34,289	36,514	47,004
Undiscounted Net Present Value	**218,626**	**188,242**	**174,039**	**178,008**	**176,725**
Discounted costs including risks	172,169	166,646	160,543	161,893	168,658
Discounted financial benefits	0	(17,230)	(21,925)	(19,990)	(27,416)
Discounted Net Present Value	**172,169**	**149,416**	**138,618**	**141,903**	**141,242**
Rank	**5**	**4**	**1**	**3**	**2**
Benefit Cost Ratio (Discounted)	**0.00%**	**10.34%**	**13.66%**	**12.35%**	**16.26%**
Rank	**5**	**4**	**2**	**3**	**1**

Sensitivity analysis suggests that ranking is sensitive to:
- Transport costs
- Risk values

Options appraisal results

Option 1 5 LPUs	Option 2 4 LPUs	Option 3 3 LPUs	Option 4 2 LPUs	Option 5 1 LPU
£13.8m Overall investment	£14.2m Overall investment	£13.4m Overall investment	£12.6m Overall investment	£10.6m Overall investment
33.0p Cost per item	27.2p Cost per item	26.5p Cost per item	27.1p Cost per item	24.9p Cost per item
Nil Financial benefits	£1.5m p.a. Financial benefits	£1.9m p.a. Financial benefits	£1.7m p.a. Financial benefits	£2.4m p.a. Financial benefits
0.0% Benefit Cost Ratio	10.3% Benefit Cost Ratio	13.7% Benefit Cost Ratio	12.4% Benefit Cost Ratio	16.3% Benefit Cost Ratio
£49.9m Expected Risk Value	£41.6m Expected Risk Value	£34.3m Expected Risk Value	£36.5m Expected Risk Value	£47.0m Expected Risk Value
(5) £172.1m Discounted Net Present Value (15 years)	(4) £149.4m Discounted Net Present Value (15 years)	(1) £138.6m Discounted Net Present Value (15 years)	(3) £141.9m Discounted Net Present Value (15 years)	(2) £141.2m Discounted Net Present Value (15 years)
No benefits and highest risk but still requires high investment. *(Use purely as baseline to test VFM of preferred)*	Highest investment but minimal benefits as limited opportunities to improve performance	Best value for money as balances opportunities to improve performance and deliver benefits with minimal risks	Increased opportunities to improve performance offset by stepped change in logistics increasing costs and risks	Offers best opportunity to improve performance and deliver benefits with minimal investment but creates significant risks
Do Minimum (Baseline)	Discount	Preferred Option	Discount	More Ambitious

Recommendations

- Continuing with existing arrangements not an option (high investment; no benefits) but provides baseline for FBC

- Explore two options in further detail at FBC
  - ✓ **Preferred option** = 3 LPUs (offers value for money by delivering key benefits while minimising risks)
  - ✓ **More ambitious** = 1 central LPU (offers greater opportunity if risks can be minimised)

- Centralised management function considered to improve collaboration and ensure delivery of benefits

- Investigate EFPMS data to ascertain whether £2m gap offers opportunity to deliver additional benefits

Preferred option

3 Laundry Production Units managed centrally

£1.9m p.a. cash releasing benefits

£0.265 average cost per item (industry best practice £0.25)

164 items per operator hour (industry best practice 160-180)

Delivers key benefits
- Improved facilities
- Better working conditions
- Improved productivity
- Reduced costs

Minimises risks
- Reduced risk of system failure
- Robust contingency arrangements
- Minimal logistics risks
- Low impact on local economies

More ambitious option

1 central Laundry Production Unit

£2.4m p.a. cash releasing benefits

£0.25 average cost per item (industry best practice £0.25)

180 items per operator hour (industry best practice 160-180)

Greatest opportunity
- Modern purpose built facilities
- Better working conditions
- Highest productivity
- Greatest level of financial benefits

Increased risks
- External contingency arrangements required
- Highest logistics risks
- Significant impact on local economies

Commercial Case

Procurement plan to deliver preferred option

Select LPU locations	Robust selection process to identify locations of 3 LPUs using agreed selection criteria (e.g. geography, transport, capacity, condition of facilities, ability to expand and achieve productivity targets, impact on workforce and local economy)
Determine procurement needs	Determine the key outputs and activities needed for the 3 selected LPUs (e.g. refurbishment activities / design, build, and equipping of expanded and new facilities)
Agree procurement strategy	Identify appropriate procurement routes for key outputs and activities
Agree commercial arrangements	Agree commercial and contractual arrangements to deliver the resulting deal

Financial Case

Financial analysis of preferred option

Capital impact

£7.2m
Initial capital

£5.9m
10 year lifecycle
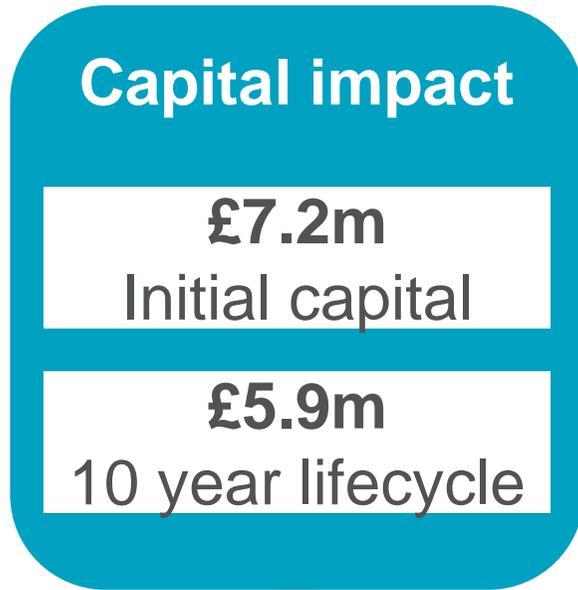
Result of selection process may impact:
- Initial capital -£3.7m
- Lifecycle +£1.0m

However, likely any capital savings would be negated by reduced benefits

Non recurring revenue impact

£0.3m
Transitional costs

Excludes decommissioning costs at the this stage

Recurring revenue impact

£1.9m
Cash releasing savings

Explore opportunities for greater benefits at FBC:
- Additional £2m baseline costs in EFPMS
- More ambitious option offers potential additional £0.5m benefits (if risks and logistics addressed)

Management Case

Indicative timescales to deliver preferred option
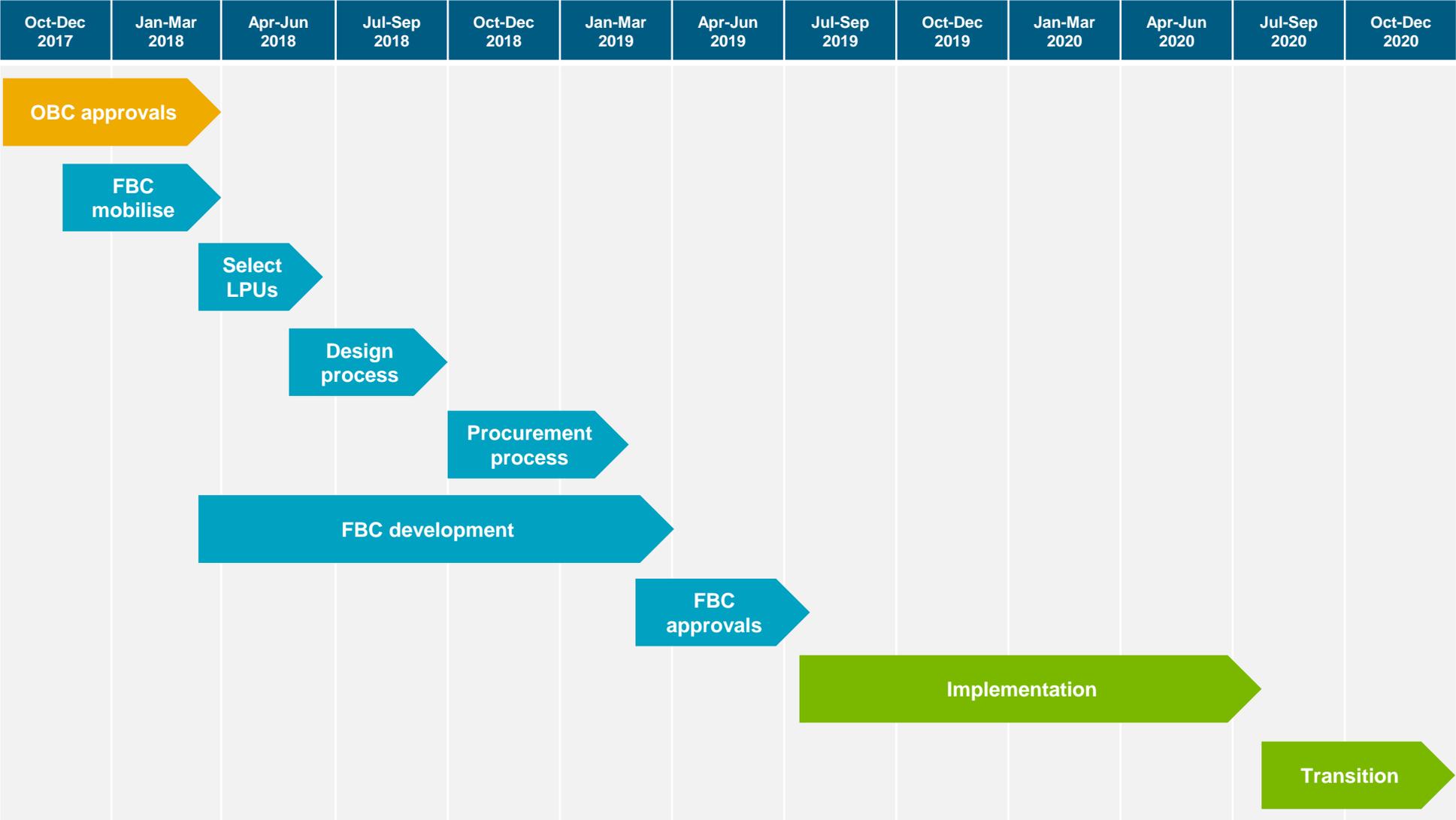
Oct-Dec 2017	Jan-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019	Jan-Mar 2020	Apr-Jun 2020	Jul-Sep 2020	Oct-Dec 2020

OBC approvals

FBC mobilise

Select LPUs

Design process

Procurement process

FBC development

FBC approvals

Implementation

Transition

CAPITA

Formed in 1984,
Capita employs 75,000 people,
interacting with 45 million people annually.

What we do...

Listen
Create
Deliver

Appendices

Long list assessment

Developing and assessing the long list (1/2)

Dimension	Options			Assessment	Outcome
Scope (What services will be delivered)	Do nothing	1A	Continue with existing arrangements	Difference between options immaterial. For purposes of economic appraisal, assume current scope continues.	**Carry forward**
	Intermediate	1B	Deliver **core** laundry services only		**Discount**
		1C	Deliver **core** and **desirable** laundry services		**Discount**
	Do maximum	1D	Deliver **core, desirable** and **optional** services		**Discount**

Dimension	Options			Assessment	Outcome
Service solution (How to deliver the future service mode)	Do nothing	2A	Continue with existing arrangements (ie 5 LPUs)	Would not comply with standards	**Discount**
	Intermediate	2B	Invest in all existing units to achieve compliance with new standards	Baseline / Do Minimum	**Carry forward**
		2C	Deliver laundry services from optimum number of existing units (that have been invested in to achieve compliance)	Solution will depend on number of LPUs	**Carry forward as single option**
		2D	Deliver laundry services from optimum number of units (hybrid of new / existing)		
		2E	Deliver from optimum number of new purpose built units		
	Do maximum	2F	Outsourcing / co-sourcing option	Not feasible	**Discount**

Developing and assessing the long list (1/2)

Dimension	Options			Assessment	Outcome
Service delivery (Who will provide services)	Do nothing	3A	Retain current provision	Services will continue to be delivered by NHS Wales workforce	**Carry fwd as single option**
	Intermediate	3B	Delivered by another NHS Wales organisation		
	Intermediate	3C	Other public sector organisation delivers	Limited suitable providers available	**Discount**
	Do maximum	3D	External private organisation delivers	Not aligned with WG strategic direction	**Discount**

Dimension	Options			Assessment	Outcome
Configur-ation (How many LPUs will provide services)	Do nothing	4A	Continue to deliver from 5 LPUs	All possible – value for money of each to be explored in economic appraisal	**Carry fwd**
	Intermediate	4B	Deliver from 4 LPUs		**Carry fwd**
		4C	Deliver from 3 LPUs		**Carry fwd**
		4D	Deliver from 2 LPUs		**Carry fwd**
	Do maximum	4E	Deliver from 1 LPU		**Carry fwd**

Developing the shortlist

		Do Minimum → Most ambitious
Scope		Deliver existing scope of services
Solution		Hybrid of existing and new compliant facilities (Optimum based on number of LPUs)
Delivery		Delivered by NHS Wales workforce
Configuration		Retain 5 existing LPUs — 4 LPUs — 3 LPUs — 2 LPUs — 1 central LPU
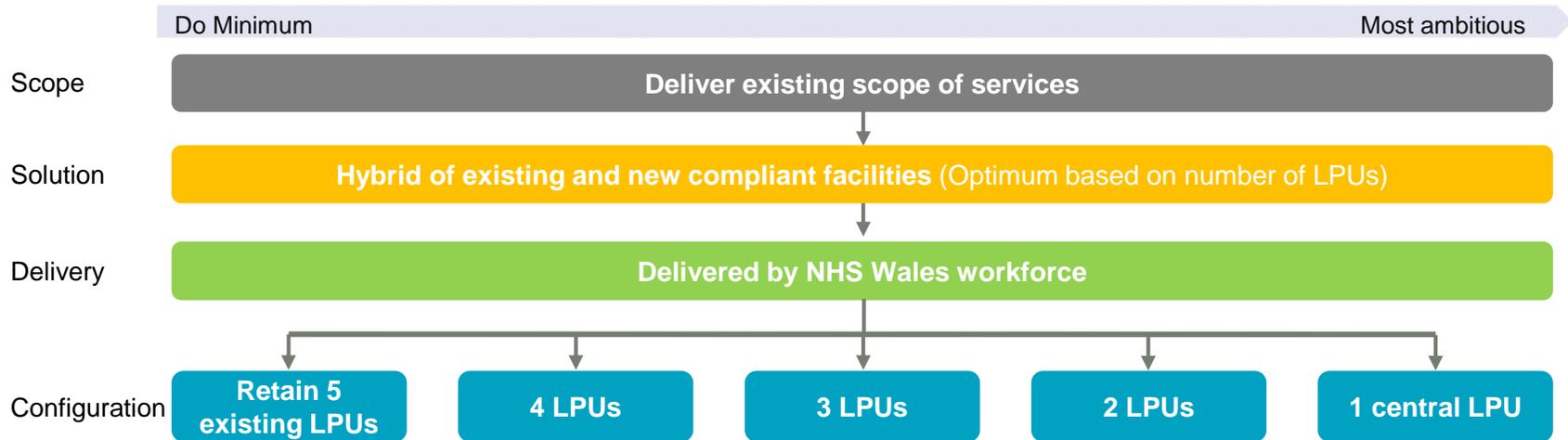
Option 1	Continue to deliver laundry services from 5 existing NHS Wales LPUs
Option 2	Reconfigure to deliver laundry services from 4 NHS Wales LPUs
Option 3	Reconfigure to deliver laundry services from 3 NHS Wales LPUs
Option 4	Reconfigure to deliver laundry services from 2 NHS Wales LPUs
Option 5	Reconfigure to deliver laundry services from 1 NHS Wales LPU

CYFARFOD BWRDD PRIFYSGOL IECHYD **UNIVERSITY HEALTH BOARD MEETING**	

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	31 January 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Funded Nursing Care (FNC) Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: **REPORTING OFFICER:**	Jill Paterson, Director of Primary Care, Community and Long Term Care

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to:

- Provide the Board with an update on Funded Nursing Care (FNC) following the previous update in March 2018;
- Advise the Board of the ongoing work undertaken since the Supreme Court Judgment to ensure compliance;
- Seek Board approval for an uplift to the 2018/19 FNC rate in line with the previously approved Inflationary Uplift Mechanism.

Cefndir / Background

Funded Nursing Care (FNC) refers to the NHS funding of Registered Nursing (RN) care within care homes, where this has been assessed as necessary. Board members will recall from previous papers, most recently in March 2018, the background to this and the work commissioned by Health Boards (HBs) from Laing & Buisson that was used as the basis for uplifting the FNC rate. Following this, legal challenges culminated in 2017 with a Supreme Court hearing.

The Supreme Court found that, in addition to the services already funded, HBs should fund additional services provided by the RN. These are:

- Time spent by the RN in receiving registrant supervision;
- Paid breaks;
- A proportion of the personal care delivered by the RN where that was necessary in order to assess and put an appropriate plan of care in place, with the remainder of the personal care delivered by the RN to be funded by the Local Authority (or the individual in the case of self-funders).

Including these additional services ensures that the FNC rate will reflect all of the RN time identified by Laing & Buisson in their Report in 2013. The payments need to be backdated to 1st April 2014, the date of the first decision challenged by the care homes in the legal

proceedings.

The March 2018 Board Paper:

- set out these issues in detail;
- updated Boards on work post Judgment, facilitated by Welsh Government, that concluded that the costs of the personal care delivered by the RN be funded on a 50:50 basis between the appropriate HB and LA;
- set out the calculation of the 2017/18 FNC rate and sought approval for this to be issued;
- advised on the work underway to manage the reimbursement process for 2014/15; 2015/16; 2016/17 and the three strands of reimbursement – to providers; to self-funders; or to the estate of deceased self-funders;
- advised of the need to seek evidence that paid breaks have been funded before this component could be reimbursed.

Asesiad / Assessment

Developments since previous Board Paper

Following on from the March 2018 HB Board meetings, Care Forum Wales (CFW), initially via self contact and subsequently via further legal correspondence, raised additional queries with HBs regarding the FNC rate. These queries were found to be due to a calculation error by Laing & Buisson in the Report provided to HBs in 2013 and related to the financial cost attached to the standby time rate. Following identification of this error by Laing & Buisson, HBs accepted the need to correct the rate and revise the calculations used to reach the amended FNC rates from 2014 onwards.

Further work has also been undertaken to determine an appropriate evidence requirement that paid breaks have been funded and so can be reimbursed. Wales Audit Office (WAO) has confirmed it would expect some form of proportionate evidence requirement be put in place by HBs and further discussions with WAO, CFW and other provider representatives have helped to progress this requirement.

The current position

The current position regarding the key issues is:

- The 2017/18 uplift as approved by Boards in March 2018 has been issued. Depending on the point in the process at which HBs are, this will either be the agreed March 2018 rate with the adjustments to reflect the revised rate made later this year alongside the 2018/19 uplift, or via a combined uplift.

- Reimbursement to Providers for 2014/15; 2015/16; and 2016/17 has now commenced, with the paid breaks component withheld whilst the evidence matter is resolved. It is anticipated that resolution will be possible shortly. In addition HBs need to reimburse nursing residents who are currently in care homes and self-fund their care, and also to put a process in place to address reimbursement relating to deceased self-funders. Funding for the reimbursement has been provided by WG, with a clear expectation that the funds will be issued in year. In order to ensure compliance, HBs have been working to ensure they have robust data on those in receipt of FNC since 2014. The actual reimbursement sums will be made to three groups:

a) To <u>Providers</u> for those individuals whose residential care was funded by LAs in care homes;

b) To <u>self-funders</u> currently in nursing placements in care homes as they will, by definition, have paid for some elements of care that the Court has determined should be funded by the NHS;

c) To the <u>estate of deceased self-funders</u> – as above, these individuals will have paid for some services that the Court has decided the NHS should have funded. A specific process will need to be put in place to seek out claimants, using the model in place for retrospective CHC claims – a newspaper notice will be inserted inviting those who may be eligible to contact the relevant HB.

- HBs need to consider and agree an appropriate form of evidence in order to reimburse Providers for <u>paid breaks</u>. Following further dialogue with Provider representatives and the WAO, it is anticipated this can be resolved with agreement from all parties quite quickly. A verbal update will be provided on any developments which have occurred since this paper was drafted.

- The labour component of the FNC rate is uplifted based upon previously approved Inflationary Uplift Mechanism, which is linked to the NHS Pay Award, with the continence component uplifted on an inflation basis (CPI). Now the Pay Award has been confirmed, the <u>2018/19 NHS component of the FNC rate has been calculated by HB finance leads at **£167.87**</u>. This excludes the LA component, which will be funded by the appropriate LA.

- The <u>Inflationary Uplift Mechanism (IUM)</u> was approved by HB Boards to operate for a period of five years, with 2018/19 being the final year. HBs will need to consider whether to continue with the IUM or adopt an alternative process and HB representatives will work on an all Wales basis to consider this further and develop options.

- Care Forum Wales has indicated that once FNC matters are resolved, they will wish to <u>open dialogue on other matters</u> including Continuing NHS Healthcare (CHC).

Summary

Health Boards continue to work on an all Wales basis to comply with the requirements of the Supreme Court Judgment. The 2017/18 uplift is being issued, with the 2018/19 uplift now calculated so that the uplift can also be issued once approved by Boards.

Reimbursement to Providers for 2014/15; 2015/16 and 2016/17 is underway, with the paid breaks component withheld whilst the evidence matter is concluded. Reimbursement to self-funders currently in Care Homes will also take place shortly, with specific work to be progressed relating to deceased self-funders. This is likely to be the most challenging cohort to reimburse and HBs are seeking WG support to accrue resources into early 2019/20, should that be necessary.

<u>Argymhelliad / Recommendation</u>

The Board is asked to:

- **Note** the identification of a calculation error by Laing & Buisson that has led to a need to revise the 2017/18 FNC rate as approved by the Board in March 2018;
- **Note** that confirmation of the NHS pay award has meant the 2018/19 FNC rate has now been calculated;

- **Approve** the NHS component of the 2018/19 rate as **£167.87**, with a further additional component payable by LAs;
- **Note** the Inflationary Uplift Mechanism was agreed for a five year period and this ends with the 2018/19 uplift. HB teams will consider options for 2019/20 onwards;
- **Note** the work undertaken with Provider representatives to resolve the evidence of paid breaks, and that this should be resolved to the satisfaction of all parties shortly;
- **Note** the requirement to issue reimbursement resources in-year and the processes in place to manage the three cohorts that require reimbursement;
- **Note** that Care Forum Wales has indicated their wish to consider other matters, including CHC rates, now that FNC matters are reaching resolution.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	376 (LTC/07) 12
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability 3.1 Safe and Clinically Effective Care
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 2. Living and working well 3. Growing older well
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the narrative of the report.
Rhestr Termau: Glossary of Terms:	Included within the narrative of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Communication initiated through and with Welsh Government has taken place with a number of stakeholders including: Chief Executives of Health Boards in Wales, Directors of Finance of Health Boards in Wales, Directors of Primary, Community and Mental Health, Directors of Social Services, Welsh Government policy and finance representatives.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Included within the paper.
Ansawdd / Gofal Claf **Quality / Patient Care:**	Included within the paper.
Gweithlu: **Workforce:**	Included within the paper.
Risg: **Risk:**	Included within the paper.
Cyfreithiol: **Legal:**	Included within the paper.
Enw Da: **Reputational:**	Included within the paper.
Gyfrinachedd: **Privacy:**	Included within the paper
Cydraddoldeb: **Equality:**	Included within the paper.

5.6   Trauma Network Progress Report
                Presenter: Dr Philip Kloer
                     Trauma Network Progress Report SBAR January 2019
                     Major Trauma Network Progress Report v3 211218 Final

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	31 January 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Trauma Network Progress Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Dr Philip Kloer, Medical Director and Director of Clinical Strategy
SWYDDOG ADRODD: **REPORTING OFFICER:**	Ms Alison Gittins, Head of Corporate & Partnership Governance

Pwrpas yr Adroddiad (dewiswch fel yn addas)   **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA   **SBAR REPORT**
Sefyllfa / Situation   In March 2018, Hywel Dda University Health Board (HDdUHB), together with the five other Health Boards in the region, formally considered the report *A Major Trauma Network for South and West Wales and South Powys – Report on Consultation.*   The attached report provides an update on progress since that time.
Cefndir / Background   Members will recall that in March 2018, HDdUHB together with the other five Health Boards in the region, formally considered and agreed to recommendations for the development of a Major Trauma Network for South and West Wales and South Powys.   Since the decision taken by Health Boards in March 2018, a number of actions have been undertaken or are underway to progress implementation of the Trauma Network as described within the attached report, including the establishment of the Trauma Network Board in May 2018, and the appointment of a Clinical Lead for the Trauma Network to be supported by the appointment of clinical leads for a number of specialised working groups looking at governance, paediatrics, education and training, rehabilitation, quality improvement and research and patient experience/flow.
Asesiad / Assessment   Given the clarity received from the Major Trauma consultation on the location of the Major Trauma Centre at University Hospital of Wales, Cardiff, the Network Board has now commenced the process for Trauma Unit designation. Following the completion of a self assessment exercise against agreed trauma standards, 'candidate' trauma units have been identified; the attached report identifies that for HDdUHB, it is proposed that this will be Glangwili General Hospital (GGH). By 'candidate' trauma unit, it is meant that further modelling and engagement will be required in order for the Board to make a final decision.   Whilst the report suggests this proposal had taken into account the outcome of the Health

Board's Transforming Clinical Services (TCS) consultation, Hywel Dda had indicated that the new hospital proposed would be designated as the Trauma Unit. Whilst it is acknowledged that GGH would be the obvious choice from a clinical perspective to become an *interim* Trauma Unit given that services there most closely meet the agreed trauma standards, the Health Board is clear on the need to undertake a full Integrated Impact Assessment to support this, and that any decision would need to be made in conjunction with Hywel Dda Community Health Council (CHC). Whilst it would have been helpful for the attached report to reflect this, it would seem reasonable for the Trauma Network to use GGH as the proposed location for an interim Trauma Unit in its modelling assumptions.

The Health Board also recognises the strategic importance of Bronglais General Hospital (BGH) in providing many important elements of trauma care to the local population, including the need to stabilise and transfer where appropriate. In the interim, the Health Board would need to ensure that the majority of trauma care for the population of Pembrokeshire is provided locally at Withybush General Hospital

From Hywel Dda CHC's perspective, who are represented at Trauma Group meetings through their Chief Officer, given that the Major Trauma consultation focused on the Major Trauma Centre rather than any detail around local implementation, it is felt that stronger linkages should have been made to the outcome of Hywel Dda's TCS consultation and the concerns raised around urgent care, which suggests further targeted engagement may be needed. The CHC also raised concerns about the consequence of the decision to designate GGH as an interim Trauma Unit on BGH, and suggested statistical mapping should be undertaken to demonstrate more clearly any impact on patient flows. It is understood that this data will be made available in time for the next Major Trauma Network Board meeting.

The Health Board acknowledges Hywel Dda's CHC's concerns, and further discussions and engagement will be undertaken to address and resolve these.

Argymhelliad / Recommendation

The Board is asked to note the progress made from the report attached and that further reports will be received as the work progresses.

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): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound

	financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Major Trauma Network Progress Report
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Major Trauma Network

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Referenced within the report, where appropriate.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Referenced within the report, where appropriate.
Gweithlu: **Workforce:**	Referenced within the report, where appropriate.
Risg: **Risk:**	Referenced within the report, where appropriate.
Cyfreithiol: **Legal:**	Not Applicable

Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	It is envisaged that a full Integrated Impact Assessment will be undertaken.

Trauma Network Progress Report

Author: Rosemary Fletcher, Director / Dr Dinendra Gill, Clinical Lead	
Date: 21 December 2018	**Version:** 3

Purpose and Summary of Document:

In March 2018, each of the six health boards in the region formally considered and agreed to recommendations for the development of a Major Trauma Network for South and West Wales and South Powys.

This paper provides an update on progress since that time and is intended to be received by health boards, the Welsh Ambulance Service NHS Trust and Community Health Councils.

1   Introduction

In March 2018, each of the six health boards in the region formally considered and agreed to recommendations for the development of a Major Trauma Network for South and West Wales and South Powys.

This paper provides an update on progress since that time and is intended to be received by health boards, the Welsh Ambulance Service NHS Trust and Community Health Councils. It will also be sent to members of the Trauma Network Board.

2   Background

In March 2018, each of the following six health boards formally considered the report *A Major Trauma Network for South and West Wales and South Powys – Report on Consultation ('the Report')*:

- Abertawe Bro Morgannwg University Health Board
- Aneurin Bevan University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board

Each of the six boards approved the establishment of a major trauma network for South and West Wales and South Powys, in line with the recommendations of the Independent Panel:

1. A major trauma network for South and West Wales and South Powys with a clinical governance infrastructure should be quickly developed.
2. The adults' and children's major trauma centres should be on the same site.
3. The major trauma centre should be at University Hospital of Wales, Cardiff.
4. Morriston Hospital should become a large trauma unit and should have a lead role for the major trauma network.
5. A clear and realistic timetable for putting the trauma network in place should be set.

In taking their decisions, health boards took account of the views of their respective Community Health Councils who, in general, were unable to agree or disagree with the recommendation to boards contained in the

Report. Issues and questions identified by CHCs as raised by their populations were:

- Concerns that proposals lacked detail in relation to the different elements of the network which they felt would be necessary to ensure improvements in outcome were equitable across the region and throughout the patient pathway. Specific concerns were about the location of the trauma units, improvements in rehabilitation pathways, IT infrastructure and the adequacy of transfer service including ambulance and the Emergency Retrieval and Transfer Service (EMRTS Cymru)

- People raised concerns or questions about the cost and affordability of the network and the impact of the cost on wider health board budgets and their ability to delivery other vital services

- Concerns about space and capacity within the University Hospital of Wales to accommodate the major trauma centre

It was agreed by health boards that areas of concern raised through the consultation process, and any caveats within their individual responses to CHCs, would be addressed through and informed by planning for implementation.

3 Key actions and progress

Since the decisions taken by health boards in March 2018, a number of key actions have been undertaken or are underway to progress implementation of the Trauma Network:

Trauma Network Board
The Wales Trauma Network Board was established in May 2018 and will oversee the establishment of the trauma network to serve South and West Wales and South Powys, ensuring the provision of a high quality, safe and effective services for the population. The Network Board is chaired jointly by Tracy Myhill (CEO, ABMU) and Dr Mark Ramsey (Unit Medical Director, Morriston Service Delivery Unit) and its membership is drawn from senior clinical and managerial representative from all participating organisations. During the implementation phase, the network is being managed by the NHS Wales Health Collaborative, through the Wales Critical Care and Trauma Network, and this will transfer to a health board once the network becomes operational.

Commissioning and Performance Management
WHSSC has the responsibility for commissioning and performance management of the trauma network and major trauma centre, and any specialised services pertaining to major trauma. WHSSC will work closely with the Emergency Ambulance Service Committee (EASC), who

commission WAST and the EMRTS. Health boards are responsible for any non-specialised commissioning. A governance structure has been agreed between all organisations.

Clinical Leadership

Dr Dindi Gill has been appointed as Clinical Lead for the Wales Trauma Network. Dr Gill is a Consultant in Emergency Medicine and Pre-hospital Emergency Medicine. Dr Gill has significant experience of national service developments, was the co-founder of EMRTS Cymru and its National Director from 2015-2017. Dr Gill commenced his post in early August 2018.

Dr Gill will be supported by the appointment of clinical leads for a number of specialised working groups looking at governance, paediatrics, education and training, rehabilitation, quality improvement and research and patient experience/flow.

Network Structure

Pre-hospital care

The Trauma Network Board and WHSSC will work closely with EASC, which commissions WAST and EMRTS Cymru, in order to develop proposals for extending the operational hours of the EMRTS and the air ambulance service.

Trauma units

With clarity on the location of the major trauma centre (MTC) at University Hospital of Wales, Cardiff, a decision was made by the Network Board to commence the process for trauma unit designation, in order to inform overall programme-planning, preparation for delivery and timely implementation.

A trauma unit is a hospital within a trauma network that provides care for both moderate and major trauma patients. Its roles include: reception and resuscitation; imaging and acute surgery; definitive care; rapid transfer of the severely injured to a hospital that can manage their injuries (e.g. to the MTC); act as a 'landing pad' for patients returning from specialised care to manage the transition to ongoing rehabilitation and the community.

Each health board completed self-assessments against the agreed trauma standards, in order for 'candidate' trauma units to be identified. An appraisal of these self-assessments has led to recommendations for the overall initial structure of the network. These recommendations have been endorsed via the WHSSC Joint Committee and, following local discussion by health boards with respective CHCs, will be reported to health boards by the end of January 2019. The proposed trauma unit locations are

consistent with the outcome of the South Wales Programme in 2014, and decisions taken at that time for the location of consultant-led emergency departments, and the outcome of the clinical services strategy for Hywel Dda UHB.

Within this process, consideration has been given to the role of Morriston Hospital, which will be described as a trauma unit with specialised services, consistent with the terminology adopted in NHS England.

The 'candidate' trauma units are:
- University Hospital of Wales - Adult and Paediatric
- Morriston Hospital – Adult and Paediatric
- Princess of Wales Hospital – Adult and Paediatric
- Royal Gwent Hospital – Adult and Paediatric (only until the Grange University Hospital is fully operational)
- Nevill Hall Hospital – Adult and Paediatric (only until the Grange University Hospital is fully operational)
- Grange University Hospital – Adult and Paediatric
- Prince Charles Hospital – Adult and Paediatric
- Glangwilli General Hospital – Adult and Paediatric

Major Trauma Centre and Patient Repatriation
The Trauma Network Board and WHSSC will work closely with University Hospital of Wales (UHW) in order to ensure that there is an appropriate level of capacity within the hospital to accommodate major trauma patients. This could be achieved in a variety of ways. It is also important that in order to maintain capacity at UHW, timely repatriation of trauma patients for 'care closer to home' will be important, once specialist care is completed. There will be a similar requirement for repatriation of patients requiring specialist care at Morriston Hospital.

The current provision of the EMRTS and Wales Air Ambulance is from 8am to 8pm, 7 days a week. The Trauma Network Board and commissioning bodies are working closely with colleagues from the EMRTS, given the material link between these developments, and to consider arrangements for patient transfer outside the operational hours of EMRTS and the air ambulance.

Rehabilitation
The need for a specific focus on improving access to specialist, level 2 and level 3 rehabilitation is one of the key lessons learned from the introduction of trauma networks in England. It is essential that the rehabilitation service model and framework are developed and the resource and service reconfiguration required to support both the trauma unit and the major trauma centre is identified. In order to progress this, a workshop was held in December to review:

- Trauma unit rehabilitation requirements and flow of patients
- MTC rehabilitation requirements and flow of patients
- Network agreement of the rehabilitation prescription
- Access to specialist rehabilitation

Significant work has already been undertaken in terms of an overarching model focused on the whole rehabilitation pathway. This is being led by Dr Jenny Thomas, interim network rehabilitation lead, and will be further informed by the work in progress.

Programme Business Case

A programme business case will be developed incorporating key components of the trauma pathway. Financial implications will be addressed through this process including an assessment of value for money and affordability. It is acknowledged that an impact assessment will be required, although it is likely that investment in the network will have a largely positive impact on other services within unscheduled care.

This will include the consideration of workforce requirements through assessing any 'gaps' against agreed standards and how these 'gaps' could be closed. This presents an opportunity for enhanced recruitment and retention, by making posts across the network more attractive.

Programme Timeline

An indicative timeline has been developed for the implementation and operational delivery of the network. This timeline is ambitious but would see the trauma network 'going live' by April 2020.

The development of the programme business case and adherence to the timeline is dependent upon the availability of sufficient resources to support programme development, commissioning and service, workforce and financial planning. In December, Welsh Government confirmed approval for programme costs to March 2020 and arrangements are in hand to recruit.

It is also anticipated that additional resource will be required for the network to run effectively, and this will be included in the programme business case.

Patient Experience

Throughout the work to implement the trauma network, a focus will be maintained on the experience of patients and family members. The Trauma Network Board welcomes the engagement of the Community Health Councils in this regard and will extend this to patient, family and carer representatives, and relevant third sector organisations. Work is underway to complete a communication and engagement plan, in order to facilitate more regular communication and dialogue in the coming months.

Lessons Learned

A lessons learned exercise took place on 18th September to provide the opportunity to reflect on the work leading up to and through consultation, and the decision making that followed. Community Health Council Chief Officers participated in this exercise. The lessons learned report was received by Collaborative Leadership Forum in December and next steps are for actions to be added in response to the report's recommendations.

4   Recommendations

This is a complex national transformational programme, with multiple dependencies and lesson to be learned from both national and international experiences. It also opens up the opportunity to develop an innovative, 'whole' system approach, leading to world-class care of critically injured trauma patients across Wales. It is recommended that progress is noted and further reports will be provided as the work progresses.

7.1   Focus on Healthcare Services in Pembrokeshire / Ffocws ar Wasanaethau Gofal Iechyd yn Sir Benfro
Presenter: Joe Teape
        Focus on Healthcare Services in Pembrokeshire SBAR January 2019
        Delivering the Pembrokeshire Integrated Plan January 2019

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	31 January 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Focus on Healthcare Services in Pembrokeshire
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Joe Teape, Executive Director of Operations/Deputy Chief Executive Jill Paterson, Director of Primary Care, Community & Long Term Care Alison Shakeshaft, Executive Director of Therapies & Health Science
SWYDDOG ADRODD: **REPORTING OFFICER:**	Elaine Lorton, County Director - Pembrokeshire

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation

In June 2018, Pembrokeshire County provided an update to the Board on the current model of services, new innovations and outcomes for our population. We gave a commitment to provide an update on the development of our integrated service model and how we are working together to enhance outcomes and experience for our population.

On 28th November 2018 the Board approved the future vision and strategy for the Health Board - A Healthier Mid and West Wales : Our Future Generations Living Well. This paper provided an update on our approach to integrated planning and our first year plan for delivering against the Strategy.

Cefndir / Background

In November 2018 the Board approved the future strategy for the Health Board: A Healthier Mid and West Wales Strategy. A significant element of this was the development of an enhanced community model of care and a refocussed social model for health.

Our strategy comes at a time when Welsh Government have also set a clear ambition for A Healthier Ways (2018), reinforcing the messages in the Well-being of Future Generations Act (2015) and the Social Services and Wellbeing Act 2014.

The University Health Board (UHB) Teams, along with colleagues from the third sector, Pembrokeshire County Council and the Welsh Ambulance Service Trust (WAST), have been working together to translate this vision into a development plan. Although the challenge is significant, there is tangible enthusiasm to work differently and build on the strong foundations of collaboration. Through monthly meetings and workshops, the initial structure of our plan has been developed and this paper seeks to provide an overview as well as provide some examples where our model is emerging.

Asesiad / Assessment

To ensure our plan was co-produced, co-owned and co-delivered, it was developed across the County, Acute, Mental Health and Learning Disabilities, Therapies, Medicines Management, Clinical Support Services and Corporate teams within the UHB, as well as with our key partners in Pembrokeshire County Council, Pembrokeshire Association of Voluntary Services (PAVS), Public Health Wales (PHW) and WAST. Both Localities were involved through their Leads and four jointly agreed themes for successful whole system delivery were established :

- Compassionate teams & leadership
- Enabling the right response for each person
- Integrated teams around the person
- Equitable outcomes and quality years to life

It was felt that these four themes, if delivered, would ensure that fulfilled and empowered staff, working in multi-disciplinary teams around a person's needs, would be delivering a high quality, positive experience for our population with equitable outcomes and added years to life.

Recognising that this is in its entirety a longer term goal, the initial 5 high impact actions for 2019-20 were agreed as :

Compassionate, Resourceful & Resilient Communities: We will focus on strengthening our communities to care for themselves through embedding community connectors and co-ordinators into our Integrated Community Networks. This relates to the wider determinants of health and wellbeing and ensures that we retain a strong and clear focus on the co-production needed with and within our communities.

Integrated Community Networks & Care Co-ordination: We will develop five Integrated Community Networks around populations of 20-25,000 people that will deliver integrated care seamlessly at a local level by aligning our services and co-ordinating our care around our population, based on their needs and the shared understanding of what matters most. These networks, once established, will provide the stable foundation for the wider system to be built upon.

Integrated Localities: We will develop the two Integrated Localities in order to ensure delivery is seamless at a locality level, that there is evolved governance in place to empower the Localities to identify, plan and deliver based on the care needs of the population, both resident and temporary. This will require a focus on business support, facilitation and governance to support a Locality driven system which works across organisational boundaries of the existing UHB, Local Authority and Third Sector.

IMPACT: We will develop, implement and embed a new Integrated Team which delivers for the Intermediate Care needs of our population to co-ordinate step up, step down care and flow through acute services for our population. It will ensure a reduction in length of stay and an improved outcome position in terms of delivery targets and patient experience.

Palliative Care Plan: We will work with our population and stakeholders to develop a system wide plan for Pembrokeshire which will align the existing services around a shared ambition for our population in order to enable high quality, compassionate and dignified care at the end of life for our population and their families / carers.

More detailed plans for delivery of the Integrated Community Networks and Teams, along with what Health and Wellbeing Centres or Community Hospitals would be needed, would be co-

produced through continuous engagement with our communities and stakeholders.

The first of the stakeholder events was held on 14th December 2018, with four more being planned between January and March 2019. These will provide the structure both for ongoing engagement but also the detail of the evolving and emerging models of care.

The model for Integrated Localities, and the leadership required for system and service delivery, is in development with Local Authority Partners and a commitment has been made to integrating health and social care. Integrated Localities will be responsible for the delivery of seamless care to our population and will require support from a range of business support functions.

Representative examples of the current service developments have been provided to highlight that the plans are more than words on paper, they are meaningful and accessible services and care provided within our communities. The examples are not intended to assure the Board of the totality of service delivery across Pembrokeshire, rather to highlight some of the current ambition, dedication and delivery undertaken by our teams.

Argymhelliad / Recommendation

The Board is asked to note the content of the report and to support the plans and initiatives identified which will strengthen services and provide integration on all levels, across organisations and between individual services in improving the health and wellbeing of the population of Pembrokeshire.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Risk Register Reference:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): [Hyperlink to NHS Wales Health & Care Standards]	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: [Hyperlink to HDdUHB Strategic Objectives]	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: [Hyperlink to HDdUHB Well-being Statement]	Improve Population Health through prevention and early intervention Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working:	Please explain how each of the '5 Ways of Working' will be demonstrated
	Long term The Integrated Pathway considers the wider, holistic and whole system needs of our population, this includes Long Term Care and how we need to deliver this together with Local Authority, Third and Independent Sector partners.

[Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide](#)	**Prevention** The Integrated Pathway considers the wider, holistic and whole system needs of our population, this includes Prevention and how we need to deliver this together with Local Authority and Third Sector partners.
	Integration Integration is at the heart of this paper, both in terms of the work already undertaken, the system wide approach to planning and delivery and the future model for providing care around our population with a wide range of stakeholder partners.
	Collaboration How we collaborate across our system is a key element of this paper, both in terms of what is currently being delivered as well as the importance in planning our future model of care.
	Involvement Critical to the development of our plan and the evaluation of our existing service delivery is the engagement and involvement of our communities. Some patient stories and feedback have been used to evidence outcomes of pilots as well as ongoing and continuous discussion in our communities through our provider servicers and the TCS programme.

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Various – outlined where evidenced in the body of the report.
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Various dependent upon each element in the report.

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	This paper has no direct financial impact however the emerging model will require additional resource, this has been specified in the Annual Plan.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	The aim of the emerging model is to improve the quality of patient care and the equity of outcomes. Where there is specific evidence this has been provided in the body of the report. It will be essential to ensure that the Integrated Pathway clearly identified metrics which assures improvement for our population.

Gweithlu: **Workforce:**	This paper does not directly impact the workforce however it does reference changes which will be needed to both bring integrated teams together, and develop elements of these teams where there are gaps identified. Additional workforce will be required in the community in order to deliver on the plan.
Risg: **Risk:**	The risks to not improving and developing our community model of integrated care have been articulated in the Strategy case for change.
Cyfreithiol: **Legal:**	This paper does not present any direct legal risks however dependent on the final model of integration, there will be legal issues regarding employment and accountability for service delivery which will need to be resolved.
Enw Da: **Reputational:**	Failure to deliver an integrated community model of care will reputation ally damage the Health Board both in terms of the mandate and expectation from Welsh Government, but also the needs and assurances given to the population through the approved Strategy.
Gyfrinachedd: **Privacy:**	No direct impact from this paper.
Cydraddoldeb: **Equality:**	No direct impact from this paper however as part of any future service change proposal, a full Equality Impact Assessment will be undertaken.

Delivering the Pembrokeshire Integrated Plan
January 2019

Introduction

In June 2018, Pembrokeshire County provided an update to the Board on the current model of services, new innovations and outcomes for our population. We gave a commitment to provide an update on the development of our integrated service model and how we are working together to enhance outcomes and experience for our population.

On 28th November 2018 the Board approved the future vision and strategy for the Health Board - A Healthier Mid and West Wales : Our Future Generations Living Well. This paper provided an update on our approach to integrated planning and the plan for delivering against the Strategy.

Planning for our population together

It is the ambition of the Pembrokeshire Integrated Plan to effectively reflect the population health and social care needs within our communities and specific areas for delivery to meet these current needs and improve the population's wellbeing in the longer term. This will ensure alignment throughout the region and reduce the risk of conflated or contradictory plans. The themes are also reflective of the priorities of the Public Services Board and West Wales Care Partnership, as identified in the Well-being Plan and Area Plan respectively.

To ensure our plan is co-produced, co-owned and co-delivered, it has been developed across the County, Acute, Mental Health and Learning Disabilities, Therapies, Medicines Management, Clinical Support Services and Corporate teams within the University Health Board (UHB), as well as with our key partners in Pembrokeshire County Council, Pembrokeshire Association of Voluntary Services (PAVS), Public Health Wales and Welsh Ambulance Service Trust (WAST).

For the past 3 years, the Cluster Plans have described the way clusters / localities will embrace the assets of individuals, communities and organisations to deliver a health and care system that supports residents to be well and independent. These plans have predominantly been informed by the GP practices, working within clusters, however these are increasingly changing to become integrated. It is our ambition in 2019-20 to develop specific Integrated Locality Plans which will reflect the whole system and build on the strong foundation of the Cluster Plans. The learning from the previous years' Locality funded projects has been used to inform this Integrated County Plan.

Our jointly agreed priorities for Pembrokeshire, to ensure integrated delivery to our population based on their needs by effective and skilful teams, can be summarised by the 4 key themes below.

To support the overarching delivery of these key themes our 5 most impactful actions are:

Compassionate, Resourceful & Resilient Communities: We will focus on strengthening our communities to care for themselves through embedding community connectors and co-ordinators into our Integrated Community Networks. This relates to the wider determinants of health and wellbeing and ensures that we retain a strong and clear focus on the co-production needed with and within our communities.

Integrated Community Networks & Care Co-ordination: We will develop five Integrated Community Networks around populations of 20-25,000 people that will deliver integrated care seamlessly at a local level by aligning our services and co-ordinating our care around our population, based on their needs and the shared understanding of what matters most. These networks, once established, will provide the stable foundation for the wider system to be built upon.

Integrated Localities: We will develop the two Integrated Localities in order to ensure delivery is seamless at a locality level, that there is evolved governance in place to empower the Localities to identify, plan and deliver based on the care needs of the population, both resident and temporary. This will require a focus on business support, facilitation and governance to support a Locality driven system which works across organisational boundaries of the existing UHB, Local Authority and Third Sector.

IMPACT: We will develop, implement and embed a new Integrated Team which delivers for the Intermediate Care needs of our population to co-ordinate step up, step down care and flow through acute services for our population. It will ensure a reduction in length of stay and an improved outcome position in terms of delivery targets and patient experience.

Palliative Care Plan: We will work with our population and stakeholders to develop a system wide plan for Pembrokeshire which will align the existing services around a shared ambition for our population in

order to enable high quality, compassionate and dignified care at the end of life for our population and their families / carers.

In order to deliver our services seamlessly at a local level within Pembrokeshire, we will develop a series of Integrated Community Networks (ICN). These are complex and interwoven collections of information, groups, services and professionals which may interact with our population face to face, on the phone or through digital platforms. At the centre of each network, which would serve approximately 20 – 25,000 people, there would be a Health & Wellbeing Centre or Community Hospital; although these are likely to be a physical presence within the ICN, they will also link virtually through the use of technology.

It is expected that care will be co-ordinated through Integrated Community Teams aligned to the ICN. These teams may include members of staff directly employed by the UHB, however staff may also be employed by the Local Authority or other public or third sector organisations. Team work will be governed by a shared ambition on outcomes, along with collaborative operating procedures.

In Pembrokeshire we expect our Community Model to deliver the following key outcomes:

- Integration of teams to work across the Network to deliver seamless care for our population
- Co-ordination, both of care for those with multiple needs and of information regarding the opportunities available across the network for both our population and staff
- Co-location of teams and services to improve our seamless approach to deliver
- A focus within communities for wellness, community resilience and networking. This should provide opportunities for communities in terms of resilience and wellness to use other forms of community currencies such as: *Time, Social contact, Information, Skills and learning, Space & Objects*

Health & Wellbeing Centres within a Locality or County, or across the whole Region, may also take on specific purposes which complement the whole needs of our population and therefore will form part of a wider integrated network across the County.

The Board has approved the development of a plan for the existing Community Hospitals, working with local communities. This plan will be focussed on the provision of ambulatory care including out-patient services, diagnostics, treatment, observation, rehabilitation and end of life care. The need for beds as part of Community Hospitals will be considered as part of the emerging plan.

In order to progress delivery of this strategy in Pembrokeshire five initial workshops will be held with key stakeholders before the end of March 2019. These will define our approach to further co-production with the local communities. The first of these was held in Goodwick on 14th December 2018 and a positive discussion took place that supported the ongoing development and enablement of community based initiatives which are connected and accessible. The discussion tool below was used to support the workshop :

Check and Challenge Questions
Mobilising the Whole System

- How will we create health in the population?
- Benefit those experiencing the greatest health inequities?
- What could we do to prevent this problem from happening in the future?

- How will we contribute to the sustainable development principle?

- What does the evidence tell us about what works?
- What does good look like?
- How do we know that there is a need?
- Why is it important?

START HERE

HOW will the action shift the system from illness to wellbeing?

WHAT are we trying to achieve and WHY?

- How do we minimise and mitigate harms to health?

HOW will we know we have made a difference?

IS this something the community can do for themselves? Do they need help to do it? Or is it something only we can do?

- What would it be most useful for us to measure?
- Will this occur in the short or long term?

HOW will our action shift the balance of power towards individuals/ communities?

WHO are we going to involve in designing and/ or delivering the action?

- How do we know? How can we check this out?
- How could the system help strengthen communities to enable them to do it for themselves?

How will we:
- Increase the resilience of individuals and communities?
- Facilitate their participation and inclusion?
- Give people more control over their lives?
- Maximise their capabilities?

- How will we involved potential beneficiaries?
- Who else could help and how will we invite them to join us?

The five Integrated Community Networks for Pembrokeshire are:

South East Pembrokeshire Community: A registered population of 25,800 (13.2% > 75 years) of Narberth, Saundersfoot & Tenby Surgeries. This group will also develop a plan for the development of Tenby Cottage Hospital and how this links with Narberth and across this large rural area. A key focus in this area will be on same day and urgent care access for the local and temporary population, with particular reference to meeting the needs of the older age community.

South West Pembrokeshire Community: A registered population of 23,000 (9.9% > 75 years) of Argyle Medical Group. This group will also develop a plan for the development of South Pembrokeshire Health & Social Care Resource Centre, South Pembrokeshire Hospital (SPH). A key focus in this area will be on rehabilitation services within the community building on the existing services co-located in SPH. It will be important for this group to rapidly identify the need to community beds as part of the long term model.

Milford Haven & Neyland Community: A registered population of 20,700 (9.8% > 75 years) of Robert Street, Barlow House and Neyland & Johnston Surgeries. This group will consider a development plan for the Neyland community in 3-5 years and the networked approach with Manchester Square. A key focus in this area will need to be considered by the group but could include key elements of long term chronic condition management.

North Pembrokeshire Coastal Community: A registered population of 21,200 (12.1% > 75 years) of Solva, St David's, Fishguard and Bro Preseli Surgeries. This group will consider a development plan for the Fishguard community which links effectively across this wide rural area. A key focus will be on the longer term wellness and prevention opportunities of working across statutory and third sector organisations with a key focus on reducing social isolation for the older age community.

Haverfordwest Central Community: A registered population of 27,000 (9.5% > 75 years) of St Thomas and Winch Lane Surgeries. This group will consider the central network needed to support wider county clinical teams that respond urgently to the step up and step down care of our population.

Over the next year, the future model for Pembrokeshire will be further aligned to the Transforming Mental Health and the Women and Children's plans. This will ensure we have an integrated health and care system that works for our whole population and all their needs.

We have aligned our plan with the 6 components of the Integrated Pathway, reported on in the previous report. Some of the examples of projects and services may currently be locally provided and the evaluation and expansion of these services will depend on the co-produced Integrated Community Networks and resource availability.

STEP 1: Help me to choose and age well

Our Plan: It is particularly important that preventative services are easy to access as maximum benefit is achieved if used before individuals reach a crisis and have more intensive needs of support or care. Focusing on strengthening communities is vital for services aimed at maintaining and enhancing community connections and providing support at an early stage. Being able to get support locally is often high on an individual's list of what is important to them. Our overall aim is to ensure that Pembrokeshire keeps improving as a place to grow and age well. We also want to support our residents to manage long term health conditions or physical disability effectively. An understanding of the range of services available within the community will be key to this, especially the role of Community Pharmacies in offering "Walk in" services.

We aspire to become a Resilient & Compassionate County, whereby our community resilience is effectively supported from within and we enable neighbours, carers and community groups to help themselves and each other to stay well, choose well and age well.

2018 Progress & Activity

Most Significant Change: hearing what matters most for our population is critical in the current delivery and future design of services. In Pembrokeshire a project has been running with Swansea University to capture the "Most Significant Change" (MSC). The following two stories have been chosen as both illustrate how fragile we humans are and how quickly life's circumstances and the response of people around us can bring us down or lift us up – whether we are young or old, our confidence can be so easily undermined and without it we cannot go far. They also illustrate how what might be perceived as 'little things' can have such a big impact – a Sunday roast or a reassuring word.

A panel has been convened to review each submission with membership from the Local Authority, UHB and Third Sector senior officers as well as elected members.

The learning from this approach has been significant:

- A lot of professional practice is made less human by risk aversion. We need to foster 'common sense' and really listen to people about what matters to them
- Risk aversion can also creep into community-based activities and stifle naturalness and humanity – 'the quest for perfection drives out the good'
- Kindness goes a long way – 'what more do any of us want than others to be kind to us'
- People only seek information help when in a crisis. Whilst some of the stories seem low key, they clearly illustrate how people are building networks of support that will come into their own when a storm hits. Without these networks of support that can respond 'in the moment', people can quickly end up in services. We should not underestimate their value and cost-benefit
- People generally blossom when grow within the local context

- Normal and ordinary services like libraries could be the new 'social services' so think twice before you cut them. They may deliver the outcomes you want at a fraction of the cost of traditional services
- We must seize the moment – the policy context is ripe for putting humanity before bureaucracy
- We often focus on the big stories about what has gone wrong – but learning and vitality can come out of focusing on the everyday good; the 'magic moments' from everyday practice
- Different things work for different people, but the fundamental approach is the same

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What's out there? Dare to dream

Background to my story: I moved into Perrott's Lodge 7 months ago after spending a period of time in a mental health hospital. I am prompted to wake up and prepare for the day, starting with breakfast. I help with daily living skills within the house. I see my dad often and try to help him when I can. Support staff drop me off there. I also walk with staff most days. I love archaeology and am currently studying geography, German and Welsh and I do speak a small amount of Welsh. I enjoy eating and will often buy beef for Sunday dinner and help prepare it.

What changes have happened:
- Staff here are good – they support and listen to me
- I was able to spend Christmas with my dad, which I was unable to the year before as I was in hospital and was not granted leave.
- Originally, I was subject to a Section 3 of the Mental Health Act and came to Perrott's Lodge on a Section 17, which has now been removed
- I find Perrott's Lodge a place of safety and security, which has helped to stabilise my mental health

Which of these changes are most significant to me?
Removal of Section 17 and being able to live in a calm and supportive environment. As a result I have not needed to have PRN (as and when required) medication

What it was like before
During my stay in the psychiatric units I felt afraid and isolated. Often, there was conflict between me and the staff and sometimes other patients. No one supported me to feel good about myself and I was allowed to become very dishevelled. I was restricted in what I could and could not do and felt that staff guarded me. I felt very vulnerable.

What it is like now
I feel secure and independent and take more pride in how I dress and appear. I am able to go out, and most importantly I have choices and I feel 'free'. I am not the person I was – I have my life back. Staff listen to me, but know that I need support to maintain routines that are important to my well-being. We work together. I feel able to study again, where I could not before due to the levels of stress in the psychiatric units. My Section 17 has been lifted and I don't have to see professionals so often. I am able to be with my dad a lot more. Our relationship is good and he is not worried now.

What happened to make the changes come about
I found myself in a safe, secure place that really carers for me. I need consistency and routine in my life, but also peace and Perrott's Lodge is the perfect place. The most important thing for me is there are no more 'locked doors'

Knit one, purl one, see my confidence grow

Background to my story
I am an older person who attends a 'knit and natter' group in a local library in South Pembrokeshire every Tuesday

What changes have happened
- My confidence has increased
- I walk to the library instead of taking the car
- I really look forward to the weekly sessions, the chatter, tea and biscuits
- I love to share patterns, ideas and skills
- My knitting has improved
- I am helping others by knitting 'chip shop' baby sweaters and hats

Which of these changes are most significant to me?
Regaining my confidence and courage. It took a lot of courage for me to join the group. I felt I may be seen as stupid if I couldn't knit what the group were all knitting. I hadn't knitted for 15 years as my children and grandchildren didn't need anything knitted. I was nervous – could I fit it?

What it was like before
I have always relied on my husband's company since we retired. I think I was getting to feel that I couldn't do things on my own anymore. I was apprehensive about going out on my own. I didn't think people would have anything to say to me.

What it is like now
The 'knit and natter' sessions allow me time for myself. They have increased my confidence and I love knitting once more. I have something to look forward to! I am also looking out for ideas to share with the group. I also share what I have been doing with my family. Last weekend, when my son called, we were watching a TV programme on Africa and as he moved closer to the TV, I asked him why? He said "I am looking for the 'chip shop' baby jumper you knitted" We all laughed!

What happened to make the changes come about
The volunteer who leads the knitting sessions allows us to be ourselves and the sessions are very much about enjoying our time together. She suggests things for us to knit, so we can choose what to do. I have found my long lost knitting skills and now really look forward to our Tuesday morning get-togethers over a cup of tea and a biscuit.

I have also shared my concerns about my recent bout of pneumonia. Before, I was worried that the doctor had said that my lungs had been affected by the condition, but my fellow knitters have reassured me. I am not so worried now.

Compassionate Communities Pembrokeshire is a whole community approach to End of Life Care (EOLC) where caring for one another at times of need, loss and/or crisis becomes the task and responsibility of everyone. It takes a community development approach and seeks to engage and

encourage communities to plan for their future needs and to support each other through stages of ageing, dying, death, grief, loss and caring.

The project has been running for 18 months and involves reaching out to 5 communities within Pembrokeshire with a range of inclusive and inviting Advance Care Planning (ACP) workshops, humorous film shows, pop up cafes and events to explore Compassion, how we can learn from and support each other and also to identify gaps in community supports around EOLC.

This project arose from a 4 year ACP collaboration with Paul Sartori Foundation (2013-2017) raising awareness of ACP, training Volunteer Facilitators and supporting people to think about, talk about and write down their wishes and priorities for their future care. Additional funding was secured from the Localities to employ ACP Nurse Practitioners to work with patients who are critically ill and need to write an ACP urgently. The Compassionate Communities initiative was set up to look at ways to engage with people in communities to look at their needs before they reach end of life care.
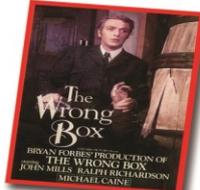
The next phase for the Compassionate Communities project is seeking to meet the identified gaps in community support and we are setting up a NOSDA (No One Should Die Alone) pilot scheme in Pembroke area covering people living alone in Care Homes and in South Pembrokeshire Hospital. We see further potential to develop a Compassionate Neighbour's scheme in Crymych and Fishguard to address loneliness and isolation amongst elderly people with life limiting illnesses and planning to launch a Charter for Compassionate Communities in Pembrokeshire.

North Pembrokeshire Bowel Screening Update: The cluster is undertaking a project to increase the response rate for bowel screening in North Pembrokeshire. Data provided by Public Health Wales for 2016-2017 showed the uptake of Bowel Screening in Hywel Dda Primary Care Clusters as 54% (target of 60%). The rate for North Pembrokeshire is 53.6%. This is compared to above average uptake for other screening initiatives - Breast Screening (74.6% against a target of 70%); and slightly below average for Cervical screening at 75.5% against a target of 80%.

The screening programme for Bowel Screening includes men and women aged 60-74 who are sent a test kit and invited to take part every two years. Targeted work will be taken with non-responders to screening. The aim is to prioritise the promotion of bowel screening to try and increase uptake rate amongst patients in North Pembrokeshire.

Development Actions: Further work is needed to ensure that we are enabling our communities to develop their own solutions, build resilience and grow their resourcefulness. This work is being led

through the Preventions Programme Board and a joint work programme has been developed and is summarised below:

Theme	Key Actions & Outcomes
Integrated education plan - across primary, community & acute care	Enhanced team development Achieving best practice in clinical and pathway care
Enabling our population to be better informed to make choices	To develop public awareness of care and services closer to home through the Choose Well scheme Integrated Information, Advice & Assistance
Full implementation of Choose Pharmacy and Pharmacy led walk in services	All pharmacies on Choose Pharmacy and all pharmacies offering the Common Ailment Service Two pharmacies developed into Pharmacy Walk-in Centres
Integration of components of social prescribing	Alignment of community connectors, healthy lifestyle advisors and health psychology & primary care occupational therapy
Compassionate communities	Communities that publicly encourage, facilitate, support and celebrate care for one another during life's most testing moments: chronic illness, frail ageing, dementia, dying, loss and long term caring

STEP 2: Support me to stay well & support myself

Our Plan: The 'All Wales Emerging Model for Primary and Community Care' acknowledges the need to embrace a much greater focus on self care, healthy living and the use of community assets that support people outside the traditional medical approach. Promoting independence and mental well being through access to a range of local community resource will be integral to future service design. This model provides our framework for review and realignment / development of our primary care and community service provision.

To deliver cohesive and integrated primary and community service there needs to be a stable foundation within General Medical Services (GMS). For Pembrokeshire, there has been significant instability within our GMS infrastructure due to challenges in recruiting replacements for retiring GPs and this has impacted our population's access and trust in local service delivery. Building trust in service provision, and flexible, adaptive and integrated systems will be essential.

At a time of growing population need, mitigating the challenges faced by GMS will be essential in order for it to continue to be the 'bedrock' of population health. This can only be achieved by thinking differently about the service model and the needs of the population and how the system can work collaboratively through the Integrated Community Network model. How we educate and enable our patients and support carers will be critical in our future Integrated Community Networks. To enable this development we will invest in Community Co-ordinator roles who will work with local Multi-Disciplinary Teams to ensure the needs of our population are effectively planned, communicated and implemented.

We will deliver care for our permanent population and our temporary population. We will ensure our service meet the needs of those who may be newly resettled in the area, for example through the Syrian resettlement programme. This will mean we have systems in place to support translation for non-English or Welsh speaking communities and for those with sensory impairment. We will endeavour to ensure Welsh Language services are available and accessible for our population.

2018 Progress & Activity

North Pembrokeshire Locality Pharmacists: Cluster Pharmacists continue to support GP Practices across North Pembrokeshire. In addition to the work plans commenced in the previous year the pharmacists have run NOAC clinics for annual reviews or initiation as per enhanced service, bisphosphonate reviews, audit work, dressing prescription review, liaison with COBWEB (a clinical system for the procurement of dressings) and ran flu clinics.

The Pharmacists have reported activity for the first six months of 2018/19 as follows:

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2018/19	Q1	Q2	TOTAL
Reauthorisations	1,168	912	2,080
Acute medication requests	151	464	615
Medication reconciliation from secondary care	230	791	1,021
Face to face appointments	23	60	83
Total quantifiable patient contacts	**1,967**	**2,227**	**4,194**

North Pembrokeshire Counselling Services: Pembrokeshire Counselling Service is commissioned by the Cluster and received 290 referrals during 2017/18. During the same time period 262 patients completed a series of counselling sessions. In addition, a number of counselling sessions for the 8 – 25 year old group were commissioned.

North Pembrokeshire Practice Based Social Worker
The Cluster is piloting the use of a Practice Based Social Worker in one Practice within the locality to work as part of the primary care Multi-Disciplinary Team (MDT). The project will be evaluated however expected benefits to the Cluster could include:
- Social Workers will be seconded; therefore there will be no employment responsibilities for the Cluster.
- Joint working to improve communication with Social Services, currently a source of frustration and time consuming for all parties.
- Social workers as part of the Multi Disciplinary Team could fit in well with existing and new Cluster projects, such as Paul Sartori, Frailty, Counselling and 8-25 Youth & Community Project.
- Future possibility of the Social Worker working alongside Cluster Pharmacist.

North Pembrokeshire Diabetes Prevention Programme: The Cluster is undertaking a Diabetes Prevention Programme with a service aimed at patients already identified with non-diabetic hyperglycaemia, and who are therefore at high risk of developing Type 2 Diabetes. This high risk group will be offered the service to enable them to reduce their risk of developing Type 2 Diabetes through weight loss, improved diet and increased levels of physical activity.

The aim of the project is to reduce the incidence of Type 2 diabetes in individuals referred to the service thus reducing blood glucose parameters in service users at 12 months and beyond and reducing weight of service users at 12 months and beyond.

North Pembrokeshire Practice Based Community Psychiatric Nurse: Mental Health Innovation & Transformation money has been secured to fund a primary care pilot within a GP cluster in Pembrokeshire. This pilot will build upon a successful pilot in Cardiff & Vale UHB that has reported significant improvements in mental health care and a dramatic impact on referrals to primary and secondary mental health services. Two Community Psychiatric Nurses (CPNs) will be employed by mental health services to work within a GP cluster and undertake all initial assessment and ongoing care of individuals with mild to moderate mental health problems. To date the following has been achieved:
- Funding secured.
- Agreement with the Pembrokeshire County Director to develop the project cooperatively
- GP cluster identified
- Job descriptions agreed

The anticipated benefits of this project include:

- Improved service user and carer experience in more appropriate and timely assessment.
- Outcome measuring will be consistent with the Cardiff & Vale pilot to ensure that any results are comparable. We are consciously piloting this in a part of Wales with different demographics and increased rurality.
- Reduction in workload for GPs
- Improved integration across primary and secondary care, reduced delays in referral to assessment.
- Reduction in Community Mental Health Team (CMHT) referrals
- Reduction in Primary Care Mental Health referrals
- Reduction in Primary Care Counselling referrals

This has been positively received within primary care with a number of GP clusters expressing an interest in extending the pilot.

General Medical Services Sustainability: Across Pembrokeshire there are currently 6 Practices where there is a medium or high risk to their sustainability or whereby the Practice has become directly managed by the Health Board.

Goodwick Surgery has been managed by the Health Board since April 2015. An agreement is in place with neighbouring Fishguard Surgery for the two practices to amalgamate on one site upon completion of

refurbishment works at Fishguard Health Centre. The completion date for the building works is on target for March 2019.

Goodwick Surgery continues to be dependent on regular locums for its medical rota, supported by GP Hub telephone consulting and on-site support from the Primary Care Support Team (Pharmacist). Support from Fishguard Surgery continues with regular clinics running in conjunction with the Clinical Pharmacist to address the management of some of the most complex patients. Work on aligning processes with those in Fishguard Surgery continues and the interface between the teams is developing well.

Extensive public engagement has taken place with the community in association with the Community Health Council with the number of concerns received from patients about both the future of services and the experience in the Practice has declined in recent months. Communication continues to be supported with the publication of a monthly newsletter available in hard copy at both practices and the three local community pharmacies, on the practice websites and is also communicated to all of the local councillors, AMs and MPs.

Solva Surgery: The Royal College of General Practitioners, at a recent awards ceremony, announced that Solva Surgery was to receive the highly prestigious Royal College of GPs Wales Practice Team of the Year Award, 2018. This is the second time that the Surgery has won the award where practices are nominated by patients.

This Award recognises the positive impact on patients' lives and outstanding level of care delivered by the whole healthcare team working within a practice including the practice nurses, community nurses, administration staff and the wide variety of other attached healthcare professionals.

South Pembrokeshire Healthy Lifestyle Advisors: The South Locality have invested in two Healthy Lifestyle Advisors who manage a caseload of clients who require support to make changes to their lifestyle that will improve their health. The Healthy Lifestyle Advisors have targeted community settings businesses and school settings with staff. The project has been well received and empowering to clients that have use the service. The Healthy Lifestyle Advisors have been linking in and signposting clients to third sector organisations and Community Connectors. Since starting the Healthy Lifestyle Advisor project our Screening uptake has increase through signposting and advising the client.

South Pembrokeshire Physiotherapist: The cluster is investing in a Musculo-Skeletal (MSK) Physiotherapist who will work alongside the GP as a first point contact practitioner for their MSK patients. The potential value and impact of extending this approach is expected to be significant and will be monitored. Physiotherapists seeing patients at an earlier stage when they first present with a problem enables prompt treatment for the patient. This is the next step for the Integrated Locality Team across the 5 practices. The cluster is optimistic about the positive impact that the Physiotherapist can offer to educate the wider Primary and Community Team. The expected benefits include:

- Reduce referrals to secondary care orthopaedics,
- Reduce unrequired investigations,
- Reduce onward referrals to physiotherapy in community and secondary,
- Increase the number of patients able to self-manage effectively,
- Increase the number of referrals to leisure centres and other forms of physical activity
- To link in with the Cluster Occupational Therapist project

Neyland Primary Care Development: In November Neyland and Johnston Surgery moved from the Charles Street premises to St Clements and absorbed almost 2,000 patients from the neighbouring Argyle Medical Practice. The transition of patient care, and retaining a service within the local area, was actively support by local patients and community groups and the feedback to date has been positive:

Everyone mentions the kindness, willingness to help, efficiency, ease of appointments, and the neatness and tidiness of the waiting room and foyer.

Paediatric Speech and Language Therapy: With a strong emphasis on early intervention and tackling inequalities, the paediatric speech and language therapy service continues to build upon its history of strong partnership working with the local authority.

Language difficulties predict problems in literacy and reading comprehension, they are also associated with problems in children's behaviour and mental health. Evidence shows that children with poor vocabulary skills at age 5 are more likely to have reading difficulties as an adult, more likely to have mental health problems, and more likely to be unemployed.

Speech and language therapists (SLTs) and band 4 assistants in South Pembrokeshire are fully integrated into the Flying Start team. They support the development of communication skills in pre-schoolers who live in areas of deprivation by empowering families and staff in preschool settings to identify warning signs and provide timely interventions.

The schools' SLTs work within multidisciplinary teams around pupils, parents and settings (TAPPAS). They have introduced an early communication screen into all nursery classes in the county, which is supported through training sessions and termly teacher network meetings. All referrals for school aged children are triaged at a multi-agency Communication Forum ensuring intervention is provided by the most appropriate professional. New referrals into the paediatric service have reduced by 29% since 2015.

Take Control Day for People with Parkinson's: Recently Parkinson's UK organised a 'take control day' in collaboration with the local branch of the Parkinson's society in Haverfordwest Leisure Centre. Local third sector groups were invited to demonstrate activities for patients to experience to maintain functional ability, a healthy lifestyle and support. The local health team was also invited to allow patients an opportunity to ask questions to the MDT.

The day was well attended with 87 people booked for the day. The MDT decided to take this opportunity to ask the patients their view on current services and where they would like to take future services. Questionnaires were developed and idea cards were also made available for short suggestions.

"I have had Parkinson's for now for 12 years and although difficult at times with the help and understanding of the multidisciplinary team, life has been approached with hope, interest, humour and love; not easy but essential if you want to have a decent relationship with those you love and respect. My sincere thanks to all in the 'team"

The feedback received has enabled the service to tailor its plans for the future:

- Regular MDT early diagnosis clinics with written information for education and self-management strategies.
- Provide patients with written information when to refer back and development of open access self referral to health services.
- Explore early vigorous and high intensity exercise opportunities within Day Hospitals including 'PD Warrior' principles. These are provided for a short period of time in-house before patient extend the exercise pathway with a follow up programme in the LA Leisure Centres providing a prolonged, targeted and intensive exercises programme or the newly diagnosed and early stage Parkinson's patients in Pembrokeshire.

Development Actions: Resilience of Primary and Community based services is key to enable our population to stay well and have confidence in accessing care at the right time. The next steps therefore need to ensure that there is a clear alignment between Primary, Community, Social Care and Third Sector providers.

Theme	Key Actions & Outcomes
Integrated Community Network Development	Provide seamless care, delivered locally with an initial focus on step up/down & flow
Implement Community Co-ordinator	To provide first point of contact and co-ordination support to

role as part of ICNs	MDTs for specific patients
Community Nursing Leg ulcer Clinic service	To ensure patients receive evidence based care To improve healing rates To ensure service provided meets NICE guidelines To improve the patient experience To provide a service that is prudent, value for money and providing positive outcomes for the patient and family
Education Programmes for Patients	Proactive patient education & increase GMS and CIN referrals. All people living with LTC or CC and their carers have self-management as part of their usual care pathway. All people waiting for a first routine OPD appointment attend a self-management programme whilst waiting for their appointment. SMP to support the delivery of routine care to areas such as podiatry, continence, medicines management to ensure complex patients have rapid access to relevant care. Parallel planning occurs this is whilst we support LTC/CC we also deal with prevention e.g. 5 ways to wellbeing.
Improve supportive self-care and reduce USC by targeting ACS conditions	Increase reach through pro-active, supportive, targeted patient education / training for those living with Chronic Conditions
Commitment and alignment to Investors in Carers	To increase the identification and support for unpaid carers through a commitment by community service teams and commissioned providers to achieving Investors in Carers accreditation.
Primary Care	GMS Access Community Pharmacy Enhancing Access and Services Dental & Orthodontics Access Optometric Enhanced Services

STEP 3: Assess and monitor me closely

Our Plan: At a time of increasing need for our older population, we need a model of care which will effectively focus on developing better services for people who are living longer with a higher level of complexity, particularly those with Dementia. This will deliver improvements in patient flow in acute hospitals, as well as reducing demand for residential care. We need to ensure that the right care is provided at the right time by the right person for those with chronic conditions, multi morbidity & frailty. This will be supported through the Dementia Action Plan. Over the next three years this will be delivered through Multi-Disciplinary Team working with named GP Practices, around their more complex population, developing, implementing and communicating anticipatory care plans or advance care plans for those people towards the end of their life. We will seek to use digital solutions to aid communication across the system.

Where people have specific need for care, we will endeavour to increase the opportunities to receive these in community based clinics, working collaboratively with the third sector to create opportunities for reducing social isolation within our communities. Where appropriate we will seek to introduce new approaches to diagnostic testing to reduce the need to travel to an acute hospital and we will work across therapies to enhance community based models of care, enabling people and their families to maintain function within their home environment.

2018 Progress & Activity

North Pembrokeshire Community & Primary Care MDT Facilitator: Following the successful pilot with Solva & St Davids Practices three additional GP Practices were successful in obtaining Pacesetter funding to employ a Community & Primary Care MDT Facilitator to widen the roll out MDT working across the locality.

The key function of MDT Development Officer role would be to build upon learning in other areas to support individual GP practices in the initial stages to set up, co-ordinate and facilitate community MDTs in their area.

The establishment of regular community & primary MDT meetings within GP practice supports the identification and treatment of vulnerable people in the community who would benefit from an integrated approach to care. This approach will contribute to easing pressures further "up" the system as patients will receive the appropriate intervention necessary to maintain their independence at home for as long as possible.

These meetings will ensure that patients receive the most appropriate care from the most appropriate person in the shortest time possible. The increased communication between professionals because of a closer working relationship could potentially result in shortened lines of referrals, improved awareness of individual roles whilst also contributing to saving staff time as better co-ordinated services can result in fewer professionals overall needing to visit patients.

Working with locality colleagues, the MDT Development Officer will facilitate the delivery of the "Community & Primary Care Project Plan" in supporting GP practices for a time limited period across the North Cluster. The role of the postholder is critical for the effective establishment and roll out of regular community & primary MDT meetings in GP practices that support the identification and treatment of vulnerable people who would benefit from an integrated approach to care. This approach will contribute to easing pressures further "up" the system as patients will receive the appropriate intervention necessary to maintain their independence at home for as long as possible.

South Pembrokeshire Locality Outreach Nurse for the Elderly: This project offers baseline health checks for those most at risk in Care Homes and the Community the project started in October 2018 which will continue until March 2020. The service will undertake a health and wellbeing review for each identified patient, provide key vaccinations and undertake Advance Care Planning. It is expected that the project will review all elderly patients not seen in the past 12 months – these patients may be dependent on a family member or neighbour, but could have undiagnosed complex needs. This will also inform an accurate Housebound Patient Register within the locality to support MDT working practices.

Saundersfoot Surgery: The Practice Team at Saundersfoot Surgery, in collaboration with the District Nursing Team, decided to do Christmas a bit differently and put our community first, especially those who face challenges at this time of year. All Secret Santa presents were donated, along with fundraised monies, to buy "little hampers of festive joy" for some of the more vulnerable patients in the community. The Team cares passionately about the community that they serve and demonstrate a commitment to building upon for the future.

South Pembrokeshire Locality Occupational Therapists: continue to be valued as part of the practice teams, adopting a proactive, preventative approach to supporting people at home with frailty and multiple conditions. 96% of those seen in primary care were not previously known to core occupational therapy services and referral rates to core teams have not been impacted. This indicates we are addressing functional issues with people earlier, when impact on outcome is likely to be greater. The approach supports self management, with only 7% of those seen being referred onto statutory services.

This alternative approach has demonstrated that seeing the right person at the right time to address and resolve what matters to an individual, can help to

- Reduce multiple and frequent contacts with the surgery (80% reduction in contacts with practice in those sampled).
- Avoid escalation of crises in primary and secondary care.
- Support community engagement and resilience, by enabling people to reengage in communities and social activity and supporting the emerging social prescriber workforce.

The Health Board is recognised nationally as an innovator in occupational therapy in primary care. We have been invited to participate in a research study testing the effectiveness of an occupational therapy vocational clinic in primary care to support people to return to and remain in work. We are planning to build on our partnership approach to undertake this research in Pembrokeshire. As work is an important determinant of health and well-being this area of research will help inform our future planning both locally and more widely.

Bladder & Bowel Service: This collaborative and patient focussed service consists of three specialist nurses/prescribers who each independently manage a caseload of adults with complex bowel & bladder problems across primary and secondary care. Previously known as the continence service, it was felt that this title was a barrier to people experiencing bladder and bowel problems from seeking help and alluded to the belief that it was merely a 'free pad' service. The service is available for any adult experiencing complex bladder and bowel problems, irrespective of disability or diagnosis via referral from health and social care professionals as well as self-referrals.

A range of services are provided, including:

- The assessment of individuals with bladder & bowel problems from diagnosis, investigation, treatment and follow-up

- Prescribing suitable appliances e.g. catheters, containment pads, Transanal Irrigation (TAI)

- Initiating interventions and care pathways such as Intermittent Self Catheterisation (ISC), TAI

- Outpatient consultations in nurse led clinics which address physical, sexual and psychosocial issues related to bladder & bowel care

- Acting as an advisory service to patients, relatives and carers and telephone follow-up service to reduce need for outpatient follow up & unnecessary presentation and admission into emergency care

- Home visits to patients with complex bladder & bowel problems, often preventing unplanned admissions

- Supporting community health teams in the management of bladder & bowel symptoms

- Delivering Health Board wide training days e.g. continence promotion, catheterisation and bowel management

- Development of patient information/ Health Board policies, formularies and care pathways, research and development

In 2018 the team delivered 67 training sessions to professionals across the Health Board and provided on average 128 episodes of 1:1 advice per month to other health practitioners.

The Team have an average of 888 patient contacts each month, of which 58% by the Core Team are face to face. With 104 new referrals each month, there is a steady growth to the caseload and this has increased by 10.5% in the last 11 months.

Bladder & Bowel Service Referrals Jan - Nov 2018 — *Information for Home delivery not available March & April*

Bladder & Bowel Service Active Caseload Jan - Nov 2018 — *Information for Home delivery not available March & April*

Bladder & Bowel Service Patient Contacts Jan - Nov 2018 — *Information for Home delivery not available March & April*
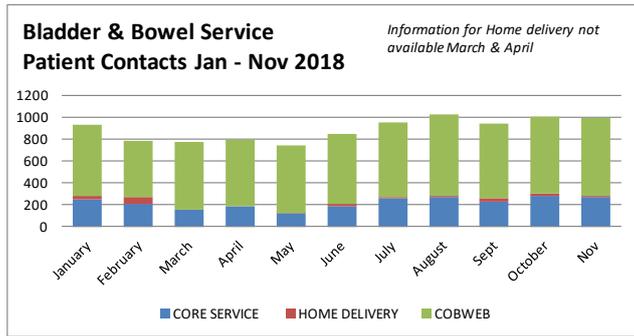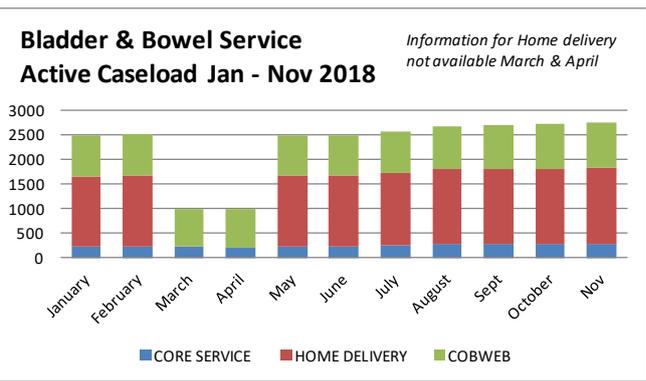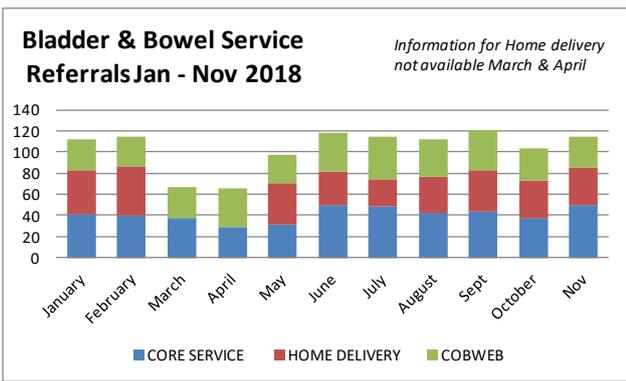
The Team has ambitious plans for future developments and how they can better support the wider Primary and Community Teams as well as acute specialist outpatient clinics. Changes in population demographics, in particular a rise in older people, means that the demand for containment products such as pads, from patients with bladder & bowel problems in the community will only increase. Irrespective of their ongoing complex health issues, the continence status of these patients can be improved by staff who have the skills to perform comprehensive continence assessments.   A business case is being developed to enhance and expand the service to enable greater integration and to be able to offer specialist services across the county.

Pembrokeshire Single Point of Assessment (SPoA):   The Pembrokeshire adult mental health community teams are replicating a successful service development from Cwm Taf University Health Board, developing a SPoA. They will pool their resources to provide a single point of assessment for all referrals during the week.

Benefits to staff, service users and carers will be:
- More timely access to a mental health assessment, potentially same day in most cases
- An agreement at the end of the assessment on what service is required with no need for further repeat assessments within non-specialist mental health services.
- Anticipated reduction in DNA rates

- Greater collaboration among teams, providing a more seamless service with a reduction in artificial barriers to care

Each of the above projects has a project board established to oversee its implementation and to ensure that outcome measures are collated and reviewed and these will inform future service developments. All findings will be reported to the Mental Health Implementation Group (MHIG) and its relevant work streams. It has been a pleasure to note the enthusiasm and motivation behind the clinical teams, service users, carers, third sector, local authorities and other key partners, all of whom have demonstrated the vision, drive and commitment in developing and volunteering to pilot these new ways of working.

Development Actions: There is well documented evidence which suggests that aligning multiple professionals and agencies around a risk-stratified group of our population enables co-produced, proactive care to be planned and delivered in the community. Some good progress has been made, however further development of the Integrated Locality and Community Resource Teams are key; these will be aligned to the Pembrokeshire vision for the development of Community Hubs.

Theme	Key Actions & Outcomes
Integrated Localities for planning and delivery assurance	To ensure our Localities continue to develop as a whole system, ensuring the highest impact for their communities
Care co-ordination and MDT proactive care planning	To risk stratify the population in order to identify those whose care may most benefit from an integrated proactive care plan with delivery and communication across system
Palliative Care Plan	To agree across all integrated providers, a clear strategy and implementation plan for Pembrokeshire – then to ensure implementation.
Integrated frailty & dementia model	To ensure our workforce and processes work seamlessly across the system to support those with the most complex needs in our communities.
S&LT training programme to care homes in order to prevent hospital admissions / reduce GP callouts due to complications from dysphagia.	If dysphagia is untreated, the consequences are significant and can result in dehydration, malnutrition, and ultimately aspiration, choking, chronic chest infections and pneumonia Ensure timely and appropriate referral into service. No additional funding required – to be delivered as part of core service
Improving nutrition and hydration in the community to reduce unscheduled care demand.	It is estimated that 1 in 10 people over 65 living in the community are malnourished or at risk of malnutrition. Research has shown that malnourished people; • see their GP twice as often • have 3 times the number of hospital admissions and stay more than 3 days longer than those who were well nourished NICE identified better nutritional care as the 4th largest potential source of cost saving to the NHS
Specialist community based clinics	To deliver care in a prudent way for those people who are not completely housebound and who may benefit from an alternative model of care.
Enhance Point of Care Testing in primary & community settings	To ensure we can deliver appropriate interventions locally, reducing the need for patients to travel for routine care or diagnostics, where possible
Shifting settings of care	To bring planned acute services into the community

STEP 4: Step up my care and keep me at home

Our Plan: Over the next three years we will enhance and strengthen our joint commissioned intermediate care pathways in order to ensure that where safe and appropriate, people can be provided with enhanced levels of care within their home in a timely way. The Pembrokeshire Intermediate Care Strategy will ensure an integrated and systemic approach which works across secondary and primary care and community health, social care and the third and independent sectors.

The Integrated Multi-Professional Assessment and Care Team (IMPACT) will be key to the delivery of Intermediate Care and will be formed in Year 1 through the amalgamation of previous teams including the Acute Response Team, MAST, Care at Home Team and Joint Discharge Teams. Their focus will ensure that rapid response is available and appropriate based on the needs of the patient and in consideration of their home situation. To enable this to happen, specific focus will be given to the pathways which need to be co-designed and implemented through IMPACT.

We will work proactively with the Ambulance Service to identify integrated pathways which can treat and keep people within their communities as well as ensure timely response for those who live in our rural areas when they need it most.

2018 Progress & Activity

Pembrokeshire County Council (PCC) Care Provision: At the end of November 2018, Allied Healthcare gave notice to the Local Authority and the Health Board that they would be ceasing to operate. PCC undertook to set up direct care provision and TUPE staff to support continuity of care for the individuals receiving social care packages. The handover of care from Allied healthcare to PCC has been complex and staff involved have done an amazing job to develop a registered service in 4 weeks, and to support the transfer on the deadline date of 14th December 2018. Some staff did not transfer to PCC, due to choice, or because transfer rules (TUPE) did not apply to their role, some also moved to supported living provision and some to a provider of Children's continuing health care.

The local Allied branch were under an embargo in line with the escalating concerns process, the concerns centred on missed calls. As per partnership process, this embargo remains in place post transfer until reviewed and improvements are evidenced and sustained. The new service has been supported by day centre and other PCC staff in order to ensure delivery of care; this reflects the commitment of staff involved.

The future scope and size of the service is yet to be agreed, and any expansion must be completed in a sensitive manner with care taken to minimise any of risk destabilising the independent sector by recruitment from within their services. PCC are therefore looking at alternative recruitment and training models via Workways+, and are considering interdepartmental opportunities across council services.

Longer term we envisage the intermediate care strategy will describe the model for integrated working at this front line level where a wide range of services can be brought together to share skills and resources to the best effect to meet the needs of people in Pembrokeshire with a coordinated health and social care response.

For those patients receiving health packages from Allied Healthcare, the Care at Home Team and the Acute Response Team have provided initial bridging care whilst long term alternative solutions are sought. Feedback from families about the transition of care has been very positive.

Acute Response Team: The Acute Response Team in Pembrokeshire currently work 24/7 although numbers are limited and there is the potential to grow the pathways and interventions they offer. In the past year the team has offered 1907 patients 6895 interventions in their own home of which 67% supported step up of care and 33% step down from wards or Emergency Department (ED).

Patients requiring Intravenous Medication (IV) at home have been the historic group requiring support who may otherwise have been admitted however increasingly the workload supports patients discharged earlier from acute requiring Miami J Collar care. On the average day they support 15 people in their own home to reduce the pressure on the acute hospital.

North Pembrokeshire Acute Visiting Service: Following the successful pilot using an Alternative Healthcare Professional to work with GP Practices to undertake an Acute Home Visiting service an advertisement has been placed for an Advanced Practitioner – Nurse or Paramedic and it is anticipated that the post will be filled in February 2019.   The Service will operate for three days a week across the

nine GP Practices in North Pembrokeshire providing care for patient in their own home and linking in with the wider multi-disciplinary team.

Falls Risk Assessment and Balance & Strength Training: In December 2017 a reform within the Pembrokeshire Community Physiotherapy Service and Rehab Day Hospital was created to connect the identified clinical gap in the pathway between the Acute and Community settings for falls, injury and admission prevention of a growing elderly population in Pembrokeshire. The aim of the service is to deliver the latest evidence based practice, supported and underpinned by the HDdUHB, National and International Strategies and Guidelines.

The Community Physiotherapy team screened their in-house referrals to select suitable patients from the Community Physiotherapy waiting list to offer an initial comprehensive geriatric and falls risk assessment within the Rehab Day Hospital (RDH) in Withybush General Hospital (WGH). These assessments also include several relevant clinical and physical Outcome Measures.

Based on the outcome of the assessment, patients been offered a 6 week exercise program, individually tailored with a program of twice a week individually targeted home exercises. Those not selected for the group program were followed up at home with an individual targeted evidence based (EB) OTAGO exercise program.

All candidates been provided with evidenced based information from the Chartered Society of Physiotherapy and individual advice and information on multifactorial aspects of Falls Prevention and the importance of exercises as set out by the (new) UK Guidelines for Physical Activity for Older Adults.

Since December 2017 the team have provided 5 groups with a 6 weeks exercise EB program with support of an OTAGO and trained Physiotherapy Technician and a RDH Support Worker.

The same Outcome Measures are performed again on the last day of the exercise program in RDH WGH. Based on these and an individual conversation with the participants, a further individual plan of continuation of the exercise pathway is discussed. These can include continuation of home exercises, referral to the NERS program in Haverfordwest leisure centre or relevant and EB community exercise programs including (Nordic) walking groups, community exercise classes or e.g. senior dance classes.

So far 28 participants from Pembrokeshire have gone through the program with an average age of 81.5 years old. One third were men, 2 third women.

Of those who have been discharged longer than 6 months, none have been re-referred to the Community Physiotherapy service or did attend A&E with a falls related injury.

An improvement on Balance and Strength takes on average a minimum of 6 weeks to be developed with targeted exercises. An overall improvement of 13.6% in hand grip strength, 11.9% in the Berg Balance Score and a 10.2% in the Timed Get Up and Go test is already showing a positive physical effect on the participants.

Fear of falling and loss or lack of confidence in indoor and outdoor activities is a major factor of concern within the elderly, leading to further physical decline and deconditioning, social isolation and poor health predictions. Though, the participants of the exercise program have expressed an overall improvement within their confidence and the team anticipates that this would further increase by continuation of their targeted 'exercise prescription'.

After discharge and with consent, the Community Physiotherapist performs a 3 months post-discharge telephone follow-up to allow the participant to discuss any concern and inform on any further progress.

Further development of this service is paramount to deliver an evidenced based pro-active and preventative health care service grounded on the needs of our communities in Pembrokeshire to allow all to Age-well.

The professional and enthusiastic Community Physiotherapy Team within Falls & Frailty Management is looking further to extend the scope and delivery of an evidenced based pathway on Falls and Injury Prevention and rehabilitation within the Community and Primary Care.

Development Actions: How we respond to individuals in our community when their needs increase is key to managing more people within their own home. Some significant developments have been piloted and as part of the Transforming Clinical Services Programme the evaluation of these are critical to inform the wider integrated community model. This will align with the Regional Partnership Board's Transformation Programme.

Theme	Key Actions
IMPACT – improve Step Up capacity	To ensure the resource is available to meet rapid access to service, preventing unnecessary admission and facilitating earlier discharge.
Rapid access to OOH care support	To ensure a robust primary and community response to the urgent care needs of the population.
Effective CHC, FNC, rapid reablement and longer term social care	To ensure patients receive care to meet the identified health or social need appropriately. To ensure scrutiny and review process meets framework requirements and fairness for the population. To ensure model of service provision is consistent with care closer to home and fully integrated with locality model.
Enhanced support to care homes	Provision of advance care plans and training/education for care home staff on producing ACPs to improve patient experience, reduce unwanted treatment and avoidable hospital admissions.
IMPACT – rapid home visiting service (pilot)	To improve the response to urgent care needs and positively impact the flow through WAST and the front door
WAST Pathways	Fallers Breathing problems Care needs Confirmation of death
Respite support for people with long term/complex needs and their carers	To enable people to stay at home and manage their conditions and caring role sustainably
EHEW – Urgent Care service	Promote and consider expansion of the EHEW service

STEP 5: Good hospital care

Our Plan: The service delivered by the MAST has demonstrated the potential to enable patients arriving at hospital to be transferred safely home without the need to be admitted and this function will be embedded into IMPACT. It is widely acknowledged that a long length of stay for frail older adults in hospital compromises their wellbeing and independence. National and local evidence has also demonstrated that this vulnerable population group is currently predisposed to a higher average length of stay. Our aim, by working together, is to reduce admissions and length of stay for our frail population by ensuring we can rapidly assess and provide community based support to enable transfer home. This approach will be applied to Community Care Beds and Acute Hospital Beds to ensure equitable provision for our whole population.

Our plan for the future requires us to carefully consider the number of beds needed to serve the population of Pembrokeshire in Withybush as well as SPH and Tenby, a commitment has been made to continuously engage with our population through this process. Enabling patients to return home to recover and ensure they receive the appropriate reablement and recovery support is critical and there will be an enhanced focus on how we are supporting people to return home utilising SPH as a rehabilitation unit.

2018 Progress & Activity

Pembrokeshire Haematology & Oncology Day Unit (PHODU) at Withybush General Hospital opened in February 2017, it relocated the old chemotherapy day unit from the second floor into a refurbished ward area (Ward 5) on the Hospital's first floor. An evaluation of the redesign has now been completed.

Patients noted that the treatment area was calming, airy and spacious with room for relatives to sit. They appreciated the design of the Unit in particular being able to sit next to patients who shared similar illnesses/treatments. Appreciation was also expressed for the separation of the outpatient clinic space to the main treatment area noting the benefits of sensitively managing newly diagnosed patients and those in advanced treatment separately.

Interestingly, patients who received treatment in both the old and new unit missed the intimacy and social interaction the old unit had promoted due to its much smaller size. Alternatively, staff raised previously difficulties with concentration in the old unit due to the flow through the unit and the level of interruptions.

Areas of benefit to patients were noted including having a dedicated reception point, the availability of recliners (previously patients queued to get a certain chair or location), the availability of beds and a side room, benefits of the co-location of teams (particularly Oncology CNS's and the Research Team) and the availability and closer location of w/cs.

There have been teething problems such as the reliability of the automatic doors (now resolved), the creation of a small waiting area outside two of the consultation rooms (staff are considering alternative use). There were also suggestions for future schemes that certain rooms (drugs treatment rooms, MDT and office space) could be bigger and problems with car parking.

Ambulatory Care Unit - The introduction of an Adult Ambulatory Care Unit within a new capital build at Withybush has provided rapid access through the Emergency Department for defined cohorts of ambulatory patients. The unit allows patients to commence interventions earlier and to be discharged with an allocated follow-up to the unit. This enables patients to be discharged to their own home rather than requiring an Inpatient admission for the same course of treatment.

Early Supported Discharge Team - 2018 has seen a reconfiguration of the Surgical Wards with the introduction of an Early Supported Discharge Team which allows for patients that are suitable to be discharged early with some home support. Criteria led supported discharge criteria has been developed and the team will work with the patients leading up to discharge and continue into the community for a maximum period of time. The early results of this initiative has been encouraging with excellent feedback from patients and a high volume of activity being managed under this arrangement.

Surgical Assessment Unit - A Surgical Assessment unit has opened on Ward 4. This is a 6 bedded unit which allows for direct access from A&E for assessment and earlier treatment. This initiative materially reduces the time spent for patients in the emergency department and allows for patients to be discharged and return to the unit for any follow-up review without going through the emergency pathway.

Acute Frailty Network (AFN) is an organisation which supports and enables service change to enhance the care of frail patients to maximise and optimise outcomes. Output from this project, along with the Integrated Pathway for Older People (IPOP), have enabled a new Care of the Elderly model in Withybush, which includes a Geriatrician of the Day at the front door of the hospital to complete an early geriatric assessment that will both deliver better outcomes for patients but to also direct patients to the best point of care. This may include to an Inpatient bed, a community bed or back to the patient's own home.

Emergency Department Improvements - In addition the AFN and IPOP work, Withybush Hospital has also run a weekly ED improvement Task & Finish Group to improve performance of the department but also improve outcomes for patients. This initiative has yielded improved waiting times for Minor Injury patients, seen improvements in ED recruitment and also introduced a new GP and Advances Nurse Practitioner model into the department which has improved patient flow and waiting times.

Recruitment at Withybush – There have been significant successes over the past 12 months with recruitment of clinical staff in all specialties. This includes:

- An A&E Consultant
- A Consultant Cardiologist
- A Care of the Elderly consultant
- A Respiratory Consultant working within the Acute Clinical Decisions Unit
- Over 40 new Nursing appointments
- 5 new Middle Grade doctors in Medicine and 3 new Middle Grades in A&E
- A GP to work in A&E
- 1.8 WTE Advanced Nurse Practitioners to work in A&E/ACDU and within the Front Door Model

Ward 9 and 10 Refurbishment - The building works for the refurbishment of Wards 9 & 10 are progressing ahead of schedule. Ward 9 refurbishment is due to be completed by the end of January 2019. This will allow for a decant facility for Ward 10 to enable the start of the Ward 10 refurbishment in April 2019.

The Jeffery Northcote wing Sunderland ward, South Pembs Hospital: During 2018, Sunderland Ward have worked hard to develop a dedicated 3 bedded unit for end of life care. The official opening of The Jeffery Northcote Wing was on 19th December 2018. The Northcote Wing has been named in memory of the late Mr Jeff Northcote, a former charge nurse on the ward who himself chose Sunderland Ward as his preferred place of death.

With the beds dedicated to patients approaching the last days of life, the emphasis will be on comfort and making end of life care less clinical and more homely but with the reassurance that the wing is staffed by nurses and healthcare assistants who have had experience and training in end of life care.

The middle corridor has 3 rooms; each room has been individually decorated making them less clinical and more relaxing, with local paintings and matching duvets and curtains. The rooms have non-clinical furniture with a riser recliner chair enabling a loved one to stay over night plus they have tea and coffee making facilities for the patient and their families. The refurbishment of the rooms has been supported by a local firm in Pembroke Dock – Parfitt's Carpets and Interiors following the ward staff winning a competition.

The ward is supported by the specialist palliative care nurse with training. Throughout 2018 palliative care study days have been held for the healthcare assistants and study sessions for the qualified nurses on the Care Decisions guidelines for the Last days of Life. The palliative consultant, Dr Edwards, visits the ward to support the nursing team as well as the General Practitioners who provide the main stay of the medical cover.

Multiagency Care Assessment Meeting (MACAM): The MACAM project is a piece of collaborative work between the Joint Discharge Team and Ward 12 enhancing Learning Disability care on acute wards. The MDT attached to Ward 12 recognised the need to introduce a seamless transfer of care system for people with Learning Disability to help ensure a smooth transition 'home to home', through the system when acutely unwell.

The ward team scrutinised the available literature to examine and explore key themes to understand patients' journeys through the system and any key areas of concern. It became apparent the 4C

framework offered an opportunity to provide a structured system of support, if it was applied in a formalised structure to care and assessment.

The team identified that there was a lot of emphasis on education of ward staff, often involving the individuals or their carers but the team wanted to take this a step further. They introduced a system which actively involved people with learning disabilities and their carers in learning through an individualised action process, set out to constantly provide care assessment and reviews during an acute episode.

Development Actions: Our in patient care needs to evolve to ensure we have the whole system in place to reduce the time that people spend in hospital to that which is required to deliver specialist and complex care. Bringing the whole team together around the patient at the earliest appropriate point will enable a more streamlined flow through the hospital and better manage a safe return home. Part of our plan will be to ensure the appropriate bed base ot meet our population needs with the ambition to increase the level of care available within the community.

Theme	Key Actions
IMPACT – patient flow	To enable the earlier identification and support for those patients whose transfer home may be more complex
Reduce Length of Stay in Community Care Beds	Improve patient experience through appropriate LOS to meet their needs. Consistent process, measurement and evaluation of all community bed based offer. Consistent multidisciplinary support offer to bed based care.
Reduce Length of Stay in Acute Hospital Beds	To reduce the risk of deconditioning and hospital acquired infection for those people medically ready to transfer to a more appropriate setting
Enhanced hospital based rehabilitation and discharge to recover/assess (D2RA) process	People have access to rehabilitation, delivered by skilled staff at a level appropriate for their needs to recover, regain abilities, confidence and independence. Rehabilitation is delivered in most appropriate setting, underpinned by Home First philosophy.
Review and enhance day surgery services	To maximise scheduled and unscheduled care benefits of a 23:59 service with a view to opening 4 days per week to improve RTT.
Improve Cardiology services commissioned to ABMU	To ensure patients receive their intervention in a timely way and to reduce the need for surge bed. To also bring down DTOC's and improve patient flow in WGH
Redirection at front door 24/7	To improve the appropriate utilisation of services across the system by people attending the front door for example, Community Pharmacy, GMS, OOH, MH&LD
Paediatric service improvements	To resolve the current temporary Paediatric pathways to a sustainable solution.
Maximising clinical pathways strength at WGH working with the other acute sites	To build on the clinical capacity and strengths of each site to enable quality, experience safety and finance benefits.
Align with TCS pathway review/ workforce redesign for the future	To initiate service redesign in line with TCS outcomes
Develop and enhance the frailty Model within WGH	To support those with the most complex needs in our communities.
Enhanced inpatient EOL care	Commission End of Life beds on Sunderland Ward – December 2018

STEP 6: Get me home and step down my care

Our Plan: In addition to the vision and actions outlined in themes 3, 4 and 5, we will continue to progress work streams with our Regional Partnership colleagues. This will improve joint commissioning care arrangements with our independent care providers (both domiciliary, residential social and nursing care) in order to ensure delays in the acute and community hospital associated with such care

commissioning is reduced. Home First pathways will be efficient, effective and contribute to an improved unscheduled care performance and progress our alignment to the Transforming Clinical Services (TCS) vision.

2018 Progress & Activity

IMPACT: the Integrated Multi Professional Assessment and Support Team brings together previous teams and professions with a focus on supporting flow through the acute and community hospitals in Pembrokeshire to support safe and timely transfer. There may be new or additional care needs following hospital admission, this may be due to the cause of admission or the functional decline experienced whilst an inpatient. The result is that we have increased numbers of patients waiting for packages of care or new placements within our provided beds.

Over the past 5 months, the average number of people classed as medical optimised in Withybush is 27 per day with this ranging from 14 to 46. Although someone may no longer need the specialist input from the medical team, there may be a number of nursing, therapeutic or discharge planning needs that a patient has prior to the Multi-disciplinary team advising that they are safe to discharge. Over the same time period, an average of 5 patients per day have been approved as ready to transfer by the MDT, although this may be an understated position due to the coding used, this is now being reviewed.

In October 2018, Sharepoint was introduced, this IT system supports the earlier identification and management of patients who may need support to transfer home, the actual number of those on the list is less essential than the number of bed days they have been in an acute or community setting. On 27th December 2018, immediately after the Christmas period, there were 33 people in Withybush who were considered medically optimised, however only one of these was assessed as safe for transfer by the MDT. These 33 people had been in hospital for a total of 1129 days, or an average of 34 days each. 23% of these days were post medically optimised and this varies significantly between patients based on their individual circumstances and needs which need to be met prior to going home.

To support more timely transfer from Withybush Community Care Beds have been commissioned (see below) and the appropriate transfer to Community Hospital beds is being reviewed. Over the past 12 months, there has been a marginal decrease in the Length of Stay, this will be a key focus over the next 6 months.

South Pembs Hospital & Park House Court average LoS (12 months)
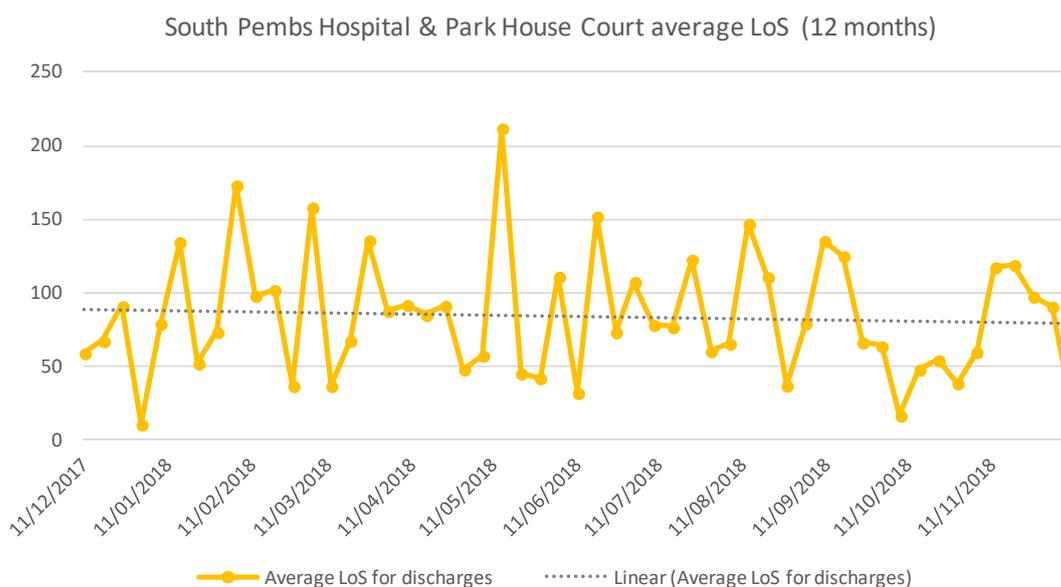
Care at Home Team: The Care at Home Team has been developed utilising ICF resource and have supported, since April, 79 patients, the majority of which are fast track referrals. This team has the ability to respond quickly to both step up and step down needs and plans are in development to merge Care at Home and the Acute Response Team (ART) to create a more responsive community based service.

Community Care Beds: these are additional spot purchased beds in residential and nursing homes which support transfer of patients from Withybush or Community Hospital Beds who may not be ready to go home. There may be social reasons for this, for example a package of care or reablement it pending, or a health reason where a period of further recovery, assessment or intermediate care is needed. With an increase in the availability of these beds, it is important to ensure that we retain a clear focus on admission "Home First" as the numbers are reducing from Withybush, this is a consistent Health Board trend. This may be linked to the challenges in commissioning social care within the County over the past six months.

The number of patients >=75 who return to pre-admission address: Withybush General Hospital

Legend:
- # Returned to pre-admission address
- Mean
- UCL
- LCL
- Linear (# Returned to pre-admission address)
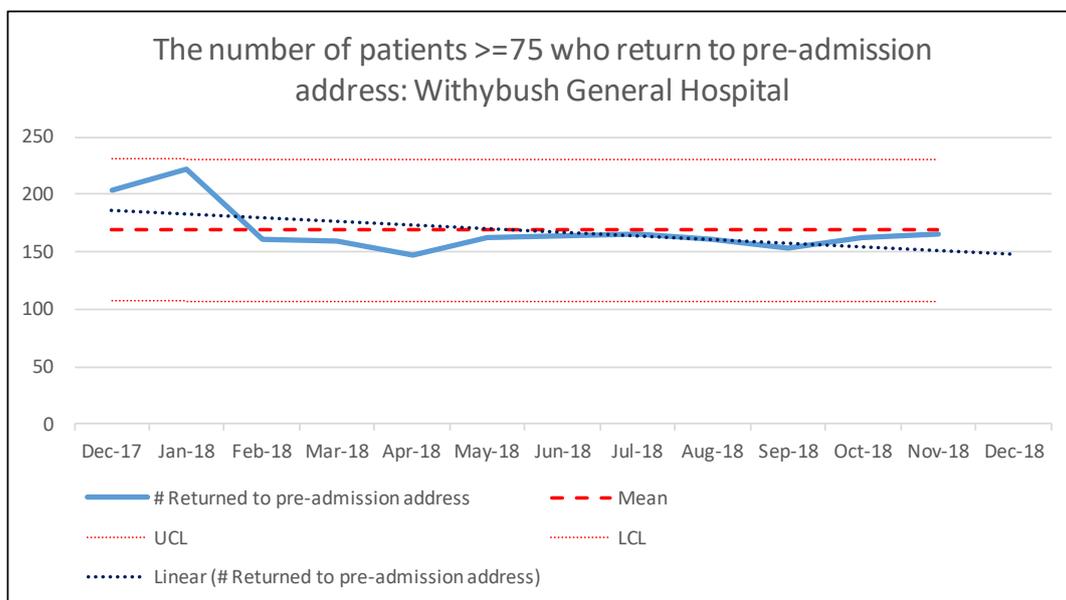
Releasing Time to Care: This Occupational Therapy led project is in its second year and continues to support people at home to regain independence, choice and control over their lives and reduce their need for care support. The project has been recognised as worthy winner of the Social Care Wales Accolades 2018 (Category – Use of data and research to support prevention, early intervention and effectiveness). The project works across health, social care and the independent sector and aims to embed the single handed care approach into everyday practice. This has been achieved through a partnership approach, demonstrating successful outcomes and utilising education and a champions network to support long term sustainability. The success of the project in promoting independence and reducing care costs has been recognised with Pembrokeshire County Council supporting an Invest to Save Bid for an additional post to scale up the work in 2019.

Development Actions: Enabling our population to return home safely, quickly and with the appropriate support is key. At present, individuals are frequently in inappropriate settings, potentially with over-prescribed care and we need to work together to ensure that we can care for people in a timely and effective way when they leave hospital.

Theme	Key Actions
IMPACT – Step Down care	Extended scope of practice with increased availability
Handover of care documentation	Integrated handover of care documentation and timely communication
Long Term Conditions pathways	To meet the long term health care requirements of the ageing population
Community Care Beds to support recovery	To ensure commissioning of bed based placements offer the level of care required to support recovery. To ensure patient experience meets reduced requirement for longer term care
Enhancing Carer involvement and support in patient discharge	To increase the number of Carers identified and involved in the discharge process. Increase the number of Carers who are sign posted to Carers Information Services for further help and support.

Rapid access to equipment and adaptations	Facilitate early discharge and prevent admission Ensure patient's needs are met in a safe environment Support patient's independence and wellbeing Ensure safe working environment for staff
Technology enabled care	Promote independence and wellbeing for patients within their own home. Promote self-management of long term conditions. Prevent admission and facilitate discharge.

Conclusions & Delivering the Pembrokeshire Integrated Plan

This paper seeks to provide an overview of the Integrated Plan for Pembrokeshire for the next 3 years. Pivotal to our success will be the continuous engagement we undertake within and with our communities, across a wide range of partnership organisations and with a relentless focus on improving the short, medium and long term outcomes and experiences for our population.

This is not a plan we can deliver alone. We cannot focus on the development of the community model to the exclusion of acute needs of our population, physical and mental health needs must be met holistically, understanding the whole person across their entire life course.

Although we are not at the start of this journey, and we have endeavoured to demonstrate some of the ongoing and new services within our communities, how we integrate delivery within networks, wrapped around communities, families and the individual will determine our success.

Our next report will focus on the development of our Integrated Networks and the Integrated Teams within them.

Enw'r Pwyllgor / Name of Committee	Finance Committee
Cadeirydd y Pwyllgor/ Chair of Committee:	Michael Hearty, Associate Member
Cyfnod Adrodd/ Reporting Period:	Meeting held on 20th December 2018

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

The Finance Committee has been established to advise the Board on all aspects of finance and the revenue implications of investment decisions. Hywel Dda University Health Board's (HDdUHB's) Finance Committee's primary role is, as such, to provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, giving early warning on potential performance issues and making recommendations for action to continuously improve the financial position of the organisation.

This report summarises the work of the Finance Committee at its meeting held on 20th December 2018, with the following highlighted:

- **Finance Report Month 8** – the Committee was advised that the year to date variance to plan was £0.8m, this was after a number of non-recurring adjustments. There was an improvement in the position in month of £0.1m. The delivery of the year end positions continues to be a challenge. The Committee was presented with cost driver analysis and the plans in place to work on them.

- **Turnaround Report Month 8** – the report was presented to the Committee. The Committee heard that a savings framework was being put in place for 2019/20.

- **Financial Projections –** the report was presented to the Committee. The Committee was advised that Monthly Control Totals had been introduced to the Directorates and these are being discussed as part of the Holding to Account meetings. The Committee was advised that Welsh Government have agreed to provide Strategic Cash Support of £31.3m and that a decision is pending with regards Working Capital Requirement.

- **Capital Financial Management –** the report was presented to the Committee. A briefing paper on Interserve Plc was also presented, they are the current Supply Chain on Cardigan & Women & Children Phase II, who are looking to deleverage and whose share price had declined significantly.

- **Finance Strategy Assurance** – the Committee was advised that the budget setting process is on track. The Committee was made aware that the allocation letter had been received from Welsh Government and that a detailed review is currently being undertaken. The Committee was advised that the budget will be presented in January 2019 for final submission of the annual plan at the end of January.

- **Financial Risk Report and Risk Register** – an update report was presented to the Committee.

- **Referral to Treatment Time (RTT) Financial Plan & Trajectory 2018/19 Month 08 update** – an update report was presented. The Committee was advised that there is daily monitoring with regards RTT and that it was on plan.

- **Establishment Control** – a verbal update was provided to the Committee. The Committee was advised that a paper and action plan will be presented at the next meeting.

- **Glangwili Hospital and Carmarthenshire** – the Directorates presented their approach to the financial issues they are facing. The key areas of overspend related to the level of nurse vacancies being covered by agency staff, medical agency costs to cover middle grade staff and cardiology diagnostic costs. Length of stay is a key issue and plans are in place to address this. Work is ongoing to introduce more robust gate-keeping to ensure patients are treated in the community rather than in hospital.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:
• Concerns around the ability of the Health Board to deliver the forecast deficit of £35.5m.
Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:
• The risk in delivering the Health Board's financial forecast position.
Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:
Adrodd yn y Dyfodol / Future Reporting:
• The next Committee meeting will include the same standard reports.
Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:
24th January 2019

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	31 January 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance and Turnaround Update – Month 9 2018/19
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance Andrew Carruthers, Turnaround Director
SWYDDOG ADRODD: REPORTING OFFICER:	Fiona Powell, Assistant Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Health Board has a statutory duty to breakeven over a three-year rolling basis. This report updates the Board on the Health Board's current financial position.

Cefndir / Background

The Health Board agreed an interim Annual Plan on 29th March 2018, which included a deficit budget of £62.5m. The Health Board has received additional funding of £27m in relation to the Zero Based Review giving a revised forecast deficit of £35.5m. This requires the achievement of £26.7m of savings schemes to be delivered in-year; which need to be recurrent in order to sustain an improvement in the underlying financial position. In addition to this, individual budget managers need to ensure that they operate within their delegated limit as outlined in the Accountability Agreement Letters which have been distributed for 2018/19.

Control totals have been implemented for months 9 – 12 to provide greater assurance over the financial outturn. Directorates are being held to account against their monthly control totals.

Asesiad / Assessment

The Health Board's financial position at the end of Month 9 represented an adverse variance against plan of £0.5m (Year To Date). Performance against key financial targets is summarised in the table below.

Key target		Annual limit	YTD limit	Actual delivery	Forecast Risk
Revenue	£'m	35.5	26.7	27.2	High
Savings	£'m	35.4	23.6	19.5	High
Capital	£'m	29.4	12.8	12.8	Low
Non-NHS PSPP	%	95	95	97.0	Low
Period end cash	£'m	4.0	4.0	0.8	High*

Assumes Welsh Government strategic repayable support for the planned deficit position.

Delivery of the Health Board's financial forecast is assessed as High risk, and is dependent on the delivery of future savings schemes. Saving schemes are required to deliver at the same level for the remaining months of the year.

Argymhelliad / Recommendation

The Board is asked to note and discuss the financial position for Month 9.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	BAF S09-PR20 BAF SO10-PR33
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5. Timely Care 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on the Health Board's financial reporting system.
Rhestr Termau: Glossary of Terms:	BGH – Bronglais General Hospital CDO – Chief Dental Officer CHC – Continuing Healthcare CIP – Cost Improvement Programme ENT – Ear, Nose and Throat DES – Direct Enhanced Services DNA – Did Not Attend DTOC – Delayed Transfer of Care EWTD – European Working Time Directive F/U – Follow-up FNC – Funded Nursing Care FYE – Full Year Effect GGH – Glangwili General Hospital GMS – General Medical Services HTA – Holding to Account ICF – Integrated Care Fund LOS – Length of Stay

| | LTC – Long Term Care
MHLD – Mental Health & Learning Disabilities
MDT – Multi-Disciplinary Team
NICE – National Institute for Health and Care Excellence
OOH – Out of Hours
PPH – Prince Philip Hospital
PSPP– Public Sector Payment Policy
RTT – Referral to Treatment Time
SDM – Service Delivery Manager
T&O – Trauma & Orthopaedics
VC – Video Conferencing
VFM – Value For Money
WG – Welsh Government
WGH – Withybush General Hospital
WRP – Welsh Risk Pool
WHSSC – Welsh Health Specialised Services Committee
YTD – Year to Date |
|---|---|
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | Health Board's Finance Team
Health Board's Management Team
Executive Team
Finance Committee |

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

1. Summary

1.1 Purpose

- The purpose of this report is to outline the Health Board's financial position to date against our Annual Plan; and assess the key financial projections and risks for the financial year.

1.2 Key messages

- The Health Board's financial position at the end of Month 9 represented an adverse variance against plan of £0.5m (YTD). However, the Health Board has achieved an under-spend position of £0.3m in-month.

- This position has been delivered through the use of non-recurring and one off adjustments totalling £7.2m in the year to date and £1.1m in month.

- The year to date pressure has been particularly pronounced in Unscheduled Care (£4.7m, driven by bed capacity), Planned Care (£3.1m, driven by non-delivery of savings) and MHLD (£0.9m, driven by non-delivery of savings and CHC packages).

- CHC represents the most significant cost driver (£2.1m), followed by Pay (£1.7m) and Drugs (£1.5m).

- Our current best estimate of the Health Board's projected deficit, after adjusting for our estimate risks and opportunities, is £36.4m. However, the Health Board's forecast remains at £35.5m as additional opportunities are being pursued, and the introduction of control totals is expected to continue to give further assurance and reduce the Health Board's expenditure run rate. Directorates are being held to account against their monthly Control Totals to provide assurance that the planned end of year deficit will be delivered.

- £2.4m of Savings schemes were delivered in Month 9. The total forecast savings is £26.7m, which is a significant reduction from the Month 8 forecast of £29.7m. The total forecast savings has been reduced

following a detailed review of the delivery trend of schemes, including only those schemes with high certainty of delivery in the remaining months of the financial year.

- Operational savings are expected to fall short of the original target of £30.7m, however this is offset by the identification of an additional £5.3m of accountancy gains and £6.0m of corporate recovery actions.

- We have also shared the Efficiency Framework widely to identify further opportunities both in-year and for 2019/20 plan development. Work is being undertaken to identify the highest opportunity areas with this analysis being used to inform a targeted approach to savings. Directorates have identified key actions in line with our health and care strategy, which are likely to encourage internal 'invest to save' bids.

1. Summary

1.3 Summary of key financial targets

- The Health Board's key targets are as follows:
  - Revenue: to contain the overspend within the Health Board's planned deficit
  - Savings: to deliver savings plans to enable the revenue budget to be achieved
  - Capital: to contain expenditure within the agreed limit
  - PSPP: to pay 95% of Non-NHS invoices within 30 days of receipt of a valid invoice
  - Cash: While there is no prescribed limit for cash held at the end of the month, WG encourages this to be minimised and a rule of thumb of 5% of monthly expenditure is used. For the Health Board, this is broadly £4.0m.

Key target		Annual limit	YTD limit	Actual delivery	Forecast Risk
Revenue	£'m	35.5	26.7	27.2	High
Savings	£'m	35.4	23.6	19.5	High
Capital	£'m	29.4	12.8	12.8	Low
Non-NHS PSPP	%	95	95	97.0	Low
Period end cash	£'m	4.0	4.0	0.8	High*

* Assumes Welsh Government strategic repayable support for the planned deficit position.

The risk in relation to period end cash remains High; formal confirmation has been received for the Health Board's Strategic cash requirement, however formal confirmation has not yet been received for the Working Balance cash requirement.

2. Directorate revenue position

2.1 Directorate financial performance

Year to date

	Cered	Carms		Pembs
		PPH	GGH	
Planned		3.1		
Unscheduled	1.5	0.9	1.5	0.8
Radiology		(0.1)		
Pathology		0.8		
Women's and Children's		0.0		
Cancer		(0.1)		
County Teams	(0.2)	0.4		0.5
MHLD		0.9		
Facilities		1.0		
Medicines Management		0.1		
Primary Care		(0.1)		
Corporate		0.0		
Commissioning		(2.3)		
Other		(6.6)		
Bottom line Savings profile		(1.6)		
Variance against plan		**0.5**		

In-month change
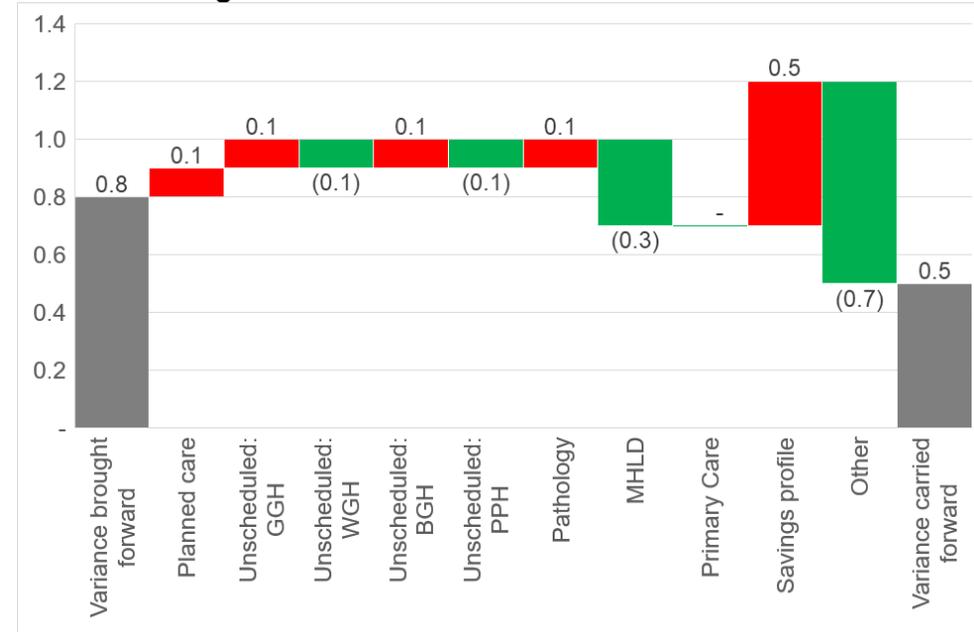
- The Health Board's reported bottom line monthly variance has improved consistently over the first nine months. An under-spend was achieved in the current month, leading to a cumulative position of £0.5m to Month 9.
- Material positions are reported in Section 2.2.

2. Directorate revenue position

2.2 Material directorate area deficits

2.2.1 Planned care expenditure

2.2.2 Unscheduled care expenditure (combined)
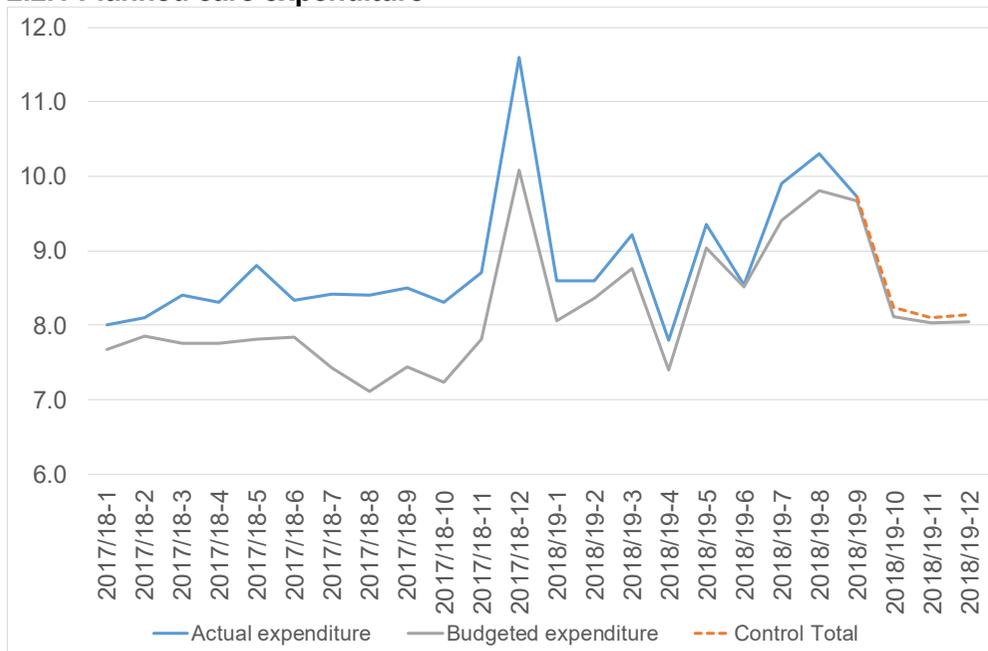
- The in-month position was a significant improvement on Month 8 mainly due to Pay in Outpatients, driven by recent Medical Consultant vacancies in Dermatology and Audiology, reduction in Theatres non-pay costs and reduction Nursing Agency spend.
- This was partially offset by over-spends in Drugs costs, relating to Ophthalmology and ITU, and maintenance costs.
- Medical pay costs were below budget in month, however this was due to an increased budget for back-pay not being fully utilised due to vacancies. This represents a one-off in-month benefit.
- The Directorate is expecting a significant benefit in efficiency and productivity over the remainder of the year.

- Bronglais General Hospital (BGH) reported a slightly improved overspend to Month 8, predominately due to Nursing Agency and Medical Locums pay costs, resulting from fewer agency shifts and locum recruitment. Withybush General Hospital (WGH) reported an improvement on the Month 8 position, largely due to Winter Pressure funding. Glangwili General Hospital (GGH) reported a similar in-month overspend mainly due to Nursing costs, particularly in A&E and CDU. Prince Philip Hospital (PPH) significantly improved in-month; the position is driven by Winter Pressures funding and a reduction in Medical and Nursing Agency costs.
- Delayed discharges of medically fit patients and unfunded surge capacity remain key drivers to the costs, which requires a system-wide focus.

2. Directorate revenue position

2.2.3 MHLD expenditure

Legend: Actual expenditure, Budgeted expenditure, Control Total

2.2.4 Medicines Management

Legend: Actual expenditure, Budgeted expenditure, Control Total
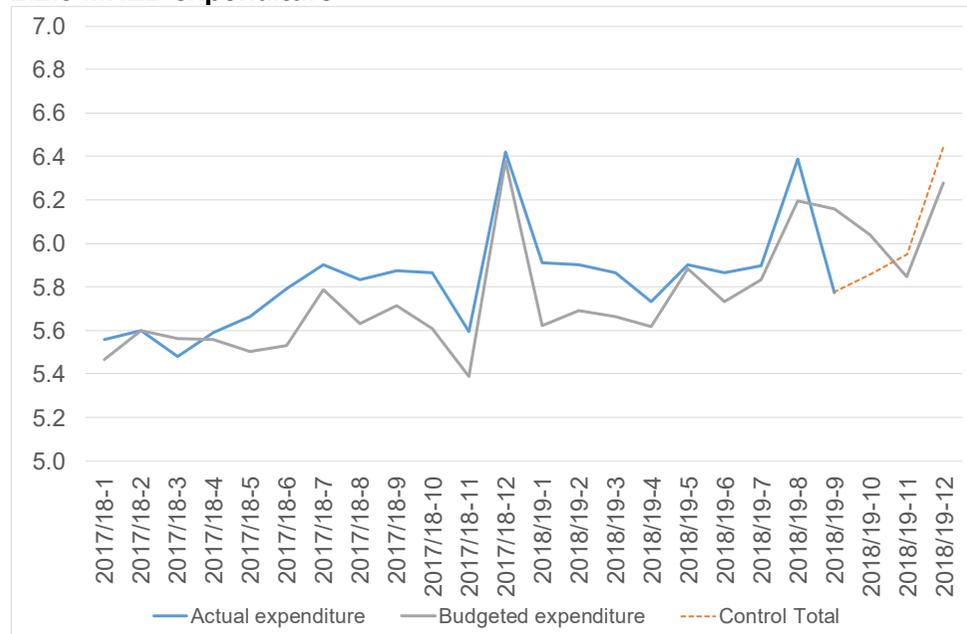
- The Directorate has reported a significant improvement in-month, predominately due to CHC costs.
- The Directorate is challenged in delivering against its savings requirement. There continues to be difficulty recruiting into medical posts resulting in extra locum sessions being incurred.
- The greatest YTD pressure within MHLD is the continued growth in CHC placements and their associated costs. Client numbers decreased in month. Careful control of CHC, within its growth assumptions, will be key to deliver an improvement in the expenditure run rate.
- Robust care review processes have been implemented in order to manage the risks arising under CHC.
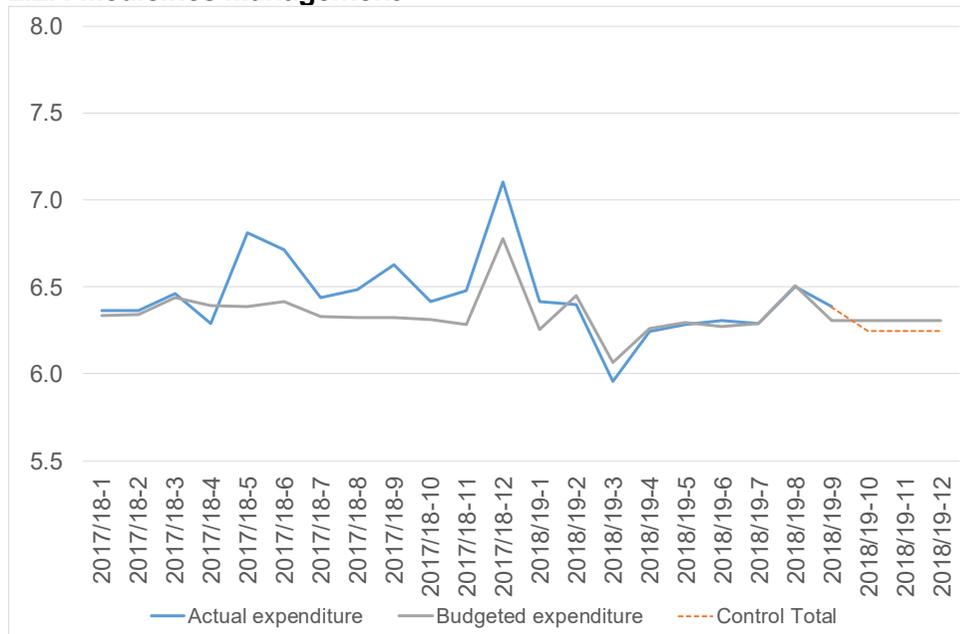
- The directorate reported a deteriorated position in-month, which is projected to the end of the financial year based on modelling outturn on a number of scenarios. The No Cheaper Source Obtainable (NCSO) drugs have remained at the higher levels seen in October and November in December 2018, which has impacted on the projection modelling. Higher than expected seasonal flu drugs have also had an adverse impact. The outturn is reliant on delivering the £3.4m savings plans, which are delivering ahead of plan to Month 9.
- There are risks of £0.5m mainly associated with item growth, the New Oral Anti Coagulant Local Enhanced Service, NCSO and Category M. Item growth is in the range of -1% to 1% but there has been a significant increase in Category M prices.

2. Directorate revenue position

2.2.5 Pathology

2.2.6 Facilities
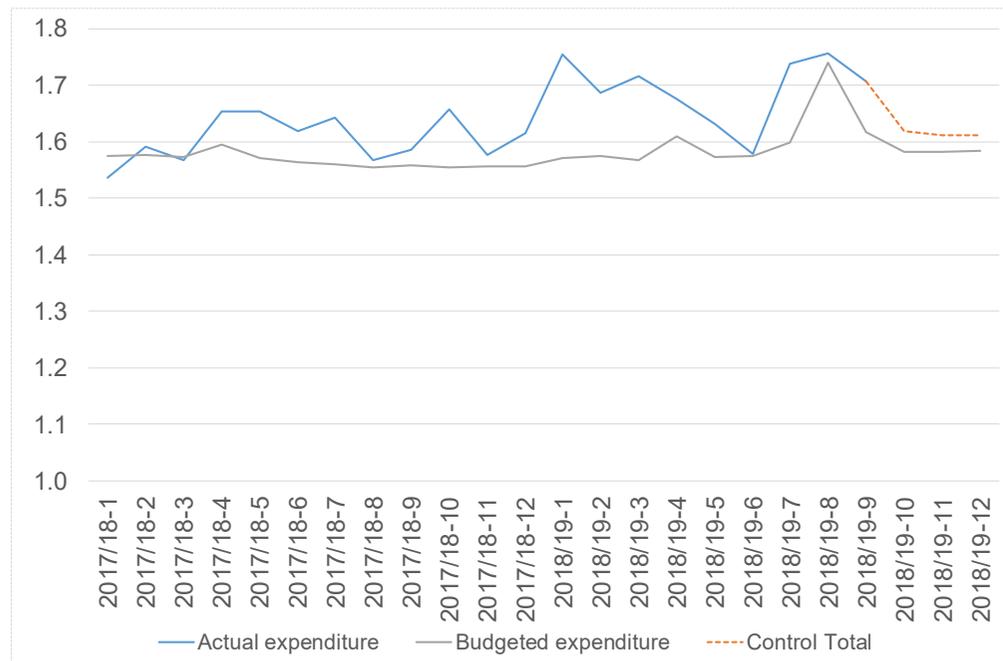
- There has been an under spend on medical staffing pay in month due to a reduction in high cost agency locum consultant costs. Whilst this provides an in-month benefit, it presents a risk to the service and future financial position.
- Increased costs in year have arisen from Service Level Agreements, managed service contracts, agency fees, transport costs and non-delivery of savings. This is partially offset by drugs under spend.
- The Directorate is reviewing ways of working with services to reduce demand through ensuring only appropriate test requests and through avoiding duplication.
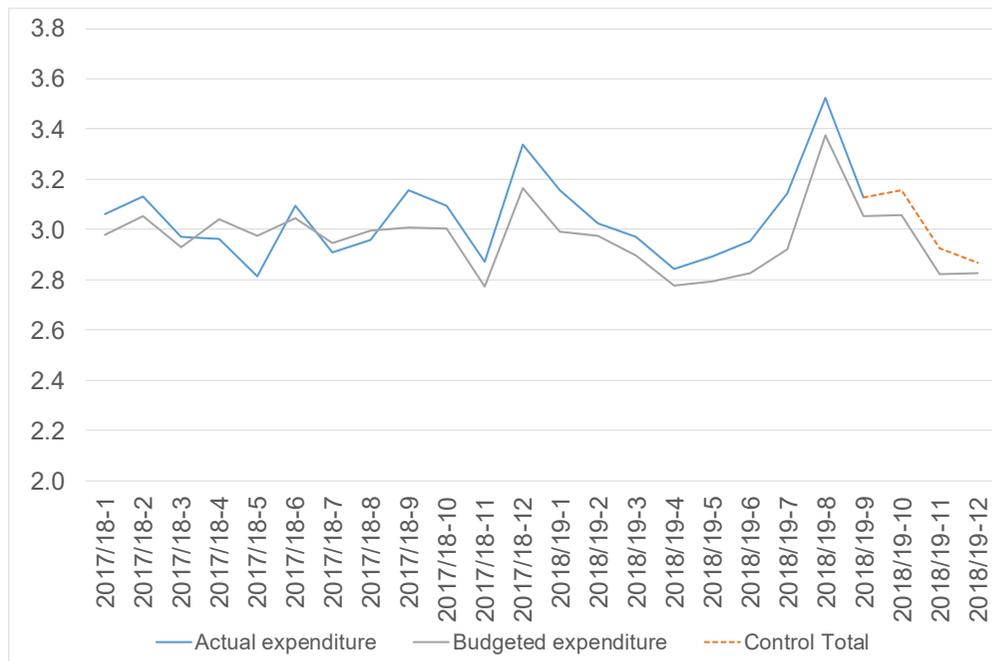
The main areas of overspend continue to be:
- Operations – bank Pay costs, postage costs, other general supplies, grounds and gardens and training costs are the main contributors to the over spend of £0.3m.
- Property – overspend of £0.8m relating predominately to electricity. Costs have significantly increased due to the confirmed rate increase being higher than predicted and the Combined Heat and Power (CHP) being offline for part of the month in WGH and PPH. Heating Oil is overspent due to inefficiencies associated with the biomass and rate increases.
- Specialist Services – provisions account for the majority of the £0.2m overspend. Pay continues to be slightly over trend in-month.

3. Subjective revenue position

3.1 Subjective summary

	In-month	**Cumulative**	**Imp ↓/ Det ↑**
Income	(0.3)	(1.1)	↓
Primary Care (excl prescribing)	(0.0)	(0.3)	→
Prescribing	0.0	0.0	→
Pay	(0.7)	1.7	↓
Clinical supplies	0.4	1.3	↑
Drugs	0.3	1.5	↑
Other non-pay	(0.2)	0.7	↕
Commissioned services	0.0	(1.4)	↑
Care packages	(0.2)	2.1	↓
Other	(0.1)	(2.4)	↑
Savings profile	0.5	(1.6)	
Total	**(0.3)**	**0.5**	↓

In-month change
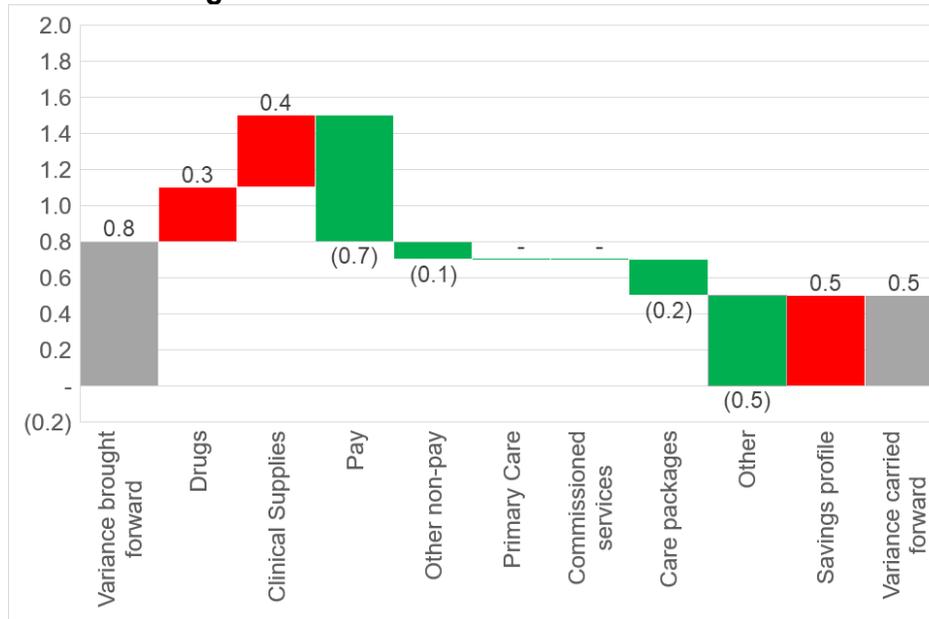
- The main pressures on the in-month position relate to Clinical Supplies and Drugs; offset by Pay and Income.
- Detail on the changes in material cost drivers follows in Section 3.2.

3. Subjective revenue position

3.2 Material Cost drivers

3.2.1 Pay

Temporary pay costs
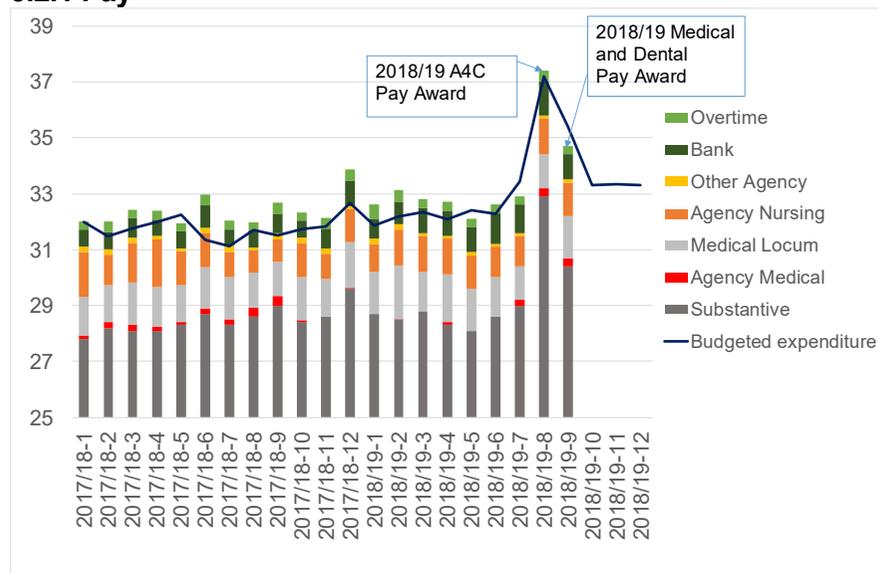
- The peak in Month 8 budget relates to the back-pay associated with the new A4C Pay Deal for 2018/19; the peak in Month 9 is the equivalent for the Medical and Dental cohort. The Month 9 expenditure is lower than the increased budget due to vacancies.

- The cost of substantive staffing, excluding pay arrears, is greater than last year. In Month 9 total pay costs increased compared with Month 8 – increases in substantive and medical locum pay costs were partially offset by a reduction in Bank and Nursing Agency variable pay.

- Medical Locum costs increased in-month, although this was offset by a decrease in Bank, Overtime and Nursing Agency costs.
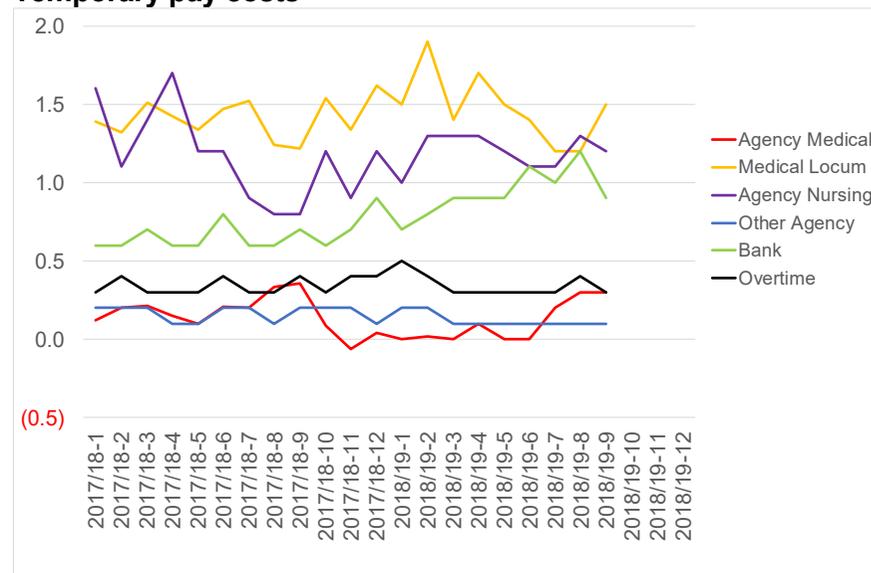
Medical locum costs
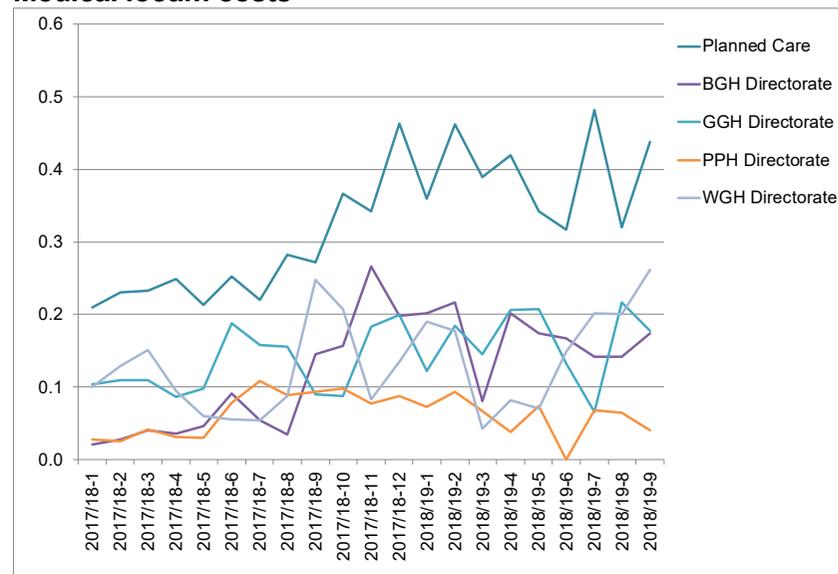
3. Subjective revenue position

3.2.2 Care packages (CHC and FNC)

3.2.3 Drugs
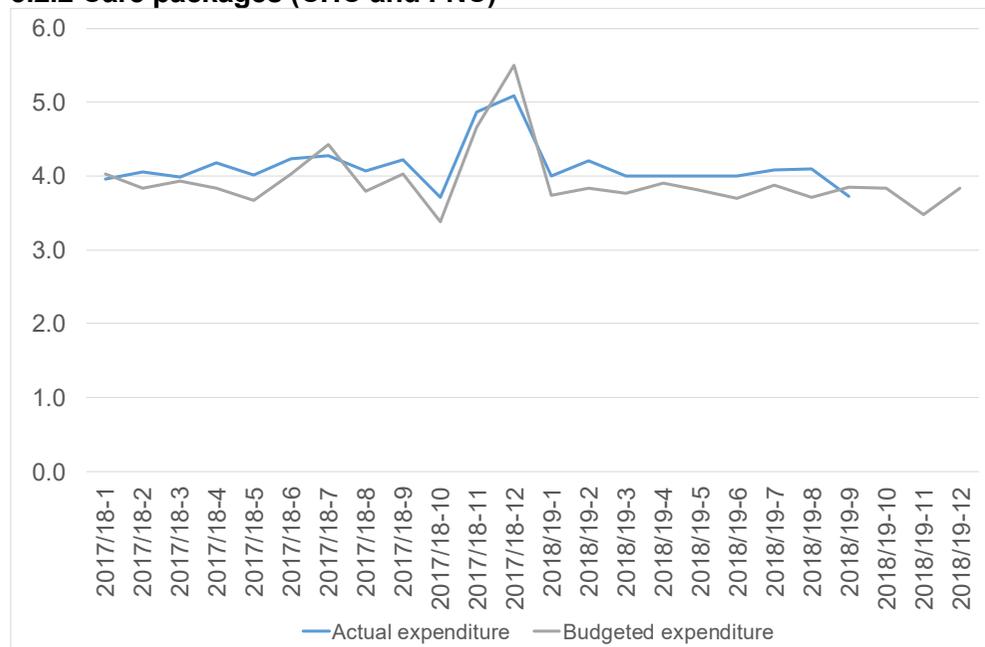
- The total number of cases decreased in-month, driving a reduction in spend in comparison to previous months. The complexity of cases remains a key cost driver.
- Following the CEO Holding to Account meetings with the Directorate a number of recovery schemes have been identified to help contain growth.
- Total spend to Month 9 is £35.4m resulting in an overspend of £2.1m, of which:

£'m	Spend	Over/(under) spend
FNC/CHC	17.5	0.6
LD	10.2	1.8
MH	6.8	0.0
Children	0.9	(0.3)
Total	**35.4**	**2.1**
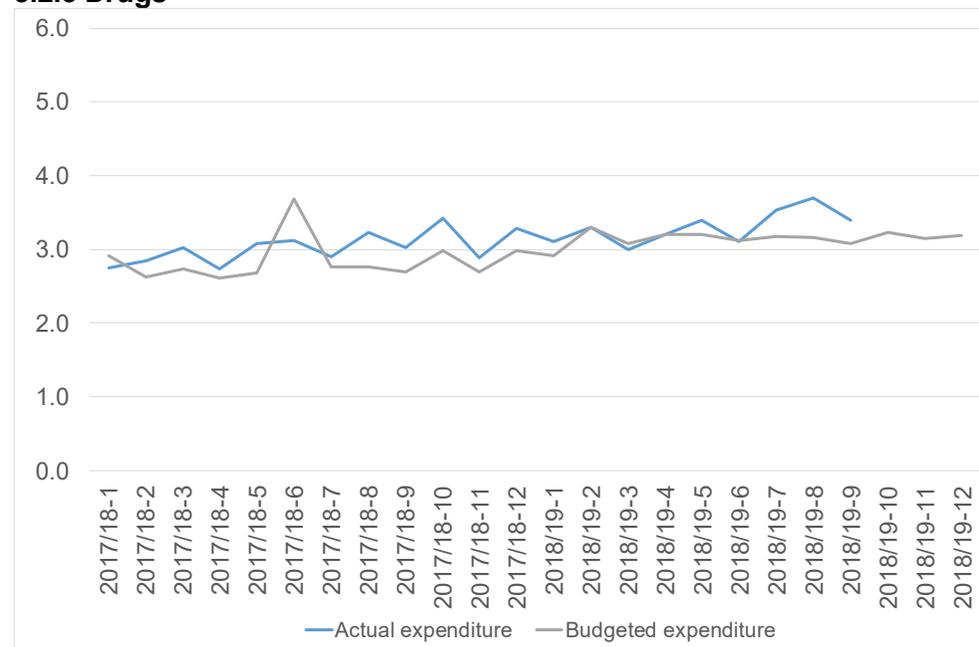
- Drugs costs have increased over the past year, and continue with that trend for this year, with a significant in-month impact.
- Continued support will be needed from the Pharmacy team to address this growth and a number of initiatives are in place to do this. Whilst specific savings schemes are delivering, pressures are being seen in other areas, particularly Dermatology, Rheumatology and Ophthalmology. The Head of Medicines Management is working with Directorates to identify and mitigate the issues.
- There has been a disruption to the local service provision of Aseptic services; as a result work has been outsourced at a premium to another provider. This is expected to continue into Month 10.

3. Subjective revenue position

3.2.4 Commissioned services

3.2.5 Income
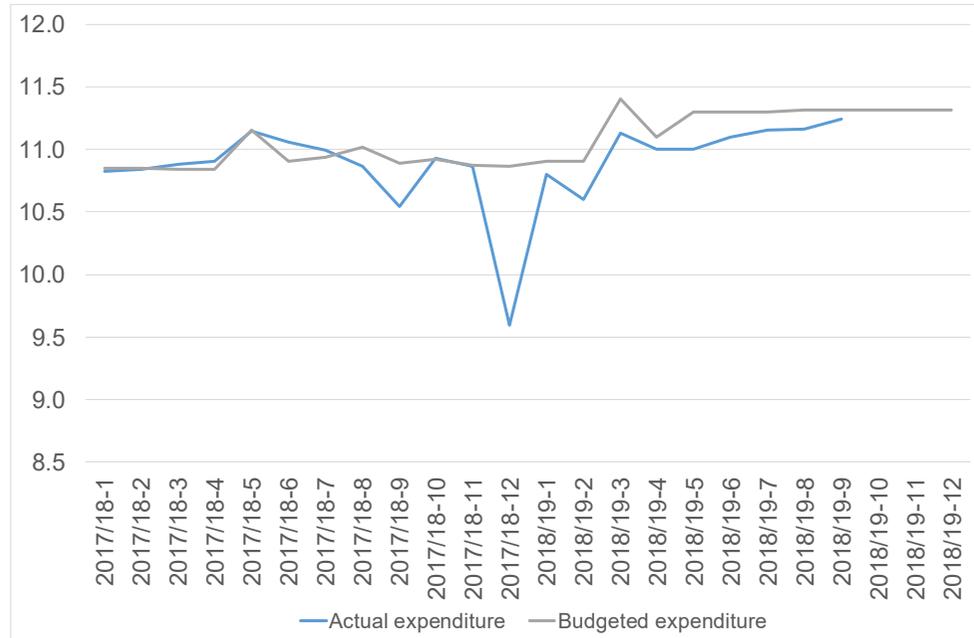
- Services that are commissioned from other NHS providers are based on activity data up to Month 8.
- The main under-spend relates to activity at Abertawe Bro Morgannwg UHB (£1.4m) and Cardiff and Vale UHB (£0.8m) year to date.
- Pressures in the year have grown month on month in respect of Specialised Services, despite an increased budget for the current year of £2.3m.
- An in-year risk had been identified in respect of the proposed re-basing of the Specialised Services Risk Sharing Framework. The September 2018 Management Group meeting indicated that any re-basing would be factored in to WG allocations, although the inherent risk of growth remains.
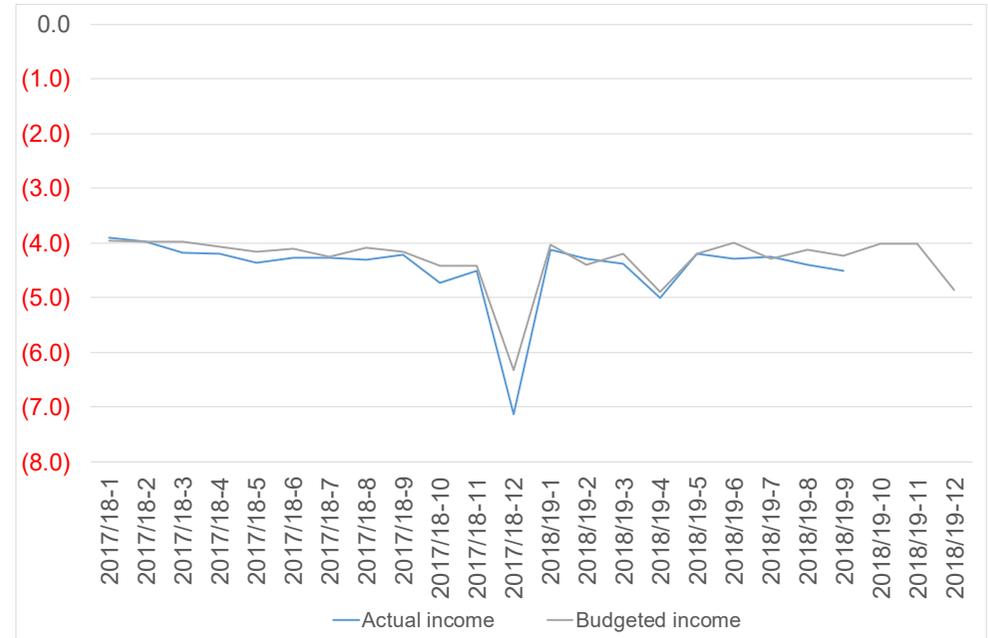
- Income from other NHS bodies continues to cumulatively over perform against target.

4. Savings and turnaround actions

4.1 Risk-assessed directorate savings plans against target
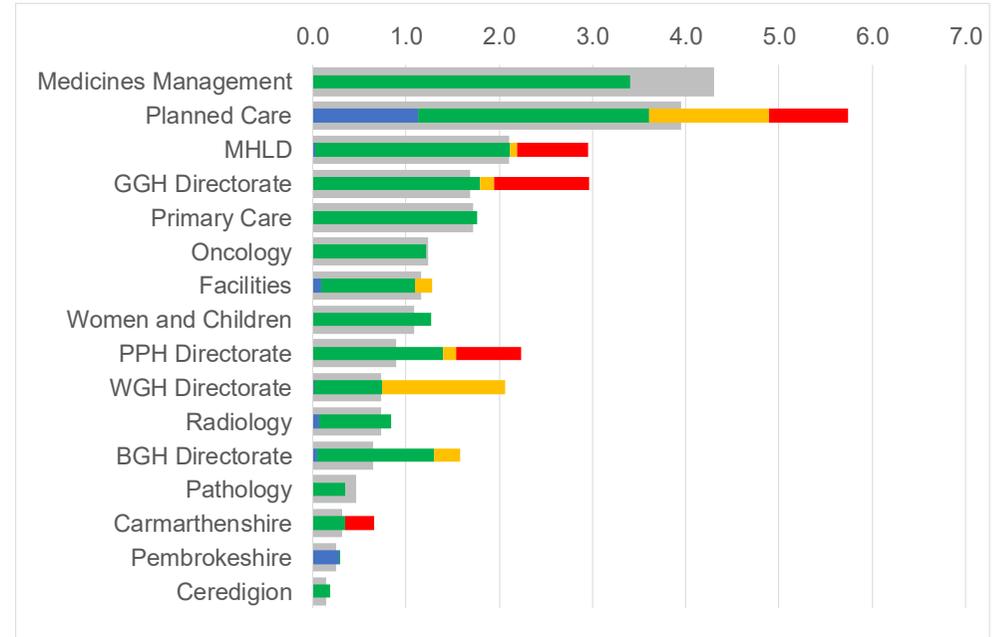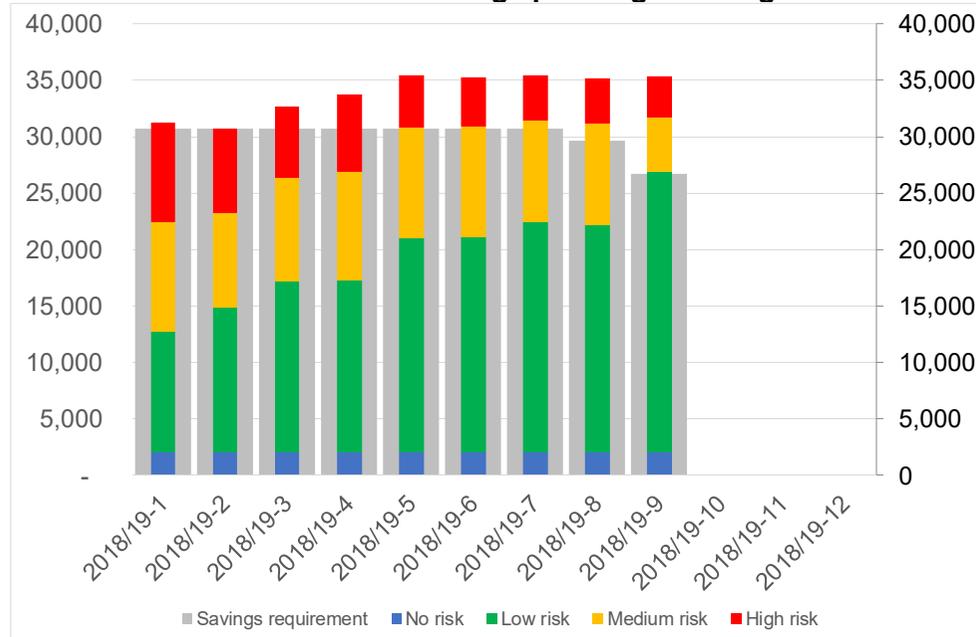
- In Month 8, the total expected savings requirement was reduced by £1.1m following the strategic decision to retain surge bed capacity in order to manage Winter Pressures. In Month 9, the total forecast savings has been significantly further reduced, to £26.7m, following a detailed review of the delivery trend and operational or strategic factors of schemes. A robust view has been taken of the likely delivery in the remaining months of the financial year. Following the introduction of monthly control totals in Month 8, the schemes included in the forecast for delivery in the remaining months of the year have been subject to additional scrutiny and challenge.

- The Month 8 forecast for Month 9 savings scheme delivery equated to £3.2m. Savings scheme achievement in month was £2.4m, which is a small improvement on the previous month but below Plan. The forecast profile for future months is in line with the current month's delivery.

- Savings arising from Agency/Locum paid at premium rates in Month 9 showed an improvement on Month 8, but was still significantly below Plan. The forecast for the remainder of the year has been significantly reduced, so that no step up is required.

- The requirement remains to continue to deliver current schemes at their existing levels to ensure full delivery by year end.

4. Savings and turnaround actions

4.2 Planned savings profile, risk and delivery

- We have included all schemes within the planned position in Month 9, to show the extent of our savings ambition. However, the forecast is based on the detailed assessment of schemes expected to deliver in the remainder of the year. This position has been reflected in the revised risk/opportunities assessment.

- No schemes, unless there is no feasible means of delivery, have been discarded. A number have been phased later in the year or as part of our pipeline for delivery next year.

- Operational savings delivery is expected to fall short of the original target of £30.7m, however this is offset by the identification of an additional £5.3m of accountancy gains and £6.0m of corporate recovery actions.

- We will be reviewing our reporting methodology for Savings Schemes ahead of the Month 10 submission.

- Total schemes identified to Month 9 are broadly consistent with that in Month 8.

- The risk-assessment of 'green' and blue schemes has increased in month with 76% now classified in these categories.

5. Financial projections, opportunities and risks

5.1 Financial projection

- While the financial position in Month 9 represents a risk to the Health Board, particularly given the relative phasing of savings schemes into the latter part of the financial year, **the Health Board's financial forecast remains to achieve the required forecast of £35.5m.**

- The operational run rate has improved from £1.0m in Month 8 to £0.9m in the current month, although this is not sufficient; the risk of delivering the forecast continues to be High given the significant level of savings required in the remainder of the year. Escalated Holding to Account meetings are being held with all Directorates failing to deliver their in-month Control Total and Leads are required to identify additional recovery actions.

Operational Financial Position £'m	M1	M2	M3	M4	M5	M6	M7	M8	M9	YTD
Actual In-Month Reported	**0.4**	**0.3**	**0.2**	**0.0**	**0.0**	**0.0**	**0.0**	**(0.1)**	**(0.3)**	**0.5**
Adjustments:										
VAT Reclaim (2017-18)				0.2	0.4					0.6
Individual Patient Commissioning – review year-end commitments				0.3	0.2	0.2				0.7
Medical and Dental back-pay									0.5	0.5
Accountancy Gains		0.2	0.1	0.1	0.3	0.3	1.0	1.1	0.4	3.5
Other		0.3	0.5	0.4	0.1		0.3		0.2	1.9
Total Adjustments	0.0	0.5	0.6	1.0	1.0	0.5	1.3	1.1	1.1	7.2
Operational Financial Position	**0.4**	**0.8**	**0.8**	**1.0**	**1.0**	**0.5**	**1.3**	**1.0**	**0.9**	**7.7**

- This will require the Board as a whole to ensure a focus on ensuring that divisions operate within their budgets, deliver savings and manage their risks.

5. Financial projections, opportunities and risks

5.2 Financial Trajectory

	£'m
Plan Deficit	35.55
Current Gap	1.73
Directorate Projection	37.3
Risks	0.9
Opportunities	(1.8)
Projection after Risks and opportunities	**36.4**
Control Total requirement	(0.85)
End of Year Projection	**35.55**

- Our current best estimate of the Health Board's projected deficit, after adjusting for our estimate risks and opportunities, is £36.4m. However, the Health Board's forecast remains at £35.5m as additional opportunities are being pursued, and the introduction of control totals is expected to continue to give further assurance and reduce the Health Board's expenditure run rate. Directorates are being held to account against their monthly Control Totals to provide assurance that the planned end of year deficit will be delivered.

- The risks to the financial projection are presented in section 5.3.

5. Financial projections, opportunities and risks

5.3 Risks and risk management strategy

Potential Risk	£'m	Risk management approach
Budget deficit	**62.5**	
Welsh Government ZBB funding	**(27.0)**	
Restated budget	**35.5**	
Inflationary pressures on CHC exceed budget	0.3	Fee rates are being negotiated, and this risk will need to be managed through the negotiation process.
Medicines Management	0.5	The risk has been reduced significantly from last month based on October changes; the risk will be reviewed at the next quarter end.
CHC Retrospective Reviews	0.1	Risk that claims exceed available budget.
Specialised activity exceeds available budget	0.5	Regular reports are received from WHSSC, and the Health Board is represented at the Committee.
Total deficit forecast and risks	**36.9**	

The non-delivery of Savings risk has been removed as we now have greater certainty over the delivery trajectory over the remainder of the year.

The Health Board's initial estimate of the holiday pay on overtime payments is that this will be an annual additional cost of between £0.450m - £0.550m; this needs to be noted as a potential provision requirement for the 2018/19 accounts. There is a potential for a retrospective liability of up to two years based on the guidance provided. As the provided guidance requests, this is noted in this report, but not included in Table F of the Monitoring Return.

5. Financial projections, opportunities and risks

5.4 Reserves

£'m	Month 9 close
Performance-related funding	4.3
Apprenticeship Levy	0.2
Hosted Allocation – Critical Care	0.6
CHC Inflation	1.4
Nursing Standards	0.1
Revenue consequences of capital schemes	0.1
Pay Award	0.1
Winter Pressure Support	0.8
Transforming Clinical Services	0.9
Dementia Action Plan – ICF Bid	0.5
Other	0.2
Total	**9.2**

- The Health Board's centrally-retained reserves are committed and all relate to specific anticipated cost pressures.
- Funding from Welsh Government in relation to addressing referral to treatment targets has been received totalling £11.6m and is being used for both internal and externally sourced capacity. This is now being fed through budgets.
- The Apprenticeship Levy represent costs being incurred through payroll and will be utilised over the year.
- CHC and FNC inflation and the revenue consequences of capital schemes will be distributed as the costs are incurred.
- The Health Board holds funding of £0.6m on behalf of Welsh Government to support costs incurred on behalf of the Critical Care network across Wales.
- Winter Pressure Support has been allocated to Directorates based on finalised plans for utilisation of the funds.

5.5 Opportunities

- The focus is now being narrowed by considering the key drivers of the cost base identified through benchmarking with other Health Boards via national costing returns. Headline information has been shared with Directorates and is being utilised as part of the Recovery Plan development. We will continue to use this in conjunction with the Efficiency Framework and part of developing our Financial Plan.

- Opportunities available via Invest to Save, Integrated Care Fund and Transformation funding are being explored. Key areas of operational inefficiency being targeted are: CHC and packages of care, unfunded escalation beds and patients awaiting tertiary referral.

5. Financial projections, opportunities and risks

5.6 Ring fenced allocations

Ring Fenced Allocations	£'m
Learning Disabilities	8.7
Depreciation	20.1
Mental Health Services	73.3
Renal Services	6.7
Palliative care funding	0.7
Integrated Care Fund	6.0
Integrated Care Fund (WCCIS Allocations) - *adjusted for 2017-18 baseline changes*	0.2
Integrated Care Fund (Autism Allocations)	0.2
Delivery plan funding	1.4
Paramedic banding	0.5
Clinical Desk enhancements	0.1
Total 2018-19HCHS Ring Fenced Allocation	**117.8**

£'m	2018-19 Initial HCHS Ring-Fenced Allocation	Veterans funding: adjustments actioned in 2017-18	£13 million additional Mental Health funding	2018-19 Final HCHSP Ring Fenced Allocation	£20m agreement (centrally held innovation & transformation fund)	Primary Care Prescribing	GMS (QOF and ES)	Other Primary Care	2018-19 Total Mental Health Ring Fenced Allocation
Mental Health Services	71.8	(0.0)	1.6	73.3	0.8	4.7	0.7	2.4	81.9

- The tables show the ring-fenced allocations. There is no flexibility about the use of this funding although Health Boards can choose to invest more in these areas.
- The ring-fenced allocation for Integrated Care Fund has been increased by £11m across Wales compared with 2017/18 (this amount was previously held centrally by WG).
- The largest element of the ring-fence is mental health. The funding forms a floor below which spend must not fall. Whilst this does not exclude mental health services from making efficiencies, these savings must be re-invested to meet cost increases and new developments. The ring-fenced is measured annually via the programme budgeting process.

6. Capital expenditure and working capital management

6.1 Capital expenditure

Provisional capital expenditure plan	£'m	£'m
Cardigan Integrated Care Centre	9.0	
Women and Children Phase II	6.1	
Wards 9 and 10 Withybush	1.4	
Aberaeron Integrated Care Centre	1.4	
Fishguard Primary Care	0.6	
Bronglais MRI	0.4	
Additional Discretionary IT	0.9	
Other all-Wales allocations	0.7	
Total all-Wales funded schemes		**20.5**
Medical equipment	1.8	
Estates	3.8	
IM&T	1.5	
Additional Discretionary	1.5	
Other	0.3	
Total discretionary		**8.9**
Total capital		**29.4**

- The Health Board has a Capital resource limit of £29.4m for 2018/19. The discretionary allocation has increased by £1.5m to £8.9m. Additional All Wales Capital allocations have been received for Digital Cellular Pathology £0.1m and IM&T £0.9m
- The additional discretionary capital funding has been allocated to specific schemes.
- Capital expenditure against the £29.4m funding allocation in Month 9 was £12.8m.
- The profile of expenditure is a risk, which is being actively monitored, to ensure that any delays and slippage can be managed in 2018/19.

6. Capital expenditure and working capital management

6.2 Working capital management
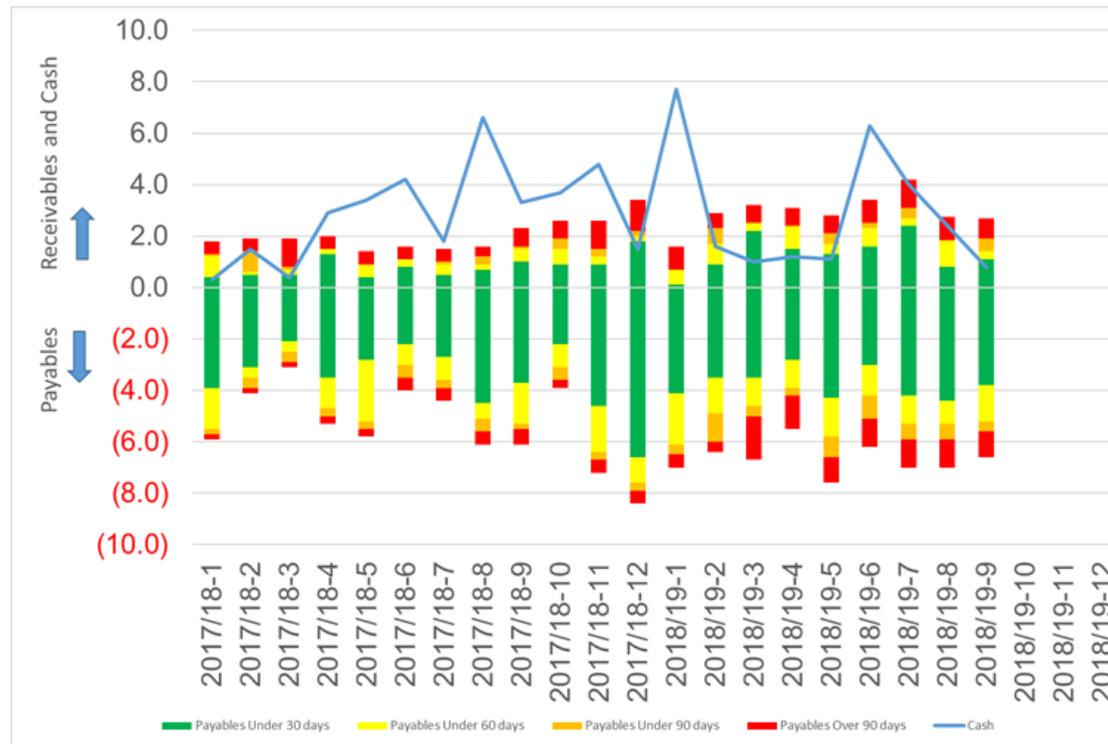
- Income collected from sources other than Welsh Government is collected through the invoicing process. It is imperative that this is collected promptly to reduce reliance on cash support from WG. Balances owed to the Health Board are £2.7m in Month 9.
- We are focusing on overdue balances owed to the Health Board to minimise the risks to recovery, although the risk is deemed minimal.
- It is also important that the Health Board pays its suppliers promptly. At the end of Month 9, £6.6m was owed to suppliers, of which £3.8m are less than 30 days old. Further work is ongoing with colleagues in NHS Wales Shared Services to address older balances through improving the purchase-to-pay cycle.
- Cash at the end of Month 9 was £0.8m.

7. Conclusions and recommendations

7.1 Conclusions

- The Health Board's financial position at the end of Month 9 represented an adverse variance against plan of £0.5m (YTD). This included an under-spend of £0.3m in month.

- On a normalised basis, after adjusting for one off items, the position in month was a deficit of £0.9m, which is an improvement of £0.1m compared to Month 8.

- An agreed re-phasing of savings schemes has been undertaken to recognise that, based on previous years savings step up in early months, but are expected to recover over later months. The impact of this in the first nine months has been a benefit of £1.6m.

- Directorate positions are reported before this phasing in order to keep the focus on delivering breakeven to budget.

- The year to date pressure has been particularly pronounced in Unscheduled Care (£4.7m, driven by bed capacity), Planned Care (£3.1m, driven by non-delivery of savings) and MHLD (£0.9m, driven by non-delivery of savings and CHC packages).

- CHC represents the most significant cost driver (£2.1m), followed by Pay (£1.7m) and Drugs (£1.5m).

- These adverse variances mainly relate to savings delivery compared with the requirement. The recovery plans have provided opportunities but we are still reliant on continued delivery at the current month level in the remainder of the year.

- The forecast remains to deliver £35.5m, although the challenge to this forecast is significant.

Appendix 1: Variance from Budget (in-month, £'000)

Unscheduled Care: Glangwili General Hospital

Unscheduled Care: Bronglais General Hospital

Unscheduled Care: Prince Philip Hospital

Unscheduled Care: Withybush General Hospital

Appendix 1: Variance from Budget (in-month, £'000)

Planned Care

Waterfall chart — Planned Care:
- Budget: 9,670
- Pay - A&C: 4
- Pay - Medical: (146)
- Pay - Nursing: (18)
- Pay - Additional Clinical Services: 57
- Pay - Other Professions: (190)
- Pay - Savings: 152
- Non Pay - Drugs: 33
- Non Pay - Clinical Supplies: 165
- Non Pay - Travel & Transport: 1
- Other non-pay: (12)
- Non Pay - Savings:
- Income: 8
- Actual: 9,724

MHLD

Waterfall chart — MHLD:
- Budget: 6,036
- Pay - A&C: (15)
- Pay - Medical: 30
- Pay - Nursing: (119)
- Pay - Additional Clinical Services: 63
- Pay - Other Professions: (63)
- Pay - Savings: 11
- Non Pay - Drugs: 6
- Non Pay - Clinical Supplies: 6
- Non Pay - Travel & Transport: 13
- Other non-pay: (71)
- Non Pay - Savings: 7
- CHC / FNC - Care packages: (132)
- Income: 2
- Actual: 5,774

Appendix 2: Turnaround Update

Table 1 - summarises the cumulative financial position, recovery actions and current status for Directorates being monitored through the Chief Executive Holding to Account meetings. These Directorates all have an escalated status due to the assessed risk of them delivering their financial plans.

CEO HTA	Mth 9 Forecast Position	Recovery actions	Savings identified 18/19 (£000's)	Savings delivered YTD (£000's)	Forecast savings 18/19 (£000's)	Status
Facilities	1.0m	Reduction in second class postage costs	28	52	64	Scheme exceeding planned delivery **Recovery action to be closed.**
		Automated patient mail process	10	0	Dependant on resolution of issues	Although the system has been implemented, it is currently off-line whilst a problem encountered with patient receipt of letters continues to be investigated.
		Review of cleaning costs	25 (Jan – March)	0	25 (Jan – March)	Cleaning rotas (non-ward) have been reviewed and efficiencies identified which will generate an anticipated saving in quarter 4. An analysis of hospital cleaning costs has shown a significant variance in cost across acute sites. Further efficiencies are planned although unlikely to deliver until 19/20.
		Catering – new Dec 18	TBC	0	TBC	The Directorate are progressing a number of opportunities for income generation, including the piloting of an extended menu to include snacks as an alternative to a cooked meal.
		Minor Works – new Dec 18	TBC	0	TBC	All minor work schemes scheduled for Q4 to be deferred until 19/20 unless there are mitigating circumstances.
		Estate rationalisation	Unlikely to see savings until 19/20			A discussion paper for consideration by the Executive Team, outlining plans for the rationalisation of the estate, is in development.
MH & LD	0.9m	Package of care reviews	0 – 30 (Jan – March)	0	30 (Jan – March)	Additional staff will be fully operational from January 19 and as such savings will be limited to year end projection. Cases are being reviewed in priority order.
		Resolution of historic legal challenges to funding.	600	392	392	£392k has been secured from one outstanding case. MH&LD team have received advice and are working to determine whether the other two cases are likely to deliver savings. Further cases totalling over £500k have been identified and are with legal pending advice. It is anticipated that the benefit may not be realised until 19/20 if successful.

Appendix 2: Turnaround Update

		Review of non-contractual arrangements	At this stage, the level of savings is unknown			A review of activity from April 18 has been undertaken and as a result, the Health Board has initiated recharges. Further meeting scheduled for 21.01.19.
		Collaborative care initiative	190	0	0	See BGH USC for update
		Learning Disability service model redesign	563	0	100	Detailed modelling of both short and long-term savings underway. Discussions had with the Community Health Council early December and work is continuing with Local Authority colleagues around the redesign plans. There is an opportunity around the provision of services at Tudor House that will be implemented in December and should deliver a savings impact in quarter 4. The LA have agreed in principle to return funding to the HB in relation to a number of services, the amount to be allocated to LD service redesign is to be confirmed by the Director of Operations.
		Review of temporary staff usage and variable pay	14	Unknown	Unknown	A meeting with Heads of Service and Service Managers is scheduled for early January 19 to discuss expectations in terms of annual leave management. Rotas will be planned for three months in advance and variable pay tracked closely through the implementation of a new monitoring spreadsheet. Once these measures are in place, an indication of potential savings will be known.
		Training – new Dec 18	0	0	TBC	Discussion to be had with the Medical Director regarding the implementation of a study leave cap during the remainder of 18/19.
Pathology	0.8m	Digital reporting of results	TBC at next T&F meeting early 2019			Pathology Task & Finish Group met end Nov 18. Actions agreed to facilitate standardised test requesting and increased electronic requesting uptake.
		Demand Management within Primary Care	11	0	0	Dashboard has been circulated to GPs. Further work is being done with Finance to understand cost per test and potential savings opportunity.
		Review of the transportation of items	TBC CEO HTA meeting 18.01.19			Analysis of data underway to determine transportation activity and to identify opportunities for efficiencies.
		Contract price reductions	0	90	107	£90k one-off credit secured from Supplier A in Nov 18, which should be seen in 18/19. £100k pa savings has been secured in relation to another contract, which will be reflected in the savings tracker from February 18.

Appendix 2: Turnaround Update

						Recovery action to be closed.
		Medical equipment		Cost pressure		Implementation of disposable tourniquets identified as a £47k cost pressure in month 12. Cost benefit analysis to be undertaken in respect of the use of disposable tourniquets vs reusable equipment.
Scheduled Care	3.1m	Maximising planned care activity: • Reduce outsourcing (orthopaedics & ophthalmology) • Increase in direct clinical care sessions • Critical care surge	283 105 734	0 0 0	0 0 340	Explore opportunities to maximise clinical activity within orthopaedics, dermatology, ophthalmology and anaesthetics are being progressed. This includes a review of job plans, insourcing activity and the maximisation of Waiting List Initiatives. A review of job plans will be completed by end March and a forecast savings figure for 19/20 identified. Draft Admissions and Discharge Policy to be operationalised in order to manage critical care surge risk.
		Maintenance contracts		Unknown		Instructions have been issued to requisitioners regarding correct coding, the need for clear descriptions on orders and to advise Finance of new and terminated contracts. A reconciliation of current maintenance contracts provided by Shared Services against the Finance schedule used for accruals is being undertaken to identify potential double accruals. Finance are working with EBME to establish a complete HDdUHB database of maintenance contracts.
		Theatres non-pay		Cost pressure		Directorate to assign a member of the team to work closely with procurement for 3 months to look at stock levels with a view to reducing the cost pressure. The Directorate will also undertake an analysis of spend linked to activity to understand the increase in average monthly spend.
		Medicines management	50	2	50	A £50 reduction in unit price in relation to Wet AMD injections has been confirmed.
USC BGH	1.5m	Ward model redesign and reconfiguration	190	0	0	Project Support has been identified and PID to be presented to Executive Team on 14th Jan 19. Savings are unlikely to be realised in 18/19 as the capital works to make the ward fit-for-purpose will not be complete in this financial year.
		Workforce opportunities	170	47	47	Plans to introduce iBank have been deferred pending further discussions with the Director of Nursing. The HB needs to be assured that the shift fill rate is high enough for

Appendix 2: Turnaround Update

						iBank to deliver benefits.
		Variable pay	0	0	46	Discussions are underway with framework agencies to agree contracts for long-term block booking of agency staff. Plans are expected to be implemented on 1st Feb 2019.
USC GGH	1.5m	Ward model redesign and reconfiguration	520	0	0	Whilst work to implement efficiency and Length of Stay improvements will continue, any capacity benefits realised will support delivery of the Winter Plan.
		Bridging Service	0	0	TBC at CEO HTA 18.01.19	The Carmarthenshire Bridging Service will be extended to cover GGH from 14th Jan 19. An assessment of the financial impact of this service has been requested by the next CEO HTA meeting.
		Variable pay - reduction in on- and off- contract agency costs	237	91	181	Following a saving in Nov 18, early analysis indicates that there will also be a reduction in spend on Thornbury nurses in Dec 18. Controls and checks are in place to manage use and usage data is reviewed weekly.
USC PPH	0.9m	Ward model redesign and reconfiguration	786	195	398	Plans to close a further 14 beds have been deferred until after the winter period, although work to progress this will continue to ensure that the full benefit can be achieved in 19/20.
		Bridging service	0	0	TBC	The Bridging Service for Carmarthenshire has been established in PPH and jointly funded through Winter Plan monies and the Local Authority. An assessment of the financial impact of this service has been requested by the next CEO HTA meeting. During the week 17 – 21st Dec, 16 Packages of Care had been put in place, with a further 8 pending. Early feedback suggests that the service is working well to support flow from the hospital and will support a reduction in the cost of ongoing packages of care due to assessments being undertaken once the patient has been discharged.
USC WGH	0.8m	Development of an early supported discharge team	372 (as per plan produced in Q3)	0	74	As at 21st December, the county were providing 3 reablement packages, 8 fast tracks (4 from WGH and 4 preventing admission), and 2 CHC packages following collapse of Allied. Further bridging care to support discharges where social care or reablement do not have current capacity will continue to be offered. Existing core

						teams do not have further capacity for the bridging care without additional resource. Additional capacity will be scoped for Community beds and advice sought prior to committing funding. The county will seek, where possible, to open social beds as this will both support the hospital bed state without worsening the financial position. Update to be reported at the next HTA.

Table 2 – summarises the cumulative financial position and key actions for Directorates being monitored though the Turnaround Director Holding to Account meetings. These Directorates are considered to be on track with delivery of their financial plans.

HTA	Mth 9 position	Key actions
Carmarthenshire County	0.4m	A review of 18/19 SLA performance is expected to yield some savings benefit. Ongoing discussions regarding Agency/Bank Usage and establishment review.
Ceredigion County	(0.2)m	Continued monitoring of interim bed usage to ensure costs do not exceed annual budget. Discussions with Locality Managers regarding recruitment plans and savings opportunities.
Pembrokeshire County	0.5m	Continuous review of nursing beds, subject to change operationally in line with winter plans. Consultation with Locality Managers on vacant posts.
Oncology & Cancer	(0.1)m	Issue with Aseptic facility has caused an additional cost pressure in month 9. A paper will be presented to Executive Team at the end of Jan 19 outlining a number of mitigating actions to address this.
Women & Children's	0.0m	Ongoing discussions and monitoring
Medicines Management	0.1m	
Radiology	(0.1)m	
Primary Care	(0.1)m	

Appendix 2: Turnaround Update

Table 3 – provides an update position on the Turnaround 60 Day Cycle schemes.

Cataract pathway					
Objective(s)	**Savings identified 18/19 (£000's)**	**Savings delivered YTD (£000's)**	**Forecast savings 18/19 (£000's)**	**Update**	**Achievements**
To increase cataract productivity so that the need to spend RTT is negated.	140 (Aug 18 – March 19)	102	140	The Service Delivery Manager has mapped out theatre list availability up to 31st March 2019 and has been asked to confirm if any of this activity will be additional to Waiting List Initiative activing.	An additional 6 cataract procedures per week from September 2018.

Continuing Health Care					
Objective(s)	**Savings identified 18/19 (£000's)**	**Savings delivered YTD (£000's)**	**Forecast savings 18/19 (£000's)**	**Update**	**Achievements**
To strengthen the Long Term Care patient pathway through: • The piloting of an expert nurse assessor role • Implementation of the Sustainability Policy • Review of high cost packages of care.	1,150	698	1,150	It is anticipated that the balance of savings will met in full by year-end. This assumption is based on outcomes of activities and observation during the first 3 months of the pathway, coupled with the further roll out to counties and the community where there remains scope for cash savings through the review and revision of historic, long term packages of care.	Actual Efficiencies July – September 2018. Cost avoidance (LTCNS in reach/named patient basis): £335k Reduced LoS: £59k Cease To Fund – Community LTCSN Pathway/named patient basis (cash savings): £305k Total: £698k The Turnaround Director is working with finance colleagues and the Long Term Care Team to ensure savings are being reported appropriately.
To review externally funded Service Level Agreements and approved Welsh Government strategic bids.	100	0	0	Individual leads have been tasked with reviewing other commissioned services in October with a view to generating anticipated savings of £0.1m	No meetings have taken place since the last Finance Committee meeting and as such further updates are not available against these schemes. Moving forward, two workshops are being planned to review the CHC work streams in the next few weeks, one to look specifically at MH&LD CHC and one that will focus on CHC more generally.
To review the activity and impact of Neurology/Brain Injuries Community Team	0	0	0	This scheme is in the early stages of development and the level of savings have yet to be identified. It is a high cost area of	

Objective(s)				Update	
on CHC expenditure.				spend. This work will be taken through the CHC/CIP group.	
To review the pathway for young people who have a continuing care package or who are in receipt of Welsh Health Specialist Services Commissioning (WHSSC) (Transition Pathway).	0	0	0	The plan for a new 60 day scheme is developing, although input from Carmarthenshire and Pembrokeshire has not yet been received. The SDM T&F group has reviewed the pathway which has been circulated for comments and is currently being finalised. Update expected 17th NovProgress	

Non-medical furniture and equipment

Objective(s)	Savings identified 18/19 (£000's)	Savings delivered YTD (£000's)	Forecast savings 18/19 (£000's)	Update	Achievements
Explore feasibility of the benefits of introducing an electronic system for distributing, reusing and furniture, equipment, fixtures and fittings within the organisation.	16	39	39	The operations board agreed to drive roll out across the Health Board. This work is being facilitated through an increase in hours of one of the current system champions who has agreed to increase their part-time hours to maximise the systems potential.	The system is showing that a further £25k was saved in December 2018.

Appendix 2: Turnaround Update

Operational Effectiveness					
Objective(s)	Savings identified 18/19 (£000's)	Savings delivered YTD (£000's)	Forecast savings 18/19 (£000's)	Update	Achievements
To reduce Length of Stay by 1 day across the UHB, enabling the closure of unfunded surge capacity and further changes to capacity beyond that.	4,700	949	980	Whilst further bed reductions had been planned in GGH, WGH and PPH during the next few months, these are on hold whilst the Health Board implements its Winter Plan to manage bed demand and capacity impact over the winter months. Improvement work will continue and additional beds will be targeted for removal after the period of highest demand. The surgical reconfiguration plan is underway with an agreed preferred option agreed by the clinical director of scheduled care. This will see less beds and increased trolleys to maximise admission on day of surgery, reduced LOS and a surgical admissions area. Forecast savings is based on those schemes currently delivering (green). Further savings may be achieved from those schemes that are part-delivering.	Medical and surge bed reductions were achieved as a result of the implementation of a number of improvement actions taken through the first half of the financial year. BGH - 10 beds closed from August to mid- October for ward refurbishment. GGH – 19 funded beds closed PPH – 21 surge bed reduction plus maintaining ring fence for whole orthopaedic ward (6 beds) WGH – 10 flex beds (i.e. open at times of pressure) but not maintained. Reduction of 14 funded beds.

Appendix 2: Turnaround Update

Outpatients					
Objective(s)	**Savings identified 18/19 (£000's)**	**Savings delivered YTD (£000's)**	**Forecast savings 18/19 (£000's)**	**Update**	**Achievements**
To make efficiency and productivity improvements that increase availability of core capacity and mitigate the need for other high cost, premium rate activity relating to national waiting times and access targets. E&P outpatient efficiency savings include a reduction in new to F/U appointments and DNA rates for all specialities, with specific schemes for dermatology, rheumatology, ENT, urology and general surgery.	825 (reduced from 1.1m, in line with outpatient savings identified in tracker)	9 Efficiency savings of £227k have been identified in relation to DNAs. Efficiency savings of £179k have been identified in relation to New to F/U ratios.	19	**DNA reduction** The E-referral programme is on track and has been rolled out in in Cardiology and Trauma and Orthopaedics. Access policy rules are being reinforced with clinical teams and DNA rates being regularly shared. The patient pathway management work is underway and being managed through a T&F group. **Follow ups** Follow up and discharge criteria has been developed for Gynaecology patients. Respiratory trial to undertake diagnostic tests prior to a new appointment continues to run. The ambition is still to progress with Virtual Clinics, although this remains dependant on the agreement of a national definition. **Patient pathway management** Current outcome form to be reviewed with Respiratory Clinician. Engagement sessions with key stakeholders to develop a patient pathway management module have almost concluded. The work focusing on Outpatients appears to be having a positive impact on New to Follow Up ratios and DNA rates in Urology. Forecast savings is based on those schemes currently delivering (green). Further savings may	

be achieved from those schemes that are part-delivering.

F/U Urology OP - DNA rate

Appendix 2: Turnaround Update

Patient Communications					
Objective(s)	**Savings identified 18/19 (£000's)**	**Savings delivered YTD (£000's)**	**Forecast savings 18/19 (£000's)**	**Update**	**Achievements**
To reduce the cost of patient communications in relation to appointment letters and results.	230 (efficiency savings)	TBC	TBC	Phase 2 of the text reminder service is now underway which focuses on the Paediatric Service and Interactive Voice Messaging. A pilot in Orthopaedics to no longer sending confirmation letters and using the new Text reminder service as an alternative is in progress. The scoping exercise to identify opportunities to implement the electronic reporting of warfarin results back to patients has concluded. Work is now underway to ensure that the electronic blood monitoring system (DAWN) has capability to communicate results and dosage changes to patients. The implementation of mail-bar coding has commenced, however, this has been temporarily suspended whilst integration issues are resolved. An evaluation in January 19 will determine the next steps. Non-integration deployment of the citizen's portal pilot, 'Patient Knows Best' (PKB), commenced in August 18 in Respiratory. Integrated deployment for those patients signed up in Phase 1 will commence in January. Mass sign up is subject to the Project Steering Group agreement in February. NB Integration is pushing letters or diagnostics from the Myrddin system into the PKB system. Non integration is	Phase 1 of the text reminder service commenced in October 2018.

Appendix 2: Turnaround Update

				using PKB for self- management plans, communications etc.	

Roster Efficiency

Objective(s)	Savings identified 18/19 (£000's)	Savings delivered YTD (£000's)	Forecast total savings 18/19 (£000's)	Update	Achievements
To reduce usage and expenditure on of temporary nursing staff and to ensure that temporary staffing (overtime, bank and agency) are only used when clinically assessed as necessary.	A savings figure has not been identified as this group focuses on supporting the corporate plan to reduce variable pay.			The number of wards running a 6 week roster has increased from 7 at the start of this process (June 18) to 30 as at 31st Dec 18. Since the last report, 3 wards have slipped in terms of their compliance with the 6 week roster due to ward pressures in terms of unfilled shifts. Actions have been agreed with each site to support the remaining acute wards to implement a 6 week roster, along with plans to further improve compliance with other core roster ground rules. The % of agency costs as a total of all variable pay was 72% in month 9, a similar level to that in the previous three months. The total cost of variable pay in month 9 seems to have recovered from its peak in month 8.	Improvements have been seen across all sites. **6 week roster** | Site	% compliant June 18	% compliant 07.01.19
---	---	---
BGH	20%	83%
GGH	23%	60%
PPH	10%	82%
WGH	20%	60%	 **A/L management** 	Site	% compliant June 18	% compliant 07.01.19
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BGH	40%	83%
GGH	92%	93%
PPH	80%	100%
WGH	90%	100%	 **EWTD Compliance** 	Site	% compliant Day 0	% compliant 07.01.19
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BGH	0%	100%
GGH	38%	80%	

Nursing and Midwifery Registered - % of total monthly variable pay

Appendix 2: Turnaround Update

Total variable pay (nursing) £'m

Site		
PPH	10%	64%
WGH	10%	10%

Time balance management		
Site	**% compliant Day 0**	**% compliant 07.01.19**
BGH	60%	83%
GGH	62%	67%
PPH	70%	82%
WGH	80%	90%

Appendix 2: Turnaround Update

Theatres					
Objective(s)	**Savings identified 18/19 (£000's)**	**Savings delivered YTD (£000's)**	**Forecast savings 18/19 (£000's)**	**Update**	**Achievements**
To reduce non-pay expenditure through better procurement and standardisation of items used.	368	260	364	• Following a review of processes relating to the selection and ordering of theatre loan kits, theatre teams are looking at reducing the supply base, creating efficiency and cost savings opportunities. • Following a joint Clinical Management, Finance, Turnaround and Procurement meeting on 9th October 2018, the option to standardise further down to a single hip supplier has been deferred. Consolidation against existing arrangements will deliver up to £80k to be confirmed. • Theatre Managers and SDM are considering options for the standardisation and rationalisation of Bone chips and putty suppliers across Health Board sites	Key progress areas include • Standardised trocars with single supplier. Usage data shows full year savings of £83k (Oct 17 – Oct 18). Additional work has released a further £10k of savings, starting in Sept 18. • Mesh - change of supplier - £47k full year saving • Alpha Scope sheaths - trial and switch completed in Oct 18. Full year savings of £9k. • Stock review of ward and theatres resulting £9k savings for theatres. • Medtronic Energy Equipment - £94k cost avoidance due to the free lease of capital equipment. • Other schemes generating savings through bulk purchasing, changes in supplier and negotiation of price reductions. The bulk purchase of hip and knee prostheses has generated further savings of £31k.
To focus on efficiency opportunities around process and pathways.	0	0	TBC	Dashboard analysis is expected to highlight further efficiency opportunities. To be presented at Jan 19 Theatres meeting.	
To review maintenance contracts for Theatres equipment and services.	0	0	TBC	Contracts are currently being reviewed with the service.	Regular meeting established between Theatres and EBME. Workplan of opportunity remaining in quarter 4 to be provided in new year once developed.

Appendix 2: Turnaround Update

Travel and Subsistence					
Objective(s)	Savings identified 18/19 (£000's)	Savings delivered YTD (£000's)	Forecast total savings 18/19 (£000's)	Update	Achievements
To identify and co-ordinate a consistent approach to travel and subsistence claiming processes with a view to supporting directorates to meet their savings targets for 2018/19.	450	102	136	Following discussions with a supplier, a proposal has been submitted to the Health Board for the introduction of Club Car vehicles as a first stage. Year 1 savings have been estimated at £66k. An SBAR is being produced and will be presented to the Executive Team in the New Year for consideration. A review of subsistence claims is currently underway. As a result, a review of study leave costs will be undertaken to ensure that all course fees are applied for and processed through the central study leave budget. 18/19 forecast savings are based on an extrapolation of savings to month 9.	• Q&A briefing for staff agreed and with translation. To be circulated on global email and uploaded to intranet. • E-expenses system updated to make it easier to search for addresses. • Potential reduction in the number of subsistence claims for some items.

Enw'r Pwyllgor / Name of Committee	Business Planning and Performance Assurance Committee (BPPAC)
Cadeirydd y Pwyllgor/ Chair of Committee:	David Powell, Independent Member
Cyfnod Adrodd/ Reporting Period:	Meeting held on 18th December 2018

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor /
Key Decisions and Matters Considered by the Committee:

- **Capital, Estates and IM&T Sub-Committee (CEIM&TSC) -** the Committee received the CEIM&TSC update report from its meeting on 27th November 2018, highlighting the key issues discussed. Members noted the financial risk within the Front of House & Fire Lift Scheme, Bronglais General Hospital (BGH), and were advised that the reduction in VAT recovery will now be included within the Discretionary Capital Programme (DCP) 2018/19. The Committee also received a report on the Programme Business Case (PBC) for the Major Infrastructure and Ward Refurbishment Scheme across the Health Board's Acute Estate, detailing the work required to maintain an acceptable standard across all four hospital sites.

- **Health & Safety and Emergency Planning Sub-Committee (H&SEPSC) -** the Committee received the H&SEPSC update report from its meeting on 15th November 2018, highlighting the key issues discussed. Members were advised that whilst discrepancies still exist with the numbers of Fire Training attendees recorded on the Electronic Staff Record (ESR), a deadline of the end of December 2018 had been set for the completion of actions to address this. Concerns were expressed at the delay in implementing the Health Boards Lockdown Policy and were advised that due to the configuration of the four acute sites, a single Lockdown Policy would not be an appropriate approach. More detailed planning for individual sites will be required and will be dependent upon the acquisition of resources to fund this. It was confirmed that the Lockdown Policy would be presented to the next H&SEPSC meeting for approval.

- **Information Governance Sub-Committee (IGSC) -** the Committee received the IGSC update report from its meeting on 26th November 2018 highlighting the key issues discussed. Members were assured by the clinical coding performance for the Health Board which had improved in August to 88.1%, an increase of 6.6% from July, with a recent audit highlighting that Hywel Dda's clinical coding staff have achieved above average accuracy rates for primary diagnosis. Members noted that an update on the National Intelligent Integrated Audit Solution (NIIAS) highlighted an increase in staff inappropriately accessing their own records during the previous month above the agreed tolerance level set by the Sub-Committee. For assurance, Members were informed that the Workforce & OD team are currently monitoring all breaches to establish any emerging themes or trends. Alongside this, a communications plan will run from January 2019 for a period of 3 months to reduce the number of breaches going forward. Members noted the significant delays reported in entering data for arrival times into theatre

onto Health Board's system from the Theatre Module of the Wales Patient Administration System (WPAS) audit, and it was agreed to present data on for the capture of real time admissions, transfer and discharges at ward level to the next meeting.

- **Planning Sub-Committee Update Report Including Revised Terms of Reference and Integrated Planning Assurance Report (IPLAR) -** the Committee received the Planning Sub-Committee update report from its meeting on 22nd November 2018 highlighting the key issues discussed. Members were advised that an annual plan will now be submitted to Welsh Government by 31st January 2019, followed by a 3 year plan at the end of March 2019. Members noted there will be a focus on community planning during 2019/20, and that the planning cycle will be aided by a CEO Planning Review Panel. Members were informed that following guidance received from Welsh Government, the structure of the IPLAR will be amended to reflect the changes to the 2019/22 NHS Wales Planning Framework and that the IPLAR will be used as a tracker to demonstrate the Health Board's delivery against national planning requirements. Members received the revised Planning Sub-Committee Terms of Reference (ToRs) which were approved subject to the inclusion of a the following amendments:
  - To remove reference to Finance **Sub**-Committee;
  - To add the following sentence to Section 3 'Quorum and Attendance' - 'an Independent Member shall attend the meeting in a scrutiny capacity'.

- **Corporate Risk Report –** the Committee received the Corporate Risk Report identifying the 13 corporate risks assigned to BPPAC, where it was agreed that risks would be discussed by exception only. In terms of RR 635 – No deal Brexit affecting continuity of patient care - given the potential for an increased risk to patient care, Members agreed that the risk should be re-assigned to QSEAC. The Chair advised that further scrutiny of all corporate risks assigned to BPPAC would be undertaken at their next presentation to BPPAC.

- **Operational Risks Report –** the Committee received the Operational Risks report identifying the 5 operational risks assigned to BPPAC which were scrutinised in detail. Members received assurance from the relevant controls and mitigating actions in place, with minor caveats.

- **Integrated Performance Assurance Report Month 8 (November 2018) -** the Committee received the November 2018 IPAR setting out the Health Board's latest performance position and providing a spotlight on unscheduled care and referral to treatment times. Concerns were expressed in regard to the rationale behind the delayed transfers of care (DTOC) for non-mental health currently being split by locality and clarification was requested that solutions to similar issues which are expressed differently by region are being discussed and resolved Health Board wide. Members were assured that the 3 County Directors form part of the Unscheduled Care Directorate and are engaged in issues regarding complex discharges with discussions take place within Multi-disciplinary Teams to ensure triangulation of services. Members

were pleased to note that the Health Board has now been 72 days Clostridium difficile (CDI) free and were advised that data on community acquired infections in September 2018 shows a continued reduction compared to the previous year. Given the positive impact of the recent initiative whereby GPs reviewed urology notes to reduce delayed follow ups, Members enquired whether plans are in place to expand this pilot given its cost-effective nature whilst accepting initial funding would be required. It was confirmed that this would be raised at Executive Team level. Members also discussed the uptake of the influenza vaccination, and whilst welcoming the increased uptake for 2-3 year olds, noted the Health Board's overall performance is below target and lower than other Health Board's. Members were informed of the supply issues experienced at the beginning of the winter period for vaccinations both for patients aged over 65 and under 65, together with cultural barriers preventing patients from presenting for vaccination, more prevalent within Hywel Dda i.e. amongst some farming communities. In terms of hand hygiene, Members expressed concern at the 17% disparity in compliance between the lowest and highest performing teams involved. Members were informed of a revised social media campaign for staff, with an improvement plan discussed at length previously in QSEAC and a deep dive on infection prevention planned for the Committee in February 2019, however the target of 95% is recognised as a challenge to achieve.

During a detailed examination of Therapy waits in excess of 14 weeks, which the Board had previously asked BPPAC to consider, Members noted the fragility within current therapy services with a reliance on agency and locum cover. However the Committee received assurance that, provided current staffing levels hold, the Health Board would achieve the zero target of 14 week waits for specific therapies by the end of March 2019.

- **Out Of Hours Services – Including Outcome Of Peer Review & Plan Going Forward) –** the Committee received an Out of Hours (OOH) services update report following the roll out of 111 across the Health Board. Members noted that the service has now appointed Advanced Paramedic Practitioners (APPs) to supplement the GP workforce, working overnight 5 days a week, and with the support of Welsh Ambulance Service Trust (WAST), an additional four APPs will be recruited with the intention to acquire funding to enable these to become permanent roles. Members were presented with highlights from the recent Peer Review including the positive work undertaken with GPs in Pembrokeshire and Ceredigion interviewed as part of the process, and positive feedback for OOH staff. However, it was noted that the Health Board would benefit from an improved flow between daytime primary care and OOH services as a key part of the unscheduled care system. With regard to next steps, Members noted the intention over the next 6 months to embed 111 and the new roles within the service. Whilst Members and officers within the Health Board understand the operational challenges experienced by the Health Board in achieving national performance targets, in order for the public to have a better understanding, it was suggested that the platform of social media be utilised. It was agreed for discussions to be held with Hywel Dda CHC on how best to inform the public of current challenges.

- **Report on the Position of Provision for Residential/Doctors Accommodation (Including Updated Images) –** the Committee received an update from the Accommodation Task & Finish Group on the refurbishment work undertaken to address concerns in relation to junior doctors' accommodation across the Health Board with a Tenancy Agreement and a Protocol of Expectations established between students and the Health Board, with clear guidelines highlighting the expectations from both. To facilitate improvements, £200,000 has been allocated from discretionary capital to make improvements and priority areas for its use have been agreed to address the poorest accommodation initially. Refurbishment work has commenced in Glangwili and Withybush General Hospitals with refurbishment work in Bronglais General Hospital and Prince Philip Hospital due to commence soon. Members were informed that the support provided by the Health Board to improve accommodation has been welcomed by students and also noted as positive by partner universities. Whilst Members were assured that the Accommodation Task & Finish Group would continue to monitor the progress of the work planned, given the further funding required it was suggested that junior doctors' accommodation be considered as a priority area for next year's discretionary capital programme, whilst acknowledging that in the longer term, new accommodation would be required through major capital development to meet the expected standards. To provide further assurance to BPPAC on progress, a RAG rated compliance report will be received from the Accommodation Task & Finish Group at the next CEIM&TSC meeting.

- **Update on All-Wales Capital Programme & Discretionary Capital Programme 2018/19 Incorporating Capital Governance Update** – the Committee received the Report on the Discretionary Capital Programme 2018/19 and Capital Governance which included the key issues raised by the CEIM&T Sub Committee meeting in November 2018. Members were advised that a further allocation of £1.454m for the Discretionary Capital Programme has been approved, which will be split between the BGH Front of House Scheme due to the reduction in VAT % recovery, and an increase in the contingency budget, with the balance of £1.1m yet to be prioritised. Members were provided with an update on the current position with Aseptic Units, and advised that the further options identified by Transforming Access to Medicines (TRAMS) will not be agreed until March 2019. Members were informed of a change in the strategic approach where the proposed option is now to have 3 regional units across Wales, supported by small local units, and a Business Justification Case will be produced against this revised position. Given the concerns expressed at
the increased risk in the Health Board's ability to provide aseptic medicines due to having to outsource aseptic unit work given the two transgressions of water in the GGH Aseptic Unit during the past 2 months, for the Committee's assurance it was proposed that an update be presented to the next meeting on the actions taken to manage the risks involved.

- **Medicines Transcription and Electronic Discharge (MTED) –** the Committee received the Medicines Transcribing and e-Discharge (MTED) report providing details of the further roll out in BGH to address patient safety concerns on surgical wards. Members expressed concern that evidence had not been received that the benefits outweighed the cost of implementing MTED. The lack of a formal approach to the further roll-out at Bronglais meant that there was no learning which was transferrable to other sites, nor was it scalable. Furthermore, the Executive Team (ET) had previously agreed that given the significant implementation and ongoing revenue costs proposed, the system is not a sufficient priority for the Health Board, and suspended further roll out. Further concerns were expressed at the lack of governance that led to the decision to roll out MTED in BGH being made and proposed that ET receive a further report for consideration and for an update to be provided to BPPAC.

- **NWSSP Performance Report Including Quarter 2 Key Performance Indicators -** the Committee received an update on performance in respect of the services received from NHS Wales Shared Services Partnership (NWSSP) for the three months ended 30th September 2018. Members discussed the reasons for the organisation missing the target time to approve vacancies and were informed of the number of factors involved including the tracker not being updated in a timely manner and delays built into vacancy advertisements to comply with departmental budgetary targets. It was proposed that at the next NWSSP meeting in January 2019, an option to allow for this within the KPIs be considered.

  Implementation of National ICT Systems Within Hywel Dda University Health Board – the Committee received an update on the implementation of National ICT Systems to provide clarity on those systems which are being implemented by the Health Board and the timescales for when new versions will become available. Members queried whether the Health Board is in a position to influence the priorities for implementing these various systems and were advised that at a National Informatics Management Board level, the focus is on collating all business cases onto one platform and to prioritise these on an all Wales level. Whilst the Cabinet Secretary has allocated £50m for Information Technology improvements across Health Boards, current business cases exceed this figure, and so it will be a challenge to determine which projects to prioritise. Members queried the delay in rolling out improvements to the Wales Clinical Portal and were advised of the factors contributing to this including a lack of capacity to make progress and a lack of agreement on which systems should be prioritised. It was agreed that for future reports, timescales should be included. Members were informed that the Health Board is currently three versions behind the latest Welsh Radiology Information System (RADIS) available, however the intention is to implement a single RADIS by the end of April 2019 by adopting a phased approach to migrating data. The Chair suggested that further assurance could have been derived from the paper were the level of usage of these systems by the Health Board included

within the report and it was agreed that a further paper on current levels of adoption and usage would be presented to BPPAC in February 2019.

- **West Wales Regional Partnership Board Update** – the Committee received the West Wales Regional Partnership Board update report and were advised that the Transformation Fund proposal has now been completed and submitted, with the expectation of a decision before the end of December 2018. Ahead of this, the need is recognised to strengthen Regional Partnership Board governance arrangements given the extent of the monies involved, which is scheduled for discussion at the RPB's next meeting on 9th January 2019, followed by a report to Board.

- **Wales Major Trauma Network** – the Committee received an update on the progress that has been made since the recommendations of the independent panel were approved by Health Boards in March 2018 with respect to the Wales Major Trauma Network. Members were advised that a report is planned for the next ET meeting to support the designation of a Trauma Unit within Hywel Dda, followed by formal agreement through the Board in January 2019. Members were informed that the availability of a 24/7 Emergency Medical Retrieval and Transfer Service (EMRTS) service has been acknowledged by Health Boards and the next stage will be to acquire funding to meet this aspiration.

- **BPPAC Update Report to Board September 2018** – the Committee received the BPPAC update to Board for November 2018 for information.

- **BPPAC Workplan 2018/19** - the Committee received the BPPAC workplan for 2018/19 for information.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:
• None

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:
• Concerns regarding the delay in implementing the Health Boards Lockdown Policy, however Members were assured that the Lockdown Policy would be presented to the next H&SEPSC meeting for approval.   • Concerns regarding to the increased risk in the Health Board's ability to provide aseptic medicines due to having to outsource aseptic unit work given the two transgressions of water in the GGH Aseptic Unit during the past 2 months. An update has therefore been requested for the next BPPAC meeting on the actions taken to manage the risks involved.   • Concerns regarding the roll out of MTED in BGH given that ET had agreed the system is not a sufficient priority for the Health Board, and suspended further roll out. It was therefore agreed for ET to receive a further report for consideration and for an update to be provided to BPPAC.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:
Adrodd yn y Dyfodol / Future Reporting:
In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.
Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:
26th February 2019

CYFARFOD BWRDD PRIFYSGOL IECHYD **UNIVERSITY HEALTH BOARD MEETING**	

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	31 January 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Integrated Performance Assurance Report – Month 9 2018/19
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Karen Miles, Director of Planning, Performance and Commissioning In association with all Executive Leads
SWYDDOG ADRODD: **REPORTING OFFICER:**	Karen Miles, Director of Planning, Performance and Commissioning

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation The Integrated Performance Assurance Report (IPAR) is being brought to the Board's attention to examine and consider Hywel Dda University Health Board's latest performance data, achievements, challenges and needs. This is a requirement of the NHS Wales Delivery Framework 2018/19. Work is ongoing to make the performance dashboards available via a business intelligence tool. As an interim step, performance dashboards for cancer, delayed follow-ups, diagnostics & therapies, delayed follow ups, mental health & learning disabilities, sepsis, stroke, referral to treatment, theatre cancellations and unscheduled care have been made available in Excel format. A Quality and Safety dashboard is also currently being developed. A copy of the recent update on the Implementation of the Welsh Language actions, as defined in "More Than Just Words" is included.
Cefndir / Background The NHS Wales Delivery Framework 2018/19 aims to have a 'healthier Wales'. It identifies key areas to be monitored and, where relevant, improvements made for this aim to be achieved. The University Health Board is working to make improvements for its resident population, patients and staff and has identified some additional local performance indicators to further support the Framework.

Asesiad / Assessment
• The IPAR consists of:
    o Title page – the buttons can be used to navigate to the different sections of the report;
    o Executive summary – provides an overview categorised by: where the UHB is doing well, where improvements are needed and potential challenges ahead;
    o Performance overview – the hyperlinked text can be used to directly access the relevant exception reports. Each exception report has a home button which will return you back to the latest performance overview section;
    o Integrated dashboards – summaries for unscheduled care, planned care, hospital acquired infections and oncology & cancer, showing finance and workforce. The

dashboards have been reformatted to incorporate some of the finance dashboard charts and to make them more user-friendly;

- o <u>Domain topic pages</u> –include details of the Executive Leads and links to relevant exception reports;
- o <u>Exception reports</u> – are included for areas where new data is available and either the targets are not being met or there is cause for concern;
- o <u>Supporting dashboards</u> – Excel dashboards for Referral to Treatment Time (RTT), Unscheduled Care, Diagnostics & Therapies, Stroke and Cancer.

- The following accompanying documents are also provided:
  - o <u>Key delivery target summary</u> – performance trend and (where available) trajectories for the key delivery indicators;
  - o <u>Full performance summary</u> – details of all performance indicators with reported data for this financial year to date and an indication of whether an exception report has been provided.
- The latest performance data shows:

28 key deliverable indicators		All+ performance indicators		
18	64%	**81**	51%	target not delivered
2	7%	**17**	11%	within 5% of target
8	29%	**62**	38%	target delivered

+ only those indicators for which is it possible to assign a red, amber or green rating are included here. Some indicators are under development and others do not have sufficient historical data to show an annual improvement or decline

The most recent all Wales data shows that the UHB ranked in the top 3 for 31 (36.5%) indicators, which is comparable to the previous month.

Spotlight on unscheduled care

Unscheduled care performance declined in December 2018 compared to the previous month. There is ongoing discussion with Welsh Government and the Delivery Unit on our Winter Plans.

- **Ambulance handovers** delayed over 1 hour increased from 171 in November 2018 to 226 in December 2018;
- Patients seen in **Accident and emergency and minor injury unit (MIU)** within 4 hours declined from 85.6% in November to 84.6% in December;
- The number of patients **waiting over 12 hours in A&E** increased from 675 in November to 690 in December;
- Average **length of stay** for medical emergency patients decreased from 8.4 in November to 7.9 in December.

Spotlight on referral to treatment (RTT)

The number of patients waiting more than 36 weeks from **referral to treatment** in December 2018 was 1,394. Whilst 241 were above trajectory, this represents a reduction of 45 breaches since the end of November 2018 and compares favourably to 3,309 reported breaches in the same month last year. December 2018 data for some key specialties is included below. It is important to note that some specialties had fewer breaches than the anticipated trajectory for December, including Urology and General Surgery.

Specialty	Breaches	Trajectory
Orthopaedics	721	+161
Dermatology	282	+32
ENT	92	+24
Ophthalmology	89	+11
Cardiology	79	+29

We continue to work closely with other providers to ensure that the target of zero patients waiting over 36 weeks is met by the end of the financial year.

Where are we doing well?
- Hywel Dda ranked 1st in Wales for 10 national indicators including waiting times for diagnostic tests, admission to a stroke unit, mental health assessments and treatment time for patients with an urgent suspected cancer;
- The target was met for **smokers carbon monoxide validated** as quit at 4 weeks, with performance increasing from 42.6% in quarter 1 (Apr-Jun) to 53.3% in quarter 2 (Jul-Sep);
- The Welsh Government (WG) target of 75% of **concerns** settled within 30 working days has been achieved;
- The Health Board performed well for three of the **stroke** targets i.e. stroke patients given a CT scan within 1 hour of diagnosis, admitted to a stroke unit within 4 hours and assessed by a stroke specialist within 24 hours;
- The three **mental health** key deliverable targets have all been met;
- The **postponed admitted procedures** target was met in November, with 15 procedures postponed on more than one occasion for non-clinical reasons, of which 8 patients fell within the government commitment. Of these, 5 patients were treated within the 14 day government commitment. In-month performance in November 2018 was therefore 63%. Of the 3 patients not treated, 2 patients have since been treatment and the other is booked for treatment;
- The Health Board's Performance Appraisal and Development Review **(PADR)** compliance is improving and above the NHS Wales average and **Medical Appraisal (PADR)** is far above target at 93%.

Where are improvements needed?
- Despite an increase in the number of **smokers attempting to quit using smoking cessation services**, the target was not met;
- The percentage of ambulances responding to **red calls** within 8 minutes did not meet the 65% target, with performance declining from 65.4% in November to 60.4% in December 2018;
- The Health Board reported 82 **diagnostic** breaches (Cardiology 43, Endoscopy 37, Radiology 2) in December 2018, an overall increase of 18 from the previous month;
- The zero target has not been met for the number of patients waiting over 14 weeks for a specified **therapy** with the number of breaches increasing from 265 in November to 287 in December. Most breaches came from Podiatry (51), Occupational Therapy (53), Dietetics (69) and Audiology (107);
- The 12 month improvement target was not met in November for patients diagnosed with a **stroke** who were thrombolysed within 45 minutes;
- The waiting time target (95%) for **urgent suspected cancers** was not met in November 2018 with performance deteriorating to 85.5% (from 93.5% in October);
- The 98% target was not met for **non-urgent suspected cancer waits** with 95.5% of patients seen within 31 days of referral;
- **Non mental health delayed transfers of care** rolling 12-month numbers increased from 489 in November to 502 in December and the 5% reduction target was not met;
- The 12 month reduction target for **mental health delayed transfers of care** was not met and

- the 12 month number increased from 93 in November to 99 in December;
- The targets have not been met for the 3 reported **health care acquired infections** i.e. E.coli, C.difficile and S.aureus. An improvement plan is in place;
- The 5% reduction target for **hospital initiated cancellations** (HIC) has not been met. However, in November the number of HICs was 115 which is lower than the reported 128 in the previous month;
- The rolling 12-month **sickness** reduction target has not been met despite the rate decreasing slightly from 4.98 in October to 4.97 in November 2018. However, the Health Board has consistently improved since May 2018 and Hywel Dda continues to have the 2nd lowest sickness rate of the six larger Health Boards in Wales;
- It is a statutory duty to achieve **financial breakeven**. The financial position at the end of December 2018 is £27.161m deficit;
- The **job planning target** (85%) for consultants and SAS (specialist or associate specialist) doctors having a job plan has not been met and performance declined from 77% in November to 69% in December 2018 . However, a considerable improvement has been made since the same month last year (59%).

Argymhelliad / Recommendation

The Board is asked to discuss the report and raise any issues arising from its content.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Risk Register Reference:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	10. To deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve Population Health through prevention and early intervention Support people to live active, happy and healthy lives Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015	Please explain how each of the '5 Ways of Working' will be demonstrated
- Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015	Long term - the planned prospective approach for performance management will help identify potential challenges in order that they can be addressed and hopefully alleviated before they become issues.
- 5 Ways of Working:	Prevention – see above

	Integration – the IPAR includes 4 integration dashboards that summarise performance, financial and workforce data by Directorate. In time, we aim to add a fourth part to properly capture patient outcomes and experience.
	Collaboration – to monitor and manage performance, the Performance Team liaises with all Directorates across the Health Board as well as key individuals from partner organisations including the Welsh Ambulance Service NHS Trust and Public Health Wales.
	Involvement – Service Leads and specialists are key in identifying performance issues and determining solutions.

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	NHS Wales Delivery Framework 2018-19
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care Business Planning and Performance Assurance Committee
Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: **Workforce:**	Development of staff through pooling of skills and integration of knowledge
Risg: **Risk:**	Better use of resources through integration of reporting methodology
Cyfreithiol: **Legal:**	Better use of resources through integration of reporting methodology
Enw Da: **Reputational:**	Not applicable
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

Integrated Performance Assurance Report (IPAR)
Position as at 31st December 2018 (Month 9 2018/19)

Click one of the circles to navigate to that section of the report

Note: there are no exception reports for 'Individual care' this month

Summary information within this report

- Executive Summary
- Integration
- Data
- Overview

Exception reports and ad hoc reports

- Staying healthy
- Safe care
- Effective care
- Dignified care
- Timely care
- Individual care
- Staff and resources
- Additional reports
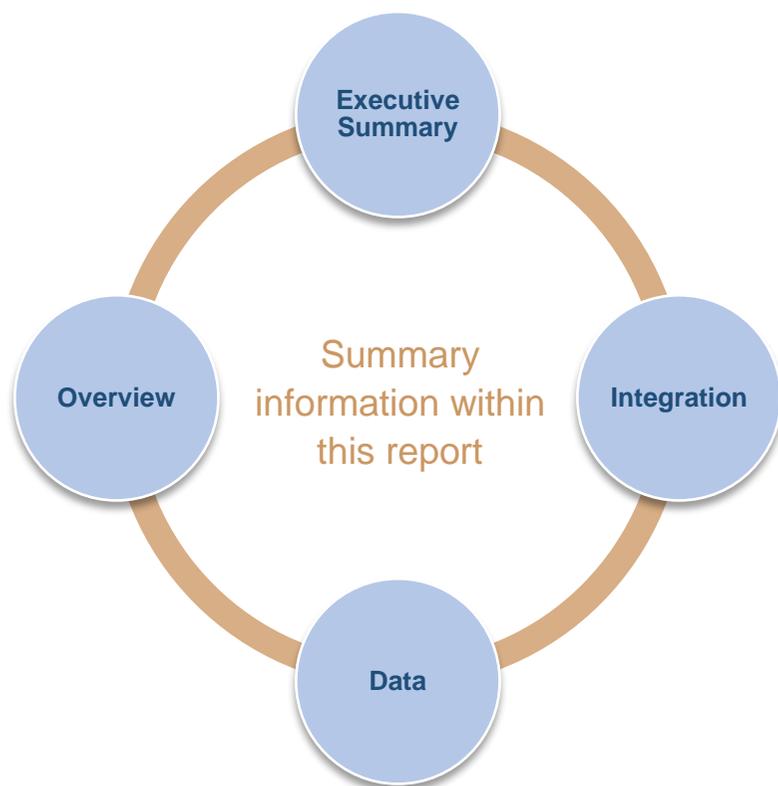
Supporting documents

- Main Performance Matrix
- Key Deliverables Performance Matrix

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Executive summary

This report includes detailed information on the key deliverable targets, workforce, finance and therapies. Exception reports are included where new data is available and targets have not been met or there is a cause for concern. Background information on the NHS Wales Delivery Framework 2018-2019 is available on the Welsh Government website.

Spotlight on Unscheduled Care

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- The Health Board's **PADR** compliance is improving and above the NHS Wales average and **Medical Appraisal (PADR)** is far above target at 93%.

Key deliverable targets

18	2	8

All targets+

81	17	62

+ Only those indicators for which it is possible to assign a red, amber or green rating are included here.

All Wales rank*

Hywel Dda UHB ranked in the top 3 for 36.5% of indicators which is comparable to the previous month's position.

1 — 10 indicators
2 — 13 indicators
3 — 8 indicators
4 — 11 indicators
5 — 18 indicators
6 — 12 indicators
7 — 10 indicators
8 — 3 indicators

- Despite an increase in the number of **smokers attempting to quit using smoking cessation services**, the target was not met;
- The percentage of ambulances responding to **red calls** within 8 minutes did not meet the 65% target, with performance declining from 65.4% in November to 60.4% in December 2018;
- The Health Board reported 82 **diagnostic** breaches (Cardiology 43, Endoscopy 37, Radiology 2) in December 2018, an overall increase of 18 from the previous month;
- The zero target has not been met for the number of patients waiting over 14 weeks for a specified **therapy** with the number of breaches increasing from 265 in November to 287 in December. Most breaches came from Podiatry (51), Occupational Therapy (53), Dietetics (69) and Audiology (107);
- The 12 month improvement target was not met in November for patients diagnosed with a **stroke** who were thrombolysed within 45 minutes;
- The waiting time target (95%) for **urgent suspected cancers** was not met in November 2018 with performance deteriorating to 85.5% (from 93.5% in October);
- The 98% target was not met for **non-urgent suspected cancer waits** with 95.5% of patients seen within 31 days of referral;
- **Non mental health delayed transfers of care** rolling 12-month numbers increased from 489 in November to 502 in December and the 5% reduction target was not met;
- The 12 month reduction target for **mental health delayed transfers of care** was not met and the 12 month number increased from 93 in November to 99 in December;
- The targets have not been met for the 3 reported **health care acquired infections** i.e. E.coli, C.difficile and S.aureus. An improvement plan is in place;
- The 5% reduction target for **hospital initiated cancellations** (HIC) has not been met. However, in November the number of HICs was 115 which is lower than the reported 128 in the previous month;
- The rolling 12-month **sickness** reduction target has not been met despite the rate decreasing slightly from 4.98 in October to 4.97 in November 2018. However, the Health Board has consistently improved since May 2018 and Hywel Dda continues to have the 2nd lowest sickness rate of the six larger Health Boards in Wales;
- It is a statutory duty to achieve **financial breakeven**. The financial position at the end of December 2018 is £27.161m deficit;
- The **job planning target** (85%) for consultants and SAS (specialist or associate specialist) doctors having a job plan has not been met and performance declined from 77% in November to 69% in December 2018 . However, a consierable improvement has been made since the same month last year (59%).

- **Mandatory Training** compliance has not met target but performance has improved considerably (by 17.2%) over the past 12 months (now 77.7%). A further improvement this year of 7.3% is required to reach target. However, if the current rate of improvement continues then the target will not be met by 31st March 2019;
- **Non-medical appraisals** continue to be below the 85% target but compliance has improved by 9.5% in the last 12 months and there are concerted efforts across the Health Board to make further improvements over the coming few months. A 12% rise is required to reach target by March 2019, which means improvement by 4% for the next 3 months.

- A copy of the Implementation of the Welsh language actions as defined in 'More Than Just Words' update submitted to Welsh Government is included;
- The unscheduled care integrated dashboard no longer includes financial data for Radiology and Pathology and therefore is not directly comparable to previous versions dashboards included in previous Integrated Performance Assurance Reports.

Latest performance overview

Key deliverable targets and workforce

Staying Healthy	Safe	Dignified	Effective	Timely				Individual	Staff & Resources
% adult smokers make quit attempt	Clostridium difficile	Postponed admitted procedures	Mental health delayed transfer of care (DTOC)	Ambulance red calls	Admission to stroke unit <4 hours		Referral to treatment - % 26 weeks or less	Secondary mental health care and treatment plan	Finance
% smokers CO validated	S aureus bacteraemia		Non mental health DTOC	Ambulance handover over 1 hour	CT scan within 1 hour		Referral to treatment - 36 weeks and over		Sickness absence
	E.coli bacteraemias			A&E 4 hour waiting times	Assessed by stroke consultant <24 hours		Diagnostic waiting times		Performance appraisals (PADR) combined
				A&E 12 hour waiting times	Thrombolysed door to needle <= 45mins		Delayed follow-up appointments		
					Urgent suspected cancer		Local primary mental health <28 days referral		
					Non urgent suspected cancer		Local primary mental health <28 days assessment		

KEY

- 🟩 Target delivered
- 🟧 Within 5% of target
- 🟥 Target not delivered

Staying Healthy	Safe	Dignified	Effective	Timely		Individual	Staff & Resources	
	Klebsiella sp. & Pseudomonas aeruginosa	Concerns and Complaints		Patients waiting > 14 weeks for therapies	Therapy waits: Podiatry Audiology Dietetics		Mandatory training	NHS external providers
		Hospital initiated cancellations		Therapy waits: Occ therapy Lymphoedema Pulmonary rehab	Clinical Muscoskeletal Assessment and Treatment		Job planning	
				Speech and Language Therapy (SALT) waits	Referral to treatment (RTT) external providers			
				Art therapy	Ambulance amber calls			
				Physiotherapy				

Integrated performance management dashboards

A set of four dashboards have been included in an attempt to contextualise the Directorates' overall performance:

- Unscheduled care
- Scheduled care
- Healthcare acquired infections
- Oncology

The dashboards include

1) Current performance for key metrics;

2) Current finances and workforce measures;

3) Hywel Dda University Health Board (HDUHB) performance against All Wales.

In time, we aim to add a fourth part to capture patient outcomes and experience.

Unscheduled Care December 2018

Lead Executive - Joe Teape

Responsible Officers - Sarah Perry, Hazel Davies, Brett Denning, John Evans

Performance Metric	Latest Performance	Last available All Wales data Ranking (1st being the best and 7th being the worst)			
		Hywel Dda	All Wales	Ranking	Time Period
Red Calls (estimate)	60.4%	65.4%	72.3%	7th out of 7	Nov-18
>1 hour Handovers	226	171	1,844	2nd out of 6	Oct-18
<4 hour wait	84.6%	84.0%	80.0%	3rd out of 6	Oct-18
>12 hour wait	690	737	3,961	5th out of 6	Oct-18
Direct to Stroke Unit <4 hours	60.0%	79.1%	50.7%	1st out of 6	Oct-18
CT <1 hour	77.8%	81.8%	52.0%	1st out of 6	Oct-18
Assessed by Stroke Consultant < 24 hours	87.0%	94.5%	85.1%	2nd out of 6	Oct-18
Thrombolysed patients door to needle <= 45mins	36.4%	40.0%	23.6%	2nd out of 6	Oct-18
Number of DTOC (Rolling 12 month)	502	485	4,261	4th out of 8	Oct-18

Staffing

Sickness (R12m end November 2018)

5.04%

Proxy vacancies (budget vs actual wte) (Month 9)

226.6

Finance (Year to Date - Month 9) - excluding Pathology & Radiology

In month RAG variance
(Green favourable; Amber >0%; Red >3%)

5.17%

Variance against YTD ave
(↑ deterioration; ↓ improvement)

↓

In month variance (£'m) (adverse is positive)	0.008
Cumulative variance (£'m)	4.777
Projected variance (£'m)	5.163

Pay

Legend: Substantive, Agency Medical, Medical Locum, Agency Nursing, Other Agency, Bank, Overtime, Projected expenditure, Budgeted expenditure

Total Savings Plan

Legend: Savings requirement, No risk, Low risk, Medium risk, High risk

Monthly Savings Profile

Legend: Delivered, Plan, No risk, Low risk, Medium risk, High risk, Required
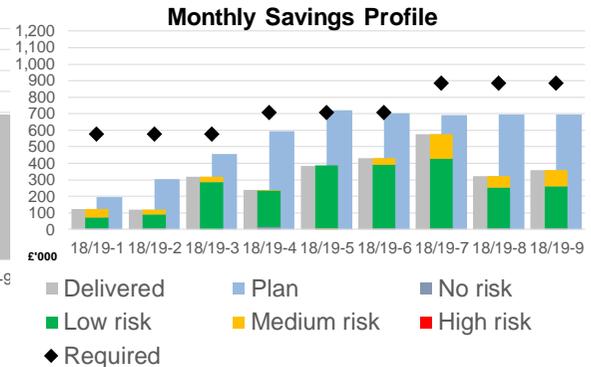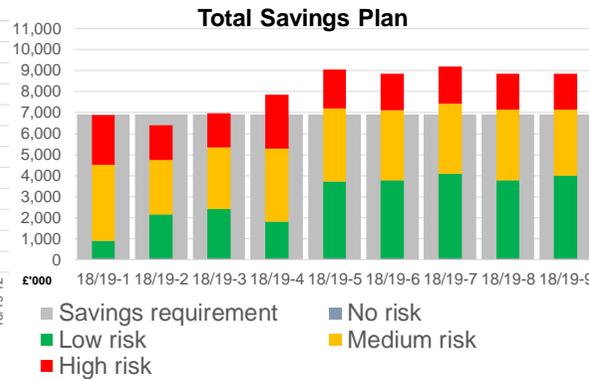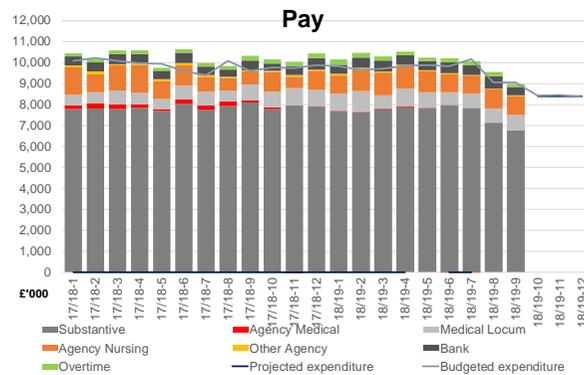
Scheduled Care December 2018

Lead Executive - Joe Teape

Responsible Officers - Stephanie Hire

Performance

Last available All Wales data Ranking (1st being the best and 7th being the worst)			
Hywel Dda	All Wales	Ranking	Time Period

		Total open pathways	Breaches	%	Hywel Dda	All Wales	Ranking	Time Period
Referral to Treat	Waits >36 wks	55,349	1,394	2.5%	1,638	14,101	5th out of 7	Oct-18
	Waits <26 Wks	Total open pathways	Breaches	%				
		55,349	6,985	87.4%	86.10%	87.8%	6th out of 7	Oct-18
Diagnostics Waits >8 weeks			82		27	3,172	1st out of 7	Oct-18
Postponed Procedures			63%		24.1%	25.9%	4th out of 6	Mar-18
Delayed Follow Ups [all specialties]			34,227		-	-	-	-
Delayed Follow Ups [5 planned care specialties]			16,680		16,285	183,912	4th out of 7	Jul-18
Outpatient DNA Rates (In Month)			9.7%		7.7%	6.5%	6th out of 7	Oct-18
Follow Up DNA Rates (In Month)			9.9%		8.7%	8.0%	5th out of 7	Oct-18

Staffing

Sickness (R12m end November 2018)	Proxy vacancies (budget vs actual wte) (Month 9)
4.50%	115.78

Finance (Year to Date - Month 9)

| In month RAG variance (Green favourable; Amber >0%; Red >3%)	0.60%	Variance against YTD ave (↑ deterioration; ↓ improvement)	↓

In month variance (£'m) (adverse is positive)	0.054
Cumulative variance (£'m)	3.066
Projected variance (£'m)	3.416
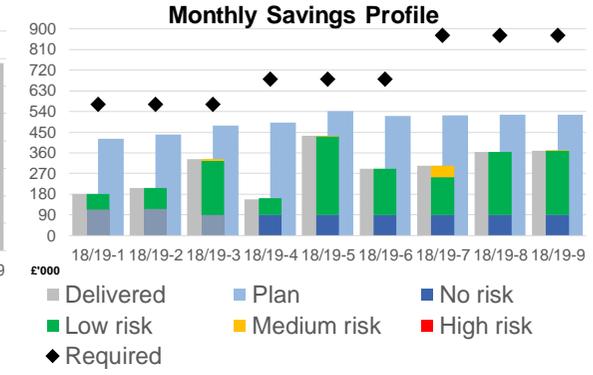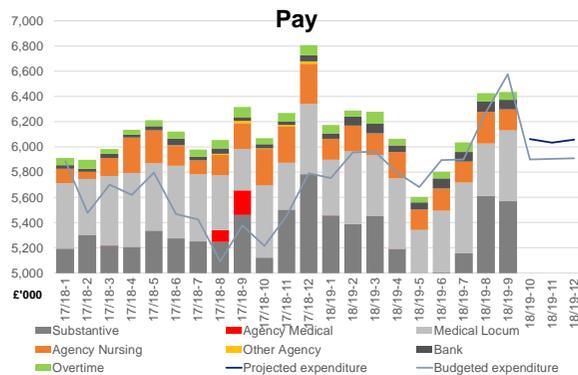
Pay

Legend: Substantive, Agency Medical, Medical Locum, Agency Nursing, Other Agency, Bank, Overtime, Projected expenditure, Budgeted expenditure

Total Savings Plan

Legend: Savings requirement, No risk, Low risk, Medium risk, High risk

Monthly Savings Profile

Legend: Delivered, Plan, No risk, Low risk, Medium risk, High risk, Required

Oncology December 2018

Performance		Last available All Wales data Ranking (1st being the best and 7th being the worst)			
		Hywel Dda	All Wales	Ranking	Time Period
Urgent suspect cancer	85.5% (confirmed Nov'18)	90.7%	84.2%	1st out of 6	Sep-18
Non urgent suspect cancer	95.5% (confirmed Nov '18)	97.2%	97.9%	4th out of 6	Sep-18

Staffing

| Sickness (R12m end November 2018)	Proxy vacancies (budget vs actual wte) (Month 9)
2.70%	-0.44

Finance (Year to Date - Month 9)

In month RAG variance (Green favourable; Amber >0%; Red >3%)	3.30%	Variance against YTD ave (↑ deterioration; ↓ improvement)	↑	In month variance (£'m) (adverse is positive)	0.032
				Cumulative variance (£'m)	-0.125
				Projected variance (£'m)	-0.066

Pay

Substantive, Agency Medical, Medical Locum, Agency Nursing, Other Agency, Bank, Overtime, Projected expenditure, Budgeted expenditure

Total Savings Plan

Savings requirement, No risk, Low risk, Medium risk, High risk

Monthly Savings Profile

Delivered, Plan, No risk, Low risk, Medium risk, High risk, Required
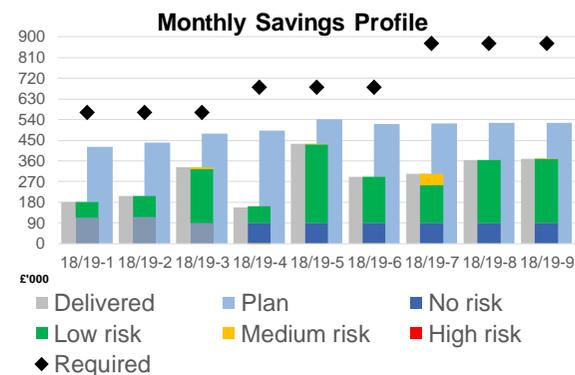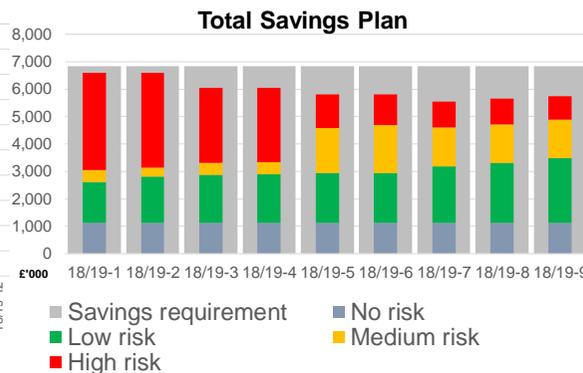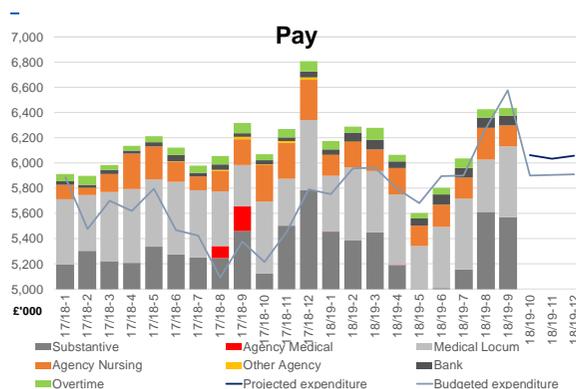
Lead Executive -Mandy Rayani　　　　　　　　　　　　　　　　　　**Responsible Officers - Sharon Daniel**

Performance		Last available All Wales data Ranking (1st being the best and 7th being the worst)			
		Hywel Dda	All Wales	Ranking	Time Period
C.difficile Less than or equal to 26 per 100,000 population (cumulative)	39.72	42.23	29.64	6th out of 6	Apr 18 - Oct 18
S.aureus bacteraemias (MRSA and MSSA) Less than or equal to 20 per 100,000 population (cumulative)	33.16	33.78	29.20	4th out of 6	Apr 18 - Oct 18
E.coli bacteraemias Less than or equal to 67 cases per 100,000 population (cumulative)	92.57	95.12	83.28	5th out of 6	Apr 18 - Oct 18

Staying Healthy

I am well informed and supported to manage my own physical and mental health.

Lead Executive: Ros Jervis

Exception reports:

🟥 [Adult smokers who make a quit attempt via smoking cessation services](#)

🟩 [Smokers who are Carbon Monoxide (CO) validated as quit at 4 weeks](#)

Lead committee: BPPAC **Executive Lead: Ros Jervis** **Senior Responsible Officer: Dawn E. Davies**

Metrics (targets): **Status as at Q2 2018** **Performance the past 12 months**

- % of adult smokers who make a quit attempt via smoking cessation services (5% annually) 🔴 Improving
- % of those smokers who are Carbon Monoxide (CO) validated as quit at 4 weeks (40% annually) 🟢 Declining

Latest data

	Mar-15	Mar-16	Mar-17	Mar-18	2018/19 Q1	Q2
% of adult smokers who make a quit attempt via smoking cessation services (5% annually)	1.40%	2.00%	2.60%	2.70%	0.90%	0.90%
						YTD* 1.8%
% of those smokers who are Carbon Monoxided (CO) validated as quite at 4 weeks (40% annually)	52.90%	50.90%	59.40%	55.50%	42.60%	53.30%

* YTD = year to date

Benchmarking (Q1 18/19)

<u>% of adult smokers who make a quit attempt</u>

Wales = 0.80%

CTaf	1.1%
BCU	1.0%
AB	0.8%
HDda	0.8%
ABM	0.7%
Powys	0.5%
C&V	0.4
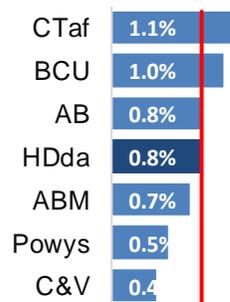
<u>% of those smokers who are CO validated</u>

Wales = 46.50%

ABM	61.5%
C&V	52.5%
AB	45.6%
HDda	43.9%
CTaf	42.0%
Powys	41.5%
BCU	41.0%
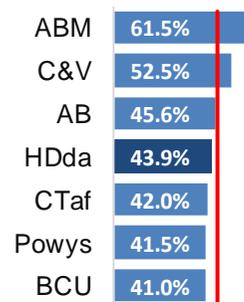
Where are we against target?

During quarter 2 2018/19 the absolute number of treated smokers increased to 486 (0.9%) compared to 361 (0.7%) treated smokers in 2017/18. Carbon Monoxide (CO) validated quit rates continue to be above the 40% target.

Why has this situation occurred?

Baseline smoking prevalence has decreased in the 2018/19 reporting period. 18.7% (57,100) of the population smoke compared to 19% (59,549) in 2017/18.

All local cessation services have seen an increase in the number of smokers accessing support and becoming treated.

The recruitment of Pharmacies to provide specialist smoking cessation support has continued to improve over quarter 1 with 51 pharmacies providing specialist smoking cessation support across Hywel Dda (Carmarthenshire = 28, Ceredigion = 9, Pembrokeshire = 14).

What are the challenges?

- Supporting timely referral to specialist support;
- Ensuring clear referral pathways are in place and utilised.

What is being done?

- Ongoing recruitment of pharmacists and pharmacy technicians into the Pharmacy Level 3 Smoking Cessation Scheme to ensure services are provided across the Health Board area;
- Improving referral pathways for inpatients;
- Improving opt out referral pathways for outpatients;
- Improving service integration for smokers who may start their cessation journey in one service but finish within another;
- Ensuring those receiving telephone support through the national Help Me Quit service are CO validated in local pharmacies.

When can we expect improvement and by how much?

Approximately 0.5% annually.

How does this impact on both patients and finances?

While overall death rates from smoking are falling, it continues to be the largest single preventable cause of ill health and premature death. Reducing smoking has an immediate benefit for individuals and health care services through reduced rates of infection and length of hospital stay.

Safe Care

I am protected from harm and protect myself from known harm.

Lead Executives: Mandy Rayani

Exception reports:

- [Health care acquired infections - c.diff, e.coli and s.aureus](#)
- [Health care acquired infections - Klebsiella sp. and Pseudomonas aeruginosa](#)

Safe Care – Healthcare Acquired Infections (HCAI) – cases per 100,000 population

Lead committee: QSEAC | **Executive Lead: Mandy Rayani** | **Senior Responsible Officer: Sharon Daniel**

Metrics (targets):	Status as at Dec 2018	Performance the past 9 months
• Cumulative number of cases of C.difficile <=26 cases	●	Improving
• Cumulative number of cases of S.aureus bacteraemia <= 20 cases	●	Improving
• Cumulative number of cases of E.coli bacteraemias <= 67 cases	●	Improving

Latest data

	2018/19 Reduction target - expectation rate per 100,000 population	Maximum number to achieve 2018/19 target	Oct 2018	Nov 2018	Dec 2018	Actual cumulative monthly rate per 100,000 population (Nov 2018)
C. difficile	26	99	6	13	7	**39.72**
E. coli bacteraemia	67	256	29	24	28	**92.57**
S. aureus bacteraemia	20	76	14	10	10	**33.16**

Benchmarking (Apr 2017 – Oct 2018)

C.difficile Wales = 29.64

CTaf	20.6
C&V	24.37
AB	25.11
ABM	42.21
HDda	42.23

E.coli Wales = 83.28

C&V	75.54
AB	77.96
CTaf	94.4
HDda	95.12
ABM	100.54

S.aureus Wales = 29.20

AB	28.38
C&V	32.38
HDda	33.78
CTaf	35.47
ABM	35.77
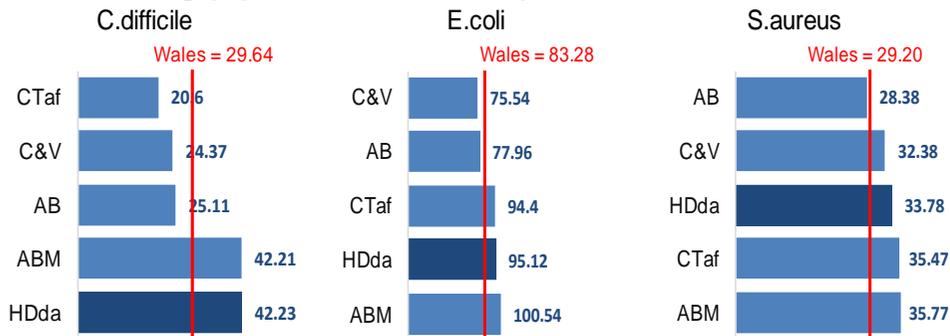
Where are we and are we on target?
Table 1:
Performance at the end of December 2018 shows the in month number of *C. difficile* Infections (CDI) is 7; this is within the Welsh Government (WG) and Health Board (HB) targets.

	Healthcare Associated Infection	Community Associated Infection
HAI[1]	**December - 4** • 1x RELAPSE; • 1x Cerebro Vascular Accident (CVA); received antibiotics; • 1x linked to Glangwili General Hospital(GGH) outbreak, had antibiotics in Morriston; • 1x Respiratory Infection requiring antibiotics.	**December - 0**
HCAI[2]	**December – 1** 1x antibiotics from GP for Urinary Tract Infection (UTI)	**December – 2** 2x GP case, previous antibiotics, no hospital admission
CAI[3]	**December - 0**	**December –0**
Not Known	0	0

[1]HAI = Positive Stool Sample, patient admitted for more than 48 hours
[2]HCAI= Healthcare Associated Infection -Positive Stool Sample, patient admitted within 48 hours of sample: Has been hospitalised in previous 30 days; Has received medical treatment in last 30 days; Lives in a nursing home or alternate care facility.
[3]CAI= Community Associated Infection - Positive Blood Culture, patient admitted within 48 hours of sample who does not fulfil HCAI criteria

Table 2 - HD SMART target
HB SMART target as a minimum report fewer cases than the previous year and to aspire to a target of 20% reduction (30 less CDI). This equates to less than 10 infections per month:

SMART target	Oct 2017	Oct 2018	Nov 2017	Nov 2018	Dec 2017	Dec 2018
10 per month	13	6	15	13	13	7

Table 3: Performance at the end of December 2018 shows the in month number of E. *coli* Blood Stream Infections (BSI) is 28:

	Healthcare Associated Infection	Community Associated Infection
HAI[4]	**December – 2** 1x patient with repeat Ecoli Urine Infection; 1x Urosepsis.	**December - 0**
HCAI [5]	**December – 3** 2x Long term Urinary catheter; 1x previously positive patient.	**December – 3** 2x Nursing home patients; 1x Liver metastasis.
CAI[6]	**December - 0**	**December –20** 7x Urinary; 7x Hepatobiliary; 3x Unknown; 2x Abdominal - recent Diarrhoea and Vomiting (D&V); 1x Soft tissue infection.
Not Known	**December - 0**	**December - 0**

[4]*HAI = Hospital Acquired Infection - Positive Blood Culture, patient admitted for more than 48 hours*
[5]*HCAI= Healthcare Associated Infection -Positive Blood Culture, patient admitted within 48 hours of sample: has been hospitalised in previous 30 days/has received medical treatment in last 30 days/has a long term indwelling device/lives in a nursing home or alternate care facility.*
[6]*CAI= Community Associated Infection - Positive Blood Culture, patient admitted within 48 hours of sample who does not fulfil HCAI Criteria*

Table 4 - HD SMART target

HB SMART target as a minimum to report fewer cases than the previous year and to aspire to a 5% reduction (23 less E. *coli* BSIs). This equates to less than 36 E. *coli* BSIs per month:

SMART target	Oct 2017	Oct 2018	Nov 2017	Nov 2018	Dec 2017	Dec 2018
36 per month	28	29	40	24	47	28

Table 5: Performance at the end of December 2018 shows the WG in month number of *S. aureus* BSI is 10; all of which were Meticillin Sensitive *Staphylococcus aureus* (MSSA):

	Healthcare Associated Infection	Community Associated Infection
HAI[4]	**December - 0**	**December - 0**
HCAI [5]	**December – 3** 1x Renal patient, transferred to Morriston; 1x Cardiac patient Morriston; 1x pinned elbow, wound infection.	**December - 0**
CAI	**December - 0**	**December – 7** 3x Septic Arthritis; 1x Sacral pressure sore following collapse at home; 1x Osteomyelitis; 1x Abscess from drug use; 1x transferred to University Hospital Wales (UHW).
Not Known	**December - 0**	**December - 0**

Table 6 - HD SMART target

HB SMART target as a minimum to report fewer cases than the previous year and to aspire to a target of 15% reduction (20 less S. *aureus* BSIs). This equates to less than 10 *S. aureus* BSIs per month:

SMART target	Oct 2017	Oct 2018	Nov 2017	Nov 2018	Dec 2017	Dec 2018
10 per month	13	14	8	10	10	10

Why has this occurred?
C. difficile
- 2x GP cases;
- 1x Relapse;
- 1x related to other HB.

E. coli
- 2x Hospital cases (7%);
- 20x Burden of community cases (71%);
- 12x Urinary related cases (42%);
- 9x Hepatobiliary cases (32%);
- 19 less cases than in December 2017.

S. *aureus*

- 0 x Meticillin-Resistant Staphylococcus Aureus (MRSA) cases;
- 0x Hospital cases;
- 7x cases relating to Trauma and Orthopaedics;
- 2x cases related to Morriston Hospital.

What are the challenges?

CDI: Reduction expectation target for Hywel Dda University Health Board (HDUHB) for 2018/19 for CDI is 26 per 100,000 population. HB SMART target as a minimum report fewer cases than the previous year and to aspire to a target of 20% reduction (30 less CDI). This equates to less than 10 infections per month.
Laboratory data for December 2018 indicates that there were 7 CDI:

- 1 Relapse;
- 1x case related to D&V outbreak had received antibiotics in Morriston but nil since repatriation to GGH.

***E. coli* BSIs**: The *E. coli* reduction expectation for HDUHB for 2018/19 is a rate of 67 per 100,000 population. HB SMART target as a minimum to report fewer cases than the previous year and to aspire to a 5% reduction (23 less E. *coli* BSIs). This equates to less than 36 E. *coli* BSIs per month. Laboratory data for December 2018 indicates that there were 28 cases respectively:

- Over half the cases were from the community setting;
- 2 cases from hospital.

S. aureus* BSI:* The reduction expectation for HDUHB for 2018/19 for *S. aureus* is 20 per 100,000 population. HB SMART target as a minimum to report fewer cases than the previous year and to aspire to a target of 15% reduction (20 less S. *aureus* BSIs). This equates to less than 10 *S. aureus* BSI per month. Laboratory data for December 2018 indicates that there were 10 cases; all MSSA BSIs:

- No hospital cases;
- 7x cases relating to Orthopaedics include Septic arthritis and osteomyelitis from the community.

What is being done?

The Preventing Healthcare Acquired Infection (HCAI) Improvement Plan 2018/19 is the HB's plan to reduce the burden of infection in hospital and across the population. The plan continues to be updated and monitored on a bi-monthly basis through the Infection Prevention Sub-Committee and has been shared with WG's Delivery Unit:

- Infection Prevention Team is supporting the Flu Vaccination programme;

C. difficile

- Support from Healthcare Associated Infection and Antimicrobial Resistance and Prescribing programme (HARP) Team to review CDI cases including Ribotyping;
- Prevalence of 002 ribotypes noted in HB and across Wales;
- Antibiotic guidelines reviewed;
- ICNet used to identify all CDI readmissions which are followed up promptly.

E.coli

- Community based urinalysis and UTI recognition training being delivered in Ceredigion;
- Previous training in Pembrokeshire is linked to a 7% reduction in laboratory samples.

S. aureus

- Supporting education in selected areas on rapid respiratory testing.

When can we expect improvement and by how much?

C. difficile: The team have seen continued improvement since the end of Q1 if this continues the HB should achieve a 10% reduction by the end of the year.

E. coli: The HB is showing continual improvement in this area and should achieve a 25% reduction by the end of the year.

***S. aureus* bacteraemia:** Due to the high number of unavoidable infections seen this month it is not possible to predict when improvement will occur.

How does this impact on both patients and finances?

Each Hospital Acquired Infection is estimated to increase the average length of stay by 11 days together with additional pain and suffering which cannot be quantified. In 2014 the National Institute for Health and Care Excellence (NICE) attached a cost of £636 for each inpatient each day. It is not possible to quantify the impact of admission avoidance through infection prevention strategies.

Lead committee: QSEAC **Executive Lead: Mandy Rayani** **Senior Responsible Officer: Sharon Daniel**

Metrics (targets): **Status as at Dec 2018** **Performance the past 9 months**

- Cumulative number of cases of *Klebsiella* sp. Bacteraemia (10% baseline reduction to 2017/18) ● Declining
- Cumulative number of cases of ***Pseudomonas aeruginosa*** bacteraemia (10% baseline reduction to 2017/18) ● Declining

Latest data

	2018/19 Reduction target - expectation	Maximum number to achieve 2018/19 target	Oct 2018	Nov 2018	Dec 2018	Actual cumulative monthly rate per 100,000 population (Nov 2018)
Klebsiella sp.	10%	65 = <6 per month	9	8	8	22.45
Pseudomonas aeruginosa	10%	25 = <2 per month	2	3	4	11.74

Where are we against target?

Klebsiella sp. and *Pseudomonas aeruginosa* have a reduction expectation of 10% in numbers of cases in 2018/19 compared to 2017/18. 65 cases of *Klebsiella* sp. have been reported currently, this is 2 more cases than was reported last year.

Pseudomonas aeruginosa numbers have increased by 9 cases with 34 cases so far this year. The Health Board (HB) has now reported more cases than in the whole of 2017/18

Why has situation occurred?

This is a new reduction target and the Infection Prevention (IP) Team has only began basic surveillance of these cases, which will be reviewed for learning going in to 2019. It has already been identified that many of these cases are presenting from the community.

What are the challenges?

The amount of cases presenting to hospital with positive Blood Stream Infection (BSI) is about 50% in both instances.

What is being done?

The work being done in the community to reduce Ecoli BSI and S.aureus BSI will, in the long term, impact on these cases too. Further surveillance is needed to identify themes and potential avoidable cases.

When can we expect improvement and by how much?

The HB is currently reporting 2 more cases of *Klebsiella sp.* BSI than in 2017/18 but may still be able to achieve the target.

The HB can no longer achieve the reduction target for *Pseudomonas aeruginosa* BSI.

How does this impact on both patients and finances?

Each Hospital Acquired Infection is estimated to increase the average length of stay by 11 days together with additional pain and suffering which cannot be quantified. In 2014 the National Institute for Health and Care Excellence (NICE) attached a cost of £636 for each inpatient each day. It is not possible to quantify the impact of admission avoidance through infection prevention strategies.

Effective Care

I receive the right care & support as locally as possible and I contribute to making that care successful.

Lead Executives: Joe Teape.

Exception reports:

[Delayed transfers of care (DTOC) – non mental health](#)

[Delayed transfers of care (DTOC) – mental health](#)

Lead Committee: BPPAC	**Executive Lead: Joe Teape**	**Senior Responsible Officer: County Directors**

Metrics (targets):

|	HD Status as at Dec 2018	HD Performance the past 12 months
• Number of Health Board DTOC in rolling 12 months (Reduction <=5% of total number DTOC in 2017/18)	●	Declining

Latest data

See the unscheduled care dashboard for the DTOC monthly trend chart.

Benchmarking (October 2018)

Wales = 4261

Velindre	10
Powys	225
CTaf	265
C&V	438
HDda	485
ABM	746
AB	932
BCU	1,160
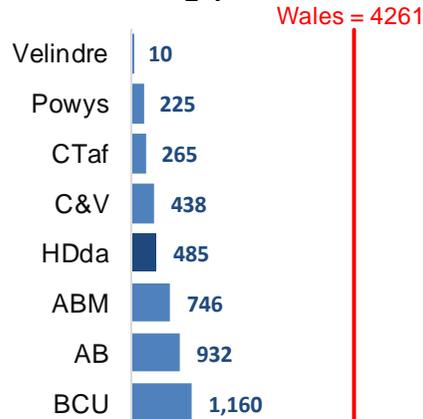
Where are we against target?

At the end of December 2018, the Hywel Dda University Health Board (HDUHB) rolling 12 month reduction target of 362 has not been met and the number of in month patients for each county was as follows:

- Carmarthenshire: increased to 16 compared from 14 in November 2018;
- Ceredigion: increased to 15 from 10 in November 2018;
- Pembrokeshire: decreased to 12 from 15 in November 2018.

Why has this situation occurred?

The three main reasons in each county are:

Carmarthenshire
- Availability of long term domiciliary care packages;
- Assessment delays related to the lawful and regulatory processes required to commission long term care and support;
- Availability of residential and nursing care home placements.

Ceredigion
- Availability of residential care placements;
- Availability of domiciliary care provision;
- Family disagreements.

Pembrokeshire
- Packages of care;
- Continuing NHS care in community settings;
- Selection of residential care placements.

This picture accords closely with the findings of the National Complex Discharge Review undertaken by the NHS Wales Delivery Unit (2018) that considered factors responsible for delays in hospital discharges.

What are the challenges?

The challenge is to reduce not only the number of Delayed Transfers of Care (DTOC) counted on the census date, but to also reduce the associated number of days lost and improve other discharge rates for patients where the acute medical episode has ended. Across the HDUHB, the common challenges faced are:

- Limited availability of commissioned services specifically for Packages of Care (POC);
- Staff shortages/reliance on bank, agency or inexperienced staff;
- Staff at ward level not understanding the necessity for early discharge planning;
- Communication at ward level and allocated time for staff to update discharge information;
- Provision of placements in the independent sector; both nursing and residential care;
- The complexity of individuals being transferred back to the community is becoming more acute with individuals having more than one long term condition;
- Time taken to organise assessment processes and Multi Disciplinary Team (MDT) meetings;

- Ensuring policies and processes within the Health Board (HB) and Local Authority (LA) do not delay discharges.

Exceptions to the above
- In December 2018, both Carmarthenshire and Pembrokeshire were heavily affected with the loss of trading by Allied Healthcare leading to very considerable disruption and urgent contingency plans for those individuals in the community in receipt of care. This affected hospital discharge planning;
- Significant pressures resulted from a care home closure that affected both Ceredigion and Pembrokeshire.

What is being done?
A variety of initiatives are being undertaken continuously throughout the region. Best practice is being shared by each county and practice modified to improve performance. Key initiatives are:
- Sharepoint (IT system) to support early identification of likely complex patient discharges and more effective MDT planning/communication processes) has been implemented across the HB region and is highlighting the areas where service improvement can be made;
- Sharepoint reporting is showing the percentage of the total Length of Stay (LOS) that is post medically optimised and intelligence in the average wait. This is being monitored on a weekly basis and is proving useful in improving performance (e.g.Pembrokeshire revealed a reduction from 11 to 5 days in the average wait);
- The joint equipment stores provides over 1,000 profiling beds and additional equipment e.g. hoists, stand aids - in support of complex patient care to maintain people in their own homes. This demonstrates the significant numbers of people with complex care needs that are being supported at home outweighing hospital inpatient numbers;
- Discharge Liaison and access to social workers is proving beneficial in earlier identification of complex patients. This is complemented with the Community Pull meetings where HB, LA and Third sector partners are involved to effect prompt discharge of patients;
- Effective board rounds have resulted in moving away from full MDTs for all patients – proving to lead to more effective MDT engagement and use of time;
- The Care at Home team continues to facilitates support for Palliative Care patients to have their care provided in their home environment in a timely way;

- Care in the community is co-ordinated to facilitate discharges and prevention of admissions through the Acute Response Team and Care at Home team working in partnership with the Third Sector to meet the needs of the patients and their carers;
- The Breaking the Cycle improvement plans will contribute to reducing LOS within community hospitals and reducing any delays in the system. This is supporting further work in reviewing our current policy with community placements to ensure better outcomes for patients.

When can we expect improvement and by how much?
In recognition of the additional pressures placed on the whole health and social care system during winter periods, the service is aiming to maintain the position for this month with the aim of improving performance going forward.

How does this impact on both patients and finances?
The objective is to improve outcomes for patients and the performance of the health and social care organisations. Failure to address a person's prolonged and unnecessary stay in hospital has a profound impact on the patient and their family. DTOC also has a significant impact on the unscheduled care performance resulting in poor experience for patients and financial inefficiencies. Similarly, long LOS in hospital is well known to compromise the frail older person's independence and increase the need for long term care. DTOC therefore has a considerable impact on demand for social care which, in turn, results in financial pressures for LAs.

Lead Committee: BPPAC	Executive Lead: Joe Teape	Senior Responsible Officer: Liz Carroll

Metrics (targets):
- Number of Health Board DTOC in rolling 12 months (Reduction <=10% of total number DTOC in 2017/18)

Status as at Dec 2018
●

Performance the past 12 months
Declining

Latest data

HDUHB Rolling 12 month numbers
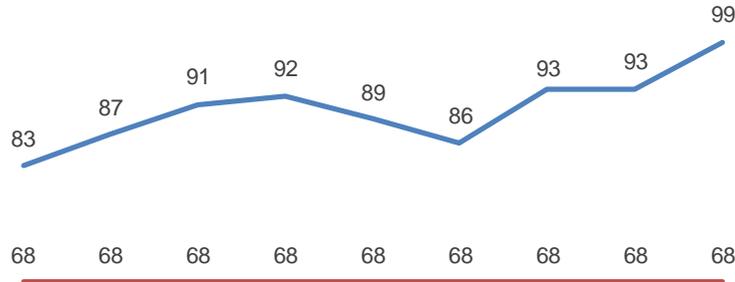
HDUHB In month numbers

Benchmarking (October 2018)

Wales = 916
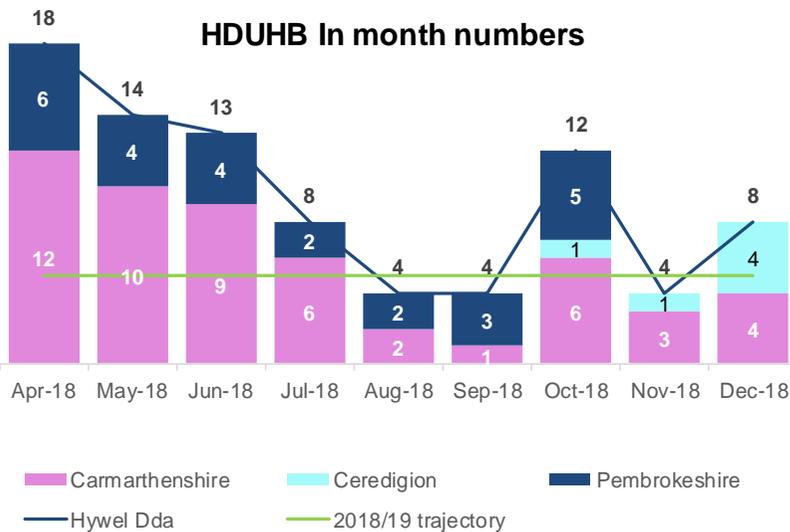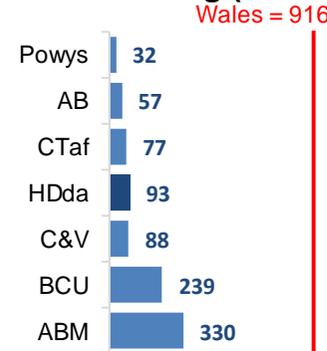
Where are we against target?

At the end of December 2018, the rolling 12-month reduction target of 68 has not been met and the number of in month patient delays increased to 8 compared with 4 in November 2018. The 4 patients delayed in November 2018 have continued to be delayed in December 2018.

Why has this situation occurred?

The in month reduction is attributed to an increase in Older Adult (OA) Delayed Transfers of Care (DTOC). Within December 2018, 7 of the 8 DTOC are in OA services.

What are the challenges?

- Availability of providers for those who require OA Mental Health care;
- Providers subject to escalating concerns which also limits the availability of appropriate placements;
- Placement of choice by patient or family is not available;
- Difficulty of obtaining package which is bespoke to particular patient requirements.

What is being done?

- Regular monitoring of the DTOC position is key within services;
- Care co-ordinators focus on discharge planning as early on in the patient pathway as possible;

When can we expect improvement and by how much?
The OA inpatient services are working with the long term care team and now all three OA inpatient services are being supported by the Discharge Liaison Nurses and utilising Share Point.

How does this impact on both patients and finances?
The impact is that patients may end up having to stay in environments that are more restrictive than they require for longer periods of time.

Dignified Care

I am treated with dignity and respect and treat others the same.

Lead Executives: Joe Teape and Mandy Rayani.

Exception reports:

- 🟩 [Postponed admitted procedures](#)
- 🟥 [Hospital initiated cancellations (HIC)](#)
- 🟩 [Concerns and complaints](#)

Lead Committee: QSEAC	Executive Lead: Joe Teape	Senior Responsible Officer: Acute Site General Managers

Metrics (targets):	Status as at Nov 18	Performance the past 12 months
• Postponed Admitted Procedures (12 month reduction target)	🟢	Improving
• Reduction in Hospital Initiated Cancellations (5% reduction to previous year).	🔴	Not Available

Where are we and are we on target?

In November 2018 the number of Hospital Initiated Cancellations (HIC) was 115 which is lower than the reported 128 in the previous month:
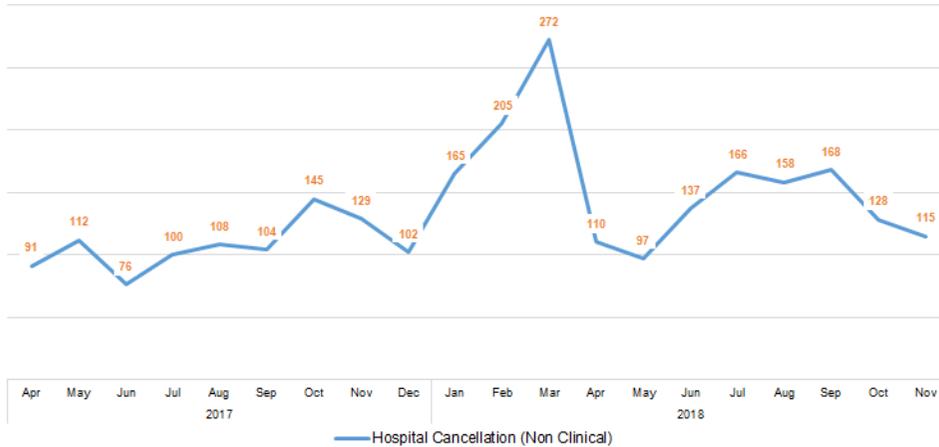
The number of postponed admitted procedures is shown as rolling 12 month cumulative to highlight trends. Current rolling 12 month average performance is 43% (see graph below):
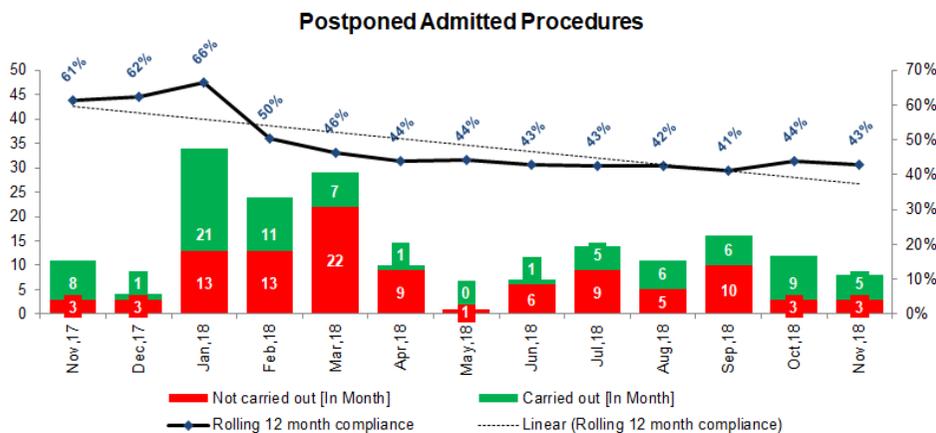
For November 2018, 15 procedures were reported as postponed on more than one occasion for non-clinical reasons (HIC), of which (following

validation) 8 patients fell within the government commitment. Of these, 5 patients were treated within the 14 day government commitment. In-month performance in November 2018 was therefore 63%. Of the 3 patients not treated, 2 patients have since been treatment and one is booked in for treatment.

Benchmarking data (September 2018)
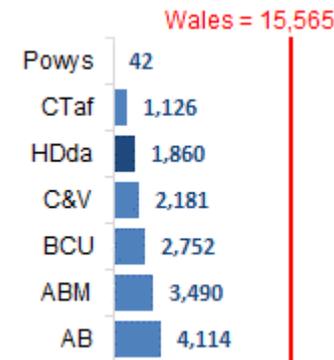
The above benchmarking chart reflects the cumulative 12 month rolling number of procedures postponed either on the day of or the day before for specified non-clinical reasons. The target is to reduce by at least 5% (1,587 patients) on the previous financial year. The latest all Wales data ranks Hywel Dda third in this measure.

Why has this occurred?

Across healthcare organisations, the most common reasons for HICs are the lack of elective bed availability due to increased numbers of emergency admissions. Current performance reflects continuing unscheduled care pressures.

What are the challenges?

• A combination of emergency demand pressures and the lack of available rebooking capacity can affect overall compliance with this measure;

• The recent loss of a ward area at Glangwili General Hospital (GGH), resulting in increasing Trauma outliers in elective beds is having a direct impact on elective bed availability.

What is being done?

- Service Delivery Managers (SDM), Service Managers (SM) and site Theatre leads are working daily with local Patient Flow teams to facilitate flow;
- At GGH, plans to reconfigure planned care bed capacity and increase day case capacity are currently being developed;
- Beds remain ring fenced at Prince Philip Hospital for elective orthopaedic patients;
- Actions to mitigate the risk of HICs are reflecting the broader unscheduled care improvement plans being progressed by each hospital site triumvirate team in partnership with supporting community teams. These actions will also be reflected in the associated Winter Plans for each location. The main themes reflect:
  - Length of Stay (LOS) reductions to mitigate the risk of medical patients being admitted to planned care beds;
  - Admission avoidance initiatives, planned reductions in the number of patients categorised as medically optimised for discharge and more targeted rehabilitation of patients. These initiatives are being supported by broader improvement programmes including the Integrated Pathway for Older People (IPOP) and 'Breaking the Cycle'.

Successful delivery of these broader unscheduled care improvement plans will reduce the risk of HICs.

When can we expect improvement and by how much?

The unscheduled care improvement plan actions are intended to deliver improvement in patient flow and discharge planning through Autumn / Winter 2018.

How does this impact on both patients and finances?

Reduced cancellations will significantly improve patient experience and the efficiency with which theatre and bed resources are utilised.

Lead committee: QSEAC	Executive Lead: Mandy Rayani	Senior Responsible Officer: Louise O'Connor

Metrics (targets):	Status as at Dec 2018	Performance the past 6 months
• 75% of concerns that have received a final reply (under Reg. 24) or an interim reply (under Reg. 26) <=30 working days from the date the concern was first received by the organisation	●	Improving

Latest data

Concerns -full investigation - from 1st Jan 2018	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No. received during month	59	51	41	42	46	49	41	43	31	38	48	43
No. awaiting response	220	239	233	214	214	214	196	199	190	169	182	185
No. closed during month	51	43	50	53	48	58	60	47	38	56	47	38
No. re-opened during the month	1	5	8	0	2	1	0	0	2	0	0	0
No. breaching 30 working days	174	158	189	-	147	156	143	148	143	130	123	122
No breaching 127 working days	/	/	/	/	/	/	/	/	10	22	11	13
No breaching 12 months	/	/	/	/	/	/	/	/	12	7	4	5
PALS Position >1st Jan 2018												
Total No. of PALS received during month	164	191	146	109	132	114	137	86	81	95	78	85
Total No. of PALS cases open	47	50	51	34	41	49	55	30	36	29	30	24
Total No. of PALS closed during month	206	171	170	115	118	139	123	113	91	98	71	100
No. of PALS breaching 30 working days	5	13	4	3	5	6	8	4	11	5	3	7
Overall Concerns Position >1st Jan 2018												
% Concerns settled within 30 working days	52.1	60.4	63.2	57.6	66	65	63	69	61	68	70	75
% Concerns settled within 30 -127 working days	33.6	19.8	25	29.80	24	32	24	23	29	20	23	15
% Concerns settled over 127 days	14.2	19.8	11.7	12.58	10	2	13	8	10	12	7	10
Ombudsman Position >1st Jan 2018												
Total No. of Ombudsman cases proceeded to investigation	35	37	38	39	2	3	4	6	7	11	14	17
Number of new Ombudsman cases received during the month	3	2	1	1	1	1	1	2	1	4	3	3
Number of final investigation reports received	3	2	4	2	2	1	1	0	5	5	7	2
Number of cases upheld or partly upheld	2	2	2	2	1	1	1	0	4	5	5	2
Number of cases not upheld	1	0	2	0	1	0	0	0	1	0	2	0
Number of early settlements/quick fixes	0	0	1	0	0	1	0	0	0	0	0	1
Number of cases currently under investigation	30	30	26	24	22	21	21	23	19	21	15	15
Number of cases where final report received, but awaiting closure	7	6	8	8	6	3	3	3	6	10	11	13

Where are we against target?

- The Welsh Government (WG) target of 75% of concerns settled within 30 working days has been achieved this month and, whilst continued improvement in these numbers continues to be seen, more focus is needed to consistently achieve 75% and to further increase this figure to 80% by the end of the financial year.

- The revised 'All Wales Reporting Framework' for reporting against Concerns and Redress have now been implemented but it became apparent that the data that had been submitted to date was not comparable across all of Wales as individual health boards had interpreted the data differently and submitted a wide variance of data. As a result, meetings were held throughout September and October to discuss and resolve these issues across the All Wales Network. A closing workshop is planned for 24th January 2019 when action plans will be developed to support all organisations in being able to review and present 2018-19 data by the submission deadline and to adjust data capture processes to meet the required changes.

- For December, the number of concerns awaiting a response has risen for the second consecutive month (although the figure of 185 remains lower than the annual average figure of 214 cases awaiting a formal response) whilst the number of cases breaching 30 working days continues to fall (122 in December compared to 174 in January 2018). Fewer cases were closed this month but, overall, these figures reflect the continued efforts by the Concerns Team and the Directorates to settle concerns within 30 working days.

- 41% of the concerns received in December have been dealt with 'on the spot' via the Concerns Call Handlers (via email or telephone) on first contact with the Health Board whilst the Patient Advice and Liaison Service (PALS) have dealt with 39% of the concerns received. Both Teams continue to successfully resolve a high number of concerns for the patient within 30 working days as demonstrated by the increasing percentage of concerns settled within this timescale. The remaining 20% of cases are being formally investigated in accordance with Regulation 24 of PTR Regulations.

Why has this situation occurred?

- The timeliness of the concerns process continues to improve with an increasing number of calls being resolved 'on the spot' by the concerns call handlers which, in turn, continues to have a positive impact on the experience of patients who utilise the service. There has also been continued, improved engagement across the Directorates with regular meetings held with Heads of Nursing/ Directorate Leads to discuss and review complaints performance and an increase in the number of meetings held with patients at an earlier stage to discuss and resolve their complaints.
- Whilst this positive work continues, there has been an increase in the number of concerns awaiting a response and a decrease in the number of cases closed during the month of December. It is believed that this is due to staffing shortages within the Concerns Team (sickness and Christmas annual leave) combined with fewer working days (19 working days as opposed to an average of 22/23 working days per month).

What are the challenges?

- The main challenge continues to be the completion of a complaint investigation within 30 working days, particularly where the cases are complex (suggestion that harm has been caused) and span a number of clinical areas, but this is being addressed by a strengthened escalation process, an executive level overview and a revised training programme.
- As of 3rd January 2019, 122 of the 185 concerns awaiting a response breached 30 working days and, of this number, 28% are due to be closed imminently, with 66% not yet at the stage where a response letter can be drafted. Of this number, the five specialties with the highest numbers are Accident & Emergency, Orthopaedics, Medicine, Surgery and Obstetrics and this is unchanged since last month.
- There are five cases exceeding a 12-month timescale for response (4 cases reported last month) with 40% to be closed imminently, 40% awaiting advice from Legal & Risk (Redress) and 20% awaiting a meeting.
- There is less than one WTE PALS Officer per Hospital site and only two WTE Concerns Call Handlers within the Contact Centre covering the complaints calls/concerns correspondence for the whole of the Health Board. These numbers are proving insufficient to provide the standard of service we aim to achieve. During December, this situation worsened as there were occasions when there was only one Concerns Call Handler available and on a couple of occasions staff from other teams were required to cover due to sickness and annual leave absences. This had a detrimental effect on the service and had an impact on timeliness and communication with patients.

- Capacity is being reviewed, as additional staffing in these areas will ensure a continued and increased number of concerns cases settled within 30 working days, and will significantly enhance the client's experience of the service.

What is being done?

The actions previously outlined remain ongoing (as per Month 8 IPAR, p44).

When can we expect improvement and by how much?

- Compliance with the 30 working day target of 75% was achieved by the end of Quarter 3, as was set out in the NHS Delivery Framework, although at a slower rate than anticipated at the start of the year, due to the challenges discussed earlier in this report;
- In addition to the revised WG reporting template, revised key performance indicators are continuing within the Concerns Department, to more accurately measure outcomes and levels of satisfaction;
- Work is continually ongoing to closely monitor progress of case management, and escalation of concerns where timeliness or quality of response is compromised.

How does this impact on both patients and finances?

Timely resolution of complaints has a positive impact on patients and remains a priority for the Concerns Team (evidenced during weekly review and audit of the case management). There is a negative financial impact if concerns, which are not managed effectively, are referred to the Ombudsman as these can result in recommendations being made of financial redress and can cost upwards of £250 per case.

Timely Care

I have timely access to the services based on clinical need and I am actively involved in decisions about my care.

Lead Executives: Joe Teape, Karen Miles and Huw Thomas.

Exception reports:

Red calls

Amber calls

Unscheduled care

Stroke quality improvement measures

Cancer - urgent

Cancer – non-urgent

Referral to treatment

Referral to treatment – external providers

Dietetics

Audiology

Occupational therapy

Pulmonary rehabilitation

Podiatry

Physiotherapy

Speech and Language Therapy (SALT)

Lymphodema

Diagnostics

Delayed follow-ups

Lead Committee: BPPAC   **Executive Lead: Karen Miles**   **Senior Responsible Officer: Rob Jeffery (WAST)**

Metrics (targets):   **Status as at Dec 2018**   **Performance the past 12 months**

- % of Red Calls responded to within 8 minutes (65%)   ●   Improving

Latest data

See the supporting unscheduled care performance charts.

Where are we against target?

Provisional December 2018 8 minute Red performance closed at 60.4% (unverified) with all localities closing below the required 65% target. Pembrokeshire 64.8%, Ceredigion 64.3% and Carmarthenshire 56.3%. Red 9 minute closed at 63.6% and Red 10 minute at 68.2%. Median performance was 00:05:29 minutes and 95th percentile was 00:20:05 minutes.

Although Amber calls are not officially reported, Amber median response time for Hywel Dda University Health Board (HDUHB) was 00:21:41 minutes (3rd from 7), all Wales 00:24:51. 95th percentile 01:42:56 minutes (3rd from 7) with all Wales 2:41:41minutes.

Why has this situation occurred?

- December 2018 Red call volume was 6.3% (255 calls), November 2018 Red call volume was 6.5% (240 calls);
- December 2018 Amber 1 call volume accounted for 54.2% (2,189 calls), November 2018 Amber 1, 51.2% (1,893 calls);
- December 2018 Amber 2, 22.5% (907 calls), November 2018 Amber 2, 25.6% (947 calls);
- Total calls attended, including Green and Healthcare Professional calls, was 4,038 whilst November 2018 (3,695), an overall increase of 333 responses.

Notification to handover across Wales saw an increase in lost hours. The recent upward trend in HDUHB has also continued with 503:14 hours lost in December 2018 (November 2018, 392:37 hours). This would equate to 43 double manned shifts. A further 26 hours were lost by HDUHB vehicles delayed outside Abertawe Bro Morgannwg University Health Board (ABMUHB) hospitals.

What are the challenges?

- In addition to the 503 hours lost to handover, a further 752 hours were committed to transfers; of which 133 transfers were from Withybush General Hospital (WGH);

- The road infrastructure combined with the rural and sparsely populated nature of the HDUHB area which covers a quarter of the land mass of Wales;
- Of the 103 calls missed from 255 during December 2018, 58 were due to distance to travel or outside NDP (National Deployment Plan), 18 calls had no vehicle available at time of call, 3 due to delayed allocation, 5 slow mobilisation; 16 due to late booking on due to shift overrun from previous shift (11 hour break); 1 road diversions in place;
- 5 frequent callers accounted for 16 ambulance responses which committed 21.5 ambulance hours;
- Sickness increased to 8:38% (November 2018 5.44%) which was above the Welsh Ambulance Service Trust (WAST) target of 5.86%;
- No further retained fire stations have come back online since those reported on in the July 2018 report;
- Uniformed First Responders (UFR) and Community First Responders (CFR), although responding, did not contribute to Red performance;
- Conveyance rates across all localities remains above the 60% target at 69.8% (November 2018 69.6%). Although this is static, it does maintain conveyance below the 70% for four consecutive months;
- Patients treated at scene was 8.4% 299 patients (November 2018 10.3% 333 patients);
- The number of patients referred to other providers accounted for 10.9% 388 patients (November 2018 9.7% 313 patients)

What is being done?

- Additional resources are being target to uplift UHP (Unit Hour Production) across all localities and all shifts are being extended wherever possible with the agreement of staff;
- The Advanced Practitioner (AP) rotational Out Of Hours (OOH) model went live as of 1 November 2018 with positive feedback from GPs;
- A feasibility task and finish group has been formed to develop a standalone station in Milford Haven;
- Further funding has been secured from Welsh Government (WG) to recruit additional APs across WAST. It will be determined shortly where these will be placed;

- WG have released funding to supply lifting aids across all care home in Wales;
- WG have agreed to fund a number of falls response vehicles for the winter period; one of which will work in the Carmarthenshire area from 1 December 2018 until 31 March 2019;
- WAST will interview for a Health Board (HB) clinical lead on 16 January 2019 to further support clinicians and develop and enhance collaborative working across the HB area.

When can we expect improvement and by how much?

The performance gain from the reduction in cross HB activity is currently being reduced by the increase in both hospital delays and internal hospital diverts and transfers together with deployment issues. However the expectation is that 65% Red performance will be maintained as a minimum.

How does this impact on both patients and finances?

The maintenance of Red performance above the 65% performance, combined with continued improvement for both median and 95th percentile, will positively impact on patients although it is accepted that further work is required to maintain progress and will be undertaken as part of the demand and capacity review which will commence in 2019.

Timely Care – Amber calls

Lead Committee: BPPAC	**Executive Lead:** Karen Miles	**Senior Responsible Officer:** Rob Jeffery (WAST)

Metrics (targets):
- % of Amber Calls responded to within 20 minutes (Amber 1) and 30 minutes (Amber 2)

Status as at Dec 2018
Not applicable

Performance the past 12 months
Not applicable

Latest data
See the supporting unscheduled care performance charts.

Where are we against target?
Amber calls are not officially reported
Provisional December 2018 HDUHB Amber 1 20 minutes closed at 54.2%
2,189 incidents (November 2018 51.2 %), Carmarthenshire 54.5 %,
Pembrokeshire 53.5% and Ceredigion 54.6%. Amber 2, 30 minutes closed at
22.5% 907 incidents Amber median response reported in the Red calls
report.

Why has this situation occurred?
The requirement to retain ambulance resource at P1 & P2 (Priority 1&2)
cover points across the three localities does have a marginal impact on the
ability to respond to the Amber category of patients. It should be noted that
calls can be upgraded to Red if the patient's condition deteriorates.

What are the challenges?
- Handover delays in December 2018 accounted for 503:14 lost hours
  over 15 minutes (November 2018 392 lost hours). This would equate to
  43 double manned crews being removed from the Unit Hour Production
  (UHP);
- Increase in inter-hospital transfers;
- Slow development of Frailty pathways within the Hywel Dda University
  Health Board (HBUHB) area;
- Upskilling Welsh Ambulance Service Trust (WAST) staff over the next 3
  years – challenges with portfolio submissions by registrants.

What is being done?
- Falls vehicle commissioned from 1December 2018;
- National Amber Category Review, headed by Chief Ambulance Services
  Commissioner, issued November 2018; this will need discussion with
  HDUHB to respond to the report findings;
- Reinforce regular engagement and dialogue with HDUHB colleagues to
  ensure compliance against all Wales Handover Guidance and maximise
  the number of available resources;

- Development of Winter Plan to support Out of Hours (OOH) Service and
  provide capacity to target top 5 presenting conditions;
- Advanced Practitioner (AP) rotational model with OOH;
- Implement audit report findings (Handover of Care at Emergency
  Departments); escalated to Chief Operational Officer (COO);
- Status Plan Management – the deployment of crews, reviewed regularly
  to ensure available crews are positioned most effectively;
- Fully embed Multi Disciplinary Team (MDT) forum with each Health
  Board (HB) locality and key stakeholders to regularly review frequent
  service users (report will be refined);
- Identify the high volume activity nursing homes / residential homes
  across HDUHB and engage with them to reduce inappropriate calls;
- Roll out IStumble process to all nursing homes to reduce conveyance;
- Increased number of Automated External Defibrillators in the community;
  4 deployed during December 2018;
- Roll out of 111 throughout Ceredigion and Pembrokeshire following
  successful implementation in Carmarthenshire;
- Integrated seasonal plans. Supported by Local Development Plan;
- Continued engagement with GPs to stagger requests for ambulances
  and mitigate peaks after surgeries as per audit report.

When can we expect improvement and by how much?
- As more alternative pathways become available the percentage of
  conveyances in the Amber category will reduce from the current 71.0%;
- Demand and capacity work ongoing to support realignment of rosters to
  ensure resources available at correct times to maximise performance.

How does this impact on both patients and finances?
In line with the Transformation of Clinical Services (TCS) agenda, the
implementation of alternative pathways combined with lower conveyance
and further development of Advanced Practice will reduce the impact on
Emergency Departments and reduce the cost base of hospital admissions.

Timely Care – Unscheduled Care

Lead Committee: BPPAC	**Executive Lead:** Joe Teape	**Senior Responsible Officer:** Acute Site General Managers

Metrics (targets): | **Status as at Dec 2018** | **Performance the past 12 months**

- Number of ambulance handovers over one hour (0 target) — ● — Improving
- % of patients who spend less than 4 hours in A&E/MIU (95% target) — ● — Improving
- The number of patients who spend 12 hours or more in A&E/MIU (0 target) — ● — Improving

Latest data

See the unscheduled care charts and dashboard.

Where are we against target?

- The daily average ambulance arrivals in December 2018 have decreased to 99.2 compared to 103.2 in December 2017;
- 92.7 % of patients conveyed to the emergency care facilities by ambulance during December 2018 were handed over within 1 hour, declining from 93.8% in November 2018 and deterioration to November 2017 with performance of 94.5%;
- There were 226 Ambulance handovers over 1 hour in December 2018, deterioration to the previous month and same period in the previous year. Bronglais General Hospital (BGH), Glangwili General Hospital (GGH) and Prince Philip Hospital (PPH) all saw sizeable improvements in ambulance offload delays in December 2018, however Ambulance off loads at Withybush General Hospital (WGH) continues to be a challenge;
- December 2018 new A&E/MIU attendances compared to December 2017 have decreased to 12,284; a decrease of 3.5%;
- Year to date new A&E/MIU attendances compared to the same period last year increased by 3.36%, with GGH having the largest increase of 6.35%;
- New Major attendances have decreased from 5,079 December 2017 to 4,815 December 2018; a decrease of 5.2%;
- 84.6% of patients spent less than 4 hours in all emergency care facilities from arrival until admission, transfer or discharge. This is comparable to 84.4% in December 2017;
- Non admitted 4 hour performance improved at 94% in December 2018 to 92.9% in December 2017;
- The highest breach reason across all sites continues to be lack of medical beds. This has continued from 2017/18 into 2018/19;

- 690 patients spent 12 hours or more in an emergency care facility from arrival until admission, transfer or discharge. This is deterioration from 539 patients in December 2017.
- The average Length of Stay (LOS) for medical emergency inpatients has improved from last month and December 2017. Part of the LOS reduction will be due to the Christmas period and the aim to discharge patients prior to the Bank Holiday period. There was an increased focus on medically optimised patients in December 2018.

Why has this situation occurred?

- The increase in 4 hour performance at WGH can be attributed to the development a GP in A&E model and further Advanced Nurse Practitioner (ANP) posts to support flow at the front door and considerably improve the flow of minor's patients;
- The BGH Clinical Decision Unit (CDU) is functioning much better and is aiming to not exceed 24 hours LOS to support front door flow and aid right patient / right place;
- Waits for packages of care in PPH improved at the end of the month due to a "bridging service" that provides additional capacity for patients waiting Local Authority (LA) funded domiciliary care;
- The decrease in A&E/MIU attendances has resulted from developments in site models to accommodate A&E/MIU activity through Surgical Assessment Unit, Ambulatory Care and Hot clinics and avoiding an A&E/MIU attendance;
- Nursing and residential home capacity remains unchanged and is an ongoing issue in many areas. Domiciliary care provision in Ceredigion has however improved with two new companies now online; the number of homes in Pembrokeshire under embargo has increased further and the cessation of the Allied Agency is increasingly limiting community capacity and capability;
- There has been re engagement with neighbouring Health Boards (HBs) for support around complex discharges;

- Nurse staffing deficit (detail below) continues to impact. Where there are high levels of agency usage there are a number of impacts, including a lack of continuity of care for individual patients and a transient workforce, which limits the success of efforts to improve processes;
- Continued long waits for interventional cardiology at Abertawe Bro Morgannwg University Health Board (ABMUHB). ABMUHB have insufficient bed capacity to accommodate Hywel Dda patients in a timely manner. This is particularly prevalent for WGH and BGH where geography does not allow for a quick transfer of patients. WGH are regularly running with 10 or more patients waiting for treatment in ABMUHB; this is materially impinging on A&E performance. The impact on patient care and risk to these cardiac patients far outweighs the impact on statistical performance. A new initiative to address these issues has been enacted and is described below;
- There are medical shortfalls in General Medicine, both at Junior and Middle Grade level, in WGH.

What are the challenges?
- Qualified Nurse staffing levels remain a significant challenge with 78.7 Whole Time Equivalent (WTE) at GGH, 40 WTE vacancies at WGH, 62 in BGH and 20 in PPH. Some wards have vacancy levels of over 50%;
- SAS (Staff Grade and Associate Specialist) A&E vacancies at WGH and challenges in covering shifts. This creates enormous pressure, especially overnight. Similarly in GGH A&E there are 4 vacancies and 1 of these being covered by a locum leading to being unable to provide 24 hour cover;
- Inadequate therapy cover for the inpatient wards is an issue which is extending LOS;
- Variation in ambulance arrivals by day and peaks in evening activity;
- Capacity issues to accommodate patients with Long Term Care needs continues to be a challenge;
- Reduction in surge beds due to staffing challenges;
- Demand for beds has led to unplaced medical patients both in Major and Minor spaces in A&E;
- The number of medically optimised remains above the target levels and ended the month on 149 patients in acute beds.

What is being done?
- The introduction of a GP in A&E at WGH and a further 1.8 WTE ANPs has added resilience and redirection for both Minor and Major activity;
- A 6 bedded Cardiac Unit has been developed at PPH for the use of WGH and BGH Acute Coronary Syndrome (ACS) waits for Morriston Hospital. This facility will apply a Treat and Transfer methodology with 2 newly created 'trolley' spaces at Morriston Hospital which will ring fence Treat and Transfer activity and allow a more streamlined activity flow. This will have a substantial impact upon the numbers waiting in WGH and BGH and will allow greater flow through the general medical wards, facilitating improved flow, performance and patient outcomes. BGH on average has a high proportion of ACS patients against its acute bed base;
- Significant improvement in front door process – key to this is separation of the A&E and GP admission flow which was previously mixed, where GP admissions are now seen through ambulatory care which is now the pathway on all sites;
- Operational and front line teams continue to work over and above to maintain patient safety across all sites;
- Safety huddles commencing January 2019 in A&E and CDU at BGH enabling medical and nursing staff to assess and agree actions to manage the emergency demand;
- Senior manager and nurse rota to attend board rounds to provide leadership support and escalation;
- Recruiting 2 acute physicians in GGH with revised job descriptions currently with the Deanery and plan to advertise January 2019 with two further new consultants due to commence in BGH January 2019;
- Continued weekly meetings to review stranded patients and all medically optimised patients. Formal Stranded (long stay) patient reviews on all sites;
- Winter plan in place 2 additional physiotherapists commence 4 December 2018 with additional medical staff on weekends post Bank Holidays in GGH;
- 25 day detailed plan in place to ensure senior presence and point of contact for all departments;
- Expectation of an expected date of discharge and clinical criteria for discharge for every admitted patient remains a challenge but is improving and will improve further as new consultant recruits come on line, specifically in BGH & GGH;

- Planned specific nurse recruitment campaign commenced in December 2018 at BGH – 5 year plan. National recruitment video will go live in January 2019. The HB has a phased nurse recruitment strategy which includes immediate action (engagement with agencies to drive better price, incentivised bank), actions expected to delivery within 2 years – including support for the evolving Band 4 role and longer term plan will be local recruitment to a nursing career due to the presence of an Aberystwyth nursing faculty with links to Swansea University (supported by Aberystwyth University);
- Further changes coming on line in BGH include nurse led Minors, senior medics to all focus on Majors area mapping and further process change being supported by HB clinical lead for Emergency Care;
- New theatres open early December 2018 in BGH enabling the implementation of emergency non elective theatre lists which will help flow by splitting out planned and unplanned theatre work;
- Geriatric pathway redesign at WGH is redirecting patients to the correct point of care and maximising the likelihood of turnaround at the front door back to the patient's usual home. It has also led to the development of a delirium and dementia pathway that will lead to better outcome for patients. These are currently being implemented;
- Red2Green work ongoing with roll out across unscheduled care. For example in WGH the reasons for delays in Ward 10 have been identified and are being explored with the support of the transformation team.

When can we expect improvement and by how much?
- Newly qualified nurses will reduce the number of vacancies over the coming months;
- The development of a GP in A&E and an extended ANP workforce will continue to improve 4 hour performance at WGH;
- Focus on site flow in order to reduce ambulance handover delays;
- A focussed review of 12 hour breaches on all sites with a plan and trajectory for improvement;
- BGH focussed project work in A&E to improve pathway management and flow.

How does this impact on both patients and finances?
- Improved recruitment will reduce reliance on agency nursing staff and deliver better financial balance;

Improved recruitment leading to team working and better focus, which duly impacts positively on patient experience.

Timely Care – Stroke Quality Improvement Measure

Lead Committee: QSEAC | **Executive Lead: Joe Teape** | **Senior Responsible Officer: Simon Mansfield**

Metrics (targets):

	Status as at Dec 2018	Performance the past 12 months
• % of patients with direct admission to an acute stroke unit < 4 hours (Target – 59.7%)	🟢	Improving
• % of patients thrombolysed <45 minutes (door to needle) (Target – 12 month improvement trend)	🔴	Declining
• % of patients who receive a CT scan < 1 hour (Target – 54.4%)	🟢	Improving
• % of patients assessed by a stroke specialist consultant physician < 24 hours (Target – 84.0%)	🟢	Improving

Latest data

Admission to Stroke Unit < 4 hours (Target: 59.7%)			
UHB/Site	**No. met target**	**No. eligible**	**Performance**
HDUHB	24	40	60.0%
Bronglais	8	10	80.0%
Glangwili	3	12	25.0%
Prince Philip	7	8	87.5%
Withybush	6	10	60.0%

% Patients Thrombolysed <=45 minutes from clock start (Target: 12 month improvement trend – RAG rating is based on the overall 12 month trend, not in-month performance)			
UHB/Site	**No. met target**	**No. eligible**	**Performance**
HDUHB	4	11	36.4%
Bronglais	2	2	100.0%
Glangwili	0	2	0.0%
Prince Philip	2	4	50.0%
Withybush	0	3	0.0%

% CT scan within 1 hour (Target: 54.4%)			
UHB/Site	**No. met target**	**No. eligible**	**Performance**
HDUHB	42	54	77.8%
Bronglais	9	11	81.8%
Glangwili	11	16	68.8%
Prince Philip	14	14	100.0%
Withybush	8	13	61.5%

% Assessed by a Stroke consultant < 24 hours (Target: 84.0%)			
UHB/Site	**No. met target**	**No. eligible**	**Performance**
HDUHB	47	54	87.0%
Bronglais	8	11	72.7%
Glangwili	16	16	100.0%
Prince Philip	10	14	71.4%
Withybush	13	13	100.0%

See the stroke performance charts and dashboard for benchmarking and further information.

Where are we against target?

As a Health Board (HB), the targets were met in December 2018 for all measures apart from the thrombolysis door to needle <45 minutes target.

- The admission to the stroke unit <4 hours in December 2018 met the target (59.7%) with performance of 60.0%. The target was met in all sites apart from GGH (25.0%);
- The percentage of patients thrombolysed <=45 minutes in December 2018 did not meet the rolling 12 month improvement trend target for the HB (36.4%). The percentage compliance is shown in the latest data table;
- In December 2018, the percentage of patients having a Computerised Tomography (CT) scan within the one hour target (54.4%) was met in all sites with an overall performance of 77.8%;
- The percentage of patients assessed by a stroke consultant in December 2018 met the target (84.0%) with performance of 87.0%. The target was met in all sites apart from BGH (72.7%) and PPH (71.4%);
- The latest available all Wales data is for October 2018 and ranked Hywel Dda University Health Board (HDUHB) first out of six for CT scan within one hour, admission to stroke unit within four hours and second out of 6 for thrombolysis <45 minutes and stroke patients assessed by a stroke consultant <24 hours.

Why has this situation occurred?

In December 2018, GGH did not meet the target with nine patients not admitted to the stroke unit within four hours. For all of these patients the reasons for the failure to meet the target were recorded as a lack of available beds. Of these nine patients, one was discharged from Accident and Emergency (A&E) and two were discharged from Cardiac Diagnostic Unit (CDU). It is noted that the average length of stay on Gwenllian Ward in GGH increased from 6.38 in August 2018, to 8.95 in November 2018 and 10.56 in December 2018. This is reflective of the reported greater degree of dependency and rehabilitation requirements for stroke survivors, in addition to the previously anticipated challenges of the winter period.

The 12 month improvement trend target to thrombolyse patients within 45 minutes has been missed for the Health Board and no patients were thrombolysed within 45 minutes on either GGH or WGH sites. On the GGH site, two patients missed the target, one took 57 minutes to administer the drug (105 minutes Door to Needle) and the other patient took 47 minutes.

For WGH, the three eligible patients were thrombolysed in 50 minutes, 61 minutes and 65 minutes respectively. The time from CT scan to CT report in each of these cases was 30minutes, 30minutes and 17minutes.

For the Assessed by Stroke Consultant target, in BGH, three patients were not seen within a 24-hour period. One patient was a weekend discharge, and the remaining two breaches were as a result of a lack of senior staff cover. In PPH, four patients were not seen by a stroke consultant within 24 hours, which was largely due to weekend admissions, with the time to see the patients varying between 26 and 38 hours.

What are the challenges?
Over the last year, GGH has exhibited a noticeable variation in the performance of admitting stroke patients to the stroke unit in within four hours. The reasons for this include additional demand being placed on acute beds as a result of winter pressures and the influx of stroke patients requiring significant and prolonged rehabilitation input. Both of these factors contribute to the lack of immediately available capacity on the stroke unit.

Although the number of eligible thrombolysis patients remains low at 11 across the Health Board, a number of conclusions can be drawn. The time taken to report on a CT scan for the three patients thrombolysed in WGH, took an average of 25 minutes. This includes scans in hours, out of hours and at the weekend. 25 minutes represents over 55% of the time available in the door to needle pathway and needs to be improved if thrombolysis targets are to be consistently met.

What is being done?
Further investigation work is being undertaken into the reasons behind the variable four hour performance in GGH. This will include a review of patients and their National Institutes of Health Stroke Scale (NIHSS) scores as well as the hospital escalation state during a three month period from October 2018 through to the end of December 2018.

The thrombolysis performance is being reviewed internally to illustrate the breakdown of each of the components on the thrombolysis pathway. In addition, the feedback from the all Wales thrombolysis review will be provided to the Health Board early in February, which identify good practice to be incorporated into Hywel Dda thrombolysis pathways.

The assessment by stroke consultant within 24 hours will continue to be focused on in performance meetings and the Stroke Steering Group meeting to ensure that during the working week, performance levels are maintained.

The overall Stroke performance is continuously reviewed in each of the sites on a weekly basis and is consolidated into a Health Board-wide meeting every month to review performance and drive continuous improvement.

When can we expect improvement and by how much?
The challenges of winter pressures are expected to continue for the coming two months with an associated dip in performance, most notably in the four hour measure in GGH and WGH. It should be noted that Hywel Dda Health Board is ranked first in Wales for the four hour admission to the stroke unit target and CT scanning within one hour targets, and is ranked second in Wales for the 24 hour Stroke Consultant review target and the 45 minute door to needle thrombolysis target.

How does this impact on both patients and finances?
It is recognised that timely thrombolysis provides eligible patients with the greatest chance of salvaging brain function and, as a result, the improvement of this measure is of critical importance to all of the Stroke teams across the HB.

Early thrombolysis can improve patient outcomes and can lead to lesser levels of dependence post stroke. This is of significant benefit to the patient and carers, but also places less of an ongoing burden of care on health and social care in the future.

There is also evidence to support the fact that patients who are transferred to Acute Stroke Units within four hours have better outcomes as they are more closely monitored and have access to Stroke specialist staff.

Timely Care – Cancer

Lead committee: BPPAC	Executive Lead: Joe Teape	Senior Responsible Officer: Keith Jones	
Metrics (targets):		**Status as at Nov 2018**	**Performance the past 12 months**
• % of patients referred as urgent suspected cancer seen within 62 days – Target 95%		🔴	Improving
• % of patients referred as non-urgent suspected cancer seen within 31 days – Target 98%		🟡	Improving

Latest data

Urgent Suspected Cancer - 62 Day Treatment Target 95%

Legend: Number Treated in 62 Days | Number not Treated in 62 Days | 2018/19 Operational plan profile (93%) | Actual performance

Non Urgent Suspected Cancer - 31 Day Treatment Target 98%

Legend: Number Treated in 31 Days | Number not Treated in 31 Days | 2018/19 Operational plan profile (98%) | Actual performance
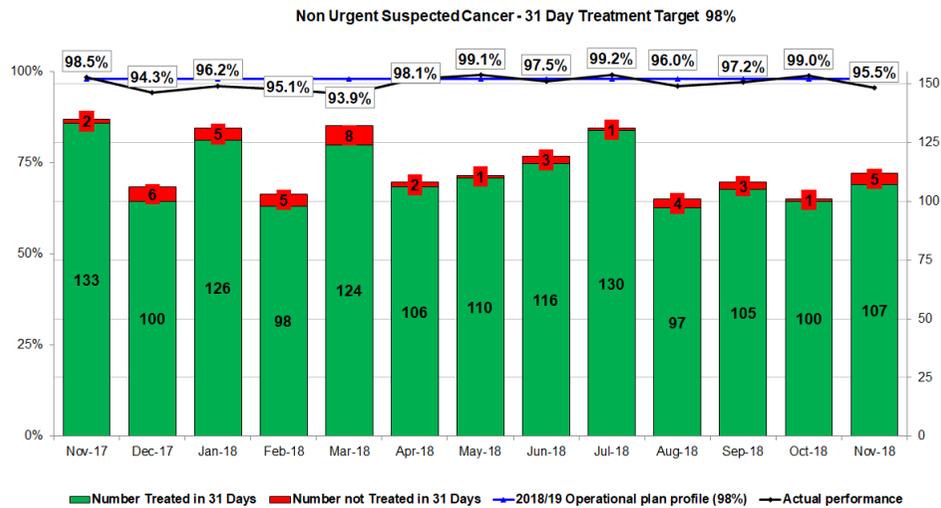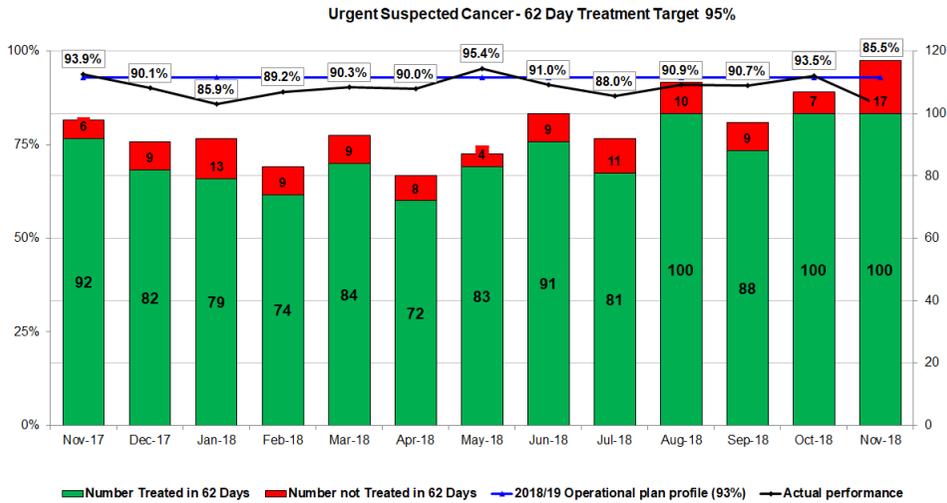
Benchmarking (September 2018)

Wales USC = 84.2%

HDda	90.7%
AB	87.1%
C&V	83.5%
BCU	83.0%
ABM	82.9%
CTaf	78.0%

Wales NUSC = 97.9%

ABM	95.7%
C&V	95.8%
HDda	97.2%
AB	98.6%
CTaf	98.9%
BCU	100.0%
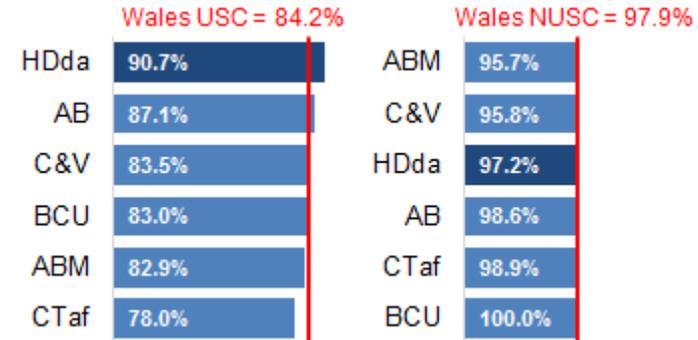
The latest all Wales benchmarking data puts Hywel Dda ranked 1st in Wales for Urgent Suspected Cancer (USC) and 3rd for Non Urgent Suspected Cancer (NUSC).

Where are we and are we on target?
USC – confirmed November 2018 USC performance showed a significant deterioration to 85.5%. Estimated performance for December 2018 is expected to exceed 90%.
NUSC – November 2018 performance was 95.5%. Estimated performance for December 2018 is expected to be 96% to 98%.

Why has this occurred?
USC – confirmed November 2018 USC performance was 85.5% based on 17 breaches for the following reasons/areas:

- 5 x delays for tertiary surgery (2 x Lung pathway, 2 x Gynaecology pathway, 1 x Urology pathway);
- 5 x complex diagnostic pathways (1 x Upper Gastrointestinal pathway, 3 x Lower Gastrointestinal pathway, 1 x Haematology pathway);
- 3 x delays for local Radiology / Pathology diagnostic investigations (2 x lower gastrointestinal pathway, 1 x upper gastrointestinal pathway)
- 2 x local treatment delays (1 x Dermatology pathway, 1 x Urology pathway);
- 2 x multi-factorial local & tertiary investigation and treatment delays (2 x Skin pathway).

NUSC – November 2018 performance was 95.5% based on 5 breaches for the following reasons/areas:
- 3 x delays for tertiary surgery (3 x gynaecology pathway);
- 2 x delay for local surgery (2 x Urology pathway).

What are the challenges?
Tertiary centre capacity pressures continue to present a risk to the Health Board's (HB's) performance across a number of USC and NUSC pathways with a total of 8 breaches (5 x USC and 3 x NUSC) during the month. However, November 2018 performance was also compromised by a combination of local diagnostic pathway delays (mainly due to delayed Radiology & pathology investigations and/or reporting) as well as local treatment delays (2 x USC and 2 x NUSC), in relation to Urology kidney surgery and Dermatology.

Performance in the month was also compromised by an unavoidable increase in breaches due to patients following prolonged, complex diagnostic pathways.

These pressures are expected to compromise performance in the short term whilst recovery actions already commenced take effect. The extent to which these risks impact upon overall performance varies month to month depending on the volume of Hywel Dda patients requiring tertiary treatment and overall demand at Abertawe Bro Morgannwg University Health Board (ABMUHB).

What is being done?
The table below provides a current status assessment of the key risk

Gynaecology	Current Position:
• Delays for surgical treatment at the tertiary centre in Swansea; • Situation reflects ongoing sickness/ absence within the ABMUHB Gynaecology consultant team and periodic bed capacity pressures at Morriston.	• This remains a risk to sustained performance improvement; • ABMUHB have advised that improvement will not be expected without an additional (4th) Gynaecology Cancer Surgical post • No available capacity at alternative units in Wales; • In November 2018, there were 2 USC breaches and 3 NUSC breaches all due to tertiary surgery delays.

Dermatology	Current Position:
• Local diagnostic / treatment delays due to significant vacancy factor within service	• Ongoing recruitment attempts continue including exploration of Wales Network wide opportunities for remote clinic support and ad hoc locum sessions. • In November 2018, there were 3 breaches. 1 due to local surgery delay, and 2 due to multi-factorial local & tertiary investigation and treatment delays.

Lung	Current Position:
• Delays for tertiary Thoracic surgery; • Reflects waits for outpatient assessment and surgery via the tertiary centre.	• Waits had improved during Summer 2018 but current pathways indicate a return of capacity pressures at the tertiary centre • In November 2018, there were 2 USC breaches, both due Tertiary surgery delays.

Upper Gastrointestinal	Current Position:
• Dependent upon local patients being operated on at a tertiary hospital.	• In November 2018 there were 2 breaches. 1 due to a complex diagnostic pathway and 1 due to delay to local diagnostics.

LGI	Current Position:
	• In November 2018 there were 5 USC breaches. 2 due to wait for local diagnostic delays. 3 due to complex diagnostic pathways.

Urology	Current Position:
	• In November 2018 there were 2 USC breaches. 1 due to delay to local surgery and 1 due to delay to tertiary surgery, and 2 NUSC breaches due to delay to local kidney surgery.

Haematology	Current Position:
	• In November 2018 there was 1 USC breach. This was due to Complex diagnostic pathway

When can we expect an improvement and by how much?
The forecasted December 2018 performance is subject to further validation and confirmed performance may further improve as a consequence.

Whilst pressures reflected above are expected to impact upon confirmed USC performance for November and December 2018, the Dermatology actions outlined are expected to support performance recovery during Qtr 4 2018/19.

How does this impact on both patients and finances?
Evidence suggests early diagnosis and treatment of cancer can significantly influence longer term clinical outcomes for patients. The impact of diagnostic and treatment pathways for individual patients will reflect a number of different factors including length of time between development of symptoms and initial presentation, the relative stage / progression of the tumour at the time of presentation, the nature of the tumour and treatment options available.

Lead Committee: BPPAC	Executive Lead: Joe Teape	Senior Responsible Officer: Keith Jones / Steph Hire

Metrics (targets):

	Status as at Dec 2018	Performance the past 12 months
• % Patients waiting less than 26 weeks from referral to treatment (Target = 95%)	🔴	Improving
• Number of patients waiting 36 weeks and over (Target = 0)	🔴	Improving

Latest data

Please refer to the RTT charts and the table below:

Specialty	Dec-18		
	Profile	Actual	Variance
General Surgery	29	28	-1
Urology	54	51	-3
Trauma & Orthopaedics	560	721	161
ENT	68	92	24
Ophthalmology	78	89	11
Oral Surgery, Neurosurgery & Pain	0	0	0
General Medicine	2	2	0
Gastroenterology	8	6	-2
Endocrinology / Diabetes	20	19	-1
Clinical Haematology	0	0	0
Audiological Medicine	0	0	0
Cardiology	50	79	29
Dermatology	250	282	32
Respiratory	20	12	-8
Nephrology	0	0	0
Neurology	10	8	-2
Clinical Neurophysiology	0	0	0
Rheumatology	1	0	-1
Paediatrics	0	0	0
Gynaecology	3	5	2
Therapies	0	0	0
Total	**1153**	**1394**	**241**

Where are we and are we on target?

The number of 36 week + breaches in December 2018 was 1,394 which represents a further reduction of 45 reported month end breaches since the end of November 2018 and compares favourably to 3,309 reported breaches in the same month last year (58% reduction). Although 241 breaches above guide profile at the end of December 2018, it should be noted that the overall breach cohort of patients (to be treated before 31st March 2019) is 2,446 fewer than at the same time last year. Delivery plans remain in place to support achievement of zero breaches by March 2019 and these are summarised in this report. The percentage of patients waiting less than 26 weeks from Referral To Treatment (RTT) was 87.4% in December 2018 (48,375 patients) which is the highest compliance in several years. Both metrics have shown improvement during the past 12 months.

Why has this situation occurred?

Variances against profile were seen in five main specialties as below:

- Orthopaedics – although a positive reduction of 72 breaches compared to end November 2018, the specialty was 161 breaches above profile in December 2018 due the combined impact of slower than required progress in the delivery of outsourced treatments via St Joseph's Hospital in Newport and the treatment 'out of turn' of some patients depending on their availability to attend outsourcing locations for treatment during the month;
- ENT – 24 breaches above profile in December 2018 due to reduced outpatient activity year to date as a combined result of vacancies within the medical team and the supporting Audiology service;
- Ophthalmology – 11 breaches above profile in December 2018, primarily due to reduced capacity during the Christmas / New Year period;
- Cardiology – 29 breaches above profile in December 2018, primarily due to capacity pressures at Abertawe Bro Morgannwg University Health Board (ABMUHB) to support Cardiac CT and MRI diagnostic investigations;
- Dermatology – 32 breaches above profile, reflective of the reduced capacity within the service due to the continuing recruitment and retention challenges within the specialty.

What are the challenges?

- Orthopaedics – continuing challenges to secure the necessary volume of in-month and overall cohort treatments via St Joseph's Hospital in Newport to match both monthly breach profiles and the total contracted volume. There is also an ongoing risk of cancellations of planned treatments due to unscheduled care pressures. Encouragingly, the overall breach cohort of orthopaedic patients (to be treated before 31st March 2019) is 930 patients fewer than at the same time last year;
- ENT – recruitment of Audiology capacity to support planned clinics to address remaining cohort patients;
- Ophthalmology – arrangement of additional outsourcing capacity to replace lost internal capacity following the failed appointment of 2 planned consultant posts during the Autumn 2018. Encouragingly, the overall breach cohort of ophthalmology patients (to be treated before 31st March 2019) is 672 patients fewer than at the same time last year;
- Cardiology – confirmation of plans to secure sufficient Cardiac CT & MRI diagnostic investigations via external providers;
- Dermatology – effective and timely recruitment of replacement locum or substantive clinical capacity to support the service in the short /medium term along and supporting programmes to develop a more community-based delivery model for the longer term.

What is being done?

- Orthopaedics – Stage 1 cohort patients will be completed by end January 2019. Internal core and backfill Stage 4 delivery capacity is being maximised and further enhanced from January 2019 via additional weekend Waiting List Initiative (WLI) sessions at Prince Philip Hospital (PPH). External (St Joseph's) delivery plans have been reviewed to confirm the maximum anticipated volume (407 treatments) with 115 treatments scheduled to be completed via St Joseph's by end January 2019 with a further 292 treatments planned during Feb/March 2019. All pre-treatment OP reviews via St Joseph's are targeted to be completed by mid-February 2019. Total internal and external treatment capacity available to 31st March 2019 remains sufficient to accommodate the forecast year end cohort of patients. This will necessitate prioritisation of planned orthopaedic bed capacity to support internal treatments;
- ENT – 3 Audiology locums recruited to support additional outpatient clinic activity. Planned available capacity remains sufficient to accommodate the forecast year end cohort of patients;

- Ophthalmology– to mitigate the lost capacity associated with the failed appointment of 2 consultant posts, an extension of existing outsourcing contracts for a further 380 cataract treatments has been secured, to commence January 2019. The combination of internal and external treatment capacity available to 31st March 2019 remains sufficient to accommodate the forecast year end cohort of patients;
- Cardiology – Stage 1 cohort patients will be completed by end January 2019. Additional Cardiac CT sessions have been secured from ABM UHB/Swansea University with 2 scheduled for February 2019 with confirmation awaited for a further 4/5 sessions by 31st March 2019. Alternative solutions are currently being explored for approx. 15 Cardiac MRI slots with external providers;
- Dermatology – to mitigate the lost capacity associated with current vacancies, an additional externally provided in-sourcing contract has been secured for 700 patients, to commence during February 2018. 2 specialty doctors have been recruited (start dates to be confirmed). The combination of internal and externally provided in-source capacity available to 31st March 2019 remains sufficient to accommodate the forecast year end cohort of patients.

When can we expect improvement and by how much?

Please refer to the previously published RTT charts. Delivery plans remain in place to achieve zero 36 week breaches by 31st March 2019.

How does this impact on both patients and finances?

Achievement of zero 36 week breaches will represent a significant improvement in service quality and experience for our patients. Specialty teams continue to work on efficiency and productivity plans to address capacity pressures and improve sustainability in the shorter term whilst working on regional collaboration with regard to some specialties in the mid and long term. The Health Board is working closely with Abertawe Bro Morgannwg University Health Board (ABMUHB) and Welsh Government to address this.

Lead Committee: BPPAC   **Executive Lead: Huw Thomas**   **Senior Responsible Officer: Rhian Davies**

Metrics (targets):	Status as at Nov 2018	Performance the past 12 months
• RTT - Hywel Dda residents waiting over 36 weeks for treatment by other providers (0)	●	Improving

Where are we against target?

As at 30 November 2018, there were 4,869 Hywel Dda University Health Board (HDUHB) residents on open pathways at other provider sites; 97% are waiting to be treated in Wales. Of these 4,869 residents, 250 patients were breaching the maximum backstop of 36 weeks (245 in Wales; 5 in England).

English Provider Sites:

The main three hospitals in England treating HDUHB residents are University Hospital Bristol (UBHT), Robert Jones & Agnes Hunt (RJAH) and University Hospital Birmingham.

- There are 3 patients breaching in RJAH; 2 patients with the longest week wait of 41 weeks in Trauma & Orthopaedics and one patient with the longest week wait of 46 weeks in Anaesthetics;
- There is 1 patient in UBHT in Ophthalmology with the longest week wait of 41 weeks;
- There are no patients breaching in University Hospital Birmingham;
- There is 1 patient in Imperial College Healthcare NHS Trust in General Surgery breaching 43 wks.

Assurances are being sought from the Trusts to ensure they have plans in place to ensure no HDUHB patients wait over 36 weeks for treatment by the end of March 2019.

Welsh Provider Sites:

Abertawe Bro Morgannwg University Health Board (ABMUHB)

82% of HDUHB patients waiting to be treated outside HDUHB in Wales are in ABMUHB. In the ABMUHB2018/19 Integrated Medium Term Plan (IMTP), the following commitments have been made to reduce waiting times:

- There will be no patients waiting over 26 weeks for a first new outpatient appointment (stage 1) by March 2019;
- To clear over 36 week waits in all specialities other than, Orthopaedics, General Surgery, Spinal, Oral Maxillo-Facial Surgery, Cardiology, ENT, Plastic Surgery and Urology by March 2019. These specialties are ranked in order of highest patient numbers.

Outpatients - At the end of November 2018 there was 1 patient waiting at stage 1 over 26 weeks as follows:

Specialty	Total Patients	Longest week Wait
General Surgery	1	30
Total	1	

36 Week Target – At the end of November 2018 there were 226 patients with waiting times in excess of 36 weeks with the longest wait being 105 weeks:

Specialty	Total Patients	Longest week Wait
Oral Surgery	37	105
General Surgery	12	105
Trauma And Orthopaedics	126	101
Cardiology	27	105
ENT	5	81
Plastic Surgery	19	57
Total	226	

ABMUHB have been asked to provide a profile setting out when the waiting time reduction targets will be achieved for HDUHB residents; however, this is an ongoing process. A further update will be provided following a Long Term Agreement (LTA) meeting which is being held 23 January 2019.

Cardiff & Vale University Health Board (C&VUHB) - 16% of HDUHB patients waiting to be treated in Wales are in C&VUHB.

Outpatients - At the end of November 2018 there were 29 patients waiting at stage 1 over 26 weeks as follows:

Specialty	Total Patients	Longest week Wait
Clinical Immunology & Allergy	9	35
Ophthalmology	6	35
Respiratory Medicine	1	33
Trauma And Orthopaedics	4	31
Neurology	5	31
Oral Surgery	1	27
Dermatology	2	27
ENT	1	26
Total	29	

36 Week Target – At the end of November 2018 there were 17 patients with waiting times in excess of 36 weeks with the longest week wait being 81:

Specialty	Total Patients	Longest week Wait
Trauma And Orthopaedics	13	81
Urology	1	44
Ophthalmology	1	38
Neurosurgery	2	48
Total	17	

The Head of Healthcare Contracting has been in contact with the Health Board and have confirmed that they have a Waiting Times Plan, which has been agreed with Welsh Government (WG), that no patient will wait longer than 36 weeks by 31 March 2019.

Other Providers in Wales - There are 2 breaches reported. In Betsi Cadwaladr University Health Board (BCUHB), there is one patient with the longest weeks wait at 45 weeks in Trauma & Orthopaedics. BCUHB has commented that the patient has not been dated due to capacity issues. An update on the current position has been requested and the outcome included within the next report in February 2019.

In Cwm Taf University Health Board, there is one patient waiting 37 weeks in Urology. We have requested an update but, to date, we have not received a response. This will raised as an issue at a LTA meeting which is currently being arranged.

Timely Care – Dietetics - Therapy waits over 14 weeks

Lead Committee: BPPAC   **Executive Lead: Joe Teape**   **Senior Responsible Officer: Zoe Paul-Gough / Karen Thomas**

Metrics (targets):
- Number of patients waiting 14 weeks plus for Dietetics (Target = 0)

Status as at Dec 2018   **Performance the past 12 months**
● Improving

Latest data
The latest available data can be viewed and interrogated within the therapies graphs.

Where are we and are we on target?
The number of patients waiting over 14 weeks has increased from 38 in November 2018 to 69 by end December 2018.

Why has this occurred?
- There has been an increase in the number of breaches over the last month due to the volume of patients exceeding the available clinic capacity mainly in weight management services. For the month of December 2018, there was a reduction in clinic capacity due to annual leave (historically December is not a time people want to engage in Weight Management services);
- A locum was secured to provide additional capacity but failed to attend in November 2018;
- The service has recruited to a weight management vacancy as part of the solution for Referral to Treatment (RTT) and has commenced induction beginning January 2019. Staff are continuing to work additional hours to help manage demand and further locum support for other areas of service are being actively sought.

What are the challenges?
The service is fragile due to its size and loss of any capacity due to vacancy or prolonged leave can have a significant impact on the waiting list. The service is also challenged in balancing service provision across the acute and community settings.
The service is reliant on the good will of staff to work additional hours and on agency cover. The locum secured failed to start and the service was unable to secure any other locum support before Christmas.

What is being done?
Staff are undertaking additional hours. Locum support has been secured from January 2019 and a weight management dietician commenced beginning January 2019.

When can we expect an improvement and by how much?
The trajectory for improvement is a reduction to no breaches by the end of March 2019 providing the additional activity can be sustained as planned in the areas that are breaching.

How does this impact on both patients and finances?
A sustainable solution is required to address the demand and capacity gap across all competing service areas. Priority areas will be highlighted as part of the service Integrated Medium Term Plan (IMTP).

Timely Care – Audiology - Therapy waits over 14 weeks

Lead Committee: BPPAC	Executive Lead: Joe Teape	Senior Responsible Officer: Karen Barker

Metrics (targets):	Status as at Dec 2018	Performance the past 12 months
• Number of patients waiting 14 weeks plus for Audiology (Target = 0)	●	Improving
• Number of patients waiting 14 weeks plus for Re-Accessing Audiology (Target = 0)	●	Declining

Latest data

The latest available Audiology data for patients waiting over 14 weeks for new assessments can be viewed and interrogated within the therapies graphs. The graph below shows the number of patients waiting 14 weeks plus to re-access the Audiology service:

Patients Waiting Over 14 Weeks to Re-Access Audiology Services

	Q2 (17/18)	Q3 (17/18)	Q4 (17/18)	Q1 (18/19)	Q2 (18/19)	Q3 (18/19)
	1,494	1,419	1,632	1,938	2,042	2,828
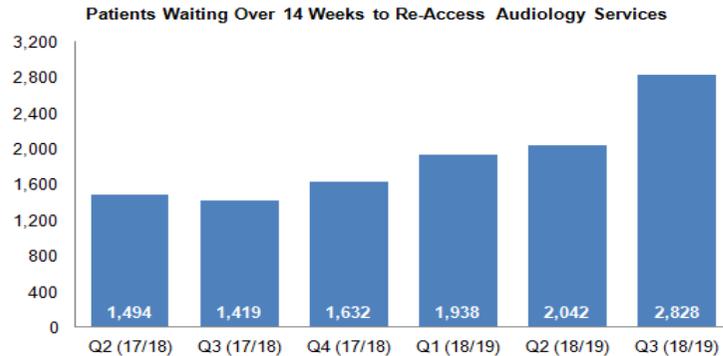
Where are we and are we on target?

At the end of December 2018, there were 107 patients waiting longer than 14 weeks for an Audiology appointment, with the longest waiting 20 weeks.

Why has this occurred?

Current staff reduction due to maternity leave, the vacancy position and a recent increase in demand for new patient referrals at the Glangwili General Hospital (GGH) site has reduced the capacity of the service to see the number of patients both being newly referred in and those needing to re-access the service for review.

What are the challenges?

Currently the service is 6.22 Whole Time Equivalent (WTE) below funded establishment; this is a worsening position from the previous month with the appointment being made for maternity cover withdrawing. Sickness within the team has also had an impact; this has now resolved.

What is being done?

- Appointments are being offered at all sites where possible and staff are being re-prioritised from work on other non-Referral to Treat (RTT) waiting lists (e.g. balance and tinnitus and reassessments);
- Locums will be brought in as additional capacity to target long waiting patients; one locum commenced 26 November 2018 providing an additional 32 appointments per week, with a second locum having been sourced (start date 14 January 2019);
- The Head of Service post has been job matched, re-banded and is about to go out to advert;
- The department continues to support the training of two Fast Track Trainees; they will be able to provide capacity to the team from the middle of January 2019 onwards (20 appointments per week);
- Two members of staff have undergone further training to fill roles of Assistant Audiologists; they have commenced working to their new skill levels during the past month which will free up Audiologist capacity to see new referrals (approximately 20 – 25 appointments per week depending on case mix);
- 1 WTE Band 5 Audiologist post has been recruited to (provisional start date of 25 February 2019);
- Additional hours have been agreed with one member of staff as a short term solution with clinic dates agreed (January 2019: 14 patients confirmed; February 2019: 14 patients to be confirmed);
- The department continues to review the administration of the waiting lists through validation and prioritising the longest waits.

When can we expect improvement and by how much?

The situation is expected to improve by year end to achieve zero waits over 14 weeks as the additional capacity (as described above) takes effect. The continuing staffing review, in conjunction with the ongoing mapping of the capacity and demand, will ensure the longer term sustainability of the service.

How does this impact on both patients and finances?

More than 70% of over 70 year olds have a hearing loss. Hearing loss increases the likelihood of dementia, depression, obesity and other mental health conditions. (Please refer to BBC awareness campaign regarding hearing loss). A person with a hearing loss is three times more likely to suffer a serious fall. Effective early intervention and continued support to hear well is crucial for maintaining an individual's wellbeing and independence. Whilst fitting hearing aids is not a preventative measure for hearing loss, it is known that people who communicate well stay socially active and manage their own health, which improves their wellbeing. Long term savings result by reducing non-concordance with advice, misunderstanding of diagnosis or treatment and failure to take medication, reducing the burden on other healthcare services.

Lead Committee: BPPAC	**Executive Lead: Joe Teape**	**Senior Responsible Officer: Alison Shakeshaft/ Claire Sims**

Metrics (targets):
- Number of patients waiting 14 weeks plus for Occupational Therapy (Target = 0)

Status as at Dec 2018
●

Performance the past 12 months
Improving

Latest data
The latest available data can be viewed and interrogated within the therapies graphs.

Where are we against target?
In December 2018, there were a total of 53 patients waiting 14 weeks and over (2 from Ceredigion, 38 from Carmarthenshire and 13 from Pembrokeshire), which is a decrease of 136 patients compared to December 2017. Of the 53 patients, 53 are children and none were adults.

Why has this situation occurred?
Long-term build-up of waits for children's occupational therapy are due to prolonged periods of reduced service capacity coupled with sustained increased demand. Additional waiting list initiative funding has led to an improved position; however improvement has been slower than predicted due to challenges below.

What are the challenges?
- Maintaining the improvement in paediatric occupational therapy without additional capacity. This service has a small workforce across three counties which is vulnerable to fluctuations in capacity (due to recruitment, planned and unplanned leave), as well as the nature of the caseload. The caseload is predominantly complex and progressive, often requiring long term service involvement;
- Paediatric locum occupational therapist has had time off due to accident and continues to work 3 days a week;
- No further locum paediatric locums have been available;
- New long term sickness in the paediatric service;
- New vacancy in the paediatric service from February 2019;
- 1x ongoing maternity leave;
- Service undertaking activity for social care and housing in Carmarthenshire within core capacity, pending agreement to reinstate ongoing funding;
- Paediatric occupational therapy is specialist area of practice, which means locum staffs are not readily available, vacancies can take longer to fill, and there are limited opportunities to utilise staff from the wider occupational therapy workforce.

What is being done?
- Weekly monitoring of performance against target;
- The service continues to actively seek a second locum;
- Additional Band 4 hours have been engaged from bank;
- 1 Whole Time Equivalent paediatric OT vacancy in Pembrokeshire has been appointed, with start date of 2nd February 2019;
- Additional plan implemented to meet target given the new challenges, including additional hours, diverting staff from other duties, suspending acceptance of housing referrals;
- Progressing agreement with Carmarthenshire Social Care & Housing to fund capacity;
- Care Aims approach is being implemented in paediatric service, which will contribute to managing service demand in the longer term.

When can we expect improvement and by how much?
If the Service can retain Locum OT and no further significant challenges in workforce capacity arise, paediatrics improvement will continue on a month-by-month basis and be on course to achieve 0 over 14 week waits by March 2019.

How does this impact on both patients and finances?
Children waiting for occupational therapy are experiencing significant problems participating in everyday activities that are vital for their health, well-being, and development, this may include developing skills in self-care, having a bath, learning to feed, being able to play with their friends or engage in education. Waiting for occupational therapy also impacts on the health and well-being of the child's family and carers, who may be experience significant challenges physically and psychologically caring for the child. Earlier occupational therapy assessment and subsequent intervention/rehabilitation for children can resolve issues and improve lifelong outcomes, reducing need and costs of treatment, equipment, and long term care.

Implementing plan to recover position involves;
- Existing staff taking a higher proportion of new referrals, which will delay follow on intervention for children;

Diverting staff from other activity and areas impacts on housing service, stroke service, neonatal service, and education agreements.

Timely Care – Physiotherapy - Therapy waits over 14 weeks

Lead committee: BPPAC **Executive Lead: Joe Teape** **Senior Responsible Officer: Helen Annandale**

Metrics (targets):
- Number of patients waiting 14 weeks plus for Physiotherapy (Target = 0)

Status as at Dec 2018
●

Performance the past 12 months
improving

Latest data
The latest available data can be viewed and interrogated within the therapies graphs.

Where are we against target?
There were 3 breaches of the 14 week target in December 2018. This is an improvement compared to Dec 2017 when 26 Physiotherapy breaches were reported. The overall 12 month trend is improving.

Why has this occurred?
During 2017/18 the service experienced a significant number of patients breaching the 14 week target due to a demand/capacity gap. Short-term funding tackled the backlog and enabled a significant reduction in patients waiting over 14 weeks but the situation began to deteriorate from April when this funding ceased.

What are the challenges?
- Service capacity is challenged due to baseline staffing compounded by recruitment challenges and vacancies e.g. maternity leave and availability of newly qualified staffing. The latter is a national issue;
- Increasing service demand including transforming services to focus on prevention e.g. increasing access with self-referral services, alternative services to Consultant assessment, pilot projects to support primary care MSK caseloads;
- Clinical Musculoskeletal Assessment and Treatment Service (CMATS) and the core MSK physiotherapy service are interlinked and capacity has been flexed between the services e.g. service cover for maternity leave. This decreases capacity within core MSK services, which compounds the capacity issue;
- The MSK physio service including CMATS is required to meet the challenge and the service is currently developing sustainability plans including options of service design.

What is being done?
Service redesign including:
- Skill mix review;

- Signposting / delegation to partners e.g. National Exercise Referral Scheme (NERS);
- Development of integrated community based education and rehab programs collaboratively delivered with local authority (NERS);
- Empowering self-management of chronic conditions;
- Recruitment and retention strategy to attract and support skilled practitioners to service;
- Appropriate utilisation of agency staffing via direct engagement;
- Continue performance management strategies e.g. patient management in line with national standards, electronic systems, and template based clinical diary systems;
- The service is drafting a sustainability plan including re-design options;
- The service is working collaboratively with primary care to develop new roles in GP practices to allow early expert first point of contact support, improve quality, and reduce some of the demand into core MSK Physio / CMAT services.

When can we expect improvement and by how much?
It is anticipated that the service will achieve 0 breaches by the end of March. There is a low risk of a small number of breaches in Feb, which is dependent on the availability of agency workforce to back fill for service vacancies.

How does this impact on both patients and finances?
Longer waiting times result in:
- Poorer patient experience;
- Poorer self-management of condition;
- Higher risk of developing chronic conditions;
- Increase referral behaviour e.g. utilisation of inappropriate imaging, repeat attendances to GPs, A&E or referral to secondary care;
- Increase in dependency can result in increased care package costs, loss of function and work;

Utilisation of agency staffing does result in significant pressure on service budget and governance arrangements.

Timely Care – Speech and Language - Therapy waits over 14 weeks

Lead Committee: BPPAC   **Executive Lead: Joe Teape**   **Senior Responsible Officer: Philippa Large**

Metrics (targets):   **Status as at Dec 2018**   **Performance the past 12 months**

- Number of patients waiting 14 weeks plus for Speech and Language Therapy (Target = 0)   ●   Improving

Latest data

The latest available data can be viewed and interrogated within the therapies graphs.

Where are we and are we on target?

Historically the number of patients waiting over 14 weeks has been zero for a continued amount of time, however in December 2018 the service reported four Speech and Language Therapy breaches.

Why has this occurred?

A single practitioner Speech and Language therapist working in a small, specialised Adult Learning Disability team in Pembrokeshire was on extended sick leave.

What are the challenges?

- Rural nature of Health Board (HB);
- Small teams with single practitioners in county locations are fragile and services are vulnerable to fluctuations caused by unexpected events such as sickness;
- Any reductions in capacity due to maternity or staff vacancies have a significant impact on delivery.

What is being done?

All appointments for clients waiting have been booked by covering Speech and Language therapists from the Carmarthenshire and Ceredigion Adult Learning Disabilities teams. This cover will continue for the duration of the sickness period and a similar arrangement will be proactively managed for any future periods of staff absence in any of the county locality teams.

When can we expect an improvement and by how much?

It is anticipated that a position of zero patients waiting over 14 weeks will be restored by the end of January 2019. The whole service however remains fragile.

How does this impact on both patients and finances?

All clients waiting over 14 weeks have been contacted to confirm appointments. There is no impact on finance.

Lead Committee: BPPAC   **Executive Lead: Joe Teape**   **Senior Responsible Officer: Alison Shakeshaft/ Vicky Stevenson**

Metrics (targets):   **Status as at Dec 2018**   **Performance the past 12 months**
- Number of patients waiting 14 weeks plus for Pulmonary Rehabilitation (Target = 0)   ● 🔴   Improving

Latest data

Location	Under 14 Weeks	14 to 35 Weeks	36 to 52 Weeks	Over 52 Weeks	Total Waiting more than 14 weeks
Amman Valley	7	9	2	5	16
Glangwili	14	20	3	3	26
Prince Philip	38	21	22	18	61
North Ceredigion	1	2	1	44	47
South Ceredigion	1	0	0	15	15
Withybush	36	16	1	0	17
Total	**97**	**68**	**29**	**85**	**182**

Where are we against target?
At present, the waiting times are in excess of 52 weeks. The total number of patients waiting over 14 weeks has slightly reduced from 187 at the end of November 2018 to 182 at the end of December.

Why has this occurred?
Increasing waits are due to very limited staffing capacity for demand in this speciality and significant variation in service delivery across the Health Board localities. The number of waits has increased this month due to courses running with current referrals but no new referrals addressed.

What are the challenges?
There is currently no robust provision in Ceredigion. In Pembrokeshire, the location of programme delivery impacts on the individual's ability to access Pulmonary Rehabilitation (PR) within a recommended timescale i.e. the programme rotates around the county. Carmarthenshire service is provided by single-handed practitioners within physiotherapy and occupational therapy. Each county is experiencing significant numbers of patients admitted and re-admitted to all four hospitals with Chronic Obstructive Pulmonary Disease (COPD) and referred for PR as part of their management.

What is being done?
The service has worked collaboratively with Primary Care to develop and pilot an innovative approach using a hub and spoke model and digital technology. Following the success of this, the service is working to roll this model of care out across the Health Board. A business case has been developed and a sustainable plan has been included in the Annual Plan for consideration.

When can we expect an improvement and by how much?
The Service requires a clear plan of direction in terms of Health Board priorities. To date the Service has prioritised delivery through the hub and spoke model pilots, alongside core delivery. A multi-disciplinary team business case Virtual Pulmonary Rehabilitation (VIPAR) supporting 2 hub and 2 spoke models which evidences prudency and efficiency has been submitted and will form part of Integrated Medium Term Plan IMTP submission. This supports redesign of PR and a decision in terms of support for this model of delivery will be considered. Delivery of one hub and spoke until end of March 2019 has been agreed to address waits in Ceredigion.

How does this impact on both patients and finances?
Pulmonary Rehabilitation is for people with COPD. It is evidenced to:
- Reduces mortality;
- Supports earlier discharge from Acute hospital care;
- Reduces unplanned readmissions;
- Increases positive health behaviours;
Increases engagement with social and vocational activities.

Lead Committee: BPPAC　　　　**Executive Lead: Joe Teape**　　　　**Senior Responsible Officer: Alison Shakeshaft/ Mike Mulroy**

Metrics (targets):　　　　　　　　　　　　　　　　　　　　　　**Status as at Dec 2018**　　**Performance the past 12 months**

- Number of patients waiting 14 weeks plus for Podiatry (Target = 0)　　　　　　🔴　　　　　　*Improving*

Latest data

The latest available data can be viewed and interrogated within the therapies graphs.

Where are we and are we on target?

The number of patients waiting over 14 weeks significantly reduced during 2017/18 financial year (from 496 in April 2017 to zero in April 2018) utilising non-recurrent Referral To Treatment (RTT) funding. There were 107 patients waiting in excess of 14 weeks at the end of August 2018. This increased to 173 at the end of September 2018, but had reduced to 44 by the end of November 2018 and is currently running at 51 for December 2018.

Why has this occurred?

The Podiatry Service has consistently managed increased demand over recent years despite limited growth in the service. Podiatry undertakes one of the highest patient direct contact treatments per year in therapies (60,000). Significant innovation and service improvement measures have been implemented to enable this. Demand consistently outstrips available capacity and short term funding has been relied upon to manage the waiting list position.

What are the challenges?

Within Podiatry, there is a significant requirement for follow up appointments as part of patient management due to the range of conditions being referred e.g.

diabetic foot ulceration is likely to gradually deteriorate over the years as the underlying peripheral vascular disease worsens. Similarly, children with Cerebral Palsy will need ongoing care and re-provision of appliances as the patient develops. In addition, the service has evolved to manage musculoskeletal (MSK) patients that previously may have gone to Orthopaedics or other Health Board (HB) services such as A&E; many of these patients are not simply a see-treat-discharge type.

As a result, increasing numbers of referrals have an impact on follow up demand, which is consistently outstripping available capacity.

What is being done?

Short term RTT funding is being utilised to increase new patient capacity. This will not deal with the impact on increased follow up requirements.

Robust discharge processes are in place in addition to detailed eligibility criteria to be able to access the service.

Podiatry's Expert Patient Programme (EPP) programme commenced in August 2018 and is the latest innovation to try to streamline referrals and reduce waiting times.

When can we expect an improvement and by how much?

Utilising RTT funding, the service has committed to eliminate 14 week breaches by March 2019.

EPP should help reduce patient numbers, however a long term, sustainable approach is required and a sustainability plan for the service is being developed. Long-term sustainable improvement would need investment or further changes in eligibility criteria to limit patient access and the availability of certain products and treatments. This could affect patient experience and could result in complaints from patients and other services that are having access restricted.

How does this impact on both patients and finances?

A sustainable solution is required to address the demand and capacity gap across the service. Priority areas will be identified through the department's Integrated Medium Term Plan (IMTP).

Lead Committee: BPPAC   **Executive Lead: Joe Teape**   **Senior Responsible Officer: Alison Shakeshaft/Vicky Stevenson**

Metrics (targets):   **Status as at Dec 2018**   **Performance the past 12 months**

- Number of patients waiting for Lymphoedema management (Target = 0)   ● (red)   Improving

Latest

Location	Total referrals rec'd	Under 14 Weeks	14 to 35 Weeks	36 to 52 Weeks	Over 52 Weeks	Total Waiting
CARMS	20	38	2	0	0	40
CEREDIGION	10	23	0	0	0	23
PEMBS	17	47	0	0	0	47
Total	47	**108**	**2**	**0**	**0**	**110**

Where are we against target?

At present there are 2 patient waiting over 14 weeks for Lymphoedema management. Compared to November 2018 the total number of patients waiting has increased from 94 to 110.

Why has this occurred?

The slight increase in total waiting has been due to focus on addressing follow up backlogs already within the system.

What are the challenges?

The garment budget will have been impacted on due to the high numbers of new patients assessed.

What is being done?

- The team continues to prioritise urgent and palliative new patients;
- Capacity demand and efficiencies are being reviewed;
- New patient clinics continue as part of waiting times initiative funding in order to ensure a zero breach position by end of March 2019;
- A sickness audit has been completed.

When can we expect an improvement and by how much?

Improvements should continue to be seen to year-end.

How does this impact on both patients and finances?

There will continue to be an increase impact on the garment budget whilst new patient clinics are delivered. This will be monitored on a monthly basis. Close monitoring of follow up appointments is essential as part of recognition of increased new patient assessment. There is a risk that this will reflect in potential increase in waits if the backlog is not addressed and reviews waiting.

Lead Committee: BPPAC   **Executive Lead: Joe Teape**   **Senior Responsible Officer: Sarah Perry**

Metrics (targets):

	Status as at Dec 2018	Performance the past 12 months
• Diagnostic wait 8 weeks and over (Target = 0)	●	Declined

Latest data

Reported Diagnostic Tests	Total Waiting List	Waiting List > 8 Weeks
Cardiology	1,970	43
Diagnostic Endoscopy	1,018	37
Imaging	42	0
Neurophysiology	391	0
Physiological Measurement	13	0
Radiology - Consultant referral	3,127	1
Radiology - GP referral	2,040	1
Total	**8,601**	**82**

Where are we and are we on target?

43 cardiology diagnostic breaches were reported which represents an improvement compared to November. These are broken down as follows:

- 1 x Diagnostic Angiography;
- 3 x Dobutamine Stress Echocardiogram (DSE);
- 2 x Trans Oesophageal Echocardiogram (TOE);
- 37 x Myocardial Perfusion scanning (MPS).

Radiology breaches:

- 1 x paediatric ultrasound scan Glangwili General Hospital (GGH) (due to consultant availability);
- 1x MRI scan (Bronglais General Hospital (BGH) administration error).

37 Endoscopy diagnostic breaches were reported which represents a decline compared to November 2018. These are broken down as follows:

- 31 Gastroenterology;
- 5 General Surgery;
- 1 Respiratory Medicine.

Why has this occurred?

Prior to April 2018 reported diagnostics against the eight week target only included four cardiology tests. Since April 2018, a total of 11 cardiology tests

are now reported (although only nine are provided and reported by Hywel Dda). It is expected this will add 6,000 additional patients to be reported over the year.

The **Cardiology** breaches have occurred due to the following factors:

- Diagnostic Angiography breach was due to a change over from one system to another. This is now managed on one site and one waiting list across GGH and Prince Philip Hospital (PPH);
- There were 3 DSE and 2 TOE breaches at GGH for December 2018 this was due to annual leave over Christmas resulting in less capacity. However, there may still be capacity issues for the month of January 2019 due to the number of referrals received in December 2018;
- Increased MPS capacity is being made available during January and February in order to reduce the current breach backlog and deliver zero breaches by March 2019;

The **Diagnostic Endoscopy** breaches have occurred due to the following factors:

- Reduced number of lists backfilled during annual leave compared to previous months;
- Reduction in number of initiative lists being undertaken across the Health Board due to staff availability;
- An increase in urgent cancer demand for endoscopic procedures during the month.

The **Radiology** breaches have occurred due to following factors:

- Availability of specialist Paediatric Radiologist. The Radiologist is paid on a sessional basis from Abertawe Bro Morgannwg University Health Board (AMBUHB) and availability was limited due to Christmas holidays. However two sonographers have refreshed their training in paediatric scanning which will significantly improve capacity going forward;
- There are no significant waits in MRI and therefore the 1 breach was attributed to a clerical error. Site leads will produce more regular lists to monitor and review activity and capacity;

What are the challenges?

Cardiology

- Continued reliance on overtime and agency to reach the 8 week target;
- Evidence of significant increased demand (up to 60%) for echo services in recent months. Limited Information Communication and Technology (ICT) solutions to monitor and report waiting lists;
- For the majority of the 26 diagnostic waiting lists (17 cardiac and 9 respiratory) which are performed by cardio respiratory physiologists across 4 sites with over 2,300 patients, activity is counted manually. The work covered by the team is much wider than the reportable diagnostics. A request to ICT has been made to support Myrddin to record all referrals to oversee demand across the Health Board (HB);
- Echo operator and equipment capacity across all four sites is oversubscribed with available capacity shared between complex, inpatient and outpatient demand. The service does access ultrasound (echo) equipment from supporting services but availability is limited. A capital bid for a new ultrasound (echo) machine at GGH and PPH has been approved by the capital prioritisation meeting and delivery of machines is now in place;
- Nurse availability to support DSE, TOE and pacing demand is unfunded and relies on critical care unit staff being backfilled with bank and agency staff to release staff for diagnostic sessions;
- Increasing demand for follow up ambulatory monitoring and pacing places put further pressures on available capacity;
- Heart Rhythm Recording capacity has been limited due to lack of equipment in Withybush General Hospital (WGH). Whilst additional equipment has been supported by charitable funds, there will be increased demand for Physiologist time for reporting results;

Endoscopy

- Continued reliance on overtime or desire to undertake initiative work to maintain the 8 week target;
- Inability to increase capacity in all units as sessional already maximised and template full;
- Reduced clinician availability and capacity to undertake backfill of vacant sessions;
- Competing speciality priorities for clinicians (vis a vis Referral To Treat (RTT), acute and cancer pathway priorities).

What is being done?

- Fortnightly performance meeting with Heads of Departments chaired by General Manager;
- 2 days support from central operations team to undertake capacity and demand for diagnostics;
- Recent cardiology consultant appointments with speciality areas for cardiac diagnostics with a review to extend diagnostic testing on other sites;
- Maximising overtime opportunities and agency availability wherever possible to clear backlog;
- Run rate applied to GGH to create a new Band 4 post to oversee booking processes and training of booking staff start date delayed until April 2019;
- Bespoke Solus software system has been delayed. A project group has now been set up and the focus is on Myrddin booking of all activity and referrals. This aligns to other Health Boards in Wales as Myrddin has been updated and improved this has enabled to booking process to be undertaken. Project due to commence end of Jan 19. Solus will still be progressed for the pacing module;

Cardiology (Test specific):

- Additional Echo slots will be created by use of agency out of hours staff based at WGH. To address "Did Not Attends" (DNA) patients are being contacted 24 hours in advance and slots reused if the patient is unable to attend;
- Heart Rhythm Recording backlog at GGH has been addressed by maximising the use of capacity across the HB through sending referrals to PPH and BGH, however WGH breaches have decreased this month and hope to maintain this with support from GGH;
- MPS backlogs at WGH are being addressed by a 2nd cardiology consultant at WGH to support the single handed cardiology consultant to avoid MPS lists being cancelled for ward cover. Current lists for MPS are being reviewed to assess if an alternative diagnostic can be considered; Utilisation of short term additional capacity in ABMUHB is also underway to address the backlog;
- Mapping of current and newly appointed cardiology consultants has taken place to maximise diagnostic capacity and reduce waiting times across the HB;
- Continued issues with Radiology with availability of specialised consultants;

- 3 instances of RADIS (RADiology Information System) cause complications in monitoring RTT across the whole HB but will improve with the introduction of single system in April 2019.

Diagnostic Endoscopy:
- Full review of unfunded sessions within core working hours to resolve the Capacity gap;
- Support being sought from Information Analysts to develop a tool to plan Demand & Capacity for Endoscopy Services;
- Gastroenterology have identified 1 session they can staff to allow an additional 44 points per month at PPH;
- 3.5 additional lists being undertaken across Endoscopy Units during January 2019 to meet demand;
- Reminder to all clinical staff around the importance of timely review of referrals which lead to avoidable delays.

When can we expect improvement and by how much?
- As reflected in December 2018 performance, the actions outlined above have helped to mitigate a further deterioration in the Echo, Heart Rhythm Recording backlogs and resolution of the small number of breaches is expected from January 2019 onwards;
- Improved monitoring is expected to resolve Radiology breaches from January 2019;
- Based on actions outlined above, improvement / recovery trajectories in respect of MPS and Diagnostic Endoscopies are shown below:

Diagnostic Endoscopy Breach
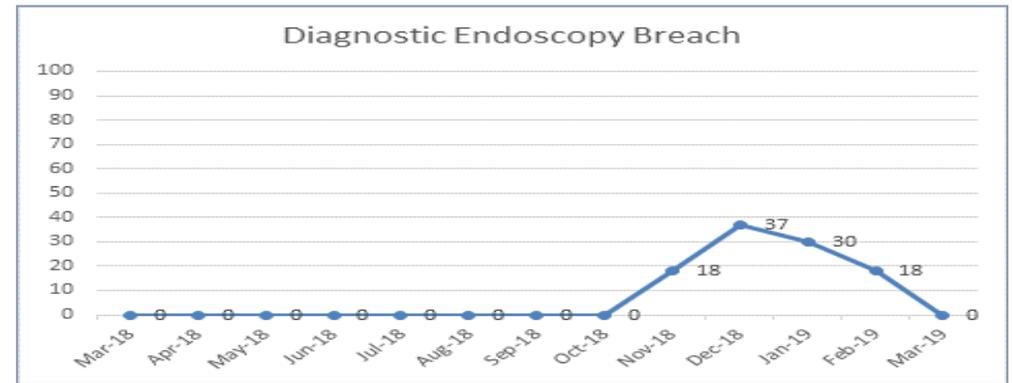
How does this impact on both patients and finances?
Early diagnosis can influence longer term clinical outcomes for the patients. The financial impact relates to the additional cost of any agency, locum, overtime, or bank working required to avoid breaches. Delays in diagnostic also contribute to delays in the outpatient Referral to Treatment (RTT) position. Whilst utilising capacity across the HB, patients are being asked to travel further from home.
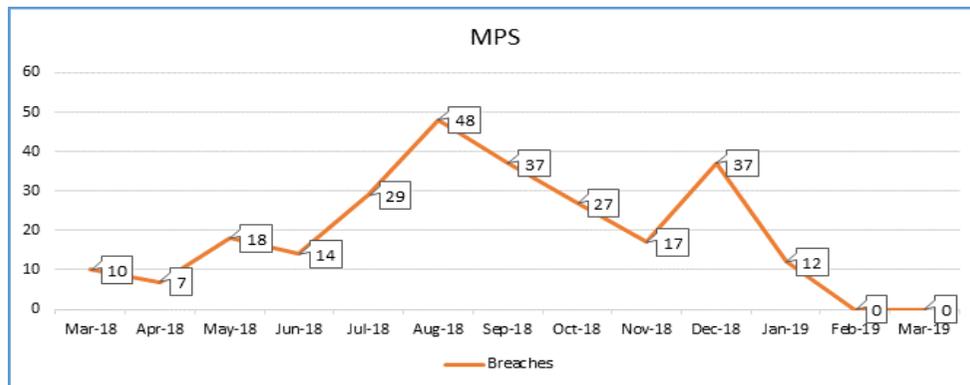
MPS

Lead Committee: BPPAC **Executive Lead: Joe Teape** **Senior Responsible Officer: Stephanie Hire/Keith Jones**

Metrics (targets): **Status as at Dec 2018** **Performance the past 12 months**

- Delayed follow-up appointments booked and not booked (12 month reduction target) ● Declining

Latest data

5 Planned Care Specialties
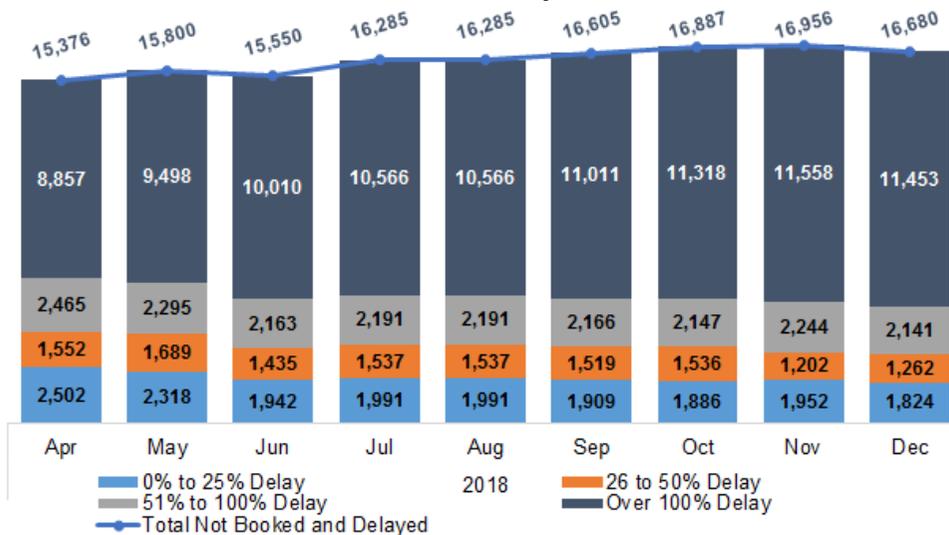
All Specialties
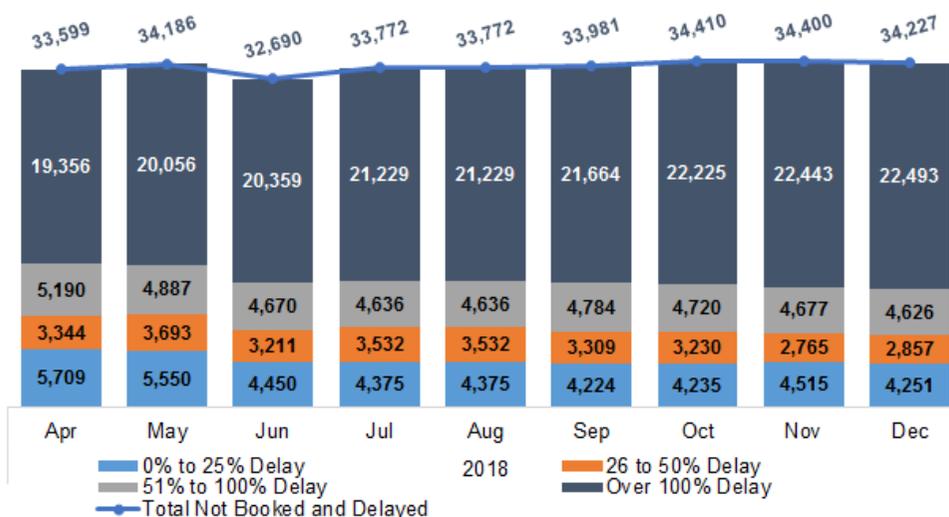
Where are we and are we on target?

The total number of delayed follow ups (booked and unbooked) in December 2018 was 34,227 which represents a reduction of 173 patients compared with the previous month. Despite monthly fluctuations in this figure, unlike previous years a significant increase in the total number of patients delayed year to date has been avoided with an overall increase since April 2018 of > 2% (628 patients).

From April 2018 the 2018/19 Delivery Framework (page 26, measure 45) altered this metric to include the 5 Planned Care Programme (PCP) specialties only. These are Trauma and Orthopaedics, Ear, Nose and Throat, Urology, Dermatology and Ophthalmology. In December 2018, the total number of patients waiting for a follow-up appointment past their target date in these specialties was 16,680.

It is notable that for both metrics, the number of patients delayed in the 0%-25%, 26%-50% and 51%-100% delayed categories show an overall reduction year-to-date which indicates that improvement work to change follow-up practice in various specialties is having a positive effect. The Health Board (HB) is not currently meeting its 12 month reduction target and ranks 4th in Wales for this measure when benchmarked using the 5 planned care specialties (September 2018 data).

Benchmarking (October 2018)
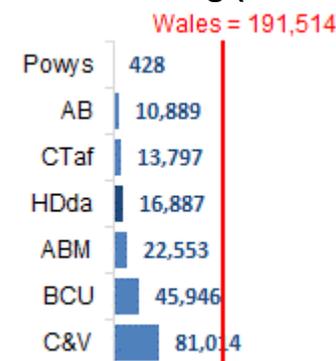
Why has this occurred?

It is recognised that the overall volume of reported delayed follow-up appointments is inflated by data accuracy challenges which reflect a range of clinical, administrative and service transformation priorities. The growth in the 100% delayed category primarily reflects vacancy related capacity pressures within the Health Boards (HB) internal validation team as validation capacity year to date has been targeted towards Referral to Treat (RTT)/PTL (Patient Tracking List) patients. Capacity within the HB's internal validation team is being re-targeted towards delayed follow-up patients and this is expected to have a positive impact on reducing the volume of patients in the 100% delayed categories during Quarter 4 2018/19.

What are the challenges?

Access Policy variations – review of administrative policies has highlighted variations in practice relating to new and follow-up appointments such that follow-up patients are not routinely discharged if they do not respond to appointment invitations. This consequently inflates reported delayed follow-up numbers. Action is being taken to address this variation in accordance with the Access Policy.

Service / clinical transformation – it is acknowledged that historical clinical practice and supporting administrative systems promotes the planning of outpatient department (OPD) based follow-up reviews without full consideration of alternatives and/or the clinical necessity of planned reviews.

What is being done?

Our overall approach to reducing follow-ups not booked (FUNB's) is reflected in a number of parallel work streams and actions relating to administrative validation, clinical validation, informatics / administrative transformation, duplicate records and clinical transformation continue to be progressed. With specific reference to the 5 PCP specialties:

ENT –continuing work within the specialty to identify alternatives to routine follow-up review and adoption of the clinical guidance developed by the ENT Planned Care Board. Positive progress is being achieved in reducing the total number of delayed follow ups (reduced by 322 patients / 50%) over the period. This represents a further improvement over the previous month.

Orthopaedics – In accordance with national PCP guidance, the specialty is currently progressing plans to reduce the volume of routine follow-up appointments offered to patients who have undergone hip/knee replacement surgery. Early progress is being achieved in reducing the number of delayed follow ups with booked appointments.

Ophthalmology - the specialty is working towards implementation of the new Eye Care Measures and plans are the subject of a bid submitted to the Welsh Government (WG) Eye Care Sustainability Fund. Whilst significant improvement in the volume of delayed Ophthalmic follow-ups is not expected until full implementation of the supporting Eye Care Improvement Plan to review of high priority glaucoma follow-up patients via community based Optometrists, there was an encouraging reduction of 424 delayed follow-ups (5.5%) in the month.

Urology – the national PCP Board has confirmed approval in principle for an all Wales invest to save initiative to promote a self-care programme for prostate patients which is expected to significantly reduce the number of delayed Urology follow-ups across all Health Boards. Whilst significant improvement in the volume of delayed Urology follow-ups is not expected until full implementation of the self-care programme, significant reductions have been achieved in the 0-25%, 25-50% and 50-100% delay categories.

In addition to these specialties, the Outpatient Turnaround process is continuing to focus on reducing delayed follow-ups across all specialties. Early progress is being achieved in Gynaecology (reduced by 285 patients / 36%), Paediatrics (reduced by 260 patients / 8 %) and Respiratory Medicine (reduced by 122 patients / 10%)

When can we expect improvement and by how much?

With the impact of targeted validation activity during Quarter 4, the total number of delayed follow-ups is expected to reduce to below 30,000 by March 2019.

How does this impact on both patients and finances?

See the Month 9 IPAR (page 37) for details.

Staff and Resources

I can find information about how the NHS is open and transparent on its use of resources and I can make careful use of them.

Lead Executives: Lisa Gostling, Joe Teape, Karen Miles and Huw Thomas.

Exception reports:

Mandatory training

Sickness absence

Medical Appraisal/Performance Appraisal and Development Review (PADR)

Job Planning

Finance

NHS external providers – direct patient care

Lead Committee: QSEAC	Executive Lead: Lisa Gostling	Senior Responsible Officer: Angie Oliver
Metrics (targets):		**Status as at Dec 2018** **Performance the past 12 months**
• % compliance for each completed Level 1 competency with Core Skills & Training (>85%)		🔴 Improving

Latest data

Monthly Measures: Our Staff	Historical Data			
Target >85%	**Dec 18 %**	**Nov 18 %**	**Prior 12m %**	**Trend**
Core Skills Training Framework	77.7	76.7	60.5	⇧
Equality, Diversity & Human Rights	78.4	77.8	62.2	⇧
Fire Safety	65.7	62.3	33.9	⇧
Health, Safety and Welfare	78.1	77.4	63.7	⇧
Infection Prevention & Control - Level 1	82.2	81.9	70.6	⇧
Information Governance	77.0	76.2	57.3	⇧
Moving and Handling - Level 1	77.6	76.4	66.9	⇧
Resuscitation - Level 1	80.4	79.8	66.7	⇧
Safeguarding Adults - Level 1	77.9	77.3	61.9	⇧
Safeguarding Children - Level 2	74.2	73.1	53.3	⇧
Violence & Aggression - Module A	85.8	84.8	68.4	⇧

Benchmarking (October 2018)

Wales = 74.81%

ABM	66.78%
AB	69.36%
Powys	70.76%
C&V	74.81%
CTaf	75.11%
HDda	75.20%
Velindre	76.95%
BCU	83.58%
WAST	84.46%
PHW	91.90%

Why has this situation occurred?

The All Wales benchmarking data shows Hywel Dda (75.2%) 0.40% above the All Wales average of 74.81%. Progress towards target has increased by 1.00% during month 9, an increase of 3.3% every month is required to meet the 85% target in March 2019. However compliance in January is expected to fall due to ESR e-learning being unaccessible during the first 2 weeks of January, this is a national issue which is currently being investigated by IBM as a matter of urgency.

What are the challenges?

Current work to align the new fire training compliance requirements in ESR is nearing completion, and the resulting further increase between M8 and M9 of 3.4% is as a contributory effect of that work. A plan is now in place, and fire training requirements will be communicated to staff, and the requirements displayed on individual staff ESR front screen.

What is being done?

A range of support continues to be in place. Level 1 training is available through the e-learning training programmes accessed via ESR. The exception to this is Fire Safety training which for level 1 must be accessed in a face to face session at least once every two years, with level 2 requiring updates annually. The fire safety team have a training schedule in place, and are being supported by the ESR and Learning and Development teams.

When can we expect improvement and by how much?

While improvement in 12 months has been 17.2%, a further improvement this year of 7.3% is required to reach target by March 2019. The current trajectory shows that if this level of improvement continues between December 2018 and March 2019, the target will not be met.

How does this impact on both patients and finances?

Completion of mandatory training underpins all other staff development, ensuring the Health Board has a skilled and trained workforce, able to work safely.

Lead Committee: QSEAC   **Executive Lead: Lisa Gostling**   **Senior Responsible Officer: Steve Morgan**

Metrics (targets):   **Status as at Nov 18**   **Performance the past 12 months**

- % of full time equivalent (FTE) days lost to sickness absence for rolling 12 months (Target = reduction)   🔴   Declining

Latest data

Monthly Measures: Our Staff	Current	Historical Data	
% of full time equivalent (FTE) days lost to sickness absence for rolling 12 month period	Nov 18	Oct 2018	Nov 2017
Health Board Total	4.97	4.98	4.85
Unscheduled Care	5.04	5.09	4.73
Planned Care	4.50	4.58	4.49
Women & Children	4.70	4.85	5.02
Oncology & Cancer Care	2.70	2.99	4.30
Monthly Measures: Our Staff	**Current**	**Historical Data**	
% of full time equivalent (FTE) days lost to sickness absence – in month	Nov 18	Oct 2018	Nov 2017
Health Board Total	4.95	4.75	5.07
Unscheduled Care	4.49	4.42	5.05
Planned Care	4.32	4.49	5.34
Women & Children	3.97	4.05	5.77
Oncology & Cancer Care	0.10	0.83	3.79

Benchmarking (October 2018)

Wales = 5.29%

Velindre	4.09%
PHW	4.11%
Powys	4.65%
BCU	4.95%
HDda	4.98%
C&V	5.17%
AB	5.23%
CTaf	5.61%
ABM	5.91%
WAST	7.33%
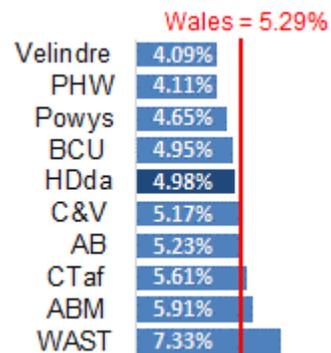
Where are we against target?

The sickness information reported relates to the position as at 30th November 2018. The in-month actual figure reported for November 2018 equates to 4.95% which is a slight increase on the previous month (4.75%) although it represents a decrease against the corresponding rate in 2017 (5.07%). The rolling 12 month rate has again improved and is now under 5% at 4.97% which is just above the Welsh Government (WG) target.

Why has this situation occurred?

The in month position as at 30th November 2018 is above the WG target although is well below the Wales average. There is a new All Wales Attendance Policy with training being rolled out across the HB.

What are the challenges?

The challenge is to achieve the WG target and be able to maintain and sustain this level. This will remain a challenge throughout the remainder of the winter months.

What is being done?

The Health Board is continuing to monitor and manage sickness closely throughout the organisation; sickness auditing is targeted to the ward and department areas with the highest levels of absence and training is continuing. In addition, the performance assurance process is also continuing to maintain focus on sickness. Training in the new All Wales policy is also underway.

When can we expect improvement and by how much?

It is anticipated that the in month rate will continue to fall within the WG target for the next couple of months. We are anticipating reporting an improved absence rate in comparison to last year.

How does this impact on both patients and finances?

Poor sickness impacts on quality of care and also on variable pay costs.

| Lead Committee: QSEAC | Executive Lead: Lisa Gostling | Senior Responsible Officer: Angie Oliver |

Metrics (targets):

- % staff undertaking PADR: Medical and Non Medical (Target > 85%)

Status as at Dec 18 ● 　　**Performance the past 12 months** Improving

Latest data

Appraisal	Dec-18	Nov-18	12m	Trend
Health Board Total (Combined)	**73**	**73**	**65**	⇔
Total Medical Appraisal	93	94	94	⇩
Total Non-medical appraisal	71.35	71.19	61.86	⇧
Medical Appraisal				
Unscheduled Care	87	92	92	⇩
Planned Care	96	96	96	⇔
Women & Children	90	93	93	⇩
Mental Health & Learning Disabilities	100	95	98	⇧
Non-Medical Appraisal				
Unscheduled Care	65.30	64.55	57.47	⇧
Planned Care	66.26	68.92	59.68	⇩
Women & Children	75.59	73.97	64.25	⇧
Mental Health & Learning Disabilities	79.23	78.93	76.55	⇧
Estates and Facilities	82.69	85.37	63.51	⇩
Carmarthenshire County	86.00	88.51	50.87	⇩
Ceredigion County	59.17	59.65	59.09	⇩
Pembrokeshire County	85.05	81.00	63.49	⇧
Director of Therapies & Health Science	77.23	76.53	74.14	⇧
Deputy CEO/DOE	72.33	72.50	61.52	⇩
Corporate Governance	88.89	90.00	44.44	⇩
Director of Finance	86.08	89.74	30.67	⇩
Director of PPIC	87.50	84.31	60.39	⇧
Director of Partnerships and Corporate	70.21	55.32	34.69	⇧
Medical Director	77.91	66.67	54.88	⇧
Director Nursing, Quality & Experience	34.26	33.04	47.79	⇧
Director of Public Health	32.76	33.19	48.05	⇩
Director of Workforce & OD	84.66	85.29	87.42	⇩

Where are we against target?

It is pleasing to note that Hywel Dda compliance is now 6.59% higher than the the NHS Wales average as at October 2018. The combined figure remained static, with Non-medical appraisal/Performance Appraisal Development Review (PADR) remained static which is disappointing.

Medical Appraisal decreased by 1%, although is still significantly above target. It is pleasing to see that 6 areas are on or above target for PADR. 9 areas however are showing a decrease in compliance. It is vital that PADR is undertaken as compliance is now linked to pay progression.

Benchmarking (Oct 2018)

Wales = 67.51%

Powys	79.21%
Velindre	76.25%
CTaf	75.68%
WAST	75.65%
HDda	74.10%
AB	73.62%
ABM	64.87%
C&V	60.60%
BCU	60.32%
PHW	50.49%
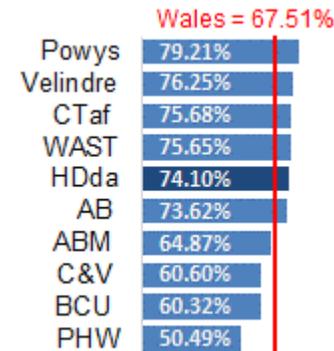
Why has this situation occurred?

Overall performance over the last 12 months improved by 8% and is now around 7% above the Wales average. Improvement is in part due to the attention it is given within the performance monitoring process together with ongoing focus through training and support mechanisms via the Workforce &OD teams, but improvement is falling behind target and urgent escalation is required if we are to meet the 85% target by March 2019.

What are the challenges?

The main challenge reported is ability to dedicate time to undertake the PADR. Any issues with reporting, should be escalated to the ESR team.

What is being done?

Continuation of all support from the Corporate Workforce & OD function remains in place. It remains the responsibility of managers to undertake PADR, and staff to engage with the process.

When can we expect improvement and by how much?

Focus on PADR continues. A 12% rise is required to reach target by March 2019, which means improvement by 4% for the next 3 months.

Lead Committee: QSEAC **Executive Lead: Phil Kloer** **Senior Responsible Officer: Karen Preece / Helen Williams**

Metrics (targets):

- Consultants/SAS Doctor have up to date job planning (Target 85%)

Status as at Dec 2018 **Performance the past 12 months**

🔴 Improving

Latest data

Role	% in December 2018				% in December 2017			
	None	Expired	Current	Current + Expired	None	Expired	Current	Current + Expired
Consultant	1%	54%	45%	99%	14%	49%	36%	85%
SAS Doctor	62%	20%	18%	38%	67%	18%	15%	33%
Total	32%	37%	32%	69%	41%	34%	26%	59%

Where are we and are we on target?

December compliance across all roles has improved from 2017 to 2018. In month performance in December (69%) has dropped compared to November 2018 (77%).

Why has this situation occurred?

Consultants and SAS (specialist or associate specialist) doctors are required as part of their contract to have an up to date job plan. Following receipt of the 2016 Welsh Audit Office report of the review of the job planning process across Hywel Dda, emphasis has been put on raising the standard of the job planning process across Hywel Dda and increasing the numbers of Consultant and SAS Doctor job plans. Well-constructed and current job plans are beneficial both to the doctor, the team they work in and the organisation as they can provide helpful information to support delivery of services. Job plan compliance has been traditionally very low across specialties in the Health Board and concerted effort has been made in the last year to increase the number and quality of job plans.

In month performance has dropped due to leavers with job plans and new starters who have yet to have a job plan meeting.

What are the challenges?

Ongoing challenges include:-

- Ensuring time is allocated to meet with clinicians to agree the content of individual job plans, which accurately reflects the work being undertaken, whilst also taking into account the needs of the service;
- Ensuring a consistent approach to the job planning process across sites and specialties.

What is being done?

Job Planning is discussed on a monthly basis by the Urgent Repsonse Group and the E-Job Planning Implementation Group. General Managers and Service Delivery Managers are provided with job planning information on a monthly basis, in the form of a tracking report and statstics are being regularly reported to the Executive Team Performance Review Meetings.

When can we expect improvement and by how much?

There will be a big push between now and the end of March 2019 to ensure that ARAC targets are met. These targets include raising the numbers of current Consultant job plans to 100% (or as near to taking into account exetenuating circumstances such as long term sickness etc) and to raise the number of SAS job plans, current and expired to 100%.

How does this impact on both patients and finances?

Effective job planning results in the alignment of individual's work, departmental objectives and strategic objectives resulting in a much more cost effective delivery of healthcare.

Executive Lead: Huw Thomas **Senior Responsible Officer: Rebecca Hayes**

Metrics : **Status as at December 2018**

- Expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years (as agreed by the Planned Care Board) 🔴
- Stay Within Capital Resource Limit (cumulative year to date position) 🟢
- Cash Expenditure is less than the Cash Limit 🔴
- The Savings Plan is on target (cumulative year to date position) 🔴
- Variable pay (Agency, Locum, Bank & Overtime) 🔴
- Non NHS Invoices by Number are Paid within 30 Days (cumulative year to date position) 🟢

Latest data

Metric	Target	Dec-18
Expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years (as agreed by the Planned Care Board) (cumulative year to date position)	<=0	£27.161m Deficit
Stay Within Capital Resource Limit (cumulative year to date position)	<=0	0
Cash Expenditure is less than the Cash Limit	Year end	£42.092m shortfall
The Savings Plan is on target (cumulative year to date position)	100%	82.25%
Variable pay (Agency, Locum, Bank & Overtime)	Achievement of 2018/19 variable pay savings plans	£4.218m

Metric	Target	Oct-Dec 18
Non NHS Invoices by Number are Paid within 30 Days (cumulative year to date position)	95%	97.0%

Where are we against target?

- It is a statutory duty to achieve financial breakeven. On 29th March 2018, the Health Board approved the 2018/19 interim financial plan which outlined a deficit plan of £62.5m;
- During 2017/18, Welsh Government (WG) commissioned a 'Zero based budgeting review' of the Health Board's financial position, reflecting an assessment of the impact of rurality on our deficit. This has recognised that there are additional costs involved in providing health services in our rural communities. On 23rd May 2018, the Cabinet Secretary announced additional recurrent funding of £27m for the Health Board to recognise these costs. The revised deficit plan is therefore £35.5m;
- The Health Board's financial position at the end of Month 9 represented an adverse variance against plan of £0.5m;
- This deficit position will need to be recovered through a turnaround and recovery programme over the medium term.

What are the challenges?

The detailed narrative setting out the key changes in the month and the main drivers affecting this position is contained within a separate paper on the agenda of the January 2019 Board.

What is being done?

The actions being taken through increased control, use of slippage and reserves and the Turnaround process are detailed in the separate paper on the agenda.

	Cumulative to Previous Month	Current Month	Cumulative to Current Month	Statutory Financial Duty
Performance Against Key Financial Targets Current Month (Statutory Financial Duties on Revenue & Capital)				
Revenue: **Ytd** **Forecast/Outturn**	£24.499m deficit £35.550m deficit	£2.662m deficit	£27.161m deficit £35.550m deficit	Stay within Revenue Resource Limit
Capital: **Ytd** **Forecast/Outturn** **Current CRL**	£10.062m £26.519m £26.519m	£2.729m	£12.791m £29.378m £29.378m	Stay within Capital Resource Limit
Performance Against Key Financial Targets Current Month (Other Financial Duties) Public Sector Payment Performance				
Year to Date **Forecast Year End**	Not available	This information is completed quarterly	97.0% >95%	Pay 95% of Non NHS Invoices within 30 days (basis of calculation changed in Nov 2015 to exclude Primary Care Contractor payments)
Savings Schemes				
	Cumulative to Previous Month	Current Month	Cumulative to Current Month	Savings Plans to achieve Statutory Duty
Ytd **Full Year** **Forecast/Outturn**	£17.059m £29.655m	£2.393m	£19.452m £26.664m	These are gross savings as reported to Welsh Government, excluding the impact of cost pressures.
Closing Cash Balance	£2.357m		£0.786m	Cash management plans aim to deliver the 'best practice' period end balance 5% of the forecast monthly cash draw down from WG.

Lead Committee: BPPAC   **Executive Lead: Huw Thomas**   **Senior Responsible Officer: Rhian Davies**

Latest data
This report outlines the position on external NHS provider contracts at the end of December 2018. Please note that the annual budgets quoted below relate to the value of direct patient care services provided physically outside of Hywel Dda University Health Board (HDUHB).

Finance – 2018/19 Month 9

Direct Patient Care Summary	SCNE Annual Budget £'000	SCNE YTD Budget £'000	YTD Estimated Expenditure £'000	YTD Variance £'000
ABMU	33,292	24,969	23,923	(1,046)
C&V	5,978	4,484	3,887	(597)
Other Welsh	2,912	2,184	2,163	(21)
Other UK	1,360	1,020	900	(120)
NCA	1,348	1,011	859	(152)
IPC	2,533	1,900	978	921)
WHSSC	84,621	63,466	63,789	323
Savings	(349)	(261)	(261)	0
TOTAL - Direct Patient Care	**131,696**	**98,772**	**96,238**	**(2,534)**

Why has this occurred?
Direct patient care is under spent by £2.5m to date.

Waiting times – 2018/19 Month 8
As at 30 November 2018, there were 4,869 HDUHB residents (4,826 residents in October 2018) on open pathways at other provider sites; 97% (97% in October 2018) are waiting to be treated in Wales. Of these 4,869 residents, 250 (274 in October 2018) patients were breaching the maximum backstop of 36 weeks; these are 245 in Wales and five in England (269 and 5 in October 2018 respectively). Provider Health Boards (HBs) have been asked to confirm that there will be no HDUHB patients waiting over 36 weeks by the end of March 2019 through telephone conversations or through LTA meetings.

Savings – 2018/19 Month 9
A savings target of £0.349m has been allocated against external contracts. Plans are fully implemented to meet this savings target through the review of the Individual Patient Commissioning (IPC) commitments.

What are the challenges?
The key identified challenges and risks not included in the reported position for HDUHB relate to:
- Waiting times (especially some Welsh Health Specialised Service Committee (WHSSC) services at Cardiff & Vale University Health Board (C&VUHB) and/or Abertawe Bro Morgannwg University Health Board (ABMUHB): i.e. Cardiac Surgery and Plastics are under pressure). In these areas, the WHSSC formal escalation process means that enhanced performance management arrangements are in place. There is no specific Referral to Treat (RTT) funding assumed in the Long Term Agreement (LTA) reported position;
- The HRG4+ English Tariff is a new system for calculating charges for treatments in England. The purpose of the new mechanism is to better replicate the co-morbidity and complexity of cases. Although this will mean that the number of tariff line items will increase overall, the intention was for the new tariff to be cost neutral; however, in practice 'technology creep' has tended to result in increased costs. WHSSC is expected to again recognise a portion of the all Wales cost within the reported position, whilst estimating that the full impact could be up to £5.4m, of which HDUHB's share would be expected to be £0.3m. The impact on HDUHB is limited by comparison to other Welsh HBs due to the volume of English activity taking place. WHSSC's guidance, on an all Wales basis, is that any Non Contracted Activity (NCA) invoiced under HRG4+ should be disputed by the recipient HB until an all Wales opinion is agreed;
- The ABMUHB LTA for 2018/19 now reflects the rebasing exercise undertaken in 2017/18 for 2018/19. This uses revised contract currencies as a result of the number of regional reviews in progress. The RTT abatement from the HB of £0.054m has been identified to date and High Cost Drugs (HCDs) continue to underspend. There is also under performance on Elective (£0.089m) and Non Elective (£0.082m) specialities to date. Significant under performing specialities are Orthopaedics and Clinical Oncology. A LTA meeting is being held soon with the Health Board.
- The C&VUHB LTA to Month 8 is currently under performing in Trauma and Orthopaedics - £0.452m, but this is counter-balanced with overspend of £0.073m in HCDs and HIV services.

- Business cases submitted or currently being prepared proposing new or enhanced services linked to Swansea in the following areas: Cardiology (Cath Lab Services), Vascular Services, Ophthalmology and Linear Accelerator. These proposals could create revenue and/or capital cost pressures in the current year as well as future years if successful;
- Emergency Ambulance Services Committee (EASC) is in the process of transferring the management of Non-Emergency Patient Transport Service (NEPTS) LTAs to Welsh Ambulance Services NHS Trust (WAST) which is expected to create cost pressures of approximately £0.2m per annum. It is not known when the transfer will take place as negotiations are ongoing. A NEPTS Transfer Working Group meeting is being held on 17 January 2019 and an update will be provided in the next report;
- Pressure from providers via WHSSC in relation to a range of clinical safety/governance issues are continually arising and this makes the WHSSC contribution position volatile. This can be seen, in particular, where services become unsustainable at short notice, for example where the departure of Neuro-Radiology consultants in C&VUHB has led to the continued unavailability of an Interventional Neuro-Radiology (INR) service for patients across South and Mid Wales;
- There is an over performance with the WHSSC commissioned services within C&VUHB specialties (Neurosurgery, Spinal Implants, INR Devices and Clinical Immunology) and ABMUHB Specialties (Trans Arterial ValvesImplant (TAVI) and Cardiology), which are being closely monitored;
- There has been a trend for increased costs in National Institute for Health and Care Excellence (NICE)/HCDs due to growth in volume and patient acuity within Cancers. HDUHB has allocated £3.5m additional budget for this cost pressure across the affected directorates of the HB.

The key identified challenges and risks, which are to some degree included in the reported position for HDUHB, relate to:
- There has been an increase in the WHSSC 2018/19 budget of £2.313m to reflect growth in specialist services, excluding inflation and the impact of HRG4+; it has been assumed in the reported position that this increased budget will be fully utilised. A revised risk sharing framework which WHSSC's Joint Committee approved in January 2019 will be implemented in 2019/20. The baseline adjustment will be cost neutral with an increase in allocation to match however, this could create additional cost pressures for future years.

What is being done?
- Requesting patient profile plans to address waiting time issues from relevant providers;
- Regular communications with WHSSC to understand the potential future impact and status of HRG4+ discussions and risk sharing arrangements;
- Regular LTA meetings;
- Validation of NCA invoices backing information to identify and challenge inappropriate charges;
- Regular validation of LTA performance activity and analysis of problem areas/pathway issues;
- Regular assessment of end of year financial projections;
- Planned detailed review of all LTA and Service Level Agreement (SLA) agreements;
- Closely monitoring costs in NICE/HCDs.

When can we expect improvement and by how much?
For non-WHSSC commissioned services, patient waiting times are heavily reliant on the other providers to deliver improvements. This depends on the status of the individual HB's Integrated Medium Term Plan (IMTP) discussions with Welsh Government (WG), which HDUHB are not in a position to strongly influence.

For WHSSC commissioned services, patient waiting times can be improved by the performance management escalation process implemented by WHSSC in problem areas, which is a system approved by the Joint Committee of which HDUHB is a member. The Joint Committee ensure that the defined procedure is followed in an objective and robust manner.

Direct patient care is closely monitored by both HDUHB and the providers under the LTA contract mechanisms which regulate costs. The main area for cost pressure tends to fall within 'Other Services' at county level. In order to achieve any significant reductions in costs over and above what has already been achieved there would need to be a significant reduction in referrals out of area. To deliver this, a fundamental review of the referral process would be needed alongside increased expertise and capacity within HDUHB.

See the detailed report for further information.

Additional Reports

[NHS External Providers – Direct Patient Care: detailed report](#)
[Welsh Health Specialised Services Committee (WHSSC) Management Group meeting](#)
[Implementation of the Welsh language actions as defined in 'More Than Just Words'](#)

NHS External Providers – Direct Patient Care

WALES
Abertawe Bro Morgannwg University Health Board (ABMUHB)

Financial Position

Abertawe Bro Morgannwg University Health Board	Annual Budget £'000	YTD Budget £'000	YTD Actual £'000	YTD Var £'000
Scheduled Care	12,186	9,140	8,756	(383)
Unscheduled Care	14,357	10,768	10,317	(451)
NICE, HCD & Other High Cost	6,532	4,899	4,694	(205)
Other CPC Lines	218	164	157	(7)
Total	33,293	24,970	23,923	(1,046)

Annual Projection £'000	Annual Projection Var £'000
31,898	(1,395)

Activity Position (patient contacts)

Abertawe Bro Morgannwg University Health Board	Annual Target	Year to Date Position		
		YTD Target	YTD Actual	YTD Var
Scheduled Care	13,163	9,872	11,280	1,408
Unscheduled Care	7,285	5,464	4,984	(480)
NICE, HCD & Other High Cost				
Other CPC Lines				
Total	20,448	15,336	16,264	928

Finance - The expenditure assumptions for the year are based on the agreed 2018/19 Long Term Agreement (LTA) adjusted to take into account current activity trends. The areas of Scheduled Care where activity is lower are General Surgery and Trauma and Orthopaedics (T&O). Unscheduled Care and Cancer have underperformed in the activity volume of Obstetrics, Oncology and Vascular. National Institute for Health and Care Excellence/High Cost drugs (NICE/HCD) are currently below expectation. This will continue to be reviewed as there is always potential for risks in relation to additional drugs being approved and a general trend for increased activity in this area which led to the increased budget for 2017/18 of £0.976m. Costs must be closely monitored to ensure that this is sufficient as new drugs enter the market. In Month 2 a budget transfer of £0.232m was made from the ABMUHB LTA NICE/HCD budget to Oncology to reflect the full year effect of the repatriation of a number of Hywel Dda University Health

Board (HDUHB) patients from ABMUHB back to local services. There was a further budget transfer in Month 4 Oncology of £0.350m for this repatriation. Following the LTA meeting in February 2018, ABMUHB's proposal to rebase the LTA contract for 2018/19 using revised contract currencies was approved by HDUHB's Executive Team. In the proposal there is no cost impact associated with the introduction of more specific case mix costing – this impact has been neutralised by ABMUHB in the way they have constructed the proposal. The additional cost pressures relate primarily to the impact of contracting to 2016/17 outturn levels and from applying a consistent enhanced marginal rate of 70% (the current rate is 25%) to both provider and commissioner LTA performance. The impact of introducing changes to reimbursement rates based on current levels of activity to the 2017/18 outturn would increase payments to ABMUHB for the activity they provide by around £0.005m and reducing the income HDUHB receives for treating ABMUHB patients by approximately £0.295m. It should be noted that the commissioning of HDUHB services for ABMUHB patients forms part of Central Income and is not covered in this report. The following advantages are expected from the rebasing:

- The LTA is now based on case mix rather than average prices – this makes the LTAs more understandable for clinicians;
- The impact of changing pathways / referral patterns should be easier to model and manage making it easier to shift resources;
- Since what is paid for is directly linked to activity it gives a greater incentive to commissioners to control referrals / activity;
- The ABMUHB LTA for 2018/19 now reflects the rebasing exercise undertaken in 2017/18 for 2018/19. This uses revised contract currencies as a result of the number of regional reviews in progress. The Referral To Treat (RTT) abatement from the Health Board (HB) of £0.054m has been identified to date and HCDs continue to underspend. There is also underperformance on Elective (£0.089m) and Non Elective (£0.082m) specialities to date. Significant under performing specialities are Orthopaedics and Clinical Oncology. A LTA meeting is being held in January 2019 with ABMUHB.

Waiting times - 82% of HDUHB patients waiting to be treated outside HDUHB in Wales are in ABMUHB.

In the ABMUHB 2018/19 Integrated Medium Term Plan (IMTP) , the following commitments have been made to reduce waiting times:
- There will be no patients waiting over 26 weeks for a first new outpatient appointment (stage 1) by March 2019;

- To clear over 36 week waits in all specialties other than Orthopaedics, General Surgery, Spinal, Oral Maxillo-Facial Surgery, Cardiology, ENT, Plastic Surgery and Urology by March 2019. These specialities are ranked in order of highest patient numbers.

Within Outpatients, at the end of November 2018 there was 1 (7 in October 2018) patient waiting at stage 1 over 26 weeks. At the end of November 2018 there were 226 patients (246 patients in October 2018) with waiting times in excess of 36 weeks with the longest week wait being 105 weeks. ABMUHB have been asked to provide a profile setting out when the waiting time reduction targets will be achieved for HDUHB residents, however this is dependent on the finalisation of ABMUHB's IMTP with Welsh Government (WG) which is still an ongoing process. A further update will be provided following a LTA meeting which is being held on 23 January 2019.

Cardiff & Vale University Health Board (C&VUHB)

Financial Position

Cardiff & Vale University Health Board	Annual Budget	YTD Budget	YTD Actual	YTD Var
	£'000	£'000	£'000	£'000
Scheduled Care	2,648	1,986	1,722	(264)
Unscheduled Care & Cancer	1,194	796	776	(20)
Orthopaedics	1,073	715	698	(18)
High Cost Contract Exclusions	1,063	709	691	(17)
Total	5,978	4,206	3,887	(319)

Annual Projection	Annual Projection Var
£'000	£'000
5,183	(795)

Activity Position (patient contacts)

Cardiff & Vale University Health Board	Annual Target	Year to Date Position		
		YTD Target	YTD Actual	YTD Var
Scheduled Care	5513	3,675	3,389	(286)
Unscheduled Care & Cancer	462	308	319	11
Orthopaedics	481	321	181	(140)
High Cost Contract Exclusions	118	79	50	(29)
Total	6574	4,383	3,939	(444)

Finance - The expenditure assumptions for the year are based on the agreed signed 2018/19 LTA adjusted to take into account current activity trends.

Scheduled Care is slightly over performing due to activity in Paediatric services and General Surgery but is offset by under performance in Gynaecology services. Unscheduled Care and Cancer is under performing due to the movement in Gynaecology Cancers offset by Haematology Cancers. In financial terms, Orthopaedics is showing significant under performance based on the latest monitoring reporting. In terms of case mix, this primarily relates to procedures in Spinal, with other under performing areas being Complex Hip and Complex Knee.

The C&VUHB LTA to Month 8 is currently under performing in Trauma and Orthopaedics - £0.452m, but this is counter-balanced with an overspend of £0.073m in HCDs and HIV services.

Waiting times - 16% of HDUHB patients waiting to be treated in Wales are in C&VUHB. Within Outpatients, at the end of November 2018 there were 29 patients (26 patients in October 2018) waiting at stage 1 over 26 weeks. At the end of November 2018 there were 17 patients (20 patients in October 2018) with waiting times in excess of 36 weeks with the longest week wait being 48 weeks (77 weeks in October 2018) in Trauma and Orthopaedics. The Head of Healthcare Contracting has been in contact with C&VUHB and confirmed that it has a Waiting Times Plan, which has been agreed with WG that no patient will wait longer than 36 weeks by 31 March 2019.

Other Welsh Health Board Providers

Finance – The LTAs with Other Welsh Health Boards have been agreed and signed. The expenditure assumptions for the year are based on the expected/actual 2018/19 LTA values adjusted to take into account current activity trends.

Financial Position

Other Welsh Providers (Excluding WHSSC)	Annual Budget £'000	YTD Budget £'000	YTD Actual £'000	YTD Var £'000
Scheduled Care	868	706	699	(7)
Unscheduled Care & Cancer	1,351	977	967	(9)
NICE/HCD	693	501	496	(5)
Risk Provisions & Capital Charges	0	0	174	174
Total	2,912	2,184	2,337	153

Annual Projection £'000	Annual Projection Var £'000
3,116	204

Activity Position (patient contacts)

Other Welsh Providers (Excluding WHSSC)	Annual Target	YTD Target	YTD Actual	YTD Var
Scheduled Care	2282	1,712	1,499	(213)
Unscheduled Care & Cancer	2078	1,559	1,150	(409)
Total	4360	3,270	2,649	(621)

The under performance in Unscheduled Care and Cancer under performance is driven by Velindre NHS Trust Outpatient activity and NICE/HCD under performance is based on Velindre NHS Trust's Month 6 forecast. An updated LTA position has been requested from the Trust, on receipt a meeting will be arranged to review the current position.

Waiting times - There are 2 breaches (3 breaches in October 2018) reported in November 2018. In Betsi Cadwaladr University Health Board (BCUHB), there is one patient with the longest weeks wait at 45 weeks (41 weeks in October 2018) in Trauma & Orthopaedics. BCUHB has commented that the patient had not been dated due to capacity issues. An update on the current position has been requested and the outcome included within the next report in February 2019.

In Cwm Taf University Health Board, there is one patient waiting 37 weeks (36 weeks in October 2018) in Urology, an update has been requested but, to date, no response received, this will raised be as an issue at a LTA meeting which is currently being arranged.

Other UK Providers
The summary below relates to Contracted Activity only, i.e. University Hospitals Bristol NHS Trust (UBHT), Robert Jones & Agnes Hunt (RJAH) and Shrewsbury and Telford Hospital NHS Trust (RST) which is charged on a cost per case basis by each provider.

UBHT activity is mainly in relation to Ophthalmology. RJAH activity covers a mix of elective Orthopaedics, Rehabilitation and Spinal work. RST provides some elective activity for a range of specialties. For RJAH and RST, it is proposed that an exercise is completed by HDUHB to examine the mix of 'true' elective activity to identify scope for repatriation.

Financial Position

Other UK Providers (Excluding WHSSC)	Annual Budget £'000	YTD Budget £'000	YTD Actual £'000	YTD Var £'000
Scheduled Care	1,175	881	777	(104)
Unscheduled Care & Cancer	184	138	122	(16)
Risk Provisions & Capital Charges	0	0	54	54
Total	1,359	1,019	953	-66

Annual Projection £'000	Annual Projection Var £'000
1,271	(88)

Activity Position (patient contacts)

Other UK Providers (Excluding WHSSC)	Annual Target	YTD Target	YTD Actual	YTD Var
Scheduled Care	1765	1,324	1,100	(224)
Unscheduled Care & Cancer	84	63	140	77
Total	1849	1,387	1,240	(147)

Finance - The expenditure assumptions for the year are based on the agreed 2018/19 LTAs together with a financial risk assessment for contract performance based on 2017/18 actual performance and any known service risks. As the financial year progresses, these risks will be reviewed against actual activity.

Waiting times - The main three hospitals in England treating HDUHB residents are UBHT, RJAH and University Hospital Birmingham.

- In November 2018, there are 3 patients (3 patients in October 2018) patients breaching in RJAH; 2 patients with the longest week wait of 41 weeks (46 weeks in October 2018) in Trauma & Orthopaedics and one patient with the longest week wait of 46 weeks (42 weeks in October 2018) in Anaesthetics;
- In November 2018, there is 1 patient (one patient in October 2018) patient in UBHT in Ophthalmology with the longest week wait of 41 weeks (37 weeks in October 2018);
- There are no patients breaching in University Hospital Birmingham in November 2018;
- There is 1 General Surgery patient breaching 43 weeks in the Imperial College Healthcare NHS Trust.

Assurances are being sought from the Trusts to ensure they have plans in place to ensure no HDUHB patients wait over 36 weeks for treatment by the end of March 2019.

Non Commissioned Activity (NCA)

Financial Position

Non Commissioned Activity	Annual Budget	YTD Budget	YTD Actual	YTD Var
	£'000	£'000	£'000	£'000
Unscheduled Care & Cancer	1,348	1,011	859	(152)
Risk Provisions & Capital Charges	0	0	27	27
Total	1,348	1,011	886	(125)

Annual Projection	Annual Projection Var
£'000	£'000
1,181	(167)

Finance - The risks in this area primarily relate to emergency care. The year end figure is based on projected activity to the year end. NCA activity is currently under performing; however, it should be noted that there are commonly delays in receipt of prior year Quarter 4 invoices.

Individual Patient Commissioning (IPC)

Financial Position

Individual Patient Commissioning	Annual Budget	YTD Budget	YTD Actual	YTD Var
	£'000	£'000	£'000	£'000
Scheduled Care - HCD	1446	964	558	(406)
Scheduled Care - Individual Patient Funding Requests	159	106	61	(45)
Scheduled Care - Prior Approval	928	619	358	(261)
Risk Provisions & Capital Charges	0	0	22	22
Total	2,533	1,689	1,000	(239)

Annual Projection	Annual Projection Var
£'000	£'000
1,333	(1,200)

Finance - The Month 8 financial position assumes that the annual budget will be under spent by the end of the financial year. However, in this area, it should be noted that demand is of a variable nature and activity tends to be high cost.

Welsh Health Specialised Services Committee (WHSSC)
The below financial information is based on projected outturns provided by WHSSC at Month 9.

Welsh Health Specialised Services Committee (WHSSC)	Annual Budget £'000	Year to Date Position		
		YTD Budget £'000	YTD Actual £'000	YTD Var £'000
Cardiff & Vale University Health Board	1,414	10,604	10,658	54
Abertawe Bro Morgannwg University Health Board	2,783	20,870	20,977	107
Cwm Taf University Health Board	15	109	110	1
Aneurin Bevan Health Board	(13)	(97)	(97)	(0)
Hywel Dda Health Board	168	1,263	1,269	6
Betsi Cadwaladr University Health Board Provider	0	0	0	0
Velindre NHS Trust	424	3,180	3,196	16
	0	0	0	0
Non Welsh SLAs	503	3,774	3,793	19
IPFR	287	2,154	2,165	11
IVF	48	364	366	2
Mental Health	224	1,677	1,686	9
Renal	118	887	892	5
Prior Year Developments	64	480	482	2
2017/18 Plan Developments	75	562	565	3
Direct Running Costs	42	313	315	2
2017/18 Risk Reserves	0	0	0	0
Phasing adjustment for Developments not yet implemented	0	0	0	0
EASC (incl. WAST and EASC/QAT team costs)	2,088	15,657	15,737	80
Committed Cost Pressures	198	1,488	1,496	8
TOTAL	84,381	63,286	63,609	323

Annual Projection	Annual Projection Var
£'000	£'000
84,812	431

WHSSC's Joint Committee has approved a revised risk sharing framework in January 2019. The revised risk share will be implemented in 2019/20. The baseline adjustment will be cost neutral with an increase in allocation to match however, this could create additional cost pressures for future years.

There is an over performance with the WHSSC commissioned services within Cardiff & Vale Specialties (Neurosurgery, Spinal Implants, Interventional Neuro-Radiology (INR) Devices and Clinical Immunology) and ABMUHB specialties (Trans Arterial Valve Implant (TAVI) and Cardiology) which are being closely monitored.

Minutes of the Previous Meeting and Action Log
The minutes of the meeting held on 25 October 2018 were approved as a true and accurate record with the following points to note:

Matters Arising – South Wales Neonatal Transport Case Review Report
Members noted that no decision had yet been made on the need for a 24 hour neonatal transport system and that the language of future papers should reflect that.

Action Log 2018-19
Members reviewed the action log and noted the following:

086 – MG18/079 – IVF: Royal Shrewsbury Hospital Referral To Treat (RTT) Escalation
Members noted it had been announced that Shrewsbury and Telford Hospital NHS Trust had been placed into special measures prior to the publication of the Care Quality Commission report due for publication by the end of November 2018 and that those pressures on the Trust would impact their ability to respond to the WHSSC letter quickly.

Report from the Managing Director
Neurovascular Surgery
Members noted the paper had been withdrawn because it was not possible to validate some of the information contained therein and that it would be considered at the December 2018 meeting.

Mechanical Thrombectomy Progress Update
SD reported the receipt of a firm proposal from North Bristol who had confirmed that they would be willing to accept NHS Wales patients either on an ad hoc basis at a cost of £24k per procedure plus the cost of the device or through the purchase of block capacity at a cost of £640k for 64 cases with an additional £9k per case variable, giving an average cost per case of £19k. SD reported the Joint Committee had been updated at the November 2018 meeting and that the WHSSC team had been instructed to continue to negotiate on price.
ACTION: Members noted a further update would be provided to Management Group at the December 2018 meeting.

Members noted patients from North Wales would still have access to services provided at The Walton Centre and that the usual flow for some Powys patients to Stoke would need to be maintained.

Members agreed that transport arrangements would be essential to the success of the service and that Emergency Ambulance Services Committee (EASC) would need to be involved in discussions around the transport solution. Members noted that any undertakings to repatriate patients would have to be given by Health Boards (HBs), not by WHSSC.

ACTION: It was agreed that SD would write to EASC, on behalf of the WHSSC Management Group, to explain the work being undertaken, asking them to prioritise provision for thrombectomy transport in their 2019/20 Integrated Medium Term Plan(IMTP) development plan and to seek advice as to which EASC sub-group(s) would be appropriate to take forward this work on an All Wales basis. It was further agreed a copy of SD's letter to EASC would be circulated to all Management Group members. VA noted that North Wales had not had an issue getting ambulances to transport their thrombectomy patients but that the HB had been challenged on changes to the referral process and the subsequent increase in the number of referrals.

Proton Beam Therapy (PBT)
SD reported that at the meeting on 13 November 2018, Joint Committee members had, following confirmation of the receipt of the signed Service Level Agreement (SLA) between Regional Commissioning Collaborative (RCC) and Velindre NHS Trust, resolved the following:

- **To consider** the progress made in the procurement process to provide the required levels of assurance; and
- **To approve** that WHSSC will commission an adult PBT service from RCC; and
- **To approve** that WHSSC will finalise a formal agreement with NHS England for commissioning of PBT from Christie NHS Foundation Trust and then Christie and University College London Hospitals (UCLH).

Members noted the approval of the commissioning of a PBT service from RCC was for adults only with an anticipated 1 to 3 patients per annum. SD noted the cost per procedure at RCC ranged from an equivalent price to the USA of £110k per patient for the most complex cases to £62-65k per case for the less complex cases representing a significant cost saving using RCC for adult services depending on the case mix.

In terms of demand, SD reported that there would be an increasing range of indications approved by NHS England for adult patients over the next two to five years as NHS England look to increase the number of approvals for

clinical trials to examine the role of PBT in adults. Any increase in approved indications in NHS England would be considered via the WHSSC prioritisation process. Members noted the contract with RCC retained the right for WHSSC to send highly complex cases to either The Christie or the USA.

Members noted the current price per procedure at The Christie was equivalent to the price in the USA but that would drop over the next 2 years to circa £50k per procedure as The Christie increases capacity.

Members questioned NHS England's decision not to commission services from RCC in light of the WHSSC recommendation and were reminded that the NHS England assessment of RCC was 2 years ago and their decision made in the light of their building 2 UK PBT Centres themselves. Members received assurance from SL around the robustness of the assessment process.

ACTION: Members noted the Joint Committee had agreed that value for money and patient outcomes would be tracked through the Management Group for the next 2 years.

ACTION: It was agreed SD would circulate a summary report setting out the comparator costs to Management Group members.

Perinatal Mental Health
CB provided Members with an update of the current position with regard to The Mother and Baby Unit (the 'Unit').

Members noted that initially the work undertaken with regards to Tier 4 Perinatal Mental Health Services sat with Child and Adolescent Mental Health Services (CAMHS) & Eating Disorders (ED) Network and that the ED Network had set up a Task & Finish Group, chaired by CB, to look at Tier 4 services with regard to the provision of a Unit in Wales at the direction of Welsh Government (WG).

CB reported a number of workshops had been held with stakeholder representation, the output from which was a series of recommendations presented to the Joint Committee for their consideration. The Joint Committee had decided that work should continue to progress through the WHSSC Joint Committee for continuity rather that transfer to the Collaborative where the CAMHS/ED network transferred to. CB reported that the Task & Finish Group held a commissioning workshop and asked for expressions of interest from the HBs to provide the Mother and Baby service and that 2 such expressions of interest had been received. Members noted updates had been provided at the last Joint Committee and Children, Young People and Education Committee meetings. Members further noted that a costed business case would be presented to the December Management Group meeting for reporting to the Joint Committee in February 2019.

ACTION: It was agreed the Mother and Baby Unit business case would be presented to the December 2018 Management Group meeting for consideration.

Members noted recent conversations WHSSC had with NHS England where NHS England had reported that demand for their own equivalent service had been dropping as they strengthened community services.

SD reported that, at a recent meeting with the Assistant Directors of Planning, WG had confirmed that they had included new additional ring-fenced funding for a number of mental health areas that included the Unit, although no specific level of funding had yet been indicated. However, CB reported that a letter had been received from WG on 26 October 2018 that confirmed that they would expect the revenue funding arrangements for the Unit to be agreed by the HBs. CB further reported WG had expressed disappointment at the lack of progress made but noted that it had taken time for the two expressions of interest to be drafted properly with full consideration of the resources needed and potential locations of the Unit.

CB assured Members that specific consideration was being given to the North Wales position with North Wales patients either being able to access the South Wales Unit or the procurement of a bed through NHS England in North England.

Complex Cardiac Ablation – ICP18-031/2
Members received the report that set out the investment requirements for increasing complex cardiac ablation activity at Abertawe Bro Morgannwg University Health Board (ABMUHB) and Cardiff and Vale University Health Board (C&VUHB) in line with WHSSC commissioning intentions.

Members noted the proposal for increasing the provision of ablation for both Atrial Fibrillation (AF) and Ventricular Tachycardia (VT) was approved through the joint Clinical Impact Assessment Group and Management Group Prioritisation Process last year.

Members noted the target of 100 AF ablations per million population recommended by the British Heart Rhythm Society (2013) as a minimum and the phased approach to reaching that target set out in the paper.

IL reported a benchmarking exercise had been carried out and concluded that both proposed service models represented value for money. Members noted that the appointment of the Electrophysiology nurse specialist was in line with the British Heart Rhythm Society's standards and would be critical to the management of patients in the follow up phase.

Members noted that Year 1 costs were covered from assumptions made in the 2018/19 Integrated Commissioning Plan (ICP) but that the costs from Year 2 would be in excess of the baseline existing for Year 2 and 3 and that the gaps in Year 2 and Year 3 would be £158k and £650k respectively. Members discussed the options set out in the paper to support the investment and the increased activity.

Members agreed that it would be essential to get the full value out of each session being funded and that the correct case mix would be fundamental to that.

JK queried how the impact of the proposed repatriation of Percutaneous Coronary Intervention (PCI) patients from C&VUHB to Cwm Taf University Health Board (CTUHB) and ABUHB would be factored into the proposal from C&VUHB. Members supported investment in Year 1, but agreed that further work to confirm the Year 2 position, particularly as it exceeded the resources within the financial plan. Members supported investment in Year 1 and Year 2 of the ABMUHB proposal with a review of activity in Year 2 to inform the ICP proposal for Year 3.

JK reported that there had been potential capacity issues in the C&VUHB Catheter Laboratory in 2019/20 and 2020/21 but noted that interviews for the role of PCI Consultant would be taking place in the next week and that the resulting appointment would eventually release 4 sessions a week in the Laboratory for ablation procedures in 2019/20.

ACTION: Members agreed to separate out the two business cases and support the ABMUHB business case for Years 1 and 2 with a productivity review undertaken during Year 2 to inform the proposal for the subsequent ICP.

ACTION: Members agreed to support the Year 1 C&VUHB business case pending an assessment of the impact of repatriating activity to ABMUHB and CTUHB on the C&VUHB plan for Years 2 and 3, to be presented for consideration at the December 2018 meeting.

ACTION: Members agreed the Director of Planning Peer Group should consider both business cases for information once finalised by Management Group.

Members resolved to:
- **Note** the information presented in the report
- **Support** the ABMUHB business case for Years 1 and 2 with a productivity review undertaken during Year 2 to inform the proposal for the subsequent ICP;

- **Support** the Year 1 C&VUHB business case pending an assessment of the impact of repatriating activity to ABMUHB and CTUHB on the C&VUHB plan for Years 2 and 3, to be presented for consideration at the December 2018 meeting.

Any Other Business ICP 2019-22
IL presented a summary of progress with the 2019-22 ICP to date.

Members noted there would be a Management Group workshop on 6 December 2018 to discuss the ICP 2019-22 further.

Policy Group Report
Members received the report that provided an update on the work of the WHSSC Policy Group.

Members noted that a policy on funding for clinical trials had gone out for consultation on 21 November 2018 without previously having been discussed at Management Group.

ACTION: SL to check the process the policy had gone through and report back to Members at the next meeting.

Members resolved to:
Note the information presented within the report

Integrated Performance Report
Members noted the report which provided a summary of the performance of services commissioned by WHSSC for September 2018 and details of the action being undertaken to address areas of noncompliance.

Members noted the following key issues:
- Cardiac performance at C&VUHB continued to deteriorate with 218 patients on the waiting list and 52 breaches over 26 weeks and 23 breaches over 36 weeks. ABMUHB reported a waiting list of over 200 with 12 breaches over 26 weeks. IL reported the WHSSC team were still in discussions with the Getting It Right First Time (GIRFT) team about the cardiac service review and until the review was completed there would be no further intervention.
- Bariatric surgery at ABMUHB continued to improve and had been deescalated to Stage 2.

Members resolved to:
- **Note** the current performance and the actions being undertaken to address areas of non-compliance

Financial Performance Report

Members received the report which set out the estimated financial position for WHSSC for the Month 7 2018-19 and noted there was no corrective action required.

Members noted the year to date position was an £1,727k under spend and the forecast yearend financial position was an under spend of £5,764k.

SD reported the variance to date was down to £1.7m but that it included the adverse impact of H4G+, without which the variance to date was £5.7m.

The C&VUHB and ABMUHB over performances in cardiology in both devices and Trans Arterial Valves Implant (TAVI) were noted as being an ongoing cause for concern.

Members resolved to:

 Note the current financial position and forecast year-end position

ICP 2019-22

A workshop was held on 6 December 2018 to discuss the draft ICP. In the document WHSSC has set out its expectations from HBs regarding the level of additional funding required for 2019/20. A significant increase above 2018/19 outturn expenditure is being sought. Discussions are currently ongoing to agree a figure that balances risk and affordability in order that HBs can include a figure in their Annual Plan/IMTPs to be submitted to WG at the end of January 2019.

NHS Organisation	Bwrdd Iechyd Prifysgol Hywel Dda University Health Board
Date of Report	31 October 2018
Report Prepared By	Enfys Williams

Each Health Board and Trust is expected to put in place actions to deliver the strategic framework for Welsh language services in health, social services and social care: 'More Than Just Words'. This has been developed to meet the care needs of Welsh speakers, their families or carers. Actions to deliver the framework are to cover both primary and secondary care sectors.

Reporting Schedule: Progress against actions to deliver More Than Just Words is to be reported bi-annually. This form is to be submitted on 31 October and 30 April.

Update on the actions to deliver the More than Just Words Strategic Framework

Priority Area	Yes or No	Supporting Evidence		
		Key Actions Achieved	**Risk to Delivery**	**Corrective Actions**
Population Needs Assessment The organisation has identified the Welsh language needs of its population and has used it to plan services.		The Health Board's Annual Plan has been approved by the Board. Welsh language considerations are both an explicit and integral part of the service planning throughout. Welsh language is also an integral part of the Integrated Impact Assessment process that is currently being developed within the UHB.		Continue to implement our Bilingual Skills Strategy. This includes community profiles of Welsh speakers on a county basis. Continue to offer training to staff to increase competence in relation to Welsh language and planning. Use flexible delivery methods to accomodate service needs.

Priority Area	Yes or No	Supporting Evidence		
		Key Actions Achieved	Risk to Delivery	Corrective Actions
Welsh Language Skills The organisation has identified the Welsh language skill levels of its workforce and is using this information to plan services.		82% of employees Welsh language skills have been assessed across the organisation	Completion of 'Welsh language competency ' is not a mandatory field on ESR and not all UHB staff are on ESR self service yet; this is an obstacle as some information has to be collected on paper and manually updated on ESR. The lack of fluent Welsh speakers recorded illustrates the scale of the challenge in providing a fully bilingual service. Anecdotal evidence suggests that staff may be reluctant to declare their Welsh language skills for fear that it may lead to extra work e.g. translation.	
Where there are gaps in Welsh language skills the organisation has ensured that vacancies are advertised as 'Welsh language essential'.		The UHB has a Bilingual Skills Strategy. To date this year 5 posts have been advertised as Welsh essential.	There is no current system/process in place to ensure that Welsh language is being considered when advertising a vacancy. This is happening on an ad-hoc basis.	Discussions at a local level and with shared services to see if it possible to collate evidence of consideration to Welsh Language skills.
How many members of staff have undertaken a course to learn Welsh or to increase their confidence to speak Welsh during this operational year?				

Priority Area	Yes or No	Supporting Evidence		
		Key Actions Achieved	**Risk to Delivery**	**Corrective Actions**
Patient Preference and Experience The organisation has processes in place to record when an Active Offer has been made and ensure that the language preference of patients is noted across primary and secondary care.		There are various processes in place to ensure patients language need is recorded at the first point of entry to the service.	Language choice is not recorded on referral, especially from Primary Care. Even when language choice is recorded it is not always transferred within secondary care as some wards/departments work to an electronic system and some work to a paper system.	
The organisation has methods in place to communicate to staff the importance of making an Active Offer.		All new staff are made aware of the importance of recording language choice and making the Active Offer at induction sessions. All existing staff are made aware through Welsh Language Awareness sessions and through normal communication methods – Hywel's Voice; Global email and Welsh Language section on intranet.	Language choice is not transferred with the patient.	
The organisation is mainstreaming experience of Welsh language services as part of the information received/ feedback from patients.				
How many patients have been asked their language preference and have had this preference noted on their records?				Not known

Priority Area	Yes or No	Supporting Evidence		
		Key Actions Achieved	Risk to Delivery	Corrective Actions
Commissioned and Contracted Services The organisation ensures that Welsh language considerations are included in the commissioning and contracting of services including primary care services		The NHS Wales standard terms and conditions produced in Feb 2012 have specific clauses relating to Welsh.	There is currently a lack of capacity to effectively monitor whether the Welsh language requirements of all contracts are implemented.	The Welsh Language Services team needs to find capacity to work with Shared Services to improve the current situation.
Sharing Best Practice Best practice in providing Welsh language services is shared with all relevant staff in the organisation and the organisation also shares best practice with other health boards and trusts.		Best practice is shared within the organisation through the staff newsletter Hywel's Voice; through Health Board meeting papers and meetings. Hywel Dda has shared good practice with other Health Board – our video is available for all to use and we have shared our Give it a Go merchandise.		Continue to share good practice whenever possible.

Supporting data

Supplementary dashboards have been developed for the areas listed below. Currently some users are unable to access the dashboards due to an IT issue so a selection of charts from each dashboard have been made available here as an interim solution.

[Unscheduled care](#)

[Referral to treatment](#)

[Cancer](#)

[Stroke](#)

[Diagnostics](#)

[Therapies](#)

The dashboards can be accessed on the Hywel Dda University Health Board intranet site (NHS only) [here](#).

The charts below show the Health Board's position. Charts are also available by acute site in the unscheduled care dashboard.

% of Red call responses within 8 minutes

Legend: HDUHB — National Target (65%)

Values (Apr-17 to Dec-18): 78.3%, 73.1%, 71.4%, 74.8%, 69.3%, 70.6%, 66.2%, 65.5%, 65.0%, 65.2%, 65.5%, 59.0%, 67.2%, 66.0%, 62.8%, 72.7%, 70.2%, 66.1%, 66.1%, 65.4%, 60.4%

Amber call responses within 20 minutes

HDUHB

Values (Apr-17 to Dec-18): 69.5%, 69.9%, 67.9%, 65.8%, 64.4%, 63.3%, 62.6%, 53.4%, 44.4%, 49.7%, 45.1%, 50.4%, 58.0%, 52.5%, 47.9%, 46.8%, 49.9%, 51.3%, 47.6%, 51.2%, 54.2%

Ambulance lost hours > 15 mins (all WAST crews)

Values (Apr-17 to Dec-18): 156.04, 144.98, 142.23, 129.45, 164.26, 367.59, 453.08, 301.58, 433.75, 434.14, 647.74, 691.63, 464.40, 437.55, 391.76, 530.10, 290.56, 468.76, 444.48, 413.22, 529.46

Ambulance arrivals and handovers

Number of arrivals at acute sites

Legend: BGH, GGH, PPH, WGH, HD

HD line values (Apr-17 to Dec-18): 2,862, 3,043, 2,918, 3,104, 3,183, 3,080, 3,223, 2,974, 3,199, 3,054, 2,762, 3,059, 2,806, 3,007, 2,911, 3,004, 3,009, 2,823, 2,900, 2,798, 3,076

Number of ambulance handovers waiting over 1 hour by acute sites

Legend: BGH, GGH, PPH, WGH, HD Trajectory, HD

HD line values: 62, 37, 41, 37, 43, 141, 202, 11, 176, 287, 289, 303, 202, 165, 158, 209, 112, 200, 185, 171, 226

HD Trajectory / bar values: 172, 150, 121, 86, 69, 70, 44, 48, 77, 106, 86, 103

Accident and emergency (A&E) and Minor injury unit (MIU) attendances

A&E and MIU new attendances by type

Legend: ■ Major ■ Minor

	Major	Minor
Apr 2017	4,270	7,899
May 2017	4,499	8,619
Jun 2017	4,527	7,948
Jul 2017	4,812	9,040
Aug 2017	4,873	9,002
Sep 2017	4,597	8,070
Oct 2017	4,914	8,284
Nov 2017	4,740	7,300
Dec 2017	5,079	7,481
Jan 2018	4,736	7,086
Feb 2018	4,347	6,691
Mar 2018	4,890	7,770
Apr 2018	4,526	8,120
May 2018	5,146	9,126
Jun 2018	4,792	8,890
Jul 2018	5,053	9,631
Aug 2018	5,002	9,000
Sep 2018	4,835	8,073
Oct 2018	4,771	8,260
Nov 2018	4,326	7,524
Dec 2018	4,815	7,277
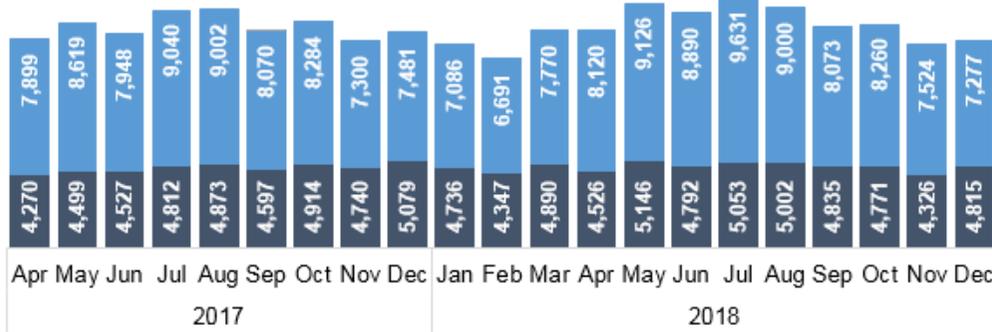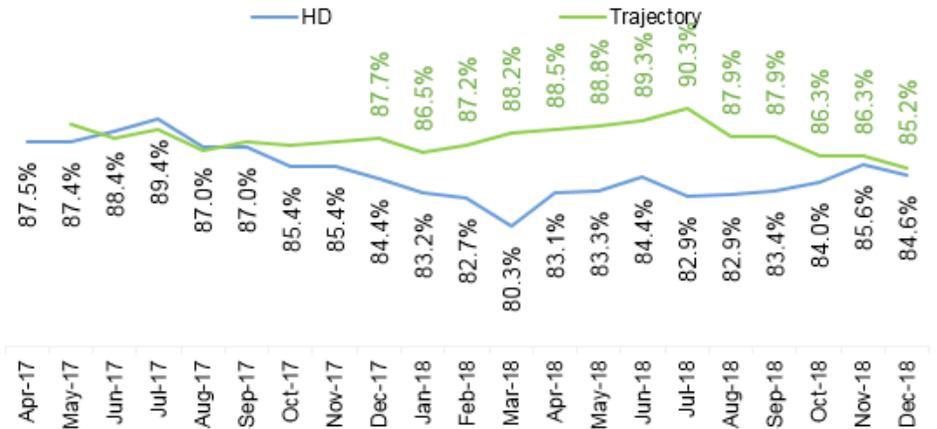
Cardigan Hospital is not included

% new patients spending < 4 hours in A&E and MIU

Legend: HD, Trajectory

Month	HD	Trajectory
Apr-17	87.5%	
May-17	87.4%	
Jun-17	88.4%	
Jul-17	89.4%	
Aug-17	87.0%	
Sep-17	87.0%	
Oct-17	85.4%	
Nov-17	85.4%	
Dec-17	84.4%	87.7%
Jan-18	83.2%	86.5%
Feb-18	82.7%	87.2%
Mar-18	80.3%	88.2%
Apr-18	83.1%	88.5%
May-18	83.3%	88.8%
Jun-18	84.4%	89.3%
Jul-18	82.9%	90.3%
Aug-18	82.9%	87.9%
Sep-18	83.4%	87.9%
Oct-18	84.0%	86.3%
Nov-18	85.6%	86.3%
Dec-18	84.6%	85.2%

A&E and MIU new attendance - 2 year comparison 18/19 to 17/18

Monthly performance variance compared to the same month the previous year

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
557	1266	1339	1005	218	299	-102	-168	-452

Year to date performance variance compared to the same period the previous year

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
4.51%	7.10%	8.24%	7.94%	6.58%	5.89%	4.93%	4.19%	3.36%

% new patients spending < 4 hours in A&E/MIU - 2 year comparison 18/19 to 17/18

Monthly performance variance compared to the same month the previous year

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
-4.44%	-4.19%	-3.97%	-6.53%	-4.09%	-3.69%	-1.41%	0.24%	0.24%

Year to date performance variance compared to the same period the previous year

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
-4.44%	-4.31%	-4.18%	-4.81%	-4.66%	-4.50%	-4.06%	-3.57%	-3.17%
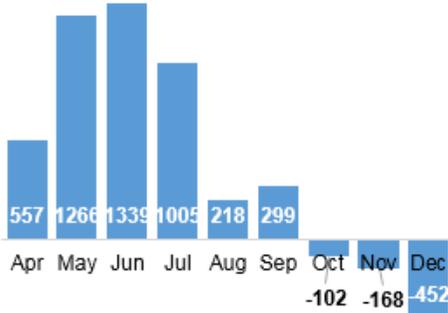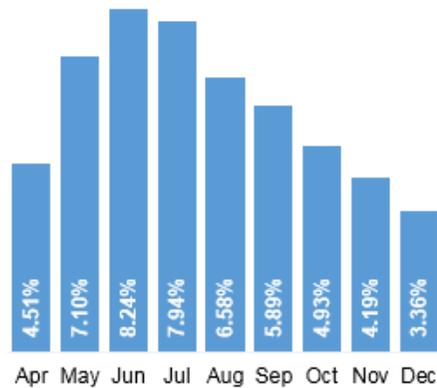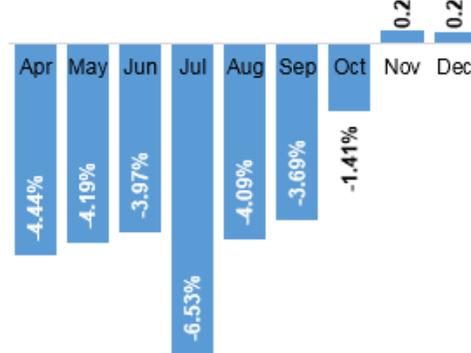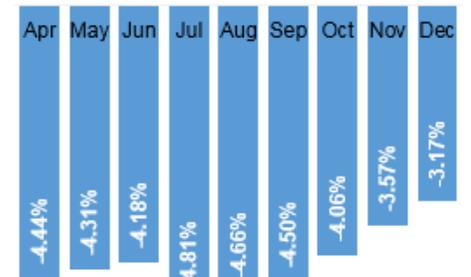
Number of new patients spending > 12 hours in A&E and MIU by acute site

Legend: BGH | GGH | PPH | WGH | HD Trajectory | HD

Values (HD line, top): 274, 378, 297, 278, 331, 389, 580, 478, 539, 710, 683, 861, 693, 707, 650, 813, 603, 663, 737, 675, 690

GGH values (pink): 274, 422, 328, 307, 317, 317, 299, 209, 253, 322, 400, 402, 376

Months: Apr-17, May-17, Jun-17, Jul-17, Aug-17, Sep-17, Oct-17, Nov-17, Dec-17, Jan-18, Feb-18, Mar-18, Apr-18, May-18, Jun-18, Jul-18, Aug-18, Sep-18, Oct-18, Nov-18, Dec-18
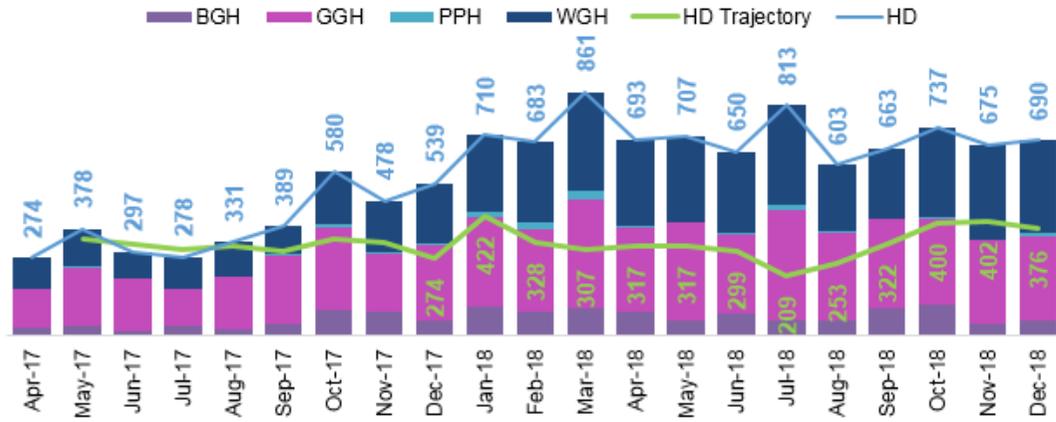
New patients spending >12 hours in A&E/MIU - 2 year comparison 18/19 to 17/18

Monthly performance variance compared to the same month the previous year

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
419	329	353	535	272	274	157	197	151

Year to date performance variance compared to the same period the previous year

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
419	748	1,101	1,636	1,908	2,182	2,339	2,536	2,687
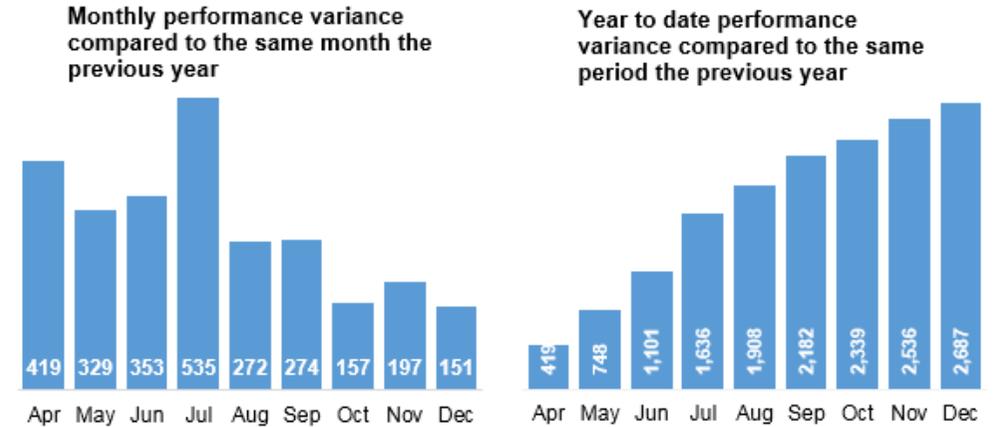
Average length of stay (LOS)
- medical emergency in patients including zero days

Legend: LOS<28 days | LOS | LOS >28 days

LOS >28 days: 54.4, 51.1, 57.1, 47.6, 54.0, 52.3, 50.6, 53.9, 54.9, 55.5, 53.3, 50.8, 50.1

LOS: 8.8, 7.5, 8.5, 8.4, 8.5, 9.0, 8.7, 8.1, 9.4, 8.3, 8.7, 8.4, 7.9

LOS<28 days: 5.0, 4.9, 5.3, 5.0, 4.9, 5.0, 4.9, 4.7, 5.1, 4.7, 4.9, 5.2, 4.9

Months: Dec-17, Jan-18, Feb-18, Mar-18, Apr-18, May-18, Jun-18, Jul-18, Aug-18, Sep-18, Oct-18, Nov-18, Dec-18
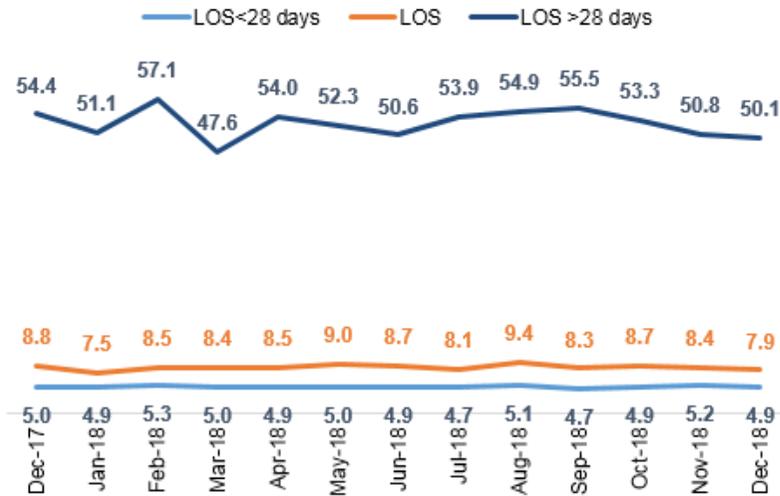
Non mental health delayed transfer of care (DTOC)
In month numbers

Totals: 54, 49, 43, 32, 29, 53, 36, 41, 45

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Out of HD Area (red)	4	2	2			2	2	2	2
Pembrokeshire	17	19	7	11	6	9	9	15	12
Ceredigion	8	8	11	9	7	12	8	10	15
Carmarthenshire	25	20	23	12	14	30	17	14	16

Legend: Carmarthenshire | Ceredigion | Pembrokeshire | Out of HD Area | HD | 2018/19 Trajectory
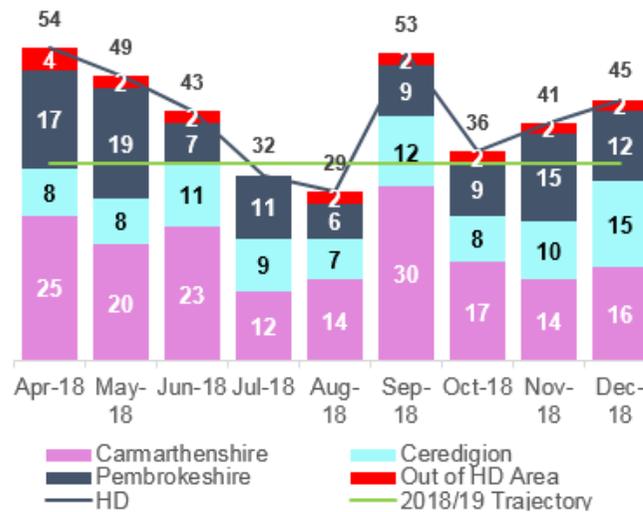
Rolling 12 month numbers to target

Rolling 12 month: 413, 446, 466, 465, 470, 491, 485, 489, 502

Target: 362, 362, 362, 362, 362, 362, 362, 362, 362

Months: Apr-18, May-18, Jun-18, Jul-18, Aug-18, Sep-18, Oct-18, Nov-18, Dec-18

Legend: Rolling 12 month | Target
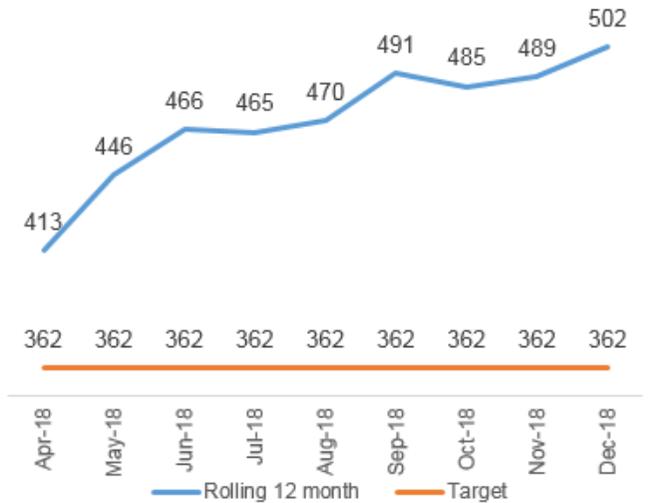
Red calls	Ambulance handovers	Accident and emergency (A&E) and Minor injury unit (MIU) attendances	
% of Red call responses within 8 minutes (Nov-18)	Number of ambulance handovers waiting over 1 hour by Health Board (Nov-18)	% new patients spending less than 4 hours in A&E and MIU by Health Board (Oct-18)	Number of new patients spending more than 12 hours in A&E and MIU by Health Board (Oct-18)

Red calls

Wales = 72.30%

- C&V: 80.3%
- ABM: 75.2%
- AB: 73.0%
- BCU: 68.6%
- Powys: 68.4%
- CTaf: 68.1%
- HDda: 65.4%

Ambulance handovers

Wales = 1844

- CTaf: 3
- HDda: 171
- C&V: 244
- AB: 363
- BCU: 403
- ABM: 628

% new patients spending less than 4 hours in A&E and MIU

Wales = 80.0%

- C&V: 86.2%
- CTaf: 86.0%
- HDda: 84.0%
- AB: 78.4%
- ABM: 78.0%
- BCU: 70.6%

Number of new patients spending more than 12 hours in A&E and MIU

Wales = 3961

- C&V: 94
- CTaf: 230
- AB: 374
- ABM: 681
- HDda: 737
- BCU: 1845
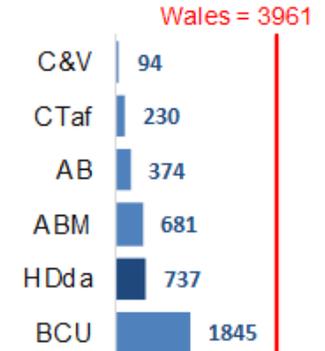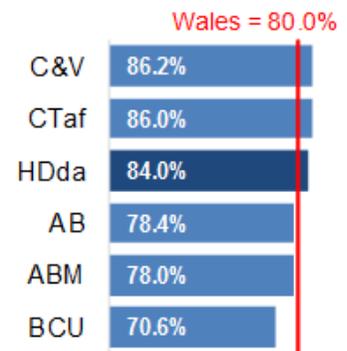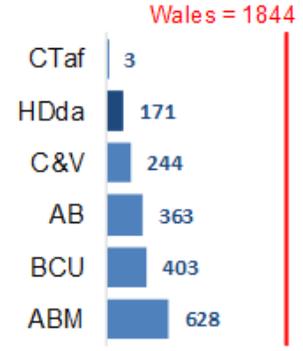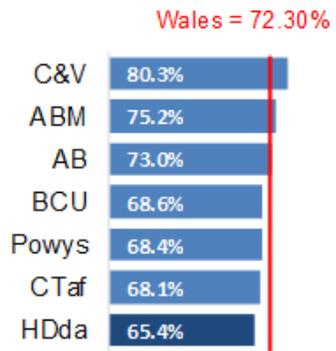
Referral to treatment (RTT)

The charts below show the Health Board's position. In the RTT dashboard the 36 and 26 week charts below can be viewed by pathway stage and specialty.

Graph Demonstrating: Specialty (All) & Pathway Stage - (All)

Over 36 Weeks in (All)Specialty/Specialties	% Under 26 Weeks in (All)Specialty/Specialties
Pathway Stage: (All) (Target = 0)	Pathway Stage: (All) (Target = 95%)

Over 36 Weeks chart (36 to 52 Weeks / Over 52 Weeks):

Month	36 to 52 Weeks	Over 52 Weeks
Dec 17	2,642	667
Jan 18	2,368	646
Feb 18	1,793	637
Mar 18	968	526
Apr 18	1,203	522
May 18	1,310	488
Jun 18	1,297	483
Jul 18	1,400	469
Aug 18	1,631	449
Sep 18	1,323	471
Oct 18	1,244	394
Nov 18	1,100	339
Dec 18	1,099	295

% Under 26 Weeks chart (Under 26 Weeks / Over 26 Weeks):

Month	Under 26 Weeks	Over 26 Weeks
Dec 17	83.2%, 43,874	8,889
Jan 18	85.5%, 43,655	7,390
Feb 18	87.0%, 45,641	6,814
Mar 18	86.3%, 45,804	7,259
Apr 18	86.9%, 47,795	7,202
May 18	86.0%, 47,651	7,764
Jun 18	86.4%, 48,749	7,659
Jul 18	86.7%, 49,525	7,624
Aug 18	84.8%, 49,055	8,804
Sep 18	84.8%, 47,288	8,468
Oct 18	86.1%, 48,463	7,794
Nov 18	87.3%, 47,976	6,998
Dec 18	87.4%, 48,364	6,985

Top 10 - Stage 1

Specialty	Value
Dermatology	275
ENT	51
Cardiology	25
Diabetic Medicine	13
Ophthalmology	7
Endocrinology	6
Geriatric Medicine	2
Orthopaedics	2
Neurology	1
Gastroenterology	1

Top 10 - Stage 4

Specialty	Value
Orthopaedics	673
Ophthalmology	80
Urology	33
General Surgery	19
ENT	15
Gynaecology	3
Cardiology	2
Colorectal Surgery	2
Gastroenterology	1

The 'Top 10' charts above show the specialities with the highest numbers of 36 week breaches.

In the RTT dashboard the longest weeks wait chart below can also be viewed by pathway stage and month. Data below as at 31st December 2018.

Specialty	Longest Weeks Wait
Audiological Medicine	35
Breast Surgery	30
Cardiology	81 - 84
Chemical Pathology	28
Clinical Haematology	33
Clinical Neuro-physiology	19
Colorectal Surgery	41 - 44
Dermatology	61 - 64
Diabetic Medicine	41 - 44
Endocrinology	39
ENT	65 - 68
Gastroenterology	45 - 48
General Medicine	35
General Surgery	57 - 60
Geriatric Medicine	38
Gynaecology	45 - 48
Nephrology	35
Neurology	45 - 48
Neurosurgery	21
Not Known	35
Ophthalmology	49 - 52
Oral Surgery	30
Orthopaedics	105
Other Specialties	13
Paediatrics	35
Pain	35
Rheumatology	35
Therapies	29
Thoracic Medicine	45 - 48
Urology	61 - 64
Vascular	45 - 48
Grand Total	105

In the RTT dashboard the all Wales benchmarking charts below can also be viewed for previous months in the current financial year. Data below is for October 2018.
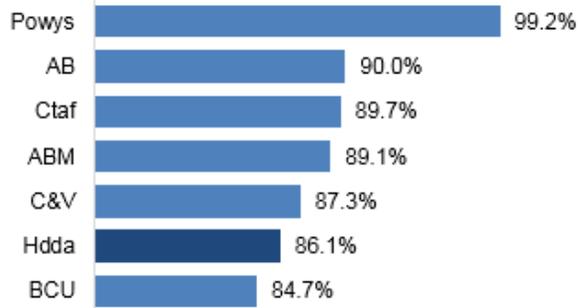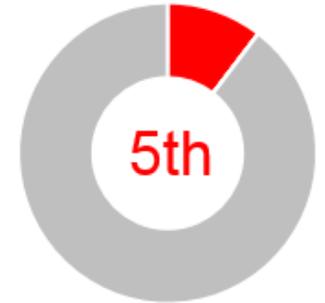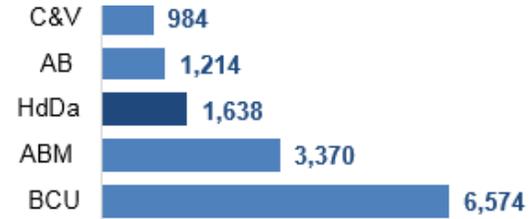
All Wales Ranking (April to latest published data - as at March 2018)
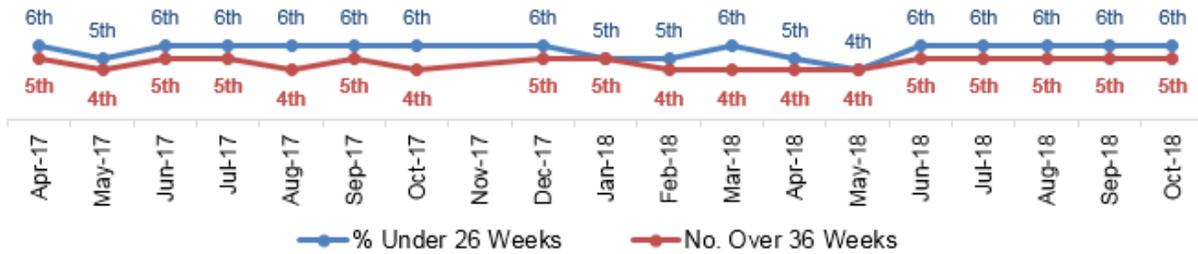
In the Stroke dashboard, the 4 Quality Measures below can be displayed by acute hospital site. Data for other stroke measures is also included.

Admission to Stroke Unit < 4 hours | HDUHB - Target 59.7%
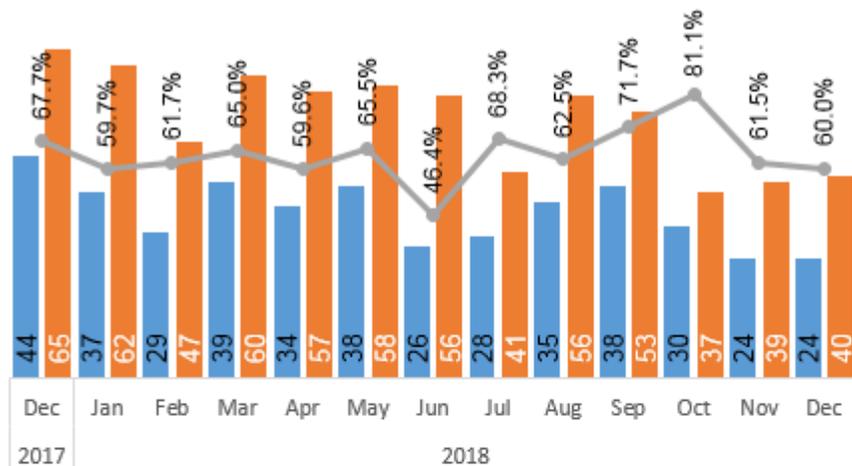
Thrombolysed Patients with Door-to-needle <=45 mins | HDUHB - Target 12 month improvement
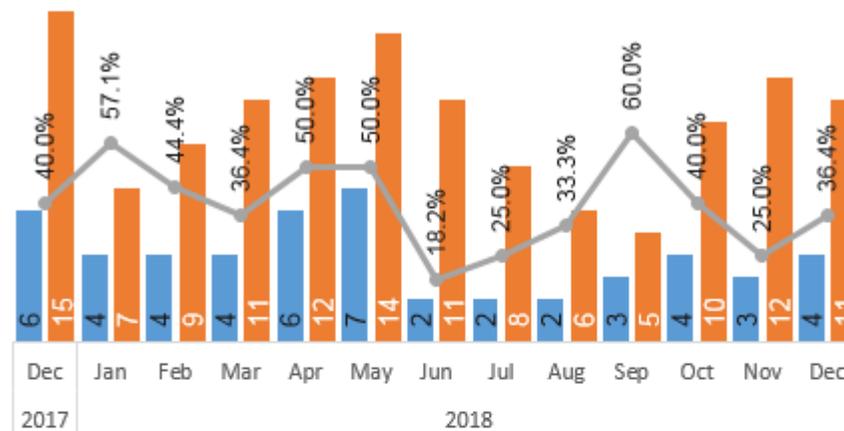
CT scan < 1 hours of admission | HDUHB - Target 54.4%
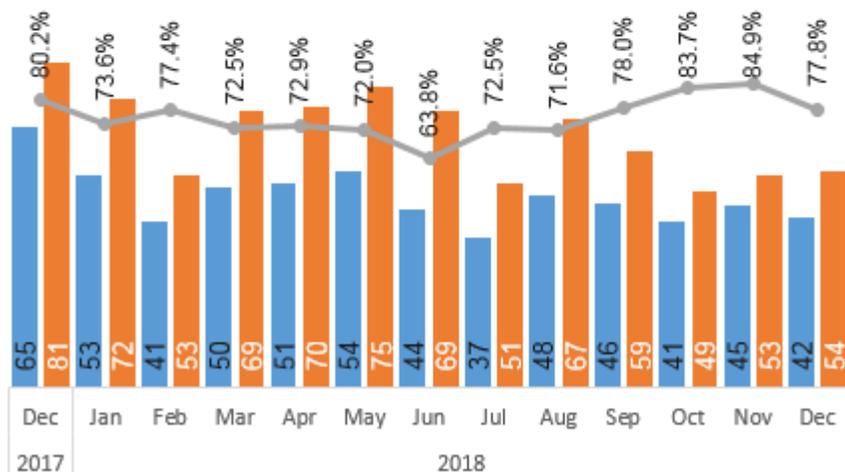
Assessed by a Stroke consultant < 24 hours of admission* | HDUHB - Target 84.0%
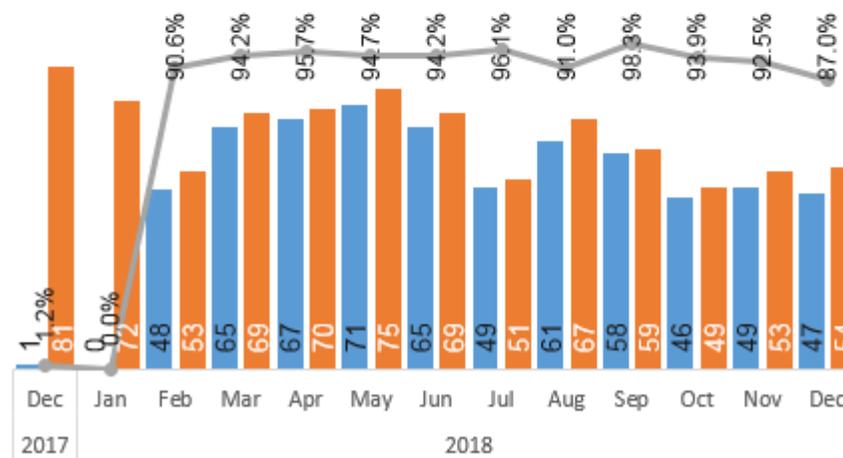
Legend: No. met target (blue) — No. eligible (orange) — Performance (grey line)

In the Stroke dashboard, the charts below can be displayed at the hospital site level.

Eligible Stroke Patients Thrombolysed | HDUHB
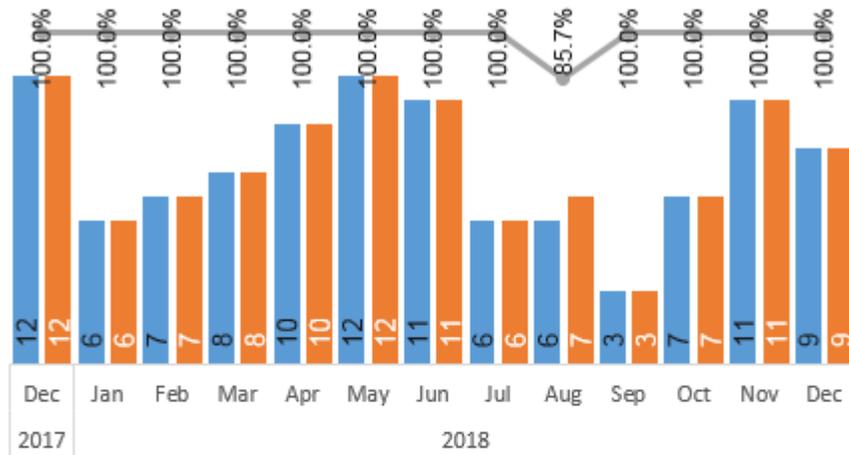
Thrombolysed Patients with Door-to-needle <=30 mins | HDUHB
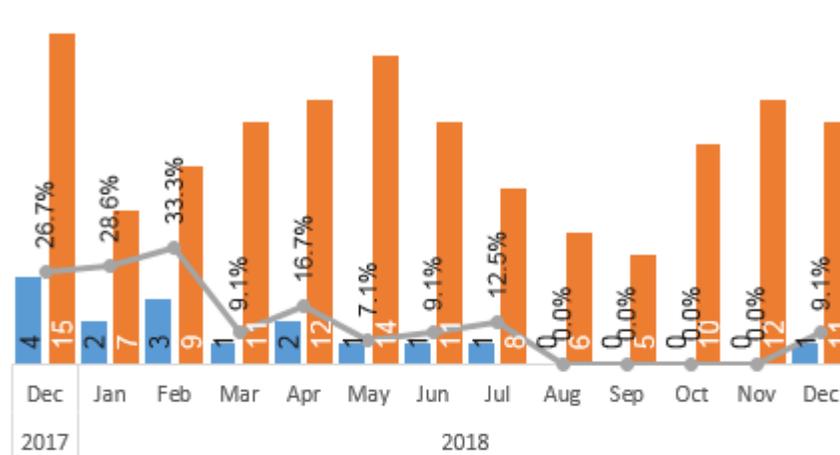
hrombolysed Patients with Onset-to-needle <=90 mins | HDUHB
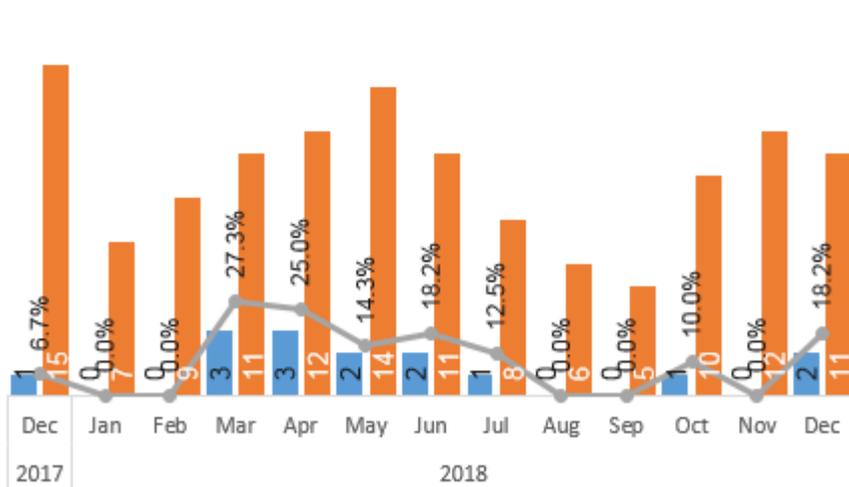
Thrombolysed Patients Pre and Post Thrombo NIHSS Score | HDUHB
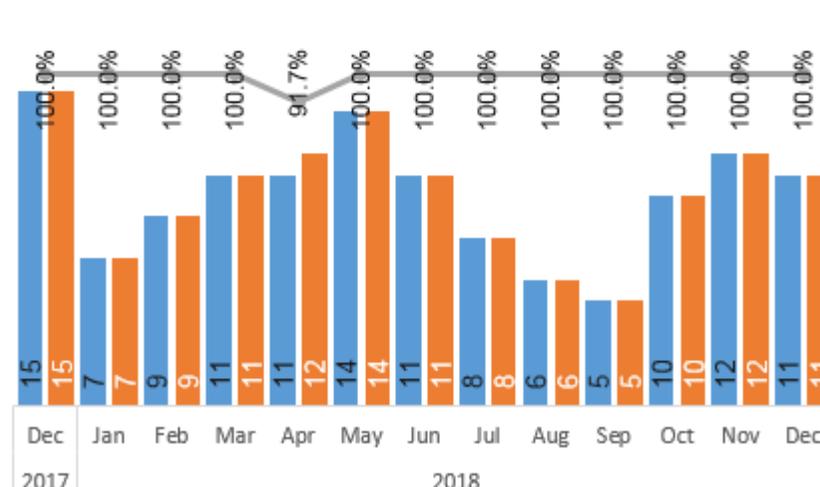
Legend: No. met target — No. eligible — Performance

In the Stroke dashboard, the charts below can be displayed at the hospital site level.

Compliance with < 4 hours bundle | HDUHB
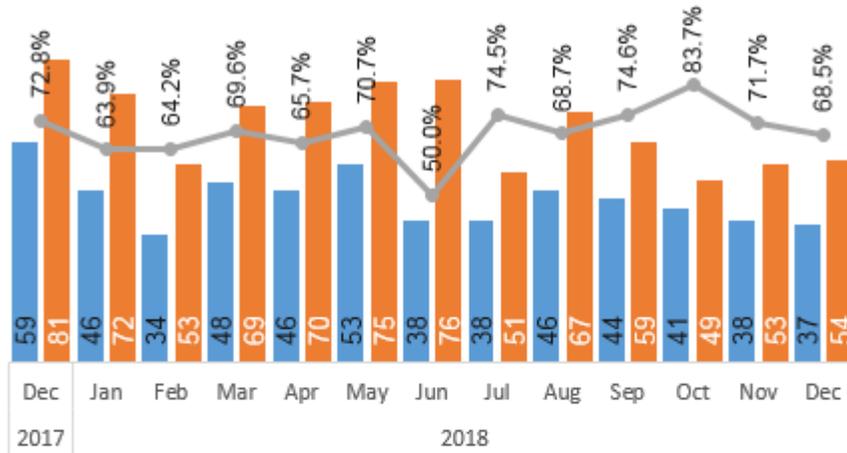
Compliance with < 12 hours bundle | HDUHB
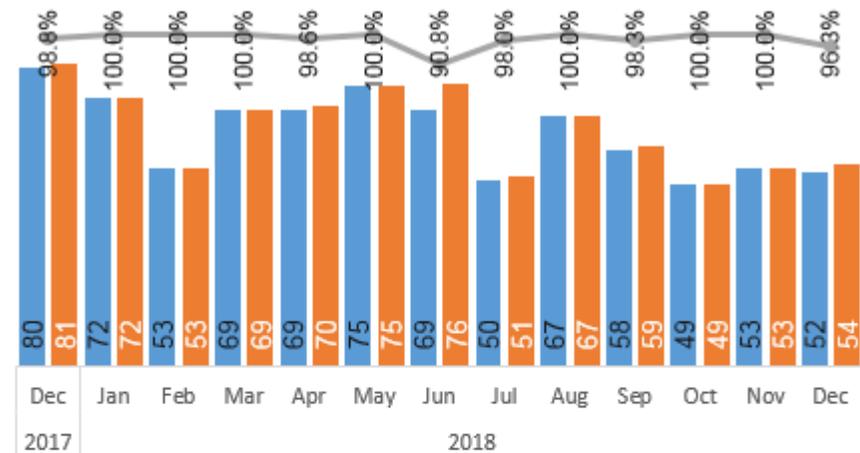
Compliance with < 24 hours bundle* | HDUHB
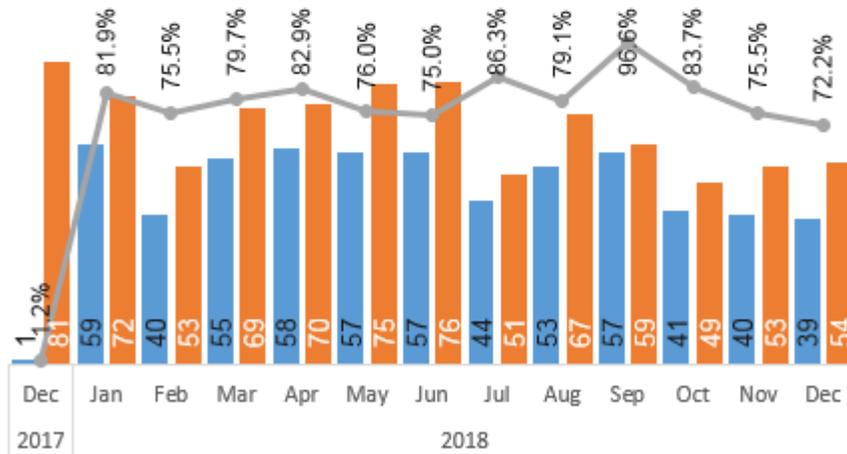
Compliance with < 72 hours bundle | HDUHB
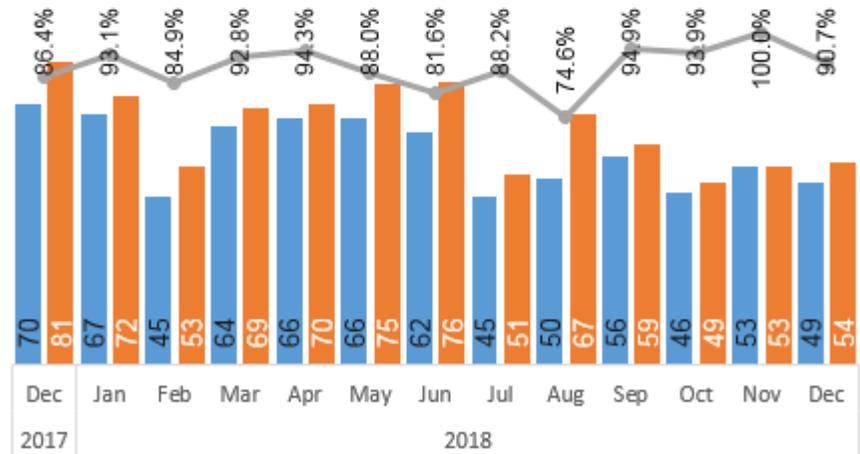
Legend: No. met target | No. eligible | Performance

In the Stroke dashboard, the all Wales benchmarking charts below can be also be displayed for previous months in the current financial year.

Assessed by a stroke consultant <24 hours (target = 84%)
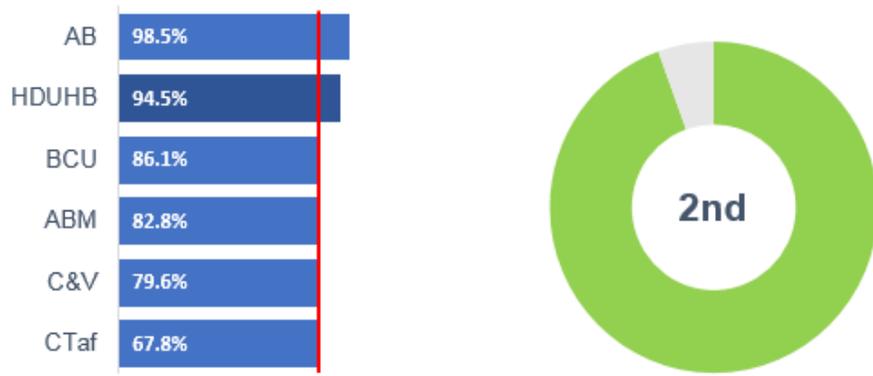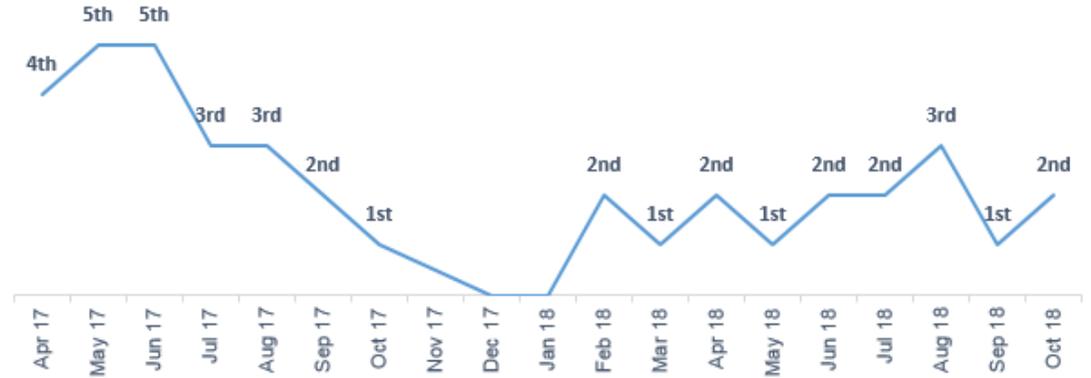
CT scan within 1 hour (target = 54.4%)
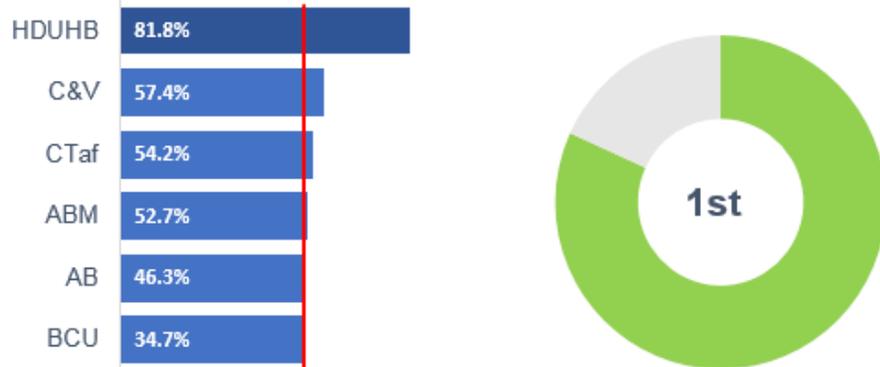
Direct admission to an acute stroke unit within 4 hours (target = 59.7%)

Wales = 50.7%

HDUHB	79.1%
ABM	56.0%
C&V	51.9%
BCU	46.5%
AB	41.8%
CTaf	37.9%

1st
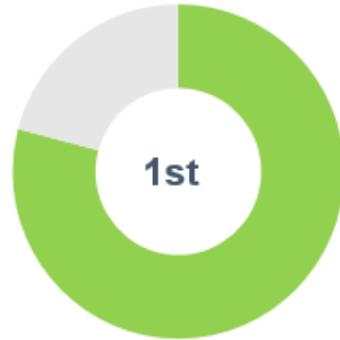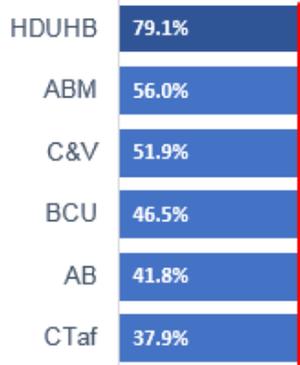
All Wales Ranking (April 17 to latest published data - as at Dec 2018)
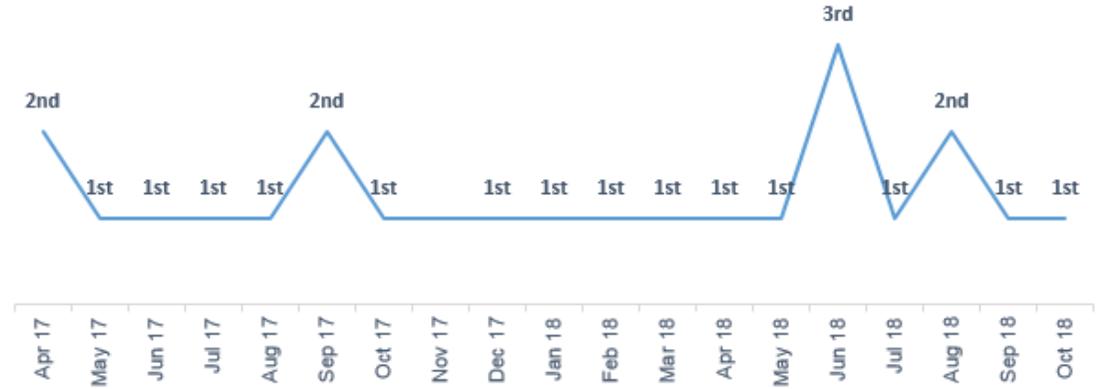
Thrombolysis door to needle <=45mins (target = 12 month improvement)

Wales = 23.6%

CTaf	50.0%
HDUHB	40.0%
C&V	20.0%
ABM	18.2%
BCU	14.3%
AB	0.0%

2nd
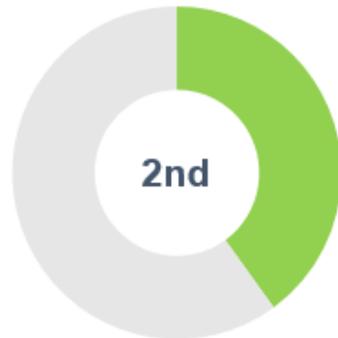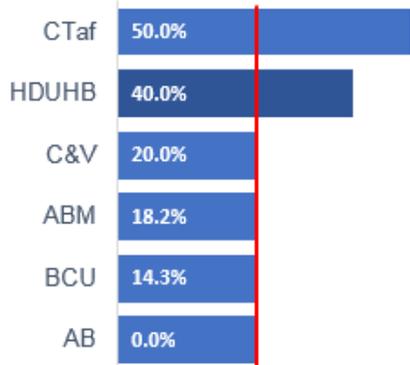
All Wales Ranking (April 17 to latest published data - as at Dec 2018)
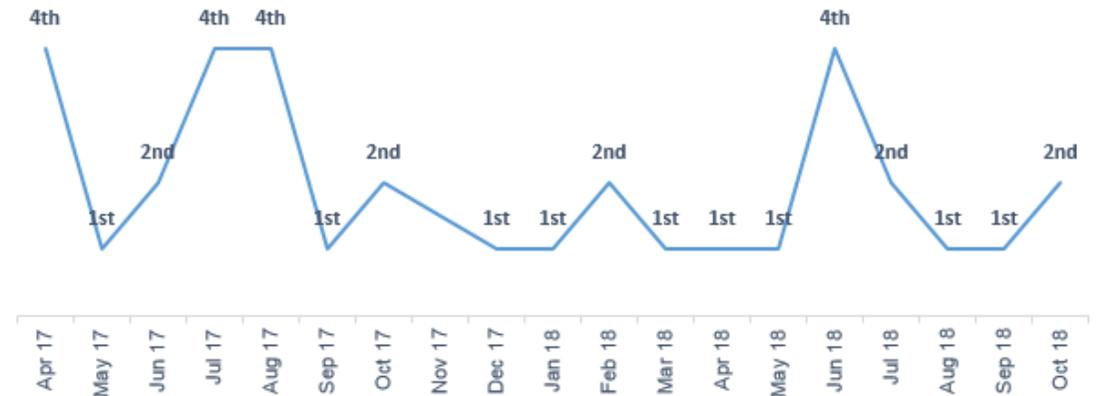
In the Cancer dashboard, the Health Board charts below can be also be displayed by Tumour site and month.

Non Urgent Suspected Cancer Tumor Site: (Multiple Items)
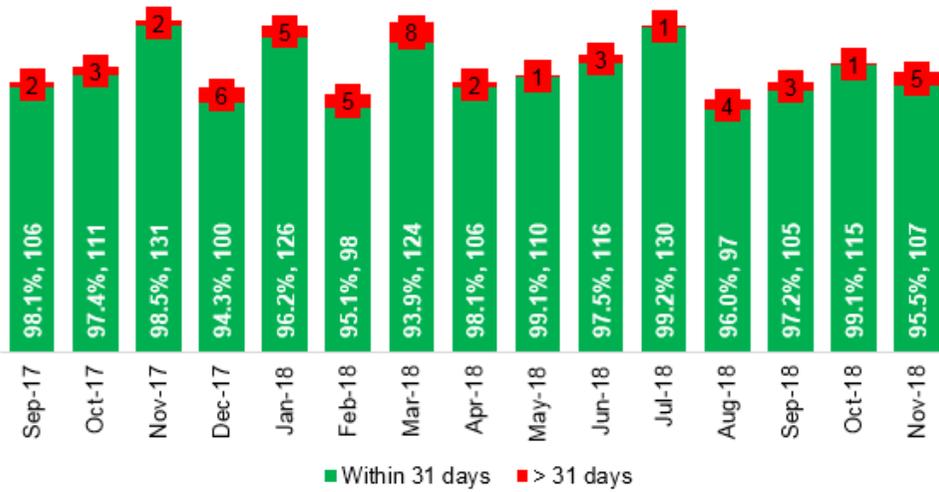
Non Urgent Suspected Cancer Breaches by Tumour Site (Since April 2018)

Tumour Site	Breaches
Upper Gastrointestinal	1
Head and neck	1
Lower Gastrointestinal	2
Lung	2
Breast	2
Gynaecological	10

■ Within 31 days   ■ > 31 days
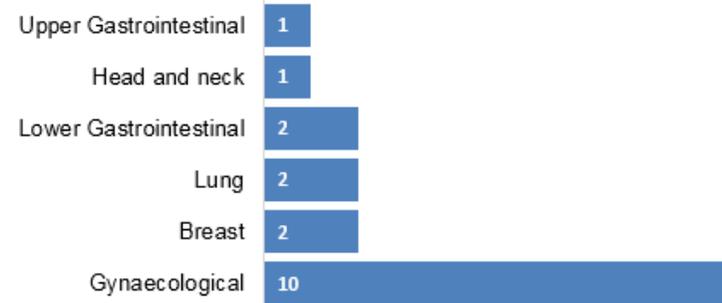
Urgent Suspected Cancer Tumor Site: (All)

Urgent Suspected Cancer Breaches by Tumour Site (Since April 2018)

Tumour Site	Breaches
Haematological(d)	2
Other(f)	2
Head and neck	3
Lung	5
Upper Gastrointestinal	6
Skin(c)	13
Lower Gastrointestinal	13
Urological	15
Gynaecological	17

■ Within 62 days   ■ > 62 days
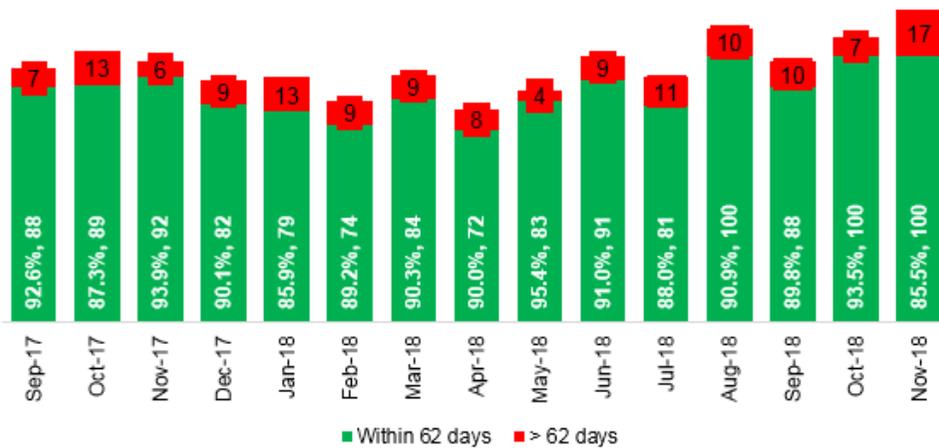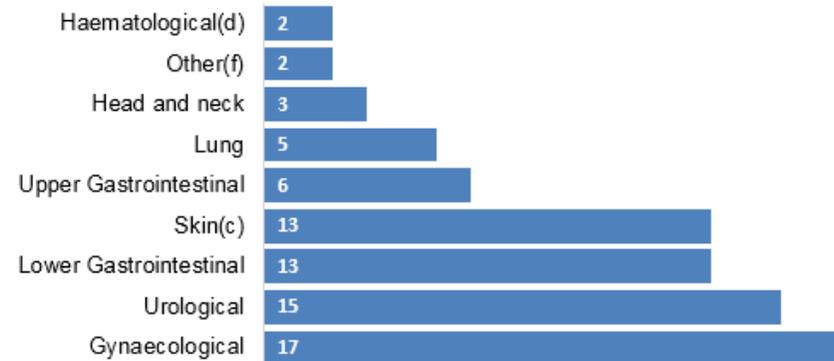
All Wales, as at 30th September 2018

% patients referred as non-urgent suspected cancer and seen within 31 days (target = 98%)
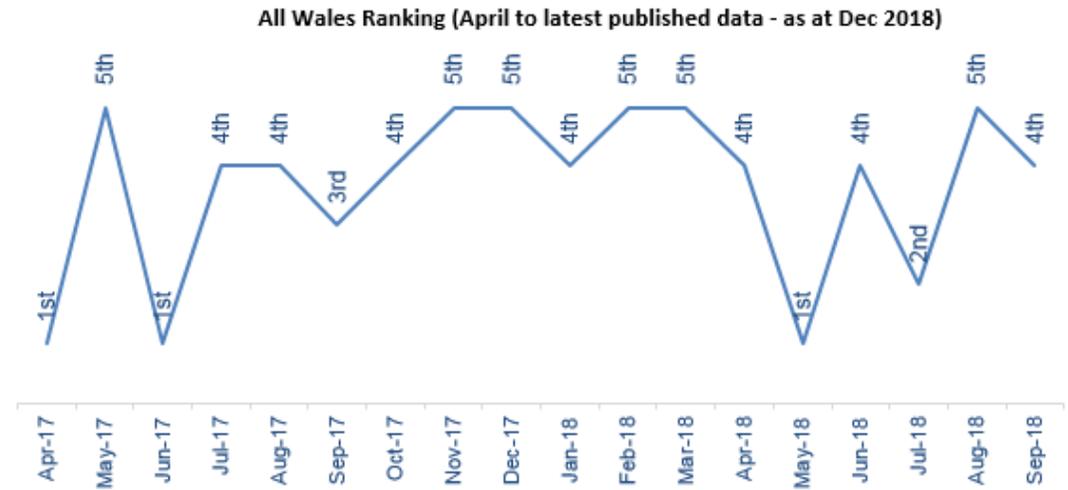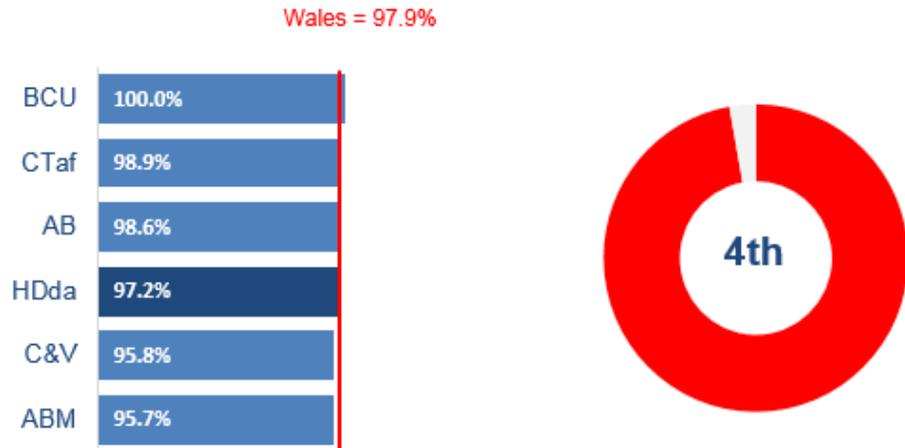
Wales = 97.9%

BCU	100.0%
CTaf	98.9%
AB	98.6%
HDda	97.2%
C&V	95.8%
ABM	95.7%

4th

All Wales Ranking (April to latest published data - as at Dec 2018)

% patients referred as urgent suspected cancer and seen within 62 days (target = 95%)

Wales = 84.2%

HDda	90.7%
AB	87.1%
C&V	83.5%
BCU	83.0%
ABM	82.9%
CTaf	75.0%

1st

All Wales Ranking (April to latest published data - as at Dec 2018)
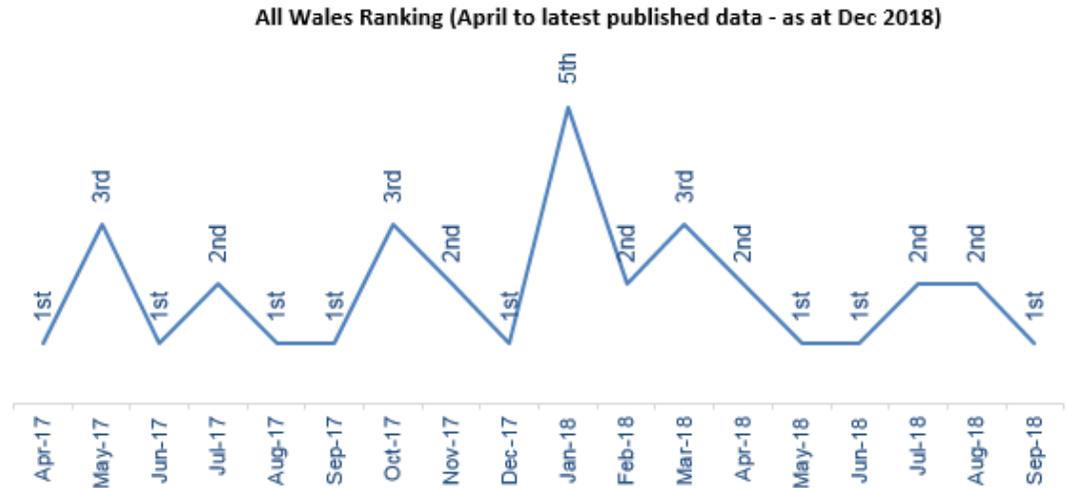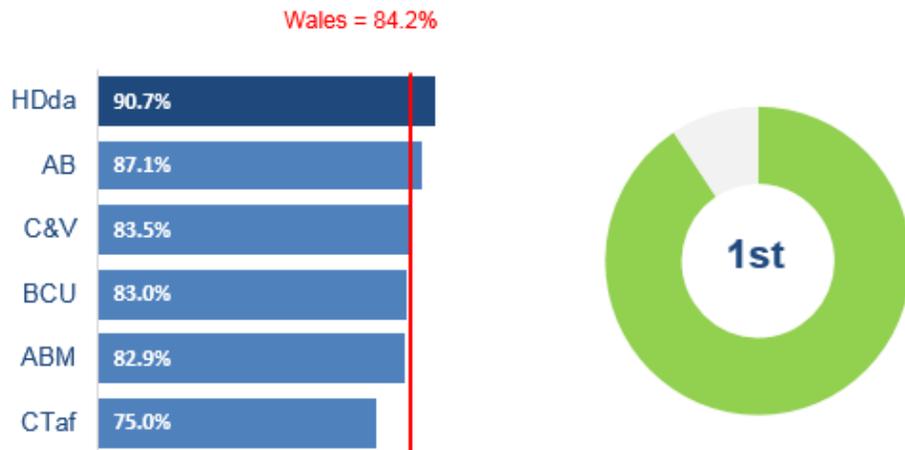
Diagnostics

In the Diagnostics and Therapies dashboard the diagnostics metric can also be shown by acute hospital and service area.

Note

From April 2018/19 the diagnostics category was extended to include cardiology. For comparability, with the exception of the All Wales chart (by Health Board), the historic diagnostics figures below have been updated to include cardiology and as such the figures for 2017/18 are showing breaches which were not classed as or reported as breaches during that financial year.

Total number of patients waiting for all Diagnostics*

■ Under 8 Weeks   ■ Over 8 Weeks

	Dec 2017	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Over 8 Weeks	130	115	116	18	19	113	122	84	78	48	27	35	53
%	98.3%	98.6%	98.6%	99.8%	99.8%	98.7%	98.5%	98.9%	99.0%	99.4%	99.7%	99.6%	99.4%
Total	7,415	7,821	7,930	7,826	8,739	8,790	8,274	7,903	7,935	8,021	8,233	8,377	8,506

2018

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Cardiology* (Target = 0)

Red values (top): 130, 115, 50, 18, 18, 113, 122, 76, 78, 48, 27, 17, 14

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1683	1493	1741	1969	2060	2195	1997	1949	2009	2052	1859	1894	1914

2017 — 2018

* See the 'Home' tab for information on definition change.

Diagnostic Endoscopy (Target = 0)

Red values (top): 18, 37

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
963	924	903	937	972	854	920	856	847	889	916	923	981

2017 — 2018

Imaging (Target = 0)

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
52	52	59	70	57	57	81	87	60	62	72	53	42

2017 — 2018
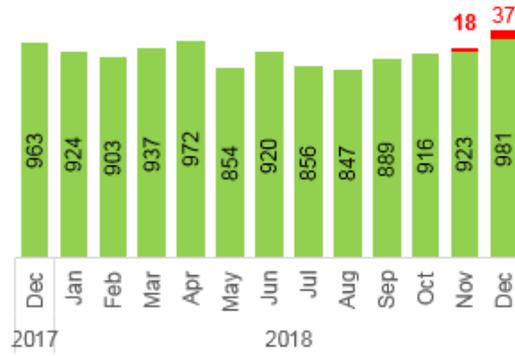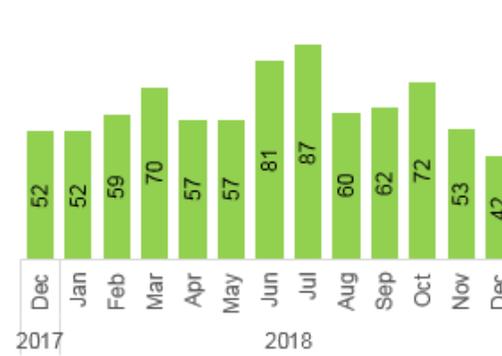
Neurophysiology (Target = 0)

Red value (top): 12

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
256	270	257	280	280	305	311	284	288	304	300	325	391

2017 — 2018

Physiological Measurement (Target = 0)

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
15	26	36	36	36	47	14	23	19	15	19	22	13

2017 — 2018

Radiology - Consultant referral (Target = 0)

Red values (top): 40, 5, 1

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2,651	2,882	2,751	2,471	2,810	2,892	2,740	2,529	2,580	2,822	3,075	3,205	3,126

2017 — 2018
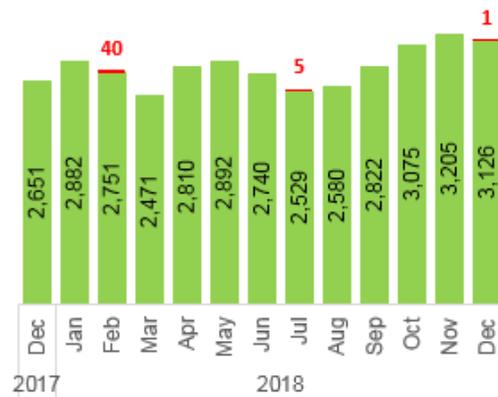
Radiology - GP referral (Target = 0)

Red values (top): 14, 1, 3, 1

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1795	2174	2183	2063	2524	2440	2211	2175	2132	1877	1992	1955	2039

2017 — 2018
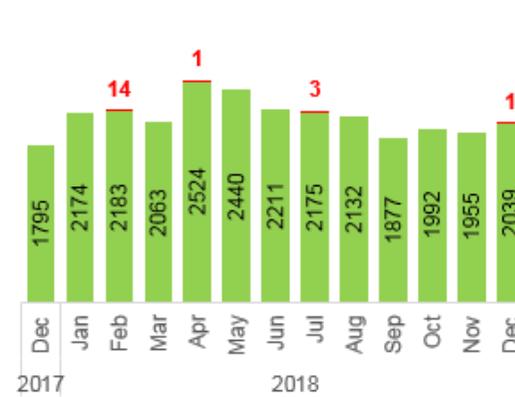
October 2018

Specialty	Longest Weeks Wait
Cardiology	13
Diagnostic Endoscopy	24
Imaging	6
Neurophysiology	5
Physiological Measurement	6
Radiology - Consultant referral	9
Radiology - GP referral	8
Grand Total	24

Number of patients waiting 8 weeks and over for a specified diagnostic (target = 0)
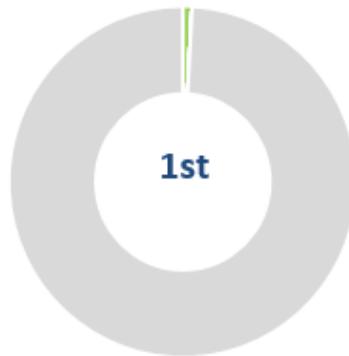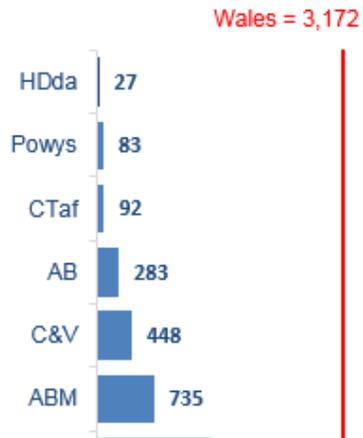
October 2018
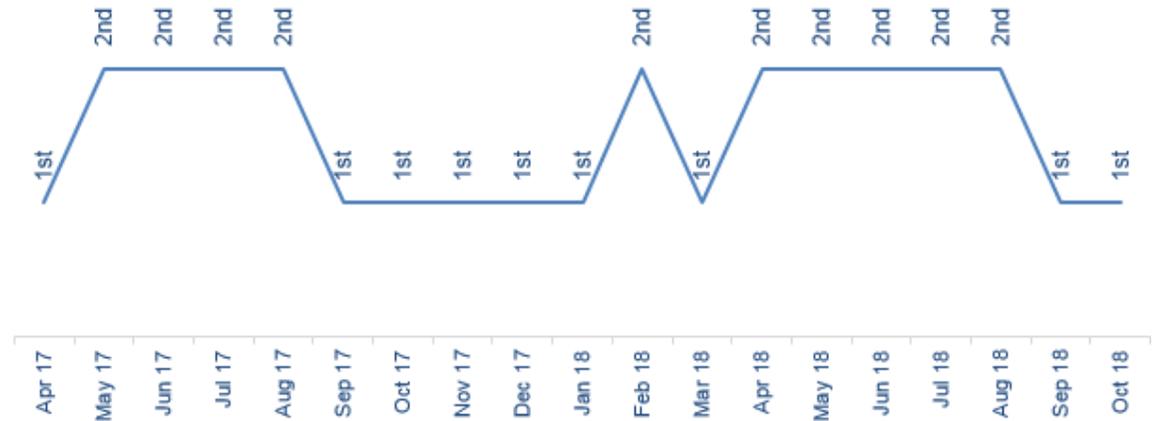
Therapies

In the Diagnostics and Therapies dashboard the therapy waits metric can also be shown by acute hospital and service area.

Total number of patients waiting for all Therapies

Legend: Under 14 Weeks ■ Over 14 Weeks

	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Over 14 Weeks	776	312	215	116	101	164	226	288	307	352	332	265	287
%	87.0%	93.4%	95.3%	97.4%	98.1%	97.2%	96.4%	95.8%	95.7%	95.0%	95.2%	95.9%	95.6%
Under 14 Weeks	5,191	4,434	4,378	4,342	5,293	5,608	6,027	6,612	6,784	6,697	6,627	6,234	6,248

Arts Therapies (Target = 0)

	Dec 2017	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
green	100%, 1	100%, 1	100%, 6	100%, 5	100%, 9	78%, 7	83%, 5	83%, 5	100%, 5	100%, 4	100.0%, 5	100.0%, 2	100.0%, 1
red							1	1					
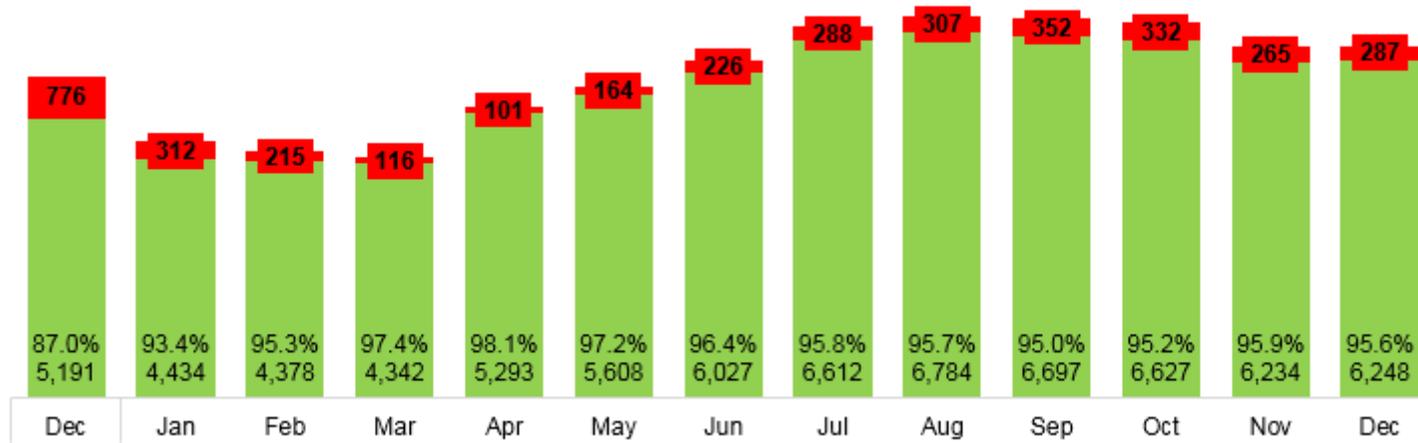
Speech Language (Target = 0)

	Dec 2017	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
green	98.2%, 439	100.0%, 384	100.0%, 424	99.5%, 398	100.0%, 471	100.0%, 486	100.0%, 491	100.0%, 494	100.0%, 488	100.0%, 382	100.0%, 445	100.0%, 408	99.1%, 445
red				2									

Audiology (Adult hearing aids) (Target = 0)

	Dec 2017	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
green	71.8%, 741	89.3%, 658	92.2%, 616	100.0%, 582	100.0%, 608	96.1%, 658	95.1%, 677	96.7%, 703	96.9%, 680	95.5%, 694	88.7%, 713	85.6%, 650	86.8%, 706
red		79	52			27	35	24	22	33	91	109	107

Dietetics (Target = 0)

	Dec 2017	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
green	84.6%, 441	91.6%, 515	96.6%, 546	100.0%, 380	99.2%, 614	95.5%, 572	92.9%, 723	89.8%, 683	91.9%, 714	93.8%, 668	93.9%, 634	94.7%, 681	90.2%, 637
red	80	47	19		5	27	55	78	63	44	41	38	69

Occupational Therapy (Target = 0)

	Dec 2017	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
green	53.83%, 225	56.59%, 219	64.23%, 246	67.56%, 227	73.28%, 255	86.00%, 559	82.47%, 461	83.36%, 551	84.28%, 563	88.24%, 615	87.45%, 599	88.16%, 551	90.07%, 481
red	193	168	137	109	93	91	98	110	105	82	86	74	53

Physiotherapy (Target = 0)

	Dec 2017	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
green	98.87%, 2,270	99.14%, 1,96	100.00%, 1,823	100.00%, 1,835	99.87%, 2,388	99.43%, 2,437	99.73%, 2,592	99.80%, 3,025	99.68%, 3,153	99.37%, 3,173	99.97%, 3,101	100.00%, 3,040	99.90%, 3,021
red	26	17			3	14	7	6	10	20	1		3

Podiatry (Target = 0)

	Dec 2017	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
green	85.8%, 1,074	99.9%, 692	99.0%, 717	99.5%, 915	100.0%, 948	99.7%, 889	97.3%, 1,078	94.3%, 1,151	91.7%, 1,181	87.0%, 1,161	90.9%, 1,130	95.3%, 902	94.9%, 957
red	178	1	7	5		3	30	69	107	173	113	44	51

As at 31st December 2018

Specialty	Longest Weeks Wait
Cardiology	13
Diagnostic Endoscopy	24
Imaging	6
Neurophysiology	5
Physiological Measurement	6
Radiology - Consultant referral	9
Radiology - GP referral	8
Grand Total	24

Number of patients waiting more than 14 weeks for a specified therapy (target = 0)

October 2018

Wales = 465

CTaf	0
ABM	0
BCU	0
AB	5
Powys	8
C&V	120
HDda	332

7th

All Wales Ranking (April to latest published data - as at Dec 2018)

Enw'r Pwyllgor / Name of Committee	Quality, Safety And Experience Assurance Committee Meeting
Cadeirydd y Pwyllgor/ Chair of Committee:	Professor John Gammon
Cyfnod Adrodd/ Reporting Period:	4th December 2018

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

- **Draft Annual Quality Statement 2018/19 – 6 Month Position –** the Committee received the draft Annual Quality Statement 2018/19, and advised that the deadline for electronic publication is on or before 31st May 2019. Members were informed that Executive Directors will receive monthly updates of the chapters for which they are nominated as the lead from January to March 2019. Whilst accepting the version presented represents an early draft, Members emphasised the expectation that the final document should focus on four or five specific areas demonstrating the impact and outcomes for patients in regard to patient safety. Members were assured that the final document will comprise a balanced account of positive and progress during the year together with areas requiring further improvement.

- **Work To Progress Option Appraisal - Patient Experience –** the Committee received a brief overview of the patient experience tools in place within NHS England, and a proposal for their development within Hywel Dda. Members acknowledged that Information Technology (IT) tools are required to support the Patient Experience Team across the Health Board and that the roll out of the Framework for Assuring Service User Experience provides an opportunity for the IT department to work alongside them. It was recognised that patient feedback should already be managed within the services involved, including Patient Reported Outcome. Measures (PROMs) and Patient Reported Experience Measures (PREMs) which is currently underway on an all Wales basis. Members were advised that following the Patient Experience agenda item on the Board Seminar session for 13th December 2018, a working group will be convened which will report to the Improving Experience Sub-Committee (IESC), and the strategic approach for improving patient experience will be shared with QSEAC in February 2019.

- **Draft Commissioning Framework –** the Committee received an update on the progress made in developing a Commissioning Framework for Hywel Dda, following concerns previously raised at QSEAC in regard to the quality and safety of commissioned services. Members were informed that meetings have taken place to determine an understanding of commissioned services and a commissioning cycle has been drafted based around the key attributes of effective commissioning. The Chair proposed that for assurance purposes, the commissioning process should be monitored by the Business, Planning & Performance Assurance Committee (BPPAC) and only by exception be reported to QSEAC if quality and safety concerns are raised. Members were assured by the processes in place and agreed to the proposal that BPPAC would monitor commissioning on behalf of the Board.

- **Operational Quality, Safety & Experience Sub Committee (OQSESC) –** Members were provided with the key areas of discussion from the OQSESC meeting held on 13th November 2018. The Committee discussed the completeness and accuracy of consent forms identified from the recent audit undertaken and whilst this had shown improvements on previous years, acknowledged that the 100% accuracy target may not be achievable.

  Members noted that the Sub-Committee had not been assured by the Medical Devices Governance & Assurance Group update report in regard to the lack of maintenance with community equipment. However for assurance, Members were informed that a detailed action plan is being progressed with a timescale for completion by the end of March 2019.

  For future reporting the Chair requested that where a Sub-Committee records a lack of assurance, QSEAC requires details on the actions being undertaken and the monitoring in place to address this. Members noted the OQSESC work plan and its links with QSEAC, and agreed that all Sub-Committee work plans should follow the same process.

- **Medicines Management Sub Committee (MMSC) –** Members were provided with the key areas of discussion from the MMSC meeting held on 22nd November 2018. The Committee was advised that the high score attributed to the Brexit risk assessment is due to current uncertainty of the outcome. Whilst Pharmacy teams have been advised not to stockpile supplies, local and national discussions are taking place to ensure adequate stock levels are maintained for whichever outcome emerges. In terms of Aseptic Units, Members were advised that a standalone unit provides the best option for long term sustainability which has been approved through Transforming Access to Medicines (TRAMS) and the Health Board has received assurance from Welsh Government (WG) that capital funding will be made available. During the transition period, Withybush General Hospital (WGH) will increase their workload to support the closure of the unit on Glangwili General Hospital (GGH) site. Members were assured from the Medicines Management Sub-Committee exception report on the adequacy of the processes in place.

- **Mental Health & Learning Disabilities Quality, Safety & Experience Sub Committee (MHLDSC) –** Members were provided with the key areas of discussion from the MHLDSC meeting held on 12th November 2018. The Committee noted the increase in Autistic Spectrum Disorder (ASD) waiting lists, due to an increase in referrals of younger children to the service, and Members were assured that further work is being undertaken to address capacity in this area. Members were also assured that following funding from WG, work is being undertaken to reduce the psychological therapies waiting list. In response to a query in regard to reducing restraint of service users, Members noted that staff training is on-going and that the Health Board has adopted a Brain Photobiomodulation (PBM) approach, a therapy using red to

near-infrared (NIR) light which is an innovative treatment for a wide range of neurological and psychological conditions. Members were assured from the MHLDQSESC exception report on the adequacy of the processes in place.

- **Effective Clinical Practice Sub Committee (ECPSC) and Terms of Reference –** Members were provided with the key areas of discussion from the ECPSC meeting held on 16th November 2018 and were assured on the adequacy of the processes in place. The ECPSC's Terms of Reference (ToRs) were presented for approval, and it was suggested that wider discussions are required on the most appropriate Sub-Committee to monitor mortality reviews. With the inclusion of this suggested amendment, Members approved the Effective Clinical Practice Sub Committee Terms of Reference.

- **Improving Experience Sub Committee (IESC) -** Members were provided with the key areas of discussion from the IESC meeting held on 28th November 2018 and were assured on the adequacy of the processes in place. The Committee proposed that the Claims Management Policy be shared electronically with Members for comment prior to approval via Chair's Action.

- **Infection Prevention Sub-Committee (IPSC) and Terms of Reference (ToRs) –** Members were provided with the key areas of discussion from the IPSC meeting held on 14th November 2018. The Committee welcomed the work ongoing in the community with Urinary Management Training delivered to Care Homes, with District Nursing supporting the reduction of antibiotics prescribed for Urinary Tract Infections. The Committee acknowledged the significant achievement for the Health Board with GGH being 72 days Clostridium difficile infection (CDI) free. Members observed that the majority of the content of the IPSC exception report is corroborated within the Quality Dashboard Report, providing QSEAC with an assurance on the adequacy of the processes in place.

- **Workforce Focused Report on Staff Experience and Well-Being & 2018 Staff Survey Outcome Including Staff Story –** Members received a presentation from an employee who had become a patient of the Health Board since receiving a diagnosis of Guillain–Barré syndrome (GBS) in June 2018. The employee conveyed their in-patient experience at Prince Philip Hospital (PPH) for a four day period, followed by four weeks in Morriston Hospital prior to transferring back to PPH for two weeks of physiotherapy before being discharged home. Given the employee experienced in-patient care at both Hywel Dda and Abertawe Bro Morgannwg University Health Board (ABMUHB), they were in a unique position to make a comparison between each. One significant difference related to the number of agency staff deployed in both organisations and the concerns this raised in terms of continuity of patient care. Members welcomed the presentation reinforcing that patients are at the forefront of all that the Health Board does and also highlighted that sometimes the smallest contribution from a member of staff can have the greatest impact. The Committee also received the key findings

from the 2018 Staff Survey and noted that the Health Board had achieved the Corporate Health Standard Platinum Level. Members further noted that employees well-being will be improved with support offered from specific staff for absence management, and a consideration of all options available to enable an individual to return to employment. Members were advised that more Hywel Dda staff had completed the staff survey than in the previous year and welcomed the generally positive outcomes. However an area which will require further focus is in relation to harassment, bullying or abuse at work, where responses rose from 15% in 2016 to 19% in 2018. Members were informed that access to the Staff Psychological Well Being Service requires consistency across all three counties and that the team involved is looking at pathways to improve access which will be a key priority area for the Staff Partnership Forum. Members were assured that appropriate measures are in place to improve staff well-being and that future monitoring should be undertaken by the Workforce & Organisational Development Sub Committee (W&ODSC).

- **Vascular Service Clinical Progress Report and Action Plan –** the Committee received an update on the Vascular Service Clinical Progress Report and Action Plan. Members queried the variation in waiting times for outpatient clinic appointments across Hywel Dda and were advised that business meetings take place each month to discuss outpatient capacity in order to prioritise need. However, given the infancy of the vascular network, it was suggested that generic learning could be taken, from other networks. Members were informed that Transient Ischemic Attack (TIA) clinics are currently provided over multiple sites and there is a need to implement a revised pathway both locally and regionally, with further discussions on the configuration of the pathway expected in January 2019. It was emphasised that any delay in an assessment following a TIA can affect patient outcome, including the risk of stroke if assessments are not undertaken in a timely manner. The Chair commented that although QSEAC can take some assurance from the progress report, concerns of potential patient harm remain due to delays in service provision. Members were informed that the Vascular Annual Report has recently been issued and that new outcome data would be available in February 2019. It was therefore agreed that a further report would be presented to QSEAC in April 2019.

- **Dermatology Service Fragility –** Members were presented with a report outlining potential harm to patients as a consequence of the fragility of the dermatology service within Hywel Dda. The Committee expressed concern that the report did not provide sufficient detail to establish the impact to patients and thus could not be assured with the proposed plan. It was acknowledged that the medical dermatology workforce within Hywel Dda has a recognised shortfall in both consultant and middle grade doctors with more innovative ways of working required including a regional model of working. Members welcomed the investment in Advanced Nurse Practitioners (ANP) and enquired whether these posts would be expanded. Following discussions on the next steps, it was proposed that OQSESC should monitor the patient

impact and outcomes and report to QSEAC any exceptions, with BPPAC monitoring any RTT concerns.

- **Corporate Risks Assigned to QSEAC –** the Committee received the Corporate Risk Report outlining the 14 corporate risks assigned to QSEAC from the Board. In order to provide assurance to the Board, each risk was discussed in its granularity to identify any gaps in controls. The Committee noted the Corporate Risks assigned to QSEAC and took an assurance, where provided, on the adequacy of the controls in place.

- **Quality And Safety Dashboard And Associated Quality Report –** Members were presented with the key priority areas contained within the Quality and Safety Dashboard and Associated Quality Report and advised that the Health Board's regional approach to falls has been seen as an exemplar in Wales. Members noted that following Healthcare Inspectorate Wales (HIW) recent unannounced visit in WGH, where they commented positively on the improvement work which was evident within the wards, it was noted that hand hygiene has been identified as an area for improvement. Members acknowledged the significance for the Health Board that sepsis bundle compliance has reached 100% for all wards across all sites for the first time since data collection began approximately 7 years ago and suggested this be included in the Annual Quality Statement (AQS). The Chair emphasised the importance of the reduction in C.difficile cases in September and October 2018 to QSEAC with no episodes of cross infection, demonstrating that the effective management in place and commended the team involved for this improvement. Whilst Members were assured with the progress of the dashboard, it was suggested that where hotspots have been identified, it would be beneficial to provide details of the mitigating actions the teams have undertaken that have shown improvements.

- **Pressure Damage Prevention Whole System Implementation Plan – Update –** Members were presented with an update on the Pressure Damage Prevention Whole System Implementation Plan, and whilst noting the considerable reduction in reported pressure damage, were informed that sustainability may be challenging for GGH and WGH. Next steps will involve a focus on community pressure damage which will follow the actions that took place in acute settings, and will be made available for QSEAC in April 2019. Members welcomed the progress made and the current trajectory which shows that the mitigating actions in place are having a positive effect, however acknowledged the challenge to be more innovative in managing this issue. Given that assurance could be taken from the progress made, it was agreed that pressure damage would be monitored by OSQESC and only escalated to QSEAC by exception.

- **Dementia Care Progress Report –** Members received the Dementia Care Progress Report and were informed that to improve access a Dementia Steering Group has been established. National actions have progressed which are improving patient access to services, however the next stage from a

Health Board perspective will require an increase in the workforce. Given that much of the work is linked to funding for specific posts, a scoping exercise will be progressed over the next few weeks with the intention that this is completed by the end of March 2019. In order to gain assurance on behalf of the Board, it was proposed that a further report would be required at QSEAC to include the current position, the priority areas, the strategic approach and timeframe to deliver these.

- **External Monitoring (HIW & CHC) Activity 1 August – 30 November 2018 -** Members received an update on activity undertaken by HIW and the Community Health Council (CHC), from 1 August to 30 September 2018. The Committee was advised that all reports are discussed at triumvirate meetings where progress is monitored and where any recommendations are not being progressed in a timely manner these are subject to review by the Audit & Risk Assurance Committee (ARAC).

- **Quality Safety Experience Assurance Committee Work Plan 2018/19 -** the QSEAC Work Plan 2018/19 was received for information.

- **Quality Safety & Experience Assurance Committee Decision Tracker -** the QSEAC Decision Tracker was received for information.

- **Quality Safety & Experience Assurance Sub-Committee Decision Tracker -** the QSEAC Sub-Committee Decision Tracker was received for information.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer /
Matters Requiring Board Level Consideration or Approval:

- None

Risgiau Allweddol a Materion Pryder /
Key Risks and Issues/ Matters of Concern:

- **Vascular Service Clinical Progress Report and Action -** Given the Committee's concerns regarding the impact on patient outcomes due to delays in vascular service provision, an update on recent outcome data will be presented to QSEAC in April 2019.
- **Dementia Care Progress Report –** Given that funding will be required to increase the workforce to improve patient access to Dementia services, for the Board's assurance, a further report has been forward planned for QSEAC.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /
Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:
5th February 2019

7.7   Bi-Annual Improving Experience Report / Adroddiad Chwemisol Gwella Profiad
Presenter: Mandy Rayani
             Improving Experience Report SBAR January 2019

             Improving Experience Report January 2019

             Ombudsman Letter to CEO 15 October 2018

             Ombudsman Annual Letter Factsheet 2017/18

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	31 January 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Improving Experience Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mandy Rayani, Director of Nursing, Quality & Patient Experience
SWYDDOG ADRODD: **REPORTING OFFICER:**	Louise O'Connor, Assistant Director (Legal Services & Patient Experience)

Pwrpas yr Adroddiad (dewiswch fel yn addas)   **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA   **SBAR REPORT**
Sefyllfa / Situation   This report provides the Board with a summary of concerns information and patient feedback for the period 1st April 2018 to 31st December 2018.   The report also includes the Pubic Services Ombudsman for Wales Annual Letter (2017/18) and factsheet, received in October 2018.
Cefndir / Background   The University Health Board (UHB) is highly committed to improving the patient experience and welcomes feedback to continually improve outcomes and experiences for our patients.   The Putting Things Right Regulations introduced in 2011, provide target timeframes for responding to concerns, as follows: 'a body must take all reasonable steps to send a response to the person who notified the concerns within 30 working days, if a body is unable to provide a response within this time frame, it must send the response as soon as reasonably practicable and within 6 months. Where the redress arrangements are engaged, the body must attempt to issue a final investigation report to the person seeking redress within 12 months of receipt of the concern.'   The Board is asked to note that the UHB has revised the Datix system in readiness for the changes to the all Wales reporting process and introduced a number of different ways in which we measure the concerns received. As a result of these changes, the Board will note an increase in the number of formal complaints recorded.
Asesiad / Assessment   **The Ombudsman Annual Letter** for the period ending 31st March 2018, highlighted areas for improvement in relation to complaint handling, including timeliness of responses and communication and compliance with timescales for submitting information to the Ombudsman's office.

In relation to timeliness, as at 31st December 2018, the UHB has achieved the Welsh Government target for responding to 75% of concerns received within 30 working days. Detailed monitoring of this will continue to be undertaken to ensure maintenance of this target and also in relation to the quality and outcomes aspects of the process. The number of concerns re-opened remains below 1.5% of the cases closed. The number of cases taken into investigation by the Ombudsman has reduced by 47% for the period, compared to the previous year.

Improvement was also required in the timeliness of submitting information to the Ombudsman for investigation such as medical records and responses to questions posed by the Ombudsman as part of the investigation process. For the period of reporting, information and responses were submitted on time or within one week or less of the required submission date in 74% of cases. Requests for information were completed on time in 80% of cases. Ongoing challenges remain in receiving timely information to meet the timescales set for investigation response letters, which set out the UHB's observations on the issues for investigation. Further analysis of the case is undertaken as part of this process and most delays occur where the issues for investigation span multiple directorates or sites.

The Public Interest Report referenced in the Annual Letter has previously been discussed by the Board and compliance with the required action plan has been achieved. A review of the themes of all of the public interest reports across Wales for the previous year will be undertaken and the themes and issues reviewed by the Improving Experience Sub-Committee and by governance/lessons learnt meetings in the relevant directorates.

The actions required in the Ombudsman's Annual Letter are subject to ongoing monitoring by the Improving Experience Sub-Committee, which is attended regularly by the Ombudsman's Improvement Manager.

Patient and service user feedback is received into the UHB through a variety of routes: compliments (formal letters and the Big Thank you); formal concerns, informal concerns; Patient Advice and Liaison Service (PALS) feedback; local surveys; focus groups, on line feedback through the Friends and Family Test (FFT); the all Wales NHS survey and via social media. From April 2019, the UHB will be including new and improved ways for service users to tell us about their experiences and the way in which we use the feedback will also be strengthened.

Following discussion at the Board Seminar in December 2018 and discussions with the Community Health Council, a revised approach is being developed to patient experience, with a detailed plan for how we will implement our new patient experience programme. This will be submitted to the Quality, Safety & Experience Assurance Committee for approval on 4th April, 2018 following a period of engagement by the Improving Experience Sub-Committee.

284 formal compliments have been reported for the period; with the introduction of the new patient experience module on the Datix risk management system, this will provide a method for services to record compliments and patient experience activity to improve on the reporting and analysis of this feedback on a triangulated basis.

For the period, 12,115 people also responded to the Friends and Family Test Survey about their experiences in A&E and Minor Injury departments. 87% of the responses said that they would recommend the service to family or friends. This feedback is being monitored by the departments to ensure that service changes can be made where required.

165 responses were also received relating to the NHS Wales Experience Survey. 60% of people responding rated their overall experience of care as positive. The majority of responses

related to A&E (44%); outpatients (13%) and day surgery (8%). Areas for improvement were appointments and waiting times. The Patient Experience Sub-Committee will monitor the responses to feedback and seek to improve the rate of patients who report a positive experience.

Formal Complaints – for the period were recorded as 382. 917 PALS cases were received and managed and a further 1228 enquiries/early resolutions were managed by the Concerns Hub. As highlighted above, 75% of these concerns were responded to within the 30 working days, and 90% of all concerns are responded to within 6 months.

Claims

The overall number of personal injury claims being pursued against the UHB remains below average compared to the All Wales position. There are currently 331 clinical negligence claims open against the UHB, which are at various stages, compared to 323 at 31st December 2017. The main specialties in which claims are received are Trauma and Orthopaedics, Accident and Emergency and General Surgery. The number of cases received in relation to Obstetrics is low but these, if successful, tend to be of high value and take a number of years for settlement to be achieved. In the year to 31st December 2018, 63 clinical negligence claims against the UHB were withdrawn.

Patient Safety Incidents

Awareness-raising sessions continue to be undertaken throughout all hospital sites, focussing on the importance of incident reporting and highlighting good practice. In relation to serious incidents reported to Welsh Government, these are required to be investigated and closed with preventable actions put in place, within 60 working days. The target for compliance with this is 90%. The UHB has been working extremely hard on the scrutiny and management of serious incidents and met the target in July 2018; however compliance has not been maintained and the Team is undertaking focussed work to improve on this position, as well as strengthening the identification and sharing of learning across services.

The main themes arising from concerns remains consistent with previous reporting periods:

- Waiting times and access to appointments (particularly prevalent in orthopaedic, ophthalmology, dermatology and therapy services);
- Standard of record keeping and completion of assessment paperwork;
- Communication and consent;
- Attitude/ behaviour/ assault
- Inpatient falls;
- Avoidable Pressure Damage;
- Nutrition/Hydration;
- Delayed/missed diagnosis
- Access to GP and Dental Services.

Information on action taken as a result of these identified themes has been provided via assurance reports to the Quality, Safety & Experience Assurance Committee and Improving Experience Sub-Committee, a summary of which is provided in the attached report. Following the conclusion of an investigation, the lessons learnt are identified and appropriate action plans put in place, which are monitored by the lessons learnt arrangements within directorates. Assurance on the progress and completion of actions is provided through the quality, safety

and experience governance processes.   The lessons learnt arrangements are being reviewed across all services, to ensure improved monitoring and audit of outcomes.

To continue to support the learning culture in the organisation, a variety of learning and improvement initiatives have been undertaken, these are as follows:

- Patient Safety Awareness Day
- Quality & Safety Newsletters
- Establishment of patient forums
- Learning from Events Flyers
- Case Study presentations
- Improvement workshops
- Patient Participation Groups

Argymhelliad / Recommendation

The Board is asked to receive the report, which highlights to patients and the public the main themes arising from patient feedback, together with examples of action being taken in response to findings from investigations.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Risk Register Reference:	6.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	6.3 Listening and Learning from Feedback
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	9. To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 10. To deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future	Please explain how each of the '5 Ways of Working' will be demonstrated
	Long term – can you evidence that the long term needs of the population and organisation have been considered in this work?

Generations (Wales) Act 2015 - 5 Ways of Working: [Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide](#)	N/A
	Prevention – can you evidence that this work will prevent issues or challenges within, for example, service delivery, finance, workforce, and/or population health? Feedback from patients is used to continually improve systems and processes which seek to improve clinical outcomes and experiences for patients, their families and wider population.
	Integration – can you evidence that this work supports the objectives and goals of either internal or external partners? N/A
	Collaboration – can you evidence working with internal or external partners to produce and deliver this piece of work? N/A
	Involvement – can you evidence involvement of people with an interest in the service change/development and that this reflects the diversity of our population? N/A

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	NHS (Concerns, Complaints and Redress Arrangements) (Wales) 2011
Rhestr Termau: Glossary of Terms:	Included in body of report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Improving Experience Sub-Committee

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	All concerns have a potential financial implication: whether this is by way of financial redress, following an admission of qualifying liability, or an ex-gratia payment for poor management of a process; or an award made by the Ombudsman following his review of a concern.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Information from concerns raised highlights a number of clinical and service risks, which should be reflected in directorate and corporate risk registers. There are financial and reputational risks associated with complaints that are upheld or not managed in accordance with the Regulations. The UHB also has a duty to consider redress as part of the management of concerns, which carries financial risks associated with obtaining expert reports and redress packages.

Gweithlu: **Workforce:**	Improving the patient experience and outcomes for patients is a key priority for the UHB. All concerns received from patients, public and staff alike are taken seriously and investigated in accordance with the procedures. Information from concerns raised, highlights a number of clinical and service risks, which should be reflected in directorate risk registers. All directorates are required to have in place arrangements for ensuring lessons are learnt as a result of investigation findings on concerns and that appropriate action is taken to improve patient care.
Risg: **Risk:**	The putting things right process is designed to support staff involved in concerns and incidents. All managerial staff has a responsibility to ensure staff are appropriately supported and receive appropriate advice throughout the process. The success of the process is dependent upon the commitment and support from staff across the organisation not only as part of the investigation process and being open arrangements, but in the encouragement of patients and their families to provide feedback, both positive and negative, to support organisational learning.
Cyfreithiol: **Legal:**	The UHB has a duty under the Concerns and Redress Regulations to consider redress where this deemed to be a qualifying liability. The Regulations also incorporate formal claims, including clinical negligence and personal injury claims.
Enw Da: **Reputational:**	There are ongoing reputational risks for the UHB in relation to media, press and social media regarding any concerns, and outcomes from published Ombudsman Reports and any external investigations/inquiries.
Gyfrinachedd: **Privacy:**	Only relevant information is reviewed as part of the concerns process and this is carried out with the explicit consent of the patient or authorised representative. Information is recorded and treated sensitively and only shared with people relevant to the investigation process.
Cydraddoldeb: **Equality:**	The process is established to learn from concerns: it is designed to ensure that it is fully accessible to patients and their families. The aim is to involve patients throughout the process and to offer meetings with relevant clinicians, with the required support depending upon individual needs. Advocacy is offered in the form of CHC advocates and specialist advocacy is also arranged where necessary, e.g. in the areas of mental health; learning disability or children/young people's services. Concerns literature is accessible in a range of languages and formats and translation services are available, when required.

Improving Experience Report – Listening and Responding to Feedback

1st April 2018 – 31st December 2018

Introduction

The following report provides an overview of patient experience feedback inclusive of complaints and claims (collectively known as concerns under the Putting Things Right Regulations) across Hywel Dda University Health Board (UHB).

The information provided covers the period **1st April 2018 to 31st December 2018.** This report presents a summary of the themes and trends from the data collected for this period, together with information on what action the UHB is taking in response to the concerns received.

**Overview**

Patient Experience Feedback

The UHB gains service user feedback in a variety of ways, in accordance with the NHS Framework for Assuring Service User Experience, which involves the use of a four quadrant model (real time, retrospective, pro-active/reactive and balancing).

Examples of the various methods include: surveys in clinical and ward areas, feedback cards, on line surveys, the Big Thank You (an online facility to report compliments), as well receiving feedback in the form of complaints, claims, enquiries and patient safety incidents.

From April 2019, we will be launching a new patient experience programme, which will include new and improved ways for service users to tell us about their experiences. We will also ensure that the way in which we use the feedback to both plan for and improve our services is strengthened. A summary of the feedback received and what has been done to improve services will be published in a variety of ways to inform service users, members of the public and of course our staff.

Following discussion at the Board seminar in December 2018 and discussions with the Community Health Council, a revised approach is being developed to patient experience, with a detailed plan for how we will implement our new patient experience programme. This will be submitted to the Quality, Safety and Experience Assurance Committee for approval on 4th April, following a period of engagement by the Improving Experience Sub-Committee.

Compliments: 284 compliments were received via the **Big Thank You initiative** in addition to the many received direct at ward and service level and by formal letter to the Chief Executive and Chairman. The graph below shows the compliments received, by speciality, with A&E and Gynaecology receiving the highest number during this period

Compliments by Specialty admitted
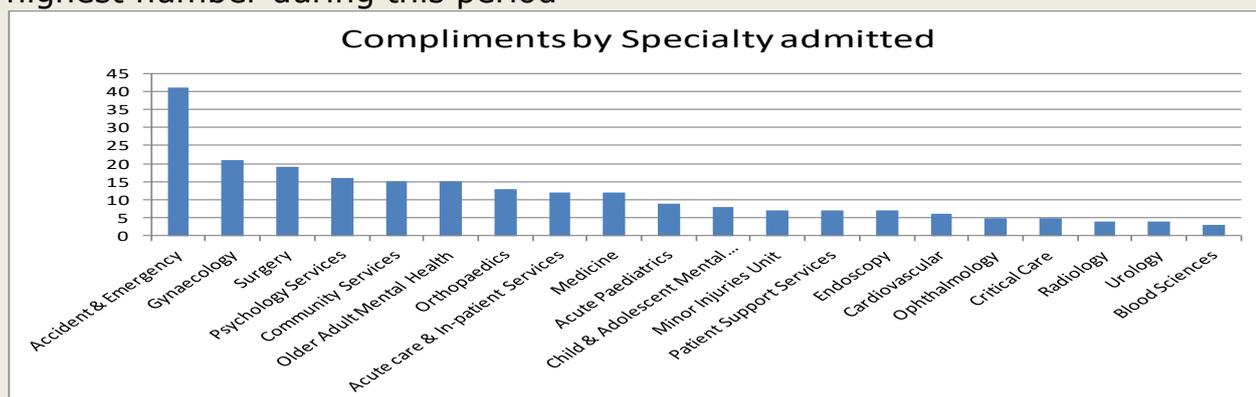
The following are examples of the feedback provided, most refer to the kindness, care and compassion shown by staff members:

Bro Cerwyn: "thank you all - everyone who supported * through a very difficult time in her life. You really have made it a success story. We, her friends, shall always remember the wonderful care and time that you all gave her"

I felt that I needed to commend the sterling work of the chaplain, his work often unrecognised... such emotional support during a difficult time does offer an ongoing care and encouragement toward recovery.

Friends and Family Test (FFT): The FFT is an opportunity for people to provide feedback on their experience of services; it involves asking a standard question after patients have received care and treatment: "How likely are you to recommend our service to friends and family if they need similar care or treatment"? Since February 2017, this service has been available for all A&E and minor injury units and will be rolled out to other services over the next few months.

During the period 1st April to 31st December 2018, the UHB sent 79,143 Friends and Family surveys to patients who had been discharged from one of our A&E departments or minor injuries units. This represented 89.6% of all of the discharges from these areas. Of these surveys, 14% responded, which is in line with the national average for this type of survey. The volume of positive feedback across the period has been reasonably stable, with an average for the period of just over 87% who would recommend the service to family or friends; however a dip was observed in September 2018, driven by an increase in negative feedback received about A&E at Glangwili Hospital, which now has an improving position.

	BGH	GGH	WGH	PPH	CDH	TCH	HDd HB
Would Recommend	91.74%	85.29%	85.46%	85.61%	92.51%	94.99%	87.30%
Would Not Recommend	3.85%	7.38%	7.41%	7.03%	2.67%	1.37%	6.23%
Total Responses	2,470	3,481	2,592	2,759	374	439	12,115

% Responses that would Recommend

Bronglais General Hospital — Cardigan & District Hospital — Glangwili General Hospital — Prince Philip Hospital — Tenby Cottage Hospital — Withybush General Hospital
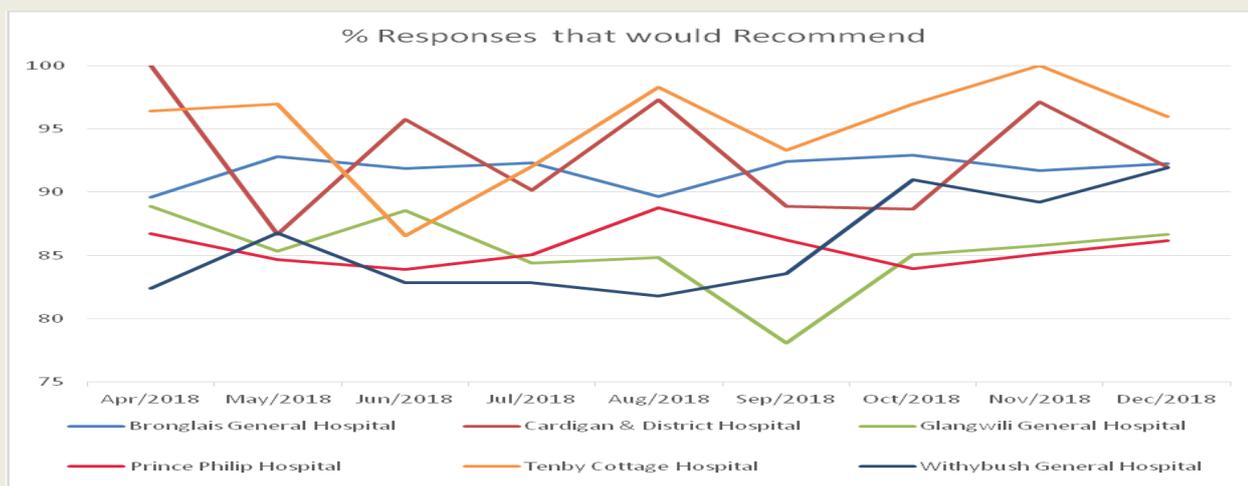
Examples of the responses received are as follows:

> *Friendly, genuine, happy, honest staff from entering the building to leaving. Treatment was quick but not rushed and the hospital had a friendly atmosphere with the colour coded walls and furniture. Most importantly it did not smell of hospital thank you.*

> *The service from reception onwards was great. We were directed to the MIU and were seen within 15 minutes. The 2 nurses that took care of me were wonderful. Thorough, kind and humorous making a very difficult situation more bearable. Can't thank them*

> *The Staff were very professional and extremely caring to us and everyone around us they took great care of our daughter who is thankfully better now I couldn't ask them for any more they do a very hard job and are a credit to our country.*

> The start of the experience began with the two receptionists. They were both very abrupt and very unwelcoming considering that people go to A &E due to being in pain or distressed they did nothing to make me feel at ease. I never ever use A&E and wouldn't dream of going there if I didn't need too. Really was made to feel like an inconvenience. The wait time was 4 hours due to there being only 1 Dr on duty. The A&E dept was extremely busy. I saw a triage nurse within about 1.5 hrs after arriving who was lovely and very efficient and had a wonderful manner. I did not see the doctor until the 4 hr.

Care Opinion

Care Opinion is a non-profit feedback platform for health and social care services.

The organisation's aim is for people to be able to share their experiences of health and care in ways which are safe, simple, and lead to learning and change. Whilst the UHB does not currently promote the Care Opinion portal or subscribe to paid for services from Care Opinion, we do monitor any feedback "stories" that have been made about the UHB.

There have been around 60 stories told about Hywel Dda UHB on the Care Opinion portal in total.

All feedback received, together with the organisation's response, is shared with Healthcare Inspectorate Wales (HIW).

Your NHS Wales Experience Survey feedback: the survey receives a small number of responses via the intranet site; however this will continue to be promoted and encouraged. It is recognised that a better mechanism for accessing the survey online will need to be identified. During the reporting period, **165** responses were received. The table below demonstrates that **60%** of the responders rate their overall experience of care and using our services as positive (rating 9/10);

however it is recognised that there were a significant number of less positive ratings, the reasons for which will be discussed through the Improving Experience Sub-Committee. When asked:

➢ **"Which service would you like to talk about"** the top three answers were **A&E** at 44%; **Outpatients** department at 13% and **Day Surgery** at 8%.

➢ **"Do you feel that people were polite to you"** 63% responded with always, 9% with usually and sometimes, 6% with never and 13% chose not to answer.

- ➢ **"Do you feel that you were listened to"** 59% responded with always, 10% with usually and 9% with sometimes, 9% responded with never and 12% chose not to answer.

- ➢ **"Did you feel you were given all the information that you needed"**, 55% answered with always, 11% with usually and 8% with sometimes, 12% responded with never and 14% chose not to answer.

- ➢ **"Were you given enough privacy**, 61% answered with always, 12% with usually and 6% with sometimes, 7% responded with never and 15% chose not to answer.

- ➢ **"Were you given the support you needed to help with any communication needs"** 42% answered with always, 5% with usually and sometimes, 5% responded with never and 44% chose not applicable or provided no answer.

- ➢ **"Were you able to speak to staff in Welsh if you needed to"** 66% answered with not applicable (I don't speak Welsh), 8 % chose always, 8% with usually and sometimes, 4% responded with never and 14% chose not to provide an answer.

- ➢ **"Did you feel you had to wait to use this service"**, 48% answered with a short time, 13% with A little longer than needed, 9% responded with longer than needed and 16% chose to answer a lot longer.

- ➢ **"How clean the environment was"**, 59% answered very clean, 16% answered with fairy clean and 3% responded with not very clean or not clean at all.

- ➢ **"If staff were observed to clean their hands before they provided care",** 38% answered with always, 10% answered with never, 6% with usually and sometimes and 21% answering that they didn't know.

- ➢ **"Did you feel that everything you needed for your care was available"**, the responses received were 52% always, 10% usually, 12% sometimes and 6% never.

- ➢ **"Were things explained to you in a way that you could understand"** 56% responded with always, 15% with either sometimes or usually and 8% with never.

- ➢ To the question of **"were you able to ask questions if you wanted to"** 75% felt that could either always, sometimes or usually and only 5% felt that they never could.

- ➢ 42% advised that **when they asked for assistance they got it**, but that fell to 37% when asked if the **assistance was provided when they needed it.**

➢ 71% of respondents felt that they were always, sometimes or usually **involved as much as they wanted to be in decisions about their care** with only 8% responding that they were never involved as much as they wanted to be.

In response to the question "**Was there anything we could change to improve your experience**" the following word cloud shows that 'appointments', 'waiting times', and 'staff' were the most commonly used words in providing the feedback.

In response to whether there **"Was there anything particularly good about your experience that you would like to tell us about?"** the most common word used was 'staff' followed by 'care'.

Complaints

As previously reported to Board, due to the expected change in recording and measuring the concerns data for the new financial year, the UHB has amended the reporting criteria, which has resulted in an increase in the number of formal complaints.

For the period 1st April 2018 to 31st December 2018, **382** complaints were received, **32** of which were graded as serious on initial review of the case (grade 4/5). As at the end of December 2018, **185** cases were awaiting a response, **122** of which had exceeded the **30 working day target** and **34 over 6 months.**

The UHB has **met the Welsh Government Target of 75%** responded to within 30 working days **as at the end of December 2018**. Close monitoring and increased focus will continue to be given to this area to maintain and improve on the position.

445 cases were **closed** during the period, as at the end of December 2018, 5 **of which were re-opened** for further investigation. Any cases re-opened are reviewed by the Concerns Manager and the Senior Clinical Investigations Manager to identify any lessons learnt from the investigation process which are discussed with the services involved and the Case Handler.

917 Patient Advice and Liaison cases were received, 25 of which required escalation (2.7%) to the formal investigation process. At the end of December 2018, **24** cases were **outstanding**, **7** of which were **open over 30 working days**.

1228 enquiries/information requests were received and dealt with by the Concerns Hub during the period.

The following table shows the top 10 specialities receiving the highest number of complaints:
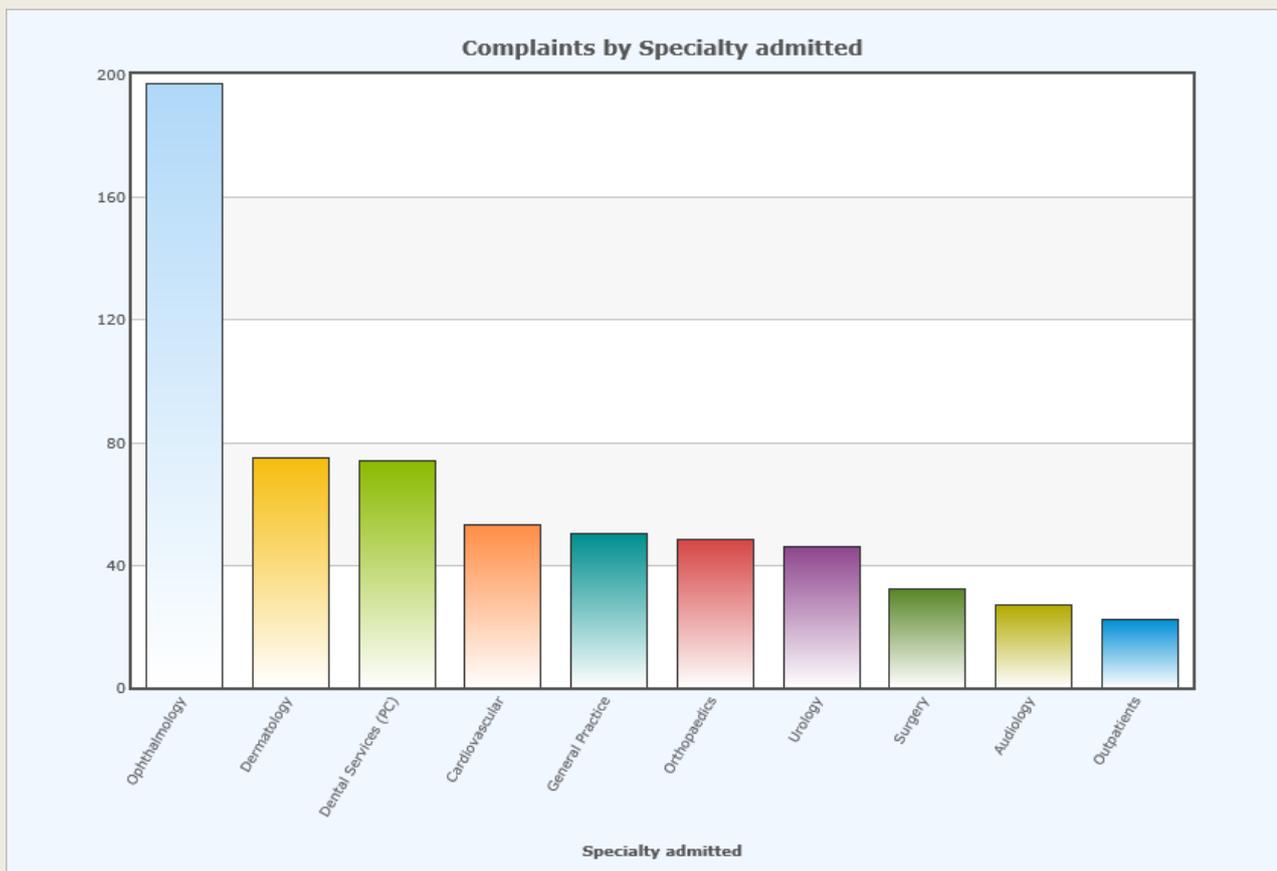
The predominant theme in **Ophthalmology** regarding patient experience relates to delayed follow up appointments. A review group has been established which meets on a fortnightly basis to ensure all incidents/concerns are actioned appropriately. Patient pathways have been improved such as cataracts being followed up by optometrists in the community, 6 weeks post operatively; initiative clinics were established to manage new referrals.

In relation to **Dermatology** the main areas of concern are waiting times and access on all sites. Recruitment into medical and nursing teams for this specialty remains a priority.

The themes across the UHB relate to:-

Appointments: 899 concerns (informal/formal) received to date, the highest number relating to ophthalmology; dermatology and dental services. Cancellations and waiting times were the main cause for concern.

Clinical Treatment/Assessment: 527 concerns were received, the specialities receiving the highest numbers relate to A&E; the main causes for concern were patient's perception of poor care & treatment; lack of or delayed diagnosis; missed fracture. Within the speciality of orthopaedics, the most significant reason for raising a concern was dissatisfaction with treatment, with the highest number received for Withybush Hospital.

Communication; 416 concerns were received; and 225 relating to **attitude/ Behaviour/Assault –** the highest number of which were recorded in the A&E Department at Glangwili Hospital. The area of communication continues to be a significant theme in the root causes identified from investigation, across all areas of concern. This will be taken forward by a collaborative group as part of the quality improvement strategy work.

Standard of record keeping and completion of assessment paperwork continues to be a theme across all areas of concern. There is an ongoing programme of training on professional standards and record keeping which is also subject to regular audit.

Incidents

Patient safety incidents are reported where any unintended or unexpected incident occurs, which may have or did lead to harm for one or more patients receiving NHS care.

The UHB is committed to improving the patient safety culture within the organisation and delivered a Patient Safety Awareness Day in December 2018 across all 4 hospital sites. This included:

- The importance of incident reporting
- Do's and Don'ts of incident reporting
- Top reported incidents
- Shared Learning poster
- Improvement initiatives

The Assurance Safety & Improvement Team placed information stands in prominent places within the hospitals and also visited ward and department areas to talk about patient safety.

	Level 1	Level 2	Level 3	Level 4	Level 5	Total
Apr 2018	465	296	103	6	4	874
May 2018	488	328	111	4	5	936
Jun 2018	482	307	77	9	4	879
Jul 2018	517	313	114	9	10	963
Aug 2018	475	240	113	8	4	840
Sep 2018	455	262	95	12	5	829
Oct 2018	504	323	95	9	8	939
Nov 2018	528	330	101	6	8	973
Dec 2018	474	308	113	13	2	910

Serious Incidents Reportable to Welsh Government

There are certain incidents which need to be reported to Welsh Government as serious incidents. These incidents are required to be investigated and closed, with preventable actions put in place, within 60 working days. The target for compliance with this is 90%. The UHB has been working extremely hard on the scrutiny and management of serious incidents and has achieved target at 94% compliance in July 2018; however, sustaining this level has proved challenging. Focussed work continues in order to assist services to meet this target. Shared learning continues across the organisation. The grading of incidents is as follows:

Level of Harm	Explanation
Level 1:- No harm	A situation where no harm incident occurred, either a prevented patient safety incident or a no harm patient safety incident.
Level 2:- Minor Harm	Any unexpected or unintended incident which required extra observations or minor treatment and caused minimal harm, to one or more persons.
Level 3:- Moderate harm	Any unexpected or unintended incident which resulted in further treatment, possible surgical intervention, cancelling of treatment, or transfer to another area and which caused short term harm, to one or more persons.
Level 4:- Major Harm	Any unexpected or unintended incident that caused permanent or long term harm, to one or more persons.
Level 5:- Catastrophic Harm	Any unexpected or unintended incident which caused the death of one or more persons.

What does this tell us?

The top reported patient safety incidents reported across the UHB remain the same, namely, pressure damage and inpatient falls. These are a focus for the Quality Improvement team, with various initiatives underway. This data, together with the associated actions are contained within the Quality & Safety Dashboard, which is reported and scrutinised through the Quality, Safety & Experience Assurance Committee (QSEAC).

Clinical Negligence and Personal Injury Claims

The UHB's solicitors, NWSSP Legal & Risk Services, have recently undertaken a review of the UHB's Personal Injury Claims as at 30th September 2018. The overall number of personal injury claims being pursued against the UHB is below average compared to the All Wales position. The majority of claims currently on-going in the UHB relate to Slips, Trips and Falls and Violence and Aggression, which are consistent themes across NHS Wales.

The number of open cases during this period has remained static, whilst the number on an All Wales basis has shown a slight downward trend during this time. There has been a small decrease in the number of Defective Equipment claims in the UHB, whilst the number of Needle stick Injuries claims remains static and is below the All Wales average position.

There are currently **331** clinical negligence claims open against the UHB at 31st December 2018, which are at various stages, compared to 323 at 31st December 2017. The main specialties in which claims are received are Trauma and Orthopaedics, Accident and Emergency and General Surgery. The number of cases received in relation to Obstetrics is low but these, if successful, tend to be of high value and take a number of years for settlement to be achieved.

In the year to 31st December 2018, **63 clinical negligence claims** against the UHB **were withdrawn**, 53 where action was not pursued on disclosure of records or evidence served demonstrating that there was no case to answer, 3 claims were transferred to Redress, 3 were dismissed by the Court, one was struck out as it had been dormant for three or more years and one where the statutory limitation period had expired. This compares with **36 cases which were closed** with all costs

settled in the year to 31st December 2018.   61 were withdrawn in the previous year, with again 36 cases closed with all costs settled.

Members of the Redress and Legal Services Team regularly attend Directorate Governance meetings to provide information on the progress of claims and to identify those cases where measures have been or need to be put in place to prevent similar incidents occurring in the future. Team members have also provided training to services when requested throughout the period, particularly in relation to record-keeping and good practice.

The UHB is participating in a Welsh Risk Pool pilot whereby on the admission of causation, and not as currently required upon the settlement of all costs, reports are submitted to the Welsh Risk Pool providing details of lessons learned and monitoring measures put in place. This ensures that any learning is identified at a much earlier stage in the claim. To facilitate this, the Team when forwarding expert reports to services, confirms any issues that have been identified therein and requests the Directorate/Service respond with the actions that have been taken to address these.

Public Services Ombudsman for Wales

The attached Annual Letter and fact sheet for the period 1st April 2017 to 31st March 2018 was received by the Chairman in October 2018.

The Ombudsman has highlighted the variance in performance of complaints handling and the number of health related concerns being received by his office as an ongoing concern. The Board will note that there was a reduction in the number of concerns, received in 2017/18, albeit a slight reduction of 2%, against an overall increase of 11% for health boards generally across Wales.

Since 1st April 2018, this position in relation to the number of new investigations has continued to improve; **as at 31st December 2018, there has been a 47% reduction** in the number of new Ombudsman investigations received, compared to the same period for the previous year. Required improvements relate to complaint handling, which may include timeliness/delays, or investigation responses by service area. Despite a significant improvement in the meeting the performance target for 30 working days; further work is required to improve upon this position, with 34 cases currently still open over 6 months.

Improvement was also required in the timeliness of submitting information to the Ombudsman for investigation such as medical records and responses to questions posed by the Ombudsman as part of the investigation process.

For this current period, 74% of information and response requests have been complied with on time, or submitted within one week or less of the required response date.

80% of information requests were submitted on time. Ongoing challenges remain for the UHB's Ombudsman Liaison Manager in receiving timely information to meet the timescales set for investigation response letters, which set out the UHB's observations to the Ombudsman. Further analysis of the case and investigation response is undertaken as part of this process and most delays occur where the issues for investigation span multiple directorates or sites. There was also a short delay in one case due to the Christmas period.

In relation to the actions required in the Ombudsman's Annual Letter, these are subject to ongoing monitoring by the Improving Experience Sub-Committee, which is attended regularly by the Ombudsman's Improvement Manager.

Responding to Service User Feedback

The UHB is committed to learning lessons and has identified priority areas for improvement. It is essential to learn from service user feedback and from all patient safety incidents. The UHB is investing considerable effort in embedding a learning culture within the organisation. Current approaches are highlighting that investigation is not intended to apportion blame but rather to seek greater clarity on understanding systemic and human factors leading to sharing lessons learned.

Work streams have been established to take this improvement work forward in order to improve the quality of patient care. Some examples are as follows:

Appointments/Access

The UHB's Outpatients and Transformation Project has completed work to review each specialty to maximise capacity for new and follow up appointments. The progress in this area is regularly reported to the Board in the Performance Report and is monitored closely by the Business Planning & Performance Assurance Committee (BPPAC).

For primary care, where access figures have decreased in a practice, the primary care team are working with the practice to review access arrangements and appointment systems and consider other methods such as telephone consulting services, bookable appointments on the day, booking appointment on line, and the use of Choose Well principles.

Clinical Treatment/Delay in diagnosis

Any concern relating to clinical treatment and care is fully investigated by the UHB and where appropriate an independent expert opinion is sought on the standard of care provided, as part of the investigation.

The outcomes of investigations are shared with the clinical team(s) involved and discussed within those teams to enable learning or change of policy/practice.

This work is also supported by a number of service improvement projects across the UHB to modernise and improve the care and treatment offered, by updating the clinical pathway.

Record Keeping

There is an ongoing programme of training on professional standards and record keeping. To ensure this is embedded in practice, the nursing documentation is subject to regular audits which are reported and scrutinised through a nursing dashboard and the medical teams are also carrying out audits of the medical records and sharing lessons learned at their departmental audit meetings.

Communication

The importance of all aspects of effective communication skills and customer care is being emphasised through staff training and development. This is further supported by the presentation of patient stories. The theme of communication, including between patients and clinicians, and also between clinical teams, has been identified as the most common root cause identified from concerns investigations in the UHB. This has been discussed at QSEAC and a quality improvement programme, looking at this specific area, will be established under the Quality Improvement process.

Further work to improve the learning culture and encourage feedback includes:

- Patient Safety Awareness Days
- Quality & Safety Newsletters
- Establishment of patient forums and patient participation groups across secondary and primary care in a wide variety of different settings
- Learning from Events Flyers following identification of action required
- Case Study presentations on claims, incidents, complaints and patient experience
- Improvement workshops (on a range of issues such as pressure damage)
- Display of 'here to listen' posts at the nurses stations on ward areas
- Patient Satisfaction Cards and surveys across a range of services, including chemotherapy units,
- Cancer Patient Support Groups established for different cancer pathways
- A Dignity Champion is available on all sites to support the Endoscopy Team in the delivery of and response to feedback. Environmental changes to improve privacy and dignity on all sites have been made in response to patient feedback.
- Critical Care – establishment of a critical care, patient/relative support group; improvements to the environment to support patients with delirium or dementia has been undertaken, communication aids for patient have also been introduced following patient feedback.

Next Steps

The UHB will ensure a systemised process is in place for the recording and monitoring of patient and service user experience feedback, together with arrangements for evidencing improvements and publishing information on the changes made.

Despite the high degree of commitment and care in the UHB, from time to time failures in the expected standard of care do occur. Often the failings are associated with recurrent themes. It is therefore imperative that we have an effective system to support organisational learning from both local and national recommendations.

The Patient Experience/Concerns Team and the Assurance, Safety and Improvement Team will be undertaking thematic reviews on a monthly basis

following identification of themes and trends, ensuring all relevant data is incorporated and analysed for further review as part of quality, safety and assurance processes.   These trends will be shared with the Service Improvement Team to support colleagues across the UHB to strengthen the lessons learnt process and undertake remedial action to prevent reoccurrence and will also be shared with the Transformation Team to strengthen the interface between patient experience and the transformation work.

✉ Catrin.wallace@ombudsman-wales.org.uk

Matthew.aplin@ombudsman-wales.org.uk

15 October 2018

Bernadine Rees OBE,

Chair of the Board

Sent by email: bernardine.rees@wales.nhs.uk

Dear Ms Rees,

Annual Letter 2017/18

Following the recent publication of my Annual Report, I am delighted to provide you with the Annual Letter (2017/18) for **Hywel Dda University Health Board**.

The number of health complaints coming to my office and the variance in health board performance in complaint handling continues to be a concern. Whilst we saw a welcome 2% reduction in the total number of complaints, those against health boards increased by 11% from 676 in 2016/17 to 747 in 2017/18. As a result, my office organised two special seminars; one for health bodies in jurisdiction on health complaints and best practice in June 2017; and another on complaint handling culture for all public services in February 2018. At the latter event, I was very pleased to see further progress on Out of Hours services with the Rapid Response for Acute Illness Learning Set (RRAILS) project improving out of hours services in health boards across Wales, partly in response to my office's thematic report, "Out of Hours: Time to care", on the subject.

Four public interest reports have been published in the past year. All were health related. As you are aware, one of those reports related to your Health Board. My report identified serious failings in relation to a patient who suffered a cardiac arrest and died after staff failed to correctly diagnose and manage his heart failure. If it has not already done so, I urge the Board to reflect upon my findings and act positively on my recommendations to improve services. Although the other public interest reports related to other health boards, I would also urge the Board to consider whether any of the systemic failures identified in those cases provide opportunities for the Board to review and improve its service provision.

As you will be aware, a new Public Services Ombudsman Bill has been introduced by the National Assembly and is currently at the second stage in the legislative process. This means that Members have agreed the general principles of the Bill and a Financial Resolution was agreed on 17 July 2018. It is important that Wales continues to adopt best practice in complaints handling and public service improvement, and this new legislation would help drive up public service standards. If the Bill progresses I will be engaging with public bodies in Wales in preparation for the introduction of the new powers within the Bill.

Complaints Received - Hywel Dda University Health Board

The number of complaints received in 2017/18 about Hywel Dda University Health Board was 109, a slight reduction since 2016/17 when PSOW received 113 complaints.

Despite the reduction in complaints **received**, the number of complaints about Hywel Dda which were **investigated** by PSOW increased from 23 in 2016/17 to 32 in the 2017/18.

The **subject** of complaints about the Health Board broadly reflect the Welsh average, concerning issues such as appointments/admissions/discharge and transfer procedures, clinical treatment outside hospital, continuing care and medical records.

However, I would draw your attention to the fact that complaints regarding the Health Board's handling of complaints have increased by 93%, from 15 complaints received in 2016/17 to 29 in 2017/18.

We have identified that the **services** which receive the highest number of complaints are Trauma and Orthopaedics (6) and A&E (5).

Complaints Closed - Hywel Dda University Health Board

The total number of complaints closed between April 2017 and March 2018 for Hywel Dda University Health Board was 104. 38% of these prompted an intervention by PSOW. These include upheld complaints, early resolutions and voluntary settlements. As this proportion of interventions is high, I consider that the Health Board should work to resolve more complaints at a local level.

22% of cases about the Health Board were settled either via early resolution or voluntary settlement. 15% of the complaints closed were upheld in whole or in part, with only 6% of cases not upheld following investigation.

As outlined above, I issued one public interest report about the Health Board.

Of the 15% of cases that were upheld, 5 were upheld against Glangwili General Hospital, 5 were upheld against Prince Philip Hospital and 4 were upheld against Withybush General Hospital.

For all health boards, agreed timescales for providing my office with evidence that agreed recommendations have been implemented were not met in 36% of cases in 2017/18. For Hywel Dda University Health Board, this occurred in 63% of cases. This remains of significant concern, as this issue has been raised previously by my assigned Improvement Officer. She has expressed concerns about timely compliance repeatedly with your officers, including when she was invited to speak at your Operational Board meeting on 22 September 2017. This delay in compliance has, worryingly, been highlighted more recently resulting in my having to give consideration as to whether a "section 22" special report might be warranted. I wrote to your Chief Executive regarding this on 5 September 2018, requesting an urgent meeting. Notwithstanding the delay, I note that we are now to meet to discuss this and other matters on 16 October 2018.

In relation to complaints I have fully investigated, as I share draft recommendations with public bodies for comment before they are finalised, I expect any concerns about them to be raised with my office at an early stage, before a report on an investigation is finalised. Once I have issued my final report and bodies have formally agreed them, I expect public bodies to implement recommendations in full and in a timely way.

Action for the Health Board to take:

- Present my annual letter to the Board to assist Board Members in their scrutiny of the Board's performance;
- Reflect upon my findings in the public interest report I issued against your Health Board and positively act upon my recommendations to improve services;
- Consider whether there are any learning points from the systemic failures identified in the other public interest reports (in respect of other health boards) I issued during 2017/18;
- Work to reduce the number of cases which require intervention by my office;
- Work with my Improvement Officer to improve complaint handling, particularly in the parts of your Health Board that generate most complaints **about complaint handling**;
- Improve your performance when complying with any recommendations I have made to improve your service delivery.

This correspondence is copied to the Chief Executive of your Health Board and to Louise O'Connor and to your Contact Officer. I reiterate the importance of this role. Finally, a copy of all annual letters will be published on my website.

Yours sincerely,

Nick Bennett

Public Services Ombudsman for Wales

CC: Steve Moore, Chief Executive

Roger Smith, Contact Officer

Factsheet

A. Complaints Received and Investigated with Health Board average adjusted for population

Health Board	Complaints Received	Average	Complaints Investigated	Average
Abertawe Bro Morgannwg University Health Board	121	127	37	44
Aneurin Bevan University Health Board	121	140	43	49
Betsi Cadwaladr University Health Board	186	167	70	58
Cardiff and Vale University Health Board	94	118	33	41
Cwm Taf University Health Board	74	71	32	25
Hywel Dda University Health Board	109	92	38	32
Powys Teaching Health Board	42	32	8	11

B. Complaints Received by Subject with Health Board average

Hywel Dda University Health Board	Complaints Received	Average
Complaint Handling - Health	29	12
Health - Appointments/admissions/discharge and transfer procedures	3	4
Health - Clinical treatment in hospital	55	62
Health - Clinical treatment outside hospital	5	7
Health - Continuing care	5	8
Health - Medical records/standards of record-keeping	1	1
Health - Other	6	6
Health - Patient list issues	1	1
Various Other - Other miscellaneous	4	2

C. Comparison of complaint outcomes with average outcomes for health bodies, adjusted for population

Local Health Board/NHS Trust	Out of Jurisdiction	Premature	Other cases closed after initial consideration	Early Resolution/voluntary settlement	Discontinued	Other Reports- Not Upheld	Other Reports Upheld - in whole or in part	Public Interest Report	Grand Total
Hywel Dda University Health Board	24	10	22	23	2	6	16	1	104
Health Board average (adjusted)	14	9	22	14	0	6	13	0	80

D. Number of cases with PSOW intervention

Health Board	No. of complaints with PSOW intervention	Total number of closed complaints	% interventions
Abertawe Bro Morgannwg University Health Board	27	101	27
Aneurin Bevan University Health Board	31	94	33
Betsi Cadwaladr University Health Board	70	175	40
Cardiff and Vale University Health Board	32	81	40
Cwm Taf University Health Board	24	65	37
Hywel Dda University Health Board	40	104	38
Powys Teaching Health Board	4	31	13

Appendix

Explanatory Notes

Section A compares the number of complaints against the Health Board which were received and investigated by my office during 2017/18, with the Health Board average (adjusted for population distribution) during the same period.

Section B provides a breakdown of the number of complaints about the Health Board which were received by my office during 2017/18 with the Health Board average for the same period. The figures are broken down into subject categories.

Section C compares the complaint outcomes for the Health Board during 2017/18, with the average outcome (adjusted for population distribution) during the same period.

Section D provides the numbers and percentages of cases received by the PSOW in which an intervention has occurred. This includes all upheld complaints, early resolutions and voluntary settlements.

Feedback

We welcome your feedback on the enclosed information, including suggestions for any information to be enclosed in future annual summaries. Any feedback or queries should be sent to catrin.wallace@ombudsman-wales.org.uk or matthew.aplin@ombudsman-wales.org.uk

PSOW Factsheet

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Section C compares the complaint outcomes for the Health Board during 2017/18, with the average outcome (adjusted for population distribution) during the same period. Public Interest reports issued under section 16 of the Public Services Ombudsman (Wales) Act 2005 are recorded as 'Section 16'.

Section D provides the numbers and percentages of cases received by the PSOW in which an intervention has occurred. This includes all upheld complaints, early resolutions and voluntary settlements.

Feedback

We welcome your feedback on the enclosed information, including suggestions for any information to be enclosed in future annual summaries. Any feedback or queries should be sent to catrin.wallace@ombudsman-wales.org.uk or matthew.aplin@ombudsman-wales.org.uk

7.8   Corporate Risk Register / Cofrestr Risg Gorfforaethol
             Presenter: Joanne Wilson
                  Corporate Risk Register SBAR January 2019
                  Corporate Risk Register Report January 2019

DYDDIAD Y CYFARFOD: DATE OF MEETING:	31 January 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Corporate Risk Register
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Board Secretary Charlotte Beare, Head of Risk and Assurance

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Corporate Risk Register (CRR) is presented to the Board to advise the Board of the principal risks of the University Health Board (UHB) and provide assurance that these risks are being assessed, reviewed and managed appropriately/effectively.

Cefndir / Background

Risk management is a key component of the governance framework, and should underpin organisational strategy, decision-making and the allocation of resources, and as such the organisation is required to have effective risk management arrangements in place. The Board should receive sufficient and timely assurance information on the management of risk to enable them to exercise good oversight.

The Board agreed the approach, format and content of the Corporate Risk Register (CRR) and Board Assurance Framework (BAF) at its meeting on 27th September 2018, and that it should receive the CRR thrice a year and the Board Assurance Framework (BAF) twice a year, however moving forward both will be received twice a year. The in-depth scrutiny and monitoring of corporate risks was delegated to its Board Committees in order that they would provide assurance to the Board, through its Committee Update Report, on the management of its principal risks.

The CRR contains risks that have been identified by individual Executive Directors, and are:
- ➢ Associated with the delivery of the objectives set out in Annual Plan 2018/19; or
- ➢ Significant operational risks escalated by individual Directors and agreed by the Executive Team as they are of significant concern and need corporate oversight and management.

The Executive Team is responsible for reviewing and discussing the CRR at its monthly formal Executive Team, and agree the any new risks and the escalation/de-escalation of operational risks that are on directorate risk registers. It is the role of Executive Team to review controls and ensure appropriate action plans are in place, which might include the development of corporate risk management strategies to manage risk(s). Effective management of these risks enables the organisation to improve its chances of success and reduce the likelihood of failure.

Asesiad / Assessment

There are 29 principal risks on the CRR at present. 14 risks are associated with the delivery of the objectives set out in the Annual Plan 2018/19, and the remaining 15 are significant operational risks escalated by individual Directors and agreed by the Executive Team as they were felt to be of significant concern and required corporate oversight and management.

Since the Board meeting in September 2018, the corporate risks have been reviewed and discussed in detail at its Board Committees which has been reported to the Board via the Committee Update Reports. Risk 635 (No Deal Brexit) now comes under the remit of the Quality, Safety and Experience Assurance Committee as the potential impacts of a 'no deal' Brexit present a high risk to patient services.

The following changes have taken place since the CRR was previously presented to the Board in September 2018. Whilst many of the scores remain unchanged, there is evidence that actions are being taken forward, although some dates in delivery have changed.

Total Number of Risks	29	
New risks	2	*See note 1*
Increase in risk score ↑	0	
No change in risk score →	26	
Reduction in risk score ↓	2	*See note 2*
De-escalated/Closed	4	*See note 3*

Note 1 – New Corporate Level Risks
The Executive Team considered 6 new risks for adding/escalating to the CRR at their formal meeting in December 2018. 2 were approved to be added to the CRR, with a further 3 risks requiring additional work before being added and the remaining risk to remain at directorate level. Below are the 2 **new** risks which were added/escalated to the CRR, these were:

Risk Ref	Risk Description	New Risk/ Escalated?	Date	Reason
44	Ability to manage patients awaiting follow up appointments	Escalated from Directorate	12/12/18	The 12-month reduction target for delayed follow-up outpatient appointments in Trauma and Orthopaedics, Ear, Nose and Throat, Urology, Dermatology and Ophthalmology has not been met with the number of patients waiting longer than the recommended time increasing by 282 from 16,605 in September to 16,887 in October (IPAR, Nov18).
686	Delivering the Transforming Mental Health Programme by 2023	New	12/12/18	New risk developed following the decision by Executive Lead to split risk 637 (now removed) into two separate risks.

Note 2 – Reduction in Risk Score

Risk Ref	Risk Description	Previous risk Score	Risk Score Jan-19	Date	Reason
631	Failure to recognise increasing mortality rates	4x4=16	3x4=12	26/11/18	The risk has been reduced to 12 as the stage 1 review process has been standardised across the Health Board, however more consistency is needed around developing themes and learning from reviews which will be taken forward by the newly established Mortality Review Group by end of March 2019.
633	Ability to meet the new waiting time target of 95% in the new Single Cancer Pathway by April 2019	4x4=16	4x3=12	03/12/18	It is likely that public reporting of shadow reporting in respect of the new single cancer pathway will significantly reduce performance across Wales compared to current USC/NUSC pathways, as evidenced by current monitoring. The current impact has been re-rated as a 3 due to the current absence of confirmed targets in respect of the SCP.

Note 3 – De-escalated/Closed Risks
The Executive Team has agreed the de-escalation of the removal of the following risks from the CRR in December 2018.

Risk Ref	Risk Description	De-escalated /Closed?	Date	Reason
183	Poor condition and function of accommodation at North Road.	De-escalated to Directorate level	12/12/18	QSEAC recommended its de-escalation at its December meeting.
637	Ability to manage increasing demand and to fully deliver Transforming Mental Health (TMH) Programme.	Closed	12/12/18	This risk was split into 2 separate risks (one of which remains at corporate level – risk 686).
649	Lack of succession planning, training of clinical staff and interest in clinical leadership positions.	De-escalated to Directorate level	12/12/18	The risk was reduced to be within the Board agreed risk tolerance level, therefore risk was de-escalated from the corporate to directorate level. The 3 outstanding actions to be completed by end of March 2019.
651	Failure to have a deliverable clinical services strategy by November 2018 to inform the UHB planning process.	Closed	13/12/18 (via chair's action)	This risk relates to delivery of outputs of the TCS consultation by November 2018 to inform the Clinical Services Strategy. This risk did not materialise and therefore was closed

Following approval of the Health Board's Annual Plan by the Board in January 2019, work will start to align the CRR and BAF to the key objectives agreed by the Board within the Annual Plan.

Argymhelliad / Recommendation

The Board is asked to consider if they have sufficient assurance that principal risks are being assessed, managed and reviewed appropriately/effectively through the risk management arrangements in place, noting that these have been fully reviewed by its Board level Committees.

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): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts

Ansawdd / Gofal Claf: **Quality / Patient Care:**	No direct impacts
Gweithlu: **Workforce:**	No direct impacts
Risg: **Risk:**	Poor risk management systems will affect the UHB's ability to achieve its objectives, maintain safe and effective services, and compliance with legislation and regulations, as well as result poor regulatory feedback from auditors.
Cyfreithiol: **Legal:**	No direct impacts
Enw Da: **Reputational:**	No direct impacts
Gyfrinachedd: **Privacy:**	No direct impacts
Cydraddoldeb: **Equality:**	• Has EqIA screening been undertaken? No • Has a full EqIA been undertaken? No

Risk Ref	Risk (for more detail see individual risk entries)	Included on BAF	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Jan-19	Trend	Target Risk Score	Risk on page no...
117	Delays in transfers to tertiary centres for urgent cardiac investigations, treatment and surgery		Teape, Joe	Safety - Patient, Staff or Public	6	4×5=20	4×5=20	→	3×5=15	4
626	Failure to realise all the efficiencies and opportunities from the Turnaround Programme.	SO10	Carruthers, Andrew	Statutory duty/inspections	8	4×5=20	4×5=20	→	2×4=8	7
627	Ability to implement the UHB Digital Strategy within current resources to support the UHB's long term strategy.	SO9	Miles, Karen	Business objectives/projects	6	4×5=20	4×5=20	→	2×3=6	9
451	Cyber Security Breach		Miles, Karen	Service/Business interruption/disruption	6	5×4=20	5×4=20	→	4×3=12	11
245	Inadequate facilities to store patient records and investment in electronic solution for sustainable solution.		Teape, Joe	Service/Business interruption/disruption	6	5×4=20	5×4=20	→	1×4=4	14
628	Fragility of therapy provision across acute and community services.	SO10	Shakeshaft, Alison	Quality/Complaints/Audit	8	4×4=16	4×4=16	→	4×4=16	17
624	Ability to maintain and address backlog maintenance and develop infrastructure to support long term strategic objectives.	SO9	Miles, Karen	Business objectives/projects	6	4×4=16	4×4=16	→	4×4=16	19
629	Ability to deliver against Annual Plan targets against rising demand in unscheduled care.	SO10	Teape, Joe	Quality/Complaints/Audit	8	4×4=16	4×4=16	→	3×4=12	22
630	Ability to deliver the Financial Plan for 2018/19.	SO10	Thomas, Huw	Finance inc. claims	6	4×4=16	4×4=16	→	2×4=8	25
625	Ability to recruit, retain and engage clinical staff to meet rising demand and deliver the long term clinical services strategy.	SO10	Gostling, Lisa	Quality/Complaints/Audit	8	4×4=16	4×4=16	→	2×4=8	27
291	Thrombectomy services being withdrawn by Cardiff and Vale Health Board.		Teape, Joe	Quality/Complaints/Audit	8	4×4=16	4×4=16	→	2×4=8	30
632	Ability to fully implement WG Eye Care Measures (ECM).	SO10	Teape, Joe	Safety - Patient, Staff or Public	6	4×4=16	4×4=16	→	2×4=8	32
686 NEW	Delivering the Transforming Mental Health Programme by 2023.	SO9	Teape, Joe	Service/Business interruption/disruption	6	N/A	4×4=16	New risk	2×4=8	35
634	Overnight theatre provision in Bronglais General Hospital.		Teape, Joe	Safety - Patient, Staff or Public	6	3×5=15	3×5=15	→	1×5=5	37
508	Insufficient resources in fire safety management to undertake appropriate PPMs, risk assessments and audits.		Teape, Joe	Safety - Patient, Staff or Public	6	3×5=15	3×5=15	→	1×5=5	40
635	No deal Brexit affecting continuity of patient care.		Jervis, Ros	Service/Business interruption/disruption	6	3×4=12	3×4=12	→	3×4=12	44
295	Inability to maintain routine & emergency services in the event of a severe pandemic event.		Jervis, Ros	Service/Business interruption/disruption	6	3×4=12	3×4=12	→	3×3=9	46
384	Ability to fully comply with statutory and manufacturer guidelines for medical devices and equipment.		Teape, Joe	Statutory duty/inspections	8	3×4=12	3×4=12	→	3×3=9	48
43	Ability to fully comply with the statutory Welsh Language Standards (WLS) by Mar19.	SO9	Jennings, Sarah	Statutory duty/inspections	8	3×4=12	3×4=12	→	2×4=8	50
44 NEW	Ability to manage patients awaiting follow up appointments		Teape, Joe	Safety - Patient, Staff or Public	6	3×4=12	3×4=12	→	2×4=8	53
631	Failure to recognise increasing mortality rates		Kloer, Dr Philip	Safety - Patient, Staff or Public	6	4×4=16	3×4=12	↓	2×4=8	55
636	Ability to deliver zero breaches for RTT with 36 weeks, diagnostic within 8 weeks and therapy services within 14 weeks.	SO10	Teape, Joe	Business objectives/projects	6	3×4=12	3×4=12	→	2×4=8	57
646	Ability to achieve financial sustainability over medium term.	SO10	Thomas, Huw	Finance inc. claims	6	3×4=12	3×4=12	→	2×3=6	60
647	Failure to have robust systems in place to support the reporting requirements of the Nurse Staffing Levels (Wales) Act 2016.	SO10	Rayani, Mandy	Statutory duty/inspections	8	3×4=12	3×4=12	→	2×3=6	63

633	Ability to meet the new waiting time target of 95% in the new Single Cancer Pathway by April 2019	SO10	Teape, Joe	Quality/Complaints/Audit	8	4×4=16	4×3=12	↓	3×2=6	65
129	Ability to deliver a GP Out of Hours Service for Hywel Dda patients.		Teape, Joe	Service/Business interruption/disruption	6	4×3=12	4×3=12	→	2×3=6	67
652	Security on acute hospital sites.		Teape, Joe	Safety - Patient, Staff or Public	6	3×4=12	3×4=12	→	1×4=4	70
648	Ability to implement its Quality Improvement Strategic Framework within current financial and workforce resources.	SO9	Rayani, Mandy	Business objectives/projects	6	3×4=12	3×4=12	→	2×2=4	72
650	Quality and safety governance arrangements.		Rayani, Mandy	Quality/Complaints/Audit	8	3×3=9	3×3=9	→	1×2=2	74

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

Key - Assurance Required		NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you
	Detailed review of relevant information	
	Medium level review	
	Cursory or narrow scope of review	

Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective and in proportion to the risk
INSUFFICIENT	Insufficient information at present to judge the adequacy/effectiveness of the controls

Strategic Objective:	N/A - Operational Risk	Executive Director Owner:	Teape, Joe	Date of Review:	Jan-19
		Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Feb-19

Risk ID:	117	Principal Risk Description:	There is a risk of avoidable patient harm or death and serious deterioration in clinical condition, with patients having poorer outcomes. This is caused by the delay in transfers to tertiary centre for those requiring urgent cardiac investigations, treatment and surgery. This will lead to an impact/affect on delayed treatments leading to significant adverse outcomes for patients (the 72 hour timescales as per N-STEMI clinical guidance designed to provide urgent cardiac patients the best outcomes), prolonged hospital stays of up to 21 days, impaired patient flow into appropriate coronary pathway with beds in coronary care unit exceeding capacity and poorer outcomes for patients.

Risk Rating:(Likelihood x Impact)

Domain:	Safety - Patient, Staff or Public
Inherent Risk Score (L x I):	5×5=25
Current Risk Score (L x I):	4×5=20
Target Risk Score (L x I):	3×5=15
Tolerable Risk:	6

(Chart: Current Risk Score, Target Risk Score, Tolerance Level over Mar-18, Sep-18, Nov-18, Jan-19)

Does this risk link to any Directorate (operational) risks?		Trend:	↔

Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
The UHB is still experiencing delays in transferring patients to tertiary service within the recommended 72 hours as per N-STEMI guidance. The absence of a cardiac CT service within Hywel Dda is constraint as this reduce angiography demand.	The target of 15 is predicated on effective local and regional solutions coming forward, albeit these need to be developed. Once clarity on these is available, a review of the target can be undertaken. This should be in early 2018/19.

Key CONTROLS Currently in Place:	Gaps in CONTROLS				
(The existing controls and processes in place to manage the risk)	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Medical and nursing staff review patients daily and update the referral database as appropriate. Bi-monthly operational meeting with Abertawe Bro Morgannwg (ABMU) to improve flow. Daily telephone call Coronary Care Unit (CCU) to review all patients awaiting transfer with review of patients waiting for transfer to ABMU. Escalation process in place. All patients are risk scored by cardiac team in ABMU. Local evaluation of catheter laboratory project to identify more local solutions.	Lack of Catheter Laboratory in Hywel Dda to reduce reliance on tertiary centre. Lack of capacity in tertiary centre.	Review cardiology service to minimise transfer for some diagnostics (perfusion scanning, angio, cardiac CT).	Jenkins, Daniel	Completed	Myocardial Perfusion Scanning Service established in WGH. Cardiac CT provided at BGH.
		Develop a business case to improve local capacity.	Teape, Joe	30/09/2018 31/01/19	In progress however further financial information is awaited before the business case can be finalised.
		Develop a business case to improve regional capacity.	Teape, Joe	Completed	Business case has been developed and submitted to Executive Team for consideration on 14th November 2018. Agreement with ABMUHB to hold a additional surgical list on Saturdays.

Additional cardiac capacity for Winter 2018/19 providing 6 ring-fenced beds at PPH to enable timelier transfer to ABMU. ABMU have agreed to 2 transfers per day for HDUHB patients form 7/1/19		Develop a local solution for Winter 2018/19	Teape, Joe	Completed	Additional cardiac capacity included in Winter Plan to provide 6 ring-fenced beds.
		The Regional Working Group to identify regional solutions to patient outcomes.	Kloer, Dr Philip	~~31/12/2018~~ 28/02/19	Workshop planned for February where further preparation work will be undertaken to develop regional solution and delivery plan.
		Developing a proposal for a Catheter Laboratory for inclusion in Annual Plan for 2019/20.	Perry, Sarah	~~31/01/2019~~ 31/01/19	Discussions have been undertaken with Planning Team.
		Develop proposal for Executive strategic decision to establish a local Cardiac CT service in 2019/20.	Perry, Sarah	~~31/12/2018~~ 28/02/19	Draft paper to be finalised for submission to Executive Team in February 2019.
		Develop long term regional plan.	Teape, Joe	30/09/2019	Regional network to be established to take this forward.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
Performance indicators for Tier 1 targets.	Daily/weekly/monthly/ monitoring arrangements by management .	1st			TBC	Lack of oversight at the Board and Committees.	Review reporting arrangements of emergency and elective waits.	Teape, Joe	~~10/01/2018~~ 28/02/19	Discussions are underway with ABMuHB for information on cardiac patients (n-stemi pathway)to be provided to Hywel Dda for inclusion in the IPAR. This will include no of referrals, those seen within 72 hours, average and longest waiting times.
	Audit of N-STEMI referral undertaken by Clinical Lead show average wait of 10.7 days .	1st								
	Executive Performance Reviews .	2nd								
	IPAR Performance Report to BPPAC & Board .	2nd								

| Monthly oversight by WG . | 3rd | | | | | | | | |

Strategic Objective:	10. To deliver, as a minimum requirement, Outcome and Delivery Framework Targets and specifically eliminate the need for unnecessary travel and waiting times, as well as return the organisation to a sound financial footing over the lifetime of this Plan.	Executive Director Owner:	Carruthers, Andrew	Date of Review:	Jan-19
		Lead Committee:	Finance Committee	Date of Next Review:	Feb-19

Risk ID:	626	Principal Risk Description:	There is a risk of the UHB not delivering the planned savings of £30.7m by end of March 2019. This is caused by a failure to realise the opportunities identified in the Turnaround programme. This will lead to an impact/affect on a failure to meet its financial statutory duty to breakeven, attain an approvable IMTP, loss of stakeholder confidence in the organisation's ability to deliver its objectives and increased scrutiny by WG.

Risk Rating:(Likelihood x Impact)	
Domain:	Statutory duty/inspections
Inherent Risk Score (L x I):	5×5=25
Current Risk Score (L x I):	4×5=20
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	8
Trend:	⬌

Current Risk Score
Target Risk Score
Tolerance Level

Does this risk link to any Directorate (operational) risks?	
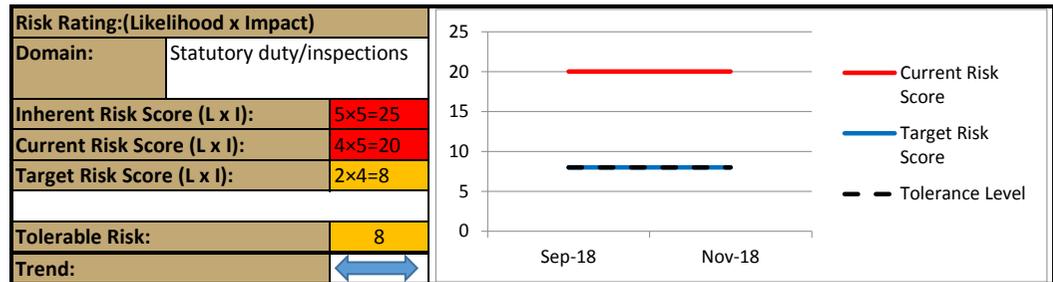
Rationale for CURRENT Risk Score:
At this point in time there is a possibility that the UHB will fail to deliver the full £30.7m savings. The UHB's financial position at the end of Month 6 represented an adverse variance against plan of £0.9m (YTD). The risk of non-achievement grows as the year progresses.

Rationale for TARGET Risk Score:
As the Turnaround programme is an intervention aimed at supporting delivery of the overall financial plan, and as such has had the in year recovery actions required to achieve breakeven, the target score has been set to align with the risk to delivery of the overall financial plan.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Turnaround Programme Director in post.

Fortnightly 'Holding to Account' (HTA) meetings including a monthly Chief Executive HTA session for the highest risk directorates.

Each Directorate has signed up to a savings plan and recovery plan - costed and RAG rated.

Identified Exec lead for all remaining red rated schemes.

Specific aspect of Performance Review focus on finance and link to HTA session.

Escalation process to HTA monthly meeting.

Executive Team Turnaround Meetings. | Lack of sufficient capacity to support and facilitate the delivery of Turnaround programme.

Ability to control operational priorities that adversely affect delivery of savings plans, eg,winter pressures, vacancy position.

Lack of clarity in org about true priorities specially achieving balance quality performance & TCS and finance delivery. | Increase capacity of programme management office (PMO) and service improvement capability to support delivery of Turnaround Programme. | Ryan-Davies, Libby | Completed | Invest to save bid was submitted to WG but was unsuccessful through that process. The Chief Executive has asked the Transformation Director and Turnaround Director to prepare a proposal for internal consideration by the Health Board. |
| | | Work closely with the Director of Operations to ensure robust operational and contingency plans are in place that minimise additional cost, and align with turnaround savings actions. | Carruthers, Andrew | Ongoing | Joint Chairs of Operational Effectiveness group and Unscheduled Care Programme Board. |

				Revised communications plan emphasising the importance of Turnaround and its alignment with the longer term TCS strategy as well as how it supports current performance delivery.	Jennings, Sarah	Completed	Revised Communications Plan implemented.			

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
Performance against agreed savings plan.	Performance against plan monitored through HTA meeting with Services .	1st			# Mth 3 Finance Report & Turnaround Report - Board Jul18 Mth 4.	None.				
In-month financial monitoring.	Executive Performance Reviews .	2nd								
	Finance Committee oversight of current performance .	2nd			# Finance Report & Turnaround Report - Aug18 BPPAC & Finance SC.					
	Turnaround & Financial Report to Board & BPPAC .	2nd								
	WG scrutiny through Targeted Intervention (TI) .	3rd								
	WG scrutiny through Joint Executive Team (JET) .	3rd								
	WAO Structured Assessment 2017 .	3rd								

Strategic Objective:	9. To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.	Executive Director Owner:	Miles, Karen	Date of Review:	Dec-18
		Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Jan-19

Risk ID:	627	Principal Risk Description:	There is a risk of the digital capability of the organisation not supporting the delivery of the outputs from the Transforming Clinical Services Programme. This is caused by a lack of resources to support the implementation of the UHB digital strategy. This will lead to an impact/affect on delays in implementing the Health Board's long term strategy and improvements to support the delivery of safe and effective patient care.

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	4×5=20
Current Risk Score (L x I):	4×5=20
Target Risk Score (L x I):	2×3=6
Tolerable Risk:	6
Trend:	⬄

Does this risk link to any Directorate (operational) risks?

Legend:
— Current Risk Score
— Target Risk Score
-- Tolerance Level
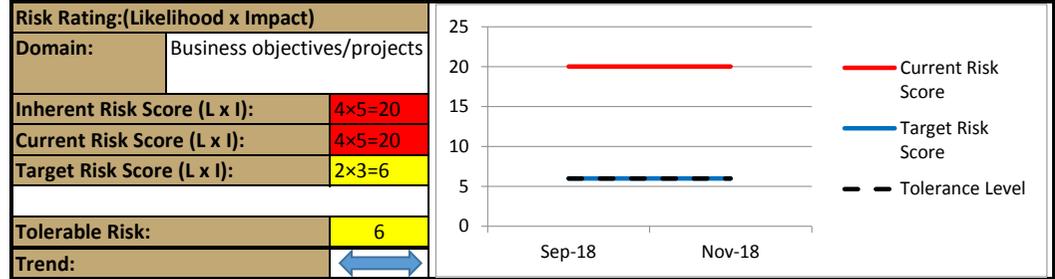
Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
The current Informatics Teams are not resourced to take forward the current TCS options. Around 95% of staff time is dedicated to "keeping the lights on" which comprises of ensuring that the infrastructure is robust and operational. The teams are not resourced to take forward any innovation or new builds at this time. Anything that is currently progressed, in terms of new builds is undertaken at the expense of guaranteeing robust ICT systems.	Suitable resources as outlined within the Digital Futures Programme will allow the programme to the delivered in line with the TCS, and therefore realise the benefits.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Board approved the 5 year Digital Strategy - Jan17.

Board Approved the updated 2018 Digital Plan, and Operational Delivery Plan.

Development of a Digital Futures Programme. | Resourcing of digital strategy.

Resourcing of digital programme to deliver TCS. | Where resources are required then Business Cases will be developed, in line with the digital plan. | Tracey, Anthony | 31/03/2018 | Progress is being monitored via the Planning Sub-Committee and the CE&IM&T Committee. |
| | | A paper has been prepared to request additional revenue resources from the Executive Team. | Tracey, Anthony | 31/12/2019 | Progress is being monitored via the Planning Sub-Committee and the CE&IM&T Committee. |

| | | | | Work with the 'A Healthier Mid and West Wales' Team to ensure that there is synergy and cross mapping of requirements. | Tracey, Anthony | 30/11/2018 | An initial meeting has taken place between the Project Team and the ADI and CCIO, to ensure that the Digital Plan is linked to the strategy. Following the meeting a revised Digital Plan will be developed and presented as part of the updated enabling plans. |
| | | | | Develop a clear vision/scope for the digital workstream following the formal feedback from the consultation. | Tracey, Anthony | 31/03/2019 | An initial meeting has taken place between the Project Team and the ADI and CCIO, to ensure that the Digital Plan is linked to the strategy. Following the meeting a revised Digital Plan will be developed and presented as part of the updated enabling plans. |

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
	Signed off project plans by the relevant committees .	1st			Digital strategy/plans included in annual plan	Lack of committee oversight.	Information to be supplied to Planning Sub-Committee and CE&IM&T.	Tracey, Anthony	31/07/2018	Regular reports on progress on External assessment.

Strategic Objective:	N/A - Operational Risk		Executive Director Owner:	Miles, Karen	Date of Review:	Jan-19
			Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Feb-19

Risk ID:	451	Principal Risk Description:	There is a risk of the Health Board experiencing a cyber security breach. This is caused by a lack of defined patch management policy, lack of management on non-ICT managed equipment on network, end of life equipment no longer receiving security patching from the software vendor, lack of software tools to identify software vulnerabilities and staff awareness of cyber threats/entry points. This will lead to an impact/affect on a disruption in service to our users cause by the flooding of our networks of virus traffic, loss of access to data caused by virus activity and damage to server operating systems.

Risk Rating:(Likelihood x Impact)	
Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	5×4=20
Target Risk Score (L x I):	4×3=12
Tolerable Risk:	6

Does this risk link to any Directorate (operational) risks?	451, 356

Trend:	⟷

Chart showing Current Risk Score, Target Risk Score, and Tolerance Level across Mar-18, Sep-18, Nov-18.
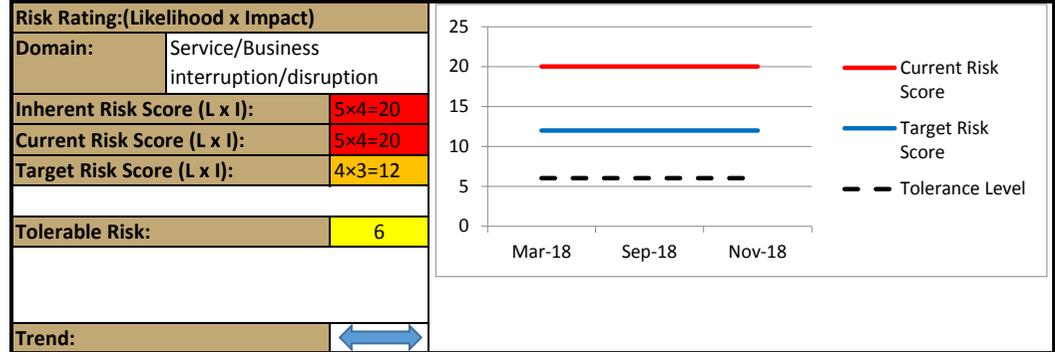
Rationale for CURRENT Risk Score:
There are daily threats to systems which are managed by NWIS and UHB. Current patching levels within the UHB of is 43% for Desktop / Laptops and 34% for the server infrastructure and there is lack of capacity to undertake this continuous work at the pace required. Severity score is 5 as a cyber attack has the potential to severely disrupt service provision across all sites for a significant amount of time.

Rationale for TARGET Risk Score:
Increased patching levels will help to reduce to impact of disruption from a cyber threat. However this work is continuous and is dependent on obtaining the appropriate level of resources to undertake the patching anti-virus work at pace. A paper has been prepared for the Formal Executive Team in September 2018 which identifies the revenue resources required. The target risk score of 12 reflects the wider risk to other applications not Microsoft.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Controls have been identified as part of the national Cyber Security Task & Finish Group. Continued rollout of the patches supplied by third party companies, such as Microsoft, Citrix, etc. £1.4m national investment in national software to improve robustness of NWIS. Further Task and Finish Group established to review the future patching arrangements within NHS Wales - this will lead future work locally to implement recommendations.	Lack of comprehensive patching across all systems used in UHB. Lack of staffing capacity to undertake continuous patching at pace. Lack of dedicated maintenance windows for updating critical clinical systems.	Continue to focus on critical and security updates to clinical critical systems.	Solloway, Paul	Ongoing	These are implemented when received however this work does take time with current staffing resource level.
		Review of cyber security measures underway following wannacry virus incident.	Solloway, Paul	~~31/03/2018~~ 31/03/2019	Cybersecurity workshop undertaken in June, paper going to executive team in October for required funds. No decision to date.
		Implement local UHB workplan developed in response to the National External Security Assessment.	Tracey, Anthony	30/09/2019	Progress is reported to IGSC at every meeting.

Capital funding has been made available by WG in 2018/19 to improve cyber security - this will be used to purchase required software/equipment for penetration testing.		A paper has been prepared to request additional revenue resources from the Executive Team.	Tracey, Anthony	30/09/2019	The Executive Team considered the paper and acknowledged that the steps outlined should be incorporated within Emergency Planning procedures as recommended. The Executive Team also requested that money saving opportunities elsewhere will need to be considered, and a risk assessment exploring all options needs to be undertaken and presented to the Board for considerations.
		Work with system owners to arrange suitable system down-time or disruption.	Solloway, Paul	Ongoing	Patching policies have been created however little progress has been made due to lack of resources. Service catalogue creation is progressing well and this will be amalgamated with Information Asset Owners group to agree down-time for the key local systems. However patching KPI's will not be met until sufficient technical resources are in place.
		Purchase Vulnerability Scanning to adopt a proactive approach to identifying cyber threats.	Tracey, Anthony	31/03/2019	This will be purchased with the additional WG capital funding which will be awarded to Health Boards. The paper to IPAD discussed at their meeting on the 28/11/2018 has been returned requesting further clarification.

| ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress
		(1st, 2nd, 3rd)	Current Level				Further action necessary to address the gaps			

No of cyber incidents. Progress against local workplan. Current patching levels in UHB. No of maintenance windows agreed with system owners. Removal of legacy equipment.	Department monitoring of KPIs .	1st			External Security Assessment - IGSC Jul 18	Lack of committee oversight.	Update IGSC TORs to include responsibility to monitor cyber security.	Tracey, Anthony	31/07/2018	Regular reports on progress on External assessment.
	IGSC monitoring of National External Security Assessment .	2nd					Internal Audit of GDPR (Dec 18) and cyber security (Sep 18).	Tracey, Anthony	31/12/2018	Included in IA Plan for 2018/19.
	Follow-up Information Backup, Disaster Recovery & Business Continuity and Data Quality: Update on Progress .	3rd								
	WAO IT risk assessment (part of Structured Assessment 2018 (report awaited) .	3rd								
	Internal Audit IM&T Security Policy & Procedures Follow-Up .	3rd								

Strategic Objective:	N/A - *Operational Risk*		Executive Director Owner:	Teape, Joe	Date of Review:	Jan-19
			Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Feb-19

Risk ID:	245	Principal Risk Description:	There is a risk of avoidable interruption to business continuity affecting all clinical teams. This is caused by poor and inadequate facilities within the Health Records Service with insufficient storage capacity for patient records and a lack of investment in electronic systems to deliver a sustainable model. This will lead to an impact/affect on patient record service with it unable to store records securely, potential loss, damage or inappropriate disclosure of patient records leading to breach of confidentiality, review and fine by the ICO, significant service disruption with several localities compromised, indirect adverse impact to patient safety arising from inappropriate clinical decisions, leading to poor patient care, complaints and litigation.

Risk Rating:(Likelihood x Impact)	
Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	5×4=20
Target Risk Score (L x I):	1×4=4
Tolerable Risk:	6

Chart legend: Current Risk Score, Target Risk Score, Tolerance Level. X-axis: Mar-18, Sep-18, Nov-18, Jan-19.

Does this risk link to any Directorate (operational) risks?	Yes

Trend:	⬌

Rationale for CURRENT Risk Score:
Acute and mental health services are no longer able transfer records for storage to the UHB's offsite facility. As a result of historical abuse and blood transfusion inquiries, further weeding and destruction programmes have been curtailed exacerbating the current situation.

Rationale for TARGET Risk Score:
This risk needs significant resources and planning to identify, fund and implement a long term sustainable solution that will provide more effective patient care, more appropriate working conditions for staff and financial sustainability. Without this, the risk will not be reduced in the near or long term future.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed / Further action necessary to address the controls gaps	By Who	By When	Progress
Annual weeding and destruction programme agreed and facilitated accordingly across the Health Board up to 2018/19. Electronic clinic systems including: PACS (radiology), LIMS (Pathology), WAP e-referrals, CANIS (Cancer), Diabetes 3, Selma, Myrddin & Secretarial systems/shared drives (Clinic Letters). Alteration to current racking and purchase of additional racking at GGH. Resourcing of additional racking for the offsite facility. Agreed and approved Health Records strategies, policies and procedures (approved August 2015). Electronic Records Project Group undertaking scoping work for	Lack of sustainable long term solution for records management and storage. Lack of capital funding to support sustainable solution (estimated to be in excess of £8m). Lack of capacity within current storage facilities resulting in more records being stored on wards/service areas. Inability to store all records safely within current storage facility.	Implementation of the weeding and destruction plan 2017/2018.	Bennett, Mr Steven	Completed	The weeding plan for 2017/2018 was agreed and the plan was implemented in priority order. The plan has now been completed for all hospital localities removing and relocating all non-current records from 2015. The weeding programme for 2018/19 was unable to be undertaken due to the public inquiry into infected blood products during 1970s and 1980s.

Turnaround Project for long term solution (Sep18).		Full implementation of Welsh Admin Portal (WAP) electronic referral system.	Tracey, Anthony	Completed	WAP has now been implemented across 7 specialties within the health board. Due to an error within the national system implementation timescales were extended and implementation suspended at one point. The implementation plan is back fully operational and regular updates including timescales for completion of the project are reported at the turnaround meetings.
	Difficulties in accessing records to comply with legal access timeframes and enable the UHB to deliver timely and clinical appropriate treatments, affecting RTT and unscheduled care targets.	Develop a business case for the implementation of a scanning solution to deal with long term issue.	Rees, Gareth	~~29/03/2019~~ 30/09/2020	Agreement at the Dec18 Executive Team was reached on identifying Senior Responsible Officer for the project (Mr Joe Teape) and a accurate delivery plan will need to be discussed at an early meeting in order to determine timescales and budgets to deliver. This is likely to require WG capital support to deliver therefore it is estimated that the Business Case will take approximately 18 months to develop.
		Re-establish Health Records Group.	Bennett, Mr Steven	Completed	First meeting of the Health Records Group took place on the 19th October 2018.
		Development of an implementation plan to improve management of storage arrangements for current records by information asset owners across the UHB.	Bennett, Mr Steven	Completed	Implementation plan has been endorsed by the Executive Team in Dec18 however funding resources will need to be appropriately supported to deliver the outcomes.

| ASSURANCE MAP				Control RAG Rating (what the assurance is telling you	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress

		(1st, 2nd, 3rd)	Current Level	about your controls			Further action necessary to address the gaps			
Service KPIs in place.	Electronic Records Group				Destruction of records report - Exec Team - Dec17.	Lack of recent independent review of Records Management.	Include on Internal Audit Plan.	Wilson, Joanne	Completed	Already included on IA Plan 2018/19 - planned for Q3.
	Weekly management audit to assess current capacity against demand .	1st			Records Management Brief report - Exec Team Nov 2018.					
	Deputy Health Records Managers Meetings to review storage & weeding .	1st								
	Health Records Audits .	1st								
	Oversight by IGSC .	2nd								
	IA Records Management Report - Follow Up Apr-15 (Limited Assurance) .	3rd								

Strategic Objective:	10. To deliver, as a minimum requirement, Outcome and Delivery Framework Targets and specifically eliminate the need for unnecessary travel and waiting times, as well as return the organisation to a sound financial footing over the lifetime of this Plan.	Executive Director Owner:	Shakeshaft, Alison	Date of Review:	Jan-19
		Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Feb-19

Risk ID:	628	Principal Risk Description:	There is a risk of patients in need of therapy services having poorer patient outcomes. This is caused by significant gaps in the therapy service provision across acute, community and primary settings from under-resourcing and vacancies due to recruitment/retention issues and national shortages. This will lead to an impact/affect on a detrimental impact on patient outcomes, longer recovery times and length of stay, a reduction in performance against 14 week waiting time and non-compliance with clinical guidance.

Risk Rating:(Likelihood x Impact)

Domain:	Quality/Complaints/Audit
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	4×4=16
Tolerable Risk:	8
Trend:	⬌

Does this risk link to any Directorate (operational) risks?	yes

(Chart legend: Current Risk Score, Target Risk Score, Tolerance Level; x-axis: Sep-18, Nov-18; y-axis 0–25)
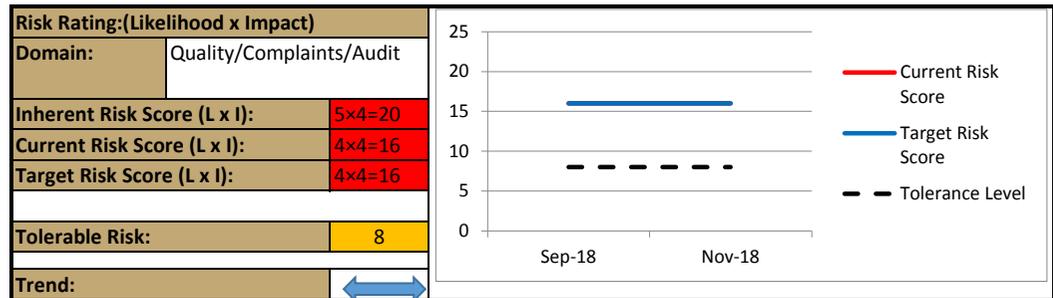
Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
There are significant gaps in the therapy service provision across acute, community and primary settings from under-resourcing and vacancies due to recruitment/retention issues and national shortages. Across all therapy services, current demand is outstripped by current capacity and whilst this is being mitigated by the controls in place, it is not sustainable and a long term solution needs to be developed and resourced.	The target risk score is 16 as this risk will not be reduced in-year. A sustainable therapy workforce solution aligned to TCS needs to be developed which will be a long-term piece of work. Initially 4 to 5 high impact priority areas will be redesigned, however, these will require multidisciplinary/multi-agency input. The priority areas will be agreed in collaboration with Executive Directors and Professional Groups.

| Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Agency staff utilised where appropriate, funded from within core budget (2 vacancies fund 1 agency staff). Prioritisation of patients is undertaken through triage and risk assessment by therapy services. Introduction of the Malcomess Care Aims Framework for Paediatric Therapy Services. Local solutions include review of each vacant post to make them attractive, including skill mix review, early advertisements for new graduates.	Lack of long term clinical strategy to indicate future service provision & funding requirements. Shortage of qualified staff nationally limits applications to some posts.	Developing a sustainable therapy workforce solution aligned with strategic direction of the HB. This is a significant, long term piece of work, which will need to run alongside strategic development through TCS. High impact areas to be mapped by March 2019.	Shakeshaft, Alison	31/03/2019	Prioritisation of identified areas for 2019/2020 annual plan. Priorities for 2020 onwards will be submitted as part of the 3 year plan.
		Robust workforce planning to inform to inform HEIW in respect to future graduate numbers required by the UHB/Region, which are aligned to the TCS workforce plan.	Shakeshaft, Alison	31/03/2024	Long-term piece of work that needs to be informed by action above.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
14 week waiting times for therapy services.	Management monitoring of breaches of 14 week waiting times .	1st								
No of incidents. Compliance with minimum standards for stroke therapy care.	Exceptions to achieving 14 week waiting times reported via IPAR to BPPAC .	2nd								
	Monitored nationally via SSNAP and monitored via Stroke Steering Group & RCP Annual Report with recommendations produced .	2nd								
	External Peer Reviews, Delivery Unit Reviews & national audits, eg Diabetes paediatric audit - action plans developed .	3rd								

Strategic Objective:	9. To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.	Executive Director Owner:	Miles, Karen	Date of Review:	Nov-18
		Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Dec-18

Risk ID:	624	Principal Risk Description:	There is a risk of the UHB will not be able to maintain and address either the backlog maintenance or development of its estate, medical equipment and IM&T infrastructure, that it is safe and fit for purpose. This is caused by insufficient capital, both from the All Wales Capital Programme and Discretionary Capital allocation. This will lead to an impact/affect on delivery of strategic objectives, service improvement/development & delivery of day to day patient care.

Risk Rating:(Likelihood x Impact)

Domain:	Business objectives/projects
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	4×4=16
Tolerable Risk:	6
Trend:	⬌

Does this risk link to any Directorate (operational) risks?	Yes

Rationale for CURRENT Risk Score:
Although there are a number of controls in place, the risk score cannot be reduced significantly within the current capital allocation.

Rationale for TARGET Risk Score:
The target risk score of 16 reflects the actions and processes planned and controls in place to help mitigate the risk.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
There is an annual programme of replacement in place for equipment, IT and Estates which follows a prioritisation process. The Business Planning & Performance Committee (BPPAC) and Capital Estates & IM&T Sub Committee (CEIM&T) (with IM membership and wide stakeholder engagement in prioritisation process), receive reports and recommendations on the prioritisation and allocation of available capital. When possible, aligning replacement equipment to large All Wales Capital schemes to minimise the impact on discretionary capital within the UHB.	Capital funding is significantly short of what is required to deal with backlog maintenance programme for estates, IM&T & equipment. Lack of medical devices inventory to use for capital prioritisation. Lack of Estates Strategy until Transforming Clinical Services Strategic Programme is finalised.	Undertake backlog maintenance through the All Wales Capital programme for new equipment infrastructure. The Strategy is to apply discretionary capital in a prioritised way within the UHB however to take advantage of all Wales capital schemes where possible.	Miles, Karen	31/03/2019	At all Wales level, the development of the Specialist and Critical Care Centre at Aneurin Bevan University Health Board has affected the amount of available capital funding across Wales and therefore all Wales capital funding has been significantly constrained in 2018/19 and will continue to impact for a further 2 years.

| | | | | | Development of a medical devices inventory. | Rees, Gareth | Completed | A Medical Devices Coordinator is now in place and maintains the UHB medical devices inventory. The Inventory Report was submitted to the CEIM&T Sub Committee at it's meeting on 25th September 2018 and formed part of the capital prioritisation process for DCP which was reported to BPPAC at its meeting on 30th October 2018. A further update paper is to be submitted to BPPAC in February 2019. |

Retention of a medical equipment capital contingency to manage urgent issues of repair or replacement.

Review of regulatory reports which have a capital component ie. HIW, WAO, CHC.

Investigating the potential for 'Charitable' funding rather than Discretionary Capital Programme as appropriate.

Communication with Welsh Government via Planning Framework and IMTP (Infrastructure & Investment Enabling Plans) and regular dialogue through Capital Review meetings.

Preparation of priority lists for equipment, Estates and IM&T in the event of notification of additional capital funds from Welsh Government i.e. in year slippage and to enable where possible, the preparation of forward plans.

| Develop an Estates Strategy within the an Integrated Medium Term Plan (IMTP) for 2019/22 which is able to provide clinical sustainability for Health Board services including the capital requirement. | Miles, Karen | 31/03/2019 | Pending outcome of TCS consultation decisions, Sept & Nov 2018 Board. |

| ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
Performance against plan & budget.	Reports of delivery against capital plan & budget .	1st			* DCP and Capital Governance Report to BPPAC 30th October 2018. * Medical Devices Inventory Report to CEIM&T Sub-Committee 25th September 2018 and to BPPAC in February 2019.					
	Capital Audit Tracker in place to track implementation of audit recommendations .	1st								
	Monitoring returns to WG include Capital Resource Limit .	1st								
	Datix & risk reporting at an operational management level .	1st								
	BPPAC & CEIM&T Sub-Committee reporting (supported by sub-groups) .	2nd								

Bi-monthly Capital Review Meetings with WG to discuss/monitor Capital Programme .	2nd			
NWSSP Capital & PFI Reports on capital audit .	3rd			
WAO Structured Assessment 2017 .	3rd			

Strategic Objective:	10. To deliver, as a minimum requirement, Outcome and Delivery Framework Targets and specifically eliminate the need for unnecessary travel and waiting times, as well as return the organisation to a sound financial footing over the lifetime of this Plan.	Executive Director Owner:	Teape, Joe	Date of Review:	Jan-19
		Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Feb-19

Risk ID:	629	Principal Risk Description:	There is a risk of the UHB not being able to deliver against annual plan targets to improve to health and well-being of citizens in Wales. This is caused by the inability to manage rising demand and acuity of patients within the unscheduled care pathway. This will lead to an impact/affect on delays in the treatment and care of patients, adverse publicity/reduction in stakeholder confidence and increased scrutiny/escalation from WG.

Risk Rating:(Likelihood x Impact)	
Domain:	Quality/Complaints/Audit
Inherent Risk Score (L x I):	5×5=25
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	3×4=12
Tolerable Risk:	8
Trend:	⟷

Chart showing Current Risk Score (red), Target Risk Score (blue), Tolerance Level (dashed) over Sep-18 to Nov-18, y-axis 0 to 25.

Does this risk link to any Directorate (operational) risks?

Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
Current performance shows a deteriorating position since October 2017 across Unscheduled Care including 4 hour and 8 hour waits in A&E and ambulance delays. In addition, the recent Delivery Unit report on complex discharge advised that although the UHB is taking the right actions, they are not being consistently implemented across the system due to workforce and capacity pressures.	It is unlikely that the current workforce and service models will support the UHB to meet current standards and improve unscheduled care performance. The UHB's current financial position makes it unrealistic reduce the target risk score of 12 at this point in time.

Key CONTROLS Currently in Place:	Gaps in CONTROLS				
(The existing controls and processes in place to manage the risk)	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Delivery plans in place supported by daily, weekly and monthly monitoring arrangements.

Comprehensive daily management systems in place to manage unscheduled care risks on daily basis including multiple daily multi-site calls in times of escalation.

Escalation plans for acute and community hospitals.

Unscheduled Care Board includes system-wide representation (Local Authority, Out of Hours, 111).

Annualised delivery plans aligned to Transforming Clinical Services.

Annual winter plans developed to manage increased activity. | Workforce issues create an ongoing demand/capacity imbalance.

Inability to improve current unscheduled care system due to high reliance on temporary staff.

Inability to manage within current unscheduled care capacity continues to cause problems for elective programmes of work. | Redesign of services in unscheduled care through Transforming Clinical Services Programme. | Kloer, Dr Philip | 31/03/2028 | Clinical Service Strategy in draft and submitted to the Board Meeting scheduled for 29th November 2018. |
| | | Delivery of community wide unscheduled care plans to reduce delays in acute hospitals of medically fit patients. | Bishop, Alison | 31/01/2019 | Work progressing and is on target. |
| | | Delivery of 7 cluster plans to support unscheduled care. | Paterson, Jill | 31/12/2018 | Cluster plans are in place however further work is required to ensure these align to the unscheduled care strategic objectives. These are now being considered for 2019/20 to ensure they are in place by Apr19. |

|			Delivery of Unscheduled Care Programme including frailty plan, older people plan, Red2Green, SAFER bundles, PJ paralysis, last 1000 days.	Bishop, Alison	31/01/2019	Work progressing and is on target.
			Implementation of joint work plan with Welsh Ambulance Service NHS Trust.	Teape, Joe	Completed	Completed - Advanced paramedics were in post at end of December 2018.
			Implementation of 111 project throughout Hywel Dda.	Teape, Joe	Completed	Completed - 111was implemented in Ceredigion and Pembrokeshire on 31st October 2018.
			Delivery of pilot Integrated Plan for Older People in Carmarthenshire and Pembrokeshire.	Evans, John	31/01/2019	The pilot of IPOP has been undertaken in conjunction with WG and DSU colleagues. A series of meetings and actions have been undertaken and productivity and quality changes duly made. This piece of work is ongoing.
			Develop winter plans for 2018/19.	Teape, Joe	Completed	Winter plans have been developed and will be presented to the Board in November 2018. winter plans have been presented to HDUHB Exec team and going to November Board. plan has been shared with 3 x LA for approval, regional partnership, and WAST. plan once approved will be shared with neighbouring HBS for information.
			Complete bids for transformational funding through Regional Partnership Board to support implementation of TCS over next 10 years.	Jennings, Sarah	Ongoing	The TCS programme will be submitting a RPB plan for transformation funding soon.
			Implementation Plan to be developed by UHB following the review on 'Amber' ambulance 999 calls.	Bishop, Alison	31/03/2019	Update to be provided.

ASSURANCE MAP	Control RAG	Latest Papers	Gaps in ASSURANCES

Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance 🟦 Current Level	Rating (what the assurance is telling you about your controls	(Committee & date)	Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Performance indicators for Tier 1 targets.	Daily performance data overseen by service management .	1st			IPAR Paper - Board 26/07/18.	No gaps identified.				
	Delivery Plans overseen by Unscheduled Care Board .	2nd								
	Executive Performance Reviews .	2nd								
	IPAR Performance Report to BPPAC & Board .	2nd								
	WAST IA Report Handover of Care .	3rd								
	11 x Delivery Unit Reviews into Unscheduled Care .	3rd								
	Delivery Unit Report on Complex Discharge	3rd								
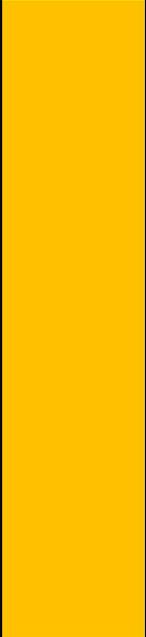
Strategic Objective:	10. To deliver, as a minimum requirement, Outcome and Delivery Framework Targets and specifically eliminate the need for unnecessary travel and waiting times, as well as return the organisation to a sound financial footing over the lifetime of this Plan.	Executive Director Owner:	Thomas, Huw	Date of Review:	Jan-19
		Lead Committee:	Finance Committee	Date of Next Review:	Feb-19

Risk ID:	630	Principal Risk Description:	There is a risk of the Health Board not achieving its agreed financial plan for the 2018/19 financial year. This is caused by : 1. The savings plans for the year not being delivered; or 2. Operational cost pressures arising from the requirement to meet performance targets of quality measures. This will lead to an impact/affect on a detrimental impact on the Health Board's reputation with Welsh Government and other stakeholders.

Risk Rating:(Likelihood x Impact)	
Domain:	Finance inc. claims
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	6
Trend:	⟷

Does this risk link to any Directorate (operational) risks?	All directorates
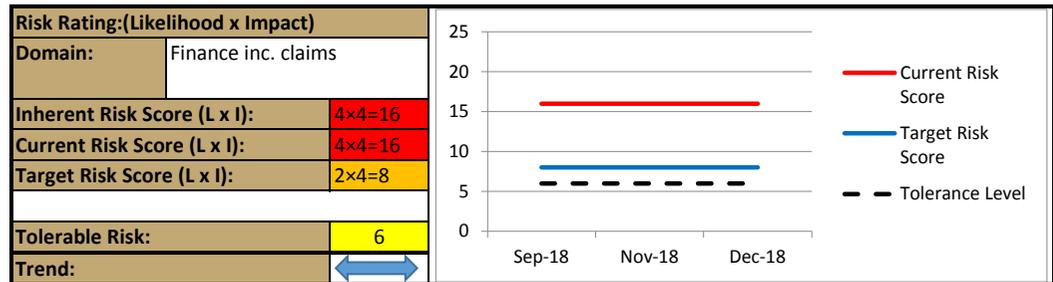
Rationale for CURRENT Risk Score:

The Health Board has fully identified the savings requirement for the year in full, but has experienced cost pressures in excess of the budget agreed at the start of the year, notably in Nursing Agency and Continuing Healthcare. In addition to this, there have been delays in the delivery of some savings schemes. There are risks which are foreseeable through the operational unscheduled care pressures in particular, especially as we enter the latter part of the year; alongside a risk of non-delivery against a challenging RTT trajectory which could result in a clawback of funding from WG.

Rationale for TARGET Risk Score:

The Health Board needs to demonstrate that it is able to manage its financial position effectively, cognisant of the risks which are inherent in the delivery of safe and timely care. Given the challenge in delivering the financial position this year, it is unlikely that the Health Board will achieve a risk which is in line with the tolerable risk for the year. Consequently, the target risk score exceeds the tolerable risk at this point. This is not an acceptable position, and further work is ongoing to manage this risk.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Financial reports provided to directorates in a timely way, focused on trends; cost drivers; projected expenditure; risks and actions. Turnaround Director Holding to Account meetings. CEO Holding to Account meetings. Executive Performance meetings. Commissioning arrangements with key partners (Local Authorities; Care home sector; Other NHS providers; Primary Care; Third Sector).	Finance support is not currently sufficient. Responsiveness and accountabilities need to be reinforced. Process to become embedded. Process to become embedded. Variable arrangements, to be harmonised to enable effective commissioning.	Appointments to key finance roles through OCP to support in understanding and developing actions.	Thomas, Huw	01/10/2018	Assistant DoF and Senior Business Partners appointed. Finance Business Partners appointed in November 2018. Band 7 interviews taking place w/c 21 January 2019.
		Local accountabilities to be reinforced through addressing recovery plans developed through Month 3.	Carruthers, Andrew	31/03/2019	Meetings embedded in monthly business processes
		Reviews of recovery plans in Month 3 (August) and approaching system-wide issues (August/September).	Moore, Steve	Completed	Meetings embedded in monthly business processes
		Embedding current approach to assess rounded performance of each directorate.	Moore, Steve	Completed	Held on monthly rotational basis

|									
						Review of contracting arrangements.	Thomas, Huw	TBC	Paper regarding proposed approach to healthcare contract management discussed at Finance Committee November 2018. Team being established as part of Finance OCP - Band 8c now in post.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES			
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Identification and delivery of savings schemes.	Finance dashboards .	1st	(blue)	(orange)	Month 3 reports issued on 6 July.	Embedding process. Commencing new process.	Holding to Account approach to be further enhanced and reinforced.	Carruthers, Andrew	31/03/2019	Meetings embedded in monthly business processes
Financial performance and projections reported on a monthly basis.	Finance report to Finance Committee and Board .	2nd	(pink)		Report to FSC on 19 July. Month 3 to be held on 20 July.		Further refinement of reporting based on feedback from Finance Committee. Review of terms of reference of Finance Committee.	Thomas, Huw	Completed	Financial Projections Assurance report presented to September 2018 Finance Committee . Will be updated monthly.
Breakeven recovery plans where deficits are projected. Financial process assurances.	CEO Holding to Account meetings .	1st	(pink)		First report to be issued in August. May 2018 based on 2017/18 audit.		Process to become embedded through monthly HTA CEO meetings based on initial recovery plans on 20 July.	Moore, Steve	Completed	Complete and embedded in current business processes
Internal Audit and Wales Audit Office reports.	Financial assurance report to Audit Committee .	2nd	(pink)				Feedback from first report will be sought from the Audit Committee in August.	Thomas, Huw	Completed	Financial Assurance Report updated and prepared for October Audit and Risk Assurance Committee
	Year-end reporting to Audit Committee .	3rd	(blue)				Risk based approach to audit for 2018/19 and Structured Assessment review.	Thomas, Huw	01/05/2019	Update to be provided.

Strategic Objective:	10. To deliver, as a minimum requirement, Outcome and Delivery Framework Targets and specifically eliminate the need for unnecessary travel and waiting times, as well as return the organisation to a sound financial footing over the lifetime of this Plan.	Executive Director Owner:	Gostling, Lisa	Date of Review:	Jan-19
		Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Feb-19

Risk ID:	625	Principal Risk Description:	There is a risk of the UHB being unable to deliver against Tier 1 targets set by WG and to fully realise the outputs of the Transforming Clinical Services Programme. This is caused by the UHB's ability to recruit, retain and engage clinical staff (allied health professionals, nursing and medical) to meet increasing demand. This will lead to an impact/affect on patients having delays in treatment and care, increased fragility of services, adverse publicity/reduction in stakeholder confidence, increased scrutiny/escalation by Welsh Government, closer scrutiny by regulators and a reduction in the allocation of future training posts by the Deanery.

Risk Rating:(Likelihood x Impact)	
Domain:	Quality/Complaints/Audit
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	8

Does this risk link to any Directorate (operational) risks?	Yes

Trend:	⟷

Chart legend: Current Risk Score, Target Risk Score, Tolerance Level. X-axis: Mar-18, Sep-18, Nov-18, Jan-19. Y-axis: 0 to 25.

Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
The score was developed in reference to the guidance for WOD areas. The UHB's current reliance on locum and agency staff use remains higher than it would wish it to be. The fill rates for agency and locum staff however remain good.	Recognising the national shortages across a number of areas and our geographical area, it will take a number of years to know whether planned actions are successful in addressing the current recruitment issues. There is renewed focus on retaining staff already employed by the UHB by reinforcing the values and behaviours framework and through targeted OD activities to reduce the need to recruit new staff.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Continuous national recruitment programmes are ongoing in addition to bespoke recruitment campaigns.

Medical rotas used by services, including use of locum/agency staff through agreed frameworks such as Medacs when deemed essential.

Service workforce plans in challenged areas developed to look ahead and control risk including nursing plans produced by Heads of Nursing and | Lack of focused development of leadership capability and talent amongst medical staff.

Poor management behaviours contributing to poor retention rates.

Lack of clear clinical service | Implement a Medical leadership forum for senior medical leaders. | Oliver, Angie | Completed | First Medical leadership Forum held on 11.11.18 and dates and programme in place for Mar and Jul 2019. Further Forum planned for Nov 19 which will complete the commitment of 3 days per annum. |

plans to recruit to core trainee numbers. Weekly control Group under leadership of Director of Workforce & OD responsible for approving vacancies and dealing with issues relating to recruitment. Revised authorisation process for high cost temporary staff.	configuration to effectively plan future workforce.	Develop and implement a leadership programme for aspiring medical leaders.	Oliver, Angie	Ongoing	Cohort 1, including 20 Medical Leaders commenced on 11.1.19, programme completion by Dec 19. Cohort 2 (another 20 combined leaders) commences in May 19 with programme completion by Apr 20.
		Implement a System Level Leadership Improvement Programme aimed at triumvirate medical & nurse leaders; General Managers and Heads of Therapies/ologies.	Oliver, Angie	Completed	Part 1 of programme completed Nov 18, Part 2 coaching and action learning underway and runs until Jul 19. Discussion underway for a second programme to commence summer 19.
		Review UHB activities relating to Medical Workforce development as outlined in Together We Care and develop action plan for short (2019), medium (2022) and long term (2024) requirements.	Oliver, Angie	31/03/2024	Gap analysis completed and action plan for short term to be completed in Spring 19.
		Reinforce UHB Values and Behaviours Framework through PADR process, using role models at all levels and within training programmes, e.g. Manager's Passport.	Oliver, Angie	~~Ongoing~~ actions are in place	PADR compliance is currently >73% and is currently above the NHS Wales average. Values and behaviours are embedded into the PADR process, induction and management development programmes. Bespoke programmes also developed.
		Development of action plan in response to NHS Staff Survey.	Oliver, Angie	Completed	Survey results received Q2 2018 and are currently being analysed from a range of lenses. Action plans will be developed at corporate, professional group and service level to address issues raised, and further improve on areas of good practice.

| | | | | | | Develop and implement 'grow your own' schemes within different professional groups. | Oliver, Angie | 30/12/2022 | Phase 1 in place. Ongoing programme of work. Additional pathway in development but dependent on changes in the way HE&IW commission pre-registration nurse training. Board Seminar Presentation October 2018. |
| | | | | | | Development of a robust workforce plan to deliver our defined Clinical Services Strategy. | Oliver, Angie | 31/03/2019 | This is dependent on clarity on the clinical services strategy. |

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
Retention, recruitment, leavers data.	WOD management review of ESR information .	1st			*Recruitment & Consultant Advisory Appointments Committee (AAC) paper - WODSC May18 & Jul18.					
Workforce KPIs.	Review of workforce KPIs, recruitment/retention data and WOD workplan by WOD Sub-Committee .	2nd								
	Review of workforce tier 1 performance by BPPAC and Board .	2nd			*Workforce Intelligence Report May18 & Jul18.					
	Workforce Control Group reviews recruitment/retention .	2nd								
	IA Mandatory Training Compliance May-16 (Reasonable) .	3rd								
	IA Workforce Planning May-18 (Reasonable) .	3rd								
	WAO Temporary Staffing Jun-17 .	3rd								

Strategic Objective:	N/A - Operational Risk		Executive Director Owner:	Teape, Joe	Date of Review:	Dec-18
			Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Jan-19

Risk ID:	291	Principal Risk Description:	There is a risk of patients having poorer outcomes and increased mortality due to the lack of access to mechanical clot retrieval services (thrombectomy). This is caused by thrombectomy services being withdrawn by Cardiff and Vale Health Board due to a lack of interventional neuroradiologists. This will lead to an impact/affect on increased mortality rates, increased dependency of patients and an inability to access a National Institute for Health and Care Excellence (NICE) approved intervention within 5 hours of onset of stroke symptoms.

Risk Rating:(Likelihood x Impact)

Domain:	Quality/Complaints/Audit
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	8
Trend:	⟷

Does this risk link to any Directorate (operational) risks?

Chart legend: Current Risk Score (red), Target Risk Score (blue), Tolerance Level (black dashed). X-axis: Mar-18, Sep-18, Nov-18. Y-axis: 0 to 25.

Rationale for CURRENT Risk Score:

Review of thrombolysis pathway being undertaken on all sites. Cardiff and Vale service will not be re-instated in December 2018 however a new service to be commissioned by WHSSC in May 2019.

Despite discussions with the Royal Stoke Hospital, North Bristol Hospital, the Walton Centre and QE Birmingham, Hywel Dda were unable to make alternative arrangements for thrombectomy services for its patients.

Rationale for TARGET Risk Score:

The uncertainty surrounding the changes proposed in the Transforming Clinical Services programme have a significant impact upon the development of acute and hyper acute services within the UHB. Thrombectomy services continue to be sought and escalated with English Neuroscience units until the Cardiff and Vale service is reinstated and the instigation of a WHSSC commissioned service with North Bristol NHS Trust.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
None.	Timely investigations that are required to support transfers for thrombectomy not supported 24/7 on all sites.

Work is ongoing to ensure that CT Angiography is available in all Hywel Dda units to provide the necessary diagnostic investigations prior to transfer to a specialist neuroscience centre. | Develop and review the Thrombectomy pathway, throughout the Health Board. | Mansfield, Simon | Completed | Review of thrombectomy pathway undertaken, no facility to procure ad hoc services from North Bristol or Stoke. National Stroke Implementation Group have worked with WHSSC to commission an all Wales Thrombectomy service with North Bristol NHS Trust for Welsh patients. |

Development of pathway and protocols for the referral of stroke patients within each of the Hywel Dda Acute Hospitals to suitable neuroscience in England.	Mansfield, Simon	Completed	Briefing paper and protocols developed for the direct commissioning of ad hoc thrombectomy services from English Neuroscience units.
Negotiate short-term commissioning arrangements with neuroscience units.	Teape, Joe	Completed	Completed - however unable to secure new commissioning arrangements whilst WHSSC work to commission all Wales service.
Work with WHSSC to ensure all Wales thrombectomy service is commissioned	Teape, Joe	~~31/12/2018~~ 31/05/2019	WHSCC are in the process of negotiating provision of all Wales service with North Bristol NHS Trust

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
Datix incident reports.	Daily/weekly/monthly/ monitoring arrangements by management .	1st		RED	Thrombectomy Report - ET - Sep17.					
	Executive Performance Reviews .	2nd								
	IPAR Performance Report to BPPAC & Board .	2nd								
	Stroke Delivery Group review of patient cases .	2nd								

Strategic Objective:	10. To deliver, as a minimum requirement, Outcome and Delivery Framework Targets and specifically eliminate the need for unnecessary travel and waiting times, as well as return the organisation to a sound financial footing over the lifetime of this Plan.	Executive Director Owner:	Teape, Joe	Date of Review:	Jan-19
		Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Feb-19

Risk ID:	632	Principal Risk Description:	There is a risk of the UHB not being able to fully comply the WG Eye Care Measures (ECMs). This is caused by a lack of identified funding and capacity to support progress with the ECM Plan. This will lead to an impact/affect on delivery of the Ophthalmology RTT delivery plan, to delays in the treatment and care of patients, adverse publicity/reduction in stakeholder confidence, increased scrutiny/escalation from WG.

Risk Rating:(Likelihood x Impact)	
Domain:	Safety - Patient, Staff or Public
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	6
Trend:	⬌

Does this risk link to any Directorate (operational) risks?

Chart legend: Current Risk Score, Target Risk Score, Tolerance Level. Axis markers: Sep-18, Nov-18, Jan-19.
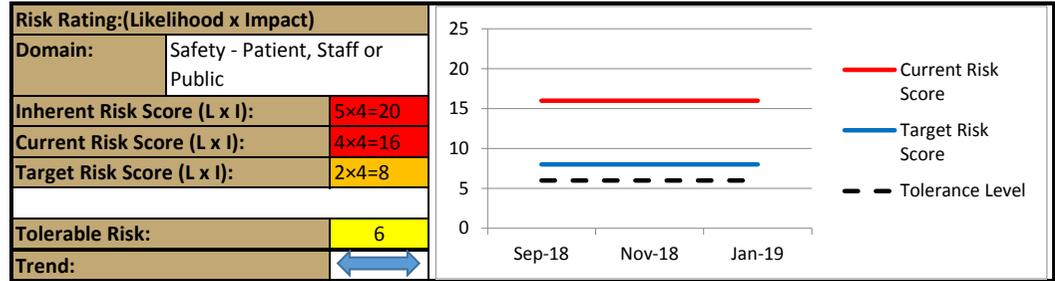
Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
The known number of current delays in ophthalmology follow-ups would indicate that the UHB would not currently meet the new ECM standards.	The UHB aim to have a service where demand and capacity is aligned to meet the new ECM standards.

Key CONTROLS Currently in Place:	Gaps in CONTROLS				
(The existing controls and processes in place to manage the risk)	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Eye Care Action Plan in place. Ophthalmology RTT delivery plan in place. Identification of delivery opportunities to reduce costs of RTT delivery (identified in RTT paper to Board 26/07/18).	Lack of 3 year balanced plan for ophthalmology. Lack of funding to utilise primary care to meet eye care standards.	Identify funding sources for ECM Coordinators and ophthalmology staff required to deliver Eye Care Plan.	Hire, Stephanie	Completed	RTT financial plan provides for partial progress with ECMs (recruitment of Ophthalmology co-ordinators) but not redirection of activity to Optometry service.

Commissioning arrangements for outsourcing ophthalmology activity secured via an extension to 2017/18 contractual arrangements. Eye Care Collaborative Group established and meet quarterly to oversee performance against eye care standards. Sustainable funding for ECM Coordinators established. Short term funding for primary care support to manage Glaucoma patients has been identified form vacant consultant vacancies.	Lack of monitoring information available from W-PAS 18.1.standards. Delay in go-live of IT systems to support shared care / remote delivery of evaluations away form Acute Sites. Lack of investment / staffing funding to support required service developments across primary and secondary care.	Development of a 3 year eye care plan.	Hire, Stephanie	~~31/12/2018~~ 28/02/2019	On development and on track. This will be a combination of WG bid submission, draft eye care plan from May this year, actions outstanding from assurance visits, planned care program actions, transformation work streams etc, in order to produce a coherent work program and trajectories delivery. A workforce plan is being developed in discussion with both finance, planning, clinical and operational groups to include contribution to Mid Wales Plan.
		Identify funding sources to support primary care.	Hire, Stephanie	Completed	Completed - Consultant vacancies from Ceredigion are being used to support Glaucoma referrals.
		Development bid of £1.42million made to WG Planned Care Program to support infrastructure, staffing and IT deficits identified by the Eye Care Collaborative Group as key to the implementation of a sustainable model of care.	Hire, Stephanie	~~31/12/2018~~ 31/03/2019	Further submission made in December 2018. Sustainable funding sources are being developed.
		Ability to use W-PAS 18.1 to identify, monitor and report on outcomes against ECM.	Beynon, Gareth	Completed	Analysis of errors underway to isolate where data errors are occurring. Ongoing with NWIS.
		Recruitment of ECM Coordinator	Wragg, Gordon	Completed	Appointed in September 2018. Awaiting final recruitment checks and notification of start date.
		Installation of MediSIGHT software to allow for joint management of VR, Cataract, Medical Retinal and AMD patient pathways.	Tracey, Anthony	~~31/01/2019~~ 31/03/2019	Awaiting confirmation of go-live date across acute and community sites. Discussions are ongoing to obtain

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress

		(1st, 2nd, 3rd)	Current Level	about your controls			Further action necessary to address the gaps			
Reduction in number of follow-ups	Monitoring arrangements by management .	1st			* IPAR Mth 3 - Board Jul18	Inability to report accurately against standard due to functionality of W-PAS 18.1. Errors in pathway reporting and quantity picked up through internal QA processes.	Develop new IT reporting measures.	Hire, Stephanie	Completed	Completed - Welsh (PAS) Patient Administration System went live on 13/08/18.
	Executive Performance Reviews .	2nd			* IPAR Mth 5 - Sep18		Identification of source of data errors.	Beynon, Gareth	Completed	Analysis of errors underway to isolate where data errors are occurring. Ongoing with NWIS.
	IPAR Performance Report to BPPAC & Board .	2nd			* IPAR Mth 6-Oct18					
	Monthly oversight by WG .	3rd			* EC Collaborative Group Meeting 02/11/18					

Strategic Objective:	9. To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.	Executive Director Owner:	Teape, Joe	Date of Review:	Dec-18
		Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Jan-19

Risk ID:	686	Principal Risk Description:	There is a risk of that the UHB will be unable to fully deliver Transforming Mental Health (TMH) Programme by 2023. This is caused by a number of key challenges, specifically the securing of £17m capital to implement TMH, potentially increased revenue costs from newer buildings, limited capital resources to fund implementation of both TMH and TCS, potential delays from co-production with service users, staff and key stakeholders, understanding of IT requirements, and adequate programme support. This will lead to an impact/affect on the UHB's ability to meet the rising demand on mental health services, meeting service users' expectations, recruitment and retention of professional staff, and result in adverse publicity/reduction in stakeholder confidence and increased scrutiny from regulators.

Risk Rating:(Likelihood x Impact)   New Risk - No trend information available

Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	6

Does this risk link to any Directorate (operational) risks?	

Trend:	*New risk*

Rationale for CURRENT Risk Score:

Delivery of TMH is critical to the UHB's ability to manage the increasing demand on mental health services and improving recruitment and retention in key professional groups. Whilst there are work streams in place to identify keys risks and issues, the delivery of TMH is reliant on a significant amount of capital. Capital resources are limited and there is a risk that some elements of TMH may need to align with the UHB's Transforming Clinical Services programme which could result in a delay in the overall delivery of TMH. Capital is also dependent on the UHB demonstrating that it will be able to manage the increasing revenue costs associated with the increasing demand on services since the development of the TMH.

Rationale for TARGET Risk Score:

The Mental Health and Learning Disabilities Directorate has completed a consultation in respect of a revised service model which should reduce the reliance on our inpatient services. Delivery of the TMH programme within the timescales agreed by Board is dependent on securing the required capital and programme support therefore the target score reflects the uncertainty associated with both these requirements.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress

Open commitment and mandate from the Board on the implementation of the TMH Programme. Board approved implementation plan (Jan18). Mental Health Implementation Group established to oversee delivery of the TMH Implementation Programme. Established work streams in place for Pathway and Access Design, Workforce and Cultural Change, Transport, and Estates, IT and Infrastructure.	Lack of dedicated Programme Director and adequate programme support. Lack of agreed capital investment which is dependent on a balanced revenue position which will be able to address estates, IT and infrastructure requirements. Competing demand for capital with Transforming Clinical Services Programme.	Establishment of additional workstreams for Partnerships and Commissioning, IT and Data Evaluation.	Jones, Richard	31/01/2019	Partnerships & Commissioning established and reporting to the MHIG Dec 18. Meeting with AD Informatics arranged to establish IT work stream and digital strategy. Meeting to be arranged with Swansea University re: Data & Evaluation.
		Further development of the Communications and Engagement Plan to support delivery phase of TMH.	Jones, Richard	31/03/2019	In progress.
		Develop a programme business case to secure required capital allocation (currently estimated at £15m) to deliver TMH.	Jones, Richard	30/04/2019	In progress.
		Secure additional programme management support to the programme.	Jones, Richard	31/01/2019	Paper to be taken to MHIG outlining case for additional programme support needs. On agenda for MHIG on 10/12/18.
		TMH programme fully aligned with TCS to ensure that risk of delays to TMH developments are minimised and opportunities for support are maximised.	Jones, Richard	30/04/2019	Richard Jones & Dr. Warren Lloyd contribute to TCS developments.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance ▢ Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
N/A	Work streams report progress, key risks and issues to MHIG	1st			* TMH Progress Report - Board -	No gaps identified.				

	TMH Plan is monitored by TMH Implementation Group and Planning Sub-Committee, and to Board every 6 months	2nd			Sep18&Nov18 * HOS reports - MHQSESC - Sep18 * MHLAC Update - Board - Jul18 * TMH update - Planning Subcommittee -				

Strategic Objective:	N/A - Operational Risk		Executive Director Owner:	Teape, Joe	Date of Review:	Jan-19
			Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Feb-19

Risk ID:	634	Principal Risk Description:	There is a risk of avoidable harm of maternity patients who require an emergency c-section (category 1) at Bronglais General Hospital (BGH) outside of normal working hours. This is caused by not being able to meet the required standard of 'call to knife' within 30 minutes as there is no overnight theatre provision located on site. This will lead to an impact/affect on complications for mother and baby resulting in long term, irreversible health effects.

Risk Rating:(Likelihood x Impact)	
Domain:	Safety - Patient, Staff or Public
Inherent Risk Score (L x I):	3×5=15
Current Risk Score (L x I):	3×5=15
Target Risk Score (L x I):	1×5=5
Tolerable Risk:	6
Trend:	←→

Does this risk link to any Directorate (operational) risks?

Chart legend: Current Risk Score, Target Risk Score, Tolerance Level. Axis: Sep-18, Nov-18, Jan-19.
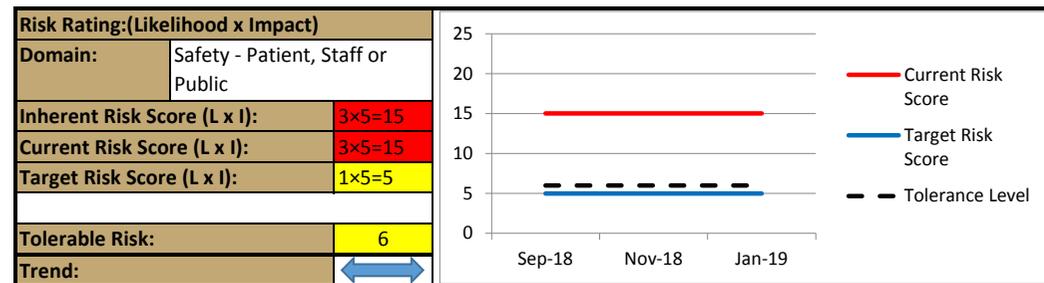
Rationale for CURRENT Risk Score:
There is currently no on-call theatre team on site at BGH during the night. This means that theatre team are called in from home which means they are unable to meet call to knife within 30 minutes, which is the required standard for emergency C-sections. Without a change to the current Agenda for Change non-compliant system, the risk can not be mitigated from the inherent.

Rationale for TARGET Risk Score:
The UHB should be aspiring to meet 30 minutes standard and are currently working to change existing staff systems to enable staff to respond within 30 minutes. Funding has now been agreed by Executive Team to establish a 24/7 resident theatre team and agreement to remove on-call compensatory rest. A formal OCP process is beginning on the 16/1/19 for SCRUB staff in order to standardise systems.

| Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
On call theatre team.	Not having 24/7 resident theatre team.	Establish funding for 24/7 resident theatre team.	Teape, Joe	Completed	Funding approved by Executive Team. Implementation Plan in place to be delivered by April 2019.
24/7 anaesthetic cover on site (obstetrician and consultant anaesthetist.		Advertise and appoint to expanded theatre Team following agreement on funding.	Hire, Stephanie	31/03/2019	Recruitment underway.
All families are informed by the Maternity Service at Bronglais of the services available at the hospital and that they will be a Continual Risk Assessment throughout pregnancy for the suitability of the Mother to deliver at BGH. Maternity staff are trained to deal with emergencies, with protocols in place for transfer out to appropriate centre is issues are identified.		Agreement with theatre teams (employee relations) for removal of compensatory rest. Formal 90 day OCP for Scrub and Band 3 circulatory staff to commence 16/01/19.	Nichols-Davies, Mandy	30/11/2018 30/04/2019	Theatre scrub team are in disagreement with the Health Board on employment changes. A formal OCP is proceeding from the 16/1/19. This is a 90 day process to achieve a change in Terms and Conditions.
Funding approved by Executive Team to establish a 24/7 resident theatre team. Principle of removal of on-call compensatory rest approved by Executive Team.					

		E-roster build to support the new resident on call theatre team rota	Nichols-Davies, Mandy	~~31/03/2019~~ 31/05/2019	To be progressed once change protocols have been followed. At conclusion of the OCP in Mid April 2019, the E-roster build will be able to accomodate the new A4C work patterns.
		Develop a formal implementation plan for the new staffing arrangements.	Nichols-Davies, Mandy	~~31/12/2018~~ 30/04/2019	Plan is in place and delivery is being progressed.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
No of incidents reported where 30 minute response target is missed.	Maternity Services governance systems review of incident reports .	1st			Executive Team - Jul18	None identified.				
	Management audit of cases presented to QSEAC .	2nd								
	Discussions with WG Chief Nursing Officer & UHB Medical & Nursing Director .	3rd								

Strategic Objective:	N/A - Operational Risk		Executive Director Owner:	Teape, Joe	Date of Review:	Jan-19
			Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Feb-19

Risk ID:	508	Principal Risk Description:	There is a risk of harm to patients, staff and general public for failing to fully comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005. This is caused by a lack of available resources in fire safety management to undertake appropriate planned preventative maintenance, risk assessments and audits. This will lead to an impact/affect on safety of patients, staff and general public, HSE investigations and enforcement, fines and/or custodial sentences, adverse publicity/reduction in stakeholder confidence.

Risk Rating:(Likelihood x Impact)

Domain:	Safety - Patient, Staff or Public
Inherent Risk Score (L x I):	4×5=20
Current Risk Score (L x I):	3×5=15
Target Risk Score (L x I):	1×5=5
Tolerable Risk:	6

Does this risk link to any Directorate (operational) risks?		Trend:	⟷

Rationale for CURRENT Risk Score:

Significant progress has been made since the NWSSP IA Fire Precautions Report in May 2017 to improve fire safety. Additional resources have been now been approved and posts will be appointed to by March 2019. These posts will help to increase the pace of delivery of required improvements which will lead to an improvement in compliance and the level of fire safety in the UHB.

Rationale for TARGET Risk Score:

The target score reflects the importance of fire safety and the UHB aims to have a robust system that is fit for purpose.

Key CONTROLS Currently in Place:	Gaps in CONTROLS				
(The existing controls and processes in place to manage the risk)	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Fire Safety Policy approved Mar18 - implemented through fire training. Fire Management Structure in place (2 x Fire Officers). 306 valid fire risk assessments undertaken across UHB. Staff training programme in place with level 1 compliance at 60% and level 2 at 30%. Estate and statutory maintenance programme in place with focus on high risk in-patient facilities. 7 x local fire safety groups which report to the HB wide Fire Safety	Shortfall in resources to have an effective fire safety management team which will resulting in slow progress of further improvements and inability to maintain current level of compliance. 102 fire risk assessments are currently out of date. Ability to record accurate fire safety training attendance of staff within the HB and address current shortfall in	An SBAR is required to identify the issues surrounding the resource pressures faced by the Facilities Directorate regarding fire safety. This SBAR needs to set out clearly the expected number of resources for an organisation of such size and geography.	Teape, Joe	Completed	Additional resources have now been approved by executive team and can now be appointed to. Head of fire safety management has now been appointed as of (19th November 2019) commencement date scheduled for 28th January 2019. Further two appointments of fire safety advisors to be completed by March 2019.

	compliance	An SBAR on gaps in maintenance programme to be presented to the Executive Team.	Lewis, Mark	Completed	Paper submitted to Formal Executive Team in October 2018 and has been put forward for the IMTP 2019/20.
Group, which feeds into the Health and Safety & Emergency Planning Sub Committee (HSEPSC).

Prioritised plan for fire safety investment in place which tackles highest risks coming out of the risk assessments as first calling. | Insufficient workforce capacity to deliver strategic agenda for fire safety.

Lack of fire wardens to improve local fire safety awareness across UHB.

Lack of evidence of fire safety arrangements in leasehold properties used by the UHB staff.

Lower risk capital investment issues in respect of fire will remain for some time due to limited capital availability and the focus on high risk only.

Analysis of KPIs to fully ascertain PPM compliance. | Complete all outstanding fire risk assessments by April 2019 through procurement of external support. | Evans, Paul | 30/04/2019 | External risk assessor now appointed and will commence work on the 22nd November to undertake a variety of risk assessments. The remaining assessments will be completed in house by the agreed timeline. |
		The Fire Team and Workforce Team will undertake a joint review of the current systems used to record fire training to understand the underlying issues with accurate recording of training.	Evans, Paul	Completed	The workforce team and fire safety team have now undertaken a deep dive exercise to understand how fire training is being recorded in ESR. There has historically been discrepancies between the figures retained by the fire safety team and ESR. This has now been resolved. This was raised at the January HSEPSC. The committee requested a formal plan to be implemented now to focus on improving training attendance across the HB. This will be reviewed and agreed at the meeting in March.
		Introduction of fire wardens on every department/service across the UHB to increase fire safety awareness.	Evans, Paul	30/11/2019	A number of global emails requesting expressions of interest have issued. However further work needs to be undertaken to understand the number of fire wardens required and focused effort to ensure appropriate coverage across UHB.
		Obtain fire risk assessments for all leasehold properties utilised by UHB.	Evans, Paul	31/03/2019	Formal letter has been issued in Nov18 by the Fire Brigade on the UHB's behalf to request copies of fire risk assessments.

Establish the risk to staff, patients and public in properties not owned by HB where a HB fire risk assessment has not been undertaken.	Evans, Paul	~~31/12/2018~~ 30/04/19	The fire safety team has now formally met with the fire brigade to discuss this issue and it has been agreed that the fire brigade will now provide the HB with a formal letter requesting information from property owners where the HB has been unable to obtain such detail. This letter will be issued by the fire safety team of the HB clearly stipulating a response time. If this action proves unsuccessful then the fire brigade may decide to put these properties onto their inspection programme. This action is being monitored by the Fire Safety Group - next meeting scheduled for February 2019.
Monitor the published KPI figures produced by the operational maintenance function in monthly performance meetings to assess ongoing achievements and report any discrepancies.	Evans, Paul	Completed	KPI figures for facilities information is regularly being monitored and presented at monthly performance meetings chaired by the Dir of Facilities at each of the acute sites. This information highlights any shortcomings in respect of achievement targets. Business critical and high risk PPM's remain the key focus of attention.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls)	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
Improve mandatory fire safety training	Review of compliance through fire safety groups .	2nd			IA Fire Precautions Report - ARAC	None identified.				

compliance for level 1 & 2 ideally above the 75% target by Nov19. Increasing no of valid in date risk assessments to >95% by April 2019. Reduce the no of unwanted fire signals (UwFS) to Fire Brigade by 40% by end of 2018 (from 119 UwFS for 2017 period). Planned and Preventative	Compliance reports regularly issued to HSEPSC .	2nd			19/06/18. Quarterly report to H&S EM SC.		
	Fire inspections by Fire Service .	3rd					
	NWSSP fire advisor inspections .	3rd					
	NWSSP IA Fire Precautions Follow Up May-18 - Reasonable Assurance .	3rd					

Strategic Objective:	N/A - Operational Risk		Executive Director Owner:	Jervis, Ros	Date of Review:	Dec-18
			Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Feb-19

Risk ID:	635	Principal Risk Description:	There is a risk of not having a clear understanding of the potential implications to the UHB in the event of a 'no deal Brexit' outcome. This is caused by a lack of clarity regarding UK position on Britain's exit from EU. This will lead to an impact/affect on the UHB being unable to continue to run services, patients being able to access appropriate and timely treatment, the UHB being able to maintain safe and effective levels of staffing, financial loss and adverse publicity/reduction in stakeholder confidence and increased mortality and ill-health across our population.

Does this risk link to any Directorate (operational) risks?

Risk Rating:(Likelihood x Impact)	
Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	3×4=12
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	3×4=12
Tolerable Risk:	6
Trend:	⬌

Legend: Current Risk Score, Target Risk Score, Tolerance Level. Axis: Sep-18, Dec-18.

Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
Work is on-going to clearly identify the risks and impacts to the UHB in conjunction with Wales and UK Governments.	Risk assessment and subsequent contingency planning work to be completed before target score can be further assessed. This will also be effected by confirmation of Brexit outcome by UK Government.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Regular meetings with CEO, DPH & Head of Emergency Planning plus verbal updates/discussions at Executive Team. Brexit planning co-ordinated by the Emergency Planning Team. Risk assessments have been undertaken in order to ascertain the business impact & to develop and review business continuity arrangements. This has been done using a standardised risk assessment pro-forma, supported by a briefing to senior/service managers within the Health Board. The pro-forma was developed by NHS Wales Emergency Planners. Service leads have been asked to complete a Brexit business continuity template specifically for the risks noted within their risk assessments. Scoping exercise undertaken within Workforce to identify EU nationals and resolve data gaps in ESR. Workforce Brexit Plan developed covering settled status; data analysis; high risk service areas; local risks,	Full understanding of potential impacts and implications for the Health Board. Lack of continuity plans for 'no deal Brexit' for LHBs.	Scoping Exercise and liaison with other HBs and WG.	Hussell, Sam	31/10/2018 31/12/2018	On-going collaboration with other Health Boards following initial Brexit workshop.
		Completion of suite of risk assessment and business continuity plans (BCPs) by service leads to mitigate highest risks.	Hussell, Sam	31/12/2018	Risk assessments and BCPs received from a number of service areas such as ICT, Pharmacy, Pathology, Clinical Engineering, Catering.
		Completion of workforce scoping exercise and resolution of ESR data gap.	Gostling, Lisa	31/01/2019	Exercise on schedule for completion.
		NHS Wales exercise planned for January 2019 to rehearse Brexit no-deal contingencies.	Hussell, Sam	31/01/2019	Currently beingplanned by WG Brexit Health & Social Care Civil Contingencies Group with support from PHW.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
To be identified when risk is fully understood.	Response submitted on 19 November to Andrew Goodall letter of 05 October stating approach to be taken by Health Boards confirming progress .	1st			None to date.	Further sources to be identified when risk is fully understood.	Respond to WG letter of 05/10/18 requesting further information on the approach taken by UHB and progress to date.	Hussell, Sam	Completed	Response sent by 19/11/18
	Response submitted to Wales Audit Office letter notifying of intention to undertake an initial baseline of arrangements by 30 November .	1st					Respond to WAO request for information to inform their baseline assessment of arrangements for Brexit.	Hussell, Sam	Completed	Response provided by 30/11/18.
	Emergency Planning Team to review UHB no deal Brexit arrangements and associated BCPs .	1st								
	Executive oversight of Brexit arrangements and BCPs .	2nd								
	Review of Exercise planned for January 2019 .	3rd								
	WAO Review of Brexit Preparedness	3rd								

Strategic Objective:	N/A - Operational Risk		Executive Director Owner:	Jervis, Ros	Date of Review:	Dec-18
			Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Feb-19

Risk ID:	295	Principal Risk Description:	There is a risk of the Health Board being unable to maintain routine & emergency service provision across the organisation in the event of a severe pandemic influenza event. This is caused by a novel influenza virus causing a pandemic as declared by the World Health Organisation (WHO) and the subsequent ability of the Health Board to respond to the scale and severity of the influenza outbreak. This will lead to an impact/affect on patients being able to access appropriate and timely treatment, the Health Board being able to maintain safe and effective levels of staffing, financial loss and adverse publicity/reduction in stakeholder confidence. Increased mortality and ill-health across our population.

Risk Rating:(Likelihood x Impact)

Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	3×3=9
Tolerable Risk:	6

Does this risk link to any Directorate (operational) risks?		Trend:	⟷

Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
Pandemic Flu is the highest risk on the UK National Risk Register. Current likelihood scored at a 3 to reflect the risk of the Health Board being able to respond to the scale and severity of the pandemic - not the likelihood of the pandemic actually occurring.	Following outcome of Cabinet Office review and subsequent updating of Hywel Dda plans, in line with new and revised Welsh Government Guidance, it is hoped to reduce impact to a 3.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Local Resilience Forum (LRF) multi-agency plans for managing pandemic influenza (updated in accordance with current data and approved by Strategic LRF 14/11/18).

LRF Excess Deaths Plan (which supports the LRF multi-agency pandemic influenza management arrangements) developed as a recommendation from Exercise Cygnus. Plan was ratified by the LRF Strategic Group on 11/07/2018.

Health Board Pandemic Influenza Response Framework and associated plans (currently outdated awaiting review).

Quality assurance process via national & local exercise programmes.

Access to national counter measures stockpile.

Welsh Government Pandemic Influenza Guidance and National Pandemic Flu Service.

Hywel Dda participation in Welsh Government Pandemic Influenza Group.

Reinstated Hywel Dda Pandemic Influenza Group. | Current Health Board pandemic framework will need to updated to incorporate new Cabinet Office review implications/ recommendations. | Reinstate local Pan Flu Group to enact Cabinet Office Review implications (originally due Sept 2018) and develop ongoing work programme. | Hussell, Sam | 12/01/2018 31/03/19 | First meeting held on 09 Oct 2018. Workshop to be scheduled for late Jan/early Feb 19 to take forward Cabinet Office review (CO review currently delayed due to Brexit focus). |

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
Performance against local plan.	Reports to Health & Safety and Emergency Planning Sub-Committee .	2nd			No recent reports.					
	Emergency Planning Action Group (EPAG) Wales meetings re Pandemic Flu .	2nd								
	NHS Wales wide workshops .	3rd								
	LRF Cygnus Test of plans .	3rd								
	Reviewed LRF Pandemic Flu Plan .	3rd								

Strategic Objective:	N/A - Operational Risk		Executive Director Owner:	Teape, Joe	Date of Review:	Jan-19
			Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Mar-19

Risk ID:	384	Principal Risk Description:	There is a risk of avoidable non-compliance with statutory and implied statutory standards where medical devices are concerned. This is caused by inadequate management of systems and the supporting governance in medical device management plus equipment not being maintained in accordance with manufacturers' instructions. This will lead to an impact/affect on overall treatment or service being suboptimal with an impact of reputational harm and Health and Safety Executive (HSE) enforcement.

Does this risk link to any Directorate (operational) risks?

Risk Rating:(Likelihood x Impact)	
Domain:	Statutory duty/inspections
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	3×3=9
Tolerable Risk:	8
Trend:	↔

Chart legend: Current Risk Score, Target Risk Score, Tolerance Level. X-axis: Mar-18, Sep-18, Nov-18, Jan-19. Y-axis: 0 to 25.
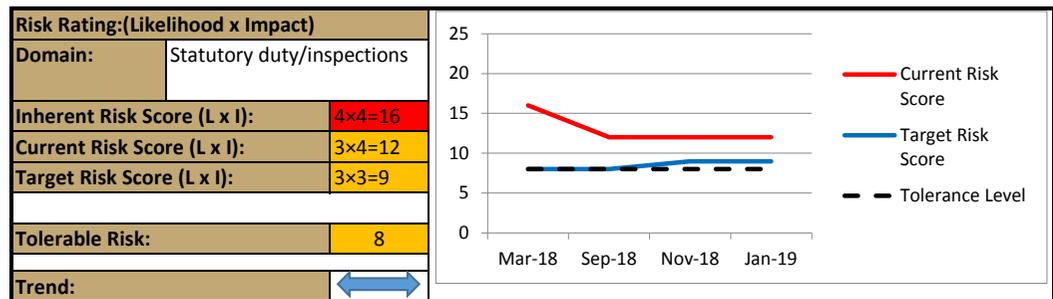
Rationale for CURRENT Risk Score:
The Medical Device Policy is approved but needs operationalising. There have been significant issues regarding medical devices governance resulting in a number of clinical incidents.

Rationale for TARGET Risk Score:
The UHB needs to safeguard staff and patients against medical devices issues and improve its systems and governance. Given the number devices within the UHB, there is a probability that an adverse event will happen from time to time however the planned actions and focus on high risk devices should mean that enforcing authorities will see the merits of the systems that have been developed to protect patients and staff safety.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Medical and Non-Medical Devices Control Group reviewing performance. HSE Action Plan is nearing completion. Management information including regular reports provided for scrutiny. Identification of devices and categorisation and inventory refresh complete and new database procured and commissioned. System review processes operating to ensure missed inspections are not allowed to go unchecked. 5 tier risk stratification system developed for Health Board device holding which facilitates high risk devices targeted for first attention. Increased capital allocation has been realised.	Non-implementation of Medical Device Policy. Lack of capital resources to address backlog of Equipment. Medical Devices Safety Officer issue not yet resolved. Resolution to current alert system remains outstanding. Community and managed practices devices remain elusive to achieving a complete inventory. However these items have been established as presenting low risk to those in	Implement Medical Devices Action Plan (inc development of inventory, categorisation of incidents) - delivery is monitored by Medical Devices Control Group.	Rees, Gareth	31/03/2019	Good progress can be evidenced with only a few key actions which remain to be implemented by March 2019 - Resolution to current alert system remains outstanding. Last update to QSEAC August 2018 received positively.
		Operations Priorisation System and Programme in place which feeds into annual capital planning process.	Rees, Gareth	Completed	Completed.
		Review Medical Devices Assurance Group which reports to Operational QSE Sub-Committee to improve reporting of assurance.	Rayani, Mandy	Completed	This has been resolved and the Medical Devices group now formally reports to Operational QSE Sub-Committee with escalation to QSEAC.

|									
Strategic replacement plan for the Health Board's medical device holding now in place and servicing capital decision making.

Improved ultrasound governance in place.

Training Needs Analysis has been undertaken in conjunction with L&D Team.

Servicing and inspection capacity restored to 2015 levels in clinical engineering.

Broader control over all aspects of all aspects of medical device management to include pathology, radiology and estates now in place. | | existence on the acute inventories.

Further work required on Ultrasound Governance training and competence user requirements.

further work required on Pathology inventory. | | Establish Information Governance requirements for medical devices. | Rees, Gareth | Completed | List of all equipment that holds PII or connects to the internet has now been forwarded to the IG team. | | |
| | | | | Agree current Medical Device alert system to be implemented. | Rayani, Mandy | 31/03/2019 | Resolution to current Medical Device alert system remains outstanding. Meeting has taken place with the Patient Safety team and agreement has been reached on opting for the ECRI system. Further discussion required on funding arrangements. | | |

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES			
Performance Indicators	Sources of ASSURANCE	Type of Assurance

(1st, 2nd, 3rd) | Required Assurance

Current Level | | | Identified Gaps in Assurance: | How are the Gaps in ASSURANCE will be addressed
Further action necessary to address the gaps | By Who | By When | Progress |
| Maintain accuracy level at >95% items on Medical Devices inventory.

Performance data from Planned Preventative Maintenance.

Performance data reported to control group.

Incident reports relating to medical devices. | Internal Management Review 2018 . | 1st | (blue) | (red) | * Update on Medical Devices Management - QSEAC - Aug18

* Medical Devices Assurance Group Update - Operational QSE Sub Committee- Nov18 | Limited assurance has been secured via previous assurance committee. | Review Medical Devices Assurance Group which reports to Operational QSE Sub-Committee to improve reporting of assurance. | Rayani, Mandy | Completed | This has been resolved and the Medical Devices Group now formally reports to Operational QSE Sub-Committee with escalation to QSEAC. |
	Medical and Non-Medical Devices Control Group reviewing performance data .	2nd	(blue)							
	Oversight of incidents by Health & Safety & Emergency Planning Sub-Committee .	2nd	(pink)							
	Medical Devices assurance Group reviewing performance .	2nd	(pink)							
	HSE Improvement notices .	3rd	(blue)							

Strategic Objective:	9. To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.	Executive Director Owner:	Jennings, Sarah	Date of Review:	Jan-19
		Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Mar-19

Risk ID:	43	Principal Risk Description:	There is a risk of the UHB being unable to achieve compliance with the statutory Welsh Language Standards (WLS) which will come into place Mar 19. This is caused by a lack of resources including Welsh speaking staff, lack of funding and an inability to fully implement the Bilingual Skills Strategy. This will lead to an impact/affect on increased complaints (resulting from poor patient experience of Welsh speaking patients as they are unable to be treated in their language of choice), fines and a damage to corporate reputation.

Risk Rating:(Likelihood x Impact)

Domain:	Statutory duty/inspections
Inherent Risk Score (L x I):	3×4=12
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	8
Trend:	⟷

Does this risk link to any Directorate (operational) risks?	

Chart legend: Current Risk Score, Target Risk Score, Tolerance Level. X-axis: Mar-18, Sep-18, Nov-18, Jan-19
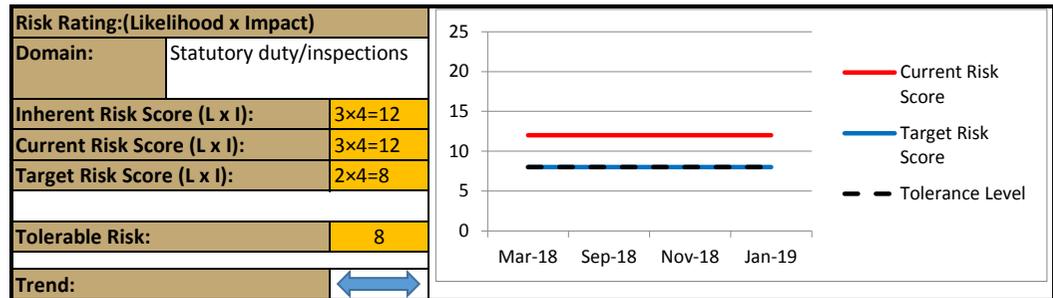
Rationale for CURRENT Risk Score:

The UHB received its final compliance notice on 30 November 2018. Whilst the Welsh Language Team has been innovative, it is a small team and relies on using Welsh Language champions across the UHB to drive this work forward. The main constraints in achieving compliance are related to resources to undertake increasing demand for translation, development and translation of intranet and having sufficient skilled staff to support frontline staff and recruitment. At present, the UHB does not have the right skill mix or resource currently to deal with the backlog of translation for the internet/intranet; job descriptions; providing opportunities during working hours for your employees to receive basic Welsh language lessons or monitoring the Standards.

Rationale for TARGET Risk Score:

Full compliance with the Welsh Language Standards requires full engagement and commitment from all management and staff.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Bilingual Skills Strategy. Support from the Welsh Language Services Team for translation, to support staff to improve Welsh Language skills and improve staff awareness of Welsh Language legislation and standards to improve patient experience.	Lack of right language skill mix across the UHB to reflect the population language need. Lack of available resources to support implementation of WLS, particularly in relation to translation for the intranet/internet and increasing	Increase percentage of Welsh language skills information collected from staff.	Williams, Enfys	31/03/2019	82% of staff have their Welsh Language Skills recorded on ESR at 30 September 2018. Despite pro active efforts from the Welsh Language and W&OD teams this figure has remained quite static during 2018/19.

demand for translation to respond to WLS. Lack of funding to provide Welsh resources to staff.	Support managers during recruitment process to assess Welsh language requirement for vacant posts.	Williams, Enfys	31/03/2019	Support is being given to managers when requested. However the organisation needs to ensure that it is embedded into the recruitment process.
		Welsh Language Awareness sessions to existing staff. These are provided to staff as requested by teams/services.	Williams, Enfys	31/03/2019	80 members of existing staff received Welsh Language Awareness training between April and November 2018.
		Developing Business Case to fund an internal translator, tutor and resources to promote the introduction of the Welsh Language Standards.	Williams, Enfys	31/03/2019	Initial business case has been drafted and presented to directorate team meeting. Business Case to be submitted to Executive Team for approval in Feb19.
		Continue to promote and produce resources to support staff to work bilingually.	Williams, Enfys	31/03/2019	New resources printed and launched during Diwrnod Shwmae in September 2017 - these have been reprinted during October 2018.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Welsh language skills levels of staff.	WL skills levels reviewed by Welsh Language Team to assist with planning .	1st				Lack of KPIs to measure compliance against WLS & monitoring process. Lack of clarification of future reporting of compliance to Board from WLC.	Reporting arrangements will be reviewed when the WLS are finalised in January 2019.	Williams, Enfys	31/03/2019	Final compliance notice from Welsh Language Commissioner received which indicates the requirement for the Health Board to produce an annual report. Welsh Language Commission holding workshops during Q4 to provide further information on requirements and format of annual report.
	WL skills levels monitored by Operational Business Group .	2nd					To develop KPIs when WLS have been finalised in January 2019 & ensure they are monitored to the Improving Experience Sub-Committee.	Williams, Enfys	31/03/2019	Awaiting final compliance notice from Welsh Language Commissioner - expected early 2019.
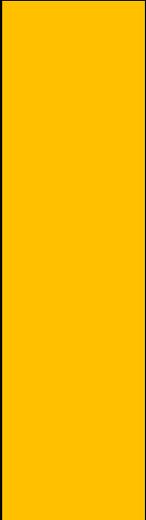
Annual Welsh Language Report to Board .	2nd			
Welsh Language Commissioner Office Reviews into complaints/specific areas .	3rd			
Annual Report to Welsh Government - 'More than Just Words' .	2nd			

Strategic Objective:	N/A - Operational Risk		Executive Director Owner:	Teape, Joe	Date of Review:	Jan-19
			Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Mar-19

Risk ID:	44	Principal Risk Description:	There is a risk of harm to patients on follow up waiting lists who have exceeded their follow up date. This is caused by the high number of patients on the follow up lists, the lack of capacity to see these patients in clinics, the lack of a sustainable plan to decrease the number of patients on follow up lists, the availability of clinical, OPD staffing and clinic space, the requirement to review clinical pathway management on W-PAS, and the necessity to rebalance patient pathways across primary and secondary care. This will lead to an impact/affect on failure to meet follow up waiting times across all scheduled care specialties, poorer outcomes for patients, increased complaints, litigation and reputational harm.

Risk Rating:(Likelihood x Impact)

Domain:	Safety - Patient, Staff or Public
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	6

Chart legend: Current Risk Score (red), Target Risk Score (blue), Tolerance Level (dashed). X-axis: Sep-18, Nov-18, Jan-19. Y-axis: 0 to 25.

Does this risk link to any Directorate (operational) risks?	180

Trend:

Rationale for CURRENT Risk Score:

The level of risk differs across different speciality groups in all clinical divisions, however there are overarching themes which support the delivery of risk controls and mitigation. Areas that are identified through the control measures of being of specific or increased risk have been identified for separate management / controls. This includes ophthalmology/Glaucoma(Risk 180). Follow up patients fall into two groups - management of long term conditions & follow up after intervention.

Rationale for TARGET Risk Score:

The clinical risk for long-term condition patients remains high for all patients if they are not reviewed / seen in line with clinical follow-up intervals.

Key CONTROLS Currently in Place:		Gaps in CONTROLS				
(The existing controls and processes in place to manage the risk)		Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress

The programme of work underway within the Health Board is focussing on a number of key stages, urology and cancer. Admin validation, cleaning up the waiting lists and removing obvious duplicate entries or patients that have been seen and the pathway not closed. Engaging Clinical Leads for each speciality in the prioritisation of their patients and the identification of those most at risk of harm. Speciality Service Delivery Manager (SDM) and clinical lead have identified patients on their follow up list who might be at risk. Lessons learned from SUI / adverse events / complaints relating to delayed care shared through Directorate QSE meetings.	Variations in practice in application of access policy. Duplicate patient pathways creating inaccurate waiting list. Workforce issues create an on-going demand/capacity imbalance. High new/follow up ratio.	Establishment of a transformation programme for each speciality to map and redesign process for follow up care.	Hire, Stephanie	~~10/01/2018~~ 31/3/19	Speciality specific plans in place. Early progress achieved for ENT (reduced by 33%), Gynaecology (reduced by 32%), Paediatrics (reduced by 9%) and Respiratory Medicine (reduced by 13%). Plans continue to be monitored through Turnaround project mechanisms Also, reductions in delayed for booked appointments seen in orthopaedics & ophthalmology
		Review of Myrddin to ensure that the system is able to identify sub-specialities and clinical conditions within the waiting list.	Hire, Stephanie	Completed	Subspecialty and clinical conditions set up in some specialties, work on-going.
		Redesign of services through IMTP planning to reduce capacity gap	Hire, Stephanie	31/03/2020	Service transformation plans being prioritised via Planned Care IMTP
		Effeciency & productivity workstreams for all teams to reduce ratios to levels comparable to other Health Boards.	Hire, Stephanie	31/03/2019	Target performance set for all specialties. Monitored via Planned Care Directorate HTA meetings.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance ▢ Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
	Watchtower meetings are held weekly to review all patient waits	1st			* IPAR Report to Board - Board, Nov18	None identified to date				
	Ophthalmology ECM specifically report compliance with the follow up intervals	1st								
	Scrutiny of FUNB forms part of the Delivery Unit remit for scrutiny	3rd								

Strategic Objective:	N/A - Operational Risk		Executive Director Owner:	Kloer, Dr Philip	Date of Review:	Nov-18
			Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Jan-19

Risk ID:	631	Principal Risk Description:	There is a risk of the UHB failing to recognise increasing mortality rates. This is caused by a lack of consistent mortality review process across the UHB. This will lead to an impact/affect on missed opportunities to reduce avoidable deaths and improve clinical outcomes.

Risk Rating:(Likelihood x Impact)	
Domain:	Safety - Patient, Staff or Public
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	6
Trend:	

Does this risk link to any Directorate (operational) risks?	

Graph legend: Current Risk Score (red), Target Risk Score (blue), Tolerance Level (dashed). X-axis: Sep-18, Nov-18. Y-axis: 0 to 25.
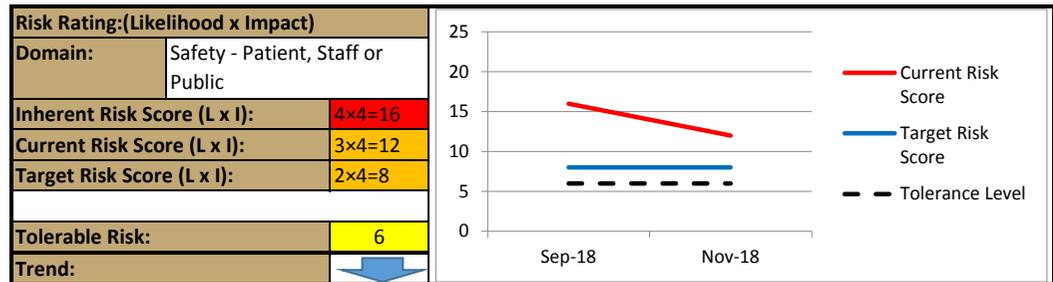
Rationale for CURRENT Risk Score:

Mortality review process is not sufficiently consistent across the Health board although recent changes have been made to the process at PPH and GGH. The Health Board does not meet the 28 day target for review. Learning from mortality reviews is not sufficiently embedded in the HB processes which risks learning from the reviews not being acted upon. The risk has been reduced to 12 as the Stage 1 review process has been standardised across the Health Board, however more consistency is needed around developing themes and learning from reviews which will be taken forward by the newly established Mortality Review Group by end of March 2019.

Rationale for TARGET Risk Score:

Improving systems and processes and robustly discussing the issues at Directorate Q&S meetings will mean that learning from the reviews will be acted upon. Achieving 28 day target means that any trends or patterns could be picked up sooner.

| Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
All sites undertaking mortality reviews however variations in methodology.	28 day review target not consistently being met.	New review process put in place at PPH and GGH to mirror that already in BGH and WGH.		Completed	Completed.
Mortality review learning shared at Whole Hospital audit Meetings. Stage 2 mortality reviews in place on all sites.	WHAMs not always well attended and themes too general to embed learning.	Each specialty to implement quality and safety meetings with mortality as a standing item.	Ratnasinghe, Dr Damitha	31/03/2019	Discussions initiated with specialties.
	Learning and key themes from stage 2 reviews need to be discussed by clinical teams.	Action plans to be developed by each clinical team that address areas identified in stage 2 reviews.	Ratnasinghe, Dr Damitha	31/03/2019	Work to be commenced in 2019.

clinical teams. Lack of trend analysis of mortality reviews.						Establish clear links with Datix system re stage 2 reviews to improve learning from mortalities and trends.	Davies, Mandy	Completed	Mortality Review Group has been established to drive the mortality review process. This group will identify improved processes to the stage 2 review including developing the links with Datix.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
No. of stage 1 mortality reviews undertaken in 28 days.	Mortality reviews .	1st	(blue)	(red)	TBC	Lack of formal process for addressing concerns from stage 2 reviews.	Stage 2 Reviews to be reported on Datix to enable tracking of recommendations and trend analysis.	Davies, Mandy	31/01/2019	The newly established Mortality Review Group will be looking to improve the process around Stage 2 reviews.
No. of stage 2 mortality reviews undertaken.	IPAR reviewed by BPPAC/PMAF Reviews .	2nd	(pink)							
No of Datix incident reports.	Each specialty to have established a quality and safety forum with mortality reviews as a standing agenda item .	2nd	(blue)							
	Quality improvement meetings with WG .	3rd	(blue)							

Strategic Objective:	10. To deliver, as a minimum requirement, Outcome and Delivery Framework Targets and specifically eliminate the need for unnecessary travel and waiting times, as well as return the organisation to a sound financial footing over the lifetime of this Plan.	Executive Director Owner:	Teape, Joe	Date of Review:	Jan-19
		Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Mar-19

Risk ID:	636	Principal Risk Description:	There is a risk of the UHB being unable to deliver on its commitment to WG to achieve zero breaches for RTT following receiving additional funding. This is caused by by a lack of internal and external capacity and increasing rise in demand. This will lead to an impact/affect on adverse publicity/reduction in stakeholder confidence, increased scrutiny/escalation from WG and recovery of all or part of additional funding by WG.

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	6
Trend:	⬌

Does this risk link to any Directorate (operational) risks?	174, 184

Legend: Current Risk Score, Target Risk Score, Tolerance Level. X-axis: Sep-18, Nov-18, Jan-19. Y-axis: 0–25.

Rationale for CURRENT Risk Score:
Work is currently being undertaken to increase weekend working however this requires changes to be made to current Agenda for Change working agreements. In addition, the UHB will work to source appropriate external capacity through All Wales Commissioning Framework, however this is dependent on available suppliers.

Rationale for TARGET Risk Score:
There is a focus to ensure there are zero breaches for RTT and there will be ongoing review to ensure there are no issues with delivering the agreed actions.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Demand and Capacity Plans for RTT. Delivery plans in place for all RTT specialities supported by daily, weekly and monthly monitoring arrangements. Monthly series of review meetings between senior UHB Operational / Planning leads and Delivery Unit representatives. Validation of patients. Weekly 'Watchtower' review meetings with Service Delivery Managers (inc Therapy and Diagnostic leads) to review current/potential breaches. Identification of delivery opportunities to reduce costs of RTT delivery (identified in RTT paper to Board 26/07/18). Support from Finance Directorate to contra money with activity. Contracted outsourced activity in place to support high risk areas of Ophthalmology, Orthopaedics, and Dermatology. Senior Service Delivery Managers linked to sites to discuss and prioritise any cancellations on a daily basis..	Ability to ensure planned activity is able to be undertaken due to pressures from emergency / unscheduled care demand. Availability of clinical teams in fragile services to deliver care.	Minimise elective activity cancellations through ring fencing of elective beds.	Hire, Stephanie	Completed	Hospital initiated cancellations (HIC) have increased this year to date compared to last year as a result of deteriorations in unscheduled care performance. Notwithstanding the above, orthopaedic capacity at PPH has been protected year to date and the Winter Plan provides for continued ring fencing of Ward 6 during the Winter 2018/19. Actions to mitigate the risk of HICs are reflecting the broader unscheduled care improvement plans being progressed by each hospital site triumvirate team. Key themes are reducing length of stay and admission avoidance initiatives.

Re-introduction of elective orthopaedic ring-fenced beds at PPH.

Validation of patient pathways to ensure that the number of "open" pathways is accurate without duplication.

Winter Plan 2018/19 agreed by the Board - Nov1

Service involement in prospective bed planning on a weekly basis at GGH.

Action	Owner	Date	Update
Agreement of terms and conditions to enable weekend working at PPH.	Hire, Stephanie	Completed	Unable to progress due to Agenda for Change terms & conditions. Weekend WLI sessions at PPH are continuing (Sat or Sun). New staff are scheduled to join the theatre team from December 2018 which may increase staff availability to support additional weekend sessions.
Develop and initiate plans for outsourced activity in line with All Wales Commissioning Framework.	Hire, Stephanie	Completed	Existing contracts in place for Orthopaedics, Ophthalmology and Dermatology via Werndale Hospital and Orthopaedics via St Joseph's Hospital in Newport. Further out/in-source contract currently being commissioned for additional Dermatology activity.
Working with the site teams to identify opportunities in bed planning / utilisation of bed stock for elective patients.	Hire, Stephanie	31/01/2019	PPH Orthopaedic beds on Ward 6 are ring-fenced. GGH plans to re-structure planned care beds to improve day case capacity and overall elective bed utilisation are due to be implemented by end of March 2019 following 3 month consultation with staff.
Winter Planning process to support proactive bed management over the December / January period to ensure clinical safety and appropriate maintenance of elective IP activity on all sites.	Teape, Joe	Completed	Completed and submitted to the Board in November 2018.
Recruitment of substantive medical staff at all levels to delivery care. This covers Dermatology, Colorectal, Rheumatology, Ophthalmology and ENT for stage 1 & stage 4 interventions.	Hire, Stephanie	31/12/2019	Longstanding recruitment issues in a number of teams which have impacted on the internal capacity capabilities. Long term workforce plans are being developed for all teams.
Training of administrative teams (Outpatients, Booking Centres, Medical Secretaries) to understand pathway management in order to prevent inaccuracies at source	Jones, Keith	31/03/2019	Work plan in development to support long term improvements.

Development of increased Day Surgery functionality at PPH in order to decompress the main theatres for Orthopaedic procedures. The new centre will support activity across Carmarthenshire while increasing the delivery of day admissions, thus reducing the reliance on an IP bed stock. Forms part of the IMTP for 2019-22.	Hire, Stephanie	30/06/2020	Long term service development which forms part of the UHB IMTP.
Development of outline RTT plans for 2019/20.	Jones, Keith	31/12/2019	First draft to available for Board Seminar December 2018.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
Performance indicators for Tier 1 targets.	Daily/weekly/monthly/ monitoring arrangements by management of RTT specialities .	1st			* RTT Paper - Board 26/07/18	Impact of Hospital Initiated Cancellations on delivery trajectories	Determine monthly speciality specific performance trajectories.	Jones, Keith	Completed	Completed. Performance trajectories and scrutiny are now part of standart business processes.
	Executive Performance Reviews .	2nd			* IPAR - month 5 (Aug18)					
	IPAR Performance Report to BPPAC & Board .	2nd			* IPAR- Month 6 (Sep18)					
	Monthly oversight by WG .	3rd								

Strategic Objective:	10. To deliver, as a minimum requirement, Outcome and Delivery Framework Targets and specifically eliminate the need for unnecessary travel and waiting times, as well as return the organisation to a sound financial footing over the lifetime of this Plan.	Executive Director Owner:	Thomas, Huw	Date of Review:	Jan-19
		Lead Committee:	Finance Committee	Date of Next Review:	Feb-19

Risk ID:	646	Principal Risk Description:	There is a risk of the Health Board not achieving breakeven over the medium term. This is caused by the inability to either: 1. Develop a sufficiently robust financial plan which shows an achievable improvement trajectory, or 2. Manage the necessary changes in such a way that the financial gains are realised and an improvement trajectory is achieved. This will lead to an impact/affect on a detrimental impact on the Health Board's reputation with Welsh Government and other stakeholders.

Risk Rating:(Likelihood x Impact)	
Domain:	Finance inc. claims
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	2×3=6
Tolerable Risk:	6

Does this risk link to any Directorate (operational) risks?	Corporate risk

Trend:	↔

Chart: Current Risk Score, Target Risk Score, Tolerance Level across Sep-18, Nov-18, Dec-18 (scale 0–25)

Rationale for CURRENT Risk Score:
The Health Board has not developed a full long term financial base-case model, which can then be used to assess the impact of TCS and other medium term changes. The Health Board's underlying deficit also requires further work to fully explore and understand the opportunities for improvement which can be realised over the medium term.

Rationale for TARGET Risk Score:
Achieving financial balance on a three-year rolling basis is a statutory requirement for the Board, and a clear requirement from the Board and Welsh Government.

Key CONTROLS Currently in Place:	Gaps in CONTROLS				
(The existing controls and processes in place to manage the risk)	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Understanding the underlying deficit. An initial assessment has been completed. Very high level base-case long term financial model. Assessing the full financial implications of Transforming Clinical Services.	Calculation has not been subject to operational scrutiny. Assessment not subject to planning scrutiny. High level assessment of resource requirements for social model.	Testing the underlying deficit assumptions with directorates.	Thomas, Huw	30/11/2018	Follow-ups are on-going as part of the IMTP process.
		Refining assessment in conjunction with W&OD and Planning.	Thomas, Huw	30/11/2018	Initial calculations regarding the effect of the zero based review allocation and early high level affordability for option B of the consultation has been shared via the TCS Design Team and with the Director of Finance.

| | | | | Developing a high level assessment of the resource requirements of "A Heathier Mid and West Wales" Strategy | Thomas, Huw | 31/03/2019 | Understanding the full financial implications of TCS, including the Community/Social Care model is threefold:

1) Activity Based costing refined based on updated Activity and Capacity Assumptions (Completed in support of Nov 18 Strategy)
2) Impact of 1 on the 2017/18 baseline financial data + Zero based Review funding (Completed)
3) Collating emerging detail in the draft Strategy to begin to build up a bottom up financial costing (Detail collated & now starting building mulitidisciplinary "End Point" options in 4th quarter 2018/19 and coming years to support engagement & co-design) |

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
Operational agreement to underlying deficit assessment.

Plan in place to develop a long term financial plan. | Reporting to Finance Sub-Committee . | 1st | | | N/A | Process to be put in place over August and September.

'Plan for a plan' to be developed and presented to FSC. | Communication with directorates and responses required in September. | Thomas, Huw | 31/10/2018 | Information shared with Directorates 3 August with a request for review and action plan by 10 September. Some responses received. Further requests made to review, if not already done so, to help savings identification for 2019/20 IMTP. |

| High level financial assessment of TCS in place. | | | | | | | Approach to costing impact of TCS to be developed. | Now Strategy is agreed we are moving on to a bottom up assessment of the Financial Planning options and implications of "A Heathier Mid and West Wales". | Thomas, Huw | 31/03/2019 | 1) TCS Finance Enabling "Plan for a Plan" - considered by the Strategic Financial Planning Group and FSC. 2) Initiating the establishment of a multidisciplinary "End Point" planning group, under Exec Direction and tied into the Strategy Governance to begin to flesh out service design options and trade-offs to inform and promote debate in co-design process. 3) Draft Financial Plan submitted to FDU; comments received. Response and actions to be completed before final submission by the end of January 2019. |

Strategic Objective:	10. To deliver, as a minimum requirement, Outcome and Delivery Framework Targets and specifically eliminate the need for unnecessary travel and waiting times, as well as return the organisation to a sound financial footing over the lifetime of this Plan.	Executive Director Owner:	Rayani, Mandy	Date of Review:	Nov-18
		Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Jan-19

Risk ID:	647	Principal Risk Description:	There is a risk of the Board not receiving accurate and timely information regarding breaches in line with s25b of the Nurse Staffing Levels (Wales) Act 2016 (NSLA). This is caused by not having appropriate resources and capacity to develop robust arrangements and systems to support the requirements of the Act. This will lead to an impact/affect on the UHB being unable to respond in a timely way to breaches of staffing levels, effectively workforce plan and review current staffing establishments, increased scrutiny from Welsh Government and reduced confidence from stakeholders.

Risk Rating:(Likelihood x Impact)	
Domain:	Statutory duty/inspections
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	2×3=6
Tolerable Risk:	8

Chart legend: Current Risk Score, Target Risk Score, Tolerance Level

Does this risk link to any Directorate (operational) risks?		Trend:	⬌

Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
The Board agreed implementation plan is progressing and a further update paper is being taken to the November Board meeting to confirm progress and outstanding actions. A national approach to capturing breaches is being further considered however in the interim the Health & Care monitoring system is now being utilised and the reporting from the system will be tested during Q4. This reduces this element of the risk but does not totally eradicate it.	The target risk score reflects that any system will rely on staff inputting timely and accurate information.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Temporary staffing arrangements in place.

Risk based escalation arrangements and process in place in services.

Emergency Pressure & Escalation Policy (Aug17).

Nurse Staffing Levels (Wales) Act Steering Group.

Inconsistent reporting arrangements in place. | Lack of a robust system to record breaches of the Act as per s25. | Phased implementation plan for the Nurse Staffing Levels (Wales) Act which includes the development of a single system of recording. | Rayani, Mandy | 31/03/2019 | Implementation plan agreed at Board is progressing as planned. |
| | | Prepare a report for Formal Executive Team setting out resourcing requirements. | Rayani, Mandy | 31/10/2018 | Update to be provided. |

| ASSURANCE MAP				Control RAG Rating (what the assurance is telling you	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance	Required Assurance			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed	By Who	By When	Progress

			(1st, 2nd, 3rd)	Current Level	about your controls			Further action necessary to address the gaps			
		E-rostering system reviewed by Head of Nurses in Operation Teams .	1st			* Briefing on NSLA - QSEAC Aug18.					
		Datix Reports reviewed by Corporate Nursing Team to identify reportable breaches .	1st			* NSAL Update to Board May & Jul18.					
		Director of Nursing review of significant reported breaches .	2nd								
		Workforce & OD Sub-Committee review of workforce challenges .	2nd								
		Bi-annual & annual compliance report to Board .	2nd								
		WG Review HB Papers in 18/19 - feedback expected Dec18 TBC).	3rd								
		3 yearly compliance report to Welsh Government .	2nd								

Strategic Objective:	10. To deliver, as a minimum requirement, Outcome and Delivery Framework Targets and specifically eliminate the need for unnecessary travel and waiting times, as well as return the organisation to a sound financial footing over the lifetime of this Plan.	Executive Director Owner:	Teape, Joe	Date of Review:	Dec-18
		Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Feb-19

Risk ID:	633	Principal Risk Description:	There is a risk of the UHB not being able to meet the anticipated waiting time target for the new Single Cancer Pathway by the confirmed shadow reporting implementation date of August 2019.(SCP Performance targets tbc). This is caused by the lack of capacity to meet expected increase in demand for diagnostics. This will lead to an impact/affect on meeting patient expectations in regard to timely access for appropriate treatment, adverse publicity/reduction in stakeholder confidence and increased scrutiny/escalation from WG.

Risk Rating:(Likelihood x Impact)

Domain:	Quality/Complaints/Audit
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	4×3=12
Target Risk Score (L x I):	3×2=6
Tolerable Risk:	8

Does this risk link to any Directorate (operational) risks?		Trend:	

Rationale for CURRENT Risk Score:
It is likely that public reporting of shadow reporting in respect of the new single cancer pathway will significantly reduce performance across Wales compared to current USC/NUSC pathways, as evidenced by current monitoring. The current impact is rated as a 3 due to the current absence of confirmed targets in respect of the SCP.

Rationale for TARGET Risk Score:
The aim is to treat patients within target waiting times (which are yet to be confirmed).

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed — Further action necessary to address the controls gaps	By Who	By When	Progress
Working with all Wales Cancer Network to gain full understanding of implications of new pathway.

Implementation Group established, reporting to Cancer Board with awareness / engagement sessions held on each hospital site.

Shadow monitoring in place.

Demand & Capacity planning in progress to assess anticipated impact on diagnostic services. | Anticipated significant gaps within key diagnostic services to address required levels of activity to support SCP - unlikely to be addressed by August 2019

Full engagement for all supporting services.

Performance is lower than USC/NUSC published performance. | Demand & capacity assessment work continuing. Solutions will necessitate regional cooperation to address anticipated capacity gaps.

Additional awareness / engagement sessions planned across HB. | Perry, Sarah

Jones, Keith | 31/03/2020

31/03/2019 | Issue prioritised for Regional Planning Workshop 5th December 2018. Further demand & capacity support planned via DU for February 2019.

Group established with regular attendance at WCN Coordination Group. Progress review meetings held with WG representatives. |

		Key diagnostic information systems do not support effective demand / capacity planning. Need for new, streamlined optimal clinical pathways to reduce diagnostic demand and expedite assessment pathways.	See above re diagnostic services plus improved systems to support identification of 'date of suspicion'.	Jones, Keith	31/03/2019	HB performance compares well with other HBs however below current USC/NUSC performance level. Work in progress with OPD, Diagnostic & ED teams to improve real time identification of date of suspicion.
			Planned upgrade of Tracker 7 system via NWIS targeted for Summer 2019.	Jones, Keith	31/08/2020	Work to be undertaken.
			Each MDT to review and adopt recommended optimal tumour site specific pathways	Jones, Keith	31/08/2020	Each MDT is currently assessing implications of published proposed pathways.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES			
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Performance indicators for Tier 1 targets.	Daily/weekly/monthly/ monitoring arrangements by management .	1st			* IPAR Report to Board - Nov-18	No gaps identified.				
Shadow performance data.	Executive Performance Reviews .	2nd								
	IPAR Performance Report to BPPAC & Board .	2nd								
	Monthly oversight by WG .	3rd								

Strategic Objective:	N/A - Operational Risk		Executive Director Owner:	Teape, Joe	Date of Review:	Jan-19
			Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Mar-19

Risk ID:	129	Principal Risk Description:	There is a risk of disruption to business continuity of the Hywel Dda Out of Hours (OOH) Service. This is caused by a lack of availably of labour supply as GPs near retirement age and pay rate differentials across Health Boards in Wales, implementation of the '111' service, workforce flexibility, higher than average sickness and other service change. This will lead to an impact/affect on further weakening of an already fragile service and a detrimental demand impact on an already burdened unscheduled care pathway.

Does this risk link to any Directorate (operational) risks?

Risk Rating:(Likelihood x Impact)

Domain:	Service/Business interruption/disruption
Inherent Risk Score (L x I):	5×3=15
Current Risk Score (L x I):	4×3=12
Target Risk Score (L x I):	2×3=6
Tolerable Risk:	6
Trend:	⬌

Legend: Current Risk Score, Target Risk Score, Tolerance Level
X-axis: Mar-18, Sep-18, Nov-18, Jan-19

Rationale for CURRENT Risk Score:

GPs remain in contact with the service and continue to provide services to the Health Board. There are some gaps in rota cover throughout both Pembrokeshire and Carmarthenshire with very limited additional work being undertaken by the sessional workforce. However, shift fill is improving over a weekday, with increasing numbers of GPs also available to support on most weekends however in the immediate weeks prior to Xmas, there was a downturn in availability of GPs for shift and this is not expected to improve before new financial year.

Rationale for TARGET Risk Score:

A long term viable plan is needed for OOH Services to reduce this risk and ensure the out of hours service provision is not interrupted.

Key CONTROLS Currently in Place:	Gaps in CONTROLS				
(The existing controls and processes in place to manage the risk)	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
GP's rotas are constantly reviewed and updated by the OOH staffing team with a view to improve resilience. 111 programme board with 111 now live across the HB area. The clinical advice hub as part of the '111' service is assisting with OOH demand Dedicated Advice GP rota developed and in place for winter. Out of Hours issues log and action plan in place with weekly	Lack of short term to consolidate the service until long term is realised.	The service is actively looking to recruit Advanced Paramedic Practitioners to the service.	Rees, Gareth	Completed	Completed and in place.
		Develop long term service model for OOH.	Rees, Gareth	Completed	Completed - A long term model has been developed however a short to medium term plan is under development for inclusion in the IMTP 2019/22 to manage the current crisis in the Out of Hours Service.

teleconferences established between 111, HD and WAST leads.

Patients attend OOH clinics in other areas or attend Minor Injuries/Emergency Departments if no local service running.

GP Advisory Group established to improve communication/relationships with local GPs.

Collaboration with WAST launched on 01/11/18 enabling OOH to utilise advanced paramedic practitioners to support the medical rota provision and augment face-to-face contacts.

Further advice capacity in place through regional working at clinical support hub.

Health care support workers augmenting GP workloads by undertaking basic observations.

Pharmacist deployed locally into GGH but working as extended arm of support hub.

|			
Ensure Transforming Clinical Services Programme incorporates a long term, viable plan for OOH.	Rees, Gareth	31/03/2020	A short to medium term plan is under development for inclusion in the IMTP 2019/22 to manage the current gaps in rotas in the Out of Hours Service.
Development of home working provision for GPs.	Rees, Gareth	Completed	Completed and evolving.
Recruitment programmes for increasing nurses and doctors into the services.	Rees, Gareth	31/03/2019	Job descriptions for Advanced Paramedic and Nurse Practitioners have been prepared and being reviewed by Workforce. APP pilot with WAST has commenced on 01.11.18 - 2 WTE APP deployed at peak demands to provide a degree of rota resilience. Mou (draft) currently being reviewed by corporate. WRP has approved Additional WAST staff being deployed on an Ad Hoc basis in line with the MOU developed for the APP pilot Rolling recruitment for Salaried GP continues- 1 applicant recently interviewed 5 new GPs have signed up for shifts in the Carms locality on an AdHoc Bas
Rollout of 111 to all 3 counties.	Rees, Gareth	Completed	Completed and in place from 31st October 2018.

						Develop short to medium plan for out of hours service which builds resilience into service ahead of longer term action materialising.	Davies, Nick	~~31/12/2018~~ 31/05/19	First draft reviewed in November 2018 however the Associate Medical Director will be leading a workshop, likely to be held in Feb19, which will explore the opportunities to bring the operationalization of daytime and out of hours urgent care provision closer together to maximise the available synergies. The plan will be finalised following the workshop and its agreed outcomes.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Performance against Wales Quality and Monitoring for Delivery of OOH standards. Filled rotas.	Daily sitreps/				Internal Review of 111 - BPPAC Jun-18.	None identified.				
	Weekend briefings for OOH .	1st								
	Monitoring of performance against OOH standards .	1st								
	Executive Performance Reviews .	2nd								
	BPPAC monitoring (last month) .	2nd								
	WAO Review of OOH in Wales .	3rd								
	WG Peer Review being undertaken Sep-18 (3rd).	3rd								

Strategic Objective:	N/A - Operational Risk		Executive Director Owner:	Teape, Joe	Date of Review:	Dec-18
			Lead Committee:	Business Planning and Performance Assurance Committee	Date of Next Review:	Jan-19

Risk ID:	652	Principal Risk Description:	There is a risk of persons gaining unauthorised access to certain parts of the hospital sites. This is caused by the poor condition of certain external doors which compromises the security of the site and the ability to promptly lock down perimeter doors from a central point. This will lead to an impact/affect on the security of the site in terms of unauthorised access, increased risk to staff and patients from unauthorised persons and increased risk of thefts out of hours.

Does this risk link to any Directorate (operational) risks?

Risk Rating:(Likelihood x Impact)	
Domain:	Safety - Patient, Staff or Public
Inherent Risk Score (L x I):	3×4=12
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	1×4=4
Tolerable Risk:	6
Trend:	⬌

Chart legend: Current Risk Score (red), Target Risk Score (blue), Tolerance Level (dashed). X-axis: Sep-18, Nov-18. Y-axis: 0 to 25.

Rationale for CURRENT Risk Score:

In the event of an incident or an increase in threat level, the ability to restrict access to external doors will be important. This is currently only achievable by porters physically locking doors. Arrangements are in place to lock external exit doors to secure each hospital premises. However many of these exit doors are having to be manually locked and unlocked by porters physically securing them using a variety of keys. This task can take a considerable amount of time and will inevitably leave certain access points vulnerable if an emergency lock down is activated. In addition Porters are often otherwise engaged in patient transport/fire response and other duties when exterior doors require manually locking, effectively leaving them open when they should be secured. Barriers to full implementation of an effective lockdown capability remain as no identified security role has been identified on each site.

Rationale for TARGET Risk Score:

Planned actions will reduce risk of unauthorised access to certain parts of hospital sites however will investment to deliver the actions.

Key CONTROLS Currently in Place:	Gaps in CONTROLS				
(The existing controls and processes in place to manage the risk)	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Doors are in place.

Porters locking each door in person at specific times.

Staff wearing ID badges at all times across sites.

Survey of access points on acute hospital sites identified gaps in access controls - Access controls in large number of areas. | Lack of risk based approach to strengthening access controls to acute hospital sites.

Lack of robust process to instigate lockdown procedures on hospital sites. | Develop and implement a work programme to address gaps in access controls based on availability of capital funding. | Harrison, Tim | 30/09/2020 | Work plan developed and discretionary Capital bid submitted for approval. Highlights prioritised sites and spread over 2 years. |
| | | Issuing swipe card controls across all hospital sites. | Elliott, Rob | 30/04/2019 | SBAR prepared for Operations Business meeting and H&S/EP SC with recommendations for improving current arrangements. |

Development of systematic lockdown plans developed by site management - support by emergency planning & security teams.	Lloyd, Mr Philip	~~31/03/2019~~ 30/06/2019	HB Lockdown Policy seeking approval at Nov H&S/EP Sub-Com. WGH lockdown plan in draft. Plan to then produce site lockdown plans. Action Cards with floor plans for staff are being developed.
Testing lockdown plans.	Lloyd, Mr Philip	~~30/06/2019~~ 30/06/2019	As part of hospital lockdown plan development.
Approval of Lockdown Policy at Health & Safety/Emergency Planning Sub-Committee.	Harrison, Tim	30/11/2018	Lockdown policy to be submitted at Nov-18 meeting for approval.
Develop action plan in response to Counter Terrorism Security Advisor (CTSA) Report for review at H&S Sub-Committee.	Harrison, Tim	Completed	Annual Work Plan covers the external lockdown improvements (pending Capital Funding approval).

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
Reduction in no of incidents unauthorised access.	Management investigation of unauthorised access and issues / H&S & Security Team identify trends across sites .	1st		RED	Lockdown draft policy - May18 H&S SC Security Report May18 H&S/EP SC					
	Site inspections by night staff .	1st								
	Security compliance reports to H&S/ EM Planning Sub-Committee .	2nd								
	Security issues discussed at Site Staff Partnership forums .	2nd								
	Counter Terrorism Advisor Report on Security Controls in UHB .	3rd								
	IA Physical Security Follow up - May 2015 - Limited Rating .	3rd								

Strategic Objective:	9. To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.	Executive Director Owner:	Rayani, Mandy	Date of Review:	Nov-18
		Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Jan-19

Risk ID:	648	Principal Risk Description:	There is a risk of the UHB not delivering improved outcomes and overall experience of care for patients. This is caused by a lack of resources (both financial and human) to fully implement its Quality Improvement Strategic Framework. This will lead to an impact/affect on the UHB's ability to reduce major causes of harm, variation and waste, and deliver a value-based healthcare model to support its service transformation agenda.

Risk Rating:(Likelihood x Impact)	
Domain:	Business objectives/projects
Inherent Risk Score (L x I):	4×4=16
Current Risk Score (L x I):	3×4=12
Target Risk Score (L x I):	2×2=4
Tolerable Risk:	6
Trend:	⟷

Legend: Current Risk Score, Target Risk Score, Tolerance Level. X-axis: Sep-18, Nov-18. Y-axis: 0–25.

Does this risk link to any Directorate (operational) risks?
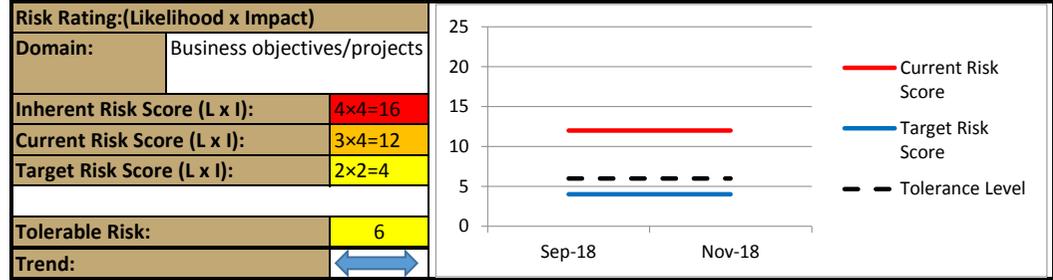
Rationale for CURRENT Risk Score:	Rationale for TARGET Risk Score:
The Board approved the QISF in July 2018 which has reduced the inherent risk score to 12. Framework and collaborative approach to be implemented with adequate resources from quality improvement expertise within the health board and engagement from operational teams and frontline staff to achieve measurable improvements.	Delivery of the QISF is dependent on having adequate resources in place to support its implementation.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS				
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Small scale quality improvement activity taking place across the organisation. Associate Medical Director for Quality and Safety in place. Quality Improvement Strategic Framework (QISF) & implementation plan developed.	Financial & human resources to deliver QISF. Working group to lead on delivery and implementation of QISF. Full engagement with the QISF from operational services.	Identify funding to deliver QISF.	Rayani, Mandy	30/09/2018 31/03/19	No definitive allocation has been agreed to date. Discussions are taking place regarding utilisation and alignment of existing QI skills and resource within the UHB. This will be resolved by end of Q4.
		Establish steering group to drive the implementation of QISF and ensure implementation plan is delivered within agreed timescales.	Rayani, Mandy	Completed	QI steering group has been established and an inaugural meeting has been held. Self assessment of readiness being undertaken to inform launch and roll out. The Steering Group will monitor implementation of the collaborative programme.

| | | | | Identification of quality leads for each site. | Rayani, Mandy | Completed | This still requires further discussion with the Director of Operations as part of the considerations regarding capacity building within Triumverate teams. |

| ASSURANCE MAP | | | | Control RAG Rating (what the assurance is telling you about your controls | Latest Papers (Committee & date) | Gaps in ASSURANCES | | | | |
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
	No current sources of assurance identified at present.				N/A	Steering Group to monitor implementation of QISF.	Reporting of achievement of project plan milestones to QISF Steering Group (when established).	Rayani, Mandy	30/09/2018	The Steering Group which has been established will monitor implementation of the collaborative programme.
						Oversight of outcome delivery following implementation of QISF.	Reporting of outcomes will be undertaken by QSEAC.	Rayani, Mandy	~~31/12/2018~~ 31/12/19	This will require further development during 2019/2020.
						Need to establish process operational team prioritisation of Quality Goals and identification of Collaborative teams.	Collaborative Steering group to be established.	Rayani, Mandy	Completed	QI steering group has been established and an inaugural meeting has been held. Self assessment of readiness being undertaken to inform launch and roll out. The Steering Group will monitor implementation of the collaborative programme.

Strategic Objective:	N/A - *Operational Risk*		Executive Director Owner:	Rayani, Mandy	Date of Review:	Nov-18
			Lead Committee:	Quality, Safety and Experience Assurance Committee	Date of Next Review:	Jan-19

Risk ID:	650	Principal Risk Description:	There is a risk of Board not receiving early intelligence and escalation of adverse/poor quality and safety (Q&S) standards within the organisation. This is caused by current Q&S arrangements not being fully embedded within operational and committee structures. This will lead to an impact/affect on the UHB's ability to respond quickly and appropriately to improve Q&S standards within organisation, adverse publicity/reduction in stakeholder confidence, and increased scrutiny/escalation from WG.

Risk Rating:(Likelihood x Impact)	
Domain:	Quality/Complaints/Audit
Inherent Risk Score (L x I):	4×3=12
Current Risk Score (L x I):	3×3=9
Target Risk Score (L x I):	1×2=2
Tolerable Risk:	8
Trend:	⬌

Does this risk link to any Directorate (operational) risks?

Rationale for CURRENT Risk Score:
Systems in place however not sufficiently mature or fully embedded within organisation to provide the level of assurance that Board requires that they are effective in reducing risks to clinical care and safety and issues are being escalated early and managed appropriately.

Rationale for TARGET Risk Score:
Whilst the Sub-Committee within the QSEAC committee structure have been reviewed, further work to review the role, responsibly and reporting lines of the groups within QSEAC Committee structure needs to be undertaken.

Key CONTROLS Currently in Place:	Gaps in CONTROLS				
(The existing controls and processes in place to manage the risk)	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	How and when the Gap in control be addressed Further action necessary to address the controls gaps	By Who	By When	Progress
Review of QSEAC Sub-Committee Structure undertaken. Nurse staffing levels reports. Quality metrics in place including Fundamentals of Care, Incident reporting, etc. Quality & Safety Dashboard reviewed by QSEAC.	Lack of confidence re early escalation of Q&S issues. Lack of capacity to analyse/triangulate Q&S data effectively.	Review the QSE Groups under QSEAC committee structure.	Rayani, Mandy	31/03/2019	A further review of the local Quality Groups is required. This will be undertaken during Q4 with the support of the Director of Therapies and Health Sciences.
		Development of a decision and action tracker across the QSEAC Sub-Committee Structure.	Gittins, Alison	Completed	Sub-Committee Decision Tracker in place and reported as a standing agenda item to QSEAC from 16th October 2018
		Implementation of the QSEAC Development Plan.	Rayani, Mandy	~~31/03/2019~~ 30/09/2019	It was agreed at QSEAC that the actions currently being implemented would be reviewed in September 2019 to allow time for the improvements implemented to become embedded.

						Raising awareness of Quality across operational services through visibility of corporate nursing team at operational meetings and ensure this is incorporated within the Leadership Improvement Programme.	Passey, Sian	31/03/2019	All Operational Governance Meetings are attended by a member of the ASI Team. A senior member of the ASI team attending the Managers Passport Plus training to deliver key training to all band 7+ leaders.
						Develop skill set in the Assurance, Safety and Improvement (ASI) Team.	Passey, Sian	31/03/2019	Training provided on Root Cause Analysis for team members. Training provided to the team by Welsh Risk Pool and Delivery Unit.
						Scope future needs to develop analyst capabilities to produce intelligence from Q&S information.	Passey, Sian	31/03/2019	A draft JD has been developed and is being considered by the quality directorate.
						Implementation the Quality Improvement Strategic Framework.	Davies, Mandy	31/03/2019	Executive level QI Steering Group established. Preparedness self-assessment being completed.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance ▢ Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress
Incident reports. Q&S Dashboard.	Q&S metrics reported through IPAR to BPPAC .	2nd								
	Monthly meetings with WG Q&S Unit .	2nd								
	Q&S Dashboard and Sub-committee reports to QSEAC (QSEAC report to Board) .	2nd								
	HIW Reports indicate areas of improvement of Q&S .	3rd								
	WAO Structured Assessment 2018 - focus on Q&S governance .	3rd								

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	31 January 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Committee Update Reports
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Joanne Wilson, Board Secretary
SWYDDOG ADRODD: **REPORTING OFFICER:**	Clare Moorcroft, Committee Services Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide the Board with a level of assurance in respect of recent Board level Committee meetings that have been held since the previous Board report and are not reported separately on the Board agenda, as follows:

- Health Strategy Committee (HSC) held on 20th November 2018;
- University Partnership Board (UPB) held on 21st November 2018;
- Primary Care Applications Committee (PCAC) held on 6th December 2018;
- Charitable Funds Committee (CFC) held on 20th December 2018.

Additionally, in respect of the In-Committee Board meeting held on 29th November 2018.

This report also provides an update to the Board in respect of recent Advisory Group meetings held including the following:

- Partnership Forum held on 3rd December 2018;
- Healthcare Professionals Forum held on 14th December 2018.

Cefndir / Background

The Hywel Dda University Health Board (UHB) Standing Orders, approved in line with Welsh Government guidance, require that a number of Board Committees are established.

In line with this guidance, the following Committees have been established:

- Audit & Risk Assurance Committee
- Charitable Funds Committee
- Quality, Safety and Experience Assurance Committee
- Mental Health Legislation Assurance Committee
- Remuneration and Terms of Service Committee

The Board has established the following additional Committees:

- Business Planning & Performance Assurance Committee
- Primary Care Applications Committee
- University Partnership Board
- Health Strategy Committee

Attached to this report are individual summaries of the key decisions and matters considered by each of the Committees held since the previous Board report, where these are not separately reported to the Board.

Approved minutes from each of the Committees meetings are available on the UHB's website via the link below:

http://www.wales.nhs.uk/sitesplus/862/page/72048

The UHB has approved Standing Orders, in line with Welsh Government guidance, in relation to the establishment of Advisory Groups. In line with this guidance, the following Advisory Groups have been established:

- Stakeholder Reference Group
- Partnership Forum
- Healthcare Professionals Forum

Asesiad / Assessment

Matters Requiring Board Level Consideration or Approval:

The Health Strategy Committee requested the following items be raised at Board level:

- Consideration and approval of the *A Healthier Mid and West Wales: Our Future Generations Living Well* strategy document
- Consideration of the Integrated Impact Assessment of the strategy document.

These matters were raised and discussed at the Board Meeting held in Public on 29th November 2018.

There were no matters raised by the University Partnership Board, Primary Care Applications Committee or Charitable Funds Committee which require Board level consideration or approval.

There were no matters raised by the In-Committee Board which require Board level consideration or approval.

The Healthcare Professionals Forum requested the following items be raised at Board level:

- The importance of HPF having early sight of plans and potential developments, in their infancy, in order to facilitate the HPF's role in providing clinical and professional advice to Board. The Forum recommends that it is given early sight of plans and developments in order to perform its role effectively and constructively.

There were no matters raised by the Partnership Forum which require Board level consideration or approval.

Key Risks and Issues/Matters of Concern:

The Health Strategy Committee raised the following key risks and issues/matters of concern:

- The finance department will need to be made fully aware of the detail of the Transformation Fund bid, for financial planning purposes.
- Risks associated with staff and public perception of the *A Healthier Mid and West Wales: Our Future Generations Living Well* strategy document.

The Primary Care Applications Committee raised the following key risks and issues/matters of concern:

- Challenges within Health Board Managed Practices.
- Sustainability issues within GMS.

There were no key risks and issues or matters of concern raised by the University Partnership Board or Charitable Funds Committee.

There were no key risks and issues or matters of concern raised by the In-Committee Board.

The Healthcare Professionals Forum raised the following key risks and issues/matters of concern:

- The risk that if HPF is not engaged in early discussions on developments and plans then it will not be able to fulfil its role, as the clinical and professional advisory Group to Board, to its full potential.
- The risk to services and quality of care whilst services are undergoing change and transition.
- The risk to staff wellbeing during times of change. However, it was noted that there had been an improvement in staff acceptance and engagement with change in recent months, and that staff morale had improved.

There were no key risks and issues or matters of concern raised by the Partnership Forum.

Argymhelliad / Recommendation

The Board is asked to:
- Endorse the updates, recognising any matters requiring Board level consideration or approval and the key risks and issues/matters of concern identified, in respect of work undertaken on behalf of the Board at recent Committee meetings;
- Receive the update report in respect of the In-Committee Board meeting;
- Receive the update report in respect of recent Advisory Group meetings.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Risk Register Reference:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability

Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working: Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide	Please explain how each of the '5 Ways of Working' will be demonstrated
	Long term – can you evidence that the long term needs of the population and organisation have been considered in this work? Not Applicable
	Prevention – can you evidence that this work will prevent issues or challenges within, for example, service delivery, finance, workforce, and/or population health? Not Applicable
	Integration – can you evidence that this work supports the objectives and goals of either internal or external partners? Not Applicable
	Collaboration – can you evidence working with internal or external partners to produce and deliver this piece of work? Not Applicable
	Involvement – can you evidence involvement of people with an interest in the service change/development and that this reflects the diversity of our population? Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Standing Orders External Governance Review
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Chair, HDdUHB University Partnership Board Chair Health Strategy Committee Chair Primary Care Applications Committee Chair Healthcare Professionals Forum Chair Partnership Forum Chair

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Explicit within the individual Update Reports where appropriate.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Explicit within the individual Update Reports where appropriate.
Gweithlu: **Workforce:**	Not Applicable
Risg: **Risk:**	Not Applicable
Cyfreithiol: **Legal:**	The Board has approved Standing Orders in relation to the establishment of Board level Committees. In line with its model Standing Orders, the Health Board has established Board level Committees, the activities of which require reporting to the Board. In line with its model Standing Orders, the Health Board has established a Stakeholder Reference Group, a Healthcare Professionals Forum and a Partnership Forum, the activities of which require reporting to the Board.
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

8.1.1   Board Level Committees Update Report / Adroddiad Diweddaru Pwyllgorau Lefel Bwrdd
                 Presenters: Joanne Wilson/Committee Chairs
                    HSC Update Report January 2019
                    UPB Update Report January 2019
                    PCAC Update Report January 2019
                    CFC Update Report January 2019

Enw'r Pwyllgor / Name of Committee	Health Strategy Committee (HSC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Dr Philip Kloer, Medical Director & Director of Clinical Strategy
Cyfnod Adrodd/ Reporting Period:	Meeting held on 20th November 2018

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor /
Key Decisions and Matters Considered by the Committee:

A Healthier Mid and West Wales – Review of Board Feedback

A final draft of the *A Healthier Mid and West Wales: Our Future Generations Living Well* strategy document had been circulated to HSC Members for consideration. Dr Philip Kloer presented a review of feedback received following consideration of the draft strategy document by Board Members at a Board Seminar held on 19th November 2018. Members of the Committee considered the feedback fully, reviewing each point in detail. Actions for addressing each point raised were agreed. Committee Members were reminded that the deadline for submission of the strategy document to Board was 22nd November 2018 and were asked to provide any additional comments on the draft strategy by 5pm on 20th November 2018. It was agreed that final sign off of the document could be undertaken via Chairman's action, subject to all the points raised during the discussion being addressed.

Transformation Fund

Ms Sarah Jennings provided the HSC with background to the Transformation Fund and shared a draft of the document, reminding Members that it was not a public-facing document. The bid to the Transformation Fund being submitted will support the region to work on innovative projects that will be delivered within two years. It was noted that whilst it was too late to add additional elements to this bid, further opportunities to bid for the Fund would be available in the future. Comments were received on the draft as presented, including a request for the involvement of the finance department in understanding the detail and any ongoing costing activity, which was welcomed. Mrs Lisa Gostling, Director of Workforce and Organisational Development also commented that the content of the bid, and any funding received, also needed to align with the workforce plan. It was agreed that the detail of the bid would be shared with the Executive Team and Mr Stephen Forster, Strategic Change Finance Director.

Integrated Impact Assessment

An Integrated Impact Assessment relating to the strategy document had been circulated to HSC Members and a summary of the background to the document was provided by Mrs Libby Ryan-Davies, Transformation Director. It was noted that this is a live document, which covers a range of issues relating to the strategy, and is an update of the documentation prepared for and following the consultation, to support the preferred model. It was clarified that the supporting documentation referred to within the Integrated Impact Assessment is being reviewed, to ensure it remains fit for purpose. Feedback on various aspects of the assessment were received from Members. It was agreed that an updated Integrated Impact Assessment would be

shared with the Committee and that individual conversations would be held with relevant Members where appropriate.

Corporate Risk Report

Members were informed that the risk relating to Transforming Clinical Services on the corporate risk register could be closed as it related to not having a strategy in place by November 2018, owing to the pending submission of the strategy document to Board. Dr Kloer noted that other risks associated with the Transformation programme included staff and public perception, and that these would need to be captured. It was clarified that the corporate risk register differed from the programme risk register, and that all relevant risks highlighted would be captured on the latter. It was agreed that the current Transformation programme risk register would be shared with HSC Members to provide reassurance that all risks have been captured.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:
• Consideration and approval of the *A Healthier Mid and West Wales: Our Future Generations Living Well* strategy document   • Consideration of the Integrated Impact Assessment of the strategy document.
Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:
• The finance department will need to be made fully aware of the detail of the Transformation Fund bid, for financial planning purposes.   • Risks associated with staff and public perception of the *A Healthier Mid and West Wales: Our Future Generations Living Well* strategy document
Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:
Adrodd yn y Dyfodol / Future Reporting:
• To be confirmed
Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:
To be Confirmed

Enw'r Pwyllgor / Name of Committee	University Partnership Board (UPB)
Cadeirydd y Pwyllgor/ Chair of Committee:	Professor John Gammon, Independent Member
Cyfnod Adrodd/ Reporting Period:	Meeting held on 21st November 2018

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor /
Key Decisions and Matters Considered by the Committee:

- **Strategy – Year 2 of the University Partnership Board Strategy – a means by which delivery on research, and delivery on innovative ways of providing services, care and supporting staff – to ultimately benefit patients –** the UPB was assured that as current milestones are being reached in the majority of missions, progress against Year 2 of the UPB Strategy is currently on track. A brief discussion was held on the evaluation process of innovative models and it was noted that this would be a fundamental part of the workshop in February 2019. Members were advised that the focus for next year would be to demonstrate the impact and outcome of the Strategy while ensuring fluidity to include opportunities to respond to the innovation agenda.

- **Transforming Clinical Services Strategy Consultation (Feedback from University Event) –** An informative presentation was provided on the Transforming Clinical Services Strategy Consultation's Closing Report. Rural area hubs were discussed and it was noted that these currently work well within other organisations. Members were reminded of the 'golden threads' that run through the strategy and that these had guided the strategy's development.

  It was added that a discussion is needed to revisit themes from the 16th November 2018 session, in respect of clinical recommendations and the emerging strategy. It was suggested that these discussions are held during the February 2019 workshop. This workshop will be crucial to ensure partners help to co-produce the strategy. It was noted that Universities have a significant contribution to make to the next steps of the Health Strategy. Papers would be in the public domain on 23rd or 26th November 2018 and available for partners to start working up their responses.

- **Rural Health and Care Wales Update including Research Innovation & Academic Implications for University Partners –** the UPB received an update on progress made and work undertaken by Rural Health & Care Wales.

- **Medical Students – Widening Access to Training –** the UPB acknowledged the Widening Access to Training paper for information and an update was provided by Swansea University representatives.

  A brief discussion was held on supporting placements via the Universities and it was noted that it is important for the Health Board to raise its student footprint. Recruiting locally and preparing people to be community physicians in rural communities was also noted as highly important. Members were informed of the benefits that had come from the Health Board's partnerships with Universities. Welsh Student Placements provision was discussed, together with the possibility of

Welsh Language placements and training.

Feedback from Effective Clinical Practice Sub-Committee Workshop: Reframing the Process in Hywel Dda – Members were reminded of what is expected of the Universities and their role in assisting the Health Board in implementing a review of clinically based practice standards. It was suggested that a review group be set up to make judgements on the research evidence available. A list of experts in various areas will be provided, as well as a document detailing thematic headings of expertise so that Universities can populate with their responses. It was agreed that University partners would be invited to be a part of this sub-committee.

- **Opportunities Emerging from Partnerships with Spanish Health Systems –** An update was given on the many opportunities that had arisen from a recent trip to Bilbao to examine the model of health and social care service in Spain and to bring back ideas and learning to implement in Hywel Dda. There would be placements for students in a range of up to 7 specific courses with small numbers of placements initially through the Erasmus programme, selecting the highest achieving students with high levels of English language skills. There would be no cost implication to the Health Board or Local Authority in accepting the placements. It was agreed that Mrs Lisa Gostling would take the lead on this. Separately, there were opportunities to learn from the Spanish system in terms of well embedded use of IT and digital platforms and it was agreed that a small group of IT specialists work on this area with Mrs Karen Miles leading. As an action Mrs Gostling and Mrs Miles will write to key people within the Universities as well as Pembrokeshire College to provide the names of those best placed to assist with this. Spanish contacts would also be forwarded to Mrs Gostling and Mrs Miles. Both Swansea University and University of Wales Trinity St David can accept and work with the Erasmus students prior to placement via normal process routes alongside local students.

- **Academic Developments – University of Wales Trinity Saint David (UWTSD) –** A very well contextualised report was presented by UWTSD and sets out how the University is responding. It was noted that Mr Barry Liles had recently retired as Principal of Coleg Sir Gâr, although he is still working with UWTSD. The content of the report was welcomed and noted.

- **R&D Sub Committee Update Report –** a brief update was presented to the Committee with an urgent risk being noted. The concern raised was that the Health Board is losing a number of active Research Clinicians which may well lead to a productivity risk. A discussion was had on research being included on a Clinician's job description. This had also been noted in a letter to the Chair by Professor Keir Lewis. It was confirmed that when a nurse comes into post they are given nursing research as part of their training, and this forms part of their appraisal process. It was noted that this matter would not need to come back to the UPB.

- **Collaborative Institute Sub-Committee Update Report & Terms of Reference –** this item was deferred as no sub-committee meeting had been held. A formal response will be sought and update provided back to the UPB.

- **University Partnership Board Work plan 2018/19** – it was suggested that most agenda items are stood down for the February 2019 meeting, in order to hold a workshop focused on the specific projects and research that could be undertaken by each partner in response to the Health Strategy. All standing items and issues from the February 2019 workshop to be included on the next work plan.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are eu cyfer/
Matters Requiring Board Level Consideration or Approval:

- None

Risgiau Allweddol a Materion Pryder /
Key Risks and Issues/ Matters of Concern:

- None

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /
Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

12th February 2019.

GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Enw'r Pwyllgor: Name of Committee:	Primary Care Applications Committee (PCAC)
Cadeirydd y Pwyllgor: Chair of Committee:	Judith Hardisty, HDdUHB Vice Chair
Cyfnod Adrodd: Reporting Period:	Meeting Held on 6th December 2018

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

- **General Medical Services (GMS) Sustainability Update** – the Committee received an update on the position with regard to Health Board Managed Practices and the two GMS Contract resignations in South Ceredigion. Two formal applications for sustainability support (Avenue Villa and Cardigan Health Centre) were received and considered in line with the nationally agreed process. It was noted that at present the Health Board has five Managed Practices and eight Practices identified as being of "high risk". Members noted that consideration is being given as to how Practices can be proactively supported to prevent further destabilisation and that a package of support is being developed. In addition it was noted that one List closure application had been received which was on the agenda for consideration later in the meeting. It was noted that there remains a variance across Wales in terms of the number of Health Board Managed Practices and the number of sustainability pressures reported and applications for support received. Members noted that currently Betsi Cadwaladr University Health Board (BCUHB) has the highest level of Managed Practices; and that this potentially reflects similar challenges as are apparent within Hywel Dda University Health Board (HDdUHB) in terms of rurality of the Health Board and the consequential impact on Practices in relation to recruitment and retention.

  It was noted that Meddygfa Minafon is now the longest standing Health Board Managed Practice and an update on progress was requested for a future meeting. Members were advised that a paper has been prepared and will, in the first instance, be considered by the Executive Team.

  Members noted that Solva Practice has won the Royal College of General Practitioners (RCGP) award for Practice of the Year.

- **List Closure Application: Robert Street Surgery, Milford Haven** – the Committee noted that Robert Street Surgery is co-located with Barlow House Surgery within the same building. Members were advised that a meeting had been held with the senior Partner to discuss the application and the current pressures currently experienced by the Practice. It was recognised that the Practice currently state sustainability issues due to an unfilled GP vacancy and in addition, one of the current GPs is on a year's maternity leave. The Practice feels that these two issues are causing an acute problem with access to GP appointments. Members were reminded that there had been historical difficulties within the geographical area, and that there has been resistance in terms of the two practices working together. Robert Street Surgery has started to use the GP Hub to assist with support in managing patient triage and is considering expanding their engagement from three to five days. It was noted that the Practice has an ambition to become a Training Practice and until recently, had started to show signs of working with other Practices in the area through developing a Paramedic Home Visiting

Service supported through the Pacesetter programme. Members were advised that the Practice has not submitted a Sustainability Application and have declined a Sustainability visit. They will, however, receive their scheduled quality visit. Members noted that the Practice appears to have an unusual appointment system which appears to be impacting on patient access, resulting in unhappy patients and an increase in patient complaints. The Practice is feeling the pressure of the current vacancies and the partners have been stepping up their commitment to support the salaried GPs.

In considering the Application, members noted that whilst the Practice is starting to take steps to address some of the causes of the pressures they are experiencing, it was considered that they had not pursued all options and that the rigidity of the appointment system was causing additional difficulties. Members were advised that the team were not aware if any discussion had taken place at Cluster level to consider local support for the current pressures and that there had previously been limited interest in both Practices merging to assist with sustainability. Members noted that the Community Health Council felt that it would be premature to look at a List closure when there are other options which could be explored. It was also noted that a further change, added to recent changes within the area, would not be helpful to patients at this point in time. Members agreed that the List closure application should be declined and that the recommendations in the report would be supported.

- **Boundary Change Application, Argyle Surgery, Pembroke Dock** – the Committee welcomed Dr Dave Wilson to the meeting. Members noted that there have been longstanding discussions around this issue and recognised that there has now been a conclusion to the reallocation of St Clements patients to Neyland. Members were advised that as part of that process, Argyle Surgery had indicated that they would seek a boundary change once the transition was concluded. It was noted that any children born to patients currently registered but living outside of the revised practice area will still be registered at the Practice.

  Members noted that the Practice is the sole provider of General Medical Services to a quarter of the county in South Pembrokeshire, noting that the area is geographically challenging when undertaking Home visits. It was noted that the boundary change would allow a focus on patients where the GP Practice is situated, limiting travel time and improving efficiency. Members were advised that the area which the Argyle Medical Practice has requested to be excluded is already served by other GP practices. It was recognised that there are a number of patients whom have been caught up in the switch over to Neyland but that the Practice was willing to be flexible to consider those patients on a case by case basis to ensure patient care is safeguarded. It was also noted that neighbouring Practices have been contacted and that there appears to be no controversy from the other Practices regarding this proposal. Members noted that there were no areas of dispute and the Committee were asked to agree the boundary change and that a formal letter of confirmation will be sent to the Practice.

- **Feedback from Ashleigh Surgery Patient Engagement Event** - the Committee received an update noting that approximately 175 patients had attended the event. Members were asked to note that patients will be allocated to a Practice that is nearest to their home address; it had not been possible to communicate this at the event, as it remained subject to discussion with the CHC at that point in time. Members were further advised that the CHC Executive have met recently and have now confirmed that the Health Board has demonstrated the level of engagement which they would expect to see with this patient population. However, it was

noted that the CHC would want to see ongoing patient engagement and an assessment of access to Services.

Members noted the recommendation and agreed that the dispersal is progressed. Members also noted that the Panel agreed to undertake the actions that the CHC has requested.

- **Update on Teifi Surgery** – the Committee received an update on progress of the List dispersal. Members received an update on the impact of the dispersal, the actuality of the patient numbers and how the distribution has been agreed. It was noted that the discussion around premises for Community Services, in particular in Llandysul, is still work in progress and is being led by the County. Members were advised that a Working Group had been established with the GMS team and the Practices significantly affected by the dispersal and members were advised that this is assisting with a number of the more challenging areas. It was noted that the overall success of this dispersal will be down to the Practices and their teams, and therefore support is being provided to ensure a smooth transition for all concerned.

  Members were concerned over some potential delays in the electronic data transfer. Whilst recognising that this area of work falls to NHS Wales Informatics Service (NWIS) to deliver, it was felt that there needed to be a full report on the potential issues with data migration and data transfer, although it was also recognised that this was not a matter for PCAC discussion. It was suggested that a paper was prepared for the ICT Sub Group.

- **Change of Ownership Talybont Pharmacy, Ceredigion** – Members noted the change of Ownership of the NHS Pharmacy Contract from Borth Pharmacy Limited to IMG Jones.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu cyfer/Matters Requiring Board Level Consideration or Approval:
• None

Risgiau Allweddol a Materion Pryder/Key Risks and Issues/Matters of Concern:
• Challenges within Health Board Managed Practices • Sustainability issues within GMS

Dyddiad y Cyfarfod Nesaf/Date of Next Meeting:
21st February 2019

Enw'r Pwyllgor / Name of Committee	Charitable Funds Committee
Cadeirydd y Pwyllgor/ Chair of Committee:	Simon Hancock, Independent Member
Cyfnod Adrodd/ Reporting Period:	Meeting held on 20th December 2018

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor /
Key Decisions and Matters Considered by the Committee:

- **Charitable Funds Story – Christmas 2018** – Members were provided with a short presentation on the Hywel Dda Health Charities' focus in the lead up to Christmas. Members were informed of the Give a Gift Appeal in aid of the Chemotherapy Day Units across the Hywel Dda area, the charity Christmas Cards initiative and the Christmas Jumper Day. As well as these initiatives, it was noted that the Charity is registered as on the Amazon Smile scheme, which donates 0.5% of the net purchase price or eligible purchases to the charitable organisation of the shopper's choice.

- **Purchase of Medical Equipment for Cardiology Services at Withybush General Hospital -** John Evans provided the history of the Pembrokeshire Cardiology Equipment Permanent Endowment Fund and the purchase itself. A Stakeholder Group was formed in April 2018 to review the equipment requirements of Cardiology Services at Withybush. From this review, it was identified that two new ultrasound machines needed to be purchased. It was noted that the request for charitable funds had been recommended for approval at Sub–Committee level. CFC noted their full agreement to the approval of the request.

- **Chair's Actions – Tŷ Bryngwyn Equipping Costs** - An overview of a recent request for charitable funding which had been approved under Chair's Actions was provided. The request was for the Tŷ Bryngwyn Palliative Care and In-Patient Unit at Prince Philip Hospital, Llanelli. CFC was asked to ratify the Chair's Actions to provide additional charitable funding of £88,746 to support an enhanced equipping budget for the refurbishment project. This would, in turn, enhance patient experience of those using the Hospice.

  It was noted that since the original project costs were approved, a significant legacy donation had been received in July 2018 (circa £160k). The service was seeking permission from the CFC to use £88,746.41 of this money towards enhancing the original budget. Chair's Action had been requested and approved prior to the meeting as an urgent decision was needed. CFC ratified the approval of an additional £88,746 to support the experience for patients using Tŷ Bryngwyn Hospice.

- **Chair's Actions & Decisions taken outside of CFC meetings –** A short discussion was had on the process of requesting Chair's Actions outside of Committee meetings which is within the Committee's Terms of Reference. It was noted that charitable funds requests must never be urgent and large items of expenditure should be planned for. Further work will be undertaken in the next quarter with Finance Business Partners to ensure that annual financial planning

also includes charitable expenditure. It was agreed that expenditure requests requested via Chair's Actions could be considered by exception but not as the norm. The Terms of Reference will be amended to reflect this.

- **Charitable Funds Operations Sub-Committee Update Report** – Members received an update on the work of the Charitable Funds Operations Sub-Committee for the period 4th October to 7th November 2018 and the financial information for the period up to 31st October 2018.

  Members were updated on charitable items approved for purchase; items rejected and noted a number of items pending decision. Two items were referred for approval by the CFC:

  A discussion was held on the requests for higher award training from charitable funds which now fell outside the UHB's Study Leave Policy due to recent changes in the policy. Discussions are ongoing with the Assistant Director of Workforce and OD in respect of a standardised approach to considering these types of requests.

  A conversation was held on the request received to donate a cataract machine to an African charity. It was noted that there is a Health Board policy relating to the disposal of health equipment that is surplus to requirements. These would need to be sold at auction to ensure no liability was incurred by the UHB. It was added that this would be a Health Board matter and not a matter for the Charitable Funds Committee as all donated equipment passes to the UHB upon purchase.

- **Charitable Funds Risk Register** – A brief update was provided on the risk of a decrease in charitable giving to Hywel Dda Health Charities due to a potential lack of trust by members of the public and media interest which could bring to the Health Board by default. It was noted that a number of external organisations and charities have been established to support local health services and in some cases Health Board staff are trustees. Any wrong doing in these external organisations, which are associated with the Health Board, but not part of the Health Board's governance structures, could lead to reputational damage.

  A risk action plan was discussed and agreed to mitigate the risk.

  Integrated Hywel Dda Health Charities Performance Report – The Committee noted the content of the report and received assurance of the Charity's financial performance against its strategic objectives as of 31st October 2018. It was noted that the net assets of the Charity continue to increase with an increase in legacy funding of 187% compared to the same period last year. However a marginal decrease of 1.1% was noted on donations and fundraising income to the same period last year.

  Hywel Dda Health Charities Annual Accounts & Report 2017-18 – An update by the Wales Audit Office was provided to the Committee on the Hywel Dda Health Charities Annual Accounts & Report for 2017-18. The report set out for consideration the matters arising from the audit that required reporting under ISA260 and other issues off less significant nature. These will be presented to the Public Board for discussion on 31st January 2019. It was noted that the Auditor

General's intention is to issue an unqualified audit report setting out matters that require the Board's attention. One matter was the governance of approving expenditure where an approver had authorised above their authorisation limit. It was also noted that a small number donation forms had not been signed and dated. To address this, the Assistant Director of Finance for Accounting and Statutory reporting will ensure all processes are adhered to reminding staff of the correct procedures to follow place to avoid any further breaches. It was noted that misstatements in relation to investment properties and reclassifications of medical equipment expenditure were corrected.

A short discussion was held on the Charity's position in relation to Property investment and whether this fitted with the charity's aims. It was suggested that CFC could consider donating any property investments to the Health Board and a report to be brought to the next Committee meeting.

- **Strategic Planning Meeting** – Members agreed that part of the March 2019 Committee meeting be spent considering the future strategic direction of the Charity.

  The Utilisation of IT Devices to Support Patient Centred Care and Service Improvement - Members were presented with a request to purchase a number of IT devices to support patient centred care and service improvement within in-patient areas across the Health Board.. Costing of the devices and app compatibility were scrutinised and assurance from the Assistant Director Operational Nursing & Quality Acute Services was given. It was confirmed that recurring revenue costs of annual licence renewals would be absorbed centrally in to the informatics budget by a re-charge system from the hospital site/directorate budgets. Information governance issues were raised and it was confirmed that devices would be stored in a locked cabinet and a log of use maintained. No patient would access the device left alone and would always have a registered nurse/HCSW carer with them.

  The Committee approved the request for charitable funds subject to the confirmation of final costs, discussions on the best approach where small fund balances were available, availability of wi-fi across the HB estate and an impact re[ort submitted within 6 months of the purchases.

- **Update on Aberaeron Integrated Care Centre** – An update report was presented to CFC on the Aberaeron Integrated Care Centre, which noted that the project was going to plan and was on budget. The development is currently at the commissioning stage. It was noted that the charitable funds contribution was being well-spent and regular updates are provide on social media. The build would be complete by July 2019 and people would move in to the building in August 2019.

  Update on Finance Team Structure – The Committee received an update on the Finance Team structure and the support provided to the charity. It was noted that Mr Mike Wade was now working within Business Partnering and his dedication and hard work during his time as a CFC Member was noted.

- **Evaluation of the Pembrokeshire Haematology and Oncology Day Unit –** The report explored an evaluation undertaken on the Pembrokeshire Haematology and

Oncology Day Unit at Withybush that opened in February 2017. The report focused on assessing the original estates and service objectives by the CDU and Ward 10 Project Group in their Project Initiation Document. It also explored the effectiveness of processes within planning, stakeholder engagement, implementation and project governance via a questionnaire to all members.

- **Charitable Funds Committee Work Plan 2018/19** – the Charitable Funds Committee Work Plan 2018/19 was presented for information.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are eu cyfer /Matters Requiring Board Level Consideration or Approval:

- None to report.

Risgiau Allweddol a Materion Pryder /
Key Risks and Issues/ Matters of Concern:

- No risks or issues/matters of concern identified to escalate to the Board.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /
Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified at the previous Committee meeting will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

14th March 2019

Enw'r Pwyllgor / Name of Committee	In-Committee Board
Cadeirydd y Pwyllgor/ Chair of Committee:	Mrs Bernardine Rees
Cyfnod Adrodd/ Reporting Period:	Meeting held on 29th November 2018

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

- **Transcutaneous Aortic Valve Insertion (TAVI)** – an update was provided on TAVI, a service commissioned through Welsh Health Specialised Services Committee (WHSSC).

- **All-Wales Agency Worker and Internal Ad Hoc Locum Worker Price Caps** – a report was provided on this subject.

- **Welsh Community Care Information System (WCCIS) Deployment Proposal** – an update was presented on this subject.

- **Suspensions Report** – the In-Committee Board received the suspensions report.

- **In-Committee Audit & Risk Assurance Committee (ARAC)** – the In-Committee Board received an update report from ARAC.

- **In-Committee Quality, Safety & Experience Assurance Committee (QSEAC)** – the In-Committee Board received an update report from QSEAC.

- **Remuneration & Terms of Service Committee (RTSC)** – the In-Committee Board received an update report from RTSC.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

None.

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

None.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

To be confirmed.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

31st January 2019

8.1.3   HDdUHB Advisory Groups / Grwpiau Cynghori BIPHDd
                 Presenter: Advisory Group Chairs
                      PF Update Report January 2019
                      HPF Update Report January 2019

Enw'r Pwyllgor / Name of Committee	Partnership Forum
Cadeirydd y Pwyllgor/ Chair of Committee:	Joint Chairs - Lisa Gostling & Ann Taylor Griffiths
Cyfnod Adrodd/ Reporting Period:	Meeting held on 3rd December 2018

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

Car Park Management Update

Gareth Skye (GS), Transport and Sustainable Travel Manager, provided a further update on the proposed car parking proposals. Members were informed of the engagement activities from 1st September 2018 until the end of November 2018. Members were advised that findings set out in the paper would be used to inform the finalisation of the EqIA as well as the amended proposal paper which was due to be submitted to the Executive Team for approval on 12th December 2018.

Transforming Clinical Services

Meinir Jones and Lisa Davies provided an update on Transforming Clinical Services (TCS). Members were informed that the draft Health and Care Strategy was presented at the Health Board's Public Board meeting on 29th November 2018. It was explained that Phase 3 of the programme was at an early stage. This was the 'Deliver' phase which is the implementation of the specific change and transformation detailed in the Health and Care Strategy. This phase is set out to run from December 2018 – 2030 and beyond. Easy read documents will be available in early 2019. Phase 3 was further explained and a more detailed paper will be submitted to the March 2019 Public Board. There would be an element around workforce which would include how the UHB continues to recruit and retain staff and how to keep staff up to date. Other elements would include how services will look in the future and what potential impact this will have on staff and stakeholders. The TCS team will ensure everyone is kept informed of developments and will continue to discuss these at the Partnership meetings and Sub-Groups.

Business Planning and Performance Assurance Committee

Anthony Tracey provided an update on the Business Planning and Performance Assurance Committee (BPPAC). It was highlighted that there will be zero patients waiting 36 weeks for treatment at the end of March 2019 although it was noted there had been an increase in 12 hour waits (patients waiting in A&E). It was emphasised that in the Integrated Performance Assurance Report (IPAR), a number of areas were highlighted where improvements were required to meet targets. The significant challenges ahead approaching Winter and with savings targets expected were acknowledged.

Finance/Turnaround Update

An update was provided on the Health Board's financial position by Huw Thomas. It was reported that delivery of the Health Board's financial forecast is assessed as High risk and is dependent on the delivery of future savings schemes. There is a significant increase in the profile for savings required in the remainder of the year. Members were informed that the UHB needed to step up performance in relation to savings.

Nurse Staffing Levels
Mandy Rayani provided an update on Nurse Staffing Levels and the progress made in relation to progress. Members were advised that the Implementation of the Nurse Staffing Levels (Wales) Act 2016 paper was signed off at the November 2018 Public Board meeting.

Pay Award
Members were informed that all staff will have received their new pay deal rates in their October 2018 salary and the back pay will have been paid in their November 2018 salaries. Steve Morgan explained there was a job evaluation group looking at role profiles to enable Band 1 posts to be upgraded to Band 2 position and this information will be shared with line managers. There will be an internal working group chaired by Andrea Thomas which would need staff side representation. The new pay deal also encouraged an increased emphasis on wellbeing and focusing on the particular circumstances of the individual as opposed to illness and absence. It was also stated that there would be a Pay Progression group which Ann Taylor Griffiths would be a member of and it was confirmed that Helen Martin (Unison) and Andrea Thomas (Senior Terms, Conditions and Benefits Manager) were on the Band 1 National Closure Group and the first meeting was due to take place on 6th December 2018.

All Wales Bank
It was noted that NHS Shared Services were proposing to recruit a Project Manager to explore whether there were benefits in progressing a Regional Bank.

Employment Policy Update
The Managing Attendance at Work Policy was presented to members, which was for information only as it was already available on the intranet. It was explained that training packages were being rolled out in relation to the new policy and there was a training session taking place on 6th December 2018; further training would be undertaken over the next few months by the Sickness Advisors. It was noted that managers should now take a more compassionate leadership approach by focusing on the staff members wellbeing and considering alternative solutions for staff who are off sick. It was emphasised that it was critical that managers attended the training needed to deliver the new policy

Staff Benefits Update
Kim Warlow provided an update on Staff Benefits which included an update on Salary Sacrifice Schemes where members were informed that the new Lets Connect Technology and Smartphone Benefit Scheme had been running from the middle of October and ended on 30th November 2018 It was explained that unfortunately the Childcare Voucher Scheme was no longer available to new entrants. However, a new Tax-Free Childcare scheme had been introduced to help working parents with the cost of childcare. The Childcare on-line accounts are operated through HMRC https://www.gov.uk/sign-in-childcare-account. It was also noted that the salary sacrifice lease car scheme has now transferred from Shared Services Fleet Cars to Knowles Associates. This is now being managed as part of the Finance function.

Locality Partnership Forums
Feedback was received from the Carmarthenshire Local Partnership Forum for information. Pembrokeshire and Ceredigion meetings had been cancelled.

Feedback from the Partnership Working Workshop It was explained that during Autumn 2018 the Organisational Development Team were commissioned to facilitate a workshop to examine current working practices surrounding partnership working within the UHB and help shape future partnership working given the significant shift in the future organisational context. A series of items were explored and an action plan will be devised on how the Partnership Forum would change the agenda.	
Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:	
There were no matters requiring Board level consideration or approval.	
Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:	
None.	
Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:	
Adrodd yn y Dyfodol / Future Reporting:	
Update on the regular agenda items included above.	
Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:	
4th February 2019.	

Enw'r Pwyllgor/Name of Committee:	Healthcare Professionals Forum (HPF)
Cadeirydd y Pwyllgor/ Chair of Committee:	Dr Kerry Donovan
Cyfnod Adrodd/ Reporting Period:	29th November 2018 – 8th January 2019. Meeting held on 14th December 2018

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor/Key Decisions and Matters Considered by the Committee:

At the meeting held on 14th December 2018, the Forum focussed on two agenda items:

1. **Future Direction and Function of HPF**
2. **Transformation of Services, Progress and Strategy**

<u>Future Direction and Function of HPF</u>

The Forum noted the results of the 'Committee Self Assessment of Effectiveness Questionnaire,' completed by members in the summer of 2018, indicating that members were satisfied with presentations, participation in discussions and the opportunity for debate. Members also felt that the Forum fulfilled its function and Terms of Reference. At the meeting on 14th December 2018, members stated that they valued the focus of activity over the past year and the ground covered since the Forum's reformation in June 2017 . Members also valued having a direct route to Board, via the Chair. The Forum held the following view with regards to its future direction:

- The Forum was of the view that having sight of Health Board plans, in their infancy, is of crucial importance in facilitating the HPF's role of influence in providing crucial clinical and professional advice for Board. The Forum recommends that it is given early sight of plans and developments, in order to perform its role effectively and constructively.
- The Forum will continue to maintain strong links with the professional groups that it represents, and continue to communicate matters of significance at relevant agenda discussions. Additionally, to introduce areas of concern emerging from professional groups, as pre-agreed agenda items (if appropriate).
- The Forum will focus more on the Community, devoting sufficient attention and prioritisation to community developments and issues, as well as to the hospital services. In line with this, presentations will be requested relating to the Public Health Vision and Integrated Medium Term Plan (IMTP) community plans for counties.
- The Forum will request regular updates and briefings regarding fragility of services and concerns relating to this, in order to provide clinical overview on risk and potential solutions.

Transformation of Services, Progress and Strategy

Dr Philip Kloer provided an update and presentation on progress made on Phase Three (the delivery phase) of Transformation of Clinical Services (TCS). Dr Kloer explained that this will now be branded as the Health and Care Strategy for a Healthier Mid and West Wales, as this Strategy was developed from the outcome recommendations of the TCS Consultation. A 10 year high profile bid will be presented in January 2019 with a 3 year plan – which will be negotiated with Welsh Government. A programme to deliver, with the appropriate governance, will be presented to Public Board at the end of March 2019. Dr Kloer highlighted that it is a social model of health, and advised that the local authorities have signed off the proposals, supporting integrated community working and networks.

Members welcomed sign up from Local Authority partners as key to joined up, seamless, working. Members queried the extent of integration of services and felt assured that the focus, initially, will be on the Strategy and how professionals and services work together, and work in an integrated manner, rather than a focus on managerial restructuring.

Members agreed that integrated working also relates to exploring the dynamics in professional roles and where there is skill overlap or opportunities for skill sharing and extension of roles, where appropriate. The view of members was that the Health Board is already heading in the right direction in this regard, as professional groups are undertaking discussions about this, both nationally and locally, which has informed additional training e.g. pharmacists working closer with GPs and training as prescribers.

Members were mindful about the impact on core services during transition and change and the importance of monitoring impact on patients. Similarly, members were mindful of the impact on staff wellbeing during change.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu cyfer/Matters Requiring Board Level Consideration or Approval:
The importance of HPF having early sight of plans and potential developments, in their infancy, in order to facilitate the HPF's role in providing clinical and professional advice to Board. The Forum recommends that it is given early sight of plans and developments in order to perform its role effectively and constructively.

Risgiau Allweddol a Materion Pryder/Key Risks and Issues/Matters of Concern:
• The risk that if HPF is not engaged in early discussions on developments and plans then it will not be able to fulfil its role, as the clinical and professional advisory Group to Board, to its full potential.   • The risk to services and quality of care whilst services are undergoing change and transition.

• The risk to staff wellbeing during times of change. However, it was noted that there had been an improvement in staff acceptance and engagement with change in recent months, and that staff morale had improved.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf/Planned Committee Business for the Next Reporting Period:
Adrodd yn y Dyfodol/Future Reporting:
Public Health Vision IMTP
Dyddiad y Cyfarfod Nesaf/Date of Next Meeting:
21st January 2019

8.2   HDdUHB Joint Committees & Collaboratives / Cyd-bwyllgorau a Grwpiau Cydweithredol BIPHDd
          Presenter: Steve Moore
                HDdUHB Joint Committees and Collaboratives Update Report January 2019
                Joint Committees and Collaboratives Update

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	31 January 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Hywel Dda University Health Board (HDdUHB) Joint Committees and Collaboratives Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Rosie Frewin, Partnership Governance Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of recent Joint Committee and Collaborative meetings to include the following:
- Welsh Health Specialised Services Committee (WHSSC)
- NHS Wales Shared Services Partnership (NWSSP) Committee
- Mid Wales Joint Committee for Health and Social Care (MWJC)
- NHS Wales Collaborative Leadership Forum (CLF)
- Joint Regional Planning & Delivery Committee (JRPDC)

Cefndir / Background

The Hywel Dda University Health Board (HDdUHB) has approved Standing Orders in line with Welsh Government guidance, in relation to the establishment of the Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC) and NHS Wales Shared Services Partnership (NWSSP) Committee. In line with its Standing Orders, these have been established as Joint Committees of HDdUHB, the activities of which require reporting to the Board.

The confirmed and unconfirmed minutes, agendas and additional reports from WHSSC, EASC and NWSSP Committee meetings are available from each Committee's websites via the following links:
Welsh Health Specialised Services Committee Website
Emergency Ambulance Services Committee Website
NHS Wales Shared Services Partnership Website

The Mid Wales Healthcare Collaborative was established in March 2015 following a study of healthcare in Mid Wales commissioned by Welsh Government and undertaken by the Welsh Institute for Health and Social Care (WIHSC) (*ref: Mid Wales Healthcare Study, Report for Welsh Government, WIHSC – University of South Wales, September 2014*). In March 2018, the Mid Wales Healthcare Collaborative transitioned to the Mid Wales Joint Committee for Health and Social Care whose role will have a strengthened approach to planning and delivery

of health and care services across Mid Wales and will support organisations in embedding collaborative working within their planning and implementation arrangements.

The NHS Wales Collaborative Leadership Forum was constituted in December 2016. As the responsible governance group for the NHS Wales Health Collaborative it has been established to agree areas of service delivery where cross-boundary planning and joint solutions are likely to generate system improvement. The forum also considers the best way to take forward any work directly commissioned by Welsh Government from Health Boards and Trusts as a collective; and provides a vehicle for oversight and assurance back to Welsh Government as required. Assurance is given to individual Boards by providing full scrutiny of proposals.

The Joint Regional Planning & Delivery Committee (JRPDC) has been established as a Joint Committee of Abertawe Bro Morgannwg and Hywel Dda University Health Boards and constituted from 24th May 2017. It provides joint leadership for the regional planning, commissioning and delivery of services for Abertawe Bro Morgannwg and Hywel Dda University Health Boards.

Asesiad / Assessment

The following Joint Committee minutes are attached for the Board's consideration:

Welsh Health Specialised Services Committee (WHSSC)
- Summary of key matters considered by WHSSC and any related decisions made at its meeting held on 13th November 2018.

NHS Wales Shared Services Partnership (NWSSP) Committee
- Confirmed minutes of the meeting held on 15th November 2018

NHS Wales Collaborative Leadership Forum (CLF)
- Confirmed minutes of the meeting held on 6th Sept 2018

Mid Wales Joint Committee for Health and Social Care (MWJC)
- Update Report – January 2019

Joint Regional Planning and Delivery Committee (JRPDC)
- Update Report from meeting held on 3rd December 2018

Argymhelliad / Recommendation

The Board is asked to receive for information the minutes, summary reports and updates in respect of recent WHSSC, NWSSP, CLF, MWJC and JRPDC meetings.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Risk Register Reference:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): [Hyperlink to NHS Wales Health & Care Standards](#)	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: [Hyperlink to HDdUHB Strategic Objectives](#)	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: [Hyperlink to HDdUHB Well-being Statement](#)	Not Applicable
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working: [Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide](#)	Please explain how each of the '5 Ways of Working' will be demonstrated
	Long term – can you evidence that the long term needs of the population and organisation have been considered in this work? Not Applicable
	Prevention – can you evidence that this work will prevent issues or challenges within, for example, service delivery, finance, workforce, and/or population health? Not Applicable
	Integration – can you evidence that this work supports the objectives and goals of either internal or external partners? Not Applicable
	Collaboration – can you evidence working with internal or external partners to produce and deliver this piece of work? Not Applicable
	Involvement – can you evidence involvement of people with an interest in the service change/development and that this reflects the diversity of our population? Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Link to WHSSC Website Link to EASC Website Link to NWSSP Website Link to MWJC Website
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Welsh Health Specialised Services Committee Emergency Ambulance Services Committee NHS Wales Shared Services Partnership Committee NHS Wales Collaborative Leadership Forum Mid Wales Joint Committee for Health and Social Care Joint Regional Planning and Delivery Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Explicit within the individual Joint Committee and Collaborative reports where appropriate.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	The Board has approved Standing Orders in relation to the establishment of WHSSC, EASC and NWSSP Joint Committees, and Terms of Reference for the CLF, MWJC and JRPDC.
Cyfreithiol: Legal:	In line with its Standing Orders, the Health Board has established WHSSC, EASC and NWSSP Joint Committees, the activities of which require reporting to the Board
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

**WELSH HEALTH SPECIALISED SERVICES COMMITTEE
JOINT COMMITTEE MEETING – NOVEMBER 2018**

The Welsh Health Specialised Services Committee held its latest public meeting on 13 November 2018. This briefing sets out the key areas of discussion and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

The papers for the meeting are available at:

http://www.whssc.wales.nhs.uk/2018-19-whssc-joint-committee

Action log & matters arising
Members noted the action log.

Chair's report
The Joint Committee received a written report that covered:
- The impending retirement of Dr Chris Turner as an Independent Member of the Joint Committee;
- The appointment of Delyth Raynsford as a member of the WHSSC Quality & Patient Safety Committee;
- The appointment of Professor Sheila Hunt as a lay member of the All Wales (WHSSC) Individual Patient Funding Review Panel;
- The ratification of the Chair's Action approving v2.0 of the Report on Public Consultation relating to the Provision of Adult Thoracic Surgery in South Wales, including the recommendations set out within it; and
- Recent developments in relation to the Gender Identity Services.

Managing Director's report
The Joint Committee noted the content of the Managing Director's report and in particular an update on Perinatal Mental Health and the proposed provision of a Mother & Baby Unit for South Wales.

Patient Story - CAMHS
The Joint Committee heard the the story of a 16 year old patient who had experienced both out of area and local CAMHS placements, which were both well received but illustrated the difficulties associated with placements a long distance from home.

National Collaborative Commissioning Unit ('NCCU') Proposal to provide a quality assurance ('QA') service for commissioned NHS Inpatient Mental Health Services in Wales

The Joint Committee received a paper that provided members with a proposal from the NCCU to provide a QA service for commissioned NHS Inpatient Mental Health Services in Wales.

Members (1) supported the development of an SLA with the Quality Assurance Improvement Service to ensure consistent quality standards across specialised service providers, (2) noted that the SLA will sit outside the framework and will link with the quality assurance and escalation process within WHSSC, and (3) asked for any significant incremental cost to be reviewed with Management Group.

Proton Beam Therapy ('PBT')

The Joint Committee received an update paper that set out proposals arising from the PBT procurement exercise.

Members (1) considered the progress made in the procurement process to provide the required levels of assurance, (2) approved, having now received an appropriate signed SLA between the Rutherford Cancer Centre ('RCC') and Velindre NHS Trust, WHSSC commissioning an adult PBT service from RCC, and (3) approved WHSSC would finalising a formal agreement with NHS England for commissioning of PBT services initially from Christie and then Christie & UCLH.

Genomics

The Joint Committee received a presentation that provided an update on developments in the Genomics in the UK. The developments would ultimately lead to a proposal coming through the WHSSC prioritisation process.

Other reports

The Joint Committee received the Integrated Performance Report and the Financial Performance Report. The Joint Committee also noted the update reports from the following joint sub committees and advisory groups:

- Management Group (Briefings);
- All Wales (WHSSC) Individual Patient Funding Request Panel;
- Welsh Renal Clinical Network; and
- Quality & Patient Safety Committee.

MINUTES OF THE SHARED SERVICES PARTNERSHIP COMMITTEE (SSPC)

THURSDAY 15TH NOVEMBER 2018

10:00 – 13:00

NWSSP HQ, BOARDROOM

Present:

Attendance	Designation	Health Board / Trust
Margaret Foster (MF)	Chair (to item 3.4)	NWSSP
Huw Thomas (HT)	Acting Director of Finance (from item 4.1)	Hywel Dda UHB
Neil Frow (NF)	Managing Director	NWSSP
Geraint Evans (GE)	Director of Workforce and OD	ABUHB
Hazel Robinson (HR)	Director of Workforce and OD	ABMUHB
Julie Rowles (JR)	Director of Workforce and OD	Powys THB
Chris Lewis (CL)	Acting Director of Finance	Cardiff & Vale UHB
Steve Ham (SH)	Chief Executive	Velindre University NHS Trust
Chris Turley (CL)	Interim Director of Finance	WAST
Steve Elliott (SE)	Deputy Director of Finance	Welsh Government
Andy Butler (AB)	Director of Finance & Corporate Services	NWSSP
Phil Bushby (PB)	Director of People & OD (VC)	PHW
Other Attendees		
Pete Hopgood (PH)	Deputy Director of Finance	Powys THB
Denise Roberts (DR)	Financial Accountant (VC)	BCUHB
Neil Davies (ND)	Director of Specialist Estates (for Laundry OBC only)	NWSSP
Peter Stephenson (PS)	Head of Finance & Business Improvement	NWSSP
Andrew Cresswell	Observer	Powys THB

1. PRELIMINARY MATTERS		
WELCOME AND INTRODUCTIONS		
No.	**Minute**	**Action**
1.1	The Chair welcomed everyone to the November 2018 Shared Services Partnership Committee (SSPC) meeting.	
APOLOGIES FOR ABSENCE		
1.2	Apologies of absence were **received** from the following: Darren Dupre – Unison Eifion Williams – Powys THB Joanna Davies – Cwm Taf Stephen Forster – Hywel Dda Robert Williams – Cwm Taf Gareth Hardacre - NWSSP	
DECLARATIONS OF INTEREST		
1.3	There were no additional declarations of interest to those already declared.	
UNCONFIRMED MINUTES OF THE MEETING HELD ON 20st SEPTEMBER 2018		
1.4	The unconfirmed minutes of the meeting held on 20th September 2018 were agreed as a true and accurate record of the meeting.	
ACTION LOG		
1.5	Members **NOTED** the updates provided and **ENDORSED** the Action Log. NHAIS – Issue is still ongoing. All other items on the action log were recorded as on the agenda or not due.	
MATTERS ARISING		
1.6	No further matters raised.	
2. CHAIR AND MANAGING DIRECTOR'S REPORT		
CHAIR'S REPORT		
2.1	The verbal update from the Chair was **received**.	

	NF has attended a number of boards over the past few months due to MF being unwell and the presentations have been very well received.	
	The new PROMPT initiative has formerly been launched, it was noted that NWSSP commissioned training for the service from the Welsh Risk Pool funding which has been a change in approach in allocating the funding previously.	
	MF advised that a letter has been received from Vaughan Gething, with reference to standing orders, due to issues primarily in other two committees (EASC and WHSSC). Changes will now be implemented as part of our standing orders. This means that all decisions will be subject to a two-thirds majority. Deputies attending in place of nominated members will have full voting rights but in order to vote they must be an Executive Director of the same organisation. MF advised that some thought is required regarding this as not all the deputies who have previously the attended the SSPC have been Executive Directors.	
	The Committee **RESOLVED** to:	
	• **NOTE** the update	
MANAGING DIRECTOR'S REPORT		
2.2	NF presented his report and commented on the following:	
	NF commented on the positive discussions that he had when he attended Velindre NHS Trust, Cwm Taf UHB and ABM UHB Boards over the last few weeks; There had been some good discussions and questioning from Non-Executive Directors at all the Boards. There is obviously a lot of focus on the current service delivery, Bridgend transfer as well as understanding NWSSP role in Brexit preparations.	
	Brexit – NF confirmed to the Committee that the various teams within NWSSP were currently working on supporting the preparations for Brexit and were as a result linked into a number of the core groups that had been set up by Welsh Government, Health Boards and the NHS Confederation to deal with Brexit. In particular, the Procurement teams were supplying a significant amount of information regarding current contracts, levels of supplies for both stock and non-stock and options for supporting a no-Brexit deal.	
	NHAIS - Figures to support the replacement of the GP payments system have now been received from Northern Ireland but the teams are yet to go through the detail. At first glance, the cost appears to be more expensive than the current operating model, however there were still a number of outstanding questions and clarifications needed	

regarding the support mechanisms that will be available to us. It is hoped that these discussions could be concluded over the next few weeks and then the Primary Care Services Team should be in a position to have a business case in February. It was also noted that the current decommissioning of the NHAIS system in England has been delayed again so an April start date was no longer critical.

Student streamlining - 1st Phase has received a positive response. The Pilot has gone well and students mainly have received their first choice. It had been reported that there had been some additional burden on the universities during this process as they needed to make sure that their information held on the students was updated. The Committee were very supportive of the process and wished to see some further detailed stats going forward. To date 230 students have been given placements via the system. 22 students have not logged on to the scheme and the team are chasing these. MF stated that it is was pleasing to note that the teams were now able to chase up the 22 who had not responded and noted that prior to this system they would not have known who had not applied for a position. The Committee also noted that it had been reported that there were a number of students who had already contacted the NWSSP team to see when they can start to apply for the next round of applications.

NF informed the Committee that the Cabinet Secretary was due to make a statement at the National Primary Care Conference regarding the GP Indemnity Scheme, it is hoped that the WRP would be the preferred partner to provide the new state backed scheme in Wales. NF explained that the legal team had been working with Welsh Government on a proposal and hopefully NWSSP would be administering the scheme wef 1 April 2019.

NF further explained that HEIW had been very helpful as they had agreed to assist NWSSP in the development of the indemnity scheme by releasing Dr. Malcolm Lewis on secondment to work with NWSSP to develop the scheme offering.

Supporting Primary Care – A cluster in the Bridgend area have been in tentative discussions with regard to NWSSP supporting them in areas such as payroll and pensions. It was hoped that a small scale pilot could be established in the New Year to take this forward. This was as a result of a presentation that was given at a recent Primary Care GP Practice Managers' Forum. It is also hoped that the same cluster could be used to pilot a new workforce data tool which could be rolled out into Primary Care.

	HR enquired as to whether there will be an opportunity for NWSSP to help support a GP locum bank facility. NF stated that we do not know if this will be possible as at present we need to look at funding first, however, it was a good suggestion. The Committee **RESOLVED** to: **NOTE** the update	
3. ITEMS FOR APPROVAL/ENDORSEMENT		
3.1	**LAUNDRY OBC** A presentation was given on the Laundry OBC by Anthony Hayward – Assistant Director, NCCU and Anouska Huggins from Capita. The Committee was very complementary of the work that had been completed to date regarding the development of the business case and there followed a very detailed discussion regarding the options within the proposed business case. The Members present were very supportive of the preferred recommendation within the business case although there was some concern expressed by those organisations that currently provided a laundry service with regard to the proposal to centralise the management arrangements under an all Wales Service and also being clear on any governance implications and board approvals that may be required for the final business case. The Chair tabled the written response from BCU to the OBC which they (BCU) had requested be shared with the Committee. The Chair also read out the response from CTUHB as their representative was unable to attend the meeting. A formal response had also been received from ABUHB. There followed a robust discussion on best way forward which resulted in a universal approval of the three site option and the case for savings. There was further discussion on the management arrangements for the service and it was agreed that more work needed to be undertaken as soon as possible on this specific aspect. Committee Members all confirmed that they had briefed laundry staff within their own organisations with regard to the outline proposal within the OBC and they were content that going forward there must be a consistent approach for staff engagement.	

	It was agreed that the OBC should now be progressed and that NF would write to each HB and Trust advising them of the discussion and the outcome of the Committee meeting together with the arrangements for the next stage of the process. The Committee **RESOLVED** to: • **ENDORSE** the preferred option within the OBC and **AGREED** the preferred 3-site option as the way forward with the exception of the management arrangements which required **further engagement** with Health Boards on agreeing the best options. • **AGREED** to take forward the Business Case to the next phase which would include finalising the management arrangements and work on the site locations.	**NF**
3.2	**LEGAL CASE MANAGEMENT SYSTEM** AB stated that this is a covering report for a new legal management system, for which we are seeking funding from the Welsh Government. The system we have now was built 15 years ago and is not currently fit for purpose. It is dependent for maintenance and updates on a single individual who is approaching retirement age. The workload of L&R has increased substantially with £1bn of work being worked on at present. A new system would align more closely with the principles in "A Healthier Wales" and a recent survey by PwC stated that the top priorities amongst legal firms are alignment of technology. If we were to purchase a new system as well as the quality benefits there are benefits on business continuity, with the possibility of £450-£500k savings over 5 years. NF advised that the new system will be a hybrid system as there are things that the L&R Team need it to do. NF also stated that this was a journey that the L&R team have been on - the first stage of moving to a virtual cabinet system to eliminate paper has now been fully implemented, and this is the next stage. The Committee **RESOLVED** to: • **APPROVE** the Business Case.	
3.3	**PCS FIRE SUPPRESSION**	

PS presented the business case for PCS to submit a funding request to Welsh Government for £140k (£115k fire suppression and £25k for a further scanner).

The Patient Medical Record (PMR) and Scan-on-Demand Service has proved very popular across the NHS in Wales, and now accounts for 21% of all live patient records for Wales. These are stored at Mamhilad, and provide a significant benefit to GP Practices in freeing up space within their premises, which enables them to provide a wider range of services to their patients – a central plank of "A Healthier Wales".

Demand for the service from Health Boards is such that PCS would like to expand the scheme and have the space available in Mamhilad to do so. However, they need to roller rack and fire suppress three more rooms (Rooms 4-6) on the ground floor to enable them to do this. There are a further three rooms on the 1st floor (rooms 7-9) which could provide additional storage capacity.

The business case covers a number of options including fitting out all the rooms. However, the cost of this is likely to be prohibitive given the lack of capital funds available. PCS are therefore suggesting a preferred option to roller rack rooms 4-6 and to extend the fire suppression systems currently supporting rooms 1-3 to all of the ground floor rooms. This would cost £115k, plus £25k for a further scanner to cope with the increased demand, and would allow PCS to grow over the next two years to a point where they could store 80% of live records for NHS Wales.

The Committee **RESOLVED** to:

- **APPROVE** the Business Case.

| 3.4 | **PATIENT ACCESS SCHEMES/PHARMACY REBATE**

PS presented the paper.

A paper was originally submitted to the SSPC in November 2017 to gain support for NWSSP taking over the administration of the Pharmacy Rebate Scheme. This allows NHS Wales to get discounts on the cost of certain drugs for Primary Care, equal to the price that is being paid for the same drug for use in secondary care. It is estimated that the rebate scheme saves NHS Wales £4m annually, and further investment in the scheme would boost this figure through more proactive and timely action – a recent investigation undertaken by NWSSP with one supplier produced an additional £220k of savings.

Linked closely to the Pharmacy Rebate Scheme is the Patient Access Scheme. This relates to drugs that are | |

	refused funding by either NICE or the All-Wales Medicine Strategy Group, but where further negotiation takes place with Welsh Govt and the New Treatment Fund to agree the supply of these drugs at a discounted price. Currently there are 60 of these schemes in progress, and each HB or Trust has to agree its own scheme with the Welsh Govt. This could result in HBs and Trusts missing out on savings, but more importantly that their patients may not be given the chance to access drugs that are available in other parts of Wales. If NWSSP administered the process on behalf of the HBs and Trusts, the approach would be more consistent, comprehensive and timely.	
	To meet both the needs of the Pharmacy Rebate and Patient Access Schemes, NWSSP would need to appoint to an additional Band 4, and a Band 6, post, at a total cost of approximately £60K. It is estimated that investment in these posts could generate a further £500k of savings.	
	The Committee agreed the business case and these additional posts will now be considered as part of the IMTP process and as an area for potential investment.	
	The Committee **RESOLVED** to:	
	• **APPROVE** the Business Case.	

4. GOVERNANCE, PERFORMANCE AND ASSURANC

4.1 Finance and Performance Report

4.1	AB presented the Finance and Performance Report.	
	As at month 6, NWSSP is reporting a break-even position. It was noted that the planned distribution had been increased by £1million from £750k to £1.75 million reflecting additional non-recurring savings made by NWSSP. KPIs are generally green, with a few ambers being noted. The KPI regarding recruitment should be red, so this will be amended. Audit report figures showing as red are due to audit assignments not being agreed on a timely basis by the Health Boards.	
	Staff Turnover is higher than target at 10%; however, sickness absence is reducing.	
	The Committee **RESOLVED** to:	
	NOTE the update	

4.2 Welsh Risk Pool Financial Position

42	AB presented the Welsh Risk Pool report.	
	Members received the report, which showed that the DEL budget was currently on-track and that it was therefore thought unlikely that we would have to invoke the risk-sharing agreement in the current financial year.	

	There has been a slight reduction in the number of overall claims, but they are tending to be of a more complex nature, with a resulting higher monetary value. The future costs of current claims has now exceeded £1bn for the first time. The Committee **RESOLVED** to: • **NOTE** the update	
4.3 ACCOUNTS RECEIVEABLE		
4.3	AB presented the Accounts Receivable paper. Papers have previously been presented to the Committee on additional services that NWSSP could offer to NHS Wales. Accounts Receivable is not currently provided by NWSSP and the purpose of this paper was to explore the appetite and options for delivering an Accounts Receivable and Debt Collection service. The Committee were supportive of the proposal. However HR stated that it was felt that this paper should also be discussed with Directors' of Finance The Committee **RESOLVED** to: • **NOTE** the update	
4.4	**COMMITTEE EFFECTIVENESS ACTION PLAN** PS presented a short action plan to address the findings arising from the self-assessment survey undertaken earlier in the year. There were no major issues but one priority was the aim to reduce the amount of paper that is printed for Committee and the number of papers presented for information. The Committee **RESOLVED** to: • **NOTE** the update	
4.5	**CORPORATE RISK REGISTER** PS presented the Risk Register. PS reiterated that the register is kept up-to-date through monthly review at the NWSSP SMT. Most of the major risks were discussed as part of the MD update. There was one risk, relating to the establishment of HEIW that has been moved from the risk action section to the risk monitoring section of the Register. The Committee **RESOLVED** to:	

	• **NOTE** the update	
4.6	**AUDIT COMMITTEE HIGHLIGHT REPORT** PS presented the report. We have had one audit committee (23 October) since the last SSPC. Three Internal Audit reports went to the committee, two of which were reasonable assurance with the remainder an advisory report. It was noted that there were no overdue audit recommendations; however, a request for an extension on two of the recommendations was submitted. Updated Assurance Maps were presented to the Committee and this included a Board Assurance Map for the first time, where assurances were mapped to the strategic goals of NWSSP. The risk appetite was also discussed at this meeting. The Committee **RESOLVED** to: • **NOTE** the update	

5. OTHER MATTERS	
Any Other Urgent Business	
5.1	No other business matters were raised.	
Date of next meeting	
	Date of Next Meeting: January 17, 2019	

NHS Wales Collaborative Leadership Forum
Minutes of Meeting held on 6 September 2018

Author: Rosemary Fletcher	**Version:** 1 (Approved)

Members present	Ann Lloyd (Chair), Chair, Aneurin Bevan UHB (AL) Maria Battle, Chair, Cardiff & Vale UHB (MB) Andrew Davies, Chair, Abertawe Bro Morgannwg UHB (AD) Judith Hardisty, Vice Chair, Hywel Dda UHB (for Bernadine Rees) (JH) Vivienne Harpwood, Chair, Powys tHB (VH) Carl James, Director of Planning, Velindre NHS Trust (for Steve Ham) (CJa) Chris Jones, Chair, Health Education and Improvement Wales (CJo) Marcus Longley, Chair, Cwm Taf UHB (ML) Steve Moore, Chief Executive, Hywel Dda UHB (SM) Tracy Myhill, Chief Executive, Abertawe Bro Morgannwg UHB (TM) Judith Paget, Chief Executive, Aneurin Bevan UHB (JP) Julie Rogers, Deputy Chief Executive, Health Education & Improvement Wales (for Alex Howells) (JR) Carol Shillabeer, Chief Executive, Powys tHB (CS) Patsy Roseblade, Interim Chief Executive, WAST (PR) Allison Williams, Chief Executive, Cwm Taf UHB (AW) Jan Williams, Chair, Public Health Wales (JW)
In attendance	Mark Dickinson, NHS Wales Health Collaborative (MD) Rosemary Fletcher, Director, NHS Wales Health Collaborative (RF) Phillip Wardle, Interim Director, National Imaging Academy Wales (PW)

	Lynne Burrows, Senior Programme Manager, NHS Wales Health Collaborative (LB)
Apologies	Tracey Cooper, Chief Executive, Public Health Wales
	Gary Doherty, Chief Executive, Betsi Cadwaladr UHB
	Alex Howells, Chief Executive, HEIW
	Donna Mead, Chair, Velindre NHS Trust
	Bernadine Rees, Chair, Hywel Dda UHB
	Mark Polin, Chair, Betsi Cadwaladr UHB
	Len Richards, Chief Executive, Cardiff & Vale UHB
	Martyn Woodford, Chair, WAST

Welcome and introduction	**Action**
AL welcomed colleagues to the meeting and noted apologies for absence.	

National Imaging Academy	
Dr Phillip Wardle, Interim Academy Director, and Lynne Burrows, Senior Programme Manager, were welcomed to the meeting and thanked for making arrangements for the meeting to take place in the National Imaging Academy Wales.	
PW made a presentation, setting out the background to the development of the National Imaging Academy, the challenges it is seeking to address, its implementation, the Academy vision and model, and the opportunities it now presents for the development and modernisation of the radiology workforce. PW acknowledged the significant contribution from LB in leading the programme management arrangements.	
PW responded to questions from members before leading a tour of the facilities.	
Members of the Leadership Forum expressed very positive feedback on the facilities and the vision for the Academy. The ambition for the Academy was supported and noted as key to attracting trainees, developing the wider radiology workforce and in driving service quality. PW was encouraged to keep pushing ahead with the development. Members also noted the concept could be rolled out for other service areas.	
AL thanked PW and LB for leading the discussion on the National Imaging Academy and for their attendance.	

Minutes of previous meeting	Action
The minutes of the previous meeting (LF-1809-02) were approved as a correct record and will be circulated to members and board secretaries.	**MD**

Action log	Action
Outstanding issues on the action log (LF-1806-02) were considered. • LF/A/020 and 089: It was noted that the proposed Mental Health Network would be considered in the Collaborative Update report later on the agenda. • LF/A/023: It was noted that the peer review programme would be considered under agenda item 7 (LF-1809-06). • LF/A/054: AL had followed up with Andrew Goodall regarding the escalation process. Members agreed to adopt the process. • LF/A/060: It was agreed that action to follow up with Welsh Government (WG) on the development of guidance for regional and supra-regional consultations would be followed up through the major trauma lessons learned exercise scheduled for 18th September. • LF/A/086: It was noted that the governance arrangements for the implementation of the major trauma network and the role of WHSSC were still not resolved and were due for discussion at WHSSC Joint Committee on 11th September. • LF/A/090: Further information in respect of lymphoedema waiting lists and capacity was considered under agenda item 6 (LF-1809-05) • LF/A/092: The Collaborative Executive Group had aimed to take forward discussion with WG on the mapping of national/collaborative resources and alignment with priorities, but this had been superseded by a discussion paper on the NHS Executive function, further detail of which was awaited. Completed and closed actions on the action log were noted.	

Collaborative Work Plan Update	Action
WORK PLAN 2018/19 - UPDATE ***Major Trauma Network*** It was noted that planning for implementation was proceeding at pace, with clinical leadership from Dr Dinendra Gill, who took up his network post in August. A significant step was the completion of self-assessments against national quality indicators for pre-hospital care, the major trauma centre and hospitals proposed as trauma units. In respect of	

trauma units, meetings were being arranged between the clinical lead and each health board to scrutinise the self-assessments in order to inform recommendations to WHSSC Joint Committee on the location of trauma units within the overall network structure.

Members were pleased to note the progress being made but also expressed concern that the governance arrangements had not yet been finalised and agreed. Views were expressed that the trauma network is a delivery network, responsible for overseeing implementation and delivery and, as such, should be separate from the commissioning role. It was noted that the intention was to discuss and agree the governance arrangements via WHSSC Joint Committee on 11th September.

Industrial Strategy Challenge Fund (Digital Pathology)
Members noted the partnership bid, on behalf of NHS Wales and the West of England, focussing on digital pathology/imaging and artificial intelligence. RF highlighted that a significant amount of work had been undertaken within a relatively short timeframe to ensure a comprehensive, collaborative proposal, involving partners from the Life Sciences Hub, academia, the private sector and the NHS. RF thanked CEOs for responding at very short notice to requests for approval. It was noted that the bid team had been invited to attend the interview panel on 18th September.

Members acknowledged the significant opportunity presented through the proposal. CJo queried how the service transformation could proceed if the bid was unsuccessful. RF confirmed that the partners were committed to taking the development forward and, should the bid be unsuccessful, would actively consider the elements that could be taken forward within NHS Wales. In this eventuality, a report would be prepared for discussion through the Collaborative Executive Group.

AL requested that thanks were extended to the team involved in the preparation of the bid.

Mental Health Network
CS updated on progress with the establishment of the NHS Wales Mental Health Network and addressed concerns that had been expressed at the previous meeting. It was noted that the first meeting of the Network Board was due to take

place on 14th September and this was supported by members.

LINC

Members noted the focus on the preparation of the Outline Business Case for the Laboratory Information Network Cymru (LINC) programme, which will lead to the delivery of a new all Wales laboratory information system to replace WLIMS1. RF highlighted a correction to the update report in that further advice had been received from NWIS (not Welsh Government) on the scope and content of the OBC. This would lead to a delay in the timeline but the Programme Director was seeking to minimise the impact of this delay.

PLANNED DEVELOPMENTS

Diagnostics and healthcare science

As a matter arising from the previous meeting, the Chief Scientific Officer had confirmed the deliverables for the healthcare science work programme and these were detailed in the report. Members noted the significant workforce emphasis and RF confirmed that a meeting had been held with AH to discuss the links with HEIW and the potential for some of the new funding to support a post/s within HEIW.

RF highlighted that the existing and new funding was ring-fenced to healthcare science and diagnostics and the challenge this presented in managing the totality of the Collaborative work programme, which continued to grow and not all of which could be met from the existing Collaborative budget. RF had discussed with the Chief Scientific Officer the need for flexibility in the application of the funding.

Members agreed the need for work being commissioned from the Collaborative to be specified in terms of outcomes. It was proposed that a procedure is introduced to guide systematic scoping by the Collaborative team in order to assess new requests in terms of fit with the Collaborative's remit and to clarify accountability and deliverables. Members gave their full support to RF, as Director for the Collaborative, having flexibility across all budgets in order to best match resources to the work programme.

Agreed that AL and RF would discuss further following the meeting and follow up with Andrew Goodall.

AL/RF

NEW REQUESTS ***Radio Frequency Ablation (RFA) / Endoscopy / Women's Health Implementation Group*** Members noted new requests to the Collaborative: • RFA is currently commissioned from Gloucester but there is now a case to consider this service being delivered in Wales. Following liaison with WHSSC, it has been agreed that this will be taken forward within WHSSC's commissioning responsibilities • A nationally-directed programme for endoscopy is being initiated by Welsh Government with an expectation that this is supported by the Collaborative. Members noted that this could not be met within the Collaborative's existing resources and, therefore, presented a risk in terms of meeting expectations for the current work plan and for the national endoscopy programme of work • The Collaborative was testing an approach to scoping potential new areas of work in response to the need for programme management and coordination for the Women's Health Implementation Group, established by Welsh Government to progress the recommendations from the Vaginal Mesh Welsh Task and Finish Group. Central funding is available to support the programme which was welcomed but members noted this demonstrated inconsistencies of funding being available for some but not all programmes. RF also highlighted that since the report was drafted, an additional request had been received to support the introduction new arrangements for medical examiners and death certification. This was subject to further discussion with Welsh Government. Members reconfirmed the discussion at the previous meeting of the Leadership Forum in that work being commissioned from the Collaborative needed to be managed through the current governance arrangements.	
Lymphoedema Network Wales	**Action**
Members received the report of the National Clinical Lead for lymphoedema services in Wales which had been prepared in response to an action arising from the previous meeting of the Collaborative Leadership Forum. Members noted the content and that issues raised in the report would be considered through the Lymphoedema Network Wales	

Strategy Board. It was noted that the service is nurse-led and the profile of this service model needed to be raised.

NHS Wales Peer Review Framework	**Action**
The report provided: • An update on the implementation of the NHS Wales Peer Review framework • The timetable for peer review to be carried out by the networks within the Collaborative team over the next 3 years • The complaints and appeals process. Members noted the report and the arrangements for peer review.	

Health and Social Care Leadership Event 4th September 2018	**Action**
Members shared views on the recent event, noting the new format to provide a forum for health and social care. It was noted that further information was awaited on plans for the NHS executive function.	

Date of next meetings
It was agreed that the next meeting would go ahead on the original date, 6th December, but at the earlier start time of 8.30am.

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

UPDATE REPORT – JANUARY 2019

1.   Introduction and Background
The Mid Wales Joint Committee for Health & Care is a formal sub-committee of Health Boards and a formal Regional Planning area of the Welsh Government. Membership of the Joint Committee includes representation from the three Local Heath Boards, Welsh Ambulance Services NHS Trust and the three Local Authorities delivering health and care services across Mid Wales with Community Health Council representatives being associate members. The Joint Committee membership also includes the roles of Lead Chair, Lead Chief Executive, Lead Director of Planning and Lead Clinical Executive Director undertaken by relevant representatives of the Mid Wales healthcare organisations on an annual rotational basis.

The Joint Committee's role provides a focus on joint planning and implementation across the Mid Wales region. A Mid Wales Strategic Intent has been developed which sets out how the Joint Committee intends to ensure there is a joined up approach to the planning and delivery of health and care services across Mid Wales over the next three years. The final version of the Strategic Intent document was approved by the Joint Committee at its meeting on 14th January 2019.

The Strategic Intent outlines how the Joint Committee's partner organisations will work together to address the current health and care needs of the Mid Wales population as well as the challenges for the future. It also explains the overarching aims and objectives over the next 3 years and describes what the Joint Committee intends to do and achieve across Mid Wales. A work programme has been developed to support the delivery of the these aims and a set of priority areas for joint working across Mid Wales have been identified. These priorities are consistent with those of the strategic change and regional work programmes of the Joint Committee's partner organisations and regional partnerships.

The following report provides an update on the work undertaken by the Mid Wales Joint Committee and the areas of work that are being progressed and achievements that are being made to implement the Joint Committee's Strategic Intent and work programme.

2.   Mid Wales Work Programme
The latest summary update report on the Joint Committee's Work Programme is attached to this report at Appendix 1. The Mid Wales Planning and Delivery Executive Group oversees the delivery of the detailed work programme and provides assurance on its delivery to the Mid Wales Joint Committee. The Mid Wales Joint Committee Programme Lead and Programme Manager have met with a majority of the Priority Leads to discuss the scope of work and development of a detailed work plan for the respective priority areas. The development of the underpinning detailed work programmes is in progress and will be reviewed in detail at the next meeting of the Planning and Delivery Group to be arranged for February 2019.

3. Joint Committee Groups

The Joint Committee groups are now established with Terms of Reference and membership agreed and finalised for the Planning and Delivery Executive Group and Clinical Advisory Group and a set of principles agreed for the Public and Patient Engagement and Involvement Forum.

3.1 Planning and Delivery Executive Group

The Mid Wales Planning and Delivery Executive Group, chaired by Carol Shillabeer the Lead Chief Executive for the Joint Committee, met on 13th December 2018. Representatives from Hywel Dda University Health Board were in attendance to discuss the development of the Mid Wales Ophthalmology Plan. Following detailed discussions it was agreed that this work be split into phases with the first phase to focus on Mid Wales Community Primary Care Ophthalmology services. A first workshop was held on 3rd January 2019 to share the latest position on community primary care services across Mid Wales, the plans being progressed and the potential for developing a Mid Wales approach. A further workshop has been arranged for 21st February 2019 to develop a draft plan for Mid Wales which will be presented to the Joint Committee meeting on 11th March 2019.

3.2 Clinical Advisory Group

The Mid Wales Clinical Advisory Group, chaired by Dr Wyn Parry the Joint Committee Lead Clinical Director, met on 20th November 2018. Updates on the Mid Wales perspective were received from those members representing Betsi Cadwaladr University Health Board, Hywel Dda University Health Board, Powys Teaching Health Board, Welsh Ambulance Service NHS Trust and Shrewsbury and Telford NHS Trust. It was noted that each organisation covered a huge geographical area for which there were significant challenges. However, there were significant opportunities for developing services across Mid Wales and working across boundaries which could be influenced by the group. Key enablers include making more use of telemedicine and sharing of records for all aspects of care including social, primary and community services.

The group considered the priority areas identified within the Mid Wales Strategic Intent and Work Programme. Members agreed that these needed to be prioritised to address those pathways which were causing the most concern and that Ophthalmology should be the top priority. It was noted that a significant amount of work had been undertaken by the lead for the community element of this work and workshops were being held to discuss and draft the Mid Wales Ophthalmology Plan.

3.3 Public and Patient Engagement and Involvement Forum

Although the Mid Wales Public and Patient Engagement and Involvement Forum does not have a formal meeting schedule, a small group of Engagement and Involvement Leads for partner healthcare organisations, Local Authorities and Community Health Council representatives has been established, known as the Mid Wales Public and Patient Engagement and Involvement Steering Group, to discuss and agree how best to engage and involve the public and patients in the work of the Joint Committee using existing organisational mechanisms.

The first "people's" event coincided with the Rural Health Conference held in November 2018. This was an information sharing and engagement event for people and frontline

staff on the Joint Committee's strategic intent and priorities, proposed patient success measures and an opportunity to feedback on any other areas of work which need to be considered in the long term. Although there was good attendance for the Rural Health and Care element of this event the numbers of public who attended the event was disappointingly low.

As a result the Steering Group has considered the format of future events in order to better attract a public audience. Options for future events in late Spring 2019 currently being developed include events at local cafés at locations across Mid Wales for late afternoon / early evening and a facebook event. These events will showcase projects undertaken across Mid Wales which include patient experience and staff experience stories. Individual health and care organisations will be offered the opportunity to use these events as vehicle for their own respective engagement and involvement activities.

Also running alongside these events is a piece of work being undertaken to collate individual organisational engagement and involvement mechanisms in order to identify those opportunities where the Joint Committee can engage and involve the public and patients in the work of the Joint Committee.

4. Regional working and Strategic service change programmes
There are a number of regional working and strategic change programmes that have an impact on Mid Wales and key developments of importance to Mid Wales are as follows:

4.1 Hywel Dda University Health Board – Transforming Clinical Services
The Hywel Dda University Health Board consultation 'Our Big NHS Change' concluded on 12th July 2018. The Health Board reported the findings and their interpretation of the feedback received together with recommendations for the next steps of the programme to their Board meeting in public on 26th September 2018. They supported the commitment to embark on an ambitious 20 year journey to transform health care and approved 11 recommendations from clinicians.

The Hywel Dda University Health Board Health and Care Strategy – *A Healthier Mid and West Wales: Our future generations living well,* which translates the 11 clinical recommendations into the Health Board's Health and Care Strategy, was approved at the Hywel Dda Board meeting on 29th November 2018. The Health and Care Strategy describes the:
- 20 year vision for the population health outcomes for current and future generations: and
- 10 year health and care strategy.

The strategy follows on from and builds upon the closing report of the "Our Big NHS Change" consultation and describes how Hywel Dda University Health Board will deliver the changes to move forward towards the preferred service configuration and deliver upon the ambitions set out in the 11 clinical recommendations.

4.2 Herefordshire & Worcestershire Sustainability and Transformation Partnership (STP) Stroke Review

A review of Stroke Services is currently being undertaken by the Herefordshire and Worcestershire Stroke Programme Board, which was established in July 2017. It is made up of commissioners, clinical and operational staff from Herefordshire Clinical Commissioning Group, South Worcestershire Clinical Commissioning Group, Wye Valley NHS Trust, Worcestershire Acute Hospitals NHS Trust, Worcestershire Health and Care NHS Trust, Herefordshire Council (Public Health), NHS England Strategic Clinical Network lead, third sector and patient representation. Welsh Ambulance Services NHS Trust and Powys Teaching Health Board attend the Board to understand and assess the impact of the options for residents using these services from Mid and South East Powys and develop actions in response.

The review is considering Hyper Acute Stroke Unit and Acute Stroke Unit (HASU AND ASU) services currently provided at Wye Valley Hospital in Hereford and Worcestershire Royal Hospital in Worcester. These services do not consistently meet key national clinical standards as they are currently set up, particularly in relation to 7 day provision.

The Programme Board has undertaken a period of engagement, to facilitate conversations around the stroke pathway with interested parties, stakeholders and workforce. This is taking place ahead of the development of a pre-consultation business case in early 2019.

4.3 NHS Future Fit programme

NHS Future Fit is the major change programme relating to the hospital services provided at Royal Shrewsbury Hospital and Princess Royal Hospital, Telford. A public consultation on the change proposals concluded on 11th September 2018. This set out the proposed new model for one hospital to become an Emergency Care site and the other to become a Planned Care site, with 24 hour urgent care at both sites.

The preferred option set out in the consultation was for Option 1, which would see the Emergency Care site at Royal Shrewsbury Hospital and Planned Care at Princess Royal Hospital. Health organisations delivering services across Mid Wales submitted responses to this consultation. In particular, Powys Teaching Health Board undertook extensive local consultation activity across Powys, which informed their response to this consultation.

The Future Fit Programme Board have approved all Future Fit documentation, including the Decision Making Business Case. These will be submitted to the Joint Committee of Shropshire and Telford & Wrekin Clinical Commissioning Groups (CCGs) meeting on Tuesday 29th January 2019 to make a decision on the future of local hospital services for people across Shropshire, Telford & Wrekin and Mid Wales.

5. Rural Health and Care Wales

Rural Health and Care Wales was established in response to the twelfth recommendation of the Mid Wales Healthcare Study that a centre be developed to focus on research, development and dissemination of evidence in health service research that addresses the particular challenges of Mid Wales.

The second Rural Health and Care Wales Annual Conference was held in November 2018 for which the theme was "Improving the Health, Well-being and Care of Rural Populations". The event was opened by Dr Chris Jones, Chair of Health Education and Improvement Wales, and chaired by Bernardine Rees, Mid Wales Joint Committee Lead Chair. The event was well attended by approximately 150 delegates and feedback received was overall very positive, with considerable interest in continuing to stage a rural conference in Mid Wales as an ongoing annual event.

A presentation was received by the Mid Wales Joint Committee at its meeting on 14th January 2019 outlining the proposed future governance arrangements for Rural Health and Care Wales through the establishment of an All Wales Rural Alliance for which Rural Health and Care Wales would be a part of. Members supported the proposal to develop an All Wales Rural Alliance to be hosted by Powys Teaching Health Board and agreed that further work would be undertaken to develop a paper for presenting to the next Joint Committee meeting in March 2019. Members also noted that the current funding arrangements for Rural Health and Care Wales were due to end in March 2019 and that future funding arrangements needed to be confirmed as soon as possible due to the HR implications for those members of the Rural Health and Care Wales team.

6.   Scrutiny

The Mid Wales Joint Scrutiny Working group met on the afternoon of 14th January 2019 following the Mid Wales Joint Committee meeting held in the morning. Those in attendance included members of the scrutiny working groups for two of the three Local Authorities covering Mid Wales – Ceredigion County Council and Powys County Council, together with Hayley Thomas, Joint Committee Lead Director of Planning and Peter Skitt, Joint Committee Programme Lead. Items discussed included:

- The working group terms of reference which are due for review and a brief outline was provided on the Joint Working assurance model used for Public Services Boards to consider as part of the review process.
- Mid Wales Joint Committee extreme red scoring risks.
- Further clarification on the details of a request made for a presentation to be provided by the Welsh Ambulance Services NHS Trust representatives.
- Mid Wales Joint Committee Work Programme.

7.   RECOMMENDATION

For information – Partner organisations are asked to note the Mid Wales Joint Committee update report for January 2019.

Aim:	1. Health, Wellbeing and Prevention - Improve the health and wellbeing of the Mid Wales population
Objective:	Support the population of Mid Wales to become healthier with a focus on promoting healthy habits and behaviours.
Priority:	Green Health Prescribing

Action	Lead	Outcomes	Target date	Current Status	Update
Develop a strategy for Green Health for Mid Wales. Develop the Network of Green Health activities available across through continuation of collaboration with Rural Health and Care Wales.	**HDdUHB** Ros Jervis, Director of Public Health,	A clear Mid Wales Green Health Strategy which ensures the optimised networking and involvement of all partners. A wider range of Network of Green Health activities available across Mid Wales.	Mar 19		The Mid Wales Green Health in Practice Network held a workshop in December 2018, the Network designed a framework of common standards for design, delivery and evaluation of social, green, blue, active, reflective, etc services, including key messages for the public and technical specifications for providers and prescribers. This framework is included within the RHCW update paper for the MWJC meeting on 14/01/19. Running alongside this work the MWJC Programme Lead, MWJC Programme Manager and Priority Lead met on 03/01/19 to discuss the scope of work for this priority and the development of a detailed work plan. A paper proposing the establishment of a strategic group for social and green solutions for health will now be developed with a proposal to look at providing Public Service Boards, Regional Partnership Boards, MWJC, RHCW and Health Boards with an 'art of the possible'. Following consideration by PSBs this paper will be will be presented to a future MWJC meeting.

Aim:	2. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home.
Objective:	Ensure that, where appropriate, patients receive the majority of their care away from the acute hospital setting and nearer to home.
Priority:	Ophthalmology

Action	Lead	Outcomes	Target date	Current Status	Update
Develop an integrated community focused ophthalmic approach across Mid Wales with a co-ordinated approach across primary care, community and hospital care services which will include enhancing the provision of community outpatient clinics and Optometric triage.	**PTHB** *Primary Care element* Andrew Powell, AD Primary Care	Increased use of National eye care pathways across Mid Wales. Reduced waiting times for Cataract Surgery. Increased use of outreach clinics.	Mar 19		Representatives from HDdUHB attended the second meeting of Planning and Delivery Executive Group to discuss the development of a Mid Wales Ophthalmology Plan. Following detailed discussion it was agreed that this work be split into two phases with the first phase to focus on Mid Wales Community Primary Care Ophthalmology services. A first workshop was held on 03/01/19 to share the latest position on community primary care Ophthalmology services across Mid Wales, the plans being progressed and the potential for developing a Mid Wales approach. Work will now be undertaken to scope out current service provision across Mid Wales, plans under development, available opportunities and patient needs. A further workshop has been arranged for 21/02/19 in which the scoping work will be used to develop a draft plan for Mid Wales which will be presented to the Joint Committee meeting on 11/03/19.

Aim:	2. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home.
Objective:	Ensure that, where appropriate, patients receive the majority of their care away from the acute hospital setting and nearer to home.
Priority:	Ophthalmology

Action	Lead	Outcomes	Target date	Current Status	Update
Develop an integrated community focused ophthalmic approach across Mid Wales with a co-ordinated approach across primary care, community and hospital care services which will include enhancing the provision of community outpatient clinics and Optometric triage.	**HDdUHB/ BCUHB** ***Ophthalmology other elements*** Stephanie Hire, AD Scheduled Care; Gordon Wragg, SDM Head and Neck services	Increased use of National eye care pathways across Mid Wales. Reduced waiting times for Cataract Surgery. Increased use of outreach clinics.	Mar 19	■■■	Representatives from HDdUHB attended the second meeting of the Planning and Delivery Executive Group to discuss the development of a Mid Wales Ophthalmology Plan. Following detailed discussion it was agreed that this work be split into two phases with the first phase to focus on Mid Wales Community Primary Care Ophthalmology services.

Aim:	2. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home.
Objective:	Ensure that, where appropriate, patients receive the majority of their care away from the acute hospital setting and nearer to home.
Priority:	Community Dental Service

Action	Lead	Outcomes	Target date	Current Status	Update
Phase 2 - Expansion of the Newtown-based Community Dental Service to accept referrals appropriate to the specialty of Oral and Maxillofacial surgery.	**PTHB** Andrew Powell, AD Primary Care	Improved access to community dental services and an enhanced community provision.	Mar 19		Business plan for the development of a community led sedation / GA service based at Bronglais General Hospital is currently under development. The timescale has been delayed due to challenges in respect of activity data collection to identify where patients are currently going for treatment. Following receipt of all activity data in December 2018 a validation exercise was undertaken to ascertain the number of patients who would benefit from being referred to the dental service at Newtown. However, due to anomalies in the information provided a request for further information has been made to HDdUHB.
Phase 3 - Development of a Community led Sedation/GA service based at Bronglais General Hospital.	**PTHB** Andrew Powell, AD Primary Care	Improved access to community dental services and an enhanced community provision.	Sept 19		Phase 2 needs to be completed first but work is being undertaken on identifying space and theatre lists for this phase of work.

Aim:	2. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home.					
Objective:	Ensure that, where appropriate, patients receive the majority of their care away from the acute hospital setting and nearer to home.					
Priority:	Oncology					

Action	Lead	Outcomes	Target date	Current Status	Update
Review the existing oncology pathway for Mid Wales in order to improve access to community based oncology services, along with the repatriation of work back to Mid Wales as appropriate.	**HDdUHB** Dr Elin Jones, Locum Consultant – Oncology Services	Equity of access to oncology services and wherever possible care closer to home.	Sept 19		MWJC Programme Lead, MWJC Programme Manager and Priority Lead to meet in January 2019 to discuss the scope and development of a detailed work plan.

Aim:	2. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home.
Objective:	Ensure that, where appropriate, patients receive the majority of their care away from the acute hospital setting and nearer to home.
Priority:	Welsh Community Care Information System (WCCIS)

Action	Lead	Outcomes	Target date	Current Status	Update
Explore/improve access to WCCIS for Community staff working in the Dyfi valley and surrounding areas.	**PTHB** Kara Price WCCIS Project Manager – Health	Delivery of an integrated service delivery model allowing cross border assessment and care planning	Sept 20		MWJC Programme Lead, MWJC Programme Manager and Priority Lead meeting on 10/01/19 to discuss the scope and development of a detailed work plan.

Aim:	2. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home.
Objective:	Improve the management of long term conditions within the community through better care within the community, promoting and supporting self management.
Priority:	Respiratory

Action	Lead	Outcomes	Target date	Current Status	Update
Develop an integrated community focused respiratory approach across Mid Wales with co-ordinated services across primary care, community and hospital care services in order to ensure early diagnosis of respiratory conditions and improved provision of chronic disease management through enhanced support from specialists within the community to optimise treatment and support for patients.	**HDdUHB TBC**	An aligned approach across the Mid Wales area with a networked team delivering care closer to home. Development of a cross health Board MDT approach including Primary and Secondary care.	Sept 19		Due to a delay in the start date for the HDdUHB Respiratory consultant alternative options are now being explored to identify a lead for this priority area.

Aim:	2. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home.					
Objective:	Improve the management of long term conditions within the community through better care within the community, promoting and supporting self management.					
Priority:	Dementia					

Action	Lead	Outcomes	Target date	Current Status	Update
Develop an integrated multi agency and multi professional dementia care approach across Mid Wales through joint working across health, social care, the voluntary sector and other agencies in order to improve identification and awareness/understanding of dementia and improve the support provided to those with dementia and their family/carers	**HDdUHB TBC**	An integrated Dementia delivery plan for Mid Wales with networked service delivery approach between Health Boards and Local Authorities.	Sept 19		MWJC Programme Lead meeting with HDdUHB Dementia lead on 17/01/19 to explore options for how this work can be progressed.

Aim:	2. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home
Objective:	Development of accessible and appropriate telemedicine services across Mid Wales to support people and prevent them from having to travel further than required to appointments.
Priority:	Telemedicine Strategy and Implementation Plan

Action	Lead	Outcomes	Target date	Current Status	Update
Ensure that the four telehealth projects that were approved by the Telehealth and Innovation Subgroup of MWHC are implemented and operationally sustainable, revisit the outcomes and increase the roll out over a wider area.	**HDdUHB** Hazel Davies, General Manager BGH	First year implementation of the Telemedicine Strategy and Implementation Plan (3 year Strategy and Plan) which will facilitate the development of accessible and appropriate telemedicine services available across Mid Wales and supports the delivery of care as close to home as possible.	Mar 19		MWJC Programme Lead, MWJC Programme Manager and Priority Lead meeting on 09/01/19 to discuss development of detailed work plan.

Aim:	2. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home
Objective:	Creation of integrated care hubs as local health 'hubs' for services in communities across Mid Wales, enabling outreach facilities from acute hospitals in order to improve access to health and social care, well-being, prevention and health promotion services.
Priority:	Bro Ddyfi Integrated Health and Care Centre.

Action	Lead	Outcomes	Target date	Current Status	Update
Develop the Bro Ddyfi Integrated Health and Care facility in order to improve access to health and social care, well-being, prevention and health promotion services.	**PTHB** Hayley Thomas, Dir Planning and Performance	Creation of an integrated care hub for Ddyfi valley area, enabling outreach facilities from Bronglais General Hospital and a facility to build the MDT working across all professions.	Aug 19		A start date for the Bro Ddyfi Integrated Health and Care Centre is currently awaited. Initial discussions held with lead in November 2018 to develop detailed work plan.

Aim:	3. Rural Health and Care Workforce - Create a flexible and sustainable rural health and care workforce for the delivery of high quality services which support the healthcare needs of rural communities across Mid Wales. Care Closer to Home - Creating a sustainable healthcare system for the population of Mid Wales which has greater focus on care closer to home
Objective:	Ensure the Mid Wales workforce has the right skills, knowledge and experience to work in a rural area. Develop and extend new/enhanced workforce roles, including for example Physician Associates, Associate Nurses, Nurse Specialists and Consultant Nurses and Therapists, which will support integrated working across primary, community and secondary care. Develop community based multidisciplinary teams that integrate with social services and work closely with the third sector.
Priority:	Workforce plan for Mid Wales

Action	Lead	Outcomes	Target date	Current Status	Update
Develop a robust workforce plan for Mid Wales which is within the Health Board workforce plans and which considers the rurality of Mid Wales.	**HDdUHB** Lisa Gostling, Dir of Workforce and OD	Delivery of a Mid Wales workforce that is sustainable and has the ability to respond to staffing requirements across the area, ensuring Health Board boundaries are not a barrier to service continuity.	Mar 19		MWJC Programme Lead, MWJC Programme Manager and Priority Lead met in November 2018 to discuss scope of work and development of detailed work plan. First draft work plan developed and attached at Appendix B.

Aim:	4. Hospital Based Care and Treatment - Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales with robust outreach services and clinical networks.					
Objective:	Establish a clear strategy for Hospital Based Care and Treatment services for the population of Mid Wales.					
Priority:	Clinical Strategy for Hospital Based Care and Treatment					
Action	Lead	Outcomes		Target date	Current Status	Update
Develop a clinical strategy for Bronglais General Hospital / Mid Wales.	**HDdUHB** Peter Skitt, County Director Ceredigion / Programme Lead MWJC	Bronglais as an important part of a clear vision of how services could be provided through networks crossing organisational boundaries, through better use of new staff groups and through using technology enabled healthcare.		Mar 19		Development of Clinical Strategy for Bronglais General Hospital nearing completion. Draft document 'Bronglais General Hospital – The next chapter' to be presented to HDdUHB Executive Team meeting on 11/02/19 and presented to the MWJC meeting on 11/03/19.

Aim:	4. Hospital Based Care and Treatment - Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales with robust outreach services and clinical networks.					
Objective:	Establish a clear strategy for Hospital Based Care and Treatment services for the population of Mid Wales.					
Priority:	Clinical networks					

Action	Lead	Outcomes	Target date	Current Status	Update
Develop clinical networks across those secondary care services which provide services to the population of Mid Wales.	**PTHB** Wyn Parry, Medical Director and Lead Clinical Director MWJC	Networked services providing care for the people of Mid Wales with partners in Hywel Dda, Powys, Betsi and English providers. Creation of opportunities for outreach services across the Care Hubs in Mid Wales.	Mar 20		Action on the development of clinical networks is on-going and is being progressed via the Mid Wales Clinical Advisory Group. The first meeting of this group was held in November 2018 for which the group agreed that Ophthalmology was the top priority area which needed to be focused on.

Aim:	4. Hospital Based Care and Treatment – Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales with robust outreach services and clinical networks.					
Objective:	Establish a clear strategy for Hospital Based Care and Treatment services for the population of Mid Wales.					
Priority:	Colorectal Surgery at Bronglais General Hospital					
Action	**Lead**	**Outcomes**	**Target date**	**Current Status**		**Update**
Reintroduce the elective colorectal surgery at Bronglais General Hospital (BGH).	**HDdUHB** Peter Skitt, County Director Ceredigion / Programme Lead MWJC	Sustainable Colorectal surgical pathway at BGH, ensuring a Mid Wales focus on service delivery.	Mar 19			Consultant appointments in progress and theatre staff have been appointed. An equipment review is currently in progress.

Aim:	5. Communications, Involvement and Engagement - Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners.					
Objective:	Develop and implement clear mechanisms for engagement and consultation, and communication with the relevant population, and community/stakeholder groups; ensuring that plans, priorities for service development and evaluation of services are co-produced					
Priority:	Public, Staff and Patient Engagement and Involvement					

Action	Lead	Outcomes	Target date	Current Status	Update
Establish the Mid Wales Public and Patient Engagement and Involvement Forum.	**WAST** Estelle Hitchon, Director of Partnerships and Engagement	Mid Wales Public and Patient Engagement and Involvement Forum in place which is open to individuals and representatives of groups and organisations with an interest in engaging and involving public and patients in the work of the MWJC. This will facilitate the on-going engagement, involvement and communication of the Joint Committee's work across Mid Wales.	Sept 18		Membership of the Forum is open to individuals and representatives of groups and organisations with an interest in engaging and involving public and patients in the work of the Mid Wales Joint Committee for Health and Social Care. Although the Forum does not have a formal meeting schedule a Mid Wales Public and Patient Engagement and Involvement Steering Group has been established to jointly discuss and agree how best to engage and involve the public and patients in the work of the Joint Committee using existing organisational mechanisms.

Aim:	5. Communications, Involvement and Engagement - Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners.					
Objective:	Develop and implement clear mechanisms for engagement and consultation, and communication with the relevant population, and community/stakeholder groups; ensuring that plans, priorities for service development and evaluation of services are co-produced					
Priority:	Public, Staff and Patient Engagement and Involvement					

Action	Lead	Outcomes	Target date	Current Status	Update
Hold a people's conference in Autumn of 2018 as an information sharing event for people and frontline staff.	**WAST** Estelle Hitchon, Director of Partnerships and Engagement	People's conference held in November 2018 to facilitate engagement, involvement and communication across Mid Wales on the Joint Committee's priorities and patient success measures.	Nov 18		The first people's conference coincided with the Rural Health and Care Conference held on 13/11/18 which was an information sharing and engagement event for people and frontline staff on the following: • Joint Committee's strategic intent and priorities. • Proposed patient success measures. • Provide an opportunity to feedback on any other areas of work which need to be considered in the long term. Although there was good attendance for the Rural Health and Care element of this event the numbers of public who attended the event was disappointingly low. As a result the Steering Group have considered what the format of future events should be to better attract a public audience.

Aim:	5. Communications, Involvement and Engagement - Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners.
Objective:	Develop and implement clear mechanisms for engagement and consultation, and communication with the relevant population, and community/stakeholder groups; ensuring that plans, priorities for service development and evaluation of services are co-produced
Priority:	Public, Staff and Patient Engagement and Involvement

Action	Lead	Outcomes	Target date	Current Status	Update
Use existing patient fora and engagement mechanisms across the health and care community in Mid Wales to facilitate engagement, involvement and communication across Mid Wales through a MWJC presence.	**WAST** Estelle Hitchon, Director of Partnerships and Engagement	Use of existing patient fora and engagement mechanisms across the health and care community in Mid Wales will facilitate the on-going engagement, involvement and communication across Mid Wales.	On-going		Mid Wales Public and Patient Engagement and Involvement Steering Group established to jointly discuss and agree how best to engage and involve the public and patients in the work of the Joint Committee using existing organisational mechanisms. Membership includes representatives from Health and Local Authority organisations and Community Health Councils across Mid Wales. Members of Steering group to use existing mechanisms to support dissemination of MWJC communication across Mid Wales. Work in progress on updating schedule of existing patient fora and engagement mechanisms across the health and care community in Mid Wales.

RAG STATUS DEFINTION			
Status	**Definition**	**Monitoring**	**Action**
	Progress below expectations	The activity requires remedial action to achieve objectives. The timeline/objectives are at risk.	Highlight to Planning and Delivery Executive Group and Mid Wales Joint Committee explaining reason for this and proposed action.
	Progressing towards expectations	The activity is progressing, however, may not be as timely and smooth as expected. No action will normally be taken at this time but it will be closely monitored. The timeline/objectives may be at risk.	Raise awareness to the Planning and Delivery Executive Group.
	Meeting expectations	The project is on target to succeed. The timeline/objectives are within plan.	None

Enw'r Pwyllgor / **Name of Committee**	Joint Regional Planning & Delivery Committee
Cadeirydd y Pwyllgor/ **Chair of Committee:**	Steve Moore, Chief Executive – Hywel Dda University Health Board
Cyfnod Adrodd/ **Reporting Period:**	Meeting held on 3rd December 2018

Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / **Key Decisions and Matters Considered by the Committee:**

The Joint Regional Planning & Delivery Committee (JRPDC) has a key role in driving forward, at pace, a range of projects that have been identified by both Hywel Dda University Health Board (HDdUHB) and Abertawe Bro Morgannwg University Health Board (ABMUHB) as priorities for joint working on a regional basis; to deliver Ministerial objectives, especially those relating to the NHS Outcomes Framework, as well as alignment to the more strategic 'A Regional Collaboration for Health' (ARCH) Programme Board and that of the Service Transformation Programme.

This paper is an update of the meeting held on 3rd December 2018.

Orthopaedics Update
Following the update submitted to the JRPDC meeting on 11th October 2018 setting out a possible option to jointly commission a temporary standalone theatre and ward based facility which would sustain the orthopaedic waiting time position across the region, the Committee asked that the modelling work around this option be revisited to consider the impact of efficiency benchmarks on all possible options for orthopaedic sustainability.

The paper updated the JRPDC on developments since the last meeting in light of revisiting the modelling and in light of the considerations being made following the development of clinical strategies and clinical service plans in both Health Boards. The main points arising from the work are as follows:

- Increased elective orthopaedic pressures in ABMUHB requiring a range of additional actions to be implemented to manage the backlog back to planned levels in 2018/19.
- HDdUHB progress towards delivering a zero 36 week wait position in 2018/19.
- Service changes in ABMUHB which could result in the release of elective theatre capacity in Neath Port Talbot Hospital and Morriston Hospital.
- Consideration in HDdUHB of short term options to develop an enhanced endoscopy service in Prince Philip Hospital releasing space for an enhanced ring-fenced elective orthopaedic service in that hospital.
- Impact of revised modelling assumptions in terms of efficiency and sustainability in both organisations.

It was highlighted that, whilst the increase in options does not preclude delivery of a regional solution, the likelihood is that rather than commissioning a joint standalone unit, capacity may be available for either UHB to commission from the other, dependent upon the scale of local service development planned.

The JRPDC was asked to acknowledge the significance of the emerging clinical strategies and clinical services plans of both UHBs in shaping the final design for a regional elective orthopaedic model and to support the proposal to undertake a focused workshop in quarter 4, as clinical service models are refined, to agree a final design for the region.

The JRPDC acknowledged the good work completed to date and requested a meeting be arranged for Operational and Planning Teams from both UHBs to progress a workshop to map out demand and capacity details, to progress the work forward.

Cardiac Catheter Laboratory Update
A paper was provided to the JRPDC to update on a range of issues relating to regional cardiology in South West Wales (SWW). The paper focused specifically on:

- The status of the proposal to develop a local diagnostic cardiac catheter laboratory in HDdUHB;
- An update on the expansion requirements for tertiary cardiac catheter laboratory capacity at Morriston Hospital; and
- A timeline for completion of the scoping work to explore the benefits of developing an operational delivery network for Cardiology within south west Wales.

The JRPDC was asked to receive the update on regional cardiology and note that a workshop took place to discuss plans for a local cardiac catheter laboratory in HDdUHB. The Committee was also asked to note the progress and costs of expansion of tertiary cardiac catheter laboratory capacity.

The Committee recognised the increase of cross boundary working which has benefited patients from both UHBs. The JRPDC requested a paper detailing costs (including repatriation) to be submitted to both Executive Teams as well as an updated Joint Capacity Plan ahead of the next Committee meeting in February 2019.

The JRPDC also highlighted that the Welsh Health Specialised Services Committee (WHSSC) decision around the commissioning of Transcutaneous Aortic Valve Insertion (TAVI) is yet to be confirmed and asked for a paper to be submitted with the cardiology plan (3 years and 5-7 years) to the next meeting.

Endoscopy Update
Following submission to the JRPDC at its October 2018 meeting, the Committee received the paper which highlighted the following key points:

- Both UHBs have submitted responses regarding the Nationally Directed Approach for Endoscopy Services in Wales, which provide a key baseline for how the two will approach endoscopy services moving forward.
- HDdUHB have been exploring demand and capacity tools, including the one used by ABMUHB in order to allow a robust analysis to be undertaken.
- In HDdUHB, an informatics analyst has been identified to assist in the regional demand and capacity modelling.
- A meeting was arranged for 5th December 2018 between the Executive Lead, the respective Service Managers for endoscopy services in the two University Health Boards, and the Strategic Planning Manager from HDdUHB who will act as the Planning lead for the work.
- HDdUHB are continuing to develop a scope as part of its capital programme of work to further develop the endoscopy facilities in Prince Phillip Hospital, Llanelli.

The JRPDC noted the progress highlighted and asked for the scale of the issue to be established and reported back to the next meeting in February 2019. The Committee also asked for a meeting to be arranged for the Operations and Planning departments from both UHBs in respect of demand and capacity.

Vascular Update

The JRPDC received an update, which provided key progress points against the regional vascular workplan which is overseen by the Vascular Surgery Steering Group (VSSG) and identifies three main areas of work:

- **Joint Middle Grade Surgical Doctor –** Appointment process in train.
- **Joint Regional Planning of a Hybrid Theatre** – A hybrid theatre featured in previous ABMUHB Integrated Medium Term Plans (IMTPs) and a former ABMUHB business case has been recently updated. As a tertiary centre, Morriston is now an outlier in not having a hybrid theatre and this will impact adversely on medical recruitment. The theatre is not currently on the capital work programme and as a regional piece of work, it would need to be supported regionally.
- **Implementation of the Limb at Risk Pathway**
  - **Pathway start date -** proposed start date for the limb at risk pathway is April 2019.
  - **Value based health care project -** A paper with detailed resource savings and improvement actions will be submitted to the VSSG.
  - **Referral to National Exercise Referral Scheme (NERS) -** it has been agreed that named clinicians will be able to refer into NERS (currently podiatrists unable to do so); details of changing this process are currently being finalised.
  - **Education package -** content of the education package has been finalised and the first course is currently being set up for February 2019, with plans to run it twice a year for the patient.
  - **Multi-Disciplinary Team (MDT) clinic –** staff from both UHBs will pilot a Diabetic / Peripheral Vascular Disease MDT foot clinic which will provide the forum for decisions to be made more quickly for high risk patients.

The Committee was asked to note that discussions are ongoing between the Chief Operating Officers regarding opportunities to link to the thoracic centre business case and for considering the issues around putting the case forward as a regional case.

The JRPDC noted the paper and asked that an update on progress of the Hybrid Theatre Business Case is reported at the next Committee meeting as well as detail of the links to the Thoracic work programme.

Pathology Update

The report provided to the JRPDC summarised progress against specific actions identified at the previous Committee meeting and likely next steps. All actions were either completed or partially completed (where dates for meetings were yet to be finalised).

The next steps reported key milestones, including formal sign off of the draft Strategic Outline Case (SOC) and submission to Welsh Government in March 2019 with scrutiny questions expected February- April 2019. It is envisaged that the SOC will go to the Infrastructure and Investment Board April-May 2019 for decision and transition to Outline Business Case.

The Committee noted the update paper and asked that the scope of the business case be signed off through both Executive teams.

Integrated Medium Term Plan (IMTP) 2019/22

A paper was presented to the JRPDC to provide a progress update on the development of a joint narrative to be included in both UHB's respective plans for 2019/22.

The Committee noted the progress made and asked that clarity is included on what the joint regional work will be in 2019/20.

Regional Eye On Call Update (verbal)
The JRPDC was verbally updated on the progress of a local on call service at Bronglais General Hospital and Glangwili General Hospital, both of which were still being explored.

Any Other Business
Dermatology – It was highlighted that dermatology services at HDdUHB are insufficient due to a lack of Dermatology Consultants. The JRPDC suggested regional opportunities be considered in order to close the gaps.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:
To note the current joint working that is being progressed.

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:
- The increase in patient demand for cardiac treatment, and resulting challenges in terms of capacity across the region.   - Workforce and sustainability pressures within HDdUHB and ABMUHB.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:
Adrodd yn y Dyfodol / Future Reporting:
Progress on current work streams.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:
20th February 2019.

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	31 January 2019
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Hywel Dda University Health Board (HDdUHB) Update from Public Services Boards
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Jennings, Director of Partnerships and Corporate Services
SWYDDOG ADRODD: **REPORTING OFFICER:**	Anna Bird, Head of Strategic Partnership Development

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB) is a statutory member of Public Services Boards (PSBs) in Carmarthenshire, Ceredigion and Pembrokeshire. The purpose of this report is to provide an update to the Board in respect of the recent work of the three Public Services Boards.

Cefndir / Background

PSBs were established under the Well-being of Future Generations (Wales) Act 2015 (the Act) and their purpose is to improve the economic, social, environmental and cultural well-being in its area by strengthening joint working across all public services in Wales.

The effective working of Public Services Boards is subject to overview and scrutiny by the Well-being of Future Generations Commissioner, Wales Audit Office as well as designated local authority overview and scrutiny committees.

Asesiad / Assessment

This report provides an update on the individual progress of each PSB, together with a link to the agenda, papers and minutes of the most recently held meetings.

Carmarthenshire Public Services Board (PSB)
Unfortunately the PSB meeting scheduled for 15th November 2018 was cancelled. The PSB is scheduled to meet again on Monday 14th January 2019 and a written update is not available at the time of preparing this report. A link to the Carmarthenshire PSB website is provided below and the agenda/meeting papers are available to review here
http://www.thecarmarthenshirewewant.wales/meetings/

Ceredigion Public Services Board (PSB)
Ceredigion PSB last met on 3rd December 2018 in the Council Offices, Aberaeron. The focus of the meeting was on providing progress updates on the work of the delivery groups:

- Enterprise and Innovation
- Understanding our Communities
- Climate Change and Natural Resources
- Co-location and Integration of Front Line Services
- Resilience Training
- Social and Green Solutions for Health

Work is on-going to prepare the first Annual Report of the Ceredigion Local Well-being Plan and the HDdUHB Communication's Team are participating in the development of more innovative approaches, building on their previous experiences of developing animations and pod-casts.

A link to the agenda and papers of Ceredigion PSB is provided below:
https://www.ceredigion.gov.uk/your-council/partnerships/ceredigion-public-services-board/public-services-board-meetings/

Pembrokeshire Public Services Board (PSB)
The PSB met on 20th November 2018 in the offices of the Port of Milford Haven.

Updates were provided on the all-Wales information system – DEWIS – together with updates from the specific project groups who are taking forward actions within the Well-being Plan.

The Health Board, through the County Director for Pembrokeshire and the Director of Public Health, co-ordinated a multi-agency meeting on 14th December 2018 to undertake an initial scoping workshop to consider the development of a Community Integrated Network for the northern part of Pembrokeshire. This work is being taken forward as part of the PSB Well-being Plan priority 4 – doing things differently. Stakeholders from the PSB along with wider Primary and Community representatives came together to start working on the development of a proposal for future wider engagement, based on enabling collaboration and building connections. This will be empowering and not specifically led by heath, reflecting the role of the community to build on existing good work, sharing good practice and growing resilience from within.

A link to the agenda and papers of Pembrokeshire PSB is provided below:
https://www.pembrokeshire.gov.uk/public-services-board/psb-agendas-and-minutes

Members of Pembrokeshire PSB also participated in a "Healthy Boards" workshop facilitated by Academi Wales where the importance of effective working relationships in the delivery of outcomes was highlighted. Both Carmarthenshire and Ceredigion PSBs will be participating in a similar PSB development workshop in the spring.

Argymhelliad / Recommendation

This report is for information and the Board is asked to:
- Note the links to the PSB websites where the agenda, papers and minutes of recent PSB meetings held in Carmarthenshire, Ceredigion and Pembrokeshire can be accessed.
- Note the progress updates for each PSB, and the key areas of discussion highlighted in the report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Risk Register Reference:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	9. To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Improve efficiency and quality of services through collaboration with people, communities and partners
Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 - Pum dull o weithio: The Well-being of Future Generations (Wales) Act 2015 - 5 Ways of Working: Hyperlink to Well-being and Future Generations Act 2015 - The Essentials Guide	Please explain how each of the '5 Ways of Working' will be demonstrated
	Long term – can you evidence that the long term needs of the population and organisation have been considered in this work? Through collaboration and partnership working with PSB partners.
	Prevention – can you evidence that this work will prevent issues or challenges within, for example, service delivery, finance, workforce, and/or population health? This is an emerging focus for the Well-being Plans of each PSB. HDdUHB is contributing to the development and agreement of PSB Well-being Objectives and actions.
	Integration – can you evidence that this work supports the objectives and goals of either internal or external partners? Through the development of the PSB Well-being Plans and objectives, work is being undertaken to assess the synergy between individual well-being objectives and the objectives of other public bodies/partners.
	Collaboration – can you evidence working with internal or external partners to produce and deliver this piece of work? Through alignment of the PSBs Well-being plan and Health Board's Annual Plan/IMTP development.

	Involvement – can you evidence involvement of people with an interest in the service change/development and that this reflects the diversity of our population? HDdUHB supported PSB public consultation and stakeholder workshop activity when drafting the Well-being Plan to ensure a breadth of involvement from people within the area.

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Well-being of Future Generations (Wales) Act 2015
Rhestr Termau: Glossary of Terms:	Provided within the paper.
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)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Costs of employing a regional Well-being Co-ordinator on behalf of the three PSBs has been covered by a Welsh Government Grant. HDdUHB staff time to support engagement activities and plan development form part of their existing duties and responsibilities. There are additional project and delivery group meetings being established to drive forward implementation of the Well-being Plans which will require input from senior officers of HDdUHB.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Improving the well-being of the population is at the forefront of this legislation.
Gweithlu: **Workforce:**	Implementing the five ways of working required under the Well-being of Future Generations (Wales) Act 2015 should lead to increased collaboration and integration between services, professionals and communities.
Risg: **Risk:**	Whilst each PSB Well-being Plan is different, there are consistent themes of activity. There is a risk that whilst addressing local need, there may be some inconsistency in approach between counties for our wider population. We have a duty as PSB members to encourage consistency of approach where appropriate in order to minimise inequity. Resourcing the project and delivery groups of PSBs could be considered an "add on" responsibility by staff and the synergy with achieving HDdUHBs goals need to be understood.

Cyfreithiol: **Legal:**	It is a statutory duty for each PSB to produce a Well-being Plan and for the Health Board as named statutory partners to work with the PSBs to support the development and delivery of the actions within the Plan.
Enw Da: **Reputational:**	There is a statutory requirement for HDdUHB to contribute to the work of the PSBs.
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	The focus of equality runs throughout the work of the PSBs aligned to the Well-being goal: A More Equal Wales.

The Board meets in public bi-monthly. The following table sets out the Board's business for 2018/19, including standing agenda items (denoted by *); items denoted by ** are those that are reported to the Board as and when required.

AGENDA ITEM/ ISSUE	LEAD	OFFICER	29 Mar 2018	19 Apr 2018	30 May 2018	31 May 2018	28 Jun 2018	26 Jul 2018	26 Sep 2018	27 Sep 2018	29 Nov 2018	31 Jan 2019	28 Mar 2019
GOVERNANCE													
Public Forum Questions*	**BR**	**JW**	✓			✓		✓		✓	✓	✓	✓
Patient/Staff Story/Presentation*	**MR**	**LO'C**				✓		✓			✓		✓
Apologies*	**BR**	**CM**	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Declaration of Interests*	**BR**	**All**	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Minutes from previous meeting*	**BR**	**CM**	✓			✓		✓		✓	✓	✓	✓
Matters Arising & Table of Actions*	**BR**	**CM**	✓			✓		✓		✓	✓	✓	✓
Report of the Chair*	**BR**	**JW**	✓			✓		✓		✓	✓	✓	✓
• Chair's Action						✓							
• Parliamentary Review of Health & Social Care			✓										
• Our Big NHS Change						✓							
• NHS70						✓							
• Revised BPPAC TORs										✓			
• Finance Committee TORs										✓			
Report of the Chief Executive*	**SM**	**SMJ**	✓			✓		✓		✓	✓	✓	✓
• Register of Sealings			✓			✓				✓	✓	✓	
• Consultations Update			✓			✓		✓			✓	✓	
• WHC's													
• Zero Based Review			✓										
• TCS Update						✓		✓					
• Gender Pay Comparison								✓					
• Annual Report from Healthcare Inspectorate Wales (HIW) 2017/18										✓			

AGENDA ITEM/ ISSUE	LEAD	OFFICER	29 Mar 2018	19 Apr 2018	30 May 2018	31 May 2018	28 Jun 2018	26 Jul 2018	26 Sep 2018	27 Sep 2018	29 Nov 2018	31 Jan 2019	28 Mar 2019
• NHS Staff Survey Results											✓		
• Learning from the PAC											✓		
• Llanelli Wellness Village												✓	
Committee Annual Reports • Audit & Risk Assurance Committee • Business Planning & Performance Assurance Committee • Charitable Funds Committee • Finance Committee • Mental Health Legislation Assurance Committee • Quality, Safety & Experience Assurance Committee • University Partnership Board • Primary Care Applications Committee	Chairs	Lead Execs JW			✓								
Governance, Leadership & Accountability Standard	SM	JW			✓								
Annual Governance Statement	SM	JW			✓								
Accountability Report	SM	JW			✓								
Final Accounts for 2017/18	SF	SF			✓								
Letter of Representation	SF	DE			✓								
Wales Audit Office ISA 260	WAO	SF			✓								
Approval of Charitable Funds Annual Report & Accounts	SJ	NLI			✓								
Health & Care Standards Fundamentals of Care Audit 2017	MR	CH				✓							
HDdUHB Annual Report 2017/18	Chair	SJ						✓					
HDdUHB Annual Quality Statement	MR	SM						✓					

AGENDA ITEM/ ISSUE	LEAD	OFFICER	29 Mar 2018	19 Apr 2018	30 May 2018	31 May 2018	28 Jun 2018	26 Jul 2018	26 Sep 2018	27 Sep 2018	29 Nov 2018	31 Jan 2019	28 Mar 2019
HDdUHB Annual General Meeting	BR	JW						✓					
CHC Annual Report	CHC									✓			
Scheme of Delegation	PN										✓		
Organ Donation Annual Report	JT									✓			
WAO Annual Audit Report	WAO	JW										✓	
WAO Structured Assessment	WAO	JW										✓	
Board Development Programme	Chair	JW											✓
Standing Orders/Standing Financial Instructions/Committee Terms of Reference	SM	JW	✓			✓ PCAC		✓ RTSC		✓ BPPAC Fin C			✓
QUALITY, SAFETY & PERFORMANCE													
Focus on Hospital & Community Services*	JT	County Director	✓ Cere			✓ Carms		✓ Pembs		✓ Cere	✓ Carms	✓ Pembs	✓ Cere
Integrated Performance Assurance Report (to include)* • Performance • Finance • Workforce & OD (including AAC) • Concerns • Six Monthly Individual Patient Funding Request (IPFR) Data • CHC Quarterly Performance	SM	KM	✓			✓		✓		✓	✓	✓	✓
Board Assurance Framework	SM	JW	✓							✓			
Corporate Risk Register	SM	JW	✓							✓		✓	
Finance and Turnaround Update	SF/ HT AC		✓			✓		✓		✓	✓	✓	✓
Update on Nurse Staffing Levels (Wales) Act	MR		✓			✓		✓			✓		✓
Dementia Diagnostic Rate	AS		✓										

AGENDA ITEM/ ISSUE	LEAD	OFFICER	29 Mar 2018	19 Apr 2018	30 May 2018	31 May 2018	28 Jun 2018	26 Jul 2018	26 Sep 2018	27 Sep 2018	29 Nov 2018	31 Jan 2019	28 Mar 2019
Allocation and Performance Profile in Relation to the RTT, Diagnostics and Therapy Waits	JT							✓					
Therapies Update Report	AS							✓					
Quality Improvement Framework	MR							✓					
Bi-Annual Improving Experience Report	MR	LO'C						✓				✓	
• PSOW Section 16 Report (Case 201607619)								✓					
Safeguarding in Hospitals	MR	SP						✓					
Medical Revalidation and Appraisal Annual Report 2017/18	PK	HW								✓			
HDdUHB Primary Care Annual Report 2017/18	JP	EL									✓		
Mid Year Review of Annual Plan	KM	PW									✓		
Tenby Walk-in Centre Evaluation	JP	EL									✓		
Paediatric Care Task & Finish Group – Progress Update	JT												✓
HDdUHB Director of Public Health Annual Report	RJ												✓
Ombudsman Reports**	MR	LO'C											
STRATEGIC ISSUES/FOR DECISION													
Well-being Statement & Objectives	SJ	AB				✓							
Ceredigion Community Equipment Services: Section 33 Agreement	JT	SMJ	✓										✓
Annual & Financial Plan 2018/19	KM		✓			✓							✓
Annual & Financial Plan 2019/20	KM					✓							✓
Financial Plan & Budget Strategy	SF			✓									
Thoracic Surgery Consultation	SM						✓				✓		

AGENDA ITEM/ ISSUE	LEAD	OFFICER	29 Mar 2018	19 Apr 2018	30 May 2018	31 May 2018	28 Jun 2018	26 Jul 2018	26 Sep 2018	27 Sep 2018	29 Nov 2018	31 Jan 2019	28 Mar 2019
Transforming Clinical Services	PK	LRD		✓				✓	✓	✓	✓	✓	✓
Future Health & Care Strategy: A Healthier Mid and West Wales	PK	LRD									✓	✓	✓
Our Health and Wellbeing Framework	RJ											✓	
Transforming Mental Health Services Programme	JT	LC								✓			
Continuous Engagement and Consultation Framework and CHC/UHB Service Change Protocol	SJ											✓	
Pooled Budgets/Funding Arrangements	JP/SJ			✓									✓
Public Services Boards Well-being Plans	SJ	AB	✓										
Strategic Equality Plan Annual Report 2016/17	SJ	JH	✓										
HDdUHB Major Incident Plan	RJ	SH								✓			
HDdUHB Seasonal Influenza Plan 2018/19	RJ									✓			
Performance Management Assurance Framework	KM					✓							
Winter Planning 2018/19	JT							✓		✓	✓		
Board Assurance Framework, Corporate Risk Register and Risk Appetite	JW									✓			
Strategic Equality Plan Annual Report 2017/18	SJ	JH									✓		
Laundry Business Case	HT											✓	
Procurement of Laboratory Information Network Cymru (LINC)												✓	

AGENDA ITEM/ ISSUE	LEAD	OFFICER	29 Mar 2018	19 Apr 2018	30 May 2018	31 May 2018	28 Jun 2018	26 Jul 2018	26 Sep 2018	27 Sep 2018	29 Nov 2018	31 Jan 2019	28 Mar 2019
West Wales Regional Partnership Board Area Plan	JP		✓										✓
Major Trauma	SM		✓									✓	
Transforming Cancer Services	KM		✓										
Funded Nursing Care	JP		✓									✓	
Endorsement of Strategic Partnership Plans	SJ		✓										
COMMITTEE UPDATE REPORTS													
HDdUHB Board Level Committees Update Report (to include)* • Audit & Risk Assurance Committee • Business, Planning & Performance Assurance Committee • Charitable Funds Committee • Finance Committee • Mental Health Legislation Assurance Committee • Quality, Safety & Experience Assurance Committee • University Partnership Board • Primary Care Applications Committee	Chairs	JW	✓	✓		✓		✓		✓	✓	✓	✓
In-Committee Board Update Report	Chair	JW									✓	✓	✓
HDdUHB Advisory Groups Update Reports (to include)* • Stakeholder Reference Group • Healthcare Professionals Forum	Chairs	JW	✓	✓		✓		✓		✓	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	OFFICER	29 Mar 2018	19 Apr 2018	30 May 2018	31 May 2018	28 Jun 2018	26 Jul 2018	26 Sep 2018	27 Sep 2018	29 Nov 2018	31 Jan 2019	28 Mar 2019
• Local Partnership Forum o New Ways of Working													✓
HDdUHB Joint Committees & Collaboratives Update Report (to include)* • EASC • NWSSP • WHSSC • JRPDC • MWJC • Collaborative Leadership Forum	Chairs	RF	✓	✓		✓		✓		✓	✓	✓	✓
Update Report from Public Services Boards	SJ	AB		✓		✓		✓			✓	✓	✓
FOR INFORMATION													
Board Annual Workplan	JW	CM	✓	✓		✓		✓		✓	✓	✓	✓
Ombudsman Annual Letter	MR	LO'C										✓	

Initials

AB – Anna Bird	PK – Philip Kloer	NW – Nia Williams
AC – Andrew Carruthers	JH – Jackie Hooper	PS – Peter Skitt
AG – Alison Gittins	JP – Jill Paterson	PW – Paul Williams
AS – Alison Shakeshaft	JPJ – Jenny Pugh-Jones	RE – Rob Elliott
BR – Bernardine Rees	JT – Joe Teape	RF – Rosie Frewin
CH – Chris Hayes	JW – Joanne Wilson	RJ – Ros Jervis
CHC – Community Health Council	KJ – Keith Jones	SF – Steven Forster
CM – Clare Moorcroft	KM – Karen Miles	SH – Sam Hussell
DE – David Eve	LC – Liz Carroll	SJ – Sarah Jennings
ED's – Executive Directors	LO'C – Louise O'Connor	SM – Steve Moore
EL – Elaine Lorton	LG – Lisa Gostling	SMJ – Sian-Marie James
GM – Gareth Morgan	LRD – Libby Ryan-Davies	SP – Sian Passey
HT – Huw Thomas	MR – Mandy Rayani	WAO – Wales Audit Office
HW – Helen Williams	NLI – Nicola Llewellyn	